



**ACT**  
Government



# 2018 ANNUAL REPORT

ACT Health Directorate

ACT Health Directorate 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.

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# ABBREVIATIONS AND ACRONYMS

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<b>Abbreviation/acronym</b>	<b>Meaning</b>
ABF	Activity Based Funding
ABM	Activity Based Management
ACAT	ACT Civil and Administrative Tribunal
ACMHS	Adult Community Mental Health Services
ACT	Australian Capital Territory
ACTGAL	ACT Government Analytical Laboratory
ACTHD	ACT Health Directorate
ACTPS	ACT Public Service
ACTCS	ACT Corrective Services
ADR	Alternative Dispute Resolution
ADS	Alcohol and Drug Services
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
AMC	Alexander Maconochie Centre
ANU	Australian National University
AOD	Alcohol and Other Drugs
ARIR	Australian Radiation Incident Register
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ART	Acute Response Team
ATODA	Alcohol, Tobacco, and Other Drug Association ACT
AUGP	Academic Unit of General Practice
CC	Care Coordinator
CC2H	Care Close to Home
CHS	Canberra Health Services

<b>Abbreviation/acronym</b>	<b>Meaning</b>
CHN	Capital Health Network
CHWC	Centenary Hospital for Women and Children
CIVP	Childhood Influenza Vaccination Program
CLF	Clinical Leadership Forum
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
COAG	Council Of Australian Governments
CORS	Co-worker Observation Reporting System
CPHB	Calvary Public Hospital Bruce
DAPIS	Drugs and Poisons Information System
DMFT	Decayed, missing or filled teeth
DORA	DAPIS online remote access
DSD	Digital Solutions Division
EAP	Employee Assistance Program
ECEC	Early Childhood Education and Care
ECT	Electroconvulsive therapy
ED	Emergency Department
ED3	Emergency detention authorised for up to three days
ED7	Emergency detention authorised for a further seven days
ED11	Emergency detention authorised for up to a further 11 days
EDIS	Emergency Department Information System
EPSDD	Environment, Planning and Sustainable Development Directorate
FARE	Foundation for Alcohol Research and Education Limited
FOI	Freedom of Information
FPTO	Forensic Psychiatric Treatment Order
FTE	Full-time Equivalent
GERAIS	Guidelines for Ethical Research in Australian Indigenous Studies 2012
GP	General Practitioner



<b>Abbreviation/acronym</b>	<b>Meaning</b>
GPB	Government Procurement Board
GRACE	Geriatric Rapid Acute Care Evaluation
HASS	Hoarding Advocacy Support Service
HCCA	ACT Health Care Consumers Association
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HPS	Health Protection Service
HREC	Human Research Ethics Committee
HRIMS	Human Resource Information Management System
ICT	Information and Communications Technology
JHS	Justice Health Services
LGBTIG	<u>Lesbian, gay, bisexual, transgender, intersex and queer</u>
MAGS	Ministerial and Government Services
MAJICeR	Mental Health, Alcohol and Drug Services Justice Health, Integrated Care eRecord
MHAGIC	Mental Health Assessment Generation and Information Collection system
MenACWY	Meningococcal ACWY
MoU	Memorandum of Understanding
MSD	musculoskeletal disorders
NDIS	National Disability Insurance Scheme
NEP	National Efficient Price
NEST	Nutrition Education and Sustenance Training
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
NPEV	National Partnership Agreement on Essential Vaccines
NSP	Needle and Syringe Program
OMHW	Office for Mental Health and Wellbeing

<b>Abbreviation/acronym</b>	<b>Meaning</b>
OPLE	Office of Professional Leadership and Education
PARK-D	Preventing Alcohol-Related Chronic Disease
P.A.R.T.Y.	Prevent Alcohol and Risk-related Trauma in Youth
PARS	Patient Advocacy Reporting System
PCW	Procurement and Capital Works
PPH	Preventive and Population Health
PTO	Psychiatric Treatment Order
RAP	Reconciliation Action Plan
REDCO	Respect Equity and Diversity Contact officers
REGIS	Research Ethics and Governance Information System
SPIRE	Surgical Procedures, Interventional Radiology and Emergency Centre
SVAT	Suicide Vulnerability Assessment Tool
STI	Sexually Transmissible Infections
UMAHA	Upgrade and Maintain ACT Health Assets
VMO	Visiting Medical Officers
VPD	Vaccine Preventable Disease
WHS	Work health and safety
Y7HC	Year 7 Health Check program

# OTHER SOURCES OF INFORMATION

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ACT Health Directorate publications are available at ACT Government community libraries, the library located at Canberra Health Services, Garran and from Community Health Centres.

Copies of the ACT Health Directorate Annual Report 2018–19 are also available online at: [www.health.act.gov.au/annual-report](http://www.health.act.gov.au/annual-report)

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- > ACT Health Directorate website at [www.health.act.gov.au](http://www.health.act.gov.au)
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Annual report contact: 132 281 Web: [www.health.act.gov.au](http://www.health.act.gov.au) Email: [HealthComms@act.gov.au](mailto: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 Health Stats
- > ACT Human Rights Commission Annual Report 2018–19
- > Australian hospital statistics, Australian Institute of Health and Welfare, and
- > Australia’s health 2016, Australian Institute of Health and Welfare.

Name	Address
ACT Auditor-General’s Report: ACT Government Strategic and Accountability Indicators – Report No.2/2018	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf</a>
ACT Auditor-General’s Report: Mental Health Services – Transition from Acute Care – Report No.6/2017	<a href="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">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</a>
ACT Auditor-General’s Report: Physical Security – Report No.6/2018	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf</a>
ACT Auditor-General’s Report: Selected ACT Government Agencies Management of Public Art – Report No.8/2017	<a href="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">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</a>
ACT Auditor-General’s Report: Integrity of Data in	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179931/Report-No-5-of-2015-Integrity-of-Data-in-the-Health-Directorate.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179931/Report-No-5-of-2015-Integrity-of-Data-in-the-Health-Directorate.pdf</a>

<b>Name</b>	<b>Address</b>
the Health Directorate – Report No.5/2015	
ACT Auditor-General’s Report: Calvary Public Hospital Financial and Performance Reporting and Management Report No. 1/2016	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf</a>
ACT Auditor-General’s Report: ACT Health’s Management of Allegations of Misconduct and Complaints about Inappropriate Workplace Behaviour No. 9/2018	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1229530/Report-No.-9-of-2018-ACT-Healths-management-of-allegations-of-misconduct-and-complaints-about-inappropriate.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1229530/Report-No.-9-of-2018-ACT-Healths-management-of-allegations-of-misconduct-and-complaints-about-inappropriate.pdf</a>
ACT Auditor-General’s Report: Management of the System-Wide Data Review Implementation Program No. 5/2019	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1368544/Report-No-5-of-2019-Management-of-the-SystemWide-Data-Review-implementation-program.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1368544/Report-No-5-of-2019-Management-of-the-SystemWide-Data-Review-implementation-program.pdf</a>
ACT Drug Strategy Action Plan 2018–2021	<a href="https://www.health.act.gov.au/about-our-health-systempopulation-health/act-drug-strategy-action-plan">https://www.health.act.gov.au/about-our-health-systempopulation-health/act-drug-strategy-action-plan</a>
ACT Controlled Medicines Prescribing Standards	<a href="http://www.legislation.act.gov.au/ni/2018-77/default.asp">http://www.legislation.act.gov.au/ni/2018-77/default.asp</a>
ACT Drug Strategy Action Plan 2018–2021	<a href="http://staging.health.act.gov.au/sites/default/files//ACT%20Drug%20Strategy%20Action%20Plan%202018%20-%202021.pdf">http://staging.health.act.gov.au/sites/default/files//ACT%20Drug%20Strategy%20Action%20Plan%202018%20-%202021.pdf</a>
ACT Food Business Fit-out Guide	<a href="http://health.act.gov.au/sites/default/files/Food%20-%20ACT%20Food%20Business%20Fit-out%20Guide.pdf">http://health.act.gov.au/sites/default/files/Food%20-%20ACT%20Food%20Business%20Fit-out%20Guide.pdf</a>
ACT Government Budget papers – Budget 2017–18	<a href="https://apps.treasury.act.gov.au/budget/budget-2017-2018/budget-papers">https://apps.treasury.act.gov.au/budget/budget-2017-2018/budget-papers</a>
ACT Government Contracts Register	<a href="https://tenders.act.gov.au/ets/contract/view.do?id=62998">https://tenders.act.gov.au/ets/contract/view.do?id=62998</a>
ACT Government Information Portal	<a href="http://www.act.gov.au">www.act.gov.au</a>
ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–2018	<a href="https://www.health.act.gov.au/sites/default/files/2018-09/Aboriginal%20and%20Torres%20Strait%20Islander%20Health%20Workforce%20Action%20Plan%202013-2018.pdf">https://www.health.act.gov.au/sites/default/files/2018-09/Aboriginal%20and%20Torres%20Strait%20Islander%20Health%20Workforce%20Action%20Plan%202013-2018.pdf</a>
ACT Health Directorate	<a href="https://www.health.act.gov.au/">https://www.health.act.gov.au/</a>
ACT Health Radiation Safety	<a href="http://www.health.act.gov.au/radiationsafety">www.health.act.gov.au/radiationsafety</a>
ACT Human Rights Commission	<a href="https://hrc.act.gov.au/">https://hrc.act.gov.au/</a>
ACT Legislation Register	<a href="https://www.legislation.act.gov.au/">https://www.legislation.act.gov.au/</a>



<b>Name</b>	<b>Address</b>
ACT Public Service Directorate annual reports	<a href="https://www.cmtedd.act.gov.au/open_government/report/annual_reports">https://www.cmtedd.act.gov.au/open_government/report/annual_reports</a>
ACT's Transition to Zero Emissions Vehicles Action Plan 2018–2021	<a href="https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf">https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf</a>
Australian Institute of Health and Welfare	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	<a href="http://www.arpansa.gov.au">www.arpansa.gov.au</a>
Aboriginal and Torres Strait Islander Agreement 2019–2028	<a href="https://www.communityservices.act.gov.au/_data/assets/pdf_file/0015/1323132/ACT-Aboriginal-and-Torres-Strait-Islander-Agreement-2019-2028.pdf">https://www.communityservices.act.gov.au/_data/assets/pdf_file/0015/1323132/ACT-Aboriginal-and-Torres-Strait-Islander-Agreement-2019-2028.pdf</a>
Black Dog Institute	<a href="https://www.blackdoginstitute.org.au/">https://www.blackdoginstitute.org.au/</a>
Canberra Health Services	<a href="https://www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital">https://www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital</a>
Carbon Neutral ACT Government Framework	<a href="https://www.environment.act.gov.au/_data/assets/pdf_file/0007/1163239/Carbon-Neutral-ACT-Government-Framework_Accessible_2014.pdf">https://www.environment.act.gov.au/_data/assets/pdf_file/0007/1163239/Carbon-Neutral-ACT-Government-Framework_Accessible_2014.pdf</a>
Carers ACT	<a href="https://www.carersact.org.au/">https://www.carersact.org.au/</a>
Chief Health Officer's Report	<a href="http://www.health.act.gov.au/datapublications/reports/chief-health-officers-report">http://www.health.act.gov.au/datapublications/reports/chief-health-officers-report</a>
Controlled Medicines	<a href="http://www.health.act.gov.au/public-information/businesses/pharmaceutical-services/controlled-medicines">http://www.health.act.gov.au/public-information/businesses/pharmaceutical-services/controlled-medicines</a>
Digital Health Strategy 2019–2029	<a href="https://www.health.act.gov.au/sites/default/files/2019-05/Digital%20Health%20Strategy%202019-2029.pdf">https://www.health.act.gov.au/sites/default/files/2019-05/Digital%20Health%20Strategy%202019-2029.pdf</a>
Fifth National Mental Health and Suicide Prevention Plan	<a href="http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf">http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf</a>
Food Business Egg Guide	<a href="http://www.health.act.gov.au/sites/default/files/ACT%20Food%20Business%20Egg%20Guide.pdf">http://www.health.act.gov.au/sites/default/files/ACT%20Food%20Business%20Egg%20Guide.pdf</a>
<i>Freedom of Information Act 2016</i>	<a href="https://www.legislation.act.gov.au/a/2016-55/">https://www.legislation.act.gov.au/a/2016-55/</a>
Freedom of Information – Access to Records	<a href="https://www.health.act.gov.au/about-our-health-system/freedom-information">https://www.health.act.gov.au/about-our-health-system/freedom-information</a>
Freedom of Information Disclosure Log	<a href="https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log">https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log</a>
Fresh Tastes	<a href="https://goodhabitsforlife.act.gov.au/fresh-tastes/">https://goodhabitsforlife.act.gov.au/fresh-tastes/</a>
Good Habits for Life	<a href="http://goodhabitsforlife.act.gov.au/">http://goodhabitsforlife.act.gov.au/</a>
<i>Government Procurement Act 2001</i>	<a href="http://www.legislation.act.gov.au/a/2001-28/">http://www.legislation.act.gov.au/a/2001-28/</a>
Government Procurement Regulation 2007	<a href="http://www.legislation.act.gov.au/sl/2007-29/default.asp">http://www.legislation.act.gov.au/sl/2007-29/default.asp</a>

<b>Name</b>	<b>Address</b>
Health Services Commissioner's Review of the Opioid Replacement Treatment Program at Alexander Maconochie Centre	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1185057/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1185057/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program.pdf</a>
Health Care Consumers Association	<a href="https://www.hcca.org.au/">https://www.hcca.org.au/</a>
HealthStats ACT	<a href="https://stats.health.act.gov.au/">https://stats.health.act.gov.au/</a>
Independent Review into Workplace Culture within ACT Public Health Services	<a href="https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf">https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf</a>
Inquiry into the implementation, performance and governance of the National Disability Insurance Scheme	<a href="https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-implementation,-performance-and-governance-of-the-National-Disability-Insurance-Scheme-in-the-ACT">https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-implementation,-performance-and-governance-of-the-National-Disability-Insurance-Scheme-in-the-ACT</a>
Inquiry into the Appropriation Bill (No 2) 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18 (No 2)	<a href="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">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</a>
Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf</a>
Inquiry into the Future Sustainability of Health Funding in the ACT	<a href="https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/5.-inquiry-into-the-future-sustainability-of-health-funding-in-the-act">https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/5.-inquiry-into-the-future-sustainability-of-health-funding-in-the-act</a>
Internal Audit Framework	<a href="http://apps.treasury.act.gov.au/_data/assets/pdf_file/0007/617920/Internal-Audit-Framework-April-2007.pdf">http://apps.treasury.act.gov.au/_data/assets/pdf_file/0007/617920/Internal-Audit-Framework-April-2007.pdf</a>
It's Your Move	<a href="http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move">http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move</a>
Kids at Play	<a href="https://goodhabitsforlife.act.gov.au/kids-at-play/">https://goodhabitsforlife.act.gov.au/kids-at-play/</a>
Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-wide Data Review	<a href="https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf">https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf</a>
<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>	<a href="http://www.legislation.act.gov.au/a/2008-26/default.asp">http://www.legislation.act.gov.au/a/2008-26/default.asp</a>
Medicines, Poisons and Therapeutic Goods Regulation 2008	<a href="http://www.legislation.act.gov.au/sl/2008-42/default.asp">http://www.legislation.act.gov.au/sl/2008-42/default.asp</a>

<b>Name</b>	<b>Address</b>
Medicines, Poisons and Therapeutic Goods Regulation Amendment Bill 2018	<a href="http://www.legislation.act.gov.au/b/db_58073/default.asp">http://www.legislation.act.gov.au/b/db_58073/default.asp</a>
<i>Mental Health Act 2015</i>	<a href="http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf">http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf</a>
National Drug Strategy 2017–2026	<a href="http://health.gov.au/internet/main/publishing.nsf/content/55E4796388E9EDE5CA25808F00035035/\$File/National-Drug-Strategy-2017-2026.pdf">http://health.gov.au/internet/main/publishing.nsf/content/55E4796388E9EDE5CA25808F00035035/\$File/National-Drug-Strategy-2017-2026.pdf</a>
National Guidelines for Medication Assisted Treatment of Opioid Dependence	<a href="http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/ng-mat-op-dep">http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/ng-mat-op-dep</a>
National Drug Strategy 2017–2026	<a href="https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026">https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026</a>
Office for Mental Health and Wellbeing Work Plan 2019–2021	<a href="https://www.health.act.gov.au/sites/default/files/2019-04/Mental%20Health%20Work%20Plan.pdf">https://www.health.act.gov.au/sites/default/files/2019-04/Mental%20Health%20Work%20Plan.pdf</a>
Parliamentary Agreement for the 9th Assembly	<a href="http://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/1013792/Parliamentary-Agreement-for-the-9th-Legislative-Assembly.pdf">http://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/1013792/Parliamentary-Agreement-for-the-9th-Legislative-Assembly.pdf</a>
<i>Public Health Act 1997</i>	<a href="http://www.legislation.act.gov.au/a/1997-69/default.asp">http://www.legislation.act.gov.au/a/1997-69/default.asp</a>
<i>Public Health Amendment Act 2016</i>	<a href="http://www.legislation.act.gov.au/a/1997-69/current/pdf/1997-69.pdf">http://www.legislation.act.gov.au/a/1997-69/current/pdf/1997-69.pdf</a>
<i>Radiation Protection Act 2006</i>	<a href="http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf">http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf</a>
Ride or Walk to School	<a href="https://goodhabitsforlife.act.gov.au/ride-or-walk-to-school/">https://goodhabitsforlife.act.gov.au/ride-or-walk-to-school/</a>
Report on the Annual and Financial Reports 2015–16	<a href="http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf">http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf</a>
Report on the Annual and Financial Reports 2017–18	<a href="https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/inquiry-into-annual-and-financial-reports-2017-2018">https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/inquiry-into-annual-and-financial-reports-2017-2018</a>
Report on the Annual and Financial Reports 2016–2017	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf</a>
Report on the ACT GTM Pill Testing Pilot: a Harm Reduction Service	<a href="https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf">https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf</a>
Staying Active Upright and Independent	<a href="http://health.act.gov.au/sites/default/files//Staying%20active%2C%20upright%20and%20independent.pdf">http://health.act.gov.au/sites/default/files//Staying%20active%2C%20upright%20and%20independent.pdf</a>
University of Canberra Hospital	<a href="http://health.act.gov.au/uch">http://health.act.gov.au/uch</a>
<i>Work Health and Safety Act 2011</i>	<a href="http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf">http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf</a>

Part A

Transmittal  
Certificate

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## Office of the Director-General

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

Dear Minister

### **ACT Health Directorate Annual Report 2018-19**

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 Directorate.

I certify that information in the attached annual report, and information provided for whole of government reporting, is an honest and accurate account and all currently available material information on the operations of ACT Health Directorate has been included for the period 1 October 2018 – 30 June 2019. The ACT Health Directorate was established on 1 October 2018 as steward of the Territory's health system.

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  
**Director-General**

16 September 2019





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## 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  
**Director-General**

16 September 2019

# DIRECTOR-GENERAL FOREWORD

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I am pleased to present the ACT Health Directorate Annual Report 2018–19.

The ACT Health Directorate has been entrusted by the ACT Government with territory-wide stewardship of the ACT public health system. We are creating a nation leading, future focused, health system that is improving Canberra’s health care outcomes. We are doing this by providing strong policy and population health capability based on a foundation of leading health and medical research, while also investing in and driving health technology and infrastructure.

Since 1 October 2018, in our new role as the system stewards, we have made concerted efforts to drive and strengthen collaboration across the health system, integrating efforts across the ACT’s education, research and health service sectors. Through this we have seen many great initiatives come to fruition such as the establishment of the **ACT Health and Wellbeing Partnership Board**, the launch of the inaugural **ACT Health Summit: Research, Teaching and Training** and establishment of the **Clinical Leadership Forum**.

There have been many notable achievements from the year, including the:

- > new Digital Health Strategy 2019–2029, which maps out a clear pathway for us to future-proof and strengthen the ACT public health system in readiness for digital technologies that can radically improve health services and clinical care
- > launch of the ACT Health app, the first of its kind for the ACT. The app helps people decide where to go for healthcare by providing location details, travel directions and wait time information for Canberra’s Walk in Centres and emergency departments, and
- > release of the Office for Mental Health and Wellbeing’s Work Plan which aims to create better planning and coordination of mental health and wellbeing information, support and services in the ACT.

You can learn more about all of these achievements, and many others, in this report.

While we are taking care of our community through investment in delivering public health services, we are also working hard to ensure all of our staff are looked after and provided with every opportunity to excel. Our new values align with the broader **ACT Public Service values of Respect, Integrity, Collaboration and Innovation**. They guide the way we work with one another, and how we work across government and with our community stakeholders. These values embody the behaviours that nurture a positive workplace culture and make ACT Health Directorate a great place to work.

This annual report reflects our achievements and accomplishments. It exemplifies our vision, accountability and ongoing commitment to the ACT Government and the community in developing and leading sustainable and integrated health solutions for now and the future.



Michael De’Ath  
Director-General



# ACT Health Directorate 2018–19 Achievements

## Launched 2019–2029

Digital Health Strategy



## Launched ACT Health Consumer App

featuring average wait times,  
number of people waiting  
and interactive maps



Released the  
**Office for  
Mental Health  
and Wellbeing  
Work Plan**

Established the

> **ACT Health and Wellbeing  
Partnership Board**

> **ACT Health Summit:  
Research, Teaching  
and Training**

> **Clinical  
Leadership  
Forum**



## Three Clinical Systems implemented

- > Patient Track
  - > Electronic Medication Management
  - > eOrders
- with Computers on Wheels

Completed **early design  
and business  
case processes**



for the **SPIRE Centre  
and Expansion  
of the Centenary  
Hospital for  
Women and Children**



Completed **business  
case processes**

for the **Dickson Walk-in  
Centre and Clare Holland  
House Expansion**

Managed a **Values  
Refresh Project**

to assist with identifying our  
new role as the **steward of the  
ACT Health system**





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Launched the **Nurses and Midwives: Towards a Safer Culture – The First Step** – Strategy



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Established a **pilot program** of the Black Dog Institute's (BDI)



**LifeSpan Integrated Suicide Prevention Framework** in the ACT.

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Formally established the **Quality and Safety Unit**



within the Office of Professional Leadership and Education

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**Refill Canberra**

(an initiative linked to Healthier Choices Canberra) launched in January 2019 with **64** local cafés and businesses on board



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**Healthier Choices Canberra** worked with **63** local businesses

to support them to provide and promote healthier food and drink options



**Centre for Health & Medical Research** established a **\$3 million** research innovation fund

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

was signed



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**Acute Response Teams (ARTs)**

established by Health Protection Service to rapidly assess, coordinate and respond to public health emergencies







Launched the ACT Government's real time prescription monitoring system

known as **DAPIS Online Remote Access (DORA)**



Health Protection performed **2,092** inspections of food businesses

Infection control team

inspected

**670 licensed premises**

where skin penetration and other infection risk procedures are performed



Launched the new **ACT Health Website**



**\$2,324,193**

distributed via

**Health Promotion Grants**

focusing on healthy ageing, reducing alcohol-related harm, preventing diabetes



The **Office for Mental Health and Wellbeing**

coordinated **three co-design workshops**, attracting **119 attendees**. **210 feedback responses** were received from the ACT Government's Your Say website, as well as the Office for Mental Health and Wellbeing website.



Released the

**ACT Drug Strategy Action Plan 2018–2021**

which outlines priorities to address harms from alcohol, tobacco and other drugs



## Workplace Culture



established strong governance frameworks to oversee implementation of the recommendations from the **Final Report**: Independent Review into the Workplace Culture within ACT Public Health Services including the establishment of the



## Culture Review Oversight Group

A **public commitment to collectively implement the recommendations from the Culture Review** was



made by the Minister for Health and Wellbeing, Minister for Mental Health, the Director-General of ACT Health Directorate, the Chief Executive Officer of Canberra Health Services and the Regional Chief Executive Officer of Calvary ACT. This was to ensure that cultural reform remains a priority across the health services



ACT  
Government

ACT Health

### OUR VALUES

Respect  
Integrity  
Collaboration  
Innovation



# B.1 Organisational overview and performance

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The ACT Health Directorate was established on 1 October 2018, a result of the restructure of the previous Health Directorate into two separate organisations:

- > a policy focused entity – ACT Health Directorate, and
- > a service delivery entity – Canberra Health Services (see the separate annual report for Canberra Health Services).

The directorate has stewardship of the ACT health system and is the primary source of advice to government on health policy.

## Vision and values

Establishing our new organisation, the ACT Health Directorate has provided an opportunity to focus on our purpose and in that context review both our vision and values. The ACT Health Directorate's vision will be 'A Healthier Canberra'. This new vision reflects our role as system steward, responsible for ensuring the system is enabled to provide services that meet the needs and expectations of our community, delivering improved health outcomes for all. We have aligned our values with the ACT Public Service values: Respect, Integrity, Collaboration and Innovation. These values are the cornerstone of our organisation's culture and outline how we behave, make decisions, work together and support each other.

We strive to ensure these values are reflected in the everyday practice of our organisation. In 2018–19 the directorate undertook a values roundtable to talk about how we work together to make the directorate the best workplace it can be. The topic was our workforce: the people who work together every day to improve health outcomes for our community.

The values roundtable created a strong foundation to progress the directorate's strategic priorities and organisational development. The result of this effort is written in the words of our staff and reflects why each of the values is important.

Our values are:

### Respect

We are committed to:

- > supporting everyone to bring their best to work
- > communicating thoughtfully
- > being professional in all our interactions
- > being proud of our work and our people
- > embracing diversity as core to doing our job
- > valuing the contribution of others
- > working through challenges together

## Integrity

We are committed to:

- > having open conversation, the good and the difficult
- > taking personal responsibility for our actions
- > continuously reflecting to learn and improve
- > making informed decisions
- > focusing on what others need and expect from us
- > investing in one another to build a supportive working environment

## Collaboration

We are committed to:

- > working together and with others to deliver the best outcomes possible
- > sharing information, knowledge and resources
- > delivering better solutions by working together
- > thinking beyond ourselves and exploring options
- > reaching out to others to harness their expertise and thoughts
- > ensuring our communication is open, consistent and we are inclusive
- > fostering an environment that encourages and values contribution

## Innovation

We are committed to:

- > being open minded, curious and courageous
- > empowering people to take the lead when needed, and investing in each other
- > creating an environment that supports learning
- > supporting purposeful and valuable innovations

## Role and function

The ACT Health Directorate, established on 1 October 2018, is steward of the Territory's health system. As system steward, the directorate has been responsible for advancing the ACT Government's health agenda and collaborating across other directorates in the ACT to promote and develop integrated whole of government health strategy and policy. The directorate is the primary source of advice to our ministers on health policy.

The directorate has an important role in population health management, providing health protection services and regulation to ensure quality health outcomes. It is responsible for developing early intervention strategies and monitoring overall performance of the system.

Through territory-wide service planning and resource allocation the directorate works collaboratively with service providers and other stakeholders across the system to enable an integrated, effective and sustainable health system.

The directorate's core functions are:

- > developing territory-wide plans for integrated, holistic, health services; from population and preventive health to community and primary health to sub-acute and acute care
- > enabling quality, safe and consistent health services across ACT health system through research, strategies, policies and regulation

- > promoting, protecting, maintaining and monitoring the health of the population
- > promoting excellence and improvement in research and territory-wide professional leadership
- > collecting, analysing and reporting on data, and promoting transparency of health system information
- > allocating and distributing funding across parts of the ACT health system and managing responsibilities according to the Commonwealth funding agreement, and
- > supporting appropriate investment to enable health services, including workforce, information and digital technology and infrastructure.

## Partners and other stakeholders

The directorate plans and manages the health system to promote and protect the health of Canberrans. It is essential that we work collaboratively with our health service provider partners, the public hospitals and community sector organisations, to provide various health services and program supports.

Our primary goal is to ensure Canberrans receive the best possible care and continue to be the healthiest in the country. We are committed to enabling the delivery of person centred, safe and effective care, with the appropriate health infrastructure to meet the future needs of the ACT and surrounding region.

The directorate works closely with other ACT Government directorates, the Australian Government, other jurisdictions and agencies including:

- > Canberra Health Services
- > Calvary Public Hospital Bruce (CPHB)
- > Community Services Directorate
- > Chief Minister, Treasury and Economic Development Directorate
- > Justice and Community Safety Directorate, including ACT Emergency Services
- > ACT Policing
- > ACT Education Directorate
- > Environment, Planning and Sustainable Development Directorate
- > Transport Canberra and City Services
- > Australian Government Department of Health, and
- > NSW Health.

The directorate also works closely with the community and consults with a range of community sector organisations, including:

- > ACT Health Care Consumers Association
- > Capital Health Network
- > Aboriginal and Torres Strait Islander organisations, and
- > mental health, alcohol and drug sector organisations and other community service providers.

The tertiary and training sectors are key partners in planning, developing and delivering healthcare services. The directorate has formal partnership arrangements with:

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

## Environment and the planning framework

The ACT Government is responsible for ensuring that a wide range of health services is delivered to the Canberra community. The Directorate is committed to ensuring people receive the best possible care and that they continue to be the healthiest in the country.

The 2018–19 strategic priorities are set out in the ACT Budget papers. Since 1 October 2018, the directorate has continued its commitment to the health of our growing community, to quality, innovation, engagement, accountability and a focus on strategic policy and planning.

The directorate will begin 2019–20 with a new strategic plan. This sets out our commitment to championing an integrated, effective and sustainable health system and will provide clarity on our role as the stewards of the ACT public health system. The strategic plan will replace the existing corporate plan and will also provide an anchor for divisional and branch business plans, as well as individual performance plans.

The plan has been developed by staff, for staff. There has been extensive staff engagement and everyone in the organisation has, and will continue to have, opportunities to contribute and bring the plan to life.

In May 2019 workshops were held to map out the directorate’s strategic priorities and to make sure all staff could share their ideas and views. Emerging themes from these conversations included the importance of a long-term vision that unifies our workforce and the desire to work collaboratively with our partners and other stakeholders in the health system.

The plan identifies three priority areas of focus in our new role as system stewards, our Strategic Goals:

- > Our Community: Making your health our priority
- > Our System: Enabling a high performing, integrated system, and
- > Our People: Building a positive and innovative workplace.

More information on the directorate’s governance arrangements, including risk management and the audit program, is provided in Sections B.4 to B.6 of this report.



## Corporate and operational plans

The directorate commenced operations on 1 October 2018 with a suite of corporate and operational plans developed by the former Health Directorate. During the year, work has advanced in reviewing and refreshing these planning documents to better reflect the new role and responsibilities of the directorate.

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

The Aboriginal and Torres Strait Islander Health Workforce Action Plan was developed as an initiative of the COAG National Partnerships Agreement, *ACT Implementation Plan on Closing the Gap in Aboriginal and Torres Strait Islander Health Outcomes*.

Specific actions contained in the plan support increasing the number of Aboriginal and Torres Strait Islander peoples employed in ACT Health Directorate and the ACT public health sector. ACT Health Directorate intends to achieve this outcome by working in partnership to remove barriers and by engaging with communities to develop four key focus areas:

- > Health Workforce Development
- > Health Workforce Leadership
- > Health Workforce Planning, and
- > Health Workforce Policy.

The ACT Health Aboriginal and Torres Strait Islander Health Workforce Action Plan 2013–2018 will be reviewed to determine more effective and culturally appropriate methods of recruitment as part of our response to the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019–2028.

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

This agreement recognises Aboriginal and Torres Strait Islander peoples as Australia's first people. First people have the right to self determination which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities can meet their social, cultural and economic needs.

Realising the human rights of ACT Aboriginal and Torres Strait Islander peoples, public authorities must support the exercise of those rights by the ACT Aboriginal and Torres Strait Islander communities. To achieve this, the agreement follows five relationship principles:

- > Respectful interaction with the community. People appreciate being recognised, listened to and understood. Relationships develop when we interact.
- > Work with different communities differently. Avoid one size fits all solutions. Tailor a response that meets the needs of the individual.
- > Increase value for the community. Building relationships increases value for the community, ACT Government and service partners.
- > Continuously improve the level of service delivered to Aboriginal and Torres Strait Islander peoples. Seek and follow up on both positive and negative feedback we receive from Aboriginal and Torres Strait Islander peoples.
- > Enable information sharing and interaction across the ACT Government and service partners. Simplify the experience for the community by developing a holistic view of each client's relationship with government, organisations and services.



## **ACT Drug Strategy Action Plan 2018–2021**

The ACT Drug Strategy Action Plan 2018–2021 was released in December 2018. The plan outlines ACT Government priorities to address harms from alcohol, tobacco and other drugs aligned to the framework provided by the *National Drug Strategy 2017–2026*. Consistent with the National Drug Strategy, the ACT Action Plan aims to “build safe, healthy and resilient communities through preventing and minimising alcohol, tobacco and other drug related health, social, cultural and economic harms among individuals, families and communities”.

## **ACT Health Directorate Strategic Plan**

The ACT Health Directorate begins 2019–20 with a new strategic plan. This strategic plan identifies our purpose, our strategic goals and commitment to outcomes. The plan was developed in the way we will continue to work; collaboratively with our staff, and with our partners in the system. The strategic plan replaces the existing corporate plan and will also provide an anchor for divisional and branch business plans, as well as individual performance plans.

## **ACT Health Reconciliation Action Plan 2015–2018**

ACT Health Directorate is committed to:

- > working towards cultural proficiency within ACT Health
- > acknowledging the Traditional Custodians of the land, the Ngunnawal people
- > maintaining our relationships with Aboriginal and Torres Strait Islander peoples, community organisations and leaders through a journey of reconciliation that provides mutual benefits and ensures efforts are shared and acknowledged
- > recognising the outstanding contribution of staff and community health service delivery organisations to reconciliation and Closing the Gap
- > understanding the importance of what creating a future means to the United Ngunnawal Elders Council in its journey of healing and how this relates to Our Vision for reconciliation
- > broadening the awareness within ACT Health of Aboriginal and Torres Strait Islander peoples, acknowledging their past, their histories, cultures, customs and traditions
- > acknowledging the diversity and resilience of Aboriginal and Torres Strait Islander communities, particularly within the ACT and surrounding region, and
- > recognising and contributing to annual events and celebrations of significance that are important to the cultural and spiritual wellbeing of Aboriginal and Torres Strait Islander people.

The ACT Health Reconciliation Action Plan 2015–2018 will be reviewed to determine more effective and culturally appropriate methods of recruitment, as part of our response to the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019–2028.

## **ACT Health Research Strategy**

ACT Health Directorate is developing a research strategy that will provide a high level strategic vision of what research will be like in ACT Health by 2030. The strategy will integrate research with the strategic goals and outcomes outlined in the ACT Health Directorate Strategic Plan, and in other strategies. The strategy will inform development of research plans for clinical services.

## Cultural Respect Framework 2016–2026

Cultural respect is defined as “recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people”.

Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected.

This framework outlines six domains that underpin culturally respectful health service delivery:

- > whole of organisation approach and commitment
- > communication
- > workforce development and training
- > consumer participation and engagement
- > stakeholder partnerships and collaboration, and
- > data, planning, research and evaluation.

These domain areas provide an overarching platform of activity to strengthen the cultural respect of staff and organisations across all areas of the government health sector.

## Digital Health Strategy 2019–2029

The Digital Health Strategy provides 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. It establishes the overarching vision to enable exemplary person-centred care through digital innovation. Its three strategic themes are:

- > patient centred health
- > services enabled by contemporary technology and research, and
- > discovery and collaboration.

The directorate is committed to developing its health digital infrastructure to meet the 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.

## MyHealth Staff Health and Wellbeing Strategy and Action Plan 2016–2018

MyHealth Staff Health and Wellbeing Strategy and Action Plan 2016–2018 provided health and wellbeing initiatives for ACT Health staff under the categories people, places and culture. The four key focus areas were:

- > emotional wellbeing
- > smoke free environment
- > healthy eating and drinking, and
- > physical health.

In 2018–19 staff were supported through *MyHealth* with a variety of initiatives including:

- > a range of workshops and events
- > 21 *MyHealth* Champions, staff who volunteer to promote health and wellbeing at work, and
- > an employee assistance program which offers staff and members of their immediate family free, professional and confidential counselling for those who may be experiencing issues in their personal or professional life.

In 2019–20 *MyHealth* will develop a new health and wellbeing strategy and continue to make staff health and wellbeing a priority.

## **Nurses and midwives: towards a safer culture – the first step**

In December 2018 Minister for Health and Wellbeing, Meegan Fitzharris MLA, and Minister for Mental Health, Shane Rattenbury MLA, launched ACT Health’s strategy to improve workplace health and safety for nurses and midwives.

*Nurses and Midwives: Towards a Safer Culture – The First Step* outlines an ACT public health care system where staff, patients and visitors are protected from harm and always feel safe. It recommends strategies to create a safer and healthier environment for staff and visitors to ACT public health workplaces. It is led by the ACT Health Directorate and encompasses Canberra Health Services, the University of Canberra Hospital and Calvary Public Hospital Bruce.

## **Office for Mental Health and Wellbeing Work Plan 2019–2021**

The Office for Mental Health and Wellbeing work plan sets out the ongoing commitment to enhance the mental health and wellbeing of our community. It also highlights the need for government, non-government and community services to work in partnership with the community to support Canberrans who are experiencing mental health concerns. This includes addressing the social determinants of health and the impact these can have on our mental health and wellbeing.

## **Quality Strategy 2018–2028**

The ACT Health Directorate Quality Strategy sets out our ambition to enable and support 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 health care.

The co-design, consultation and engagement that took place in developing the strategy involved staff, patients, consumers and carers. This process 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, and
- > Strategic Priority 3: Effective care, best evidence for every person, every time.

These priorities place people at the centre of everything we do. The emphasis is on continuously improving the safety, quality and experience and ensuring that the care the community receives is evidence based and reliable.

A review to assess progress made to implement priorities identified in the Quality Strategy 2018–2028 is underway and will be completed in 2019.

## Sustainability Strategy 2016–2020

The *ACT Health Sustainability Strategy 2016–2020* will help us meet the challenges of climate change. It provides a roadmap for collaboration between ACT Health Directorate and its stakeholders, clients and staff, including other government departments. The roadmap ensures business services:

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

The strategy embraces the roadmap as a checklist for deciding what actions to take, and to track progress towards the established aims and objectives to determine a plan of action. The action plan captures strategies from, and aligns timelines with, the ACT Health Directorate Resource Management Plan 2016–2020 which is a key action for all directorates under the [Carbon Neutral ACT Government Framework](#).

## Territory-wide Health Service Plan

The ACT Health Directorate is developing a Territory-wide health service plan which will provide a system-wide view of priorities over the next five years. The plan will inform the future development and redesign of specialty health services to address the ACT's needs.

In 2018–19 key areas and strategic priorities were identified through consultations with key stakeholders. Work also continued to confirm the profile of services currently delivered in the ACT public health system, and to model future service demand.

The territory-wide health service plan is expected to be completed by June 2020. Consultation on the plan will commence in late 2019.

## 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. It aligns with the Multicultural Strategy, the Languages Framework and the ACT Multicultural Framework 2015–2020.

The framework guided the ACT Health Directorate in delivering culturally appropriate and inclusive services and information, based on national and international best practice. In 2018 the framework reached completion and was made publicly available. In 2019 a review will be undertaken and published. The review will evaluate the progress made over the past four years and will identify the areas that require further action and help develop future strategic policy for the multicultural community.

## Workforce Strategy

ACT Health Directorate is developing a workforce strategy that will establish workforce goals to ensure the ACT public health system maintains the capability, skills, culture and leadership needed to flexibly respond to future service demands and health system challenges. The strategy will support and enable the strategic goals and outcomes outlined in the ACT Health Directorate Strategic Plan and other strategies.

## Summary of Performance and Outlook for 2019–20

Since 1 October 2018, ACT Health Directorate, as the system steward and strategic policy adviser to the Ministers, has been responsible for health system outcomes. This includes for the non-acute, community, preventive and health promotion components of the population's health.

### ACT Health Directorate strategic objectives and indicators

The Directorate performed well against the full range of strategic objectives and indicators in 2018–19.

For females, the ACT continues to enjoy the highest life expectancy of any jurisdiction.

For males, the ACT is now second to Victoria, which has a marginally higher life expectancy for the first time.

In the ACT, life expectancy at birth is:

- > 85.2 years for females, against a national average of 84.6 years, and
- > 81.1 years for males, against a national average of 80.5 years.

The immunisation coverage rates for Aboriginal and Torres Strait Islander children fluctuate quarterly. Rolling annualised data indicates that coverage exceeded 95 per cent for children aged 12 to 15 months and 60 to 63 months and has remained stable since 2017–18 for children aged 24 to 27 months.

The proportion of the ACT population with some form of heart or vascular disease, including stroke, is 4.5 per cent which is slightly higher than the national proportion of 4.2 per cent.

The proportion of the ACT population that is overweight or obese is 64.1 per cent, which is lower than the national rate of 66.4 per cent.

For the two year National Cervical Screening Program participation rate, the ACT achieved a result of 58.5 per cent, which is above the national rate of 57 per cent.

Based on the latest nationally published data, the ACT is slightly lower than the national average on the decayed, missing or filled teeth index at five years and 12 years.

In 2018–19 the ACT rate in admissions for persons aged 75 years and over with a broken hip was six per 1,000 persons.

In 2018–19, 2.9 per cent of ACT secondary students (aged 12 to 17 years) reported smoking cigarettes on at least one day in the seven days before the survey (current smokers). The ACT compares favourably with the national data for this indicator. In 2017 the prevalence of Australian secondary students who were current smokers was 4.9 per cent.

## Achievements in 2018–19

ACT Health Directorate made a number of significant achievements during the year.

### Establishment of the Clinical Leadership Forum

The Clinical Leadership Forum provides independent and expert clinical advice to the Minister for Health and Minister for Mental Health. It implements continuous improvements to ensure a high performing health system that:

- > keeps people well
- > provides the best care when required, and
- > provides an industry leading workplace.

The forum is informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT Public Health Services. It recommends to ministers ways to improve the health system's clinical operations.

The forum will:

- > advise ministers on relevant clinical considerations to sustain, develop and improve the ACT health system. This includes on planning, infrastructure and mechanisms to measure improvements
- > advise ministers on ensuring the ACT's health system has a sustainable, well trained and valued clinical workforce, and
- > consider developments in other health systems and advise on how these might improve the ACT system.

While ministers may seek advice on matters relating to the health system, key areas of focus include:

- > territory-wide health service delivery
- > territory-wide health service infrastructure planning
- > clinical culture, planning and practice
- > workforce planning
- > education and training, and
- > health and medical research.

### ACT Health Summit: Research, Teaching and Training

The ACT Health Directorate hosted the inaugural [ACT Health Summit: Research, Teaching and Training](#) in November with our partners at the Australian National University and the University of Canberra. It was opened by Minister for Health and Wellbeing, Meegan Fitzharris MLA, who called for a new partnership built on a shared determination to make the ACT a leading example of health system innovation and excellence.

The summit was successful in developing a stronger and more collaborative relationship between the research, tertiary education, and health service sectors in the ACT. Attendees from the local health and education sectors and consumer representatives came together to set a new direction.

As part of this, participants endorsed a renewed vision that will focus on:

- > collaboration, complementary strengths, interdependency and synergy
- > research, education and joint action to improve community health
- > opportunities for improvement in patient care, innovation and excellence
- > attracting and retaining the workforce we want, and
- > becoming leaders in the Australian health and healthcare landscape.

Attendees represented the following organisations:

- > Former Minister for Health and Wellbeing, Minister for Medical and Health Research, Minister for Higher Education
- > Office of the Minister for Mental Health
- > ACT Health Directorate
- > Australian National University
- > University of Canberra
- > Canberra Health Services
- > Australian Catholic University
- > Canberra Institute of Technology
- > Economic Development Directorate
- > Australian Government Department of Health
- > National Health and Medical Research Council, and
- > Health Care Consumers' Association.

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

A key outcome from the ACT Health Summit was establishing the ACT Health and Wellbeing Partnership Board which is chaired by the Director-General, ACT Health Directorate. The board held its inaugural meeting on 4 March 2019. It includes leaders from:

- > ACT Health Directorate
- > Canberra Health Services
- > Calvary Public Hospital Bruce
- > the Health Care Consumers' Association
- > the Australian National University, and
- > the University of Canberra.

The meeting marked an important milestone in setting a new direction for the ACT health system.

The board meets quarterly to identify and set shared priorities, and to make decisions to improve the health and wellbeing of Canberra communities and surrounding regions. This will be achieved by developing stronger and more collaborative relationships across research, the workforce, education and training, and across health service sectors.

Since its first meeting, the ACT Health and Wellbeing Partnership Board has agreed to a number of actions and outcomes including:

- > endorsing terms of reference which recognise the Board's role in supporting:
  - health research, including translational research
  - system-wide synergies, and
  - collaboration between research and health service delivery
- > engaging a broad range of stakeholders by establishing working groups and forums as priorities are identified, and
- > establishing two priority working groups to address the key strategic and operational issues of workforce, education and training, and research.

Further information on the ACT Health Directorate's achievements for 2018–19 can be found in Section B.1 of this report.

## Outlook for 2019–20

The ACT Health Directorate will continue work to stabilise structures, governance and business planning as we embed our new role and purpose. This will focus on embedding our values in people strategies and processes to help implement recommendations from the independent review of workplace culture within the ACT's public health services.

The directorate is finalising its new strategic plan which will identify our purpose, strategic goals and commitment to outcomes, and set a firm and clear direction for the organisation.

Work will continue to establish the foundations for our cultural change, and to implement recommendations from the Independent Review into the Workplace Culture within ACT Public Health Services.

Planning will also commence for an eight year program of major digital reform across the system. This includes:

- > quarterly reporting of health metrics, and
- > expanding the information available in the ACT Health App to provide better information on waiting times at Canberra's walk-in centres and emergency departments.

The territory-wide health service plan will be finalised and will provide a system-wide view of priorities over the next five years. The plan will inform the future development and redesign of health services to address the ACT's needs.

The Office for Mental Health and Wellbeing will complete a review of children and young people's mental health in the ACT. The review will identify areas for targeted action and as a whole of government approach to improving the mental health and wellbeing of children and young people. Work will commence work on other key projects under the Office for Mental Health and Wellbeing Work Plan 2019–2021 including work on a framework to promote wellbeing and prevention of mental illness as well as an outcomes framework for mental health in the ACT.

The directorate has partnered with the Capital Health Network, the ACT Local Hospital Network and other key stakeholders to develop a joint, regional ACT Mental Health and Suicide Prevention Plan, which will be finalised in 2019–2020. This is a commitment under the Fifth National Mental Health and Suicide Prevention Plan.

The directorate will continue its commitment to Aboriginal and Torres Strait Islander health, with the Ngunnawal Bush Healing Farm delivering further programs, Winnunga's new purpose-built facility facilitated through a Deed of Grant between the Australian Capital Territory and Winnunga, and development of a proposal for an Aboriginal and Torres Strait Islander Residential Rehabilitation Centre.

A major focus for 2019–20 for the directorate as the system steward and the ACT Local Hospital Network manager, will be balancing the demand for hospital and health services and our available resources. The directorate will continue to promote collaboration amongst service providers to improve and identify cost effective models of service delivery, as well as programs to help Canberrans avoid hospital.

A further major focus will be improving emergency department and elective surgery waiting times for those urgency categories where performance continues to be a challenge.

The directorate will work with ACT Local Hospital Network providers to implement the range of initiatives the government has made to improve waiting times. These include:

- > recruiting an additional two senior staff specialists in the emergency department at Canberra Hospital. This builds on the increase to emergency department staff delivered through the 2018–19 Budget, which has grown frontline resourcing by 14 staff



- > funding an additional 12 medical beds in 2019–20 to meet demand for acute inpatient services. This builds on the additional 68 beds to be added this year as a result of the Government's investments through last year's Budget
- > completing the emergency department expansion at Calvary Public Hospital Bruce. This was funded in the 2018–19 Budget, and will deliver additional treatment spaces, better access and triage arrangements, enhanced waiting areas and an expanded short stay unit
- > funding new doctors, nurses, administration and other health professionals in 2019–20 to staff the new expanded emergency department at Calvary Public Hospital Bruce when it is completed
- > providing two new theatres at Calvary Public Hospital Bruce to boost elective surgery capacity, as well as staff to support these once they come online, one in 2019–20 and another in 2020–21, and
- > expanding urology services and staff at Calvary Public Hospital Bruce to meet the ACT's growing demand for this surgery.

## Internal accountability

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

Table 1 identifies the senior executives across the organisation at 30 June 2019.

**Table 1: Senior executives**

Senior executive	Position
Michael De'Ath	Director-General
Vanessa Dal Molin	Executive Branch Manager, Office of the Director-General, Communications & Government Relations
Jodie Junk-Gibson	Executive Branch Manager, Workplace Culture Review Implementation
Karen Doran	Deputy Director-General, Corporate Services Group
Dave Pepper	A/g Deputy Director-General, Health Systems, Policy and Research Group
Dr Elizabeth Moore	Coordinator-General, Office for Mental Health and Wellbeing
Peter O'Halloran	Chief Information Officer
Peter McNiven	Executive Branch Manager, ICT Operations Branch
Sandra Cook	Executive Branch Manager, Future Capability & Governance Branch
Emily Harper	Executive Branch Manager, Performance Reporting and Data Branch
Liz Lopa	Executive Group Manager, Strategic Infrastructure Division
Bradley Burch	Executive Branch Manager, Strategic Infrastructure Branch
John Fletcher	Executive Group Manager, Corporate & Governance Division
Jacqui Bear	Executive Branch Manager, Governance & Risk Branch
Kate Chambers	Chief Finance Officer
Margaret Stewart	Executive Branch Manager, Commissioning Branch
Jacinta George	Executive Group Manager, Health System Planning & Evaluation Division

<b>Senior executive</b>	<b>Position</b>
Michael Culhane	Executive Group Manager, Policy, Partnerships & Programs Division
Amber Shuhyta	Executive Branch Manager, Mental Health Policy Branch
Gabriela Sermeno	A/g Executive Branch Manager, Health Policy & Strategy Branch
Alan Philp	Executive Group Manager, Preventive & Population Health Division
Erica Nixon	A/g Executive Branch Manager, Preventive & Population Health Branch
Dr Kerryn Coleman*	A/g Chief Health Officer
Conrad Barr	Executive Branch Manager, Health Protection Services
Professor Ross Hannan	Executive Group Manager, Centre for Health & Medical Research
Associate Professor Bruce Shadbolt	Executive Branch Manager, Research
Helen Matthews*	Chief Allied Health Officer
Dr Denise Riordan*	Chief Psychiatrist
Hamish Jeffrey	A/g Chief Nursing & Midwifery Officer
Dr Dinesh Arya*	A/g Chief Medical Officer

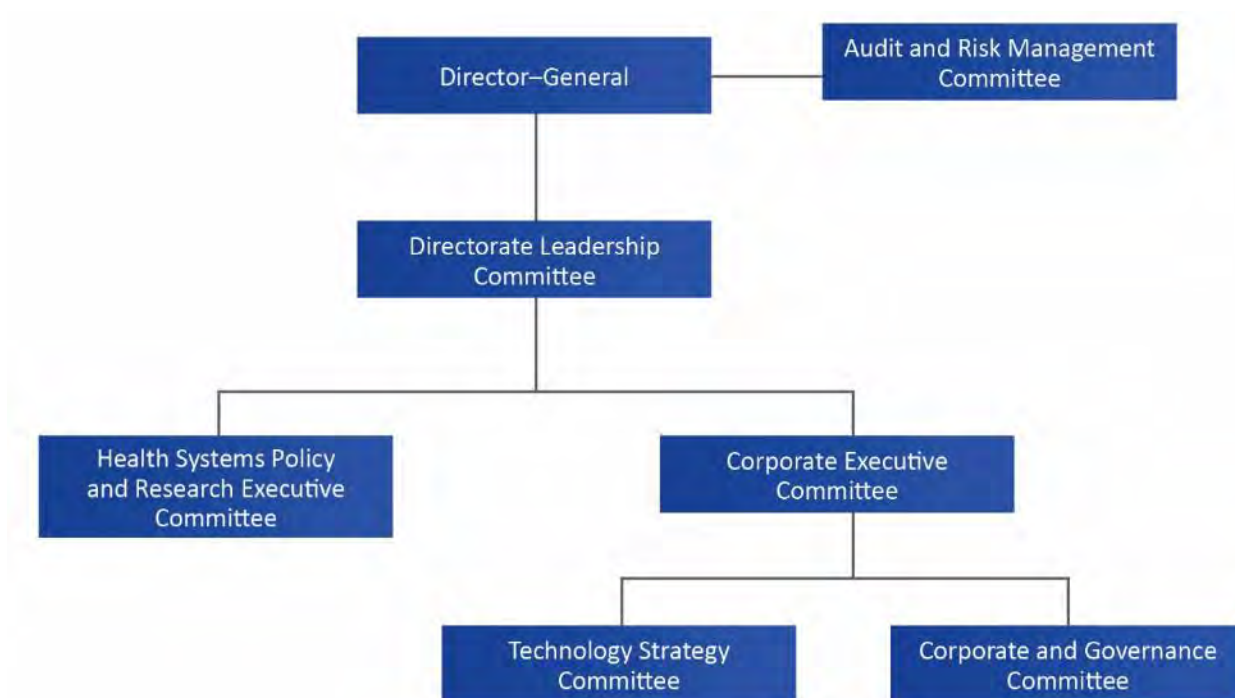
**Notes:** Table 1 includes senior executives who are on executive contracts. It does not include all senior positions across the organisation, as reflected on the organisational chart on page 27.

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

## Governance structure

The directorate adopted an interim governance structure on 1 October 2018 to provide continuity and stability while it transitioned and settled into its new structures and responsibilities. The directorate has reviewed its governance structure in 2019 to better align with its new role as health system steward. The objective has been to create a clear and streamlined governance committee structure that will deliver transparent and accountable decision making and reflect the directorate's role to promote collaboration and integration across the health system. The new committee structure will be implemented in the first quarter of 2019–20.

At 30 June 2019 the interim governance committee structure was in place and is set out below.



### Directorate Leadership Committee

The Directorate Leadership Committee is chaired by the Director-General and is the peak governance committee within the directorate.

The committee's role is to provide a forum that:

- > determines the strategic direction, priorities and objectives for the ACT Health Directorate
- > ensures there is clear and effective governance, including discussion on new and emerging issues, opportunities and risks
- > facilitates information sharing and discussion of key issues affecting the organisation
- > considers issues around organisational leadership and culture
- > supports the Director-General to meet responsibilities stipulated within key legislation
- > ensures that the impact on safety and quality of care is considered in all decision making, and
- > ensures alignment of work across the directorate as well as whole of government and cross-directorate matters.

## Health Systems Policy and Research Executive Committee

The Health Systems, Policy and Research Executive Committee is chaired by the Deputy Director-General Health Systems, Policy and Research. It:

- > provides oversight and leadership on strategy and planning of health services across the ACT. It ensures decisions are appropriately informed
- > supports a continuum of health care from early intervention, preventive, primary, community and tertiary health services; and facilitates engagement with a diversity of consumer voices at appropriate points in the strategic planning lifecycle
- > is responsible for aligning new or proposed health services to the territory-wide strategic plan and for developing, overseeing and evaluating the health system quality framework
- > is accountable for delivering territory-wide health plans, accreditation policies and governance of research, and
- > ensures the ACT Health strategic, policy and research objectives are achieved.

## Corporate Executive Committee

The Corporate Executive Committee is chaired by the Deputy Director-General Corporate Services and provides oversight and leadership on ACT Health's corporate functions including:

- > commissioning and performance
- > strategic infrastructure and procurement
- > corporate functions including finance, people and culture and governance and risk, and
- > strategic governance of the ACT Health Directorate corporate functions to enable effective stewardship of the ACT public health system.

## Technology Strategy Committee

The Technology Strategy Committee is chaired by the Chief Information Officer. It provides leadership and oversight of the ACT Health Directorate's technology investment and ensures that it supports strategic and operational objectives across the health system.

## Corporate and Governance Committee

The Corporate and Governance Committee is chaired by the Executive Group Manager, Corporate and Governance. It provides governance and oversight for the directorate's corporate and governance services and functions, including operational monitoring of financial performance, procurement, people management, risk management, and audit and compliance activities.

## Audit and Risk Management Committee

The Audit and Risk Management committee's Charter governs its operations. It provides:

- > assurance to the Director-General on ACT Health Directorate's governance arrangements
- > oversight in relation to:
  - financial reporting
  - risk management
  - systems of internal control, and
  - legislative compliance.

The committee's Chair is independent to ACT Health directorate.

# Organisational structure



**ACT Health**

The Director-General leads the ACT Health Directorate in delivering its vision and strategic goals. Since 1 October 2018 the directorate has been refining its structures and processes. It is continuing to streamline its work as a new entity and is examining opportunities to improve efficiency and effectiveness.

The directorate comprises:

- > Communications and Government Relations
- > Corporate Services Group
- > Health Services, Policy and Research Group
- > Workplace Culture Review Implementation, and
- > Office for Mental Health and Wellbeing.



**Jodie Junk-Gibson**  
Workplace Culture Review  
Implementation  
*Executive Branch Manager*



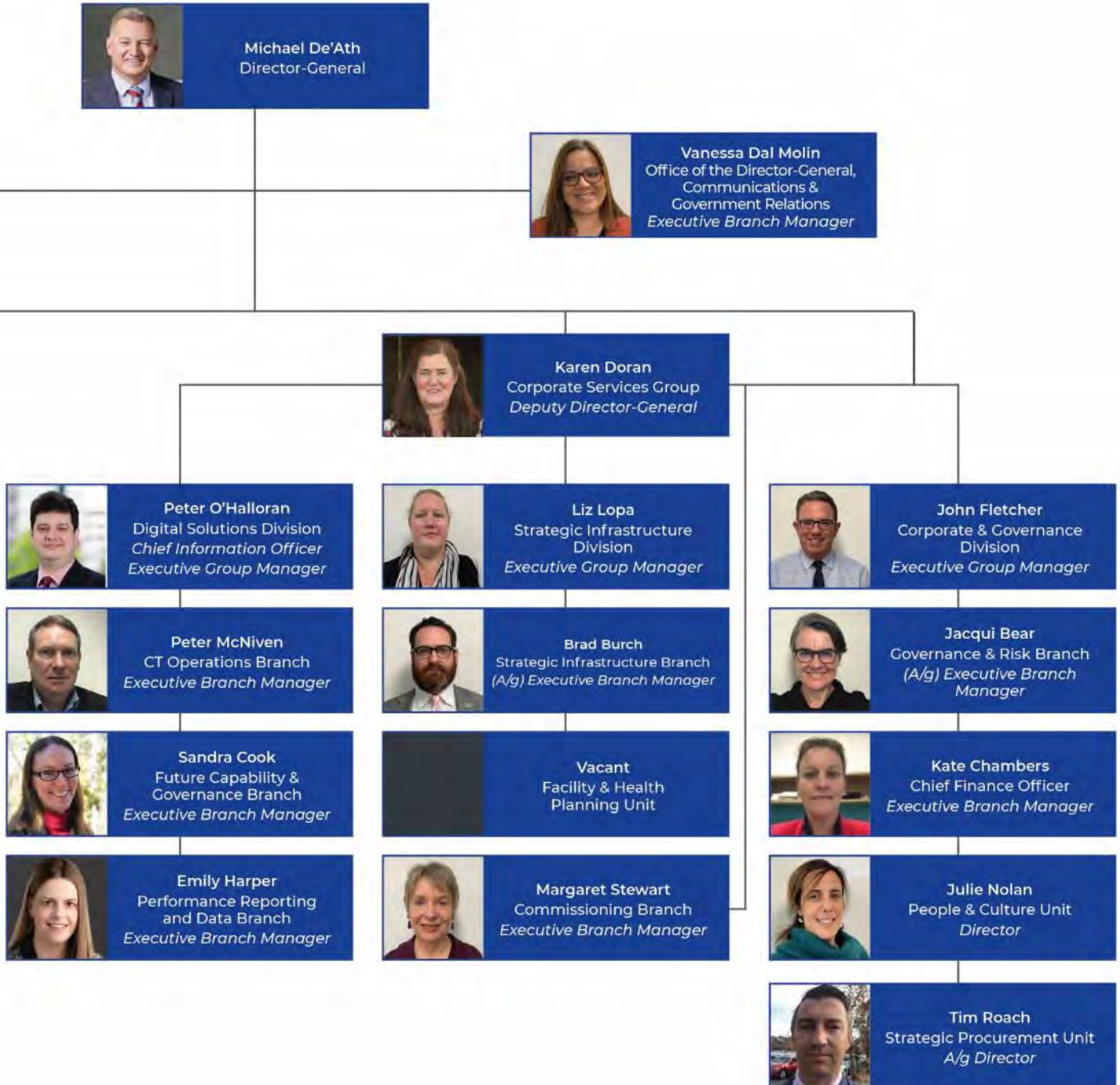
**Elizabeth Moore**  
Office for Mental Health  
and Wellbeing  
*Coordinator - General*





# ORGANISATIONAL CHART

As at 30 June 2019



# Office of the Director-General

## Communications and Government Relations Overview

The Communications and Government Relations Branch coordinates support and direction on government relations activities through the Ministerial and Government Services team and the Strategic Communication Team.

Ministerial and Government Services provides operational and strategic support to our ministers, the Director-General and ACT Health Directorate staff on ministerial and government business including matters relating to Cabinet, the ACT Legislative Assembly, and intergovernmental and ministerial requests. It has well-developed relationships with all directorate business units and works closely with them to provide advice and training on a range of Cabinet, Assembly and ministerial matters including government processes, ministers' preferences, templates, style and format.

Since 1 October 2018, Ministerial and Government Services has provided operational support to Canberra Health Services to coordinate and manage its ministerial and Cabinet business.

The Strategic Communication Team works across the directorate to ensure effective, best practice, valuable communication and engagement that benefits Canberrans and supports the priorities of our ministers and the ACT Government.

Throughout the reporting year the Strategic Communication Team worked closely with business and policy teams to improve understanding and awareness of the communication needs of Canberrans, and to strengthen the directorate's communication channels. The Strategic Communication Team works to ensure information is timely, relevant and easy for the community to understand.

Since 1 October 2018, the Strategic Communication Team has delivered important information to the community on preventive health initiatives, screening programs, harm minimisation, immunisations, disease and illness, mental health and wellbeing, medical research and innovation, health infrastructure, and community health alerts.



## Workplace Culture Review Overview

In September 2018 the Minister for Health and Wellbeing, Meegan Fitzharris MLA, announced the Independent Review into the Workplace Culture within ACT Public Health Services. This was in response to significant reporting on poor workplace culture across the three arms of the ACT Public Health Services: ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce over an extended period. An independent panel was appointed to undertake the review.

The panel released its interim report to the ACT Government on 1 February 2019 and received in principle support for the recommendations. The final report was presented to Minister Fitzharris on 5 March 2019. The key themes highlighted in the review indicated that:

- > there were inappropriate behaviours including bullying and harassment in the workplace
- > procedures and processes were inefficient including complaints handling
- > training was not adequate to deal with inappropriate workplace practices
- > there was an inability to make timely decisions
- > leadership and management were poor at many levels throughout the ACT public health system
- > there were inefficient and inappropriate human resource practices, including recruitment, and
- > greater clinical engagement was needed to ensure the system benefits from specialised expertise and input.

The final report was tabled on 19 March 2019 in the ACT Legislative Assembly. The minister tabled the government response to the report which agreed to all the report's 20 recommendations on 16 May 2019.

The government response was a significant step in demonstrating its commitment to improving workplace culture within the public health system and through that, enhancing the level of service to the Canberra community. This marked the formal commencement of the implementation process which will take place over the next three years.

### Achievements for 2018–19

Considerable progress has been made across the three arms of the ACT public health system in addressing culture and leadership. Achievements to date include:

- > Establishing strong governance frameworks to oversee implementation of the review recommendations. This includes:
  - Establishing the Culture Review Oversight Group chaired by the Minister for Health, and the Minister for Mental Health as Deputy Chair. Membership consists of key stakeholders and the senior executive leadership team of the public health system. The group provides leadership and accountability to the implementation process.
  - Forming the Culture Review Implementation Steering Group chaired by the Director-General of the ACT Health Directorate. This group includes the chief executive officers of the public health services and human resource executives of the public health system.
- > Acknowledging that as system steward, the directorate will lead the Culture Review Response to ensure a consistent, territory-wide approach.
- > Establishing the Culture Review Implementation Branch that operates within ACT Health Directorate to drive, coordinate and facilitate implementation across the public health system.
- > Significant reform has been underway in the executive structures within the ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce to ensure that the people capability is in place to lead a contemporary health service.

- > A public commitment was made on 16 May 2019 to implement recommendations from the review and to ensure that cultural reform remains a priority across the health services by:
  - Minister for Health and Wellbeing
  - Minister for Mental Health
  - Director-General of ACT Health Directorate
  - Chief Executive Officer of Canberra Health Services, and
  - Regional Chief Executive Officer of Calvary ACT.

## Outlook for 2019–20

In 2019–20 the focus will be to establish solid foundations to approach cultural change and to implement the review recommendations. This includes:

- > developing a strategic systems-wide approach to build a positive workforce culture across the three arms of the public health system
- > enhancing linkages by building and strengthening partnerships with internal and external stakeholders
- > developing strong communication channels, recognising progress, providing context and information, and seeking feedback from across the health services
- > applying an evidenced based approach to address the recommendations from the review and to effect sustainable change
- > accessing and analysing data to understand challenges and implement alternate strategies, and
- > developing strong evaluation mechanisms to measure effectiveness and change.

## Office for Mental Health and Wellbeing Overview

The Office for Mental Health and Wellbeing partners with key agencies and works with the community to lead changes to enhance mental health and wellbeing across the ACT.

The office was launched on 14 June 2018 and Dr Elizabeth Moore commenced as Coordinator-General in December 2018. Dr Moore reports directly to the Minister for Mental Health. While ACT Health Directorate hosts the office, it remains independent from the directorate's day-to-day operations.

For more information about the office, its achievements and outlook for 2019–20, see the Office for Mental Health and Wellbeing Annual Report 2018–19 at page 295.

## Corporate Services Group Overview

Corporate Services Group performs a critical enabling function for the long term success and sustainability of the ACT Health Directorate and the ACT health system.

This group is responsible for:

- > financial planning
- > budgeting and reporting
- > procurement
- > commissioning and evaluating the performance of public health services
- > strategic human resource management
- > digital solutions
- > strategic infrastructure
- > service demand planning and modelling
- > data management
- > activity based performance, and
- > governance and risk management.

## Corporate and Governance Division

Corporate and Governance Division is an enabling function that provides a range of support services critical to the long term success of the ACT Health Directorate. The division provides these services through the following branch structure:

- > Governance and Risk Branch – internal audit, risk management and freedom of information requests
- > Strategic Finance Branch – budgeting and reporting, financial reporting and capital reporting.
- > Strategic Procurement Branch – territory-wide services and equipment procurement, policy advice and project support, and
- > People Strategy Branch – people services, health directorate workforce strategy and culture, performance management, learning and development and workplace health and safety.

## Digital Solutions Division

The Digital Solutions Division provides technology solutions to facilitate and support healthcare delivery across the territory. It is responsible for:

- > implementing and supporting work for the Digital Health Strategy
- > coordinating information and communications technology projects
- > providing data and information to support decision making and ensure a systematic approach to health services for both internal and external stakeholders
- > managing the relationship with ACT Health Information and Communications Technology (ICT) vendors, and
- > developing, implementing and maintaining ICT policies and procedures to ensure ACT Health information security.

## Strategic Infrastructure Division

The Strategic Infrastructure Division is responsible for territory-wide infrastructure planning, hospital master planning, design guidance and business case development. This work includes:

- > coordinating the health infrastructure pipeline as part of whole of government infrastructure planning
- > health facility planning and design, including representing the ACT Government on the Australasian Health Infrastructure Alliance
- > developing a community infrastructure strategy and master plan for the Canberra Hospital
- > working with Calvary Healthcare to develop a master plan for the Calvary Public Hospital Bruce, and
- > delivering strategic projects as allocated by government.

## Commissioning Branch

The Commissioning Branch is responsible for developing the contractual and inter-agency agreements with hospitals and major health service providers in the ACT. These agreements govern which health services are provided by each provider organisation, the volume of those services and the associated funding. The Commissioning Branch is also responsible for monitoring the performance of the providers in delivering the agreed services as well as their fulfilment of key performance targets, such as wait times for emergency department and elective surgery services.

The branch works collaboratively with key stakeholders including clinicians, policy makers, service providers and researchers to ensure high quality, efficient and consumer-focused health services are available as they are needed across the territory.

### ***Achievements for 2018–19***

The ACT Health Directorate put in place a new health services commissioning team. The commissioning role is a new role required of the directorate with the creation of the two separate entities. The commissioning team is responsible for the allocation of the funding from the Local Hospital Network to the hospital and health service providers in the Territory. The team is also responsible for monitoring the performance of the service delivery providers in achieving their service delivery targets, as well as other targets relating to safety, quality and timeliness of delivery.

### ***Outlook for 2019–20***

Corporate Services Group will work with Canberra Health Services and Calvary Public Hospital Bruce in 2019–20 to improve existing funding arrangements for territory-wide health service delivery through contemporary performance agreements.

## Corporate Services Group Achievements 2018–19

In 2018–19 Corporate Services Group:

- > supported the implementation of Administrative Arrangement 2018 (No. 2) from 1 October 2018, including all financial management issues and human resource support associated with establishing the Canberra Health Services and the ACT Health Directorate as separate entities
- > developed strategic and accountability indicators that reflect the requirements of Administrative Arrangement 2018 (No. 2)
- > established directorate governance structures, including the Directorate Leadership Committee and audit management committees that reflect the directorate’s role as steward of the ACT health system
- > managed an ACT Health Directorate values refresh project that reaffirmed the ACT Public Service values, and developed implementation strategies to embed the values
- > progressed implementation of the system wide data review recommendations, including quarterly reports on key health system metrics
- > progressed planning for major infrastructure projects, and secured investment support for projects including the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, expansion of the Centenary Hospital for Women and Children, and a new walk in centre
- > launched the ACT Health App that provides up to date information on average wait times at ACT Emergency Departments and walk-in centres, the number of people waiting, and interactive maps to provide travel times and directions
- > launched the Digital Health Strategy 2019–2029 on 6 May 2019, and
- > implemented the three clinical systems (Patientrack, Electronic Medication Management and eOrders) with Computers on Wheels across adult inpatient areas at the Canberra Hospital and University of Canberra Hospital.

## Corporate Services Outlook for 2019–2020

In 2019–2020, the Corporate Services Group will focus on:

- > supporting the organisations’ transformation into two separate entities that includes embedding financial management, governance and risk structures
- > supporting the cultural review implementation plan as it applies to staff of the directorate, and embedding our values in relevant people strategies and processes
- > continuing to implement the recommendations of the System Wide Data Review to support improvement in data collections, analysis and reposting across the health system
- > working with key health service providers, including Canberra Health Services and Calvary Public Hospital Bruce, to establish funding arrangements that support territory-wide service delivery
- > delivering the Canberra Hospital Campus master plan, with completion due late 2020
- > completing the Northside Hospital scoping study process
- > commencing implementation of the Digital Health Record. This will provide a territory-wide, one person, one record system with funding from the 2019–20 Budget
- > implementing the ACT Health Core ICT system upgrades with funding from the 2018–19 ACT Budget. The project includes a new supply chain system, clinical work devices and a switchboard replacement for Canberra Hospital, and
- > implementing a new pathology laboratory information system with funding from the 2018–19 ACT Budget.

## Health systems, policy and research group overview

The Health Systems, Policy and Research Group is responsible for strategic health policy, program and quality strategy functions. It leads the population health, protection and prevention functions, with a focus on health and medical research, professional leadership and education.

### The Office of Professional Leadership and Education (OPLE)

OPLE provides professional advice and leadership across the ACT health system to help achieve safe, appropriate and effective health care for the ACT community. It includes the:

- > Chief Allied Health Officer
- > Chief Medical Officer
- > Chief Nursing and Midwifery Officer
- > Chief Psychiatrist, and
- > General Practitioner Advisor.

OPLE:

- > provides strategic professional leadership and policy direction for the ACT health system across allied health, general practice, medicine, nursing and midwifery, and psychiatry
- > helps deliver workforce reforms and workforce planning relevant to health professional staff
- > contributes professional and clinical expertise to achieve and maintain a safe, high quality health system for the ACT
- > optimises systems to support excellence in professional development, training and education of health professional staff
- > represents the ACT Government on national and international forums relevant to professional areas and clinical expertise, and
- > strengthens and develops health care services by supporting innovative models of care and service delivery.

Professional chiefs and advisors provide professional and strategic leadership for their respective areas within ACT Health Directorate, Canberra Health Services and across the territory. They also collaborate and advise the ACT Government on matters relevant to their professional areas.

The Chief Psychiatrist and Chief Medical Officer have responsibilities under the *Mental Health ACT 2015*. The Chief Psychiatrist is a statutory appointment under the Mental Health Act 2015 and is responsible for:

- > treatment, care or support, rehabilitation and protection for persons with a mental illness in the ACT, and
- > reporting to the minister on matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness.

The annual report from the Chief Psychiatrist is published at page 286.

On 2 April 2019 the Chief Medical Officer was appointed Care Coordinator under the *Mental Health Act 2015*. This role includes coordinating treatment, care or support for a person with a mental disorder in accordance with community care orders made by the ACT Civil and Administrative Tribunal (ACAT), and where an ACAT restriction order or forensic community care order is in force.

The annual report from the ACT Care Coordinator is published at page 280.



## Achievements for 2018–19

### ***Fostering improvement and supporting professional development***

ACT Health scholarships help health professionals access further education. Post-graduate scholarships offered through the office are available to nurses, midwives and allied health professionals at Canberra Health Services, Calvary Public Hospital Bruce and the ACT Health Directorate to support continuing education and career development in areas such as clinical practice, education, training, research or management and leadership.

The Chief Allied Health Office supports workforce retention through the Allied Health Postgraduate Scholarship Scheme. This encourages staff to undertake further learning at postgraduate level in either clinical practice, education and training, research, or management and leadership. In 2018–19, 16 staff received funding through the scheme towards their course costs.

The Nursing and Midwifery Office provided scholarships for 202 nurses and midwives to undertake postgraduate studies in clinical practice, education, leadership, management and research. A further eight scholarships were awarded to nurses and midwives representing ACT Health at national and international conferences.

### ***Allied Health Symposium showcasing local initiatives***

The 11<sup>th</sup> Annual Allied Health Symposium was held on 9 April 2019 with the theme ‘Clinical leadership: influencing quality care’. This annual event showcases inspirational allied health improvement initiatives and is an excellent opportunity for professionals to network, share information and develop professional links.

Eight presentations and nine posters were presented from a total of 27 abstracts that were submitted for the event. A total of 147 staff attended from across the ACT Health Directorate, Canberra Health Services, and Calvary Public Hospital Bruce. Video content was also available for staff who were unable to attend.

### ***International Nursing & Midwifery Week***

International celebrations for Nursing & Midwifery Week are held annually between 5 and 12 May. They recognise the exemplary professional contributions made by nurses and midwives across our region.

The Nursing and Midwifery Office marked the 2019 event with a remembrance and thanksgiving ceremony at the Australian War Memorial. This annual event acknowledges nurses and midwives who have served in times of conflict and peace, either in the Australian armed forces, or as part of overseas volunteer or peacekeeping missions.

### ***ACT Nurses and Midwives Excellence Awards***

The ACT Nurses and Midwives Excellence Awards celebrate outstanding professional contributions made by nurses and midwives for the health and wellbeing of the community. The awards are open to enrolled nurses, registered nurses and registered midwives from public and private health facilities, as well as community and primary healthcare sectors across the ACT.

The 2019 awards were held on 9 May 2019. Forty-nine nominations were received from across public and private sector health services. An independent selection panel assessed each application. The eight winners for 2019 were:

- > **ACT Nurse of the Year** – Christine Archer, Canberra Health Services
- > **ACT Midwife of the Year** – Sally McRae, Calvary Public Hospital Bruce
- > **ACT Team of the Year** – Canberra Health Services Childbirth Education Research Team

- > **Excellence in Clinical Practice** – Juliane Samara, Calvary Public Hospital Bruce
- > **Excellence in Educational Practice** – Leanne Ehrlich, Canberra Health Services
- > **Excellence in Leadership Practice** – Kath Wakefield, Canberra Health Services
- > **Excellence in Management Practice** – Lyn O’Connell, Canberra Health Services, and
- > **Excellence in Quality Improvement or Research Practice** – Maureen O’Brien, Canberra Health Services.

### ***ACT Allied Health Excellence Awards***

The ACT Health Allied Health Excellence Awards recognise the outstanding work of allied health practitioners and teams from Canberra Health Services, Calvary Public Hospital Bruce and the ACT Health Directorate.

The Chief Allied Health Officer awarded nine Allied Health Excellence Awards on 3 April 2019 at a special recognition event. Canberra Health Services’ Principal Medical Physics Specialist, Donald McLean, was named 2019 Allied Health Professional of the Year. Eight other categories were awarded as follows:

- > **Allied Health Assistant Excellence** – Veronique Clyde, Canberra Health Services
- > **Allied Health Clinical Excellence** – Debra Harris, Canberra Health Services
- > **Allied Health Early Career Excellence** – Michael Wilkinson, Canberra Health Services
- > **Allied Health Education Excellence** – Katie Cole, Canberra Health Services
- > **Allied Health Excellence in Provision of Services to Improve Aboriginal and Torres Strait Islander Health and Wellbeing** – Rebecca Aherne, Pip Golley, Nicola Graham, Tamara Shirvington and Shien Ee Tan, Canberra Health Services
- > **Allied Health Management and Leadership Excellence** – Kerrie Andriolo, Canberra Health Services
- > **Allied Health Research Excellence** – Donald McLean, Canberra Health Services, and
- > **Allied Health Team Excellence** – Louise Barrett and Yu-Lung Chan, Canberra Health Services.

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

The impact of workplace violence and aggression is a global problem confronting all health care workers. Nurses and midwives who are at the forefront of health care delivery are the largest group exposed to occupational violence and aggression. In December, the Minister for Health and Wellbeing, Meegan Fitzharris MLA, and Minister for Mental Health, Shane Rattenbury MLA, launched ACT Health’s strategy to improve workplace health and safety for nurses and midwives.

*Nurses and Midwives: Towards a Safer Culture – The First Step* outlines an ACT public health care system where staff, patients and visitors are protected from harm and always feel safe. It recommends strategies to create a safer and healthier environment for staff and visitors to ACT public health workplaces. It is led by the ACT Health Directorate and encompasses Canberra Health Services, the University of Canberra Hospital and Calvary Public Hospital Bruce.

### ***Nursing and Midwifery Ratios Framework***

The ACT Government and Australian Nursing and Midwifery Federation’s ACT branch agreed in July to develop a ratios framework, and to implement this through the ACT Public Service Nursing and Midwifery Enterprise Agreement.

The objective is to develop a comprehensive, detailed and sophisticated ratios framework model, inclusive of an appropriate skill mix and acuity measures, which will be considered for implementation across the ACT Public Service.

## ***Quality and Safety Leadership***

The Quality and Safety Unit reports to the Chief Medical Officer and leads the ACT Health Quality Strategy. The strategy supports a systems approach to delivering high-quality care, reducing harm and improving health outcomes across the territory.

The unit oversees whole of system quality and safety and is responsible for strategic level clinical policy, quality assurance, quality improvement, and capability and capacity building in improvement science.

The unit was established in April 2019. Its initial task has been to set up territory-wide quality and safety monitoring systems and processes. It also supports collaborative work with other jurisdictions at a national level. This includes the:

- > National Clinical Trials governance framework and user guide
- > central line-associated Blood Stream Infection Guide 2019
- > Review of the Australian Charter of Healthcare Rights, and
- > Sentinel Event User Guide.

The newly formed Quality and Safety Unit will provide expert advice to the ACT Health Directorate and national bodies. It will also support health services to improve patient experience and maximise safety outcomes. This includes:

- > reviewing progress on implementing priorities in the Quality Strategy 2018–2028, and
- > establishing a territory-wide clinical committee structure with focus on quality and safety.

## ***Clinical Placement Office***

The Clinical Placement Office (CPO) reports directly to the ACT Chief Nursing and Midwifery Officer and coordinates clinical placements for nursing, midwifery, medical and allied health students and trainees.

During the year the team worked with 40 tertiary and vocational providers across Australia to coordinate placements within the directorate, Canberra Health Services and Calvary Public Hospital Bruce. This included clinical placements for:

- > tertiary students and health professionals from regional health services
- > Australian Defence Force
- > Australian Federal Police, and
- > those requiring supervised practice.

A range of different placements are available, and these provide opportunities to integrate theory with clinical practice.

In 2018–19, 6,129 placements were taken up by students and trainees, working a cumulative total of 104,078 placement days. Of these:

- > 39,325 days were provided to nursing and midwifery students, and
- > 17,185 days were provided to allied health students.

Activities and initiatives during the year included:

- > refining placement codes for more timely reporting, and
- > reducing the number of placement cancellations from 9.7per cent in 2017–18 to 5.3per cent in 2018–19.

A reduction in cancellations resulted in an additional 3,245 placement days being available to students in 2018–19. This success was presented at the 2019 Australian and New Zealand Association for Health Professional Educators conference.

The CPO website was also refreshed and learning frameworks on the online student placement database further developed during the year. This is facilitating access to training for digital systems, including EMMedchart, Clinical Patient Folder, Patienttrack and IDIS. An e-Acknowledgement form is currently being developed.

### **Research Centre for Nursing and Midwifery (SYNERGY)**

SYNERGY is the Nursing and Midwifery Research Centre. Based at Canberra Health Services, it supports a research culture for nursing and midwifery, and:

- > encourages engagement and collaboration
- > achieves regular outputs in key focus areas
- > enhances collaboration with key stakeholders
- > establishes international links with other centres, and
- > develops a strong and successful cohort of higher degree research students.

The centre identified three areas of strength based on its research outcomes:

- > publications in referred journals
- > research income and higher degree student enrolments and capacity, and
- > the status and reputation of researchers working in the following areas:
  - mental health nursing and psychosocial wellbeing
  - midwifery/woman centred care, and
  - health workforce, education and quality outcomes.

## **Academic Unit of General Practice**

The Academic Unit of General Practice (AUGP) is co-funded by the ACT Health Directorate and the Australian National University (ANU) Medical School. Our role covers education, research, policy development and community clinical service. AUGP is located at Canberra Hospital in the ANU Medical School building. It has connections with general practices throughout the ACT and region.

**Education** – we provide training and support to ANU medical students and education for general practitioner registrars and general practitioners. This includes clinical audit and quality improvement projects conducted in their general practices. Senior clinicians head up the ANU Medical School third year examination committee, and other AUGP staff facilitate doctor enrolment into the Educational Fellowship Scheme.

AUGP also manages the Peter Sharp Scholarship Program to increase enrolment rates of Aboriginal and Torres Strait Islander medical students.

### **Research**

Our research helps to understand and measure the value that general practice and relationship based primary care brings to the health care system. We conduct research across areas including:

- > primary health care health systems
- > clinical primary care, and
- > education.

Recent research projects include:

- > treating adult obesity in general practice
- > refugee health
- > Aboriginal and Torres Strait Islander cardiovascular disease risk assessments and management, and
- > nutrition and dietetics in primary care.

We have strong links and collaborations with:

- > local GPs
- > Capital Health Network (ACT's Primary Health Network)
- > ANU Research School of Population Health
- > ACT Education Department, and
- > the Health Care Consumers Association.

Staff have published more than 38 articles in peer reviewed journals in the last two years.

### **Service**

All our GPs provide clinical services and undertake education, research and policy roles. Areas include refugee health, marginalised population groups and Aboriginal communities. Staff also serve on population health and clinical governance committees. The GP policy advisor contributes to ACT health policy that interfaces with general practice and primary health care.

### **Networking**

We collaborate among health care providers across the ACT and south east NSW. This includes with community health care providers and the hospital, and research partners. We also work with the Canberra and Calvary hospital GP liaison units on continuing professional development.

Senior staff have pivotal roles in:

- > ACT Health Directorate
- > ANU Medical School
- > Australasian Association of Academic Primary Care
- > ACT and NSW Royal Australian College of General Practitioners
- > Australian Medical Council
- > Canberra Regional Medical Education Council, and
- > Confederation of Postgraduate Medical Education Councils.

## **Achievements for 2018–19**

Key achievements in 2018–19 included:

- > managing and delivering teaching in all four years of the ANU Medical School Program, and the GP Workforce Infrastructure Program
- > administering the Peter Sharp Scholarship Program for Indigenous medical students
- > conducting the ACT Kindergarten Health Check program with Canberra Health Services Women Youth and Children and related research
- > conducting the Teaching for Clinicians – Educational Fellowship Scheme
- > publishing 38 journal articles
- > delivering the Snapshot of Afterhours Health Care in the ACT research project, and
- > attracting research grant funds of more than \$2.8 million.

## **Outlook for 2019–20**

Key activities for 2019–20 include:

- > expanding our primary care research collaborations across vulnerable populations, medical education and child health
- > engaging an Elder in Residence at ANU Medical School to build Aboriginal and Indigenous culture in medical education

- > developing a career pathway for general practitioners interested in academic research, and
- > raising our international profile in academic primary care research.

## Health System Planning and Evaluation

The Health System Planning and Evaluation division:

- > manages, develops, implements and advises on health services planning processes
- > provides strategic input to policy development and review
- > identifies efficiencies and works with operational, corporate and clinical leaders, and non-government organisations to progress and evaluate projects
- > manages contracts and funding agreements with non-government organisations, and
- > manages operations at the Ngunnawal Bush Healing Farm.

## Achievements for 2018–19

Key achievements for 2018–19 included:

- > completing of an extension to June 2022 of over 100 funding agreements with ACT non-government organisations
- > planning and delivering three programs at the Ngunnawal Bush Healing Farm, and
- > establishing foundational planning processes to enable and inform the development of the Territory-wide Health Service Plan.

## Outlook for 2019–20

- > The Territory-wide Health Service Plan will be completed in 2019–20. This will identify priority areas for service planning and development.
- > The Child and Adolescent Health Service Plan will also be finished and will show how we can:
  - strengthen existing health services and programs to support better outcomes and improve patient experiences
  - improve access to services in the community and in hospital, and
  - best plan for the future healthcare needs of our children.
- > A review of the Queen Elizabeth II Family Centre’s current services will be completed.
- > Work will commence on an approach to future service procurement, in collaboration with the non-government sector. This approach will be developed to address the community’s needs and capacity issues, including funding, identified through consultation with the sector.

## Preventive and Population Health

Preventive and Population Health:

- > manages policy and programs
- > collects, analyses and disseminates data on health status
- > provides information on the ACT’s health related behaviours, and
- > monitors, evaluates and guides health service planning, and program and policy development.

In 2018–19 we delivered a range of health promotion, preventive health and policy initiatives to improve or protect the ACT community’s health and wellbeing. These included:

- > Kids at Play
- > Fresh Tastes: healthy food at school
- > Ride or Walk to School



- > It's Your Move
- > Healthier Choices Canberra: Business
- > Healthier Choices Canberra: Junior Sports, and
- > Refill Canberra.

## Achievements for 2018–19

- > The second trial of a pill testing service was conducted at the *Groovin the Moo* festival on 29 April 2019. ACT Health Directorate is undertaking an independent evaluation of this trial and a final report is expected in late 2019.
- > The ACT Drug Strategy Action Plan 2018–2021 was released in December and outlines priorities to redress harm from alcohol, tobacco and other drugs. It complements the National Drug Strategy 2017–2026 framework and aims to build safe, healthy and resilient communities.
- > The *Fresh Tastes: healthy food at school* initiative is encouraging kids to enjoy healthy food and drinks. At 30 June, 94 schools and about 39,000 students were involved. A key milestone was reached during the year with 52 schools completing three years of participation in the program. The majority of these reported a positive shift in their food and drink culture.
- > *Healthier Choices Canberra* collaborated with the Canberra Business Chamber, ACT Government Sport and Recreation, and 63 local businesses to help them provide and promote healthier food and drink options. This included kids' entertainment venues, licenced club restaurants, cafés and local supermarkets.
- > Refill Canberra, part of Healthier Choices Canberra, launched in January to increase tap water consumption and reduce plastic bottle use. At 30 June, 64 local cafes and businesses had signed on to the initiative.

## Outlook for 2019–20

### ***Health promotion system planning***

The Preventive and Population Health Branch is building 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.

### ***Preventive Health Plan***

The branch is developing a preventive health plan to reduce chronic disease by encouraging:

- > healthy weight
- > nutrition
- > physical activity
- > tobacco-free living, and
- > low risk alcohol consumption.

The plan will align with the ACT Government's Wellbeing Framework to improve health.

### ***Year 7 Health Check***

The ACT Government's Year 7 Health Check program will be phased in during 2019–20. Engagement with school communities, parents and health sector stakeholders will be key to finalising the program and piloting a protective and risk factor survey.

### ***Safer Families***

The Safer Families Alcohol and other Drug Baseline Assessment project began in 2018–19 and will report in the first half of 2019. The project provides a comprehensive view of the ACT’s alcohol and other drug specialist treatment sector, and its capacity to respond to domestic and family violence. The project’s outcomes will inform future decision making.

### ***Aboriginal and Torres Strait Islander residential rehabilitation***

Funding was committed in 2019–20 to co-design an appropriate residential rehabilitation service to support local Aboriginal and Torres Strait Islander peoples struggling with alcohol and other drugs. The Preventive and Population Health Branch will partner with Winnunga Nimmityjah Aboriginal Health Service to progress this work.

### ***ACT General Health Survey***

The ACT General Health Survey is conducted each year. In 2019 the survey’s scope will be extended beyond measuring traditional chronic disease risk factors (including tobacco, alcohol, nutrition, physical activity and obesity) to include broader factors that influence health and wellbeing.

### ***Chief Health Officers Report: Healthy Canberra 2020***

The ACT Chief Health Officer’s Report is released every two years. It provides a window into Canberrans’ health and explores opportunities for improvement. It focuses on priority health issues that:

- > cause the greatest burden of disease
- > are preventable, and
- > are fundamental to good health.

The next report will be released in the second half of 2020.

### ***Safe injecting room***

Medically supervised injecting facilities are a harm reduction intervention that is proven to save lives. These facilities also:

- > reduce needle litter
- > discourage public drug use
- > result in fewer ambulance callouts, and
- > improve referrals to drug treatment services.

The ACT Government is investigating the feasibility of a medically supervised injecting facility in the ACT in 2019–20. The Preventive and Population Health Branch will lead this work.

## Policy, Partnerships and Programs Division

The Policy, Partnerships and Programs Division leads strategic health policy advice on:

- > Aboriginal and Torres Strait Islander health
- > intergovernmental health issues
- > National Disability Insurance Scheme impacts
- > mental health
- > palliative care
- > aspects of primary care, and
- > health system policy.

The division works with Canberra Health Services, Calvary and other stakeholders and non-government organisations to provide strategic advice across the ACT health system.

In 2019–20 the division expects to finalise negotiations on the 2020–2025 National Health Reform Agreement, under which the Commonwealth will continue funding a significant portion of the ACT's hospital services. The agreement is expected to include a series of national health system reforms to improve the ACT health system's efficiency and effectiveness.

The division will also help:

- > deliver the National Suicide Prevention Implementation Strategy
- > implement the National Suicide and Self-harm Monitoring System
- > review and evaluate the *Mental Health (Secure Facilities) Act 2016*, and
- > finalise a review of the orders provisions for the *Mental Health Act 2015* and action any necessary legislative amendments.

### Achievements for 2018–19

- > In 2018–19 we established a pilot of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT. LifeSpan is an evidence-based community-led and integrated approach to suicide prevention that combines nine strategies into one approach. These include health, education, frontline services, business and the community.
- > In September the Legislative Assembly passed the Health (Improving Abortion Access) Amendment Bill 2018 with government amendments. The changes increase access to ACT abortion services and ensure the process meets individual circumstances. The directorate also worked with stakeholders to ensure the reform was implemented smoothly. The Act commenced on 1 July 2019.
- > Several milestones were achieved on Aboriginal and Torres Strait Islander health, including at the Ngunnawal Bush Healing Farm where services and activities focus on a healing approach for a range of individual vulnerabilities. Staff at the Ngunnawal Bush Healing Farm also provide case management and support to clients across the ACT and surrounding region.
- > On 26 February 2019 the ACT Aboriginal and Torres Strait Islander Agreement 2019–2028 was signed. It provides a strong framework to make progress in delivering equitable outcomes for Aboriginal and Torres Strait Islander peoples.
- > The agreement is based on community conversations led by the Aboriginal and Torres Strait Islander Elected Body. The division developed an action plan under the agreement, which addresses the following core areas:
  - children and young people
  - cultural integrity
  - inclusive community, and
  - community leadership.

- > Through a directorate budget commitment, Winnunga’s new purpose-built facility has been facilitated through a Deed of Grant between the Australian Capital Territory and Winnunga which was executed on 21 December 2018. The project is tracking well, and several milestones have already been completed.

## Outlook for 2019–20

In 2019–20 the Policy, Partnerships and Programs Division will:

- > finalise an ACT LifeSpan action plan
- > work with the ANU Centre for Mental Health Research and the Black Dog Institute to help build the Public Safety Working Group. This group includes suicide data experts, health practitioners and emergency service workers, who collaborate and translate suicide data into operational action
- > provide ongoing support for the Aboriginal and Torres Strait Islander Working Group to develop a strategic approach to suicide prevention under ACT LifeSpan (developed and directed by Aboriginal and Torres Strait Islander people)
- > finalise work on the ACT Integrated Regional Mental Health and Suicide Prevention Plan with the Capital Health Network
- > review and finalise an evaluation of the *Mental Health (Secure Facilities) Act 2016*
- > deliver the remainder of \$1.6 million that was committed to Headspace in the ACT. This funding will continue to support headspace Canberra’s clinical capacity
- > finalise the evaluation of the *Mental Health Act 2015*
- > increase the provision of eating disorder services in the ACT, especially the availability of early intervention services
- > continue to support the capital build of Winnunga Nimmitjiah Aboriginal Health and Community Services in Narrabundah (the only culturally dedicated Aboriginal Community Controlled Health Organisation in the ACT)
- > re-establish the Advisory Board for the Ngunnawal Bush Healing Farm to advise the ACT Government on planning, operations and evaluation
- > support the National Aboriginal and Torres Strait Islander Health Steering Committee with expertise on local and jurisdiction level issues. This includes funding and implementing Aboriginal and Torres Strait Islander health programs and policies, and local and national stakeholder relationships
- > work with Canberra Health Services to implement the new Aboriginal and Torres Strait Islander cultural training package to staff through new e-learning modules
- > review and release the publication *Using Health Services in the ACT* to assist the Culturally and Linguistically Diverse (CALD) community in accessing health services in the ACT
- > complete a feasibility study on establishing a milk bank in the ACT
- > undertake a scoping study to consider how the ACT Health Directorate can better support health outcomes for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) Canberrans
- > implement recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, including completing the *Child Safe, Child Friendly, Child Aware Framework* and mapping therapeutic services for children exhibiting sexually concerning behaviours
- > investigate options to improve accessibility to sexual and reproductive health options, and
- > implement the National Code of Conduct for health care workers.

## Centre for Health and Medical Research

The Centre for Health and Medical Research leads strategic development and management of research activity in the ACT health system. It collaborates with service delivery areas and academic institutions to influence the conduct and translating research into practice. Our vision is for a world-class sustainable teaching and learning organisation that delivers cutting edge healthcare informed by research and that maximises health outcomes and wellbeing for patients and communities. With our academic partners, we:

- > translate research results from fundamental science to the clinic. This includes identifying measurable outcomes that reflect patient, service, policy and community impacts
- > recruit and retain world class health and medical researchers
- > innovate to improve the health system using high quality health service and clinical research, and
- > grow and unlock health improvement opportunities including through data science and improving investment opportunities.

### Achievements for 2018–19

During the year the Centre for Health and Medical Research:

- > established a \$3 million research innovation fund
- > was a signatory to a national agreement between states and territories to establish the Australian Genomics Cancer Medical Centre with a \$50 million investment from the Australian Government
- > continued its Molecular Screening Therapeutics Trial for treating rare cancers (commenced in 2017–18) in partnership with the Kinghorn Cancer Centre
- > signed a memorandum of understanding between the ACT Government and Peter McCallum Cancer Centre to collaborate on research and translation initiatives in cancer care
- > created the Health Analytics Research Collaboration and conducted workshops with health and academic partners to define collaboration priorities. Research, data quality, access and governance were identified as top priorities
- > organised and conducted a data linkage symposium to discuss best practice data governance. Key partners included the Centre for Health Record Linkage, academic, clinical, and government agencies
- > organised and conducted the Canberra Health Annual Research Meeting
- > represented the ACT Government on the Australian Commission on Safety and Quality in Health Care, Clinical Trials Governance Framework steering committee
- > represented the ACT Government on the Targeted Call for Research Working Committee under the National Health and Medical Research Council
- > reviewed biobank governance arrangements with a nationally recognised panel of experts, and
- > applied to the National Health and Medical Research Council for recognition as a Centre of Innovation in Regional Health. This was supported by academic partners, local health networks, primary health networks, and indigenous community run health services (HealthANSWERS).

## Outlook for 2019–20

Next year the Centre for Health and Medical Research will:

- > establish a strong stewardship model for health and medical research
- > engage with health services and academic partners to deliver high quality research outcomes and evidence
- > support the ACT Health and Wellbeing Partnership Board through the Research Working Group
- > develop research governance frameworks for data, research integrity and quality, and the HealthANSWERS partnership
- > establish stronger relationships with academic partners, Canberra Health Services and the wider community, including NSW Health
- > oversee a research grant program highlighting end of life care and early phase clinical trials as key areas of interest, and
- > continue work to establish the Comprehensive Cancer Centre which will focus on personalised medicine.

## Public Health, Protection and Regulation Branch

The Chief Health Officer is a statutory position appointed under the *Public Health Act 1997*. In the ACT these statutory responsibilities include:

- > developing and implementing strategies to promote and protect public health
- > advising the minister on matters of public health
- > reporting biennially on priority health issues through the Chief Health Officer's Report
- > exercising a range of critical health emergency management functions, and
- > overseeing regulatory compliance and enforcement of public health related legislation which includes the *Food Act 2001* and the *Medicines, Poisons and Therapeutic Goods Act 2008*.

In addition to these obligations under the *Public Health Act 1997*, the Chief Health Officer is also:

- > Chief Human Biosecurity Officer for the ACT under the Commonwealth *Biosecurity Act 2015*, and
- > a member of the Security and Emergency Management Senior Officials Group, which is a statutory committee established by the *Emergencies Act 2004*.

The Public Health, Protection and Regulation Branch, led by the Chief Health Officer, is responsible for exercising these statutory responsibilities on behalf of the Chief Health Officer. The branch focuses on preventing and managing health risks through the use of regulatory and policy activities, planning and managing public health incidents and emergencies, and developing territory-wide population health strategic initiatives in protection and prevention. Activities cover a diverse range of topics including food safety, communicable disease control, environmental health, emergency management, health care facilities, pharmaceutical products and services, tobacco control, and analytical laboratory services.



## Achievements for 2018–19

- > The ACT Government's real time prescription monitoring system, DORA, was launched by the Minister for Health and Wellbeing, Meegan Fitzharris MLA, on 29 March 2019. This initiative is an important response to addressing the growing harm in the community associated with pharmaceutical abuse and misuse in the ACT. This was accompanied by a new electronic Smartform, integrated with DORA, to increase the efficiency and ease with which prescribers can view a patients' controlled medicines dispensing history and secure Chief Health Officer approval to prescribe controlled medicines.
- > Consultation to improve regulatory mechanisms for qualified nurses and midwives to administer vaccinations in the ACT found consistent support to automatically authorise qualified nurse and midwife immunisers by adopting the National Framework for Immunisation Education for Health Professionals (2017). Stakeholders also supported authorising Aboriginal and Torres Strait Islander health practitioners to administer medicines, including vaccines, with a prescription and direct supervision. These changes will be finalised in 2019–20.
- > The National Partnership Agreement on Essential Vaccines (NPEV) is a financial agreement between the Commonwealth, states and territories which aims to protect Australians from vaccine preventable diseases through the National Immunisation Program. The ACT achieved all performance reporting benchmarks in the NPEV for the 2018–19 financial year.
- > The ACT Childhood Influenza Vaccination Program (CIVP) commenced in April 2018 for the first time providing free influenza vaccines to children from six months to under five years. The program has achieved substantially higher influenza vaccination coverage in both non-Aboriginal and Aboriginal children compared with previous years. Overall, 43.4 per cent of ACT children aged under five received at least one dose of influenza vaccine in 2018, the highest coverage rate of all jurisdictions that implemented similar programs.
- > The ACT Government also funded and implemented an adolescent Meningococcal ACWY (MenACWY) vaccination program for the first time in 2018, exceeding the target coverage rate of 75 per cent for Year 10 students (78.9 per cent) in its first year.
- > Four cases of measles notified to the ACT Health Directorate were responded to in accordance with national guidelines, including issuing public health alerts and targeted communications. The response involved directly contacting over 600 individuals known to have been exposed to the cases while infectious, assessing susceptibility to infection and arranging post exposure treatment as necessary.
- > Public Health Protection and Regulation Branch strives to be a risk-based and outcome-oriented regulator with a focus on public health harms that affect the community. As part of its ongoing improvement activities in regulation, the Branch reviewed its regulation processes for food businesses and identified opportunities to improve methods for inspecting ACT food outlets. The outcome of a structured inspection program based on the creation of districts with scheduled inspections is anticipated to lead to significant operational efficiencies and improved performance. A review is scheduled for the first half of 2019–20.
- > In recognition of risks associated with eggs, including foodborne salmonella outbreaks, the *Food Business Egg Guide* was launched in November 2018 in partnership with the Canberra Business Chamber. The guide gives food businesses appropriate information on egg-related risks and how to safely handle and prepare egg products to minimise these risks.
- > A statutory obligation to review and report on the ACT's *Radiation Protection Act 2006* was satisfied in 2018 with the presentation of the report to the Legislative Assembly on 29 November 2018 by Minister Fitzharris. The report made 20 recommendations, many of which relate to strengthening aspects of the legislation. A copy of the report is available at: [https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0007/1292848/Radiation-Protection-Act-2006-Review.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1292848/Radiation-Protection-Act-2006-Review.pdf) .

- > ACT Government Analytical Laboratory (ACTGAL) provides high quality analytical services in microbiology, toxicology and forensic chemistry. The laboratory analysed over 11,500 samples during the reporting period and contributed coronial, criminal and public health outcomes. The Environmental Chemistry Laboratory provides information on air quality measurements which are uploaded to the dataACT website, which provides real-time information so Canberrans can stay in touch on air quality issues.
- > A number of Acute Response Teams (ART) were implemented to rapidly assess, coordinate resources and activities, and respond to public health emergencies under the ACT Health Emergency Plan. Recent issues managed by the teams included:
  - the national response to strawberries contaminated with needles
  - banned substances marketed to the fitness and body building communities
  - death cap mushrooms
  - blue-green algae concerns in Lake Tuggeranong, and
  - influenza season management.
- > Summer dust storms from drought conditions across Australia resulted in four public health alerts being issued. The ACT also had two heat waves in January which triggered the territory's extreme heat sub plan. The Branch had a significant role in the ACT response during this period, particularly in issuing prompt and clear community messaging through the ACT Emergency Coordination Centre and Public Information Coordination Centre.

## Outlook for 2019–20

- > The ACT became the first jurisdiction in May 2019 to formally adopt the Australian Government's national real-time prescription monitoring initiative through a tripartite agreement with the Australian Government and vendor FRED IT Group. The 2019–20 ACT Budget contains \$2.1 million in funding over two years to implement this national system in the ACT.
- > The government response to the recommendations from the report into the ACT's *Radiation Protection Act 2006* will be finalised, determining priority areas for action and legislation reforms.
- > Following on from the successful testing and validation of mobile air quality monitoring capability developed by the Environmental Chemistry Laboratory using a grant from the National Disaster Resilience Fund, local events where air quality could be compromised, such as hazard reduction burns or major fire incidents, will be monitored on an ongoing basis.
- > ACTGAL is proposing to expand the ambient air monitoring network to meet new requirements of the ambient air National Protection Measures when resources become available.
- > In recognition of the continuing rise in notifications of sexually transmissible infections in 2018, both in the ACT and nationally, the directorate and key stakeholders will develop and implement targeted and evidence-based actions. Information from a number of funded targeted research projects conducted over the past few years will be brought together to inform this work.

## B.2 PERFORMANCE ANALYSIS OVERVIEW

### Health Directorate strategic indicators

For the reporting year, responsibility for the ACT Health Directorate and Canberra Health Services strategic objectives is reflected in table 2 below. Please refer to the Canberra Health Services Annual Report 2018–19 for Strategic Objectives 1 to 7 and the ACT Health Directorate Annual Report 2018–19 for Strategic Objectives 8-15.

**Table 2: Health Directorate strategic indicators**

No.	Strategic objective	Responsible entity
1	<b>Reducing the Waiting List for Elective Surgery</b> Strategic Indicator 1: The number of patients waiting longer than clinically recommended timeframes for elective surgery	Canberra Health Services
2	<b>No Waiting for Access to Emergency Dental Health Services</b> Strategic Indicator 2: Percentage of assessed emergency clients seen within 24 hours	Canberra Health Services
3	<b>Improving timeliness of access to Radiotherapy services:</b> Strategic Indicator 3: Percentage of radiotherapy patients who commence treatment within standard timeframes	Canberra Health Services
4	<b>Improving the Breast Screen Participation Rate for Women aged 50 to 74 years</b> Strategic Indicator 4: The proportion of women in the target age group (50 to 74 years) who had a breast screen in the 24 months prior to each counting period	Canberra Health Services
5	<b>Reducing the Usage of Seclusion in Mental Health Episodes</b> Strategic Indicator 5: 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	Canberra Health Services
6	<b>Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit</b> Strategic Indicator 6: Acute psychiatric unit patient 28 day readmission rate	Canberra Health Services
7	<b>Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds</b> Strategic Indicator 7: The mean percentage of overnight hospital beds in use	Canberra Health Services
8	<b>Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth</b> Strategic Indicator 8: Maintenance of the highest life expectancy at birth in Australia	ACT Health Directorate
9	<b>Lower Prevalence of Circulatory Disease than the National Average</b> Strategic Indicator 9: Proportion of the ACT population with heart or vascular disease, including stroke	ACT Health Directorate
10	<b>Lower Prevalence of Overweight and Obese People</b> Strategic Indicator 10: Proportion of the ACT population that are overweight and obese	ACT Health Directorate

No.	Strategic objective	Responsible entity
11	<b>Addressing gaps in Aboriginal and Torres Strait Island Immunisation Status</b> Strategic Indicator 11: Immunisation rates – ACT Aboriginal and Torres Strait Islander i. 12 to 15 months ii. 24 to 27 months iii. 60 to 63 months iv. All	ACT Health Directorate
12	<b>Higher Participation Rate in the Cervical Screening Program than the National Average</b> Strategic Indicator 12: Two year participation rate in the Cervical Screening Program	ACT Health Directorate
13	<b>Achieve lower than the Australian Average in the Decayed, Missing or Filled Teeth (DMFT) Index</b> Strategic Indicator 13: The mean number of teeth with dental decay, missing or filled teeth at ages six and 12	ACT Health Directorate
14	<b>Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years</b> Strategic Indicator 14: Reduction in the rate of broken hips (fractured neck of femur)	ACT Health Directorate
15	<b>Reduction in the Youth Smoking Rate</b> Strategic Indicator 15: Percentage of persons aged 12 to 17 who smoke regularly	ACT Health Directorate

## Strategic Objective 8

### Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth

Australians are living longer and gains in life expectancy are continuing. Potentially avoidable deaths are divided into potentially preventable deaths (those amenable to screening and primary prevention such as immunisation) and deaths from potentially treatable conditions (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. For females, the ACT continues to enjoy the highest life expectancy of any jurisdiction. For males, the ACT is now second to Victoria, which has a marginally higher life expectancy for the first time.

#### Strategic Indicator 8: Life expectancy at birth in the ACT and Australia, by sex, 2015–2017

Strategic Indicator	ACT (Years)	National (Years)
Females	85.2	84.6
Males	81.1	80.5

Source: Australian Bureau of Statistics (ABS) 2018. *Life Tables, States Territories and Australia, 2015–2017*. Cat. no.3302.0.55.001. ABS, Canberra.

## 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 stroke <sup>1, 2</sup>	4.5%	4.2%

Source: Australian Bureau of Statistics (ABS) 2018. National Health Survey: First Results, 2017–18. Cat. no. 4364.0.55.001. ABS, Canberra.

#### Notes:

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.
2. Age-standardised proportions.

## 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<sup>1</sup>

Strategic Indicator	Rate
ACT	64.1%
National	66.4%

Source: Australian Bureau of Statistics (ABS) 2018. National Health Survey: First Results, 2017–18. Cat no. 4364.0.55.001. ABS, Canberra.

#### Note:

1. Age-standardised proportions.

## 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	2018–19 Target	2018–19 Actual
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:		
12 to 15 months	≥95%	98%
24 to 27 months	≥95%	90%
60 to 63 months	≥95%	97%
All	≥95%	95%

The immunisation coverage rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable disease. Aboriginal and Torres Strait Islander people are often affected by vaccine preventable disease at a higher rate than non-Indigenous people. Although immunisation coverage rates for Aboriginal and Torres Strait Islander children fluctuate quarterly, rolling annualised data indicates that coverage exceeded 95 per cent for children aged 12–15 months and 60–63 months, and has remained stable since 2017–18 for children aged 24–27 months.

#### Notes:

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.
2. The annualised coverage rate for 2018–19 is the number of children in the relevant age cohort in who are recorded as 'fully vaccinated' on the Australian Immunisation Register (AIR) divided by the number of children in the relevant age cohort who are registered on the AIR.

**Contact details:** For more information contact [HPS@act.gov.au](mailto:HPS@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. The most recently available data on the Cervical Screening Program released by the Australian Institute of Health and Welfare covers only an 18-month period (January 2016 to June 2017), but provides more timely information about the effectiveness of this program.

#### Strategic Indicator 12: Two-year participation rate in the Cervical Screening Program

Strategic Indicator	ACT Rate	National Rate
Two year participation rate <sup>1</sup>	58.5%	56.9%

Source: Australian Institute of Health and Welfare (AIHW) 2019. *Cervical screening in Australia 2019. Cancer series no. 123. Cat. no. CAN 124.* AIHW, Canberra.

#### Note:

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

## Strategic Objective 13

### Achieve Lower than the Australian Average in the Decayed, Missing or Filled Teeth (DMFT) Index

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.

#### Strategic Indicator 13: The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12

Strategic Indicator	ACT Rate	National Rate
DMFT Index at 5–6 years	0.90	1.30
DMFT Index at 12–14 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).

## 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 2017–18, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.0 per 1,000 persons in the ACT population. This is not significantly different to the long term target and follows a generally decreasing trend over a 10 year period.

#### Strategic Indicator 14: Reduction in the rate of broken hips (fractured neck of femur)

Strategic Indicator	2017–18 ACT Rate
Rate per 1,000 people	6.0

Source: ACT Admitted Patient Care data.

#### Note:

1. Includes only public hospital data.

## Strategic Objective 15

### Reduction in the Youth Smoking

In 2017, 2.9 per cent of ACT secondary students (aged 12 to 17 years) reported smoking cigarettes on at least one day in the seven days before the survey (current smokers). Since 1996, there has been a downward trend in the proportion of secondary students who are current smokers in the ACT (from 20.5 per cent in 1996 to 2.9 per cent in 2017:  $p$  for trend  $<0.0001$ ). A significant decline was also seen between the two most recent survey periods (2014: 5.2 per cent vs 2017: 2.9 per cent:  $p=0.043$ ).

The ACT compares favourably with the national data for this indicator. In 2017 the prevalence of Australian secondary students who were current smokers was 4.9 per cent.

#### Strategic Indicator 15: Percentage of persons aged 12 to 17 years who are smoke regularly

Strategic Indicator	2017 ACT	2017 National
Percentage of persons aged 12 to 17 who are current smokers <sup>1</sup>	2.9%	4.9%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey deidentified unit record files 2017, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2017 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, December 2018.

#### Note:

1. Current smoker is defined as smoked cigarettes on at least one day in the seven days preceding the survey.

Contact details: For more information contact [ACTHealth.DirectorPPHSupport@act.gov.au](mailto:ACTHealth.DirectorPPHSupport@act.gov.au)

## Output 1.1: Health Directorate

Output 1.1 aims 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, 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, and
- > assist in identifying particular health hazards and measures to reduce risk from communicable diseases, environmental hazards and the supply of medicines and poisons.

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

### Overview

ACT residents enjoy one of the highest life expectancies in the world and can also expect to outlive many of those years in good health. However not all Canberrans are as healthy as they could be. Our ageing population combined with risk factors such as obesity, smoking, harmful alcohol consumption, poor nutrition and lack of physical activity, present a major challenge for ACT Health.

### Performance against accountability indicators

#### Output 1.1: Health Directorate – accountability indicators \*

	2018–19 targets	2018–19 actual from 1 October 2018
a. Samples analysed	8,625	8,123
b. Total number of inspections and proactive site visits of food businesses	1,875	2,092
c. Number of teachers who complete Food&ME training	225	206
d. Number of It's Your Move schools recruited to the program	9	5
e. Immunisation coverage for the primary immunisation schedule measured at one year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%
f. Calvary Services	1,075	908

**Note: Output 1.1 for the ACT Health Directorate reporting period is from 1 October 2018 – 30 June 2019.**

## Achievements

### Promoting healthy lifestyle choices

Preventive and Population Health uses settings based programs to deliver positive results. In 2018–19 the following highlights were achieved:

- > *Kids at Play Active Play* is delivered in Early Childhood Education and Care (ECEC) services and the lower primary school setting. It is designed to improve early childhood educators' skills to promote active play and teach fundamental movement skills to children aged three and up. From 1 October 2018 to 30 June 2019 the program reached 46 ECEC services and schools, and 100 early childhood educators.
- > *Ride or Walk to School* and *It's Your Move Safe Cycle* are delivered in partnership with the Physical Activity Foundation. The programs encourage more students to travel actively to school. At 30 June 2019, 71 primary schools participated in *Ride or Walk to School* and 13 high schools participated in *It's Your Move Safe Cycle*, reaching approximately 40,000 students. ACT Health continues to work in partnership with Transport Canberra and City Services and the ACT Education Directorate to promote active travel initiatives, including *Active Streets* and the *School Crossing Supervisor* program.
- > 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, and
  - implement relevant school food and drink policies.

At 30 June 2019, 94 ACT schools were involved in the initiative, reaching about 39,000 students. A total of 52 schools completed three years of participation with most reporting a positive shift in their food and drink environment and culture. One component of *Fresh Tastes* is *Food&ME* curriculum materials to help schools deliver nutrition education. At 30 June 2019, 1,482 preschool and primary school educators had attended *Food&ME* training since 2014.

- > *It's Your Move* focuses on student led health promotion innovation in ACT high schools. Twenty-one high schools have participated in *It's Your Move* since 2012, reaching more than 12,000 students. *Girls: It's Your Move* focuses on improving physical activity levels in adolescent girls and ACT Health is supporting six ACT high schools in 2019 to implement the program.
- > *It's Your Move: Create a Café* is a partnership with YMCA Canberra and the ACT Council of Parents and Citizens Associations. It supports eight public high schools to transform the food and drink environment of their school.

The directorate is working with a range of partners, including the Canberra Business Chamber and ACT Government Sport and Recreation, to deliver *Healthier Choices Canberra*. This supports local businesses and sporting clubs to provide and promote healthier food and drink options.

At 30 June 2019, 63 local businesses were taking part in the initiative, including:

- > kids' entertainment venues
- > licenced club restaurants
- > cafés and local supermarkets

Seven of the largest sporting codes in the ACT have joined the initiative and are working with their junior clubs to:

- > boost sales of healthier food choices at sport canteens
- > make sure half time snacks are healthy, and
- > reduce unhealthy sponsorships.

*Refill Canberra*, an initiative linked to Healthier Choices Canberra, was launched in January 2019 to give Canberrans easier access to free drinking water when they are out and about. At 30 June, 64 local cafes and businesses had joined this initiative and placed a Refill Canberra sticker on their windows to indicate that they are refill friendly. The partnership with ACT Health, Icon Water and local businesses aims to increase tap water consumption for health and wellbeing, and to help reduce single use plastic bottles.

In early 2019 the directorate brought together culinary and design students from Canberra Institute of Technology and the University of Canberra for the Healthier Choices Product Design Competition. This is helping to develop healthier pre-packaged food and drink products that appeal to young people.

The competition is addressing the gap in the market for healthier products that can be easily served in sporting and school canteens, which often have limited facilities.

This year's competition delivered a very high standard of product concepts. A group of students will be mentored through the Mill House Social Enterprise Accelerator Program to further develop their products to the level where they can be trialled in sporting and school canteens.

Preventive and Population Health produced a number of focus on health reports during the year to communicate technical, quality assured data and analysis in accessible language and a user-friendly format. The aim is to help policy makers and practitioners have a higher impact on policy and program decision making. The Focus On health reports can be accessed via the HealthStats ACT website, and include:

- > Focus On Breast Cancer
- > Focus On Cancer
- > Focus On Cancer Survival
- > Focus On Caesarean Section
- > Focus On Child Nutrition
- > Focus On Children's Physical Activity
- > Focus On Healthy Weight in Childhood
- > Focus On Perinatal Mortality, and
- > Focus On Tobacco Use.

Technical reports providing in depth information on important public health topics are also published on the [HealthStats ACT](#) website. In 2018–19 two technical reports were published focusing on perinatal mortality and cancer survival rates.

Preventive and Population Health's Epidemiology staff authored or co-authored seven papers published in peer review journals during the year and delivered papers at several conferences and symposia. These included:

- > participatory simulation modelling for public health policy at the Environmental Prediction Symposium which was hosted by CSIRO in Canberra
- > the role of social capital in self rated health at the Australasian Epidemiological Association conference in Fremantle
- > emergency department presentations by newly diagnosed ACT cancer patients at the Australasian Epidemiological Association Annual Scientific Meeting in 2018

- > harnessing advances in simulation modelling to explore the complex issue of diabetes and obesity in pregnancy: understanding the problem and networking for solutions. This symposium was hosted by the directorate and University of Canberra, and
- > participatory dynamic simulation modelling for knowledge mobilisation in public health policy at the Sax Institute Knowledge Mobilisation Conference in Sydney.

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

## Samples analysed

The ACT Government Analytical Laboratory (ACTGAL) provides microbiology, environmental chemistry, forensic chemistry and toxicology services. The Microbiology Unit undertakes microbiological analysis of food and water on a fee-for-service basis to support ACT regulation activities and investigations of food related illness outbreaks.

The Environmental Chemistry Unit conducts ambient air quality monitoring and performs asbestos identification and fibre counting on a fee-for-service basis.

The Forensic Chemistry and Toxicology Unit provides analytical support for forensic investigations related to drugs and poisons, and also supports coronial investigations, road transport legislation and other legislation, and drug treatment programs.

‘Samples Analysed’ is an indicator of the laboratory’s workload for the year as a count of samples coming to the laboratory that have had testing performed on them. Sample types can be:

- > food, water and environmental materials that undergo microbiological analysis
- > asbestos confirmations
- > fibre counting
- > air quality data
- > forensic and coronial toxicology samples
- > road transport blood and oral fluid samples
- > seized controlled substances, and
- > samples relating to investigations of clandestine drug laboratories.

The indicator demonstrates that ACTGAL fell short of the pro rata target for samples analysed for the period October 2018 to June 2019 by around six per cent. The lower than target result is due to a higher proportion of samples analysed occurring in the first quarter of the financial year. The number of samples submitted for analysis is driven by multiple external variables, such as seasonal variation, changes in the population, agency specific targeting practices, emergency management and reaction to community expectations, and fluctuates throughout the year.

## Food safety

From 1 October 2018 to 30 June 2019, Health Protection Service (HPS) public health officers conducted 2,092 inspections of food businesses, including those operating at declared events. HPS exceeded the pro rata target of 1,875 food inspections for the reporting period. The higher than target result is due to a higher proportion of inspections and site visits occurring in the last three quarters of the financial year.



The HPS inspects food businesses to:

- > identify potential food safety issues, and
- > ensure compliance with the requirements of the *Food Act 2001* and the Australia New Zealand Food Standards Code.

The number of inspections does not reflect the number of businesses inspected. Businesses may be inspected more than once, particularly where enforcement action occurs.

Public Health Officers serve Improvement Notices where issues are identified that require correction but do not pose a serious risk to public health. If the risk to public health is serious, a Prohibition Order is served, resulting in the closure of the business until the issues of non-compliance have been rectified.

## Immunisation

Data on immunisation coverage for the primary immunisation schedule are extracted from the Australian Immunisation Register. For the purpose of reporting, a child aged 12 months to less than 15 months is regarded as one year old. To be considered fully immunised at one year of age, a child should have completed their primary immunisation series with:

- > three vaccinations against diphtheria, tetanus and pertussis
- > three against poliomyelitis
- > either two or three against Haemophilus type B and Pneumococcal, and
- > three vaccinations against Hepatitis B.

In the ACT, for the reporting period 1 October 2018 to 30 June 2019, 96 per cent of one year olds were fully immunised based on data provided by the Australian Immunisation Register. The ACT has exceeded the aspirational target of 95 per cent. High coverage rates for one year old children in the ACT have consistently been achieved by working collaboratively with over 200 community immunisation providers.

To achieve this outcome, the directorate:

- > provides information and promotional material
- > sends postcard reminders and overdue letters to families
- > assists with transcribing overseas immunisation records, and
- > develops catch up plans for children with delayed vaccination schedules.

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

## B.3 SCRUTINY

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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 Directorate also responds to complaints that are referred from the ACT Ombudsman Office.

In 2018–19, there were no complaints referred from the ACT Ombudsman to ACT Health.

Some matters that are referred to the ACT Ombudsman regarding ACT Health Directorate 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 Directorate.

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

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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 2</b></p> <p>Outcome measures for data quality (including data integrity metrics) should be developed and incorporated into the Health Directorate's <i>Information Management Strategy 2015–2016</i>. These should be monitored to assure the adequacy of data integrity, particularly for ABF-related data.</p>	<p><b>Agreed</b></p> <p>The Data Credentialing Framework, which is referred to in the Information Management Strategy, includes the development of key performance measures for data quality and data quality assurance processes.</p> <p>These measures will provide quality assessments of all major ACT data sets, including data submitted for ABF purposes.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General's Report No. 5 / 2019.</p> <p>Performance Reporting and Data will extend consultation on the Data Management Strategy and commence development of the Data Quality Framework in the third quarter of 2019, with a target completion before December 2019.</p>	In progress
<p><b>Recommendation 3</b></p> <p>ACT Health Directorate's <i>Information Management Strategy 2015–2016</i> should clearly articulate the following:</p> <p>a) key data integrity risks associated with ABF-related data and ACT Health Directorate's IHPA data submissions, and</p> <p>b) frequency and scope of controls assessments and other assurance activities that will be undertaken to</p>	<p><b>Agreed</b></p> <p>ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General's Report No. 5 / 2019.</p> <p>The System-Wide Data Review will plan and schedule appropriate deliverables on conclusion of a gap analysis to address this recommendation. Target delivery is December 2019.</p>	In progress

Recommendation	Government Response	Update	Status
<p>provide assurance in relation to ABF data integrity.</p> <p>The ABF data integrity risks and control assessments will need to be updated from year to year as IHPA's data submission requirements change.</p>			
<p><b>Recommendation 7</b></p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>Both Canberra Hospital and Calvary Public Hospital should establish useable audit logs for EDIS to allow monitoring activities after the close off period. The audit logs should be reviewed regularly, with results presented to the accountable hospital executives and to the Health Directorate.</p>	<p><b>Agreed in principle</b></p> <p>As is noted in the report the EDIS audit logging functions can have a significant impact on system performance. Initial work has been completed to provide additional audits of activity within the emergency department as well as the initiatives already in place that minimise access to the system and minimise the possibility of inappropriate changes being made without a clear audit path.</p> <p>While audit logging is desirable, this level of data quality assurance must be balanced against the need to provide a responsive service to emergency patients. Relevant areas of ACT Health will work with the Director of Information Integrity to develop a sustainable method of managing this risk.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General's Report No. 5 / 2019.</p> <p>The System-Wide Data Review will plan and schedule appropriate deliverables on conclusion of a gap analysis to address this recommendation and is expected to complete early in the first quarter of 2020.</p>	In progress
<p><b>Recommendation 8</b></p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>The Health Directorate should finalise and implement the <i>Non-admitted Patient Activity Data Standards – Data standards for the recording and counting of non-admitted patient activity</i>.</p>	<p><b>Agreed</b></p> <p>ACT Health has commenced implementing the non-admitted standards. As noted in the report, data standards for non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General's Report No. 5 / 2019.</p> <p>Work commenced in February 2019 in the non-admitted allied health space to agree and finalise data standards. This work is ongoing and expected to be completed in the fourth quarter of 2019.</p>	In progress

Recommendation	Government Response	Update	Status
	the standards as requirements change over time.	Outpatients will commence August 2019 and is expected to be completed early in the first quarter of 2020.	
<p><b>Recommendation 9</b></p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>The Health Directorate should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.</p>	<p><b>Agreed</b></p> <p>ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health’s reporting infrastructure expands.</p>	<p>The Data Repository Population Project continues the transition of data and reporting services to the new repository. Work related to this recommendation will be ongoing. Finalisation of overarching policies and procedures is expected to be completed in early in the fourth quarter of 2019.</p>	In progress
<p><b>Recommendation 10</b></p> <p>The Health Directorate should review the capability of its data warehouse and develop robust processes to track validation activities performed by the hospitals. It should also define and promulgate business rules required in correcting ABF-related data to ensure consistency across hospitals.</p>	<p><b>Agreed</b></p> <p>As noted above in Recommendation 9, ACT Health is developing systems to better communicate data validation processes, as well as establishing formal and informal forums to discuss data quality matters. This process will improve data quality and provide the basis for changes to source systems to reduce the possibility of further data errors.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of Auditor General Report No. 5 / 2019.</p> <p>The data repository project has established initial validations with a plan to enhance and embed the process over the quarter. This work is ongoing with the addition of each dataset.</p>	In progress
<p><b>Recommendation 11</b></p> <p>HIGH PRORITY RECOMMENDATION</p> <p>The Health Directorate should develop KPIs for the validation of data that can be supported by information from the data warehouse.</p>	<p><b>Agreed</b></p> <p>The establishment of KPIs and reports is incorporated within the Data Credentialing Framework.</p> <p>This framework also includes an escalation process to ensure that data issues are addressed as required.</p>	<p>This is a defined output of the System-Wide Data Review program. The program is reassessing all outputs and milestones on the basis of the recommendations of Auditor General Report No. 5 /2019.</p> <p>The System-Wide Data Review will plan and schedule appropriate deliverables to address this</p>	In progress

Recommendation	Government Response	Update	Status
<p><b>Recommendation 12</b> HIGH PRIORITY RECOMMENDATION</p> <p>The Health Directorate should finalise its new business rules for data validation and incorporate these in its data warehouse, then re-commence the distribution of validation reports for the Non-admitted Patient areas at Canberra Hospital and Calvary Public Hospital and for the Calvary Public Hospital Emergency Department.</p>	<p><b>Agreed</b></p> <p>New validations for Non-admitted care have been developed based on the Non-admitted Patient Data Standards.</p> <p>In addition, ACT Health has implemented processes that provides for improved communication of data quality issues with business areas across the organisation. Validations for Calvary Hospital emergency department activity have recommenced following completion of the work required by Calvary to enable this to occur.</p>	<p>recommendation. Target delivery is December 2019.</p> <p>The non-admitted patient data validation rules are published to the Performance Information Portal. The remaining work is underway to embed the data correction process as part of the System-Wide Data Review.</p>	<p>In progress</p>
<p><b>Recommendation 15</b> HIGH PRIORITY RECOMMENDATION</p> <p>a) The Health Directorate should undertake further investigation into the inconsistencies and anomalies identified by the data analytics, taking a risk-based approach to the investigation and focusing on the areas that have the potential to materially affect ABF data and funding.</p> <p>b) As a priority, the Health Directorate should review the mapping of processes used to extract data from EDIS to the data warehouse, and ensure that Admitted Patient principal diagnosis and Emergency Department type of visit are mapped appropriately.</p>	<p><b>Agreed</b></p> <p>a) ACT Health agrees that improved data analytics will provide for increased data quality over time. ACT Health has directed efforts to focus on the areas with the highest material impact (admitted services) and work is underway to maximise data quality in non-admitted services through the development of more robust standards and validation techniques.</p> <p>b) ACT Health is also investigating the apparent anomalies with ED data, noting that the impact of them would not be material in a funding sense.</p>	<p>a) Complete</p> <p>b) Digital Solutions Division has transitioned data sets to the new data repository with documented business rules and processes. Outputs from the data repository are well defined, including mapping source system metadata to output metadata and detailed report specifications.</p>	<p>a) Complete</p> <p>b) Complete</p>



Recommendation	Government Response	Update	Status
<p><b>Recommendation 17</b> HIGH PRIORITY RECOMMENDATION</p> <p>a) The Health Directorate and Calvary Public Hospital should investigate the root causes of errors in non-admitted data, including errors in the indigenous status, postcode and funding source fields in the source data and the IHPA submission and develop and implement policies and procedures for improvement.</p> <p>b) The Health Directorate should implement a single patient administration system, and standardise data management policies and procedures, across all public outpatient clinics.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health has already established new processes to focus on and improve data quality within non-admitted services. Some errors identified in the report have already been addressed and data re-submitted to IHPA. The new Advancing Data group (within non-admitted services) and the work to finalise the non-admitted data standards will provide a firm basis for improved data quality in this area. On top of this, new formal and informal forums will also be established to provide information to those responsible for entering data into systems related to non-admitted care.</p> <p>ACT Health will need to undertake a review of the impact and capacity of establishing a single system for non-admitted services.</p>	<p>a) Work commenced in February 2019 in the Allied Health space to agree and finalise data standards. This work is ongoing and expected to be completed in the fourth quarter of 2019. Outpatients will commence in August 2019 and is expected to be completed early in the first quarter of 2020.</p> <p>b) ACT Health Directorate received funding in the 2019–20 Budget to implement a full Digital Health Record, which will be a single patient administration system across the ACT public health system. The Digital Health Record will incorporate standardised data management policies and procedures across all public health areas, including outpatient clinics.</p>	<p>In progress</p>

<b>The Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	01/2016
Report Title	Calvary Public Hospital Financial and Performance Reporting and Management
Link to Report	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf</a>
Government Response Title	Government Response to Auditor-General's Report Number 1 of 2016 Calvary Public Hospital Financial and Performance Reporting and Management and Review of the Auditor-General's Report by the Standing Committee on Public Accounts
Date Tabled	4 August 2016

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>The ACT Government should examine:</p> <p>a) the fundamental issue of whether or not the Calvary Network Agreement is the most appropriate mechanism for delivering Public Hospital services, and</p> <p>b) whether the Public Hospital staff employed by Calvary Health Care ACT Ltd should be engaged under the terms and conditions of the Public Sector Management Act 1994 and associated enterprise agreements.</p> <p>If it is determined that the Calvary Network Agreement is to be retained, then Recommendation 2 is a high priority. If it is determined that staff are to be employed by Calvary Health Care ACT Ltd under the <i>Public</i></p>	<p><b>Agreed in principle</b></p> <p>c) The Government will work with Calvary to ensure that the Calvary Network Agreement has the capacity to deliver value in terms of patient care and service efficiency within an integrated public hospital and health service. This work will also assist to inform whether the current Agreement is the most appropriate mechanism to delivery public hospital services, with this process completed by December 2016.</p> <p>d) The Government believes that the current arrangements in relation to the coverage of staff at Calvary Public Hospital by the provisions of the <i>Public Sector Management Act 1994</i> and associated enterprise agreements is an effective</p>	<p>The Calvary Network Agreement negotiation is currently in progress.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
<p><i>Sector Management Act 1994</i> then Recommendations 6 and 8 are high priority.</p>	<p>arrangement given the small size of the ACT and the benefit to employees to be able to transfer between our two public hospitals. This is particularly important for our health reform program which will provide more integrated services between our two public hospitals. However, the outcome of the review noted in (a) above will identify any issues with current arrangements and whether alternatives are appropriate.</p>		
<p><b>Recommendation 2</b> The ACT Health Directorate and the Little Company of Mary Health Care Ltd should review, negotiate and amend the Calvary Network Agreement to address weaknesses identified in this audit report.</p>	<p><b>Agreed</b> ACT Health and Calvary have established a process to consider and address all findings within the Audit Report. This work will be undertaken in line with the work noted in Recommendation 1 and will be completed by December 2016.</p>	<p>This work is being undertaken together with the review of the Calvary Network Agreement.</p>	<p>In progress</p>
<p><b>Recommendation 5</b> The ACT Health Directorate, in consultation with the Little Company of Mary Health Care Ltd and Calvary Health Care ACT Ltd, should commit to a timeframe for the finalisation and implementation of the successor to the interim funding model for Calvary Public Hospital services.</p>	<p><b>Agreed</b> ACT Health will work with Calvary to implement a new funding model that will be trialled during 2016–17 and fully implemented in 2017–18. The funding model will be used across both ACT public hospitals.</p>	<p>ACT Health Directorate is working with Calvary to progress the transition to an activity based funding model (i.e., the new funding model to replace the interim model) through the negotiation of the next and subsequent performance agreements with Calvary Public Hospital Bruce. The transition is complex and will occur over multi year timeframe, to provide stability for delivery of hospital services.  The schedule for developing and implementing a model for application across all ACT public hospitals has been affected by the creation of Canberra Health Services in 2018, as well as</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
		the addition of the University of Canberra Hospital into the Local Hospital Network. ACT Health Directorate has begun work also with Canberra Health Services to transition to an activity based funding model.	

The 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	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf</a>
Government Response Title	Government Response to the Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018
Date Tabled	15 August 2017

Recommendation	Government Response	Update	Status
<p><b>Recommendation 6</b></p> <p>The Committee recommends the ACT Government build the depth of allied health services available through Hospital in the Home to reflect the service availability of a traditional in-patient setting.</p>	<p><b>Agreed</b></p> <p>Scoping to build allied health services within Hospital in the Home will be undertaken as part of the Territory Wide Clinical Services Framework.</p>	<p>Two Hospital in the Home services currently operate in the ACT, one at Canberra Health Services and one at Calvary Public Hospital Bruce. Similar Hospital in the Home services are offered by each program.</p> <p>A Care Close to Home project commenced in May 2018 to expand use of Hospital in the Home services over four years. The project will also identify, research and communicate initiatives that will lead to improved outcomes</p>	In progress

Recommendation	Government Response	Update	Status
<b>Recommendation 12</b>	<b>Agreed</b>	<p>and value of Hospital in the Home services, including integration of Hospital in the Home services with other existing community/home based services where possible.</p> <p>These initiatives are expected to improve the quality and accessibility of home based care and reduce the burden on existing hospital based in-patient services.</p> <p>Through the work of the Care Close to Home project, consultation has taken place with key stakeholders, including medical, allied health, nursing and administration staff as well as consumer representatives, to identify the Allied Health resource profile required to support the Hospital in the Home expansion.</p> <p>Work has been undertaken to determine additional Allied Health staffing requirements to support the Hospital in the Home expansion over the next four years.</p> <p>ACT Health Directorate has collaborated with the Education Directorate to identify mental health services, programs and referral pathways for children and young people. This information has been collated for use by Education Directorate staff specifically and will be available more broadly. The Office for Mental Health and Wellbeing has received Commonwealth funding to build on this work and develop an online youth navigation portal to help identify the right service at the right time for young people.</p>	In progress

Recommendation	Government Response	Update	Status
<p><b>Recommendation 59</b> The Committee recommends that the ACT Government ensure that future Budget Papers include the National Efficient Price for the provision of health services.</p>	<p><b>Agreed</b> Future Budget Papers will include the National Efficient Price for the provision of health services.</p>	<p>A key deliverable of the Office for Mental Health and Wellbeing work plan is a review of Children and young people’s mental health and wellbeing across the continuum.</p> <p>ACT Health Directorate will provide input to future Budget Papers on the prevailing National Efficient Price for public hospital services. Page 68 of Budget Statements C of the 2019–20 Budget papers include the National Efficient Price.</p>	Complete
<p><b>Recommendation 61</b> 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.</p>	<p><b>Agreed</b> Future Budget Papers will provide an explanation of National Weighted Activity Units for the provision of health services.</p>	<p>ACT Health Directorate will provide input to future Budget papers to explain the concept and interpretation of National Weighted Activity Units as a metric for the provision of public hospital services.</p> <p>Page 68 of Budget Statements C of the 2019–20 Budget papers provides an explanation of National Weighted Activity Units for the provision of health services.</p>	Complete
<p><b>Recommendation 62</b> 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.</p>	<p><b>Agreed</b> The Government will provide an update on ACT performance relative to the National Efficient Price in its Annual Report.</p>	See response to recommendation 63.	Complete
<p><b>Recommendation 63</b> The Committee recommends that the ACT Government regularly update the</p>	<p><b>Agreed</b> The ACT Government will continue to update the Legislative Assembly annually through</p>	Following the recent changes to the health system in October 2018 where Canberra Health Services, responsible for Canberra	Complete

Recommendation	Government Response	Update	Status
<p>ACT Legislative Assembly on measures to, and progress on, narrowing the gap between the National Efficient Price and ACT-wide cost of care.</p>	<p>existing mechanisms including the ACT Budget, Annual Reports and performance reporting.</p>	<p>Hospital, is now a separate entity distinct from ACT Health Directorate, new service level agreements are being developed with Canberra Health Services and Calvary Public Hospital Bruce. The new service level agreements with Canberra Health Services and Calvary Public Hospital Bruce are being built on an incremental transition to an Activity Based Funding model. Through this process, ACT Health Directorate is analysing costs in the ACT public hospital system to determine efficiencies.</p> <p>The National Efficient Price for 2018–19 (NEP18) of \$5,012 per National Weighted Activity Unit. It is important to acknowledge that there are several factors beyond the control of ACT Health Directorate and the ACT public hospital network that contribute to a higher cost per National Weighted Activity Unit for delivering public hospital services in the ACT than the prevailing National Efficient Price.</p> <p>Despite its relatively small population base as a metro area, the ACT provides services at the highest level of hospital service classification as defined by the Independent Hospital Pricing Authority – with both of the ACT’s public hospitals being Principal Referral Hospitals. However, the ACT Local Hospital Network does not have a support network of hospitals of different service classification, in comparison to many other metro areas in Australia. This is a likely contributing factor to the difference</p>	



Recommendation	Government Response	Update	Status
		<p>between the National Efficient Price and the cost per National Weighted Activity Unit of in-scope clinical activity in the ACT. This is because while the ACT lacks the support of a broader range of high service capacity hospitals like other capitals and the associated opportunity for efficient specialisation, the ACT public hospital system simultaneously has limited opportunities to take advantage of economies of scale as a hospital network.</p> <p>In addition, the ACT is a relatively high-cost jurisdiction with respect to labour costs and the cost of living. On average, the ACT faces high costs with respect to retaining clinical staff. This is exacerbated by the ongoing difficulties the ACT faces in attracting and retaining specialised medical staff.</p> <p>Compounding the issue of relatively high labour costs in the ACT is the impost of high, ongoing superannuation costs accrued by the Commonwealth prior to self-government and inherited by the ACT Government. The latest available data from the Australian Institute for Health and Welfare indicates that overall, the average cost of salaries for staff in ACT public hospitals exceeded the national average by 2.7 per cent in 2017–18.</p>	
<p><b>Recommendation 64</b></p> <p>The Committee recommends that the ACT Government review the accountability indicators for Output 1.4 (Cancer Services) to cover more services than breast screening</p>	<p><b>Agreed</b></p> <p>The ACT Government routinely reviews its accountability indicators to ensure they remain relevant. It should be noted that Breast Screen activity targets are set nationally so it is</p>	<p>Cancer Australia is undertaking work on behalf of the National Cancer Expert Reference Group to identify indicators against the National Optimal Care Pathways for cancer. Indicators for lung and head and neck have been agreed, however, jurisdictions are yet to agree on the</p>	<p>In progress</p>

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
services alone, and that they include more meaningful background information and longer-term targets.	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.	data sources for these indicators. This work is expected to be complete by mid 2020.	
<b>Recommendation 65</b> The Committee recommends that the ACT Government provide a plan to the Legislative Assembly for how the Surgical Procedures Interventional Radiology and Emergency Centre will be built and opened by 2023.	<b>Agreed in principle</b> The 2017 Budget provided an initial provision for investment in the delivery of this significant new health facility, with further funding allocations to be confirmed and provided in future budgets. The Government will provide further advice to the Assembly on planning for the SPIRE Centre as the planning and scoping work funded through this year's budget is progressed.	The Minister for Health and Wellbeing provided an update to the Legislative Assembly on 1 November 2018 about the building health services program and the Surgical Procedures, Interventional Radiology and Emergency Centre project.  A schedule of indicative milestones for the Surgical Procedures, Interventional Radiology and Emergency Centre project and their status will be tabled in the Legislative Assembly by the last sitting day of 2019.	Complete
<b>Recommendation 66</b> The Committee recommends that the ACT Government update the ACT Legislative Assembly on progress on establishment of the Office of Mental Health by the last sitting day in September 2017.	<b>Agreed</b> 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).	The Minister for Mental Health provided an update in the ACT Legislative Assembly on 12 September 2017.  The Office for Mental Health and Wellbeing was officially launched by the Minister for Mental Health on 14 June 2018.	Complete
<b>Recommendation 67</b> 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	<b>Agreed in part</b> The ACT Government will report to the Assembly on ongoing reform and performance through existing mechanisms, and will include	ACT Health Directorate Chief Medical Officer is responsible for overseeing implementation of the Quality Strategy 2018–2028. A review of progress made over the first year of this strategy is currently underway. A Quality and Safety Unit is being established within	In progress

Recommendation	Government Response	Update	Status
<p>directorate-wide reform agenda currently headed by the Director of Quality.</p>	<p>an update on quality, governance and risk issues.</p>	<p>ACT Health Directorate that will support further implementation of this strategy.</p>	
<p><b>Recommendation 112</b> 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.</p>	<p><b>Agreed in part</b> ACT Health will provide advice to the Assembly in relation to mental health services available for students in non-government schools.</p>	<p>ACT Health Directorate has been working closely with the Education Directorate to rollout:</p> <ul style="list-style-type: none"> <li>&gt; the Youth Aware of Mental Health program for Year 9 students in ACT schools (through the LifeSpan Suicide Prevention Framework), and</li> <li>&gt; youth mental health services and referral pathways, including an online youth navigation portal (through the Office for Mental Health and Wellbeing).</li> </ul> <p>Commonwealth funding has been obtained to implement the Youth Aware of Mental Health program and the online portal over the next four years. Non-government schools, including Catholic schools and the Association of Independent Schools, have been invited to participate in this work.</p>	<p>In progress</p>

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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 5</b></p> <p>The Committee recommends that the Health Directorate review the relationship between 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.</p>	<p><b>Agreed</b></p> <p>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.</p> <p>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.</p> <p>The Performance Domain includes a review of all existing reports (including indicators) and therefore this recommendation is supported.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>Initial work has already been undertaken to inform a performance reporting framework, including consideration of new and existing national health performance reporting frameworks.</p>	In progress
<p><b>Recommendation 6</b></p> <p>The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data</p>	<p><b>Agreed</b></p> <p>The Health Directorate will brief the Committee following completion of the ACT Health System-Wide Data Review.</p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p>	In progress

Recommendation	Government Response	Update	Status
integrity following the completion of the review.		In line with the ACT Government's response, ACT Health Directorate will brief the committee on improvements it is making to health data integrity.	
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Office for Mental Health briefs the Committee on its role, scope and priorities once established.</p>	<p><b>Agreed</b></p> <p>ACT Health will monitor this item and ensure the Committee is briefed by the Office for Mental Health once established.</p>	<p>The work plan of the Office for Mental Health and Wellbeing was officially launched by the Minister for Mental Health on 30 April 2019.</p>	<p>Complete</p>

<b>The Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	6/2017
Report Title	ACT Auditor-General's Report: Mental Health Services – Transition from Acute Care
Link to Report	<a href="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">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</a>
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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>That the ACT Health Directorate should:</p> <p>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 <i>Mental Health Act 2015</i> (the Act) and the National Standards for Mental Health Services 2010;</p> <p>b) work cooperatively with Calvary Health Care ACT to harmonise and align policies and procedures; and</p> <p>c) investigate reinforcing key administrative policies and procedures by issuing these under Section 217 of the Act.</p> <p>Assessment Generation and Information Collection system (MHAGIC).</p>	<p><b>Agreed</b></p> <p>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.</p> <p>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</p>	<p>a) The Office of the Chief Psychiatrist has reviewed mental health models of care to ensure they address recommendations on integrating the principles of the <i>Mental Health Act 2015</i> and the National Mental Health Standards. The Adult Community Mental Health Services Model of Care was endorsed in October 2017.</p> <p>A statement has been developed to delineate the roles of Care Coordinator and Chief Psychiatrist and will be included in all new policies and procedures and in existing documents.</p> <p>b) ACT Health Directorate and Canberra Health Services policies are available on the internet and accessible to Calvary Public Hospital Bruce. Calvary provides feedback on the Mental Health, Justice Health, Alcohol and Drug Services policies</p>	Complete

Recommendation	Government Response	Update	Status
	<p>contemporary service provision within the Adult Community Mental Health Services.</p> <p>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.</p> <p>The specific legislated requirements contained within the <i>Mental Health Act 2015</i> will be considered and incorporated into this planning process.</p> <p>b) Where practicable, ACT Health will develop joint policies and procedures with Calvary Health Care ACT to standardise mental health care across the ACT. This work will continue to be undertaken in collaboration to ensure the documents are aligned for the provision of mental health services across two separate entities.</p> <p>c) ACT Health is considering the appropriate interpretation of Section 217 of the <i>Mental Health Act 2015</i>. 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.</p>	<p>and procedures as part of the Mental Health, Justice Health, Alcohol and Drug Services Policy Committee consultation process and at the Canberra Health Services Policy Committee.</p> <p>c) It is a condition of employment that ACT Health Directorate and Canberra Health Services staff follow and comply with policies and standard operating procedures. To further strengthen those obligations, ACT Health Directorate may consider including an explicit statement or requirement in the contract with Calvary Public Hospital Bruce to:</p> <ul style="list-style-type: none"> <li>&gt; ensure compliance with specific ACT Health Directorate policies and standard operating procedures, or</li> <li>&gt; consider amendments to the <i>Mental Health Act 2015</i> in the planned 2019 review process.</li> </ul>	



Recommendation	Government Response	Update	Status
<p><b>Recommendation 2</b></p> <p>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.</p>	<p><b>Agreed</b></p> <p>ACT Health's current Clinical Records Documentation Policy requires staff to document relevant clinical communication with external parties in the patient's Clinical Record.</p> <p>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.</p> <p>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 focused recovery outcomes.</p>	<p>The updated Clinical Records Management Policy was published in March 2018 and includes explicit reference to Mental Health Alcohol and Drug Services Justice Health Integrated Care eRecord as the clinical record system.</p> <p>This operational procedure also includes a revision section to list the area responsible for the procedure. The Clinical Records Policy and Clinical Records Management Procedure's review date is March 2022. Governance for the review is managed by the Canberra Hospital and Health Services Policy Committee.</p>	Complete
<p><b>Recommendation 3</b></p> <p>That the ACT Health Directorate should clearly assign responsibility for creating, reviewing and maintaining a person's recovery plan.</p>	<p><b>Agreed</b></p> <p>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</p>	<p>A Mental Health, Justice Health, Alcohol and Drug Services Recovery Planning Working Group was formed in March 2018. It developed the Recovery and Care Planning Framework which was endorsed at the June 2018 Mental Health, Justice Health, Alcohol and Drug Services Corporate Governance meeting. The framework provides a minimum set of mandatory standards for all Mental Health, Justice Health, Alcohol and Drug Services to meet within their recovery planning</p>	Complete

Recommendation	Government Response	Update	Status
	<p>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.</p>	<p>procedures. With the endorsement of the framework, work continues on the program specific operationalisation procedures in line with the overarching framework throughout 2019. For example, as part of the Adult Community Mental Health Services Model of Care implementation, new recovery care planning documentation and procedures are being trialled within adult community teams. These can be used within the Adult Mental Health Unit.</p>	
<p><b>Recommendation 4</b> That the ACT Health Directorate should review policy and procedural guidance for the use of MHAGIC so that guidance:</p> <ul style="list-style-type: none"> <li>a) identifies MHAGIC as the single electronic record for each patient provided with mental health services in the ACT; and</li> <li>b) clearly outlines the mandatory requirements for using MHAGIC to record patient nursing and clinical notes.</li> </ul>	<p><b>Agreed</b> 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. As part of the implementation, ACT Health will ensure that Policy, Procedure and Guidance Manuals support the 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.</p>	<p>In October 2017 Mental Health, Justice Health, Alcohol and Drug Services implemented an updated version of MHAGIC, known as Mental Health Alcohol and Drug Services Justice Health Integrated Care eRecord. e-Learning packages were completed by staff and training included mandatory requirements for using the system.</p> <p>Mental Health Alcohol and Drug Services Justice Health Integrated Care eRecord allows staff to track task completion through reminders and notifications in the system. The audit function has also been included in the system. Management of the reporting functions and requests for reports to be developed is undertaken by the Performance Reporting and Data Unit. See Recommendation 2 on the updated ACT Clinical Records Management Policy.</p>	Complete

Recommendation	Government Response	Update	Status
<p><b>Recommendation 5</b></p> <p>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.</p>	<p><b>Agreed</b></p> <p>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.</p>	<p>Canberra Health Services has documented procedures for manual reports.</p>	<p>Complete</p>
<p><b>Recommendation 6</b></p> <p>That the ACT Health Directorate should enforce their own policy that the Suicide Vulnerability Assessment Tool be completed every three months for all patient and address areas of non-compliance (or amend the policy if the ACT Health Directorate considers it inappropriate).</p>	<p><b>Agreed</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>&gt; services where a SVAT may not be specifically required;</li> <li>&gt; where suicide vulnerability assessment has been documented in the body of a clinical record rather than specifically using the SVAT Form; and</li> <li>&gt; where the SVAT has actually been completed, but outside of the 3 month period.</li> </ul> <p>The Chief Psychiatrist has convened the Suicide Vulnerability Assessment Tool (SVAT) Working Group to progress this recommendation.</p>	<p>The Suicide Vulnerability Assessment Tool Working Group was convened to examine factors contributing to completion rates for the Suicide Vulnerability Assessment Tool. The group conducted an audit which showed that policy and data management systems for measuring policy compliance required re-definition of service areas where the Suicide Vulnerability Assessment Tool clinically needs to be completed. This re-definition has been updated in the policy so that Suicide Vulnerability Assessment Tool occur in the community and needs to be completed every three months. The updated policy was completed and published on 26 June 2018.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	ACT Health will make adjustments to the SVAT Policy to account for clinical variations.		
<p><b>Recommendation 7</b></p> <p>That the ACT Health Directorate should review and rationalise its performance information reports by:</p> <ul style="list-style-type: none"> <li>a) reporting the performance of provisions of the <i>Mental Health Act 2015</i> that are intended to support collaborative planning (e.g. the number of people accessing mental health services that have an advance agreement in place);</li> <li>b) including outcome and outcome compliance measures (e.g. person outcomes from HoNOS and LSP-16 mental health well-being assessments or 28 day unplanned readmissions);</li> <li>c) including exception report identifying outliers;</li> <li>d) including time series, including of outcome measures;</li> <li>e) having it relate to management actions taken to achieve targets, including compliance targets; and</li> <li>f) aligning reporting to the relevant day-to-day reporting requirements of adult mental health operational managers.</li> </ul>	<p><b>Agreed</b></p> <p>ACT Health has acknowledged in various data reviews, including the 2016–17 Price Waterhouse Coopers review, that there is a lack of documentation and linkages to data definitions and standards for performance reporting.</p> <p>ACT Health will ensure each of the strategic components of this recommendation are addressed under the Service Wide Review by March 2018. 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.</p>	<p>ACT Health Directorate has reviewed its performance information reports and completed this recommendation.</p> <p>ACT Health Directorate is implementing improvements to health performance information reporting and addressing these recommendations as a key part of the System-Wide Data Review implementation program.</p> <p>The recently established Office for Mental Health and Wellbeing is working to develop a set of mental health outcome indicators specific to the ACT.</p>	Complete

<b>The Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	8/2017
Report Title	Selected ACT Government Agencies Management of Public Art
Link to Report	<a href="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">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</a>
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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 3</b></p> <p>The ACT Health Directorate should improve its operational activities by:</p> <ul style="list-style-type: none"> <li>a) incorporating key risks related to its art collection in its draft <i>Arts in Health Program Policy</i></li> <li>b) finalising and endorsing its Arts in Health – Acquisition and Maintenance of Art in ACT Health Facilities document</li> <li>c) finalising and endorsing its Arts in Health – De-accessioning of Art in ACT Health Facilities document</li> <li>d) developing a Maintenance and Repairs Plan.</li> </ul>	<p><b>Agreed</b></p> <p>A Risk Register for the art collection and a Maintenance and Repairs 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 enhance the integrity of the art collection, including public art.</p> <p>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.</p>	<p>The procedures for acquisition, maintenance and de-accessioning of art in ACT Health Facilities were endorsed on 7 September 2017. This work was part of a policy and procedure review, including Arts in Health – Asset Management in ACT Health Facilities.</p>	<p>Complete</p>

<b>The Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	02/2018
Report Title	ACT Government Strategic and Accountability Indicators
Link to Report	<a href="https://www.audit.act.gov.au/data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf">https://www.audit.act.gov.au/data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf</a>
Government Response Title	Government Response to the Auditor-General's Report 2/2018 ACT Government Strategic and Accountability Indicators – Report No.2/2018
Date Tabled	5 June 2018

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 2</b></p> <p>Strategic indicators should be improved by:</p> <p>a) the... Health Directorate... removing or amending strategic indicators so they fully meet the criterion of <i>Representative</i>. Territory entities whose strategic indicators cannot meet the strategic criterion of <i>Representative</i> because they relate to whole of government functions should explain how indicators support achievement of Government priorities through commentary.</p>	<p><b>Agreed in principle</b></p> <p>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.</p>	<p>In April 2019 a new 'Strengthening Performance and Accountability: A Framework for the ACT Government' was released.</p> <p>ACT Health Directorate and Canberra Health Services reviewed the strategic and accountability indicators as part of the 2019–20 Budget statements. These revised indicators will be reported against for the first time in the 2019–20 Annual Report.</p>	In progress
<p><b>Recommendation 3</b></p> <p>Accountability indicators should be improved by:</p>	<p><b>Agreed in principle</b></p> <p>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.</p>	<p>In April 2019 a new 'Strengthening Performance and Accountability: A Framework for the ACT Government' was released.</p> <p>ACT Health Directorate and Canberra Health Services reviewed the strategic and accountability indicators as part of the 2019–20 Budget</p>	In progress

Recommendation	Government Response	Update	Status
<p>b) the... Health Directorate... amending accountability indicators so they meet the criterion of <i>Clarity</i>.</p>		<p>statements. These revised indicators will be reported against for the first time in 2019–20 Annual Report.</p>	
<p><b>Recommendation 4</b> All Territory entities should document their procedure for the review, selection and approval of strategic and accountability indicators (the Transport Canberra and City Services Directorate and ACTION documented procedures could be used as a guide). The procedures should include:</p> <p>a) specifying a time (e.g. three years or when circumstances change) for reviewing and assessing all accountability indicators against performance indicators used by government agencies for similar services in other jurisdictions, and</p> <p>b) engaging with other Territory entities to identify better practices used in the Territory.</p>	<p><b>Agreed</b> The updated guidance material will include a requirement that entities document their procedures for the review, selection and approval of relevant indicators. Entities will be required to specify a timeframe for the review and assessment of indicators, and appropriate procedures for engagement with other entities on identification of better practices.</p>	<p>In April 2019 a new ‘Strengthening Performance and Accountability: A Framework for the ACT Government’ was released. ACT Health Directorate and Canberra Health Services will now look to develop procedures for the review, selection and approval of strategic and accountability indicators. This will consider the findings and recommendation from the ACT Auditor-General Report.</p>	<p>In progress</p>
<p><b>Recommendation 5</b> When Recommendation 1 a) to e) are complete, all Territory Entities should use the revised criteria as the basis for assessing the suitability of their Strategic and Accountability indicators.</p>	<p><b>Agreed</b> The updated guidance material will provide clear direction for entities in reviewing, selecting and approving relevant indicators. Entities will be required to make full use of the assessment criteria defined within the updated guidance material.</p>	<p>In April 2019 a new ‘Strengthening Performance and Accountability: A Framework for the ACT Government’ was released. ACT Health Directorate and Canberra Health Services reviewed the strategic and accountability indicators as part of the 2019–20 Budget statements. These revised indicators will be reported against for the first time in the 2019–20 Annual Report.</p>	<p>In progress</p>



Recommendation	Government Response	Update	Status
<b>Reporting Entity</b>	<b>Standing Committee on Health Ageing and Community Services</b>		
Report Number	3		
Report Title	Report on the Annual and Financial Reports 2016–2017		
Link to Report	<a href="https://www.parliament.act.gov.au/data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf">https://www.parliament.act.gov.au/data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf</a>		
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	Government Response	Update	Status
<b>Recommendation 1</b> The Committee recommends that the Health Directorate consider the findings in the Auditor-General’s ACT Government strategic and accountability indicators report.	<b>Agreed</b> 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.	The Performance and Accountability Framework was released in April 2019. ACT Health Directorate then reviewed and updated strategic priorities and performance indicators in conjunction with the Administrative Arrangements 2018 (No. 2). The resulting 2019–20 Budget realigned strategic priorities and performance indicators to improve public accountability. Annual reviews are undertaken to determine relevance to support a strong performance framework.	Complete
<b>Recommendation 2</b> The Committee recommends that the Health Directorate include information relating to the contracting of Visiting Medical Officers in Annual Reports annually.	<b>Agreed in principle</b> The Health Directorate will reinstate the inclusion of information relating to the contracting of Visiting Medical Officers (VMOs) in the Annual Report annually.	Canberra Health Services will report on visiting medical officers in the 2018–19 Annual Report.	Complete

Recommendation	Government Response	Update	Status
	<p>The level of detail included in the Annual Report 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 (i.e. payments made to individual VMOs).</p>		
<p><b>Recommendation 3</b> 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.</p>	<p><b>Agreed</b> The provision of health services at Bimberi Youth Justice Centre are provided by ACT Health, Mental Health, Justice Health and Alcohol &amp; 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 health 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.</p>	<p>Young people are provided with a health assessment, including physical and mental health, within 24 hours of entry into Bimberi.</p>	<p>Complete</p>

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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 54</b></p> <p>The Committee recommends that the ACT Government ensure staff and clients at the Centenary Hospital for Women and Children are adequately consulted before any changes are made to current governance arrangements for nursing and midwifery structures, and that consideration is given to the separate and distinct purposes of the birth centre and the birthing suite as part of this process.</p>	<p><b>Agreed</b></p> <p>The ACT Health Division of Women, Youth and Children engaged in widespread stakeholder consultation regarding the governance arrangements for nursing and midwifery structures at the Centenary Hospital for Women and Children.</p> <p>A review of the Models of Care for continuity of midwifery care is currently being undertaken. Stakeholder consultation will also occur, with consideration given to the distinct purposes of the birth centre and the birthing suite. This is expected to be finalised by the end of 2018.</p>	<p>The Nursing and Midwifery leadership and governance review went live in March 2019.</p> <p>The review of the Models of Care for continuity of midwifery at the Centenary Hospital for Women and Children is being finalised.</p>	In progress
<p><b>Recommendation 55</b></p> <p>The Committee recommends that the ACT Government examine the risks associated</p>	<p><b>Agreed</b></p> <p>This work will be done through the planning stages.</p>	<p>The aim of the publicly funded homebirth trial is to provide an option for women with low risk pregnancies in the ACT to birth at home. The final evaluation will provide</p>	In progress

Recommendation	Government Response	Update	Status
with expanding the home birth program to the northside catchment (through Calvary Hospital).		<p>recommendations for publicly funded homebirth at Canberra Hospital. Canberra Health Services is committed to delivering quality and safe women centred care and working with any recommendations that come from the external evaluation.</p> <p>Subject to the outcomes of the homebirth trial external evaluation, consideration will be given to increasing the availability of home birthing options across the ACT.</p>	
<p><b>Recommendation 56</b></p> <p>The Committee recommends that the Minister for Health and Wellbeing report to the Assembly on the implementation of the ‘single point of entry’ for maternity services.</p>	<p><b>Agreed</b></p> <p>Information will be provided to the Assembly when practicable.</p>	<p>The ACT Public Maternity Access Strategy offers women access to a model of care that is appropriate for their clinical presentation, and as close to their home as possible. This approach supports quality, safe and person-centred care.</p> <p>Public consultation on the ACT Public Maternity Access Strategy was undertaken through a survey on the YourSay website and through face-to-face consultation. A total of 735 responses were received, with overwhelming positive feedback regarding a single phone number for women to call for public maternity services. In addition to YourSay, further consultation was held with key stakeholders including general practitioners and women accessing the current services at Centenary Hospital for Women and Children.</p> <p>The strategy is planned for implementation in late September 2019.</p>	In progress

Recommendation	Government Response	Update	Status
<p><b>Recommendation 57</b></p> <p>The Committee recommends that the ACT Government provide details of scheduled works, costs and timelines for the:</p> <ul style="list-style-type: none"> <li>&gt; Surgical Procedure Interventional Radiation and Emergency project; and</li> <li>&gt; upgrades to the Centenary Women’s and Children’s Hospital.</li> </ul>	<p><b>Agreed</b></p> <p>The Government will provide updates on these projects as planning and tendering arrangements progress.</p>	<p>The Minister for Health and Wellbeing provided an update to the Legislative Assembly on 1 November 2018 on the building health services program and the Surgical Procedures, Interventional Radiology and Emergency Centre.</p> <p>A schedule of indicative milestones for the Surgical Procedures, Interventional Radiology and Emergency Centre project and their status will be tabled in the Legislative Assembly by the last sitting day of 2019.</p> <p>The Centenary Hospital for Women and Children Expansion project will deliver improved paediatric and neonatology services for high needs children and babies, a new adolescent mental health inpatient unit and day services program, additional and improved integrated maternity services, and a specialised gynaecological procedures room for adolescents.</p> <p>The project will be delivered in a number of work packages, with construction expected to be completed in June 2022, subject to clinical operational constraints.</p> <p>The ACT Government has committed \$50.050 million for this project.</p>	Complete
<p><b>Recommendation 60</b></p> <p>The Committee recommends that the Minister for Health and Wellbeing table the business case for Upgrade and Maintain ACT</p>	<p><b>Agreed in principle</b></p> <p>A high level overview can be provided for both the UMAHA Stage 2 Business Case, and the Strategic Asset Management Plan.</p>	<p>The Strategic Asset Management Plan is underway.</p> <p>Details regarding the Upgrade and Maintain ACT Health Assets were provided in a response to Question on Notice 2128.</p>	In progress

Recommendation	Government Response	Update	Status
Health Assets (UMAHA) stage 2 and the Strategic Asset Management Plan.			
<p><b>Recommendation 62</b></p> <p>The Committee recommends that the Minister for Health and Wellbeing table the report on the system-wide data review, which was provided to the ACT Government prior to consultation with the Health Directorate. The Committee further recommends that the report on the system-wide data review, post consultation be tabled, noting any amendments between the two versions.</p>	<p><b>Agreed in principle</b></p> <p>The final System-Wide Data Review Outcomes Report will be tabled during the August 2018 sittings of the Legislative Assembly, and will reflect a further round of consultation undertaken within ACT Health.</p>	<p>On 21 August 2018, the previous Minister for Health and Wellbeing tabled the final System-Wide Data Review Outcomes Report in the Legislative Assembly, which reflected a further round of consultation undertaken within ACT Health Directorate.</p>	c) Complete
<p><b>Recommendation 63</b></p> <p>The Committee recommends the ACT Government undertake work to consider the viability of moving cystic fibrosis clinic to Canberra Hospital to ensure Canberrans with cystic fibrosis are able to access the full suite of tests and allied health professionals they require.</p>	<p><b>Agreed</b></p> <p>The Division of Medicine within the ACT Government has reviewed this issue previously and does not currently have the clinical space to run such a clinic at The Canberra Hospital Campus. However, this arrangement in no way impacts on patient access to a range of health professionals required to manage their condition. ACT Health will continue to review opportunities to relocate the current clinic at Canberra Hospital and Health Services.</p>	<p>Consideration and feasibility of moving the cystic fibrosis clinic to Canberra Hospital will be assessed as part of the Canberra Hospital campus master plan. The Paediatric Cystic Fibrosis clinic is at Canberra Hospital.</p>	In progress
<p><b>Recommendation 64</b></p> <p>The Committee recommends the ACT Government continue to work with Cystic Fibrosis ACT to improve support for people in the ACT living with cystic fibrosis.</p>	<p><b>Agreed</b></p> <p>The ACT Government supports this recommendation and will continue to work with Cystic Fibrosis ACT as the major stakeholder for this service.</p>	<p>Canberra Health Services continues to work with Cystic Fibrosis ACT as the major stakeholder for this service.</p>	Complete

Recommendation	Government Response	Update	Status
<p><b>Recommendation 65</b></p> <p>The Committee recommends that the ACT Government develop a framework, including for maintaining prisoner health records, to ensure coordinated treatment between Winnunga Nimmityjah Aboriginal Health Services and ACT Health.</p>	<p><b>Agreed in principle</b></p> <p>The working model regarding the delivery of care and record management between Winnunga Nimmityjah Aboriginal Health Services (Winnunga) and ACT Health continues to be established.</p> <p>It is not anticipated that Winnunga and ACT Health will share access to each other's records, instead a handover process would occur. The systems regarding this handover process continue to be developed.</p> <p>The group undertaking this work is aware of the requirement to develop a framework that maintains detainee health records in accordance with the Health Records Privacy Act, while still ensuring coordinated treatment for detainees occurs between Winnunga and ACT Health.</p>	<p>In December 2018 the Director-General of the Justice and Community Safety Directorate, the Chief Executive Officer of Canberra Health Services and the Chief Executive Officer of Winnunga entered into a Memorandum of Understanding to constitute an enduring shared commitment to:</p> <ul style="list-style-type: none"> <li>&gt; recognising the paramount statutory obligations and powers of certain entities on behalf of the Territory to administer the Alexander Maconochie Centre and provide for the health and wellbeing of detainees</li> <li>&gt; respecting the corporate duties and professional responsibilities of directors and clinicians of Winnunga</li> <li>&gt; adhering to the Alexander Maconochie Centre human rights principles, and</li> <li>&gt; working together to ensure Aboriginal and Torres Strait Islander detainees receive health care at the Alexander Maconochie Centre in a holistic and culturally safe way, with access to comprehensive Aboriginal health checks, chronic conditions care planning and coordination, mental health treatment and care planning capable of recognising trauma experienced by Indigenous people at the individual and collective level, and appropriate referrals to and collaboration with specialist and allied health professionals.</li> </ul>	Complete

Recommendation	Government Response	Update	Status
<b>Recommendation 66</b>	<b>Agreed in principle</b>	<p>Executives of Justice Health, Corrective Services and Winnunga also executed three schedules under the Memorandum of Understanding dealing with:</p> <ul style="list-style-type: none"> <li>&gt; Services</li> <li>&gt; Information and document management, and</li> <li>&gt; Medication management.</li> </ul>	Complete
<p>The Committee recommends that the ACT Government address the need for a centralised facility or adolescent step up, step down program.</p>	<p>The ACT Government has already committed to building a Child and Adolescent Mental Health Inpatient Unit. Planning for this unit has commenced.</p> <p>In relation to the provision of services in the community, ACT Health has two northside Step Up Step Down facilities, one for adults (18–65 year olds) and one for adolescents (12–18 year olds). ACT Health also has one existing facility on the south side for young people aged 18–24 years, and a second facility for adults to be established with funding provided in the 2018–19 Budget. The build is expected to be complete in 2020–21.</p> <p>In addition to facility-based Step Up Step Down programs, ACT Health also funds non-facility based outreach Step Up Step Down services through the Transition to Recovery program for 18–24 year olds and adults. This may suit those people who are not able to attend the north or south facilities. A further outreach support for the ‘Step Down’ component is the Wayback Support Program for suicidal crisis</p>	<p>Adolescent Mental Health facilities are being delivered as part of the Centenary Hospital for Women and Children expansion project.</p>	



Recommendation	Government Response	Update	Status
	<p>after care which is also non-facility based so it is suitable for ACT-wide access.</p> <p>Step Up Step Down facility and non-facility based supports are an evidence based, effective and contemporary model of care, and are a key component of the stepped care approach to mental health treatment.</p> <p>The relocation of any of these services has interdependencies with the availability of purpose built facilities elsewhere in the ACT. The addition of any further facilities would need to be subject to collaborative development of shared sector priorities arising from the Regional Mental Health and Suicide Prevention Plan, currently in development.</p>		
<p><b>Recommendation 67</b></p> <p>The Committee recommends that the ACT Government continue to support pill testing and consider future opportunities to run pill testing at events and locations across the ACT.</p>	<p><b>Agreed</b></p> <p>The pill testing trial at Groovin the Moo Canberra in April 2018 provided proof of concept that pill testing can be conducted at events in the ACT as a harm reduction measure. The ACT Government maintains a supportive policy environment for third parties to conduct pill testing at future events in the ACT with appropriate oversight and safeguards.</p>	<p>A second trial of pill testing occurred at Groovin the Moo on 28 April 2019. ACT Health Directorate has commissioned an independent evaluation of the effectiveness of pill testing at festivals following this trial. The Australian National University is undertaking the evaluation and is expected to report in December 2019.</p>	<p>Complete</p>
<p><b>Recommendation 69</b></p> <p>The Committee recommends that the ACT Government dedicate funding to determining why sexually transmitted infections are generally trending up.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health supports additional research into the epidemiology of sexually transmissible infections in the ACT. Targeted research projects could investigate whether increased transmission of sexually transmissible</p>	<p>ACT Health Directorate has funded a number of targeted research ventures over 2018–19 including:</p> <ul style="list-style-type: none"> <li>&gt; sexually transmissible infections and blood borne viruses in the ACT:</li> </ul>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	infections is occurring in the community, and identify emerging trends and risk factors to inform the development and implementation of more targeted prevention as part of future planning.	<p>surveillance report 2018 by the Kirby Institute, UNSW Sydney, and</p> <ul style="list-style-type: none"> <li>&gt; market research with young Canberra’s to test campaign concepts to promote awareness of sexually transmitted infections in the ACT, and explore local factors influencing sexual health behaviours in the ACT.</li> </ul> <p>The findings of these projects will be disseminated to stakeholders and inform future policy refinement.</p>	
<p><b>Recommendation 70</b></p> <p>The Committee recommends that the ACT Government work with partner agencies like Sexual Health and Family Planning ACT, Aids Action Council, youth organisations and advisory committees to develop more targeted sexual health awareness campaigns to address the increase in STIs.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health currently provides funding to non-government organisations including the AIDS Action Council of the ACT, Sexual Health and Family Planning ACT, and Hepatitis ACT to undertake a range of services related to prevention of sexually transmissible infections and promotion of safe sex. ACT Health has and will continue to work closely with these groups to develop targeted sexual health awareness campaigns based on known risk factors and emerging disease trends or issues in the ACT.</p>	<p>ACT Health Directorate is reforming the peak sexual health stakeholder forum, previously known as ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases. The ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases will be replaced with a new Sexually Transmitted Infections/Blood Borne Viruses Health Advisory Committee. This will increase sector engagement, enhance stakeholder benefits and provide greater flexibility.</p> <p>ACT Health Directorate will continue to work with partner agencies to develop targeted sexual health awareness campaigns based on known risk factors and emerging disease trends or issues in the ACT.</p> <p>ACT Health Directorate is currently developing an action plan to address increasing rates of sexually transmitted infections in the ACT. A key component of this will be implementing a</p>	Complete

Recommendation	Government Response	Update	Status
		<p>social marketing campaign and outreach testing program targeting priority populations.</p> <p>Canberra Health Services is continuing work with government and non-government partners to develop more targeted sexual health awareness campaigns. Canberra Sexual Health Centre partners with Sexual Health and Family Planning ACT and the ACT Education Directorate for the Sexual health, lifestyle and Relationship Program in ACT Government Colleges. Canberra Sexual Health Centre also partners with the Aids Action Council and Sexual Health and Family Planning ACT to provide the Partnership Approach to Comprehensive Testing. This is an outreach and education program encompassing sex worker outreach, sex on premises venues, youth outreach programs and community screening options. In addition, with the planning of the Surgical Procedures, Interventional Radiology and Emergency Centre, Canberra Sexual Health Centre will be moving to a new location and is currently negotiating office space in its new clinic for non-government organisation services. This will enable direct and immediate support to patients. This work occurs currently, and a dedicated space will further increase the ability for partnership with non-government organisations when working with high risk populations.</p>	

Recommendation	Government Response	Update	Status
<p><b>Recommendation 71</b></p> <p>The Committee recommends that the ACT Government investigate making free condoms available at more Government health centres and publish information on its websites about where free condoms are available.</p>	<p><b>Agreed</b></p> <p>Free condoms are already available at many Government health clinics and non-government organisations, including the Canberra Sexual Health Centre, the Tuggeranong, Phillip and Belconnen Health Centres, the ACT Alcohol and Drug Service, the AIDS Action Council of the ACT, Sexual Health and Family Planning ACT, and Hepatitis ACT. ACT Health supports investigating the feasibility of other services which could provide free condoms, including the ACT Health Walk-in Centres. ACT Health will collate information about current sources of free condoms and make this available on the ACT Health website.</p>	<p>ACT Health Directorate undertook an audit of facilities that provide free condoms in October 2018. ACT Health Directorate website (Sexual Health Service) has been updated to provide a list of the facilities providing free condoms.</p>	<p>Complete</p>
<p><b>Recommendation 72</b></p> <p>The Committee recommends that the ACT Government consider reporting on sexual health including outcomes in public sexual health as part of the Budget Papers and include further statistical information as part of Annual Reporting.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health will explore the production of publicly available annual reports of public health data related to sexually transmissible infections.</p>	<p>ACT Health Directorate is exploring the viability of producing publicly available annual reports related to sexually transmissible infections, in consultation with relevant stakeholders.</p>	<p>Ongoing</p>
<p><b>Recommendation 73</b></p> <p>The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining appropriate and affordable access to hydrotherapy pools on the southside of Canberra.</p>	<p><b>Agreed</b></p> <p>The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued access to the pool at Canberra Hospital. This relates to the availability of</p>	<p>The ACT Government intends to close the Canberra Hospital rehabilitation (hydrotherapy) pool with the opening of the new facility at University of Canberra Hospital. ACT Health Directorate continues to work with key stakeholders to ensure that an appropriate level of access at other suitable facilities is found.</p>	<p>Ongoing</p>

Recommendation	Government Response	Update	Status
	<p>hydrotherapy facilities on the south side of Canberra.</p> <p>ACT Health has entered into an agreement with Arthritis ACT to continue access to the pool at Canberra Hospital until June 2019. ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor do we anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:</p> <p><b>Private South side Hydrotherapy Pools (heated to 33°C or greater)</b></p> <p>Hughes Hydro – Hughes Kings Calwell – Calwell Kings Swim – Deakin Calvary John James Pool – Deakin</p> <p><b>South side ACT Government Public Schools with Hydrotherapy Pools (heated to 33°C or greater)</b></p> <p>Malkara Special School – Garran</p>	<p>The User Agreement between Canberra Health Services and Arthritis ACT for access to the Canberra Hospital hydrotherapy pool has been extended from 1 July 2019 to 30 September 2019, with a month to month extension option.</p> <p>ACT Health Directorate engaged an external advisor, Nous Group, to:</p> <ul style="list-style-type: none"> <li>&gt; assess current demand and referral trends;</li> <li>&gt; ensure that current policy settings and contractual arrangements are appropriate;</li> <li>&gt; determine the supply of hydrotherapy and warm water facilities across the ACT, and</li> <li>&gt; provide advice to Government about securing sessions at these facilities.</li> <li>&gt; The Nous Group report was tabled in the Legislative Assembly on 13 August 2019, as part of the update provided in response to the Legislative Assembly's Resolution of May 2019 relating to the closure of the hydrotherapy pool.</li> </ul>	
<p><b>Recommendation 76</b></p> <p>The Committee recommends that the Health Directorate publish in each annual report a full account of (a) the money it receives from the Commonwealth government and (b) what the payments were for.</p>	<p><b>Agreed</b></p> <p>The Local Hospital Network Financial Statements already provide (a) the amount of funding received from the Commonwealth and (b) the detail on what the funding is for, described in the notes to the Financial Statements (for 2016–17, see pages 377 and 385 note 5 respectively).</p>	<p>The Local Hospital Network financial statements will detail the amount of funding received from the Commonwealth and the ACT Government to operate Territory wide public hospital services. Details for what the funding provides will be described in the notes to the 2018–19 Statements.</p>	<p>Complete</p>

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 77</b></p> <p>The Committee recommends that relevant officials from the Health Directorate provide the Assembly with all the reasons for the downgrade in the accreditation status for the radiology department.</p>	<p><b>Agreed</b></p> <p>Information will be provided to the Assembly when practicable.</p>	<p>In September 2018, Minister for Health and Wellbeing responded to Question on Notice 1568. As part of her response, she tabled an extract of the college's report which outlined the reasons for the downgrade of the radiology training program at Canberra Hospital.</p>	<p>Complete</p>
<p><b>Recommendation 78</b></p> <p>The Committee recommends that the ACT Government provide a detailed plan to the Assembly on measures being implemented to ensure the radiology training accreditation moves back to an A grade accreditation rating within the next 12 months.</p>	<p><b>Agreed</b></p> <p>Information will be provided to the Assembly when practicable.</p>	<p>During routine site accreditation visit for registrar training in March 2018 accreditation for Radiology training was downgraded from Level A to level D (remaining accredited). issues were raised by the accreditation team. These issues have been and continue to be addressed with details provided to the college at the 3 and 6 month progress reports following which the department was upgraded to a level C accreditation with notification of the upgrade on the 16 July 2019.</p> <p>The next progress report is to be submitted to the college by 30 September 2019, after which a repeat site visit will be undertaken prior to reconsideration of further upgrade.</p> <p>There have been significant improvements within the department in regard to the health and wellbeing of registrars above and beyond the recommendations.</p>	<p>Ongoing</p>
<p><b>Recommendation 79</b></p> <p>The Committee recommends the ACT Government provide advice to the Assembly on the current status of accreditation for ACT</p>	<p><b>Agreed</b></p> <p>Information will be provided to the Assembly when practicable.</p>	<p>Information on the current accreditation status is being compiled and will be reported to the Legislative Assembly during 2019–20.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
public hospitals and for each of the separate divisions and accreditation of services by individual medical colleges, including the anticipated dates for future accreditation inspections.			
<p><b>Recommendation 80</b></p> <p>The Committee recommends the ACT Government continue to work with Epilepsy ACT to develop clear sustainable funding options for the organisation.</p>	<p><b>Agreed</b></p> <p>ACT Health will engage with Epilepsy ACT and assess their proposal once it has been received. ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.</p>	<p>ACT Health Directorate will fund Epilepsy ACT in 2019–20 and undertake service planning to inform decisions about future community sector health services funding priorities.</p>	Complete
<p><b>Recommendation 91</b></p> <p>The Committee recommends that the ACT Government ensure that ACT drug and alcohol rehabilitation services are adequately resourced to respond to demand, including any increased demand expected from the opening of the Drug and Alcohol Court.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health is working with the Alcohol and Other Drug treatment service providers, the majority of whom are non-government organisations, to understand current demands on the treatment system and the impact the proposed Drug and Alcohol Court will have on services, and to identify solutions and mitigation strategies.</p>	<p>ACT Health Directorate continues to work with alcohol and other drug treatment service providers to ensure the Drug and Alcohol Court is appropriately supported.</p>	Ongoing
<p><b>Recommendation 164</b></p> <p>The Committee recommends that the ACT Government consider developing and reporting specific performance indicators that focus on youth issues such as inclusion and engagement, health and mental health, employment, and so forth.</p>	<p><b>Agreed</b></p> <p>The Community Services Directorate will be undertaking a process during 2018–19 to review a number of the performance indicators to improve their relevance as a performance measure and the quality of</p>	<p>The 2017 ACT component of the Australian Secondary Students' Alcohol and Drug survey collected information on the current prevalence of tobacco, alcohol and illicit substance use among secondary school students (aged 12 to 17 years of age).</p>	Complete

Recommendation	Government Response	Update	Status
	<p>information being provided through the indicator.</p> <p>The regular publication of 'A Picture of ACT's Children and Young People' includes a range of indicators related to health, mental health, engagement with education and employment, lifestyles wellbeing and community engagement.</p> <p>ACT Health collects information and reports on a range of indicators relating to the health and wellbeing of the young people in the ACT. Some of this data is available in <i>Healthy Canberra: ACT Chief Health Officer's Report 2018</i> and on the HealthStats ACT website.</p>	<p>The 2018 ACT Physical Activity and Nutrition Survey collected information about physical activity, nutrition, healthy weight status, attitudes and general wellbeing among Year 6 students (aged 11 to 12 years).</p> <p>The 2018 ACT General Health Survey collected information on self-reported health status and health behaviours including self-rated health, self-rated mental health, oral health, nutrition, physical activity, sedentary behaviour, sleep, mental health conditions, and self-reported height and weight among children aged five to 17 years.</p>	



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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation D1 – Data Management</b></p> <p>Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community.</p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>A new data repository is currently being built and is already being used for some analytics and reporting activities. Examples include the new ACT Health app, the Quarterly Performance Reports, the Annual Report, and to meet some of the ACT Health Directorate’s national reporting requirements.</p>	In progress
<p><b>Recommendation D2 – Data Governance</b></p> <p>Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority.</p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>Work is in progress to develop and embed new governance structures across ACT Health Directorate and to support Canberra Health</p>	In progress

Recommendation	Government Response	Update	Status
<p><b>Recommendation D3 – Data quality</b> Continually improve the accuracy of data through robust data quality assurance activities.</p>	<p><b>Agreed</b></p>	<p>Services and Calvary Public Hospital Bruce to do the same.</p> <p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>Data quality assurance activities are already being embedded by building and using the new data repository and planning is underway to embed data quality assurance activities across ACT Health Directorate.</p>	<p>In progress</p>
<p><b>Recommendation D4 – Metadata management</b> Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation.</p>	<p><b>Agreed</b></p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>Metadata standards to support the ACT Health Directorate’s national reporting requirements have already been developed. Metadata standards to support the new data repository are being developed concurrently to the repository build.</p>	<p>In progress</p>
<p><b>Recommendation D5 – Data Security and Privacy</b> Maintain security and privacy of the data held by ACT Health.</p>	<p><b>Agreed</b></p>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>ACT Health Directorate has appointed a Chief Information Security Officer and is developing and embedding governance and systems to support good practice data security and privacy.</p>	<p>In progress</p>

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation D6 – Workforce</b> Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making.</p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>ACT Health Directorate is already working to build the capability of its data workforce through the introduction of training requirements.</p>	In progress
<p><b>Recommendation D7 – Communication</b> Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders.</p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>ACT Health Directorate is already working with key stakeholders, including Canberra Health Services and Calvary Public Hospital Bruce, to build collaborative data management and reporting relationships.</p>	In progress
<p><b>Recommendation D8 – Change management</b> Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders.</p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the basis of the recommendations of the Auditor-General’s Report No. 5 / 2019.</p> <p>This will include effective change management approaches to embed improved data management and governance across the ACT Health Directorate, and to support Canberra Health Services and Calvary Public Hospital Bruce to do the same.</p>	In progress
<p><b>Recommendation D9 – Information and Insight</b></p>	<b>Agreed</b>	<p>The System-Wide Data Review program is reassessing all outputs and milestones on the</p>	d) In progress

Recommendation	Government Response	Update	Status
Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.		basis of the recommendations of the Auditor-General's Report No. 5 / 2019. ACT Health Directorate is already delivering more timely information and better insights through the new ACT Health app and the Quarterly Performance Reports, supported by the new data repository.	

The Reporting Entity	Human Rights Commission
Report Number	March 2018
Report Title	Review of the Opioid Replacement Treatment Program at the Alexander Maconochie Centre
Link to Report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1185057/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1185057/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program.pdf</a>
Government Response Title	Government Response to the Health Services Commissioners Review of the Opioid Replacement Treatment (ORT) Program at the Alexander Maconochie Centre (AMC)
Date Tabled	23 August 2018

Recommendation	Government Response	Update	Status
<b>Recommendation 1</b> That Justice Health Services improve its process for assessment of eligibility for the ORT program at the AMC by: a) Requiring relevant collateral information to be obtained to assist to verify information provided by detainees, where	<b>Agreed</b> Justice Health Services acknowledges the benefits of improving its process for assessment of eligibility for the ORT program at the AMC. In response, a number of significant improvements have been made to	Refer to the government response.	Complete

Recommendation	Government Response	Update	Status
<p>there is not clear objective evidence of opioid dependence.</p> <p>b) Encouraging prescribing doctors to make use of confidential urine screening where appropriate to provide additional support for decision making.</p> <p>c) Requiring prescribing doctors to refer matters to the ORT Clinical Meeting for review where there is a lack of objective evidence to corroborate information provided by the detainee regarding opioid use and dependency.</p> <p>d) Ensuring that the ORT Clinical Meeting is conducted as envisaged by the Methadone Management Review Report and that all parties are invited to attend each meeting, including an addiction medicine specialist from the Wruwallin Clinic, and a representative from Justice Health Forensic Mental Health Services.</p> <p>e) Capturing accurate data of outcomes of all applications in relation to ORT to allow appropriate benchmarking against practice in the community and in other jurisdictions.</p>	<p>the ORT at AMC since the death of Mr Freeman.</p> <p>New policies and procedures are now in place that require, amongst other things:</p> <ul style="list-style-type: none"> <li>&gt; collateral information to be sought from ACTCS and other health services involved with the detainees care;</li> <li>&gt; urine screening to be considered by the medical officers when inducting a detainee into the ORT program;</li> <li>&gt; challenging cases to be discussed at the multidisciplinary Clinical Meeting before a detainee is inducted onto the ORT program;</li> <li>&gt; input is sought from the specialist Addiction Medicine Physicians and mental health clinicians within ACT Health; and</li> <li>&gt; auditing and benchmarking of ORT services provided at the AMC has commenced.</li> </ul>	<p>Refer to the government response.</p>	<p>Complete</p>
<p><b>Recommendation 2</b></p> <p>That Justice Health ensures that an individual care plan is prepared for all vulnerable detainees being inducted onto the ORT program, as required by the ACT Guidelines, including Aboriginal and Torres Strait Islander detainees.</p>	<p><b>Agreed</b></p> <p>Justice Health Services acknowledges the benefits of ensuring individual care plans are prepared for all vulnerable detainees being inducted onto the ORT program. The process of documenting individual care plans for all</p>	<p>Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	<p>detainees on ORT at the AMC is now usual practice.</p> <p>ACT Health will audit compliance against this recommendation over the next 6 months to ensure that care plans continue to be developed for all detainees on the ORT.</p>		
<p><b>Recommendation 3</b></p> <p>That all Aboriginal and Torres Strait Islander detainees be offered annual Aboriginal Health Assessments, and that ACT Health continue to seek an exemption to allow a Medicare rebate for these assessments occurring at the AMC. In the meantime, funding for these assessments should be considered in arrangements made between ACT Health and Winnunga Nimmityjah Aboriginal Health Service to implement recommendation 5 of the Moss Report.</p>	<p><b>Agreed-in-principle</b></p> <p>The Aboriginal Health Assessment is a specific federal Government initiative that is available and funded for Aboriginal and Torres Strait Islander people in the community. Unfortunately to date, Aboriginal and Torres Strait Islander people in custody are not eligible under Medicare.</p> <p>However this fact has not stopped health assessments being undertaken and or appropriate care being provided to Aboriginal and Torres Strait Islander detainees at AMC.</p> <p>Furthermore, ACT Health is working with the federal Health Minister regarding the exemption to allow for Medicare rebate for annual Aboriginal Health Assessments for Aboriginal and Torres Strait Islander people in detention.</p> <p>The Moss Review also recognised the significant proportion of Aboriginal and Torres Strait Islander detainees at the AMC and concluded there is a need to better integrate Winnunga Nimmityjah Aboriginal Health and Community Service to provide a holistic approach to health care at the AMC in a culturally safe way. In support of</p>	<p>Winnunga will provide Aboriginal Health assessments through its provision of health services in the Alexander Maconochie Centre.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
	<p>Recommendation 5 of the Moss Review, ACT Health and ACT Corrective Services have been working collaboratively with Winnunga to develop and agree to a best practice model of Aboriginal and Torres Strait Islander Health Service Delivery at the AMC.</p>		
<p><b>Recommendation 4</b> That ACT Health establish a process for a periodic file review (at least once each year) of Hume Health Centre ORT assessment decisions, to be conducted by addiction medicine specialists from the Wruwallin clinic, to assist in maintaining consistency, appropriate record keeping and equivalence with assessment practice in the community.</p>	<p><b>Agreed</b> ACT Health acknowledges the benefits of conducting periodic file review of ORT assessment decisions at the AMC. A process for periodic reviews is currently being developed, with the first file audit to be undertaken within the next 6 months.  The implementation of Mental Health, Alcohol and Drug Services Justice Health, Integrated Care eRecord (MAJICeR) across the Mental Health, Justice Health and Alcohol and Drug Services will enable this to occur. Medical staff working at AMC attend the Treatment of Opioid Dependence Training and Refresher Course for GP's, Pharmacists and Health Professionals. This is organised by the Alcohol and Drug Services Clinical Director and Canberra Hospital Pharmacy and completion of the course comes with certification.</p>	<p>Refer to the government response.</p>	<p>Complete</p>
<p><b>Recommendation 5</b> That Justice Health staff provide training to Corrective Services staff to observe signs of intoxication and overdose.</p>	<p><b>Agreed</b> Justice Health and ACTCS both acknowledge the importance of ensuring corrections officers working at the AMC are appropriately trained to support the health care outcomes of</p>	<p>Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	<p>detainees, and provide timely advice to health care professionals.</p> <p>A Health Notification form is completed by Justice Health Services and provided to ACTCS to notify of a detainee's commencement on ORT, and includes signs and symptoms to observe for signs of intoxication and overdose.</p> <p>ACTCS and ACT Health are currently developing a sustainable training and education program for corrections officers to attend so that they have the necessary skills to help identify if a detainee is intoxicated or overdosing.</p>		
<p><b>Recommendation 6</b></p> <p>That ACT Health and Corrective Services make arrangements for Naloxone to be available at the AMC and ensure that it is able to be administered in an emergency situation, including an emergency occurring after-hours.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health and Corrective Services both acknowledge the benefits of naloxone in response to emergency situations to prevent the loss of life and agree with the intention of this recommendation.</p> <p>Naloxone is currently available at the AMC and is administered by medical staff only. When an emergency situation such as a suspected overdose is detected at the AMC, ACTCS contact medical staff to attend as soon as possible. All Corrections Officers have a duty of care to provide first aid until medical staff arrive. The Code Pink policy is followed for all emergency situations, and if an emergency occurs after hours, ACT Ambulance Service is called to transport the detainee to Canberra Hospital.</p>	<p>Discussions with Mental Health, Justice Health, Alcohol and Drug Services and ACT Corrective Services are continuing, with consideration of various options including nasal spray naloxone.</p>	<p>In progress</p>



Recommendation	Government Response	Update	Status
	<p>In order for naloxone to be available over a 24 hour period at the AMC, processes, logistics and budget will need to be evaluated prior to any implementation. This recommendation will need to be implemented collaboratively between ACT Health and ACTCS.</p>		
<p><b>Recommendation 7</b> That Justice Health provide readily available, accessible information to detainees about signs of intoxication and overdose to enable detainees to identify and assist other detainees in emergency situations.</p>	<p><b>Agreed</b> Justice Health acknowledges the benefits of providing readily available, accessible information to all detainees about signs of intoxication and overdose to enable detainees to identify and assist other detainees in emergency situations. Detainees are advised to contact a Corrections Officer or medical staff immediately in an emergency.</p> <p>On induction onto the ORT program information is provided to detainees as part of the assessment which includes normal side effects and adverse side effects and how to notify ACTCS or ACT Health staff immediately when experiencing any adverse side effects.</p> <p>The same process occurs when a detainee is commenced on other medications.</p> <p>When a detainee is inducted onto the methadone program, ACT Health provides a Health Notification Form to Corrective Services, which outlines signs and symptoms to look for.</p> <p>Upon release from the AMC, sentenced clients are provided with information on the Alcohol and Drug Services dosing location on the Canberra Hospital Campus including the</p>	<p>Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	opening hours, and a map of where ADS is located.		
<p><b>Recommendation 8</b></p> <p>That Corrective Services routinely share information with Justice Health Services regarding the detection of illicit drug use or relevant contraband held by a detainee on the ORT program, to allow Justice Health to monitor and review dosing, and to educate detainees about risks of combining illicit drugs and prescribed methadone.</p>	<p><b>Agreed</b></p> <p>An Information Sharing Schedule between ACT Health and ACTCS was signed by the Executive Directors of ACT Corrective Services and Mental Health, Justice Health and Alcohol and Drug Services on 20 November 2017. This is the first schedule of a high-level 'Arrangement for the provision of health services for detainees' that was signed by Directors-General of JACS and Health on 14 August 2017.</p> <p>In support of the Arrangement, Justice Health are now embedded into the leadership team at the AMC. Justice Health are also represented on the weekly AMC management team meeting and the monthly Senior Management Team and Security Committee meetings. Information around illicit drug use is communicated to all parties in these forums.</p> <p>The Alcohol and Drug Nurse is able to access the ACTCS Urine Drug Screening information when undertaking a comprehensive drug and alcohol assessment.</p>	Refer to the government response.	Complete
<p><b>Recommendation 9</b></p> <p>ACT Health ensure that:</p> <p>a) As far as possible, idoseTM is used for all methadone dosing at the AMC to address risks of identification errors, and that ACT Health and Corrective Services work together to upgrade dosing areas to allow</p>	<p><b>Agreed</b></p> <p>Justice Health, with the support of ACTCS, are working to ensure that the full potential of the idoseTM system can be realised within AMC.</p> <p>In August 2017, the new technological system for methadone dispensing (idoseTM) went live in the AMC. idoseTM uses iris scanning, a form</p>	e) Refer to the government response.	f) Complete

Recommendation	Government Response	Update	Status
<p>idoseTM machines to be installed or used in each area where methadone dosing occurs.</p> <p>b) Additional procedural safeguards are immediately developed and implemented within Justice Health to ensure safety and accuracy of dosing in situations where the idoseTM machine is not operable and methadone is required to be dispensed manually.</p> <p>c) The Clinical Procedure for Opioid Replacement Treatment is amended to include a requirement to inform Corrective Services immediately of any detainee overdose, to ensure that the detainee can be adequately monitored and supported.</p>	<p>of biometric technology, to accurately identify people. idoseTM is monitored, recorded and controlled according to ACT Government regulations.</p> <p>The idoseTM system used at the AMC is networked with idoseTM at ADS in Building 7 at the Canberra Hospital, which enables continuity of care for those clients who are released from the AMC onto a methadone maintenance program at ADS.</p> <p>Additional idoseTM stations to those implemented in 2017 will be purchased and installed into the AMC over a 12 month timeframe.</p> <p>Improvements have already been made to Justice Health operating procedures for times when manual dosing is required if the system is not operable due to ICT failure, system malfunction or where idoseTM is not installed. An internal project post implementation evaluation is currently underway to fine tune both the idoseTM hardware and software to further reduce the risk of dosing errors.</p> <p>The Information Sharing Schedule to the Arrangement for the delivery of health services at the AMC, is a further mechanism for ACT Health and ACTCS to share information such as medication errors, including overdoses.</p>		
<p><b>Recommendation 12</b></p> <p>That Justice Health revise its Clinical Procedure for ORT to provide further guidance to clinicians about considerations for involuntary</p>	<p><b>Agreed</b></p> <p>The 2017 Justice Health Services ORT Clinical Procedures include detail on involuntary withdrawal from the ORT program.</p>	<p>g) Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
<p>withdrawal, consistent with practices in the community, including detainee rights to procedural fairness and humane treatment.</p>	<p>Additionally staff can access further guidance provided in the National Guidelines.</p> <p>The practice of involuntary withdrawal from the ORT program in the AMC is consistent with the practice in the community.</p>		
<p><b>Recommendation 13</b></p> <p>That ACT Health establish systems to accurately track and monitor the percentage of detainees inducted onto methadone at the AMC who continue methadone treatment in the ACT community after their release, both in the short term and longer term.</p>	<p><b>Agreed</b></p> <p>ACT Health acknowledges the benefits of being able to accurately track and monitor the percentage of detainees inducted onto methadone at the AMC who continue methadone treatment in the ACT community after their release, both in the short term and longer term.</p> <p>The idose™ systems at both the AMC and ADS, are linked and capture data that enables the tracking and monitoring of detainees who continue to dose at Building 7 upon release.</p> <p>Further improvements in tracking a person's continuation on the ORT program over the post release period will be enabled through the implementation of the Drugs and Poisons Information System (DAPIS) and DAPIS Online Remote Access (DORA).</p> <p>The DAPIS currently contains approval information for detainees on ORT within AMC. DAPIS also contains approval information for detainee only if they seek ORT from a prescriber on release. DAPIS does not currently collect ORT dosing information.</p> <p>The DORA is currently under development and is due for release in early 2019. The Poisons</p>	<p>h) Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	<p>and Therapeutic Goods Amendment Bill 2018 which was passed on 7 June 2018, amends the previous 2008 Act and the Medicines, Poisons and Therapeutic Goods Regulation 2008 to allow a monitored medicines database to be established in the ACT.</p>		
<p><b>Recommendation 14</b> That ACT Health increase support and aftercare for detainees to continue to access methadone in the community to address the apparently high level of detainees who discontinue ORT on release.</p>	<p><b>Agreed</b></p> <p>When a sentenced detainee (planned release) goes to Building 7 to dose upon release, they can be assigned a key worker who will work with the detainee regarding continuation on the ORT, including linkage with the Aboriginal Liaison Officer where appropriate and monthly medical reviews.</p> <p>Newly released detainees are recognised as high priority and are dosed on AMC scripts for up to 1 month to ensure timely continuity of care. New released detainees have priority access due to the high risk of relapse post release.</p> <p>JHS is notified in advance of the release date of a sentenced detainee and the JHS Alcohol and Drug Nurse notifies Alcohol and Drug Services of the client’s release, and places relevant documentation on the electronic clinical record system MAJICeR.</p> <p>With the implementation of idose™ at AMC, dosing history can now be tracked by Alcohol and Drug Services at Building 7. When a client agrees to participate in ORT, they agree to be responsible for complying with the requirements of the program including dosing</p>	<p>i) Refer to the government response.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	<p>regularly. JHS supports a client to continue on the program by reviewing the client before release (if the release date is known) and providing information on the location and business hours of Alcohol and Drug Services.</p> <p>ACTCS Extended Throughcare Program covers the period from three months pre-release to 12 months post-release and includes a single point of service coordination, client-centric case management, services responsive to offenders' needs, and established links with providers prior to release.</p> <p>The program assists clients to overcome barriers surrounding detainee re-entry, through combining reintegration planning with rehabilitation needs. This supports detainees to have access to targeted supports and interventions, including access to health care service providers.</p> <p>In 2017, the program was afforded a further four years of funding, enabling the program to function as part of routine ACTCS business.</p>		
<p><b>Recommendation 16</b></p> <p>That the Justice and Community Safety Directorate, Corrective Services and ACT Health undertake further work to progress the implementation of the ACT Government policy of a needle syringe program in the AMC, consistent with services available in the ACT community, to reduce risks of blood borne virus transmission.</p>	<p><b>Agreed in Principle</b></p> <p>This recommendation is agreed in principle, however it is not achievable at the moment. In September 2016, ACT Corrective Service Officers voted overwhelmingly against the introduction of a Needle and Syringe Program (NSP) at the AMC. The process for considering the NSP was set out in the former Justice and Community Safety Directorate's Enterprise Agreement 2011–2013 and in a subsequent</p>	<p>Negotiations for the agreement are underway and progress on the Needle and Syringe Program is subject to the Enterprise Bargaining Agreement.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
	<p>Deed of Agreement between the ACT Government and Community and Public Sector Union. The current Enterprise Agreement expired on 30 June 2017. Negotiations for the agreement are underway and progress on the NSP is subject to the EBA.</p> <p>ACTCS in consultation with ACT Health have developing a drug strategy to address alcohol and other drug issues and the transmission of blood borne viruses at the AMC. The strategy will focus on harm minimisation in a correctional setting, including activities to support demand reduction, supply reduction and harm reduction. This strategy will align with national and ACT drug policy frameworks and is anticipated to be finalised late 2018.</p> <p>Upon release, sentenced clients are provided with information regarding community NSP locations.</p>		

<b>The Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	6/2018
Report Title	Physical Security
Link to Report	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0009/1205793/Report-No-6-of-2018-Physical-Security.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0009/1205793/Report-No-6-of-2018-Physical-Security.pdf</a>
Government Response Title	Government Response to the Auditor-General's Report 6/2018 Physical Security
Date Tabled	20 September 2018

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 8</b></p> <p>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.</p>	<p><b>Agreed</b></p> <p>The ACT Health Directorate is updating its enterprise-wide risk assessment and the Health Directorate Agency Security Plan. This work will be completed in the 2018–19 financial year.</p> <p>The Health Directorate is progressing the delivery of site-specific security risk assessments. This work is being done on a prioritised basis and is ongoing, with a focus on assessing new Health Directorate facilities and changes to services.</p>	<p>The split of the former Health Directorate has resulted in two separate entities known as ACT Health Directorate and Canberra Health Services. This separation led to the security related functions for ACT Health Directorate being managed by Canberra Health Services until 1 July 2019, when ACT Health Directorate appointed an agency security advisor and took over the protective security responsibilities.</p> <p>Although the split of the former Health Directorate resulted in two separate entities, both ACT Health Directorate and Canberra Health Services continue to work together to review and update security risk assessments and agency security plans. This work will be completed in 2019–20.</p>	In progress



<b>Reporting Entity</b>	<b>ACT Auditor-General</b>
Report Number	9/2018
Report Title	ACT Health's Management of Allegations of Misconduct and Complaints About Workplace Behaviour
Link to Report	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1229530/Report-No.-9-of-2018-ACT-Healths-management-of-allegations-of-misconduct-and-complaints-about-inappropriate.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1229530/Report-No.-9-of-2018-ACT-Healths-management-of-allegations-of-misconduct-and-complaints-about-inappropriate.pdf</a>
Government Response Title	ACT Government Response to ACT Audit Office Report No 9 of 2018 ACT Health's Management of Allegations of Misconduct and Complaints About Inappropriate Workplace Behaviour
Date Tabled	29 November 2018

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:</p> <ul style="list-style-type: none"> <li>a) managing and documenting the conduct of preliminary assessments</li> <li>b) the need to fully consider options available prior to proceeding with a misconduct investigation (e.g. Underperformance management); and</li> <li>c) processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.</li> </ul>	<p><b>Agreed</b></p> <p>The <i>'Addressing Workplace Issues – Preliminary Assessment for Managers'</i> training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters. ACT Health is currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms referred to below. With a view to further embed these changes to supporting a positive workplace culture, ACT Health are working on a number of short and medium term strategies and actions to shift</p>	<p>ACT Health Directorate and Canberra Health Services will continue to review and implement its training programs to address the findings of this ACT Auditor-General Report.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
	<p>the focus back to early intervention and alternative dispute resolution, and with the intention to recast existing frameworks in a way that results in a more joined up approach to employee behaviour and positive workplace culture, including:</p> <ul style="list-style-type: none"> <li>a) Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms;</li> <li>b) The introduction of an Employee Advocate position;</li> <li>c) Introduction of a Preliminary Assessment Advisor position to assist managers in undertaking expedient assessment processes;</li> <li>d) Ensuring that the REDCO network is aware of these changes and the emphasis on ADR processes to assist with the introduction of the aforementioned approach;</li> <li>e) Providing an external and independent avenue for employees of ACT Health on bullying matters; and</li> <li>f) Revisiting the People and Culture organisational structure to place resources at the workplace level to assist with early intervention.</li> </ul>		
<p><b>Recommendation 3</b> ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving,</p>	<p><b>Agreed</b> In relation to both Recommendations 1 and 3, ACT Health have trained 206 managers in undertaking Preliminary Assessments,</p>	<p>ACT Health Directorate and Canberra Health Services will continue to review and implement its training programs to address the findings of this ACT Auditor-General Report.</p>	<p>In progress</p>

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
documenting and managing reports of inappropriate workplace behaviours.	throughout the course of the 2017–18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.		

<b>The Reporting Entity</b>	<b>Standing Committee on Health, Ageing and Community Services</b>
Report Number	Report 5
Report Title	Inquiry into the Future Sustainability of Health Funding in the ACT
Link to Report	<a href="https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/5.-inquiry-into-the-future-sustainability-of-health-funding-in-the-act">https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/5.-inquiry-into-the-future-sustainability-of-health-funding-in-the-act</a>
Government Response Title	ACT Government Response – Standing Committee on Health, Ageing and Community Services Inquiry into the Future Sustainability of Health Funding in the ACT
Date Tabled	2 April 2019

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<b>Recommendation 2</b> The Committee recommends that the ACT Government look into the benefits of increased funding for preventative health interventions.	<b>Agreed</b> The ACT Government is committed to preventive health and will continue to explore opportunities across the Territory and across Government for innovation and investment in preventive health interventions (building upon existing, highly regarded services).	ACT Health Directorate is leading the development of an ACT Preventive Health Plan. The plan, to be finalised towards the end of 2019, will focus on the key modifiable risk factors for chronic disease – healthy weight, nutrition, physical activity, tobacco and alcohol – as well as broader population health and wellbeing factors. The plan will:	Complete

Recommendation	Government Response	Update	Status
<p><b>Recommendation 4</b></p> <p>The Committee recommends that the ACT Government investigate digital reform to provide a strategy for improving communication between acute services, community-based services, general practitioners and the patient and their carer.</p>	<p><b>Agreed</b></p> <p>The ACTHD Digital Health Strategy is a territory-wide digital health strategy and well advanced in its development with launch expected early in 2019. This Strategy will provide a contemporary understanding of the strategic direction of the enabling functions that technology can provide to ACTHD and CHS into the future. It will inform the prioritisation of future investments and contribute towards ACTHD and CHS's primary focus of person centred, safe and effective care.</p>	<ul style="list-style-type: none"> <li>&gt; align with and support the ACT Government's Wellbeing Framework</li> <li>&gt; provide a mechanism for collaborating with community partners on preventive health, and</li> <li>&gt; guide future preventive policy direction and funding decisions.</li> </ul> <p>ACT Health Directorate Digital Health Strategy 2019–2029 is a territory-wide digital health strategy and was launched on 6 May 2019 by the then Minister for Health and Wellbeing. It provides a contemporary understanding of the strategic direction of the enabling functions that technology can provide to ACT Health Directorate and Canberra Health Services into the future. The strategy is informing priorities for future investments, as shown in the successful budget bid in 2018–19 for ACT Health Core ICT System Upgrade and the 2019–20 budget bid for the Digital Health Record. These significant projects will be the primary focus of digital reform for the ACT public health system over the next five to 10 years and will positively impact ACT Health Directorate and Canberra Health Services primary focus of person centred, safe and effective care.</p>	Complete
<p><b>Recommendation 5</b></p> <p>The Committee recommends that the ACT Government provide peer-based HIV testing for gay and bisexual men to help meet</p>	<p><b>Agreed in part</b></p> <p>ACTHD will continue to work in partnership with appropriate government and non-government organisations to explore opportunities to deliver peer-based HIV, STI</p>	<p>ACT Health Directorate will continue to work with government and non-government organisations to explore opportunities to deliver peer-based HIV, sexually transmitted infections and blood borne viruses testing for</p>	Complete

Recommendation	Government Response	Update	Status
<p>its goals and targets established in the National HIV Strategy.</p>	<p>and BBV testing for gay and bisexual men to help meet goals and targets established in the National HIV Strategy. There is evidence that peer-based HIV testing interventions are well received, however previous programs have demonstrated that an emphasis on HIV testing alone can come at the expense of other related STI and BBV testing important for this group (gonorrhoea, syphilis and chlamydia). Data from 2015 to 2017 show a decrease in the number of new HIV infections in this group, while the number of new cases acquired from heterosexual sex is increasing. Therefore, planning of any peer-based testing program requires the consideration of multiple factors including current data, the demand for and provision of clinical support, and the mitigation of unintended consequences, for example decreased testing for other STIs and BBVs. ACTHD commit to working with stakeholders in the ACT to address issues related to STIs and BBVs in all at risk populations.</p>	<p>gay and bisexual men. The aim is to meet goals and targets established in the Eighth National HIV Strategy. ACT Health Directorate will investigate peer based models of care to improve diagnosis and treatment of HIV, sexually transmitted infections and blood borne viruses, taking into account priority populations and changing patterns of disease. Any such program will consider multiple factors including current data, the demand for and provision of clinical support, and the mitigation of unintended consequences, for example decreased testing for other sexually transmitted infections and blood borne viruses. ACT Health Directorate is working with stakeholders through the newly formed sexually transmitted infections/blood borne viruses Health Advisory Committee to develop a workplan to consider priority areas, including peer-based HIV testing for gay and bisexual men.</p> <p>Canberra Sexual Health Centre is currently developing a standard operating procedure and policy for the implementation of social media contact tracing, which will allow for notification to partners and access to screening after potential exposure to a sexually transmitted infection or blood borne virus, in particular HIV. This will bring contact tracing standards in the ACT in line with other sexual health services across Australia.</p>	

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<p><b>Recommendation 6</b></p> <p>The Committee recommends that the ACT Government ensures the development of a territory wide health strategy, which is made available to the Committee and the public as soon as possible.</p>	<p><b>Agreed</b></p> <p>ACTHD has developed a Territory-wide Health Services Strategy 2018–2028. The Strategy is in its final stages and will be released to the public and made available to the Committee. The Strategy has been formed with input from the Territory-wide Health Services Advisory Group, established in 2018 and comprised of community sector and ACTHD representatives.</p>	<p>After the transition of the former Health Directorate into two separate entities, ACT Health Directorate reviewed the status of the Territory-wide health services strategy in the context of these new service arrangements and the role of the ACT Health Directorate. The key components of the strategy are now being incorporated into a Territory-wide health service plan, that will form the strategic direction for Territory-wide health service development and the ACT Health Directorate Strategic Plan.</p>	In progress
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Government consider adoption of patient-focused service delivery, as patient-focus services encourage the development of more efficient models of care.</p>	<p><b>Agreed</b></p> <p>The ACTHD Governance Framework has the Strategic Goal 1: Putting patients at the centre of everything we do. This sets the expectation for the cascading of this strategic goal throughout all services. ACTHD’s Vision is “Your health – Our priority”. Improving the quality of healthcare across the ACT is a key priority for ACTHD, with the aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient. The ACTHD Clinical Governance Framework outlines the principles employed to ensure high quality, person-centred, safe and effective health service delivery, underpinned by a strong system of clinical governance. These principles include:</p> <ul style="list-style-type: none"> <li>&gt; Person-centred – improving the experience of care</li> </ul>	<p>The Office of Professional Leadership and Education has commenced a progress review of implementation of priorities from the Quality Strategy 2018–2028. This will be completed in 2019.</p> <p>Canberra Health Services has developed and is monitoring an implementation plan to achieve the strategic priorities outlined in the Quality Strategy. Canberra Health Services is working with ACT Health Directorate to review the implementation of priorities outlined in the Quality Strategy.</p> <p>Canberra Health Services Partnering with Consumers Committee meets monthly and is co-chaired by a consumer representative. It also includes consumer representatives from the Health Care Consumers’ Association, the ACT Mental Health Consumer Network, Carers ACT and an Aboriginal and Torres Strait Islander representative.</p>	Ongoing

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	<ul style="list-style-type: none"> <li>&gt; Patient Safety – proactively seeking a reduction in patient harm</li> <li>&gt; Effective care – best evidence of every person, every time.</li> </ul> <p>The ACT Health Quality Strategy (the Strategy) aims to deliver person centred, safe, effective and efficient care with the quality ambition to be a high performing health service that provides person centred, safe and effective care. The Strategy provides a framework through which improvements in services we offer to people can be focussed and measured. This Strategy has been the result of an extensive staff and consumer engagement and consultation phase which has informed the strategic priority areas and aims, making explicit ACTHD commitments through its adoption and implementation. The National Safety and Quality Health Service Standards (the Standards) were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. Version two of the Standards came into effect on 1 January 2019 and addresses gaps identified in the first version including mental health and cognitive impairment, health literacy, end-of-life care</p>	<p>The committee has undertaken a mapping exercise to identify areas for further improvement.</p> <p>Two working groups have been formed and are reporting to the committee. Both have consumer involvement through the:</p> <ul style="list-style-type: none"> <li>&gt; Consent Working Group, and</li> <li>&gt; Consumer Participation Working Group.</li> </ul> <p>The Consumer Feedback and Engagement Team processes have been reviewed to further improve increases in timely action to patient feedback. An education package has been developed for frontline staff and managers to help resolve complaints and issues at the point of care. Consumer Feedback and Engagement Team is currently collaborating with the Health Care Consumers’ Association to improve written responses to consumer feedback.</p> <p>Canberra Health Services Consumer Handout Committee, a subgroup of Partnering with Consumers, has consumer representatives from the Health Care Consumers’ Association and the ACT Mental Health Consumer Network. The Consumer Handout Committee continues to meet monthly to endorse consumer information developed by Canberra Health Services.</p>	

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



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<p><b>Recommendation 9</b> The Committee recommends that, as the ACT has less than the national in average primary and community health services providers, the ACT Government develop a workforce strategy to build on existing numbers.</p>	<p><b>Agreed</b> ACTHD is progressing work to improve access to primary and community health services. This work includes the analysis of the policy levers available to the ACT Government to influence the supply of the health workforce and the demand for primary and community health services. ACT Health commenced a project in June 2017 to develop a Workforce Strategy, to respond to the influences shaping the health system; to position ACTHD to achieve its strategic goals and meet future demands; and to support the delivery of ACT Government priorities. The Strategy provides useful insight and recommendations into the existing culture and performance of the organisation that can be harnessed to inform and enhance ACTHD. The transition into two organisations provides an opportunity to reset the culture, refocus on person-centred, safe and high-quality care and to create a high performing and collaborative culture for the two organisations with a critical establishment period between now and 2020. The Report of the Independent Review into the Workplace Culture within ACT Public Health Services has also provided a number of recommendations that aim to enhance the workplace culture of</p>	<p>The Workforce Strategy project delivered a draft workforce strategy in October 2018. Finalisation of the Workforce Strategy was postponed to consider its implementation post-transition, and to incorporate the findings and recommendations of the Independent Review into the Workplace Culture within ACT Public Health Services.  ACT Health Directorate is currently reviewing the draft. It will finalise the strategy in 2019–20 and agree to an implementation plan.</p>	<p>In progress</p>

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	the ACT's public health system to support workforce attraction and retention.		
<p><b>Recommendation 10</b></p> <p>a) The Committee recommends that the ACT Government investigate what the contributing factors are that cause the highest costs to the Canberra Hospital, as well as Calvary Public Hospital.</p>	<p><b>Agreed</b></p> <p>a) The hospital system is becoming more efficient, with the average cost per weighted separation in the ACT decreasing by around 18 per cent in five years, from \$6,854 in 2012–13 to \$5,598 in 2016–17. The program of work that supports these annual average costs include identifying opportunities for improvement. Further, over the medium-term, ACTHD will progressively implement an Activity Based Management (ABM) framework as the basis for defining and allocating funding to commission services across the system and to measure financial performance. Through the ABM structure, activity and cost information will be used to support strategic and operational objectives to further improve patient care and outcomes. Central to this will be a comprehensive review of the cost drivers of providing health services in ACT public hospitals.</p>	<p>Following the recent changes to the health system where Canberra Health Services, responsible for Canberra Hospital, is now a separate entity distinct from ACT Health Directorate, new service level agreements are being developed with Canberra Health Services and Calvary Public Hospital Bruce. The new service level agreements with Canberra Health Services and Calvary Public Hospital Bruce are being built on an incremental transition to an Activity Based Funding model. Through this process, ACT Health Directorate is analysing costs in the ACT public hospital system to determine where efficiencies can be improved.</p>	In progress
<p><b>Recommendation 11</b></p> <p>The Committee recommends that the ACT Government establish procedures and protocols to ensure patients treated on time in emergency departments meet the national average benchmark.</p>	<p><b>Agreed</b></p> <p>The ACT Government has a focus on delivering emergency services within clinically recommended timeframes, and procedures and protocols are in place to ensure patients are treated on time, according to the urgency of their clinical needs. ACT Health continuously</p>	<p>The number of presentations to Emergency Departments in the ACT continues to grow. The increase was three per cent from 2016–17 to 2017–18.</p> <p>The 2018–19 estimates outcomes for Emergency Department performance indicate that 100 per cent of Category 1 patients were</p>	Complete

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	<p>reviews the processes for managing growing emergency department (ED) demand across the territory. Strategies are focused both on managing the flow of patients into EDs (diversion to alternative forms of treatment strategies) and improving the operational management of patients once in the ED. Such strategies include:</p> <ul style="list-style-type: none"> <li>&gt; Provision of alternate forms of clinical treatment through Walk-in Centres to allow for the right treatment in the right place.;</li> <li>&gt; Initiatives such as the Hospital in the Home (HITH) and more specifically the Geriatric Residential Acute Care Evaluation (GRACE) program which will provide treatment in residential aged care facilities RACF to reduce the flow of elderly patients into EDs;</li> <li>&gt; Communication strategies and public education to keep consumers informed of their treatment options as an alternative to EDs; and</li> <li>&gt; Targeted initiatives for known high demand pressure periods such as a dedicated Winter Plans which incorporates additional beds and staffing to respond to the flu season through the winter months.</li> </ul> <p>At the operational level, daily strategies to improve patient flow and discharge which includes the use of the Australasian Triage Scale is used to ensure that patients are</p>	<p>seen on time, and the target for Category 5 patients was exceeded, with 84 per cent of patients seen on time against the 70 per cent target.</p> <p>ACT Health Directorate is focused on delivering emergency services within clinically recommended timeframes. Challenges include that patients in the triage categories 2, 3 and 4 are reportedly presenting with increasingly complex conditions and complicating factors. This can add to the length of treatment times.</p> <p>ACT Health Directorate will continue to develop and implement strategies and solutions to improve timely care of patients across the health system. A considerable amount of work is underway to reduce demand, divert patients to the most appropriate service, maximise capacity and improve patient flow processes.</p> <p>The 2019–20 Budget builds on previous initiatives to improve access to emergency services and care. The Government is investing in additional staffing and infrastructure at both Canberra Hospital and Calvary Public Hospital Bruce to increase Emergency Department capacity in the Territory.</p> <p>ACT Health Directorate, along with health service providers, reviews the processes for managing emergency care across the Territory. This work is continual and considered part of business as usual operational planning.</p> <p>The ACT's Emergency Department performance is measured regularly and</p>	

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	<p>treated in the order of their clinical urgency and allocated to the most appropriate assessment and treatment area.</p> <p>ACT Health will continue to focus on access to emergency services and care, reducing waiting times, and optimising the seamless transfer of patients to the most appropriate clinical environment.</p>	<p>reported in national reports, ACT quarterly performance reports, budget papers and annual reports.</p>	
<p><b>Recommendation 12</b></p> <p>The Committee recommends that the ACT Government establish procedures and protocols to ensure that patients receive elective surgery in according with the national average benchmark.</p>	<p><b>Agreed</b></p> <p>The ACT Government has a focus on delivering elective surgery within clinically recommended timeframes, and procedures and protocols are in place to ensure that patients are treated on time, according to the urgency of their clinical needs. ACT Health continuously reviews the processes for managing surgical demand across the territory. The Territory Wide Surgical Management Committee, which plans and monitors elective surgery waiting list performance across the territory, has developed an elective surgery plan to manage the increasing demand for elective surgery in the ACT over the next several years. Additionally, the development of Speciality Service Plans will promote a smooth and logical journey through the health system. Other elements of the strategy to manage increasing demand have included conducting additional surgeries, partnerships with the private hospital sector and reviewing current infrastructure. Updated modelling is being used to set targets for elective surgery into the</p>	<p>Elective surgery performance has been positive in 2018–19, with an improvement in the number of elective surgery patients being admitted within clinically recommended timeframes across all triage categories. The 2018–19 results are:</p> <ul style="list-style-type: none"> <li>&gt; 96 per cent for Category 1 patients, compared with 91 per cent for 2017–18</li> <li>&gt; 75 per cent for Category 2 patients, compared with 70 per cent for 2017–18, and</li> <li>&gt; 78 per cent for Category 3 patients, compared with 77 per cent for 2017–18.</li> </ul> <p>In addition, the 2018–19 target of 14,000 elective surgeries was achieved and, in 2019–20, the ACT Government aims to deliver a record number of 14,250 elective surgeries. Services will also be expanded with the delivery of two new theatres at Calvary Public Hospital Bruce one in 2019–20 and another in 2020–21 along with expanded urology services to meet the growing demand for urology surgery in the ACT.</p>	<p>Complete</p>

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	<p>future, with the delivery of approximately 14,000 elective surgery procedures anticipated for the 2018–19 financial year. This will be the highest number of elective surgery cases ever completed in the ACT in one financial year.</p>	<p>The Government has targeted strategies in place to improve elective surgery performance, including:</p> <ul style="list-style-type: none"> <li>&gt; active management of the waitlist with the Territory’s service providers, and</li> <li>&gt; working with clinicians to renew the focus on ‘treating patients in turn’ wherever clinically possible.</li> </ul> <p>ACT Health Directorate and Canberra Health Services territory wide surgical services teams are preparing an elective surgery plan for 2019–20.</p> <p>ACT Health Directorate, along with health service providers, continuously review the processes for managing surgical demand across the Territory. This work is continual and considered business as usual operational planning.</p> <p>Elective surgery performance across the ACT is measured and reported regularly through national reports, ACT quarterly performance reports, budget papers and annual reports.</p>	
<p><b>Recommendation 13</b></p> <p>The Committee recommends that the ACT Government, in conjunction with Health Care Consumers Association, establish a forum to discuss value-based health care.</p>	<p><b>Agree in principle</b></p> <p>ACTHD supports values-based [sic] health care which is a key component to the National Health Reform Agreement. ACTHD continues to work with consumer groups and non-government organisations (NGOs), including Health Care Consumers Association, to pursue the best quality and value health care for the ACT community. ACTHD is currently working to</p>	<p>ACT Health Directorate continues to support value-based healthcare.</p> <p>A Clinical Leadership Forum has been established, with the first meeting held on Wednesday 24 July 2019. The Clinical Leadership Forum provides independent and expert clinical advice to Ministers with the aim of contributing to the continuous improvement of a high performing health</p>	<p>Complete</p>

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	<p>establish the Clinical Leadership Forum (The Forum). The Forum will provide strong leadership independent advice to the Ministers to contribute to the continuous improvement of the ACT's public health services. The Forum will:</p> <ul style="list-style-type: none"> <li>&gt; Provide the Ministers with advice on relevant clinical considerations in the sustainability, development and improvement of the ACT's health system, including input into planning and infrastructure considerations</li> <li>&gt; Consider and advise the Ministers on steps necessary to ensure that the ACT's health system has access to a sustainable, well trained and valued clinical workforce.</li> <li>&gt; Consider and advise the Ministers on developments in other health systems that may provide lessons for the ACT health system.</li> </ul>	<p>system that keeps people well, provides the best care when required, and an industry-leading workplace.</p> <p>The establishment of the new Non-Government Organisations Leadership Group also provides an opportunity for coordinated and informed engagement between non-government organisations, ACT Health Directorate and Canberra Health Services to ensure the role of non-government organisations delivered health services in the health system, and that their relationship to Canberra Health Services and ACT Health Directorate is appropriately reflected in policy development and health service planning to meet the needs of the community. It is anticipated that the Non-Government Organisations Leadership Group will be established by October 2019.</p>	

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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>That the three arms of the ACT Public Health System should commence a comprehensive process to reengage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the Health Directorate.</p>	<p><b>Agreed</b></p> <p>Recognising the territory-wide focus re-engagement with staff will occur across each of the three arms of the ACT Public Health System. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be significant staff engagement as these projects are rolled out with a view to embedding the vision and values from November 2019. Calvary Public Hospital's values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services, Calvary will undergo reengagement</p>	<p>The three arms of the ACT Public Health System have commenced an extensive program of re-engaging with staff. Visions and values have been agreed upon. Current status focuses on embedding value in day-to-day work.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
	with staff to ensure the vision and values are embedded.		
<p><b>Recommendation 2</b></p> <p>That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate, develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> <li>&gt; reflect on elements of a great health service – both culture and strategy;</li> <li>&gt; monitor patient/client perspectives of outcomes/experience; and</li> <li>&gt; engage clinicians in their development.</li> </ul>	<p><b>Agreed</b></p> <p>Commencement of the development of the suite of measures will occur from July 2019 and it is anticipated that this will take at least six months to finalise phase one. The development and maturity of the measures will be iterative and ongoing to reflect the contemporary culture of the ACT Public Health System.</p>	<p>Initial planning and discussions are underway to identify a suite of measures across the three arms of the ACT public health system.</p>	<p>In progress</p>
<p><b>Recommendation 3</b></p> <p>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center [sic] Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</p>	<p><b>Agreed</b></p> <p>The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in July 2019. This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT Public Health System.</p>	<p>Initial exploration of models that promote a healthier culture has commenced.</p>	<p>In progress</p>
<p><b>Recommendation 4</b></p> <p>The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</p>	<p><b>Agreed</b></p> <p>The Health Summit of senior clinicians and administrators from across the ACT Public Health System is planned for the second half of 2019.</p>	<p>Initial planning and consultation are underway.</p>	<p>In progress</p>



<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 5</b></p> <p>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</p>	<p><b>Agreed</b></p> <p>This work has commenced to better integrate the clinical streams of the community health services. This is reflected in the new organisational structure of Canberra Health Services.</p>	<p>Canberra Health Services Chief Executive Officer engages across the health service. The new organisational structure at Canberra Health Services reflects the new alignment and integration.</p>	<p>In progress</p>
<p><b>Recommendation 6</b></p> <p>That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p>	<p><b>Agreed</b></p> <p>The Health Directorate has commenced the reestablishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.</p>	<p>Re-engagement has commenced with the non-government organisations sector.</p> <p>ACT Health Directorate has begun re-establishing open lines of communication with the non-government organisations sector to establish a Non-Government Organisations Leadership Group by October 2019.</p>	<p>In progress</p>
<p><b>Recommendation 7</b></p> <p>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.</p>	<p><b>Agreed</b></p> <p>The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: 'Research, Teaching and Training', held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed.</p> <p>The Culture Review Oversight Group membership was extended to include the Deans of the faculties of health at ANU and UC (see response to recommendation 18).</p>	<p>ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit, 'Research, Teaching and Training', to develop relationships within academia and develop an academic partnership and training strategy.</p> <p>The ACT Health and Wellbeing Partnership Board has been established.</p> <p>The Culture Review Oversight Group membership includes the Deans of the faculties of health at the Australian National University and the University of Canberra.</p>	<p>In progress</p>
<p><b>Recommendation 8</b></p> <p>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved</p>	<p><b>Agreed</b></p> <p>The ACT Government is currently renegotiating the ACTNSW Memorandum of Understanding (MoU) for Regional Collaboration, to be re-</p>	<p>The ACT Government is currently re-negotiating the ACT/NSW memorandum of understanding for regional collaboration, to be re-signed in 2019. Improved collaboration</p>	<p>In progress</p>

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
collaboration between the two health systems for joint Ministerial consideration.	signed in 2019. Improved Collaboration between the ACT and NSW health systems can be listed as an agreed priority area for this MoU. The ACT Health Directorate has begun work and will commence negotiations with a view to developing an MoU with NSW Health by the end of 2019.	between the ACT and NSW health systems is an agreed priority and negotiations have commenced to develop an agreement with NSW Health by the end of 2019.	
<b>Recommendation 9</b> Clinical engagement throughout the ACT Public Health System, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.	<b>Agreed</b> The Canberra Health Service and Calvary Public Hospital have begun work on measures to monitor the improvement in clinical engagement across the ACT Public Health System. It is proposed that the measures be finalised and agreed by December 2019.	Canberra Health Services and Calvary Public Hospital Bruce have begun work on measures to monitor the improvements in clinical engagement across the ACT Public Health System.	In progress
<b>Recommendation 10</b> There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.	<b>Agreed</b> Canberra Health Services and Calvary Public Hospital are developing governance participation plans to ensure senior clinicians are collaboratively participating in clinical governance activities. These plans will be finalised by end of June 2019 with a view to commencement in July 2019.	Canberra Health Services has commenced a review of corporate and clinical governance processes.	In progress
<b>Recommendation 11</b> Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism	<b>Agreed</b> The Choosing Wisely Program will be assessed, and recommendations made to the CEO	Canberra Health Services is in the initial planning phase of assessing the Choosing Wisely initiative.	In progress

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.	Canberra Health Services and Regional CEO Calvary ACT by October 2019.		
<b>Recommendation 12</b> That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.	<b>Agreed</b> The restructure of Canberra Health Services Divisions is complete. The progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management will be piloted from May 2019.	Canberra Health Services is currently reviewing the Clinical Director roles, including articulating the required expectations and capability across the organisation.	In progress
<b>Recommendation 13</b> That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This program should include both current and emerging leaders.	<b>Agreed</b> The early planning for an executive leadership and mentoring program is underway.	Initial discussions to inform concept development are underway.	In progress
<b>Recommendation 14</b> The three arms of the ACT Public Health System should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.	<b>Agreed</b> The initial review began with the transition to three organisations within the ACT Public Health System. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation. Implementation of any findings will take place in the later part of 2019.	Initial discussions are underway to re-assess resourcing and functions.	In progress
<b>Recommendation 15</b> The recruitment processes in the ACT Public Health System should follow principles	<b>Agreed</b> In line with the transition to three organisations, advice to staff regarding	Initial discussions have occurred with the Chief Minister, Treasury and Economic Development Directorate to review and collaborate on the	In progress

Recommendation	Government Response	Update	Status
outlined in the Enterprise Agreements, <i>Public Sector Management Act 1994</i> and relevant standards and procedures.	relevant legislation, standards and procedures for recruitment processes is being reviewed and updated to ensure it remains contemporary, clear and effective.	ACT Public Service policy. This will support ongoing analysis of policy and procedures and facilitate a planned approach to review and implement across the ACT Public Service.	
<p><b>Recommendation 16</b></p> <p>The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</p>	<p><b>Agreed</b></p> <p>The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly focused on resolving workplace conflicts swiftly are being considered within the three organisations.</p>	<p>The range of training programs will be reviewed. Initial planning is underway to establish the review's scope.</p>	In progress
<p><b>Recommendation 17</b></p> <p>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT Public Health System.</p>	<p><b>Agreed</b></p> <p>Following the tabling of the Government Response, Ministers and the senior leadership team of the ACT Public Health System will reaffirm their collective commitment to implement the recommendations of the Review.</p>	<p>Following the tabling of the Government Response on 16 May 2019, Ministers and the ACT Public Health System senior leadership team reaffirmed their collective commitment to implement the review's recommendations.</p>	In progress
<p><b>Recommendation 18</b></p> <p>A 'Cultural Review Oversight Group' should be established to oversight the implementation of the Review's recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General Health</p>	<p><b>Agree</b> (with additions to the membership of the Culture Review Oversight Group).</p> <p><b>Agreed</b> (with additions to the membership of the Culture Review Oversight Group).</p> <p>The Culture Review Oversight Group has been established and the inaugural meeting was held on 28 March 2019. Members include the:</p>	<p>The Culture Review Oversight Group has been established and met on 28 March 2019. Members include:</p> <ul style="list-style-type: none"> <li>&gt; Minister for Health (Chair)</li> <li>&gt; Minister for Mental Health (Deputy Chair)</li> <li>&gt; Director General ACT Health Directorate</li> </ul>	Complete

Recommendation	Government Response	Update	Status
<p>Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT Public Health System, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.</p>	<p>Minister for Health and Wellbeing (Chair), Minister for Mental Health (Deputy Chair), Director-General Health Directorate, Chief Executive Officer Canberra Health Services, Regional Chief Executive Officer Calvary ACT, Regional Secretary CPSU, Branch Secretary ANMF ACT, President AMA ACT, Executive Officer Health Care Consumers Association (ACT), Executive Branch Manager Culture Review Implementation Team [ex-officio]. At its first meeting, the Group agreed to extend its membership to include: President ASMOF, President VMOA ACT, Dean College of Health and Medicine ANU, and Executive Dean Faculty of Health University of Canberra.</p>	<ul style="list-style-type: none"> <li>&gt; Chief Executive Officer Canberra Health Services</li> <li>&gt; Regional Chief Executive Officer, Calvary ACT</li> <li>&gt; Regional Secretary Community and Public Sector Union</li> <li>&gt; Branch Secretary Australian Nursing and Midwifery Federation ACT</li> <li>&gt; President Australian Medical Association ACT, and</li> <li>&gt; Executive Officer Health Care Consumers Association (ACT).</li> </ul> <p>At its first meeting, the group agreed to extend its membership to include:</p> <ul style="list-style-type: none"> <li>&gt; President Australian Salaried Medical Officers Federation</li> <li>&gt; President ACT Visiting Medical Officers Association</li> <li>&gt; Dean, College of Health and Medicine Australian National University, and</li> <li>&gt; Executive Dean, Faculty of Health University of Canberra.</li> </ul>	
<p><b>Recommendation 19</b> That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.</p>	<p><b>Agreed</b> The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	<p>The Culture Review Oversight Group will monitor the next independent reviews due to be completed in March 2020, March 2021 and March 2022.</p>	<p>In progress</p>
<p><b>Recommendation 20</b></p>	<p><b>Agreed</b></p>	<p>The Culture Review Implementation team has been established.</p>	<p>In progress</p>

Recommendation	Government Response	Update	Status
<p>As a result of this Review, the 'Cultural Review Oversight Group' should engage with staff in the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</p>	<p>A comprehensive communications and change management strategy is being developed for the Culture Implementation Program. This is being led by the Health Directorate and oversight provided by the Culture Review Oversight Group.</p>	<p>A communications strategy is being developed in consultation with Canberra Health Services, Calvary Public Hospital Bruce and ACT Health Directorate.</p> <p>A change management strategy will be developed separately, although it will be reflected throughout the communications strategy.</p>	

## B.4 RISK MANAGEMENT

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Risk management practices have been reviewed over the past year to ensure they align with the ACT Government Risk Management Policy 2019 and meet the needs of the new directorate.

At the core of this review has been development of an Enterprise Risk Management Framework to ensure risk management is considered and integrated into all critical decision making processes associated with the ACT Health Directorate.

### Enterprise risk management plan

The directorate's approach to enterprise risk management aligns to both the *ACT Government Risk Management Policy 2019*, and the Australian Standard – AS/NZS ISO 31000:2018 Risk Management Guidelines.

Our enterprise risk management plan defines our risk processes, roles, accountabilities and responsibilities for capturing, monitoring, reviewing and reporting on risk across the organisation. Our goal is to consider and then manage, mitigate or embrace risk, and to monitor and report on outcomes.

### Identifying and monitoring risk

The directorate's risk management practices are overseen by the Audit and Risk Management Committee.

The directorate uses risk registers to document risks across all levels of the organisation, and to ensure these are monitored and escalated as required. Risks and emerging risks that are identified at the group, divisional project and team levels and are reported to the relevant management unit for action.

Our strategic risk profile was reviewed shortly after the directorate was established. This review considered our scope and functions and captured relevant existing and emerging strategic risks in a risk register. Changes to the register, as well as emerging risks or issues, are reported to the directorate leadership committee.

The directorate uses risk registers to document risks across all levels of the organisation and enable monitoring and escalation as required. Risks and emerging risks that are identified at the group, divisional project/team levels are reported to the relevant management unit for action.

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

## B.5 INTERNAL AUDIT

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The Governance and Risk Branch, through its Internal Audit Section, promotes and improves the ACT Health Directorate's corporate governance. It achieves this by conducting internal audits and assurance activities that support continuous improvement.

In 2018–19 a significant focus was on establishing a robust internal audit framework for the directorate and establishing a new audit and risk management committee.

The directorate has a risk based internal audit program that provides assurance and helps achieve strategic objectives. During the reporting year one audit was completed on engaging contractors and consultants.

### Audit and Risk Management Committee

The Audit and Risk Management Committee of the former ACT Health Directorate met formally for the last time on 8 November 2018. A strategic planning meeting was held in January 2019 to consider new audit committee arrangements for the directorate and Canberra Health Services. As a result, audit and risk management committees were established for respective directorates. The ACT Health Directorate's Audit and Risk Management Committee met for the first time on 10 April 2019.

The Audit and Risk Management Committee charter governs its operations and provides:

- > assurance to the Director-General on governance arrangements and oversight on:
  - financial reporting
  - risk management
  - systems of internal control, and
  - legislative compliance.

During 2018–19 the committee's members included:

- > an independent chair
- > an independent deputy chair
- > one independent external member, and
- > two senior executives from ACT Health Directorate.

Observers from the directorate and ACT Auditor-General's Office also attended meetings.

The former ACT Health Audit and Risk Management Committee held three meetings during the year, including:

- > one to review the financial statements, and
- > a planning meeting to establish audit and risk management committees for each newly created agency. Attendances are set out in table 3.



**Table 3: Previous Directorate Committee – Members and Attendances**

<b>Member</b>	<b>Position</b>	<b>Duration on the committee</b>	<b>Meetings attended</b>
Geoff Knuckey	Independent chairperson	8 years	3
Jeremy Chandler	External member and deputy chairperson	6.5 years	3
Janine McMinn	External member	3 years	3
Chris Bone	Internal member	2 years	1
Denise Lamb	Internal member	< 1 year	2

The new ACT Health Directorate’s Audit and Risk Management Committee met for the first time on 10 April 2019. Attendance is set out in table 4.

**Table 4: New Health Directorate Committee – Members and Attendances**

<b>Member</b>	<b>Position</b>	<b>Duration on the Committee</b>	<b>Meetings attended</b>
Mr Geoff Knuckey	Independent chairperson	< 1 Year	1
Mr Jeremy Chandler	External member and deputy chairperson	< 1 Year	1
Ms Janine McMinn	External member	< 1 Year	1
Ms Amber Shuhyta	Internal member (appointed April 2019)	< 1 Year	1

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

## B.6 FRAUD PREVENTION

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The ACT Health Directorate is working to create a culture that values integrity and ethical behaviour.

### Fraud control plans

In 2018–19 we reviewed our Fraud and Corruption Control Plan to ensure it aligns with our new scope and functions. The plan raises awareness of fraud and corruption at work and outlines our approach to preventing, detecting and reporting suspected cases.

We also provided clear guidance to staff on the directorate's expectations of ethical behaviour, as well as the strategies we have in place to control fraud risk.

The senior executive responsible for the directorate's business integrity risk:

- > is a champion for integrity matters
  - > supports the directorate's compliance with the ACT Government Integrity Policy, and
  - > oversees processes to detect and investigate fraud and corruption.
- > In 2018–19 there were no reported incidents of potential fraud in the directorate.

### Risk assessments conducted

During the year a fraud risk assessment was conducted as part of our fraud corruption control plan. This enables us to consider the risks for the ACT Health Directorate in the context of its new scope and function.

### Fraud prevention strategies

A range of activities were undertaken during the reporting year to ensure existing controls are effective, including internal audit activities and compliance reviews.

### Fraud awareness training

Training and education on fraud prevention and ethical behaviour was available for staff through e-learning and induction.

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

## B.7 FREEDOM OF INFORMATION

The *Freedom of Information Act 2016* provides a right of access to government information unless access to the information would, on balance, be contrary to the public interest. The Act recognises the importance of public access to government information for the proper workings of a representative democracy. The Act ensures that, to the fullest extent possible, government information is freely and publicly available to everyone and ensures that personal information held by the territory is accurate, complete, up to date and not misleading.

Freedom of Information applications can be made using the application form at:

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

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

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

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

**Table 5: Freedom of Information**

Access applications		
Overall		
Data	Agency response	Notes and explanation
Number of access applications on hand at the beginning of the reporting period	0	ACT Health Directorate is reporting from 1 October 2018 as a new reporting entity.
Number of access applications received during the reporting period	37	
Number of access applications transferred to another agency	2	One in full and one partial.
Number of access applications finalised	27	ACT Health Directorate also had one application withdrawn by the applicant.
Number of access applications on hand at the end of the reporting period	8	This includes three from applicant that have not responded to correspondence regarding the scope of the requests.

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**Access applications**

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**Timeliness**

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<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Number of access applications decided within time under s 40	27	
Number of access applications <b>not</b> decided within time under ss 40, 41 and 42 (deemed decisions)	0	
Of the access applications not decided within time (deemed decisions), the time taken to finalise those matters:		
Within 35 days	0	
Within 60 days	0	
Over 60 days	0	

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**Access applications**

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**Fees charged**

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<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Total charges and application fees collected from access applications	\$129.50	
Number of access applications to which a fee or charge was applied	2	

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**Access applications**

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**Outcomes**

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<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Number of access applications with a decision which:		
Gave full access	5	
Gave partial access	19	
Refused access	3	One refused as contrary to the public interest and two technical refusals as the reporting entity held no documents within the scope of the request.

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**Access applications**

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**Ombudsman/ACAT review**

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<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Number of applications for Ombudsman review	3	
Number of applications made to ACAT	0	

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**Access applications**

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**Outcome of Ombudsman reviews**

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<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Number of decisions confirmed through Ombudsman review	1	ACT Health Directorate had one application withdrawn and had one application that was ongoing as at 30 June 2019.
Number of decisions set aside and substituted through Ombudsman review	0	
Number of decisions varied through Ombudsman review	0	

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**Access applications**

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**Outcome of ACAT reviews**

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<b>ACAT reference</b>	<b>Outcome</b>	<b>Notes and explanation</b>
	N/A	

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**Open access**

<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Number of decisions to publish open access information	126	This includes 100 decisions to publish policy documents that are also reported in the Canberra Health Services annual report as they were made for both agencies.
Number of decisions not to publish open access information	9	
Number of decisions not to publish a description of open access information	0	

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**Amending personal information**

<b>Data</b>	<b>Agency response</b>	<b>Notes and explanation</b>
Requests made to amend personal information	0	
Number of decisions to amend the personal information	0	
Number of decisions to refuse to amend personal information	0	

## B.8 COMMUNITY ENGAGEMENT AND SUPPORT

### Overview

Building an effective healthcare system requires genuine collaboration with stakeholders, including peak bodies, consumers, carers and ACT Health Directorate staff. We are committed to providing opportunities for stakeholders, those who we impact the most, to help develop, deliver and review health programs, policies and services in the ACT. This is fundamental to:

- > building strong partnerships
- > ensuring effective consultation and engagement, and
- > planning health services.

The directorate's community engagement activities align with a broader whole of government communication and engagement framework. This ensures activities address ACT Government priorities, and that efforts are coordinated, focused and meaningful.

**Table 6: Community engagement activities**

Project	Summary	Type of engagement
Enhancing Canberra's mental health and wellbeing	<p>The Office for Mental Health and Wellbeing oversees the coordination and integration of the ACT's mental health services. The involvement of people with mental illness, their families and carers as well as relevant non-government and government agencies is critical for this work to be effective.</p> <p>During the year engagement and consultation was undertaken with the mental health and community health sector, as well as the broader community, to help develop a territory-wide vision for mental health and wellbeing as well to prioritise work.</p> <p>Key engagement initiatives over the past year focused on co-designing and developing the office's vision and work plan, determining priority areas for action, and identifying key deliverables. Activities involved:</p> <ul style="list-style-type: none"> <li>&gt; ongoing engagement with the four key peak non-government organisations</li> <li>&gt; delivering three workshops to 119 attendees, including people with experience of mental illness, carers of people with mental illness, and representatives of non-government organisations</li> <li>&gt; conducting a survey throughout February and March that included 175 YourSay submissions and 19 other written contributions, and</li> </ul>	Significant engagement to guide the work and priorities of the Office for Mental Health and Wellbeing

Project	Summary	Type of engagement
	<ul style="list-style-type: none"> <li>&gt; collating and compiling information and feedback collected through stakeholder meetings and discussions conducted by non-government agencies.</li> </ul> <p>The office has built its priorities around the key themes and areas of action identified by these activities, including:</p> <ul style="list-style-type: none"> <li>&gt; providing prevention and early support activities to maintain people’s wellbeing, particularly children and young people</li> <li>&gt; improving capacity and accessibility of mental health care, treatment and support, as well as support for carers, and</li> <li>&gt; connecting and integrating services and improving workforce capacity.</li> </ul>	
Year 7 health check	<p>Developing and implementing a Year 7 Health Check program (Y7HC) is a government priority. It will examine the prevalence, distribution and patterns of adolescent health and wellbeing in the ACT.</p> <p>Key engagement activities throughout the financial year included face to face stakeholder consultation, which has been ongoing since 2018. This includes the:</p> <ul style="list-style-type: none"> <li>&gt; Canberra Health Services – School Health Team, Kindergarten Health Check program, Clinical Records Unit</li> <li>&gt; ACT Health Directorate – Health Protection Service, Preventive and Population Health, Mental Health Policy</li> <li>&gt; Education Directorate – Analytics and Evaluation Branch, school psychology, student engagement</li> <li>&gt; public consultation conducted through YourSay from 27 February 2019 to 3 April 2019 – a total of 314 submissions were received, and</li> <li>&gt; consulting young people through the Children &amp; Young People Commission of the ACT Human Rights Commission in March 2019.</li> </ul> <p>These activities helped the directorate obtain feedback on the proposed model for the Y7HC program, including privacy and sensitivity concerns, as well as on referrals and service use. Feedback helped:</p> <ul style="list-style-type: none"> <li>&gt; develop the Y7HC program model</li> <li>&gt; determine strategies to address issues raised by the public and students, and</li> <li>&gt; inform future program planning.</li> </ul> <p>The Y7HC advisory group (which includes professional and government stakeholders) considers information and feedback to refine the Y7HC program model.</p>	Significant engagement to provide evidence-based information to develop the Y7HC program model.
ACT LifeSpan	<p>LifeSpan is a new, evidence based, integrated approach to suicide prevention in the ACT. It combines nine key strategies shown to reduce suicide and implements these simultaneously into one community led approach.</p> <p>Engagement activities have been key to establishing LifeSpan’s governance structures. This work has been completed in partnership with the <a href="#">Black Dog Institute</a> and Capital Health Network.</p>	Engage the ACT’s suicide prevention areas of priority and guide governance structures



Project	Summary	Type of engagement
	<p>Key engagement activities from November 2018 to June 2019 include:</p> <ul style="list-style-type: none"> <li>&gt; Holding monthly steering committee meetings to ensure that strategies are aligned with and supported by stakeholders. The committee includes representatives from the ACT Health Directorate, Canberra Health Services, Black Dog Institute, Capital Health Network, the Mental Health Community Coalition, Mental Health Consumer Network, Carers ACT and ACT Education.</li> <li>&gt; Convening three suicide prevention collaborative groups, which are open to anyone. The groups share information and consult with ACT LifeSpan stakeholders and the community. They ensure stakeholders receive accurate and timely information and update attendees on suicide prevention activities.</li> <li>&gt; Organising an ACT LifeSpan Aboriginal and Torres Strait Islander working group with key community stakeholders. This initiative is helping ensure locals can develop and determine suicide prevention activities for Aboriginal and Torres Strait Islander people.</li> <li>&gt; Arranging engagement activities that have attracted more than 250 participants. These stakeholders help inform ACT LifeSpan directions and strategies and ensure that lived experience is incorporated in the program's implementation.</li> </ul>	<p>for the program's implementation.</p>
<p>National Code of Conduct for Health Care Workers</p>	<p>The National Code of Conduct for Health Care Workers sets minimum standards of conduct and practice for all unregistered health care workers. Implementing the code is important to protect the community from the risk posed by incompetent, impaired or inappropriately behaved practitioners. The code enables the ACT Health Services Commissioner to investigate complaints and take action where there may be a community risk. Legislation will affect all health care workers in the ACT.</p> <p>The ACT Health Directorate invited final comments on the National Code during the year.</p> <p>Round one: 6–29 August 2018</p> <p>Public consultation was undertaken through the ACT Health website, as well as targeted consultation with over 60 stakeholders from outside government. These included:</p> <ul style="list-style-type: none"> <li>&gt; non-government providers in the ACT whose workers are captured under the code</li> <li>&gt; professional associations representing health care occupation</li> <li>&gt; national offices of professions without an ACT office</li> <li>&gt; health consumer bodies, and</li> <li>&gt; educational institutions.</li> </ul> <p>A consultation paper was released and a template for submissions was made available. Submissions were sought on proposed implementation of the code in the ACT through the legislative amendments and regulation. Submissions were not sought on the broader question of whether the code should be implemented in the ACT, or</p>	<p>Significant engagement to guide legislation that will impact all health care workers in the ACT.</p>

Project	Summary	Type of engagement
	<p>on the benefits or otherwise of specific provisions of the code. These matters were decided by the ACT Government as part of the Council of Australian Governments (COAG) Health Council decision.</p> <p>Submissions were received from the following organisations:</p> <ul style="list-style-type: none"> <li>&gt; Dietitians Association of Australia</li> <li>&gt; Speech Pathology Australia</li> <li>&gt; Reiki Australia</li> <li>&gt; Congress of Aboriginal and Torres Strait Islander Nurses and Midwives</li> <li>&gt; AIDS Action Council of the ACT</li> <li>&gt; Massage and Myotherapy Australia</li> <li>&gt; Australian Nursing and Midwifery Federation ACT, and</li> <li>&gt; Health Care Consumers' Association Inc.</li> </ul> <p>These were supportive of the National Code and its proposed implementation. A number of minor legislative and implementation issues were raised and addressed by the ACT Health Directorate.</p> <p>Round two: 6 December 2018 – 4 February 2019</p> <p>A second round of consultation was undertaken to seek additional information and responses. During this round, three submissions were received from the Community and Public Sector Union, the Australian Education Union and one individual. Information gained from the submissions is informing introduction of the legislation to the ACT Legislative Assembly.</p>	
Ngunnawal Bush Healing Farm	<p>The Ngunnawal Bush Healing Farm provides a place of healing for Aboriginal and Torres Strait Islander peoples where they can feel safe and supported to make ongoing and meaningful changes in their lives. The farm uses a therapeutic community approach, traditional healing, cultural programs and life skills training to tackle underlying social and emotional issues.</p> <p>Activities in 2018–19 reaffirmed the directorate and wider ACT Government's commitment to the farm and to supporting the community to lead this important cultural healing model.</p> <p>A governance workshop was held in mid April 2019 which included discussions on the status and future sustainability of the farm. The workshop was attended by Aboriginal and Torres Strait Islander community members, and representatives from the United Ngunnawal Elders Council and the Aboriginal and Torres Strait Islander Elected Body.</p> <p>Community stakeholders committed to helping develop the ACT Healing Framework. The first step will be a co-design meeting between the United Ngunnawal Elders Council and the Healing Foundation. This recognises the importance of developing a local, culturally authentic healing framework that underpins the farm's operations.</p>	Significant engagement to support delivery of culturally appropriate health services and improve health outcomes for the ACT Aboriginal and Torres Strait Islander community.

<b>Project</b>	<b>Summary</b>	<b>Type of engagement</b>
Care Close to Home	<p>Care Close to Home (CC2H) is part of the progression of a territory-wide expansion of Hospital in the Home (HITH) and related services.</p> <p>During the reporting year, a CC2H consultation workshop was undertaken to inform the Phase 1 HITH Expansion Model of Care for a territory-wide expansion of Hospital in the Home services. The forum facilitated discussion and collaboration across the public hospitals with a focus on patient centred care. An independent consumer chair was appointed for the CC2H committee in May 2018.</p> <p>The consumer chair and representatives ensure that decisions made and models of care proposed are patient centric, and that the models of care being developed have the full involvement of patients and carers, and that they are active in their care planning, treatment and management.</p>	Significant engagement that will guide models of care and expand Hospital in the Home and related services.
Nurse and midwife immuniser consultation	<p>In September 2018, ACT Health conducted public consultation on options to permit qualified nurse and midwife immunisers to administer vaccinations without a prescription.</p> <p>The ACT is the only jurisdiction where nurse and midwife immunisers are not recognised by regulation. While many nurses and midwives are currently authorised to administer routine vaccinations in the ACT, the current authorising mechanisms allowing them to do so are no longer fit for purpose.</p> <p>The consultation included options published on the ACT Health website. Targeted consultation also occurred with current licence holders, ACT Health clinical units and Australian peak bodies that represent key stakeholders. Seventeen responses were received by the Health Protection Service.</p> <p>The results have informed the preferred regulatory option to permit qualified nurse and midwife immunisers to administer vaccinations without a prescription. Recommendations have also been made to amend the Medicines, Poisons and Therapeutic Goods Regulation 2008.</p>	Consultation to inform the preferred regulatory option to permit qualified nurse and midwife immunisers to administer vaccinations without a prescription.
Drugs and Poisons Information System (DAPIS) upgrade stakeholder engagement group	<p>The Drugs and Poisons Information System (DAPIS) Upgrade stakeholder engagement group includes representatives from local professional and consumer bodies. It advises on DAPIS upgrade project activities, including the DAPIS Online Remote Access (DORA) implementation plan.</p> <p>Fourteen key stakeholder organisations were represented on the stakeholder engagement group, which met periodically through the year.</p> <p>The engagement group is best placed to assist the directorate in evaluating the features and functionalities of DORA. Feedback received by ACT Health helped DORA's design and rollout. DORA was launched by the Minister for Health and Wellbeing, Meegan Fitzharris MLA, on 29 March 2019.</p> <p>The stakeholder engagement group also helped influence DORA's uptake by championing the system amongst its members.</p>	Stakeholder engagement to advise on DAPIS upgrade project activities

Project	Summary	Type of engagement
Digital Health Strategy 2019–2029	<p>The <a href="#">Digital Health Strategy 2019–2029</a>, launched in May 2019, presents a vision and direction to guide future activities and investments in technology across the territory. It outlines how the ACT public health system will build the digital capabilities needed to support a sustainable, innovative and world class health system.</p> <p>In the lead up to the strategy’s launch, ACT Health consulted with 16 organisations, including health consumer groups, clinical representative groups, and healthcare ICT organisations. This helped finalise the strategy.</p> <p>Stakeholder feedback was critical to creating the strategy’s overarching vision, developing its strategic themes, and ensuring content was meaningful and resonated with audiences.</p>	Targeted stakeholder engagement to help finalise the digital strategy.
ACT Drug Strategy Action Plan 2018–2021	<p>The <a href="#">ACT Drug Strategy Action Plan 2018–2021</a> outlines the ACT Government’s priorities to address harm from alcohol, tobacco and other drugs.</p> <p>The plan is aligned to the Australian Government’s <i>National Drug Strategy 2017–2026</i>. It aims to build safe, healthy and resilient communities by preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.</p> <p>A total of 49 written submissions were received via YourSay, including those from the ACT alcohol and other drugs sector, peak bodies, government agencies, non-government organisations, key interest groups and individuals. Stakeholder feedback also helped finalise the plan. This included input on a wide range of alcohol, tobacco and drug policy and related topics.</p> <p>The action plan was revised and considered by key government and community stakeholders before being finalised in December 2018.</p>	Engagement to guide finalisation of the ACT Drug Action Strategy.
Developing mental health services for people with intellectual disability	<p>A stakeholder working group was established to inform the ACT’s strategic direction for mental health services for people with intellectual disability. This includes Australians who are diagnosed with autism spectrum disorder.</p> <p>The working group will inform priorities and actions to be included in the ACT’s strategy. These will align with the National Roundtable on the Mental Health of People with Intellectual Disability (2018) and the Fifth National Mental Health and Suicide Prevention Plan.</p> <p>Engagement is focused on identifying gaps, issues and priorities, and building an environment for collaboration around future activities. Key activities throughout the financial year included:</p> <ul style="list-style-type: none"> <li>&gt; workshops on 15 November, 5 June and 27 June which attracted attendees from 18 agencies including the Community Service Directorate, the Justice and Community Safety Directorate, and Canberra Health Services, and separate consultations with five key stakeholder groups.</li> </ul> <p>This engagement will enable future development of and investment in services to improve access to mental health promotion, including early intervention, treatment and support for people with intellectual disability.</p>	Engagement to establish stakeholder relationships and identify gaps, issues and priorities for future activities.

Project	Summary	Type of engagement
Territory-wide health services	<p>A Territory-wide Health Services Advisory Group was established during the year to advise the directorate on health service planning activities.</p> <p>Eleven community members were appointed to the group including representatives from:</p> <ul style="list-style-type: none"> <li>&gt; Australian National University</li> <li>&gt; LGBTIQ Advisory Council</li> <li>&gt; University of Canberra</li> <li>&gt; Capital Health Network</li> <li>&gt; Health Care Consumers Association</li> <li>&gt; ACT Disability Reference Group</li> <li>&gt; Carers ACT</li> <li>&gt; Indigenous Allied Health Australia</li> <li>&gt; a general practitioner</li> <li>&gt; Cancer Council ACT, and</li> <li>&gt; the Mental Health Community Coalition.</li> </ul> <p>These appointments were made across financial years. Throughout the reporting year the group advised on developing health service planning activities.</p>	Targeted stakeholder engagement to provide input and advice on future health service planning.
Mental Health Act 2015 Review	<p>The <i>Mental Health Act 2015</i> is the ACT legislation that applies to assessing, treating, caring and supporting people with a mental illness or mental disorder.</p> <p>The Minister for Mental Health is required to consult with the community and to review whether mental health orders and forensic mental health orders under the Act are working appropriately and as intended.</p> <p>In the 2018–19, two public consultations were undertaken:</p> <ul style="list-style-type: none"> <li>&gt; <b>Public consultation on section 85 (authorisation of involuntary detention) of the <i>Mental Health Act 2015</i></b> (August – October 2018) to review the maximum further period of detention under section 85 of the Mental Health Act. The review specifically focused on whether section 85(3) of the Act functions appropriately and as intended.</li> </ul> <p>Thirty-nine individuals and organisations contributed, including through 20 survey responses, six interviews and 13 public submissions.</p> <p>The results informed the Review of Authorised Period of Emergency Detention Report July 2019. This was tabled in the Legislative Assembly on 30 July 2019.</p>	Significant publication consultation to review whether mental health orders and forensic mental health orders under the Act are working appropriately and as intended.

Project	Summary	Type of engagement
	<p>&gt; <b>Public consultation on the orders that can be made under the <i>Mental Health Act 2015</i></b> (April – June 2019) to review the operation of psychiatric treatment orders, community care orders, forensic psychiatric treatment orders and forensic community care orders.</p> <p>Eighty-four individuals and organisations participated in the consultations, including through 26 survey responses, 39 interviews, six submissions and 13 submissions received to the section 85 review in 2018 which were also considered.</p> <p>Consultation outcomes are informing the review of the Operation of Mental Health Orders under the ACT <i>Mental Health Act 2015</i> Report, which is currently in draft form. This report will be tabled in the Legislative Assembly by March 2020.</p>	

## Community support initiatives – grants and sponsorship

**Table 7: Grants provided by the Office for Mental Health Wellbeing**

Title and description	Recipient	Project purpose/summary	Amount (\$)
Improving communication with carers	Carers ACT	To enhance communication between clinicians and carers working in public mental health services.	10,000
		Office for Mental Health and Wellbeing Work Plan Alignment: Support for Individuals, Families and Carers.	
Trauma informed principles, policies and practices	Mental Health Community Coalition	To develop and deliver training on trauma informed approaches through the Recovery College. This includes developing modules for three workshops (through co-production) on trauma and trauma informed practice, and delivery of two full day workshops and one three hour workshop.	10,000
		Office for Mental Health and Wellbeing Work Plan Alignment: System Capacity and Workforce.	

<b>Title and description</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
PeerZone training project	ACT Mental Health Consumer Network	To undertake PeerZone train the trainer training to increase the number of facilitators who are trained and supported to deliver workshops.  Office for Mental Health and Wellbeing Work Plan Alignment: System Capacity and Workforce.	10,000
Expanding alcohol, tobacco and other drug information and harm reduction training in mental health settings	Alcohol, Tobacco, and Other Drug Association ACT (ATODA)	To provide training on alcohol, tobacco and other drugs harm reduction within their service setting and tailored to their service and client's needs. ATODA will deliver at least three places/setting based training sessions to mental health non-government services.  Office for Mental Health and Wellbeing Work Plan Alignment: System Capacity and Workforce.	10,000
Promoting mental health and wellbeing through sport	ACT Softball – Whispers Softball Incorporation – Aboriginal and Torres Strait Islander Corporation	To support and profile the importance of healthy activity, healthy minds, healthy bodies and education to address social interaction and connectedness to community.  <i>Office for Mental Health and Wellbeing Work Plan Alignment: support for individuals, families and carers; mentally healthy communities and workplaces.</i>	10,000

## Healthy Canberra Grants

Healthy Canberra Grants are the major funding activity of the ACT Health Promotion Grants Program. The grants fund community-based activities to improve the health of Canberrans. A focus is on preventing chronic disease.

Chronic diseases are a large proportion of the disease burden in the ACT. Healthy Canberra Grants fund activities to redress lifestyle risk factors that contribute to these conditions. Funding is provided for programs that:

- > support healthy ageing
- > reduce smoking related harm
- > reduce alcohol related harm, and
- > reduce overweight and obesity by improving eating habits and increasing physical activity.

**Table 8: Healthy Canberra grants – multi-year grants continuing from 2016–17 – 2018–19**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Strength and Balance Classes with Arthritis ACT	Arthritis ACT	Offers a range of group based strength and balance classes for the over 65s to improve function and balance.	\$70,981
Breastfeeding resources and support for the ACT region	Australian Breastfeeding Association	Provides information and resources on breastfeeding. Builds breastfeeding awareness, knowledge, skills and social networks for ACT families and increases rates of continued breastfeeding.	\$59,769
Chinese community physical activity program	Chinese Language and Culture Association Incorporated	Aims to increase physical activity levels of the Chinese migrant population and promote healthy lifestyles.	\$23,100
Alcohol Truth: know what's in your drink	Foundation for Alcohol Research and Education Limited (FARE)	Informs university students on alcohol issues and helps them make informed choices about their alcohol consumption.	\$99,705
Nutrition Education and Sustenance Training (NEST)	OzHarvest Limited – Canberra	NEST supports marginalised groups by helping them make healthier eating choices and to learn how to prepare food.	\$49,676
Blokes Business	Reclink Australia	The Blokes Business program helps men, often from marginalised backgrounds, to get together, discuss life issues, participate in skills-based activities and increase community engagement.	\$75,343



**Table 9: Grants provided under 2018–19 – 2020–21 Healthy Canberra Grants**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Meet & Move	Bluearth Foundation	Meet & Move provides opportunities for parents and carers and their children to get involved in active play in their local environment.	\$117,343
Addressing the Booming Booze culture among ACT women: combining innovative technology with an awareness raising campaign	Foundation for Alcohol Research and Education Limited	This project aims to reduce alcohol-related harm through a combined intervention program and targeted awareness raising campaign.	\$118,624
Nourishing Little Minds	Nutrition Australia ACT	Nourishing Little Minds combines early childhood literacy with experiential learning. It enriches children's awareness, interest and enjoyment of healthy foods in a safe and familiar environment.	\$33,800
Circus for Health – Schools Spin Out Extension Program	Warehouse Circus	The Circus for Health – Schools Spin Out Extension is a community-based circus therapy and nutrition program targeting young people in the ACT with complex and multiple disabilities.	\$94,482

**Table 10: Grants provided under Healthy Canberra Grants: Focus on Healthy Ageing**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Fill Your Bucket	Dementia Australia ACT	The Fill Your Bucket community campaign aims to raise awareness and promote the benefits of modifiable lifestyle risk factors for dementia in the 40 to 65 year age group.	\$174,800
Dance for Wellbeing ACT	Belconnen Arts Centre	Dance for Wellbeing ACT helps people diagnosed with Parkinson's disease, dementia and multiple sclerosis to improve muscle strength, gain fluidity, balance, cognitive function, power and confidence through dance.	\$41,900

**Table 11: Grants provided under Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Not So Straight Up	AIDS Action Council of the ACT	The Not So Straight Up program is a multi-faceted campaign that uses a peer-led approach to reduce risky drinking behaviour and lifetime alcohol-related harm within the ACT's LGBTIQ communities.	\$79,234
save-a-mate	Australian Red Cross Society	save-a-mate is an alcohol and other drugs (AOD) education program to equip young people and those at risk with the knowledge and skills to prevent, recognise and respond to AOD emergencies through a harm reduction framework.	\$68,076
Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) Canberra Outreach	Canberra Health Services	The P.A.R.T.Y. Canberra Outreach program is an in-school injury prevention strategy for senior high school students.	\$63,747
Preventing alcohol-related chronic disease – PARK-D	Foundation for Alcohol Research and Education Limited	The PARK-D program is a public education campaign designed to raise awareness of the long-term harms of alcohol consumption, such as chronic disease including cancer.	\$346,092

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Winnunga Aboriginal Health and Community Service – reducing alcohol-related harm for Aboriginal and Torres Strait Islander peoples	Winnunga Nimmityjah Aboriginal Health and Community Services	This program targets Aboriginal and Torres Strait Islander peoples to help prevent excessive alcohol consumption, provide education about risky drinking, and reduce the harm associated with risky drinking.	\$197,235

**Table 12: Grants provided under Healthy Canberra Grants: Focus on Preventing Diabetes**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Preventing Diabetes in women of reproductive age (16–44 years) who have Asthma in the ACT	Asthma Australia	The Asthma Australia program provides lifestyle coaching to women of reproductive age in the ACT who have asthma and are at risk of developing diabetes.	\$45,360
Womens' Healthy Life	Companion House	The Women's Healthy Life program trains bilingual community educators to deliver diabetes education and prevention sessions to women from refugee backgrounds.	\$50,206
Healthy Women, Healthy Mums, Healthy Families	Diabetes NSW & ACT	The Healthy Women, Healthy Mums, Healthy Families program includes a social marketing campaign to increase knowledge and attitudes of women toward healthy weight. It also includes a six-month lifestyle modification program.	\$428,403
Nourish 'n' Nurture	Nutrition Australia ACT	Nourish 'n' Nurture includes skills-based food literacy activities targeting women of reproductive age from Aboriginal and Torres Strait Islander, and culturally and linguistically diverse backgrounds. It also provides nutrition-focused professional development sessions for support workers that engage with the target groups.	\$47,376

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Live Life Well	Tuggeranong Child and Family Centre	Live Life Well creates a health-promoting environment that reduces the risk of diabetes through education, practical support to improve eating habits, and physical activity.	\$15,235

## Health Promotion Innovation Fund

The Health Promotion Innovation Fund provides grants of up to \$15,000 for innovative, community-based health promotion projects of up to 12 months duration that aim to:

- > reduce overweight and obesity
- > reduce smoking and alcohol related harm, and
- > support healthy ageing in the ACT population.

**Table 13: Grants provided under 2018–19 Health Promotion Innovation Fund**

<b>Project title</b>	<b>Recipient</b>	<b>Project purpose/summary</b>	<b>Amount (\$)</b>
Moon Moves	The Australian Talented Youth Project	The Moon Moves project is an intergenerational dance program based on the 50 <sup>th</sup> anniversary of the moon landing.	\$13,706
Supporting Healthy ACT Apprentices – Phase 2	Canberra Institute of Technology Student Association	The project aims to provide apprentices with the skills and resources to make healthier food and drink choices.	\$10,000

## B.9 ABORIGINAL AND TORRES STRAIT ISLANDER REPORTING

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### New programs, projects and initiatives

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

The Aboriginal and Torres Strait Islander Agreement 2019–2028 was launched to the ACT Aboriginal and Torres Strait Islander community in March 2019. It includes Focus Area Action Plans that outline how we will deliver on the agreement’s core and significant focus areas.

In 2018–19 progress was made on developing:

- > a cultural framework to strengthen partnerships through the Aboriginal and Torres Strait Islander Health Coordination Group that meets quarterly
- > accessible templates for contracts and grants. This includes templates for Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds that define ‘cultural safety’
- > ACT Health policies and procedures that are relevant to Aboriginal and Torres Strait Islander consumers, staff and communities, and
- > cultural protocols and room accessibility to align with the User Guide for Aboriginal and Torres Strait Islander Health – National Safety and Quality Standards.

### Progress on existing programs, projects and initiatives

#### ACT Priorities for Aboriginal and Torres Strait Islander Health 2019–2028

ACT Priorities for Aboriginal and Torres Strait Islander Health are being developed to align with the:

- > Aboriginal and Torres Strait Islander Agreement 2019–2028
- > Territory-wide Health Service Plan
- > Cultural Respect Framework 2016–2026, and

National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

The ACT Priorities for Aboriginal and Torres Strait Islander Health identified four focus areas that help achieve local and national health targets. These are:

- > supporting and building on existing health initiatives in the ACT
- > developing an improved understanding of local health needs
- > designing and implementing targeted programs based on evidence, and
- > promoting social, emotional and cultural wellbeing.

## Winnunga Nimmityjah Aboriginal Health and Community Services

Winnunga's new facility is being built through a Deed of Grant between the Australian Capital Territory and Winnunga, which was executed on 21 December 2018. The project is tracking well, with the first milestone, a master plan, preliminary sketch plans and first grant instalment being completed.

The project steering committee met at Winnunga on 23 May 2019 to discuss milestone 2 and to finalise the second grant instalment. Services have also been developed to ensure access and culturally sensitive care.

The ACT Government has worked with Winnunga to establish an Aboriginal health centre at the Alexander Maconochie Centre (AMC) from 1 July 2018. This will improve care for a particularly vulnerable group that has significantly poorer health outcomes than the general population. Winnunga commenced health services for detainees in the AMC in January 2019.

The ACT Government has also funded Winnunga to provide a mental health nurse and psychiatric registrar service. This will facilitate priority access to services for people in mental health crisis. A similar model is being introduced at Gugan Gulwan Youth Aboriginal Corporation.

Funding for the dental health program at Winnunga received a funding boost for 2018–2021. This will help enhance the program.

## Gugan Gulwan

Gugan Gulwan delivers a range of services including:

- > the street beat youth outreach service
- > harm reduction
- > information on topics including health and training
- > education
- > support mechanisms, and
- > case management.

A healthy lifestyle program to prevent chronic disease is also available, along with an early intervention mental health and wellbeing service.

The ACT Government has funded a mental health nurse for the facility, and Gugan Gulwan also received funding to develop and pilot a culturally safe alcohol, tobacco and other drug program. This includes a mental health nurse to provide case management support.

## Ngunnawal Bush Healing Farm

In September 2018 the Ngunnawal Bush Healing Farm celebrated its first anniversary. It provides a place of healing for Aboriginal and Torres Strait Islander peoples where they feel safe and supported, while making meaningful changes in their lives. Two programs were offered for participants, which provided a range of cultural activities such as land management, mindfulness, music, yarning circles and a therapeutic healing program.

A significant achievement was the design and construction of the Mulyan (eagle) sculpture by the farm's clients over a 12 week period. The eagle was unveiled by the then Minister for Health and Wellbeing during Reconciliation Week Celebrations in May 2019.

In October 2018 Mr Russell Taylor AM was engaged to undertake a 12 month review of the Ngunnawal Bush Healing Farm. This included:

- > recommending actions to develop and support the program, and
- > engaging government and the Aboriginal and Torres Strait Islander community on their views.

In April 2019 the directorate facilitated a workshop with Aboriginal and Torres Strait Islander community members and reaffirmed its commitment to the initiative and to reinstating the advisory board committee.

The Aboriginal and Torres Strait Islander Healing Foundation was also engaged to develop a cultural healing framework to underpin the Ngunnawal Bush Healing Farm's operations in consultation with the Aboriginal and Torres Strait Islander community.

## Cultural competency

The directorate supports employee cultural competency through mandatory eLearning and training on working with Aboriginal and Torres Strait Islander patients and clients. During the reporting year, 36 new employees completed the eLearning module. A total of 76 per cent of the directorate's employees have now completed this training.

The Health Partnerships Team continues its work with business areas to identify cultural learning and development opportunities for employees. These enhance employees' knowledge and understanding of Aboriginal and Torres Strait Islander history, protocols and cultural considerations in a culturally safe environment.

## ACT Health Reconciliation Action Plan 2015–2018

The Reconciliation Action Plan aims to bring about change by creating a culturally sensitive environment that understands:

- > the importance of reconciliation between Aboriginal and Torres Strait Islander peoples and other Australians, and
- > ACT Health's commitment to close the life expectancy gap.

Achievements include:

- > displaying Acknowledgement of Country posters in all meeting rooms across the directorate's premises in Bowes Street and at Canberra Health Services
- > providing information on the Aboriginal and Torres Strait Islander Health Partnerships Team at monthly orientation sessions at the auditorium at Canberra Health Services. This includes information on Welcome to Country, Acknowledgement of Country and how staff can contact the Health Partnerships Team
- > strengthening the directorate's arts policy to commission and display Aboriginal and Torres Strait Islander art at health care sites, and
- > featuring Ngunnawal artwork at the opening of the University of Canberra Hospital in June 2018.

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

The [ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan](#) is designed to increase the number of Aboriginal and Torres Strait Islander peoples employed in the health workforce.

The plan is linked to ACT Health's Workforce Plan 2013–2018 and responds directly 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.

Each year the Chief Allied Health Officer subsidises fees for identified students undertaking the Certificate IV Allied Health Assistance qualification through Canberra Institute of Technology.

Each semester the directorate offers two Aboriginal and Torres Strait Islander Enrolled Nursing Scholarships. Since 2011, ACT Health has funded the Australian National University Medical School to deliver the Peter Sharp Scholarship Program to support students in the Aboriginal and Torres Strait Islander health stream.

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



## B.10 WORK HEALTH AND SAFETY

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We are committed to providing a safe and healthy working environment. We ensure the welfare of our staff, contractors, visitors and others by:

- > applying a continuous improvement approach to work health and safety (WHS) that improves workplace design and minimises injury and disease
- > managing risks associated with identified hazards
- > developing and implementing a tailored WHS management system that targets a specific risk profile in 2019–20
- > promoting an early intervention physiotherapy service to prevent and manage musculoskeletal disorders, and
- > delivering influenza vaccinations to staff to minimise the spread of contagious disease in the workplace.

### Work health safety team

The People Strategy Team has been supported by the Canberra Health Services Work Health Safety Team to advise management and staff on:

- > complying with the *Work Health and Safety Act 2011*
- > reporting and investigating incidents and hazards
- > identifying, assessing and managing risks, and
- > ensuring appropriate consultation occurs on issues and matters that impact work health and safety.

### Staff work health and safety incident reports

Table 14 details the number of WHS incidents from 1 October 2018 to 30 June 2019.

**Table 14: WHS Incidents 1 October 2018 – 30 June 2019**

Year	No. of staff WHS incidents
1 October 2018 – 30 June 2019	45*

Source: Riskman—Staff incident register.

\* The majority of these incidents were minor. Two incidents were notified to WorkSafe ACT.

### Worker consultation arrangements

The directorate was a stakeholder in the Tier 1 work health and safety committee that operated across both the directorate and Canberra Health Services while we worked to establish the directorate specific work health and safety management system.

The committee is chaired by the Director-General or Deputy Director-General and includes management and employee representatives.

## Health and safety representatives

A network of 17 health and safety representatives facilitate consultation with workers on WHS matters.

## Notifiable incidents and Notices

During the year there were two reportable incidents notified to Worksafe ACT under the *Work Health and Safety Act 2011*.

## Injury prevention programs

Preventing and managing occupational violence was a key focus during the reporting year. This included:

- > supporting the Canberra Health Services occupational violence strategy
- > supporting the Nurses and Midwives: Towards a Safer Culture – The First Step strategy
- > sharing better practice and promoting workforce wide risk management, and
- > supporting the ACT Public Sector Addressing occupational violence: strategy 2019–2022.

## Performance against Australian Work Health and Safety Strategy 2012–2022 targets

As the directorate became a separate entity on 1 October 2018, tracking its performance against Australian Work Health and Safety Strategy 2012–2022 targets will begin in 2019–20 when two years of data will be available.

## Work health safety reporting

As a new entity, the directorate does not have an established baseline of workers' compensation claims. Our WHS risk profile is substantially different from Canberra Health Services. As a result, the 2018–19 annual report only includes data on 2018–19 workers' compensation claims.

### Target 1 – reduce the incidence rate of claims resulting in one or more weeks off work by at least 30 per cent

Financial year*	# new five day claims	Rate per 1000 employees	Target (combined directorate and Canberra Health Services)	ACTPS # new five day claims	Rate per 1000 employees	ACTPS Target
2018–19	1	1.85	7.90	201	8.50	9.84

### Target 2: reduce the incidence rate of claims for musculoskeletal disorders (MSD) resulting in one or more weeks off work by at least 30 per cent

Financial year*	# new five day MSD claims	Rate per 1000 employees	Target (combined directorate and Canberra Health Services)	ACTPS # new five day MSD claims	Rate per 1000 employees	ACTPS Target
2018–19	0	0	5.81	102	4.31	6.75

\* Accepted claims with more than five days incapacity are reported by financial year, based on the date the claim is submitted in the period up to 30 June 2019.

Source: Workplace Safety and Industrial Relations; Chief Minister, Treasury and Economic Development Directorate.

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

## B.11 HUMAN RESOURCES MANAGEMENT

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As a new directorate with a new human resource function, our emphasis during the reporting year has been:

- > developing capability in the People Strategy Team to support ACT Health's work
- > supporting managers and staff to bed down the new organisation, and
- > providing guidance and advice to senior leaders on employee relations.

### Values refresh

The ACT Health Values Refresh Project was launched in 2019 to:

- > reaffirm the ACT Public Service Values
- > help the directorate identify with its new role as the steward of the ACT health systems, and
- > prove system wide strategic direction.

In May 2019 a group of 25 volunteers from across the directorate came together to examine the ACT Public Service Values and their relevance to employees. A values roundtable was held in June with more than 250 staff who discussed how to make the directorate the best workplace possible. The forum's focus was *'our workforce, us, the people who work together every day to improve health outcomes for our community'*.

Further initiatives and activities will be developed in 2019–20 to help managers and staff embed these values in work activities and to ensure the directorate remains a great place to work.

### Recruitment refresh

From 1 July 2019 the directorate will transition to whole of government shared services recruitment and position management processes. In the lead up to this change, significant work has been undertaken to ensure a smooth transition for staff involved in recruitment and selection activities. This change has simplified processes, provided managers with a more hands on role, and aligned the directorate with whole of government recruitment practices.

### Human resources management information management system

The People Strategy Team helps working groups that support the project led by Shared Services to implement the new Human Resource Information Management System (HRIMS). It is anticipated this new system will be introduced to whole of government in 2020. The People Strategy team is currently represented on seven HRIMS working groups:

- > workforce administration
- > time and leave management
- > workforce planning
- > succession and career development
- > onboarding
- > recruitment, and
- > performance and goals management.

## Graduates

The directorate supports the ACT Public Sector Graduate Program. It placed six graduates in 2018 and five in 2019. The 2019 cohort worked across a range of areas including information technology, finance and policy.

The directorate also supported the ACT Public Sector 2018 Aboriginal and Torres Strait Islander Vocational Employment Program. This annual initiative includes work experience, flexible formal or informal training that is relevant to the position and the people, as well as on-the-job learning and development. A trainee worked with the team in the directorate's Aboriginal and Torres Strait Islander Practice Centre throughout the year.

## Employee assistance program

The directorate's Employee Assistance Program (EAP) provides staff and their immediate family with access to free professional and confidential counselling services on work related issues or personal problems. To complement this service, the EAP also has online wellbeing resources that provide interactive and user friendly information and guidance.

## Learning and development programs

Staff can access a range of learning and development programs provided by the directorate and the ACTPS Training Calendar.

Since 1 October 2018, 419 staff attended face-to-face training programs administered by Canberra Health Services and 49 staff attended training through the ACT Public Service Training Calendar. Training focussed on:

- > build management and leadership capability
- > manage change
- > complete workplace inductions
- > understand recruitment and selection processes, and
- > a range of job specific technical training.

## e-learning

A total of 636 e-learning training programs were completed by staff during the reporting year, the majority of which were employee inductions.

## Study assistance

Ten directorate staff are undertaking tertiary studies through the directorate's studies assistance program. They are learning and honing their professional skills in areas as varied as law, biostatistics, public health, business and accounting, and leveraging the directorate's financial assistance and access to study leave to ensure their new skills can benefit their workplace. The estimated cost of this support was \$30,598.

## Our workforce

### Full-time equivalent and headcount by division

**Table 15: FTE and headcount by division**

Division	FTE	Headcount
Centre for Health and Medical Research	12.4	13
Commissioning Branch	20.42	21
Corporate and Governance	37.68	39
Corporate Services Group Executive	5.87	6
Digital Solutions Division	136.07	139
Health Systems Planning & Evaluation Division	18.2	19
Health Systems Policy & Research Group Executive	5	5
Office of Director-General	32.33	34
Office of Professional Leadership & Education	31.67	36
Policy, Partnerships & Programs Division	55.04	59
Preventative & Population Health Division	54.55	59
Public Health, Protection and regulation Division	116.72	123
Strategic Infrastructure Division	13.5	14

### Full-time equivalent and headcount by gender

**Table 16: shows full time equivalent and headcount by gender**

Classification group	Female	Male	Total
FTE by gender	346.0	193.5	539.5
Headcount by gender	368	199	567
% of workforce	64.9%	35.1%	100.0%

## Headcount by classification and gender

Table 17: shows headcount by classification and gender

Classification group	Female	Male	Total
Administrative officers	129	47	176
Executive officers	14	12	26
General service officers and equivalent	3	2	5
Health professional officers	46	33	79
Information technology officers	2	2	4
Legal officers	0	1	1
Medical officers	7	3	10
Nursing staff	12	0	12
Senior officers	155	95	250
Technical officers	0	3	3
Trainees and apprentices	0	1	1
<b>Total</b>	<b>368</b>	<b>199</b>	<b>567</b>

## Headcount by employment category and gender

Table 18: shows headcount by employment category and gender

Employment category	Female	Male	Total
Casual	0	0	0
Permanent full-time	249	165	414
Permanent part-time	70	5	75
Temporary full-time	45	28	73
Temporary part-time	4	1	5
<b>Total</b>	<b>368</b>	<b>199</b>	<b>567</b>

## Headcount by diversity group

Table 19: shows headcount by diversity group

Diversity group	Headcount	% of total staff
Aboriginal/Torres Strait Islander	12	2.1%
Culturally and linguistically diverse	117	20.6%
People with disability	16	2.8%

## Headcount by age group and gender

Table 20: shows headcount by age group and gender

Age group	Female	Male	Total
Under 25	13	9	22
25–34	87	48	135
35–44	113	59	172
45–54	104	54	158
55 and over	51	29	80



## Average length of service by gender (headcount)

Table 21: shows the average length of service by gender (headcount)

Gender	Female	Male	Total
Average years of service	8.9	8.6	8.8

## Recruitment and separation rates

Table 22: shows recruitment and separation rates

Classification group	Recruitment rate	Separation rate
ACT Health Directorate	6.6%	9.3%

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

## B.12 ECOLOGICALLY SUSTAINABLE DEVELOPMENT

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For the period of 1 October 2018 through 30 June 2019, Canberra Health Services supported ACT Health Directorate's asset management requirements, including the approach to ecologically sustainable development. This section reflects the combined outcomes for both Canberra Health Services and ACT Health Directorate.

To achieve the ACT Government's target of zero net emissions in its own operations by 2020, Canberra Health Services and ACT Health Directorate:

- > engaged with the Environment, Planning and Sustainable Development Directorate (EPSDD) to develop a pathway toward a zero emissions health sector
- > participated in whole of government ecologically sustainable development initiatives, and
- > worked towards embedding sustainability initiatives into service delivery.

Canberra Health Services and ACT Health Directorate also work closely with the Environment Planning and Sustainable Development Directorate on sustainability activities and initiatives. During the reporting year, Canberra Health Services and ACT Health Directorate relied on the following internal documents to guide emission reduction priorities:

- > Strategic Asset Management Plan – Campus
- > Strategic Asset Management Plan – Off Campus
- > ACT Health Sustainability Strategy 2016–2020
- > ACT Health Resource Management Plan 2016–2020, and
- > 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 organisation.

Canberra Health Services and ACT Health Directorate also rely on whole of government documentation to:

- > guide the digital health environment, sustainable transport and sustainable procurement, and
- > integrate the principles and practices in associated documentation into its decision making processes.

Canberra Health Services achieved a reduction of more than 34 per cent in total greenhouse gas (CO<sub>2</sub>) emissions in 2018–19, primarily due to the reduction of emissions intensity of the ACT electricity grid from the Territory's purchase of large scale renewable energy.

Canberra Health Services and ACT Health Directorate work closely with the Carbon Neutral Government Team from the Environment, Planning and Sustainable Development Directorate to influence staff behaviour through tools and resources including:

- > training and education sessions on the Envizi Enterprise Sustainability Platform, the whole of government database used by directorates to track and report utility consumption, cost and emissions
- > engaging with energy project officers from the Carbon Neutral Government Team to identify energy and emissions reduction projects in the Canberra Health Services portfolio, and
- > distributing promotional material on sustainable initiatives to encourage workers to, for example, report water leaks and turn off lights that are not in use.

## Energy

Built environment infrastructure is continually improved through our asset management program. Upgrading and maintaining ACT Health assets is undertaken in line with the Strategic Asset Management Plan. Key infrastructure and plant and equipment have been, or are in the process of being upgraded, including electrical and hydraulic infrastructure, boilers and chillers.

A collaboration with Infrastructure Finance and Capital Works has enabled a significant upgrade to electrical infrastructure on campus as part of the Electrical Main Switchboard Replacement project. All upgraded infrastructure will be metered, and a modern Energy Management System will be installed. This means we will have a significantly better understanding of how energy is consumed on campus, so we can:

- > identify opportunities for energy efficiency
- > inform capital works projects, and
- > significantly improve maintenance.

The main chiller plant located in Building 1 is being upgraded to new highly efficient chiller system that will provide significant energy savings at low to moderate cooling requirements. Works are progressing well and are due to finish before November 2019.

Canberra Health Services has modelled and forecast daily gas consumption at Canberra Hospital as part of managing our large market gas contract. This has the additional benefits of improving understanding of gas consumption at the site and routinely comparing the current and historical consumption.

Gas boilers in Building 1 and Building 3 have been upgraded, commissioned and are tuned to optimise gas consumption. Building 1 boilers are the main boilers on Canberra Hospital campus, supplying space heating and domestic hot water to a significant portion of the campus. Additional more efficient unit boilers are being planned.

Hydraulic upgrades are providing more effective reticulation of domestic hot water, reducing both pumping and heating energy while also improving amenities.

## Water

As part of the upgrading and maintaining health assets program, Canberra Health Services has undertaken significant works on the hydraulic infrastructure of Canberra Hospital campus. Upgrades have:

- > reduced loss of water within the system due to leaks
- > improved the ability to isolate specific sections of the hydraulic infrastructure to enable maintenance and capital works
- > improved temperature regulation throughout the campus
- > simplified maintenance by standardising system components, improving accessibility and identifying specific elements through the Canberra Health Services asset naming conventions, and
- > improved robustness by upgrading pumps and related infrastructure.

## Waste

The total amount of general waste generated during 2018–19 decreased by an estimated 7.1 per cent when compared with 2017–18.

More than 120 tonnes of organic waste was diverted from land fill during the reporting period, which is an increase of more than 95 per cent when compared with 2017–18.

Canberra Health Services launched the ‘Rethink Your Drink and Choose to Reuse’ initiative at the Canberra Hospital to further reduce coffee cups to landfill. The initiative includes a 20 cent discount for all staff, patients and visitors who purchase a cup of coffee and use their own mug. We estimate that more than 10 per cent of disposable cups are diverted from landfill through this initiative.

In May 2019 ACTSmart held its 10th annual business sustainability awards. Canberra Health Services was nominated in two categories that included Waste Minimisation and Innovation Excellence. It won the category of Innovation Excellence and accepted an award presented by the Minister for Climate Change and Sustainability, Shane Rattenbury MLA. Canberra Health Services became the first ACT Government Directorate to achieve ACTSmart accreditation for recycling during the reporting period.

## Transport

Canberra Health Services and ACT Health Directorate replaces its fleet vehicles in accordance with the ACT’s Transition to Zero Emissions Vehicles Action Plan 2018–2021. Where fit for purpose, at least 50 per cent of passenger vehicles ordered to arrive in 2019–20 are zero emissions vehicles. At the end of 2018–19 Canberra Health Services and the Environment, Planning and Sustainable Development Directorate had a total of 82 hybrid vehicles and five electric vehicles.

In 2018–19 Canberra Health Services worked with the Environment, Planning and Sustainable Development Directorate to install EV charge stations to support zero emissions vehicles arriving in the next financial year.

Canberra Health Services is installing electronic log books into vehicles to improve reporting and enhance fleet usage data. At the end of 2018–19, Canberra Health Services had 273 electronic log books installed in fleet vehicles.

## Planning

Canberra Health Services and the ACT Health Directorate are collaborating on master planning the Territory’s health infrastructure. This will enable infrastructure requirements to be delivered effectively and to provide the health services required by the ACT and broader regional community.

The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre is currently a significant focus of infrastructure planning. SPIRE is a major component of Canberra Hospital’s infrastructure development and is key to taking the first significant steps along the pathway to a zero emissions health sector.

## Commissioner for Sustainability and the Environment

The ACT Health Directorate updates the Commissioner for Sustainability and the Environment on progress to implement recommendations from completed reports and inquiries. These updates are incorporated into the Commissioner's annual report.

In 2018–19 the Commissioner for Sustainability and the Environment did not investigate any ACT Health Directorate activities.

Contact details: For more information contact Strategic Infrastructure at [acthealthstrategicinfrastructure@act.gov.au](mailto:acthealthstrategicinfrastructure@act.gov.au)

### Table 23: Sustainable development performance

The following table represents the combined ACT Health Directorate and Canberra Health Services Sustainable Development Performance at the time of publishing. The 2019–20 Annual Report will detail ACT Health Directorate's individual performance and sustainability outcomes.

Indicator as at 30 June	Unit	2017–18	2018–19	Change %
<b>Stationary energy usage</b>				
Electricity use	Kilowatt hours	42 435 382	44 684 880	+5.30
Natural gas use (non-transport)	Megajoules	166 702 496	173 500 327	+4.07
Diesel (non-transport)	Kilolitres	18.73	44.73	+138.81
<b>Transport fuel usage</b>				
Electric vehicles	Number	5	5	0
Hybrid vehicles	Number	51	81	+58.82
Hydrogen vehicles	Number	0	0	0
Total number of vehicles	Number	320	317	-0.94
Fuel use—petrol	Kilolitres	167	171	+2.40
Fuel use—diesel	Kilolitres	106	93	-12.26
Fuel use—ethanol (E10)	Kilolitres	9	13	+44.44
<b>Water usage</b>				
Water use	Kilolitres	3 675.93	2 524.55	-31.32

Indicator as at 30 June	Unit	2017–18	2018–19	Change %
<b>Resource efficiency and waste</b>				
Reams of paper purchased	Reams	31 643	34 132	+7.87
Recycled content of paper purchased	Percentage	14.03	40.00	+185.10
Waste to landfill	Litres	24 180 123	22 464 206	-7.10
Co-mingled material recycled	Litres	12 604 680	12 103 575	-3.98
Paper and cardboard recycled (including secure paper)	Litres	1 276 070	1 234 792	-3.23
Organic material recycled	Litres	61 832	121 042	+95.76
<b>Greenhouse gas emissions<sup>1</sup></b>				
Emissions from electricity use	Tonnes CO <sub>2</sub> -e	19 963	10 182	-49.00
Emissions from natural gas use (non-transport)	Tonnes CO <sub>2</sub> -e	8 590	8 940	+4.07
Emissions diesel use (non-transport)	Tonnes CO <sub>2</sub> -e	50.98	121.74	+138.81
Emissions from transport fuel use	Tonnes CO <sub>2</sub> -e	693	677	-2.31
Total emissions	Tonnes CO <sub>2</sub> -e	29 296.98	19 988.74	-32.00

<sup>1</sup> Emissions data is calculated in accordance with emissions intensity factors supplied by EPSDD. 2017-18 emissions figures have been updated using these formulae.

# Part C

Financial  
management  
reporting

# **C.1 MANAGEMENT DISCUSSION AND ANALYSIS FOR THE ACT HEALTH DIRECTORATE FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

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## **Management Discussion & Analysis for the ACT Health Directorate For the Period 1 October 2018 to 30 June 2019**

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### **General Overview**

#### **Operations and Principal Activities**

The ACT Health Directorate (the Directorate) is the steward of the health system in the ACT and partners with the community, government and other jurisdictions to provide better health outcomes for all in the ACT and surrounding regions. The Directorate provides a policy and population health capability based on a foundation of world-leading health and medical research. We develop strategies and set direction to ensure services meet community needs and expectations, delivering improved health outcomes. We are working to ensure our public health system is innovative, effective and sustainable now and into the future.

The Directorate will deliver on these objectives by:

- promoting good health and wellbeing;
- supporting and applying preventative health measures;
- improving access to appropriate healthcare;
- ensuring quality health outcomes and stewardship of the health system;
- delivering whole of government health strategy and policy, including infrastructure assets and system performance; and
- supporting community sector organisations to provide various health services.

The Directorate aims to support our people and strengthen teams by helping staff to reach their potential, promoting a learning culture and providing high-level leadership.

#### **Changes in Administrative Structure**

On 1 October 2018, The Directorate was created following the Administrative Arrangements 2018 (No. 2) transferring functions from the former Health Directorate. Canberra Health Services have responsibility for the delivery of clinical services and the Directorate has responsibility for strategic policy and planning.

As a result of these changes the Management Discussion and Analysis (MD&A) are based on operation for the Directorate for the period 1 October 2018 to 30 June 2019.

#### **Risk Management**

Risk management within the newly formed Directorate has been a priority to ensure the alignment of practices with the ACT Government Risk Management Policy 2019 and to meet the needs of the new Directorate.

## Risk Profile

The following strategic financial risks have been identified for the Directorate:

- public money is not appropriately administered, expended and accounted for; and
- the Directorate does not deliver strategic infrastructure projects on time and on budget.

Financial and governance controls are in place to ensure the appropriate administration of public funds, such as governance oversight committees, financial reporting, the Directorate Fraud and Corruption Control Plan; the invoicing system controls; use of conflict of interest declarations and use of a gifts and benefits register.

A series of project management governance structures and documentation exist to ensure the effective management of infrastructure projects that support formal engagement processes with stakeholders; data validation to inform decision making; effective procurement and contract management; and workforce planning strategies.

## Financial Performance

The following financial information is based on audited Financial Statements for 2018-19, and the Estimated Outcome and forward estimates contained in the 2019-20 ACT Health Directorate Budget Statements.

The Directorate's 2018-19 Annual Financial Statements reflect its operations for the period 1 October 2018 to 30 June 2019.

### Total Net Cost of Services

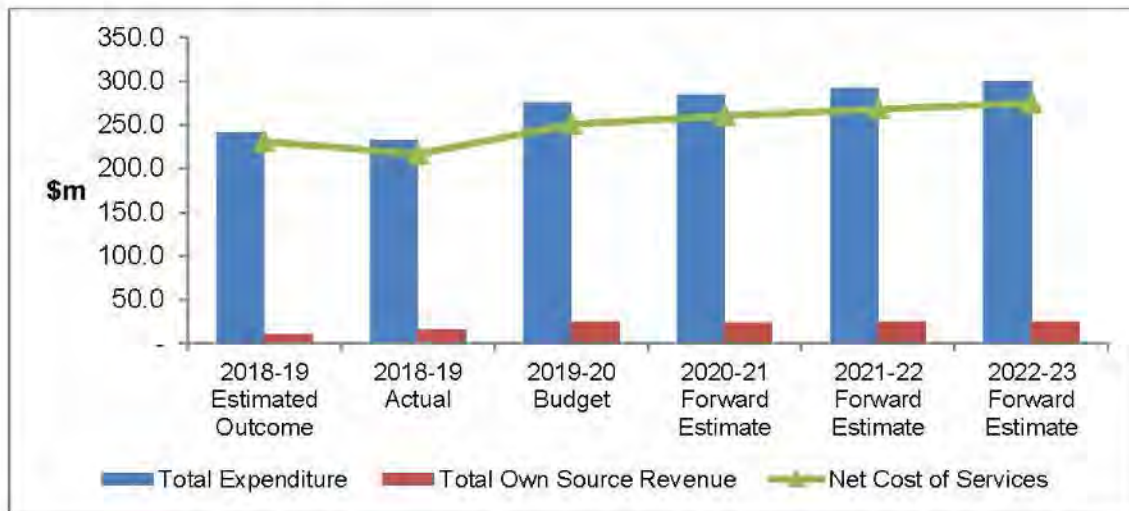
	Estimated Outcome 2018-19 \$m	Actual 2018-19 \$m	Budget 2019-20 \$m	Forward Estimate 2020-21 \$m	Forward Estimate 2021-22 \$m	Forward Estimate 2022-23 \$m
Total Expenditure	241.0	232.0	274.9	284.2	292.5	299.9
Total Own Source Revenue	10.0	15.5	24.5	23.8	24.6	25.3
<b>Net Cost of Services</b>	<b>231.0</b>	<b>216.5</b>	<b>250.4</b>	<b>260.4</b>	<b>267.9</b>	<b>274.6</b>

### Comparison to Estimated Outcome

The Directorate's net cost of services for 2018-19 of \$216.5 million was \$14.5 million or 6.3 per cent lower than the 2018-19 Estimated Outcome. This was mainly due to lower than anticipated expenditure relating to multiple projects, initiatives and grant programmes in addition to one-off refunds received during the year.

## Future Trends

Figure 1: Net Cost of Services



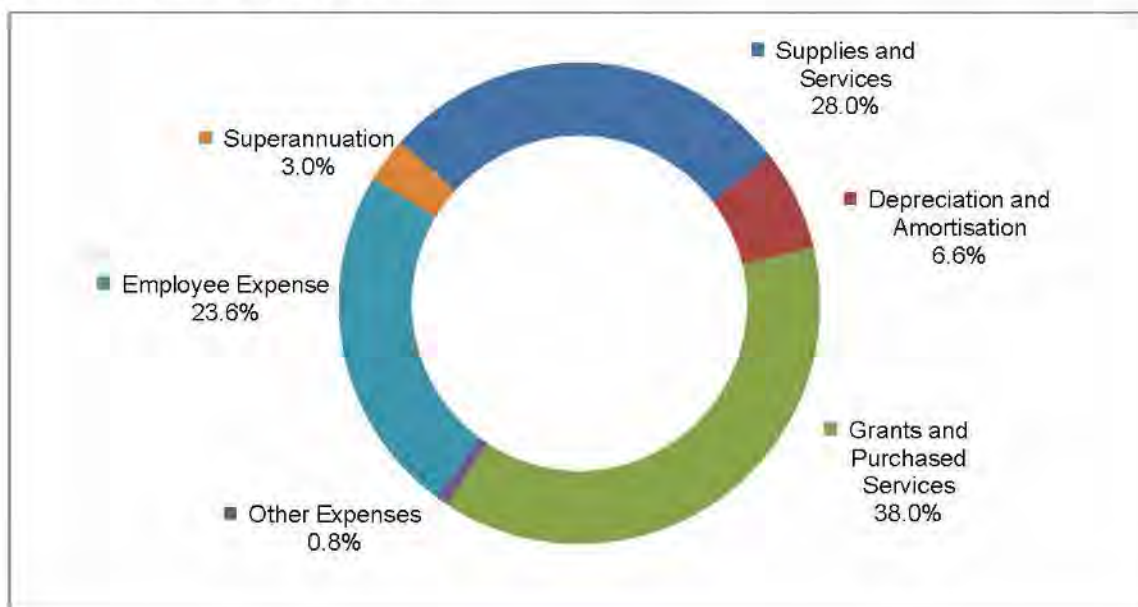
Total Own Source Revenue is expected to increase at a slower rate than the growth of Total Expenditure resulting in a growth in net cost of services over time.

## Total Expenditure

### Components of Expenditure

Figure 2 – Components of Expenditure indicates actual expenditure for 2018-19. Grants and purchased services (\$88.2 million), supplies and services (\$64.9 million) and employee expenses (\$54.7 million) represent the majority of expenditure.

Figure 2 – Components of Expenditure



### **Comparison to 2018-19 Estimated Outcome**

Total expenses of \$232.0 million was lower than the 2018-19 Estimated Outcome by \$9.0 million or 3.7 per cent due mainly to lower expenses for design, scoping and feasibility planning relating to multiple projects including Northside Hospital Scoping Study and Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre in addition to lower expenditure in grant programmes including Healthy Canberra Grants and Safer Families Initiatives.

### **Future Trends**

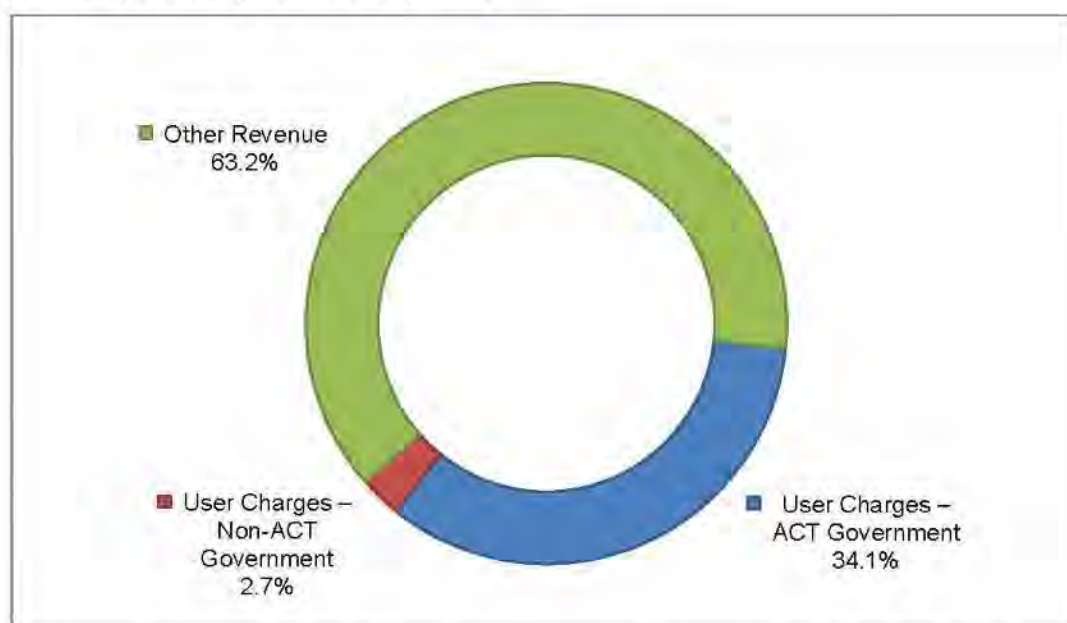
Total expenditure for 2019-20 is budgeted to increase by \$42.9 million or 18 per cent from the actual amount of \$232.0 million in 2018-19 to \$274.9 million, mainly due to a full year of operations, increase in employee expenses driven by wage rises, higher depreciation expenses due to the centralisation of information technology and communication functions within the Directorate and indexation.

### **Total Own Source Revenue**

#### **Components of Own Source Revenue**

Figure 3 – Components of Own Source Revenue indicates that for the Financial Year ended 30 June 2019, the Directorate received 63.2 per cent of its total own source revenue from other revenue (\$9.8 million).

Figure 3 – Components of Own Source Revenue



### **Comparison to Estimated Outcome**

Total own source revenue of \$15.5 million exceeded the 2018-19 Estimated Outcome by \$5.5 million or 55.0 per cent primarily due to a reimbursement of workers compensation insurance premiums recorded under other revenue.



### Future Trends

Total own source revenue for 2019-20 is budgeted to increase by \$9.0 million from the actual amount of \$15.5 million in 2018-19, mainly due to a full year of operations and the recognition of resources received free of charge from Shared Services for the provision of human resources, finance and procurement services.

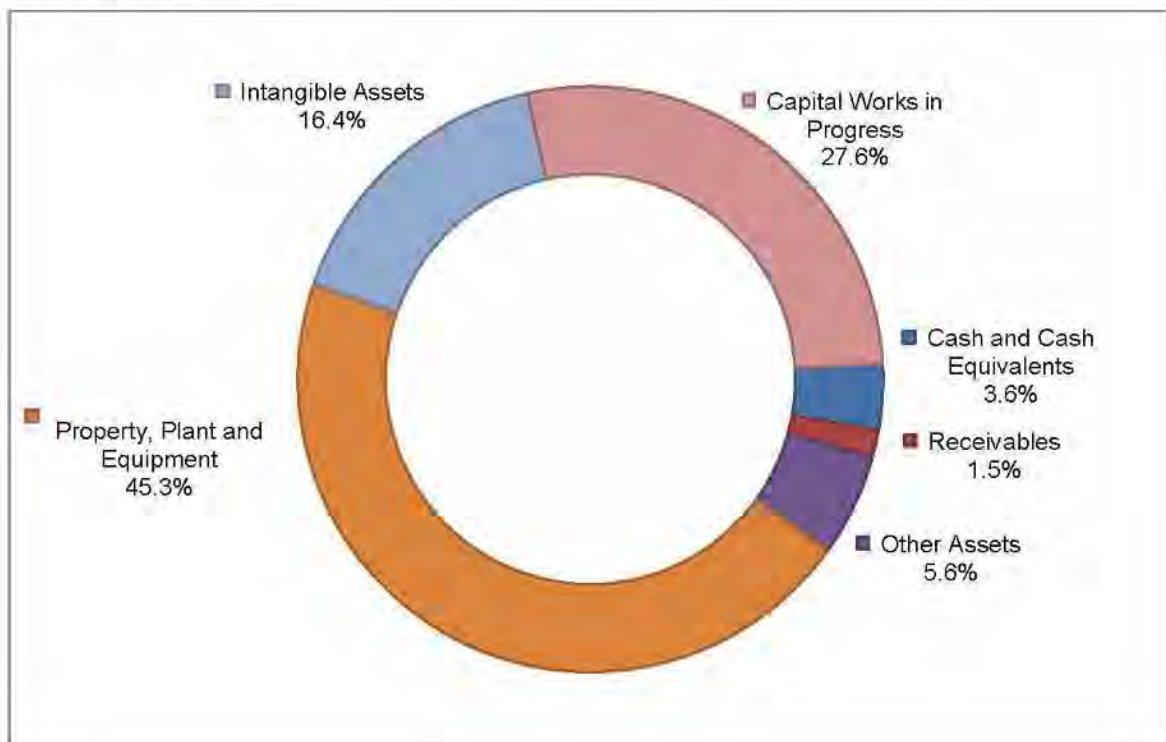
## Financial Position

### Total Assets

#### Components of Total Assets

Figure 4 - Total Assets as at 30 June 2019 indicates that the Directorate held 45.3 per cent of its assets in property, plant and equipment as at 30 June 2019.

Figure 4 - Total Assets



#### Comparison to Estimated Outcome

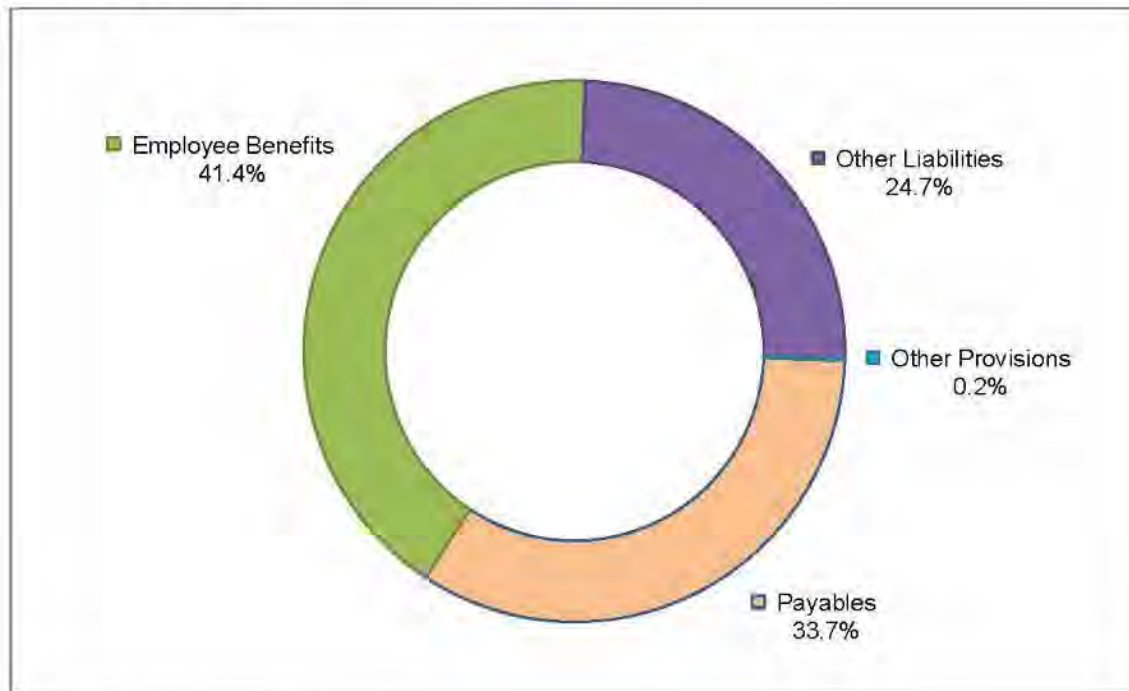
Total assets at 30 June 2019 of \$149.9 million was \$106.7 million lower than the 2018-19 Estimated Outcome of \$256.6 million mainly due to accumulated depreciation relating to intangible assets (\$88.9 million) and Property, Plant and Equipment (\$16.7 million).

## Total Liabilities

### Components of Total Liabilities

Figure 5 – Total Liabilities at 30 June 2019 indicates that the majority of the Directorate’s liabilities relate to employee benefits, 41.4 per cent and payables, 33.7 per cent.

Figure 5 – Total Liabilities



### Comparison to Estimated Outcome

Liabilities at 30 June 2019 of \$58.0 million was 17.2 million higher than the 2018-19 Estimated Outcome of \$40.8 million. This was mainly due to outstanding payments for Works in Progress relating to computer software development for the use at the University of Canberra Hospital and the E-Healthy Futures project.

### Net Assets

Net assets at 30 June 2019 were \$123.9 million lower than the \$215.8 million 2018-19 Estimated Outcome due to the combined impact of the reasons listed above.

### Attachment A - Comparison of net cost of services to Estimated Outcome 2018-19

	Estimated	Actual		
	Outcome			
	2019	2019	Variance	Variance
Description	\$'000	\$'000	\$'000	%
<b>Expenses</b>				
Employee Expense and Superannuation	64 820	61 598	(3 222)	(5.0%)
Supplies and Services	75 136	64 882	(10 254)	(13.6%)
Depreciation and Amortisation	15 714	15 493	(221)	(1.4%)
Grants and Purchased Services	83 897	88 204	4 307	5.1%
Other Expenses	1 450	1 807	357	24.6%
<b>Total Expenses</b>	<b>241 017</b>	<b>231 984</b>	<b>(9 033)</b>	<b>(3.7%)</b>
<b>Own Source Revenue</b>				
User Charges	5 597	5 700	103	1.8%
Other Revenue	4 450	9 770	5 320	119.6%
<b>Total Own Source Revenue</b>	<b>10 047</b>	<b>15 470</b>	<b>5 423</b>	<b>54.0%</b>
<b>Total Net Cost of Services</b>	<b>230 970</b>	<b>216 514</b>	<b>(14 456)</b>	<b>(6.3%)</b>

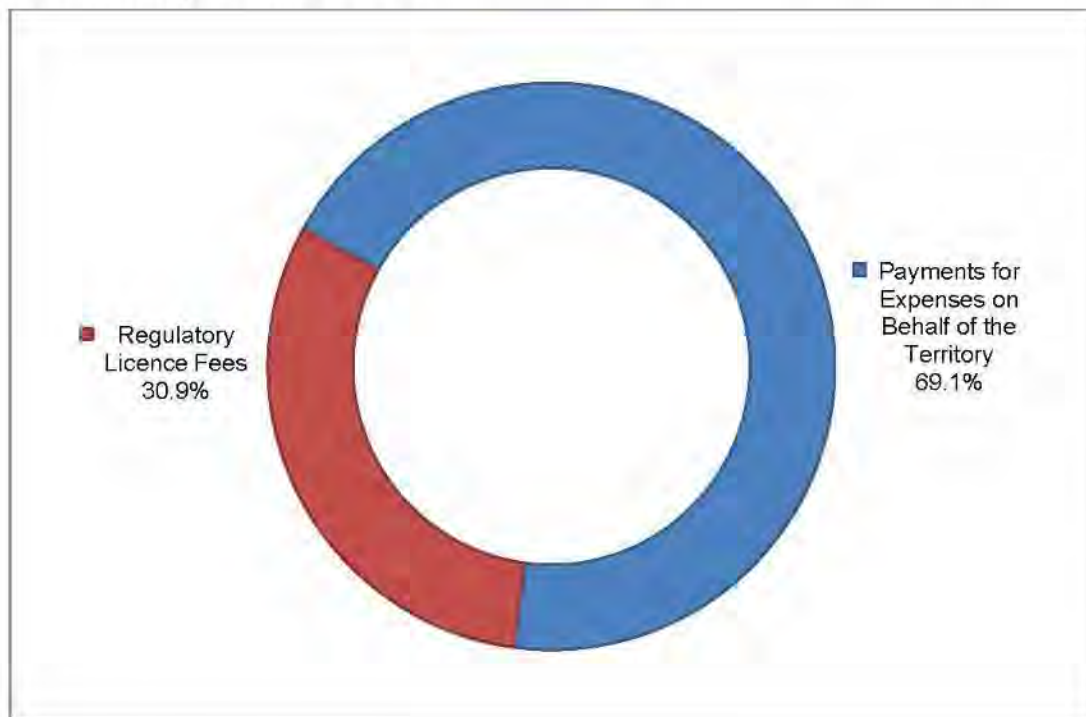
## Territorial Statement of Revenue and Expenses

The activities whose funds flow through the Directorate's Territorial accounts, represent the receipt of regulatory licence fees and the pass through of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

### Total Income

Figure 6 – Sources of Territorial Revenue indicates that 30.9 per cent of Territorial income relates to regulatory licence fees, with the balance of monies for capital works at Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service (expenses on behalf of the Territory).

Figure 6 – Sources of Territorial Revenue



### Comparison to Estimated Outcome

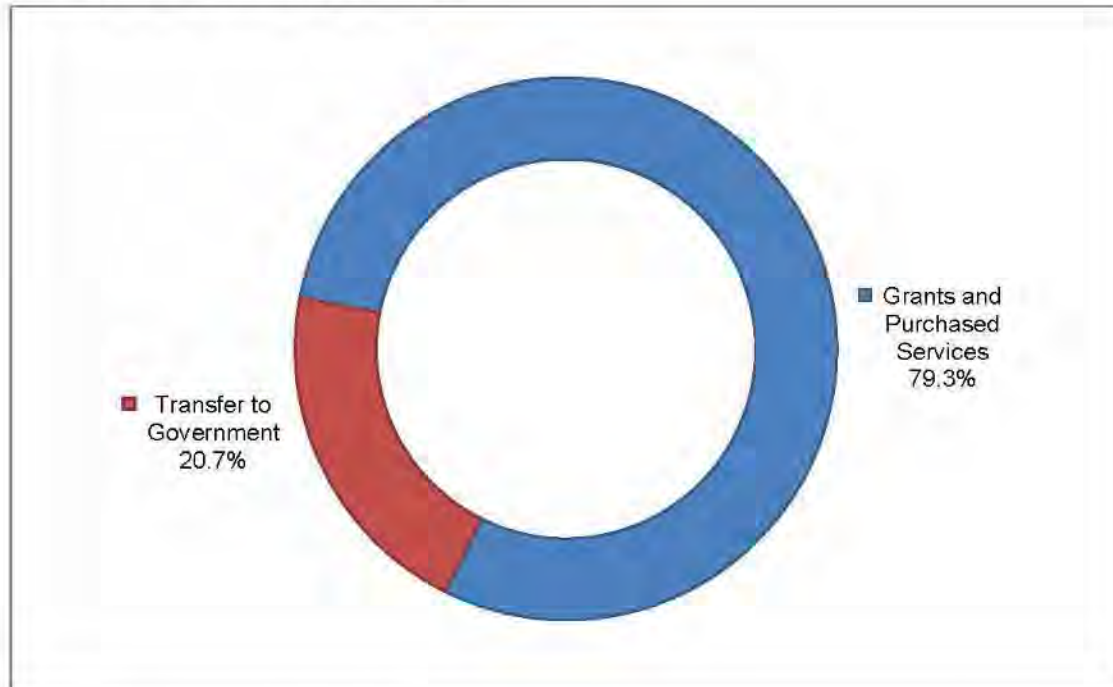
Total Territorial income of \$4.1 million was lower than the 2018-19 Estimated Outcome by \$0.9 million primarily due to lower than anticipated appropriation received.



### Total Expenses

79.3 per cent of expenses incurred on behalf of the Territory relate to the pass through of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Figure 7 – Sources of Territorial Expenses



### Comparison to Estimated Outcome

Total expenses of \$6.2 million was higher than the 2018-19 Estimated Outcome by \$1.3 million mainly due to earlier than anticipated capital grants to Winnunga Nimmityjah Aboriginal Health Service and Calvary Public Hospital for operating theatre upgrades.

## **C.2 FINANCIAL STATEMENTS FOR THE ACT HEALTH DIRECTORATE FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

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## INDEPENDENT AUDITOR'S REPORT

### To the Members of the ACT Legislative Assembly

#### Opinion

I have audited the financial statements of the ACT Health Directorate (the Directorate) for the period 1 October 2018 to 30 June 2019 which comprise the:

- Controlled financial statements – operating statement, balance sheet, statement of changes in equity, cash flow statement and controlled statement of appropriation;
- Territorial financial statements – statement of income and expenses on behalf of the Territory, statement of assets and liabilities on behalf of the Territory, cash flow statement on behalf of the Territory and territorial statement of appropriation; and
- Notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2019, and its financial performance and cash flows for the period 1 October 2018 to 30 June 2019; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

#### Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of the Directorate for the financial statements

The Director-General is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

### **Auditor's responsibilities for the audit of the financial statements**

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director-General regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Michael Harris  
Auditor-General  
18 September 2019

**ACT HEALTH DIRECTORATE  
FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Statement of Responsibility**

In my opinion, the financial statements are in agreement with the ACT Health Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the period 1 October 2018 to 30 June 2019 and the financial position of the Directorate on that date.



Mr Michael De'Ath

Director-General

ACT Health Directorate

15 September 2019

**ACT HEALTH DIRECTORATE  
FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**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 ACT Health Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the period 1 October 2018 to 30 June 2019 and the financial position of the Directorate on that date.



Ms Kate Chambers

Chief Finance Officer

ACT Health Directorate

15 September 2019

**ACT HEALTH DIRECTORATE  
CONTROLLED FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO  
30 JUNE 2019**

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**ACT HEALTH DIRECTORATE  
OPERATING STATEMENT  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Income</b>		
<i>Revenue</i>		
Controlled Recurrent Payments	3	193 643
User Charges	4	5 700
Resources Received Free of Charge	5	799
Other Revenue	6	8 971
<i>Total Revenue</i>		<u>209 113</u>
<b>Total Income</b>		<u>209 113</u>
<b>Expenses</b>		
Employee Expenses	7	54 715
Superannuation Expenses	8	6 883
Supplies and Services	9	64 882
Depreciation and Amortisation	10	15 493
Grants and Purchased Services	11	88 204
Other Expenses		1 807
<b>Total Expenses</b>		<u>231 984</u>
<b>Operating (Deficit)</b>		<u>(22 871)</u>
<b>Total Comprehensive (Deficit)</b>		<u>(22 871)</u>

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

The Directorate has only one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the Public Health Services Output Class.

On 1 October 2018, the ACT Health Directorate was created following the Administrative Arrangements 2018 (No.2) (AA's) transferring from the former Health Directorate. Information on the AA's is included in Note 1 (b), 'Objective of the ACT Health Directorate: Administrative Restructuring During 2018-19', the 'Controlled Statement of Appropriation' and Note 23 'Restructure of Administrative Arrangements'.



**ACT HEALTH DIRECTORATE  
BALANCE SHEET  
AT 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Current Assets</b>		
Cash and Cash Equivalents	13	5 444
Receivables	14	2 231
Other Assets	18	4 658
<b>Total Current Assets</b>		<b>12 333</b>
<b>Non-Current Assets</b>		
Property, Plant and Equipment	15	67 971
Intangible Assets	16	24 401
Other Assets	18	3 787
Capital Works in Progress	17	41 421
<b>Total Non-Current Assets</b>		<b>137 580</b>
<b>Total Assets</b>		<b>149 913</b>
<b>Current Liabilities</b>		
Payables	19	19 562
Employee Benefits	20	22 810
Other Liabilities	21	1 170
<b>Total Current Liabilities</b>		<b>43 542</b>
<b>Non-Current Liabilities</b>		
Employee Benefits	20	1 180
Other Provisions		104
Other Liabilities	21	13 183
<b>Total Non-Current Liabilities</b>		<b>14 467</b>
<b>Total Liabilities</b>		<b>58 009</b>
<b>Net Assets</b>		<b>91 904</b>
<b>Equity</b>		
Accumulated Funds		86 177
Asset Revaluation Surplus	22	5 727
<b>Total Equity</b>		<b>91 904</b>

The above Balance Sheet is to be read in conjunction with the accompanying notes.

The Directorate has only one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the Public Health Services Output Class.

On 1 October 2018, the ACT Health Directorate was created following the Administrative Arrangements 2018 (No.2) (AA's) transferring from the former Health Directorate. Information on the AA's is included in Note 1 (b), 'Objective of the ACT Health Directorate: Administrative Restructuring During 2018-19', the 'Controlled Statement of Appropriation' and Note 23 'Restructure of Administrative Arrangements'.

**ACT HEALTH DIRECTORATE  
STATEMENT OF CHANGES IN EQUITY  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	Note No.	Accumulated Funds Actual 2019 \$'000	Asset Revaluation Surplus Actual 2019 \$'000	Total Equity Actual 2019 \$'000
<b>Balance at 1 October 2018</b>		-	-	-
<b>Comprehensive Income</b>				
Operating (Deficit)		(22 871)	-	(22 871)
<b>Total Comprehensive (Deficit)</b>		<b>(22 871)</b>	-	<b>(22 871)</b>
<b>Transactions Involving Owners Affecting Accumulated Funds</b>				
Capital Injections		7 730	-	7 730
Net Assets transferred in as part of an Administrative Restructure	23	107 045	-	107 045
<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>		<b>114 775</b>	-	<b>114 775</b>
<b>Movement in Asset revaluation Surplus</b>				
Transfer (from)/to Accumulated Funds	22	(5 727)	5 727	-
<b>Balance at 30 June 2019</b>		<b>86 177</b>	<b>5 727</b>	<b>91 904</b>

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

**ACT HEALTH DIRECTORATE  
CASH FLOW STATEMENT  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Cash Flows from Operating Activities</b>		
<b>Receipts</b>		
Controlled Recurrent Payments		193 643
User Charges		5 179
User Charges – Non-ACT Government		465
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		7 759
Goods and Services Tax Collected from Customers		133
Other		8 922
<b>Total Receipts from Operating Activities</b>		<b>216 101</b>
<b>Payments</b>		
Employee		54 472
Superannuation		6 883
Supplies and Services		53 913
Grants and Purchased Services		81 346
Goods and Services Tax Paid to Suppliers		8 376
Other		147
<b>Total Payments from Operating Activities</b>		<b>205 137</b>
<b>Net Cash Inflows from Operating Activities</b>	26(b)	<b>10 964</b>
<b>Cash Flows from Investing Activities</b>		
<b>Receipts</b>		
Proceeds from the Sale of Property, Plant and Equipment		22
<b>Total Receipts from Investing Activities</b>		<b>22</b>
<b>Payments</b>		
Purchase of Property, Plant and Equipment		113
Payments for Capital Works		14 578
<b>Total Payments from Investing Activities</b>		<b>14 691</b>
<b>Net Cash (Outflows) from Investing Activities</b>		<b>(14 669)</b>

**ACT HEALTH DIRECTORATE  
CASH FLOW STATEMENT (CONTINUED)  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Cash Flows from Financing Activities</b>		
<b>Receipts</b>		
Capital Injections		7 730
Receipts of Transferred Cash Balances		1 419
<b>Total Receipts from Financing Activities</b>		<b>9 149</b>
<b>Net Cash Inflows from Financing Activities</b>		<b>9 149</b>
<b>Net Increase in Cash and Cash Equivalents</b>		<b>5 444</b>
Cash and Cash Equivalents at the Beginning of the Reporting Period		-
<b>Cash and Cash Equivalents at the End of the Reporting Period</b>	26(a)	<b>5 444</b>

The above Cash Flow Statement is to be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE  
CONTROLLED STATEMENT OF APPROPRIATION  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Total Appropriated 2019 \$'000</b>	<b>Appropriation Drawn 2019 \$'000</b>
<b>Controlled</b>		
Controlled Recurrent Payments	226 661	193 643
Capital Injections	31 096	7 730
<b>Total Controlled Appropriation</b>	<b>257 757</b>	<b>201 373</b>

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

**Column Heading Explanations**

The *Total Appropriated* column is inclusive of all appropriation variations occurring during the current period.

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 'Total Appropriated' and 'Appropriation Drawn'.**

<b>Reconciliation of Appropriation for 2018-19</b>	<b>Controlled Recurrent Payments \$'000</b>	<b>Capital Injections \$'000</b>
Administrative Arrangement Transfer (FMA s.16)	208 728	27 786
Rollover of Undisbursed Appropriation (FMA s.16B)	18 336	1 118
Transfers between Appropriations (FMA s.14B)	(903)	903
Transfer of Appropriations from CMTEDD (FMA s.16)	500	-
Variations to Appropriations (FMA s.16)	-	1 289
Total Appropriated	226 661	31 096
<b>Controlled Appropriation Drawn</b>	<b>193 643</b>	<b>7 730</b>

**Controlled Recurrent Payments**

*Variances between 'Total Appropriated' and 'Appropriation Drawn'*

Controlled Recurrent Payments appropriation remaining undrawn (\$33m) as at 30 June 2019 relates to:

- lower expenditure in multiple projects, initiatives and grant programmes including Northside Hospital Scoping Study, Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, Healthy Canberra Grants, Safer Families Initiatives and various ICT programmes which have been rolled over to the following reporting period; and
- savings achieved in Workers Compensation Insurance premium.

**Capital Injections**

*Variances between 'Total Appropriated' and 'Appropriation Drawn'*

Capital Injections appropriation funding remaining undrawn (\$23.4m) as at 30 June 2019 related to projects including the Expansion of Centenary Hospital for Women and Children, Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre and multiple ICT systems upgrades, anticipated to be rolled over to 2019-20 to align the level of investment with the annual capital works programme.

**ACT HEALTH DIRECTORATE  
CONTROLLED NOTE INDEX  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

- Note 1 Objectives of the Health Directorate  
Note 2 Basis of Preparation of the Financial Statements  
Appendix A – Impact of Accounting Standards Issued But Yet to be Applied

**Income Notes**

- Note 3 Controlled Recurrent Payments  
Note 4 User Charges  
Note 5 Resources Received and Provided Free of Charge  
Note 6 Other Revenue

**Expense Notes**

- Note 7 Employee Expenses  
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Note 11 Grants and Purchased Services  
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**Asset Notes**

- Note 13 Cash and Cash Equivalents  
Note 14 Receivables  
Note 15 Property, Plant and Equipment  
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**Liability Notes**

- Note 19 Payables  
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**Equity Note**

- Note 22 Equity

**Other Notes**

- Note 23 Restructure of Administrative Arrangements  
Note 24 Financial Instruments  
Note 25 Commitments  
Note 26 Cash Flow Reconciliation  
Note 27 Events Occurring after Balance Date  
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**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 1. Objectives of the ACT Health Directorate**

**a) Operations and Principal Activities**

The ACT Health Directorate (the Directorate) is the steward of the health system in the ACT and partners with the community, government and other jurisdictions to provide better health outcomes for all in the ACT and surrounding regions. The Directorate provides strategic direction to ensure services provided meet community needs and expectations to deliver improved health outcomes. The Directorate also provides policy and population health capability based on a foundation of world-leading health and medical research.

Outcomes are delivered through the following objectives:

- promoting good health and well-being;
- supporting and applying preventative health measures;
- improving access to appropriate healthcare;
- ensuring quality health outcomes and stewardship of the health system;
- delivering whole of government health strategy and policy, including infrastructure assets and system performance; and
- supporting community sector organisations to provide various health services.

**b) Administrative Restructuring During 2018-19**

On 1 October 2018, the ACT Health Directorate was created following the Administrative Arrangement 2018 (No.2) (AA's) transferring from the former Health Directorate. Canberra Health Services are now responsible for the delivery of clinical services and the ACT Health Directorate is responsible for strategic policy, planning and the administration of the ACT Local Hospital Network.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 2. Basis of Preparation of the Financial Statements**

Refer to Appendix A – Impact of Accounting Standards Issued But Yet to be Applied.

**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 ACT Health Directorate's (the Directorate's) financial statements to include:

- i. an Operating Statement for the reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Cash Flow Statement for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the significant accounting policies adopted for the reporting period; and
- vii. other statements as necessary to fairly reflect the financial operations of the Directorate during the reporting period and its financial position at the end of the 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.



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 2. Basis of Preparation of the Financial Statements (Continued)**

**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.

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

**COMPARATIVE FIGURES AND BUDGETS**

***Prior Year Comparatives***

There are no prior year comparatives as the Directorate was created on 1 October 2018 following Administrative Arrangements Order 2018 (No.2).

***Budget Figures***

Due to the Directorate not being in existence at the time of development and adoption of the 2018-19 Budget in June 2018, there are no Budget amounts to be disclosed in the financial statements.

***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 2019, 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 (\$44 million) exceed its current assets of (\$12 million) by \$32 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 2018-19 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2019-20 Budget and Budget Papers include forward estimates for the Directorate.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 2. Basis of Preparation of the Financial Statements (Continued)**

**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.

**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.

**REVENUE RECOGNITION**

Revenue is recognised at the fair value of the consideration received or receivable in the Operating Statement.

**IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED**

Refer to Appendix A – Impact of Accounting Standards Issued but Yet to be Applied.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 3. Controlled Recurrent Payments**

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs. CRP are recognised as revenue when the Directorate gains control over the funding. Control over appropriated funds is obtained upon the receipt of cash.

	<b>2019</b>
	<b>\$'000</b>
<b>Revenue from the ACT Government</b>	
Controlled Recurrent Payments	193 643
<b>Total Controlled Recurrent Payments</b>	<u><u>193 643</u></u>

**Note 4. User Charges**

User Charges 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.

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services such as breast screening, AIDS services, family planning, drug education and cervical screening. 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.

	<b>2019</b>
	<b>\$'000</b>
<b>User Charges - ACT Government</b>	
Local Hospital Network Funding	5 179
Service Revenue	99
<b>Total User Charges - ACT Government</b>	<u><u>5 278</u></u>
<b>User Charges - Non-ACT Government</b>	
Service Revenue	422
<b>Total User Charges - Non-ACT Government</b>	<u><u>422</u></u>
<b>Total User Charges</b>	<u><u>5 700</u></u>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 5. Resources Received and Provided Free of Charge**

Resources received free of charge are recorded as a revenue and expense in the Operating Statement at fair value. The revenue is separately disclosed under resources received free of charge, with the expense being recorded in the line item to which it relates. Goods and services received free of charge from ACT Government agencies are recorded as resources received free of charge, 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.

	<b>2019</b>
	<b>\$'000</b>
<b>Revenue from ACT Government Entities</b>	
Legal Services	799
<b>Total Resources Received Free of Charge</b>	<u><b>799</b></u>
 <b>Resources Provided Free of Charge</b>	
<b>Provided to Canberra Health Services</b>	
ICT services	51 793
Finance services	2 050
Human Resources administration services	2 971
<b>Total Resources Provided Free of Charge</b>	<u><u><b>56 814</b></u></u>

**Note 6. Other Revenue**

Other Revenue arises from the core activities of the Directorate.

**Grants**

Grants are non-reciprocal in nature and are recognised as revenue in the reporting period in which the Directorate obtains control over them.

	<b>2019</b>
	<b>\$'000</b>
<b>Revenue from Non-ACT Government Entities</b>	
Grants <sup>a</sup>	2 754
Other <sup>b</sup>	6 217
<b>Total Other Revenue from Non-ACT Government Entities</b>	<u><b>8 971</b></u>
<b>Total Other Revenue</b>	<u><u><b>8 971</b></u></u>

a) Grants received from Non-Government Organisations (NGOs) are for the provision of public health services.

b) One-off refunds from the ACT Insurance Authority relating to workers compensation insurance premiums.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 7. Employee Expenses**

Employee Expenses 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.

	<b>2019 \$'000</b>
Wages and Salaries	44 529
Annual Leave Expense	1 281
Long Service Leave Expense	2 275
Workers' Compensation Insurance Premium	5 060
Termination Expense	852
Other Employee Expenses and On-Costs	718
<b>Total Employee Expenses</b>	<b>54 715</b>

Average full-time equivalent staff (FTE) levels during the period 1 October 2018 to 30 June 2019 was 549 FTE.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**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 employee's 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.

	<b>2019</b> <b>\$'000</b>
Superannuation Contributions to the Territory Banking Account	3 121
Productivity Benefit	422
Superannuation to External Providers	3 340
<b>Total Superannuation Expenses</b>	<b>6 883</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 9. Supplies and Services**

	<b>2019</b> <b>\$'000</b>
Auditor's Remuneration <sup>a</sup>	79
Clinical Expenses/Medical Surgical Supplies	246
Communications <sup>b</sup>	2 939
Computer Expenses <sup>c</sup>	37 567
Contractors and Consultants <sup>d</sup>	6 943
General Administration <sup>e</sup>	9 097
ICT Equipment and Rental Charges	1 996
Minor Plant and Equipment	366
Office Accommodation Rental Payments	1 643
Pharmaceuticals	329
Printing and Stationery	365
Repairs and Maintenance <sup>f</sup>	1 029
Staff Development and Recruitment <sup>g</sup>	1 288
Travel and Accommodation	295
Other	700
<b>Total Supplies and Services</b>	<b>64 882</b>

- a) For the audit of the financial statements and the limited assurance engagement on the Statement of Performance by the ACT Audit Office.
- b) Communication expenses include payments for desktop line usage and other telecommunication services.
- c) Computer expenses include payments to Shared Services for ICT support services and software licensing fees.
- d) Contractors and Consultants expenses mainly relate to commissioning specialist services for design, planning and feasibility works within multiple ICT and infrastructure development projects.
- e) General Administration expenses include payments to Shared Services for Finance and Human Resources services.
- f) Repairs and Maintenance expenses include costs for maintaining buildings and equipment owned by the Directorate.
- g) Staff Development and Recruitment expenses mainly relate to staff training and studies assistance.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**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:

<b>Class of Asset</b>	<b>Depreciation/Amortisation Method</b>	<b>Useful Life (Years)</b>
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.

	<b>2019</b>
	<b>\$'000</b>
<b>Depreciation</b>	
Buildings	903
Plant and Equipment	1 449
Leasehold Improvements	550
<b>Total Depreciation</b>	<b><u>2 902</u></b>
<b>Amortisation</b>	
Intangible Assets	12 591
<b>Total Amortisation</b>	<b><u>12 591</u></b>
<b>Total Depreciation and Amortisation</b>	<b><u><u>15 493</u></u></b>



**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**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 subject to terms and conditions set out in a contract, agreement, or by legislation.

	<b>2019</b>
	<b>\$'000</b>
<b>Grants</b>	
Grants	3 708
<b>Total Grants</b>	<u><b>3 708</b></u>
 <b>Purchased Services</b>	
Non-Government Organisations <sup>a</sup>	48 043
Payments to Service Providers <sup>b</sup>	23 127
Other <sup>c</sup>	13 326
<b>Total Purchased Services</b>	<u><b>84 496</b></u>
 <b>Total Grants and Purchased Services</b>	<u><u><b>88 204</b></u></u>

- a) Services are purchased from Non-Government Organisations for a range of services including Community Care, Alcohol and Drug, Community Mental Health, Women's Health, Aged Care and Aboriginal and Torres Strait Islander Health.
- b) Payments to Service Providers relates mainly to the provision of public hospital activity at Canberra Health Services.
- c) Other Purchased Services Payments relate to the National Disability Insurance Scheme (NDIS) for activities recognised under the Territory wide agreement with the National Disability Insurance Authority.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 12. Impairment Losses**

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.

**Impairment Losses and Write-Offs - Receivables**

Information on the allowance for impairment of receivables can be found in Note 14 'Receivables'.

	<b>2019</b> <b>\$'000</b>
<b>Impairment Losses</b>	
<i>Impairment Loss from Receivables</i>	
Expected Credit Loss Expense	4
<b>Total Impairment Losses</b>	<b>4</b>

**Note 13. Cash and Cash Equivalents**

The Directorate holds one bank account with the Westpac Bank, as part of the whole-of-government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on this account.

	<b>2019</b> <b>\$'000</b>
Cash on Hand	3
Cash at Bank	5 441
<b>Total Cash and Cash Equivalents</b>	<b>5 444</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 14. 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 Note 12 'Impairment Losses').

**Impairment Loss – Receivables**

The allowance for expected credit 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 measure expected credit losses of a financial instrument in a way that reflects:

- a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- b) the time value of money; and
- c) reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement (see Note 12 'Impairment Losses'). 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.

The Directorate applied the simplified approach under AASB 9, which uses a lifetime expected loss for all trade receivables.

A provision matrix is used to calculate the expected credit loss.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 14. Receivables (Continued)**

	2019 \$'000
<b>Current Receivables</b>	
Trade Receivables <sup>a</sup>	1 751
Less: Allowance for Impairment Losses	(4)
	<b>1 747</b>
Net GST Receivable	484
<b>Total Current Receivables</b>	<b>2 231</b>
<b>Total Receivables</b>	<b>2 231</b>

a) Trade Receivables include a one-off salary packaging related refund from Shared Services and reimbursements for goods and services acquired on behalf of Canberra Health Services.

Ageing of Receivables	Total \$	Not Overdue \$	Days Past Due			
			1-30 Days \$	31-60 Days \$	61-90 days \$	>91 Days \$
<b>30 June 2019</b>						
Expected credit loss rate		3%	7%	16%	26%	93%
Estimated total gross carrying amount at default	1 491	1 490	1	-	-	-
Expected credit losses	(4)	(4)	-	-	-	-

From 2018-19, 'Expected Credit Loss Expense' is recognised as the movement in the allowance for expected credit losses. The allowance for expected credit losses of trade receivables is measured at the lifetime expected credit losses at each reporting date. The Directorate has established a provision matrix based on its individual assessment of debtors, adjusted for forward looking factors specific to the debtors and the economic environment.

Loss rates are calculated separately for groupings of customers with similar loss patterns. The Directorate has determined there is one material group for measuring expected credit losses based on the sale of services reflecting customer profiles for revenue streams.

**ACT HEALTH DIRECTORATE**  
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**Note 14. Receivables (Continued)**

	2019 \$'000
<b>Classification of ACT Government/Non-ACT Government Receivables</b>	
<b>Receivables from ACT Government Entities</b>	
Net Trade Receivables	740
<b>Total Receivables from ACT Government Entities</b>	<u><b>740</b></u>
<b>Receivables with Non-ACT Government Entities</b>	
Net Trade Receivables	980
Accrued Revenue	27
Net Goods and Services Tax Receivable	484
<b>Total Receivables from Non-ACT Government Entities</b>	<u><b>1 491</b></u>
<b>Total Receivables</b>	<u><u><b>2 231</b></u></u>

The maximum exposure to credit risk at the end of the reporting period for Receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table above.

**Note 15. 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 or investment property.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include 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.

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**Note 15. Property, Plant and Equipment (Continued)**

**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 where the acquisition cost is equal to or exceed \$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. Plant and equipment is measured at cost.

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 Note 10 'Depreciation and Amortisation').

**VALUATION OF NON-CURRENT ASSETS**

Egan National Valuers (ACT) an independent valuer performed all revaluations of the Directorate's assets. The latest valuation of Land, Buildings and Leasehold Improvements was performed as at 30 June 2017. The next valuation will be undertaken during 2019-20.

**IMPAIRMENT OF ASSETS**

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

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 15. Property, Plant and Equipment (Continued)**

	2019 \$'000
<b>Land and Buildings</b>	
Land at Fair Value	11 900
<b>Total Land Assets</b>	<b>11 900</b>
Buildings at Fair Value	43 868
Less: Accumulated Depreciation	(2 350)
<b>Total Written Down Value of Buildings</b>	<b>41 518</b>
<b>Total Land and Written Down Value of Buildings</b>	<b>53 418</b>
<b>Leasehold Improvements</b>	
Leasehold Improvements at Fair Value	10 800
Less: Accumulated Depreciation	(1 467)
<b>Total Written Down Value of Leasehold Improvements</b>	<b>9 333</b>
<b>Plant and Equipment</b>	
Plant and Equipment at Cost	18 136
Less: Accumulated Depreciation	(12 916)
<b>Total Written Down Value of Plant and Equipment</b>	<b>5 220</b>
<b>Total Written Down Value of Property, Plant and Equipment</b>	<b>67 971</b>

**Reconciliation of Property, Plant and Equipment - 2018-19**

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Total \$'000
<b>Carrying Amount at the Beginning of the Reporting Period</b>	-	-	-	-	-
Acquisition through Administrative Transfers	11 900	41 771	9 784	6 424	69 879
Additions	-	650	99	245	994
Depreciation	-	(903)	(550)	(1 449)	(2 902)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>11 900</b>	<b>41 518</b>	<b>9 333</b>	<b>5 220</b>	<b>67 971</b>

**ACT HEALTH DIRECTORATE**  
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**Note 15. 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 2019 are as follows:

<b>Classification According to Fair Value Hierarchy at 30 June 2019</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Property, Plant and Equipment at Fair Value</b>				
Land	-	540	11 360	11 900
Buildings	-	426	41 092	41 518
Leasehold Improvements	-	-	9 333	9 333
	-	<b>966</b>	<b>61 785</b>	<b>62 751</b>



**ACT HEALTH DIRECTORATE**  
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**Note 15. Property, Plant and Equipment (Continued)**

**Transfers between Categories**

There have been no transfers between Levels 1, 2 and 3 during the current reporting period.

**Valuation Techniques, Inputs and processes**

**Level 2 Valuation Techniques and Inputs**

*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 ACT Health Directorate.

There has been no change to the above valuation techniques during the reporting period.

**Fair Value Measurements using significant unobservable inputs (Level 3)**

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000
2019			
Fair Value at the Beginning of the Reporting Period	-	-	-
Additions	-	649	99
Depreciation	-	(895)	(550)
Acquisition through Administrative Transfers	11 360	41 338	9 784
<b>Fair Value at the End of the Reporting Period</b>	<b>11 360</b>	<b>41 092</b>	<b>9 333</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 16. Intangible Assets**

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.

	<b>2019</b>
	<b>\$'000</b>
<b>Computer Software</b>	
<i>Internally Generated Software</i>	
Computer Software at Cost	113 269
Less: Accumulated Amortisation	(88 868)
<b>Total Computer Software</b>	<b>24 401</b>
<b>Total Intangible Assets</b>	<b>24 401</b>

**Reconciliation of Intangible Assets 2018-19**

	<b>Internally Generated Software \$'000</b>	<b>Total \$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	-	-
Additions	11 347	11 347
Acquisition through Administrative Transfers	25 645	25 645
Amortisation	(12 591)	(12 591)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>24 401</b>	<b>24 401</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 17. Capital Works in Progress**

Capital Works in Progress are assets being constructed or developed and include property, software and plant and equipment, over periods of time in excess of the present reporting period. The assets often require extensive installation work or integration with other assets. Capital Works in Progress are not depreciated as the Directorate is not currently deriving any economic benefit from them.

	<b>2019</b> <b>\$'000</b>
Building Works in Progress	1 353
Plant and Equipment Works in Progress	1 099
Computer Software Works in Progress <sup>a</sup>	38 969
<b>Total Capital Works in Progress</b>	<b>41 421</b>

- a) Computer Software Works in Progress include ongoing computer software development for use at the University of Canberra Hospital and ongoing work relating to the E-Healthy Future project.

**Reconciliation of Capital Works in Progress 2018-19**

	<b>Buildings</b> <b>Works in</b> <b>Progress</b> <b>\$'000</b>	<b>Plant and</b> <b>Equipment</b> <b>Works in</b> <b>Progress</b> <b>\$'000</b>	<b>Computer</b> <b>Software</b> <b>Works in</b> <b>Progress</b> <b>\$'000</b>	<b>Total</b> <b>\$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	-	-	-	-
Additions	1 348	320	18 722	20 390
Capital Works in Progress Acquired Through Administrative Transfers	655	1 301	32 082	34 038
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(650)	-	(11 347)	(11 997)
Capital Works Expensed	-	(522)	(488)	(1 010)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>1 353</b>	<b>1 099</b>	<b>38 969</b>	<b>41 421</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 18. Other Assets**

	2019 \$'000
<b>Current Other Assets</b>	
Prepayments	461
Lease Incentive <sup>a</sup>	4 197
<b>Total Current Other Assets</b>	<u>4 658</u>
 <b>Non-Current Other Assets</b>	
Lease Incentive <sup>a</sup>	<u>3 787</u>
<b>Total Non-Current Other Assets</b>	<u>3 787</u>
 <b>Total Other Assets</b>	<u><u>8 445</u></u>

a) Lease Incentives relate to the Directorate's office accommodation.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 19. 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.

	<b>2019</b> <b>\$'000</b>
<b>Current Payables</b>	
Accrued Expenses <sup>a</sup>	19 562
<b>Total Payables</b>	<b>19 562</b>

- a) Accrued Expenses mainly include outstanding payments for Intangibles Works in Progress relating to ongoing computer software development for use at the University of Canberra Hospital and the E-Healthy Future project.

No payables are overdue.

	<b>2019</b> <b>\$'000</b>
<b>Classification of ACT Government/Non-ACT Government Payables</b>	
<b>Payables with ACT Government Entities</b>	
Accrued Expenses	7 338
<b>Total Payables with ACT Government Entities</b>	<b>7 338</b>
<b>Payables with Non-ACT Government Entities</b>	
Accrued Expenses	12 224
<b>Total Payables with Non-ACT Government Entities</b>	<b>12 224</b>
<b>Total Payables</b>	<b>19 562</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 20. Employee Benefits**

**Wages and Salaries**

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

**Annual and Long Service Leave**

Annual and long service leave including applicable on-costs that are not expected to be wholly settled before twelve months after the end of the reporting period, when the employees render the related service are measured at the present value of estimated future payments to be made in respect of services provided by employees up to the end of the reporting period.

Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2018-19 the rate used to estimate the present value of future:

- Annual leave payments is 101.6%;
- Payments for long service leave is 110.1%.

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of 7 years of qualifying service, the probability that employees will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual and long service leave while in-service, the probability that employees will take annual and long service leave while in service has been taken into account in estimating the liability for on-costs.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

**Significant Judgements and Estimates – Employee Benefits**

Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for annual and long service leave requires a consideration of the future wage and salary levels, experience of employee departures, probability that leave will be taken in service and periods of service. The estimate also includes an assessment of the probability that employees will meet the minimum service period required to qualify for long service leave and that on-costs will become payable.

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**Note 20. Employee Benefits (Continued)**

**Significant Judgements and Estimates – Employee Benefits (Continued)**

The significant judgements and assumptions included in the estimation of annual and long service leave liabilities include an assessment by an actuary. This assessment is performed every 3 years. However, it may be performed more frequently if there is a significant change in the parameters underlying this assessment. The Australian Government Actuary performed this assessment in April 2019. The next actuarial review is expected to be undertaken by early 2022.

	<b>2019</b> <b>\$'000</b>
<b>Current Employee Benefits</b>	
Annual Leave	8 292
Long Service Leave	13 593
Accrued Salaries	779
Other Benefits	146
<b>Total Current Employee Benefits</b>	<b>22 810</b>
<b>Non-Current Employee Benefits</b>	
Long Service Leave	1 180
<b>Total Non-Current Employee Benefits</b>	<b>1 180</b>
<b>Total Employee Benefits</b>	<b>23 990</b>

At 30 June 2019, the Directorate employed 540 Full Time Equivalent (FTE) staff.

	<b>2019</b> <b>\$'000</b>
<b>Estimate of when Leave is Payable</b>	
<b>Estimated Amount Payable within 12 months</b>	
Annual Leave	5 959
Long Service Leave	1 013
Accrued Salaries	779
Other Benefits	146
<b>Total Employee Benefits Payable within 12 months</b>	<b>7 897</b>
<b>Estimated Amount Payable after 12 months</b>	
Annual Leave	2 333
Long Service Leave	13 760
<b>Total Employee Benefits Payable after 12 months</b>	<b>16 093</b>
<b>Total Employee Benefits</b>	<b>23 990</b>

**ACT HEALTH DIRECTORATE**  
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**Note 21. Other Liabilities**

Revenue received in advance is recognised where the revenue has been received prior to the period to which the revenue relates.

	<b>2019</b> <b>\$'000</b>
<b>Current Other Liabilities</b>	
Revenue Received in Advance	52
Lease Incentives <sup>a</sup>	1 118
<b>Total Current Other Liabilities</b>	<b>1 170</b>
 <b>Non-Current Other Liabilities</b>	
Lease Incentives <sup>a</sup>	13 183
<b>Total Non-Current Other Liabilities</b>	<b>13 183</b>
 <b>Total Other Liabilities</b>	<b>14 353</b>

a) Lease Incentives represent liability over the multi-year lease for the Directorate's office accommodation.



**ACT HEALTH DIRECTORATE  
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**Note 22. Equity**

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

**Asset Revaluation Surplus**

The Asset Revaluation Surplus is used to record the increments and decrements in the value of property, plant and equipment.

	<b>2019 \$'000</b>
<b>Land Asset Revaluation Surplus</b>	
<b>Balance at the Beginning of the Reporting Period</b>	-
Transfer in from Canberra Health services due to Administrative Arrangements	1 903
<b>Balance at the End of the Reporting Period</b>	<b>1 903</b>
<b>Buildings Asset Revaluation Surplus</b>	
<b>Balance at the Beginning of the Reporting Period</b>	-
Transfer in from Canberra Health services due to Administrative Arrangements	3 868
<b>Balance at the End of the Reporting Period</b>	<b>3 868</b>
<b>Leasehold Improvements Asset Revaluation Decrement</b>	
<b>Balance at the Beginning of the Reporting Period</b>	-
Transfer in from Canberra Health services due to Administrative Arrangements	(44)
<b>Balance at the End of the Reporting Period</b>	<b>(44)</b>
<b>Total Increase in the Asset Revaluation Surplus due to Administrative Arrangements Transfers</b>	<b>5 727</b>
<b>Balance at the End of the Reporting Period</b>	<b>5 727</b>

**ACT HEALTH DIRECTORATE**  
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**Note 23. Restructure of Administrative Arrangements**

**Restructure of Administrative Arrangements 2018-2019**

On 1 October 2018, Administrative Arrangements 2018 (No. 2) came into effect. This instrument resulted in the creation of ACT Health Directorate and the Canberra Health Services. The ACT Health Directorate is focused on strategic policy for the health system, Territory-wide planning, research and population health and Canberra Health Services is focused on the delivery of clinical services. There were 557 employees transferred to the ACT Health Directorate as part of this AA.

**Income and Expenses**

The following table shows the income and expenses recognised by the Directorate for the period 1 October 2018 to 30 June 2019. It also shows the income and expenses relating to when the functions belonged to the Canberra Health Services for amounts relating to the period 1 July 2018 to 30 September 2018. The income and expense figures for the period 1 July 2018 to 30 September 2018 were supplied by Canberra Health Services and as such have been relied upon by the Directorate.

	Amounts Relating to function when held by Canberra Health Services July 2018 to September 2018 \$'000	Amounts Relating to when function was held by ACT Health Directorate October 2018 to June 2019 \$'000	Total 2019 \$'000
<b>Revenue</b>			
Controlled Recurrent Payments	10 193	193 643	203 836
User Charges	21 369	5 700	27 069
Other Revenue	1 489	9 770	11 259
<b>Total Revenue</b>	<b>33 051</b>	<b>209 113</b>	<b>242 164</b>
<b>Expenses</b>			
Employee Expenses	17 531	54 715	72 246
Superannuation Expenses	2 317	6 883	9 200
Supplies and Services	11 562	64 882	76 444
Depreciation and Amortisation	4 715	15 493	20 208
Grants and Purchased Services	18 406	88 204	106 610
Other Expenses	337	1 807	2 144
<b>Total Expenses</b>	<b>54 868</b>	<b>231 984</b>	<b>286 852</b>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
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**Note 23 Restructure of Administrative Arrangements (Continued)**

**Assets and Liabilities**

The assets and liabilities transferred to the Directorate as part of the restructuring of administrative arrangements on 1 October 2018 were as follows:

	<b>Transferred Amounts 2018-19 \$'000</b>
<b>Assets</b>	
Cash and Cash Equivalents	1 419
Receivables	8 310
Property, Plant and Equipment	70 171
Intangibles	25 537
Capital Works in Progress	34 096
Other Non-Current Assets	9 909
<b>Total Assets Transferred</b>	<b>149 442</b>
<b>Liabilities</b>	
Payables	3 895
Employee Benefits	23 640
Other Non-Current Liabilities	14 761
Other Provisions	102
<b>Total Liabilities Transferred</b>	<b>42 398</b>
<b>Total Net Assets Transferred</b>	<b>107 044</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**Note 24. Financial Instruments**

Financial assets are classified as subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

Financial liabilities are measured at amortised cost.

**Credit Risk**

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. 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'.

The Directorate's receivables are predominantly from ACT Government, Commonwealth Government and Australian universities for medical research services. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables.

Trade receivables are always measured at lifetime expected credit losses (the simplified approach).

**Liquidity Risk**

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

To limit its exposure to liquidity risk, the Directorate is able to draw down additional Controlled Recurrent Payments in the next reporting period to cover its financial liabilities when they fall due. This ensures the Directorate has enough liquidity to meet its emerging financial liabilities.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 24. Financial Instruments (Continued)**

**Carrying Amount and Fair Value of Financial Assets and Liabilities**

	Carrying Amount	Fair Value Amount
Note No.	2019 \$'000	2019 \$'000
<b>Financial Assets</b>		
Cash and Cash Equivalents	13 5 444	5 444
Receivables	14 1 747	1 747
<b>Total Financial Assets</b>	<b>7 191</b>	<b>7 191</b>
<b>Financial Liabilities</b>		
Payables	19 19 562	19 562
<b>Total Financial Liabilities</b>	<b>19 562</b>	<b>19 562</b>

Note that the GST receivable/payable and the FBT Payable have not been included in the receivables/payables line item above given they are statutory assets/liabilities.

**Fair Value Hierarchy**

The Directorate's financial assets and liabilities are measured, subsequent to initial recognition, at amortised cost and as such are not subject to the Fair Value Hierarchy.

All financial assets and liabilities of the Directorate are non-interest bearing and are shown on an undiscounted Cash Flow basis.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 24. Financial Instruments (Continued)**

<b>Carrying Amount of Each Category of Financial Asset and Financial Liability</b>	<b>2019</b>
	<b>\$'000</b>
<b>Financial Assets</b>	
Financial Assets Measured at Amortised Cost	1 747
<b>Financial Liabilities</b>	
Financial Liabilities Measured at Amortised Cost	19 562

**Note 25. Commitments**

**Capital Commitments**

Capital Commitments, contracted at reporting date, include upgrading current buildings and new computer software:

	<b>2019</b>
	<b>\$'000</b>
<b>Capital Commitments - Property, Plant and Equipment</b>	
Payable:	
Within one year	112
Later than one year but not later than five years	176
<b>Total Capital Commitments - Property, Plant and Equipment</b>	<u>288</u>
<b>Capital Commitments - Intangible Assets</b>	
Payable:	
Within One Year	2 332
<b>Total Capital Commitments - Intangible Assets</b>	<u>2 332</u>
<b>Total Capital Commitments</b>	<u><u>2 620</u></u>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 25. Commitments (Continued)**

**Lease Commitments**

The Directorate has several non-cancellable leases for buildings and computer assets.

	<b>2019</b>
	<b>\$'000</b>
Non-cancellable lease commitments are payable as follows:	
Within one year	2 346
Later than one year but not later than five years	22 970
Later than five years	50 854
<b>Total Operating Lease Commitments <sup>a</sup></b>	<b><u>76 170</u></b>

- a) Includes lease commitments for office accommodation and computer asset leases which include new mobile workstations for ACT public hospitals.

Following the implementation of accounting standard AASB 16, 'Leases', from 1 July 2019, most of these commitments will no longer be reported as commitments and will be recorded in the Directorate's Balance Sheet (refer Appendix A, 'Impact of Accounting Standards Issued but yet to be applied', for more information).

**Other Commitments**

Other commitments contracted at reporting date but not recognised as liabilities, are payable as follows:

	<b>2019</b>
	<b>\$'000</b>
Non-cancellable other commitments are as follows:	
Within one year	58 295
Later than one year but not later than five years	118 083
<b>Total Other Commitments <sup>a</sup></b>	<b><u>176 378</u></b>

- a) Includes commitments to Non-Government Organisations (NGOs) for the provision of community health services.

**Operating Lease Commitments - Motor Vehicles**

All motor vehicles are now on an operating lease arrangement with SG Fleet.

	<b>2019</b>
	<b>\$'000</b>
Non-cancellable other commitments are payable as follows:	
Within one year	181
Later than one year but not later than five years	58
<b>Total Operating Lease Commitments - Motor Vehicle</b>	<b><u>239</u></b>

All amounts shown in the commitment note are inclusive of GST.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 26. 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.**

	<b>2019</b>
	<b>\$'000</b>
Total Cash and Cash Equivalents Disclosed in the Balance Sheet	5 444
<b>Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement</b>	<b>5 444</b>

**(b) Reconciliation of the Operating (Deficit) to the Net Cash Inflows/(Outflows) from Operating Activities**

Operating (Deficit)	(22 871)
<b>Add/(Less) Non-Cash Items</b>	
Depreciation of Property, Plant and Equipment	2 902
Amortisation of Intangibles	12 591
Bad and Doubtful Debts	4
Finance Cost on Make Good	3
Lease Payment	1 465
Lease Incentive	(1 118)
Other Creditors	(1 577)
Administrative Arrangement Transfers	(24 179)
<b>Add/(Less) Items Classified as Investing or Financing</b>	
Net Gain on Disposal of Non-Current Assets	(9)
Accrual for Capital Works	(3 632)
Accrual for Property Plant and Equipment	52
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>(36 369)</b>
<b>Changes in Operating Assets and Liabilities</b>	
(Increase) in Receivables	(2 228)
(Increase) in Other Assets	(8 446)
Increase in Payables	19 562
Increase in Employee Benefits	23 988
Increase in Other Provisions	104
Increase in Other Liabilities	14 353
<b>Net Changes in Operating Assets and Liabilities</b>	<b>47 333</b>
<b>Net Cash Inflows from Operating Activities</b>	<b>10 964</b>



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 27. Events Occurring After Balance Date**

On 1 July 2019, Major Projects Canberra was announced. This newly created entity will draw together the expertise of project delivery teams from Transport Canberra and City Services, the ACT Health Directorate and Infrastructure and Finance and Capital Works in Treasury. As a result, Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) will transfer from the Directorate to Major Projects Canberra.

**Note 28. 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 Deputy Directors-General.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the Directorate.

This note does not include typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public.

**(A) Controlling Entity**

The ACT Health Directorate is an ACT Government controlled entity.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 28. Related Party Disclosures (Continued)**

**(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 2019.

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 2019.

Compensation by ACT Health Directorate to KMP is set out below.

	<b>2019</b>
	<b>\$'000</b>
Short-term employee benefits	857
Post employment benefit	122
Other long-term benefit	20
<b>Total Compensation by the ACT Health Directorate to KMP</b>	<b>999</b>

The total average Full Time Equivalent of Key Management Personnel (KMP) that are included in the above table is four.

**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**

All transactions with ACT Government controlled entities are disclosed in the relevant notes to the financial statements of the Directorate.

**ACT HEALTH DIRECTORATE  
TERRITORIAL FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO  
30 JUNE 2019**

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**ACT HEALTH DIRECTORATE  
STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Income</b>		
<i>Revenue</i>		
Payments for Expenses on Behalf of the Territory	30	2 840
Fees	31	<u>1 272</u>
<i>Total Revenue</i>		<u><b>4 112</b></u>
<b>Total Income</b>		<u><b>4 112</b></u>
<b>Expenses</b>		
Grants and Purchased Services	32	4 900
Transfer to Government	33	<u>1 279</u>
<b>Total Expenses</b>		<u><b>6 179</b></u>
<b>Total Comprehensive (Deficit)</b>		<u><u><b>(2 067)</b></u></u>

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 and Winnunga Nimmityjah Aboriginal Health Service.

During 2018-19, there was an Administrative Arrangements (AA's) which resulted in ACT Health Directorate's Territorial Entity commencing operations on 1 October 2018. The above Operating Statement includes actual financial results for the period 1 October 2018 to 30 June 2019. More information on the above AA is included in Note 37 Restructure of Administrative Arrangements - Territorial.

**ACT HEALTH DIRECTORATE  
STATEMENT OF ASSETS AND LIABILITIES ON BEHALF OF THE TERRITORY  
AT 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Current Assets</b>		
Cash and Cash Equivalents	34	456
Receivables	35	26
<b>Total Current Assets</b>		<u><b>482</b></u>
<b>Total Assets</b>		<u><b>482</b></u>
 <b>Current Liabilities</b>		
Advance from the Territory Banking Account	36	312
<b>Total Current Liabilities</b>		<u><b>312</b></u>
<b>Total Liabilities</b>		<u><b>312</b></u>
 <b>Net Assets</b>		 <u><b>170</b></u>
 <b>Equity</b>		
Accumulated Funds		<u>170</u>
<b>Total Equity</b>		<u><b>170</b></u>

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

During 2018-19, there was an Administrative Arrangements (AA's) which resulted in the ACT Health Directorate's Territorial Entity commencing operations on 1 October 2018. All assets and liabilities of the Canberra Health Services' Territorial Entity were transferred to the ACT Health Directorates' Territorial Entity on this date. This transfer is recognised as Net Assets Transferred in as part of an Administrative Arrangement in the Statement of Changes in Equity on Behalf of the Territory.

**ACT HEALTH DIRECTORATE**  
**STATEMENT OF CHANGES IN EQUITY ON BEHALF OF THE TERRITORY**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	Note No.	Accumulated Funds Actual 2019 \$'000	Total Equity Actual 2019 \$'000
<b>Balance at 1 October 2018</b>		-	-
<b>Comprehensive Income</b>			
Operating (Deficit)		(2 067)	(2 067)
<b>Total Comprehensive (Deficit)</b>		<b>(2 067)</b>	<b>(2 067)</b>
<b>Transactions with Owners Affecting Accumulated Funds</b>			
Net Assets transferred in as part of an Administrative Restructure	37	2 237	2 237
<b>Total Transactions with Owners Affecting Accumulated Funds</b>		<b>2 237</b>	<b>2 237</b>
<b>Balance at 30 June 2019</b>		<b>170</b>	<b>170</b>

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

During 2018-19, there was an Administrative Arrangements (AA's) which resulted in the ACT Health Directorate's Territorial Entity commencing operations on 1 October 2018. All assets and liabilities of the Canberra Health Services' Territorial Entity were transferred to the ACT Health Directorates' Territorial Entity on this date. This transfer is recognised above as Net Assets Transferred in as part of an Administrative Arrangement.

**ACT HEALTH DIRECTORATE  
CASH FLOW STATEMENT ON BEHALF OF THE TERRITORY  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Note No.</b>	<b>Actual 2019 \$'000</b>
<b>Cash Flows from Operating Activities</b>		
<b>Receipts</b>		
Cash from Government for Expenses on Behalf of the Territory		2 840
Fees		1 284
Goods and Services Tax Received		465
<b>Total Receipts from Operating Activities</b>		<b>4 589</b>
<b>Payments</b>		
Grants and Purchased Services		4 911
Transfer of Territory Receipts to the ACT Government		1 279
Goods and Services Tax Paid to Suppliers		477
<b>Total Payments from Operating Activities</b>		<b>6 667</b>
<b>Net Cash (Outflows) from Operating Activities</b>	38(b)	<b>(2 078)</b>
<b>Cash Flows from Financing Activities</b>		
<b>Receipts</b>		
Receipts of Transferred Cash Balances		2 534
<b>Total Receipts from Financing Activities</b>		
<b>Net Increase in Cash and Cash Equivalents</b>		<b>456</b>
Cash and Cash Equivalents at the Beginning of the Reporting Period		-
<b>Cash and Cash Equivalents at the End of the Reporting Period</b>	38(a)	<b>456</b>

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

During 2018-19 there was an Administrative Arrangements (AA's) which resulted in the ACT Health Directorate's Territorial Entity commencing operations on 1 October 2018. The above cash flow statement includes cash movement for the period 1 October 2018 to 30 June 2019. More information on the above AA is included in Note 37 Restructure of Administrative Arrangements – Territorial.

**ACT HEALTH DIRECTORATE  
TERRITORIAL STATEMENT OF APPROPRIATION  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

	<b>Total Appropriated</b>	<b>Appropriation Drawn</b>
	<b>2019</b>	<b>2019</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Territorial</b>		
Expenses on Behalf of the Territory	3 152	2 840
<b>Total Territorial Appropriation</b>	<b>3 152</b>	<b>2 840</b>

This Statement should be read in conjunction with the accompanying notes.

**Column Heading Explanations**

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.

	<b>Payment for Expenses on Behalf of the Territory</b>
	<b>\$'000</b>
<b>Reconciliation of Territorial Appropriation for 2018-19</b>	
Administrative Arrangement Transfer (FMA s.16)	2 620
Additional Approved Appropriations	532
Total Appropriated	3 152
<b>Territorial Appropriation Drawn</b>	<b>2 840</b>

**Variances between 'Total Appropriated' and 'Appropriation Drawn'**

The difference between 'Total Appropriated' and 'Appropriation Drawn' mainly relates to savings in the 2017-18 Better Infrastructure Funding Programme.



**ACT HEALTH DIRECTORATE  
TERRITORIAL NOTE INDEX  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

Note 29 Significant Accounting Policies - Territorial

**Income Notes**

Note 30 Payment for Expenses on behalf of the Territory - Territorial

Note 31 Fees - Territorial

**Expenses Notes**

Note 32 Grants and Purchased Services - Territorial

Note 33 Transfer to Government - Territorial

**Assets Notes**

Note 34 Cash and Cash Equivalents - Territorial

Note 35 Receivables - Territorial

**Liabilities Note**

Note 36 Advance from the Territory Banking Account - Territorial

**Other Notes**

Note 37 Restructure of Administrative Arrangements -Territorial

Note 38 Cash Flow Reconciliation - Territorial

Note 39 Financial Instruments - Territorial

Note 40 Events Occurring after Balance Date - Territorial

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 29. Significant Accounting Policies - Territorial**

The accounting policies outlined in the Directorate's controlled financial statements also apply to the Directorate's Territorial financial statements.

**Note 30. 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.

Under the *Financial Management Act 1996*, the Directorate receives this appropriation to fund capital grants to Calvary Public Hospital. (See Note 32 'Grants and Purchased Services – Territorial')

	<b>2019</b>
	<b>\$'000</b>
Payment for Expenses on Behalf of the Territory	2 840
<b>Total Payment for Expenses on Behalf of the Territory</b>	<b><u>2 840</u></b>

**Note 31. Fees – Territorial**

Fee refers to the collection of licence fees, including from food businesses, smoke free places, boarding houses and for radiation equipment. Fees are either recognised as revenue at the time of payment or when the fee is incurred.

	<b>2019</b>
	<b>\$'000</b>
<b>Fees</b>	
Fees for Regulatory Services	1 272
<b>Total Fees</b>	<b><u>1 272</u></b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 32. 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.

	<b>2019</b>
	<b>\$'000</b>
Capital Grants to Non-ACT Government Agencies	
Capital Grants to External Parties - Calvary Public Hospital	4 900
<b>Total Grants and Purchased Services</b>	<b><u>4 900</u></b>

**Note 33. 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.

	<b>2019</b>
	<b>\$'000</b>
Payments to the Territory Banking Account	1 279
<b>Total Transfer to Government</b>	<b><u>1 279</u></b>

**Note 34. Cash and Cash Equivalents – Territorial**

The Directorate holds two Territorial bank account. Interest is not earned on cash at bank held in the Territorial Bank Account.

	<b>2019</b>
	<b>\$'000</b>
Cash at Bank	456
<b>Total Cash and Cash Equivalents</b>	<b><u>456</u></b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 35. Receivables – Territorial**

	2019 \$'000
<b>Current Receivables</b>	
Trade Receivables	11
Net Goods and Services Tax Receivable	15
<b>Total Current Receivables</b>	<b>26</b>
<b>Total Receivables</b>	<b>26</b>

	2019 \$'000
<b>Classification of Non-ACT Government Receivables</b>	
<b>Receivables with Non-ACT Government Entities</b>	
Net Other Trade Receivables	11
Net Goods and Services Tax Receivable	15
<b>Total Receivables with Non-ACT Government Entities</b>	<b>26</b>
<b>Total Receivables</b>	<b>26</b>

**Note 36. Advance from the Territory Banking Account - Territorial**

	2019 \$'000
Advance from the Territory Banking Account	312
<b>Total Advance from the Territory Banking Account</b>	<b>312</b>

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.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 37 Restructure of Administrative Arrangements - Territorial**

**Restructures of Administrative Arrangements 2018-19**

As per Administrative Arrangements 2018 (No.2) which came into effect on 1 October 2018, the function of the Territorial entity managed by the former Health Directorate was transferred to the newly created ACT Health Directorate.

**Income and Expenses**

The following table shows the income and expenses associated with the transfer of functions from the former Health Directorate Territorial entity for the nine months ended 30 June 2019. It also shows the income and expenses relating to when the functions belonged to the former Health Directorate's Territorial entity.

	<b>Amounts Relating to Function was held by Canberra Health Services Territorial</b>	<b>Amounts Relating to when Function was held by ACT Health Directorate Territorial</b>	<b>Total</b>
	<b>July 2018 to September 2018</b>	<b>October 2018 to June 2019</b>	<b>2019</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Revenue</b>			
Payment for Expenses on Behalf of the Territory	-	2 840	2 840
Other revenue	389	1272	1661
<b>Total Revenue</b>	<b>389</b>	<b>4 112</b>	<b>4 501</b>
<b>Expenses</b>			
Grants and Purchased Services	133	4 900	5 033
Transfer to Government	386	1 279	1 665
<b>Total Expenses</b>	<b>519</b>	<b>6 179</b>	<b>6 698</b>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 37 Restructure of Administrative Arrangements – Territorial  
(Continued)**

**Assets and Liabilities**

The territorial assets and liabilities transferred as part of the Restructuring of Administrative Arrangements at the dates of transfer were as follows:

	<b>Transferred Amounts 2018-19 \$'000</b>
<b>Assets</b>	
Cash and Cash Equivalents	2 534
Receivables	3
<b>Total Assets Transferred</b>	<b>2 537</b>
<b>Liabilities</b>	
Advance from the Territory Banking Account - Territorial	300
<b>Total Liabilities Transferred</b>	<b>300</b>
<b>Total Net Assets Transferred</b>	<b>2 237</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 38. 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.

	2019 \$'000
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	456
<b>Cash at the End of the Reporting Period as Recorded in the Cash Flow Statement on Behalf of the Territory</b>	<b>456</b>
 <b>(b) Reconciliation of the Operating (Deficit) to the Net Cash Inflows/(Outflows) from Operating Activities</b>	
Operating (Deficit)	(2 067)
<b>Add/(Less) Non-Cash Items</b>	
Administrative Arrangements Transfers	(297)
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>(2 364)</b>
 <b>Changes in Operating Assets and Liabilities</b>	
(Increase) in Receivables	(26)
Increase in Payables	312
<b>Net Changes in Operating Assets and Liabilities</b>	<b>286</b>
 <b>Net Cash (Outflows) from Operating Activities</b>	 <b>(2 078)</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 39. 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 29 *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 for 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.



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Note 39. Financial Instruments - Territorial (Continued)**

**Carrying Amounts and Fair Value of Financial Assets and Liabilities**

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

	<b>Note No.</b>	<b>Carrying Amount 2019 \$'000</b>	<b>Fair Value 2019 \$'000</b>
<b>Financial Assets</b>			
Cash and Cash Equivalents	34	456	456
Receivables	35	11	26
<b>Total Financial Assets</b>		<b>467</b>	<b>482</b>
<b>Financial Liabilities</b>			
Advance from the Territory Banking Account	36	312	313
<b>Total Financial Liabilities</b>		<b>312</b>	<b>313</b>
<b>Net Financial Assets</b>		<b>155</b>	<b>169</b>

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

**Carrying Amount of Each Class of Financial Asset and Financial Liability**

	<b>2019 \$'000</b>
<b>Financial Assets</b>	
Financial Assets Measured at Amortised Cost	11
<b>Financial Liabilities</b>	
Financial Liabilities Measured at Amortised Cost	312

**Fair Value Hierarchy**

The Directorate does not have any financial assets or financial liabilities on behalf of the Territory at fair value. As such no Fair Value Hierarchy disclosures have been made.

**Note 40. Events Occurring After Balance Date – Territorial**

There were no events occurring after the balance date, which would affect the financial statements at 30 June 2019.

**ACT HEALTH DIRECTORATE  
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**APPENDIX A - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO  
BE APPLIED**

Appendix A - 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 new and revised Accounting Standards and Interpretations that have been issued by the Australian Accounting Standards Board (AASB) are applicable to future reporting periods. The Directorate does not intend to adopt these Standards and Interpretations early.

The following new standard will have a significant impact on the Directorate.

**AASB 16 Leases** (application date 1 January 2019)

AASB 16 is the new standard for leases. It introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset value is low. This will result in the Directorate recognising a number of its operating leases as assets alongside the associated liability, rather than accounting for these as operating lease expenditure. The right-of-use asset will initially be recognised at cost and will give rise to a depreciation expense. The lease liability will initially be recognised as the present value of the lease payments during the term of the lease. Lease payments made will reduce this liability over time and result in an interest expense.

The Directorate has assessed that motor vehicles, ICT assets and accommodation leases will be within the scope of AASB 16. The impact of implementation of AASB 16, calculated using the partial retrospective methods recommended by ACT Treasury, will result in approximately \$58.6million of right-of-use asset and lease liabilities being recognised in the Directorate's balance sheet from 1 July 2019.

## C.3 CAPITAL WORKS

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### Introduction/overview

Capital works are primarily delivered by the Strategic Infrastructure Division and the Digital Solutions Division within ACT Health Directorate.

To meet our current and future infrastructure planning and ICT digitalisation, the divisions use a combination of in-house staff, external contractors and consultants, and government expertise to deliver these capital initiatives.

The Strategic Infrastructure Division is responsible for territory-wide infrastructure planning and investment, as well as delivering capital works related to the directorate assets. In 2018–19 its main focus was planning and early design for two major infrastructure investments at Canberra Hospital, the Surgical Procedures, Interventional Radiology and Emergency Centre, and the Centenary Hospital for Women and Children expansion.

The Digital Solutions Division delivers technology focused projects on behalf of the directorate and Canberra Health Services. It works with vendor partners and Shared Services ICT to deliver these solutions.

### Completed projects

In 2018–19 one capital project was completed on schedule and within budget. This was the Critical Hospital Infrastructure Systems – Enhancing patient and staff safety.

### Works in progress

At 30 June 2019 the following works were in progress:

#### **Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre**

The directorate led planning and early design of the SPIRE Centre project during the year. This new acute services building on the Canberra Hospital campus will have a capital cost of more than \$500 million.

The directorate managed due diligence and worked with Canberra Health Services and Infrastructure Finance Capital Works to advise government on a new location for the facility. A detailed business case was completed for consideration in the 2019–20 Budget context. Project approval was announced on 28 May 2019.

#### **Expansion of the Centenary Hospital for Women and Children**

A business case to expand the Centenary Hospital for Women and Children was completed in early 2019, including proof of concept design and detailed cost estimates. Construction for the project was subsequently funded in the 2019–20 Budget.

## **ACT Health ICT upgrades**

The 2018–19 Budget identified capital funding of \$13.473 million to upgrade ACT Health’s ICT. This is split into two projects:

- > procuring and replacing the 27-year-old bespoke purchasing and inventory control system, and
- > implementing a contemporary clinical communications system to replace critical messaging services:
- > A tender request was released in October 2018 for the new purchasing and inventory control system. Planning is currently underway, and the project is scheduled for completion in June 2020.
- > A contract was executed in February to implement the clinical communications system. Detailed design and planning activities are ongoing, and the project is scheduled to be completed in June 2020.

## **An e-Healthy future**

The ACT Government announced a \$90.185 million investment in e-health and information and communication technology infrastructure in the 2009–10 Budget. The clinical records information system has been replaced and went live in June 2019. Final elements of the program are on track to be delivered by 30 June 2020.

## Capital works tables

**Table 24: ACT Health Directorate capital works**

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2018–19) expenditure \$'000	Total expenditure to date \$'000
<b>New works</b>						
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre	Jun-24	13,000	66,700	0	520	520
Expansion of the Centenary Hospital for Women and Children	Jun-22	2,500	47,050	0	545	545
ACT pathology LIS replacement project	Jun-21	6,716	6,716	0	0	0
ACT Health ICT upgrades	Jun-20	13,473	13,473	0	5,654	5,654
<b>Works in progress</b>						
Protecting Canberrans from infectious diseases	Jun-21	398	398	0	0	0
Better Health Services (DAPIS) –Improved Drugs and Poison Information System	Jul-19	729	729	279	434	713
Walk-in centres and Inner North Community Health infrastructure	Dec-19	825	500	228	0	228
An e-Healthy Future	Jun-20	90,185	90,185	85,141	4,246	89,388
<b>Physically but not financially complete</b>						
Bowes Street fit-out	Apr-17	9,000	11,000	10,874	6	10,879
Ngunnawal Bush Healing Farm	Dec-16	6,883	11,731	10,123	282	10,406
<b>Completed projects – physically and financially complete</b>						
Critical Hospital Infrastructure Systems – enhancing patient and staff safety	Jul-18	1,646	1,646	1,601	44	1,645

**Table 25: Territorial capital works**

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2018–19) expenditure \$'000	Total expenditure to date \$'000
<b>New works</b>						
Calvary critical assets upgrades	Jun-20	2,960	2,960	0	147	147
Winnunga Nimmitjiah Aboriginal Health Community Services	Jun-21	12,000	12,000	0	4,300	4,300
Aluminium composite panels remediation works – Calvary Critical Care Unit	Oct-19	1,509	1,509	0	968	968
<b>Better Infrastructure Fund</b>						
Improving health facilities – Calvary Hospital	Jun-19	865	553	0	553	553
<b>Works in progress</b>						
Better facilities for Calvary Public Hospital	Mar-20	15,000	15,000	0	1,800	1,800
Physically but not financially complete						
Upgrading and maintaining ACT Health assets – Calvary	Sep-18	4,160	4,160	3,535	307	3,842
<b>Completed projects – physically and financially complete</b>						
Better Infrastructure Fund 2017–18 – Calvary Hospital	Sep-18	844	844	461	383	844
Calvary Public Hospital – operating theatre upgrade	Jul-18	5,627	4,650	4,237	135	4,372
Calvary Public Hospital – upgrade medical imaging equipment	Jul-18	3,722	3,185	3,185	-160	3,025
Calvary Public Hospital – expanded hospital services	Jul-18	3,079	3,079	2,199	-69	2,130
Canberra Hospital redevelopment – grant component	Jun-18	3,022	3,022	2,408	1	2,409

## Reconciliation schedule

**Table 26: ACT Health Directorate 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 drawn \$'000
Capital works	0	0	17,573	-8,000	8,886	686
ICT capital injections	0	1,118	11,436	-673	5,740	6,141
Other capital injections	0	0	903	0	0	903
Total departmental	0	1,118	29,911	-8,673	14,626	7,730
Total territorial	2,620	532	-312	0	0	2,840

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

## C.4 ASSET MANAGEMENT

### Introduction/overview

ACT Health Directorate's asset management is supported by the Infrastructure and Health Support Services team at Canberra Health Services. In 2019–20 ACT Health Directorate will take responsibility for managing these assets through its Strategic Infrastructure Division.

### Assets managed

Assets with a total value of \$67.971 million were managed by the directorate at 30 June 2019. This included:

- > built property assets of \$41.518 million
- > land worth \$11.900 million
- > plant and equipment of \$5.220 million, and
- > leasehold improvements worth \$9.333 million.

### Assets added to the asset register

As a new entity, all the following assets were added to the register in 2018–19.

Asset	Area m <sup>2</sup>
Barton – Clare Holland House	1,600
Bruce – Calvary carpark	22,554
Civic – Health Protection Service air monitoring station	18
Curtin – Queen Elizabeth II Family Care Centre	1,120
Fadden – Karralika	534
Florey – Health Protection Service Air monitoring station	18
Holder – Health Protection Service	1,600
Isabella Plains – Karralika	1,400
Kambah – Step-up Step-Down Unit	279
Monash – Health Protection Service air monitoring station	18
O'Connor – Mental Illness Fellowship	100
O'Connor – northside contractors	100
Paddy's River – Ngunnawal Bush Healing Farm	715
Rivett – Burrangiri Aged Care Respite Centre	1,054
Watson – Hostel	2,431



## Assets removed from the asset register

No assets were removed from the asset register during the reporting period.

## Properties not being used by ACT Health

No properties were unused during the reporting period.

## Assets maintenance and upgrade

### Asset upgrades

Asset facilities management and building upgrades were managed by Canberra Health Services during the year. This included:

- > bathroom upgrades at the Ted Noffs Watson Hostel
- > bathroom upgrades at Karralika in Fadden
- > security upgrades at the Holder Health Protection Service
- > design plans for a new heating ventilation and air conditioning system at the Holder Health Protection Service, and
- > minor upgrades to the heating, ventilation and air conditioning at Clare Holland House in Barton.

### Building audits and condition of assets

A strategic asset management plan is in place that incorporates off campus assets for ACT Health Directorate and Canberra Health Services. This guides the maintenance requirements of owned and leased assets.

For built assets, expenditure on repairs and maintenance during the year was \$256,907 or 0.6 per cent of the asset replacement value.

Canberra Health Services completed one audit of ACT Health Directorate's assets in 2018–19.

### Office accommodation

ACT Health Directorate employs 540 employees and occupies 9,523m<sup>2</sup> at the following sites:

- > Bowes Street in Woden (leased) – 8,360m<sup>2</sup>
- > Health Protection Services in Holder (owned) – 1,163m<sup>2</sup>

The average use for these buildings is 17.6m<sup>2</sup> per person, excluding work points occupied by Canberra Health Services within Bowes Street Woden.

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

## C.5 GOVERNMENT CONTRACTING

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### Procurement principles and processes

In 2018–19 the ACT Health Directorate undertook procurement activities in accordance with the ACT Government procurement policies and procedures outlined in the:

- > [Government Procurement Act 2001](#), and
- > [Government Procurement Regulation 2007](#).

To ensure compliance with ACT Government procurement legislation, the ACT Health Directorate:

- > sought advice on government procurement policies and procedures from Procurement and Capital Works (PCW)
- > notified PCW of procurements over \$25,000 that were undertaken by the ACT Health Directorate
- > referred procurements requiring single, restrictive or open tender procurement processes to PCW, and
- > referred all procurements requiring Government Procurement Board (GPB) consideration or approval to PCW.

In accordance with procurement legislation, the ACT Health Directorate afforded the highest standard of probity and ethical behaviour towards tenderers. This included ensuring that tenderers were treated equally, impartially, transparently and fairly.

A competitive procurement process is conducted wherever possible. However due to the specialised nature of some procurements, the ACT Health Directorate uses single select and restricted select procurement methods. These are justified when:

- > the procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting
- > a limited number of providers have the specialised medical knowledge or expertise that can fulfil the ACT Health Directorate's requirements, and
- > timing may preclude a public tender process, for example if it could disrupt medical services.

Single select or restricted select procurement processes are completed in accordance with [Government Procurement Regulation 2007](#) and are approved by the Director-General. This includes a statement of justification, as required by the [Government Procurement Act 2001](#).

## External sources of labour and services

To meet Canberra's healthcare needs, the directorate regularly engages consultants to undertake work and provide expert advice in all areas of healthcare delivery and planning. This includes health infrastructure planning and design. These requirements vary from year to year.

A large part of the expenditure on consultants in 2018–19 was associated with major health related initiatives announced in the 2018–19 budget.

The ACT Health Directorate engages consultants to provide specialist technical advice on projects. These include:

- > cost consultants, including commercial and economic advisers
- > architects
- > master planners
- > health facility planners, and
- > engineers, including traffic and parking, structural, civil, geotechnical, façade, and mechanical, electrical and hydraulic specialists.

## Secure local jobs code

In 2018–19 the ACT Health Directorate delivered procurement activities in line with the ACT Government Secure Local Jobs Code.

ACT Health Directorate implemented the code in January 2019. Businesses tendering for construction, cleaning, security or traffic management work are required to meet workplace standards and have in place a Secure Local Jobs Code certificate.

The directorate has modified its procurement and governance documents to include code requirements and is helping to apply the code across procurement activities.

Under section 22G of the *Government Procurement Act 2001*, reporting entities must report on any exemptions agreed under code requirements.

The ACT Health Directorate has not sought any exemptions under the secure local jobs code.

## Aboriginal and Torres Strait Islander Procurement Policy

The ACT Government launched the Aboriginal and Torres Strait Islander Procurement Policy on 31 May 2019. The policy came into effect on 1 July 2019.

It aims to support the ACT Aboriginal and Torres Strait Islander Agreement 2019–2028 and to generate employment and economic participation for Aboriginal and Torres Strait Islander peoples in the Canberra region.

The directorate amended its procurement policy and governance documents during the year to reflect the agreement's requirements.

The directorate is monitoring and promoting the policy and helping procurement officers implement the requirements. This includes training directorate staff.

**Contact details:** For more information contact ACT Health Procurement at [HealthProcurement@act.gov.au](mailto:HealthProcurement@act.gov.au).

## Goods, services and works

Table 27 catalogue all contracts over \$25,000 executed by ACT Health Directorate for goods, services and works in 2018–19.

Contract Number	Contract Title	Procurement Methodology	Procurement Type	Exemption from Quotation and Tender Threshold requirements	Contractor Name	Contract Amount	Execution Date	Expiry Date
H1911868	PICS MAINTENANCE AND SUPPORT SERVICES	single select	services (non-consultancy)	yes	Stygron Systems Pty Ltd	\$48,851.00	4/10/2018	3/10/2019
2018 5218	Patient Information and Entertainment System	quotation	services (non-consultancy)	no	Sound Advice	\$142,843.80	15/10/2018	14/10/2021
2017 28949 115	Digital Education Content Library for the University of Canberra Hospital	quotation	services (non-consultancy)	no	Hills Health Solutions Pty Ltd	\$175,901.00	19/10/2018	18/10/2023
2017.28949.113	Patient Room Boards	public	community-based services	no	MKM Health	\$412,059.67	22/10/2018	21/10/2021
2018 5336	ASHM service contract 2018–2020	single select	services (non-consultancy)	yes	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine	\$203,436.20	25/10/2018	30/06/2020
2018 5385	ACT Child Influenza Vaccination Program Evaluation	quotation	consultancy	no	The Sydney Children's Hospitals Network (Randwick and Westmead) (Incorporating the Royal Alexandra Hospital for Children)	\$80,972.00	1/11/2018	14/05/2019
2018.30440.110	Proof of Concept Design for the Centenary Hospital for Women and Children (CHWC) Expansion Project	public	works	no	STH	\$226,380.00	7/11/2018	28/02/2019
H1912731	Kantech Card Readers	quotation	goods	no	Fredon Security Pty Ltd	\$49,044.60	7/11/2018	6/02/2019
2018 5431	Procurement for services for Pialligo Preliminary Site Investigation	single select	consultancy	yes	GHD Pty Ltd	\$95,444.80	19/11/2018	19/05/2019
2018 5423	Nutrition Australia Services for Fresh Tastes in 2019	quotation	services (non-consultancy)	no	Nutrition Australia ACT Inc	\$25,000.00	19/11/2018	30/12/2019

Contract Number	Contract Title	Procurement Methodology	Procurement Type	Exemption from Quotation and Tender Threshold requirements	Contractor Name	Contract Amount	Execution Date	Expiry Date
2018.30064.111	Proof of Concept Design for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE)	public	works	no	STH	\$825,957.00	14/12/2018	31/07/2019
2018 5329	Provision of Cloud Hosting Software Licence, Services and Support for the Pharmacy Management System, MERLIN	single select	services (non-consultancy)	yes	Pharmhos Software Pty Ltd	\$1,026,501.00	17/12/2018	16/12/2023
2018 5313	ACT Health Care Facilities Regulation Consultation	quotation	consultancy	no	KPMG	\$189,189.00	20/12/2018	20/06/2019
2018 5433	Procurement of Services – provision of a workplace culture survey for ACT Health Directorate in 2019	quotation	consultancy	no	Best Practice Australia	\$35,000.00	20/12/2018	7/01/2020
30015.120	Provision of Clinical Communication Devices	public	goods	no	Dimension Data Australia Pty Ltd	\$7,536,069.68	21/12/2018	21/01/2023
2018 5424	eOrders extension for Calvary Public Hospital	quotation	services (non-consultancy)	no	Orion Health Pty Limited	\$109,549.00	2/01/2019	25/03/2019
2018 5384	ACT Health Directorate Costings for Drug and Alcohol Court Support services	quotation	consultancy	no	360Edge Pty Ltd	\$95,711.00	7/01/2019	29/03/2019
2018 5173	ACT Drugs and Poisons Information System (DAPIS) Upgrade Project	quotation	services (non-consultancy)	no	MKM Health	\$119,350.00	18/01/2019	30/04/2019
2018 5418	Hoarding Advocacy Support Service (HASS)	quotation	services (non-consultancy)	no	Woden Community Services Pty Ltd	\$90,000.00	15/02/2019	30/06/2019
30144.210	Provision of a Clinical Communications Platform	public	services (non-consultancy)	no	Progility Technologies	\$2,588,821.35	18/02/2019	18/02/2024
635371	Patientrack Software and Support Services Agreement	single select	services (non-consultancy)	yes	MKM Health	\$836,936.14	18/02/2019	22/10/2022
2018 5490	Delivery of a Review of the Office of Research	quotation	consultancy	no	Nous Group	\$63,800.00	28/02/2019	30/04/2019
H1933938	IBM Infosphere Master Data Management Software License and Support Agreement	single select	services (non-consultancy)	yes	IBM Australia Limited	\$179,476.00	18/04/2019	30/04/2020
2016.27837.210	Integrated Diagnostic Imaging Solution – IDIS	public	services (non-consultancy)	no	Agfa HealthCare Australia	\$44,000.00	29/04/2019	29/05/2019
2018 5344	Safer Families Baseline Assessment Project	select	services (non-consultancy)	yes	360edge	\$234,500.00	13/05/2019	27/09/2019

Contract Number	Contract Title	Procurement Methodology	Procurement Type	Exemption from Quotation and Tender Threshold requirements	Contractor Name	Contract Amount	Execution Date	Expiry Date
2018 5517	Evaluation of the second ACT pill testing trial	single select	services (non-consultancy)	yes	Australian National University	\$57,861.10	17/05/2019	11/12/2019
31130.110	Residential primary health care service for families of young children at the Queen Elizabeth II Family Centre	select	community-based services	yes	Tresillian	\$3,695,000.00	28/05/2019	30/06/2020
2019-VP140437	Photography and video for HCC, IYM and Fresh Tastes	quotation	services (non-consultancy)	no	WildBear	\$25,313	01/06/2019	13/12/2019
2018 5569	Healthier Choices Canberra community participation	quotation	services (non-consultancy)	no	Healthy Eating Hub	\$49,500	19/06/2019	19/02/2020
2018 5561	Sexually Transmissible Infections (STI) Research	quotation	services (non-consultancy)	no	Colmar Brunton	\$47,264.32	19/06/2019	05/08/2019
2018 5564	Healthier Junior Sports Sponsorship – Business Engagement Services	quotation	services (non-consultancy)	no	Coordinate	\$27,390	23/06/2019	23/06/2020

# **C.6 ACT HEALTH DIRECTORATE STATEMENT OF PERFORMANCE FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

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## INDEPENDENT LIMITED ASSURANCE REPORT

### To the Members of the ACT Legislative Assembly

#### Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Health Directorate (the Directorate) for the period 1 October 2018 to 30 June 2019.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the period 1 October 2018 to 30 June 2019 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

#### Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

#### The Directorate's responsibilities for the statement of performance

The Director-General is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

#### Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.



In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

#### **Limitations on the scope**

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Michael Harris  
Auditor-General  
18 September 2019

**ACT HEALTH DIRECTORATE  
STATEMENT OF PERFORMANCE  
FOR THE PERIOD 1 OCTOBER 2018 TO 30 JUNE 2019**

**Statement of Responsibility**

In my opinion, the Statement of Performance is in agreement with the ACT Health Directorate's records and fairly reflects the service performance of the Directorate for the period 1 October 2018 to 30 June 2019 and also fairly reflects the judgements exercised in preparing it.



Michael De'Ath

Director-General

ACT Health Directorate

15 September 2019

# ACT Health Directorate

## Statement of Performance

### For the Period 1 October 2018 to 30 June 2019

#### Output Class 1: Health Directorate

#### Output 1.1 Health Directorate

##### Description

The ACT Health Directorate will undertake Territory wide planning of public health services, promote physically and mentally healthy communities and support continuous improvement of the public health system.

On 1 October 2018, the ACT Health Directorate was created following the Administrative Arrangement Order transferring from the former Health Directorate.

	Original Target 2019	Amended target 1/10/18-30/6/19	Actual Result 1/10/18-30/6/19	Variance from Amended Target %	Notes
Total Cost (\$000's)	-	-	231,984	100	1
Controlled Recurrent Payments (CRP) (\$000's)	-	-	193,643	100	1
<b>Accountability Indicators</b>					
a. Samples analysed	-	8,625	8,123	(6)	2
b. Total number of inspections and proactive site visits of food business	-	1,875	2,092	12	3
c. Number of teachers who complete Food & Me training	-	225	206	(8)	4
d. Number of It's Your Move schools recruited to the Program	-	9	5	(44)	5
e. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	-	95%	96%	1	
f. Calvary Services – National Weighted Activity Units (NWAU) (out of scope)	-	1,075	908	(16)	6

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

#### Explanation of Measures

The Accountability Indicators were transferred from the former Health Directorate on 1 October 2018 by Notifiable Instrument NI2019-440.

- a. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
- b. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.

**ACT Health Directorate**  
**Statement of Performance**  
**For the Period 1 October 2018 to 30 June 2019**

**Output 1.1 Health Directorate (Continued)**

- c. *Food & Me* training provides teachers with the necessary tools to teach nutrition within the ACT School Curriculum Framework.
- d. *It's Your Move* is delivered by the ACT Health Directorate in partnership with the Education Directorate.
- e. Percentage of 12-month-old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- f. This indicator relates to services provided by Calvary Public Hospital Bruce which are out of scope of the National Health Reform Agreement. Activity is measured in National Weighted Activity Units (NWAU) {18} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2018-19. 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'.

**Explanation of Material Variance (>5 per cent)**

- 1. The ACT Health Directorate was created on 1 October 2018, the results reflect nine months of operation. No targets were set for Total Cost or Controlled Recurrent Payments.
- 2. The lower than target result is due to a higher proportion of samples analysed occurring in the first quarter of the financial year. By combining the annual activity (quarter one reported by Canberra Health Services) the overall annual variance for both directorates was 3 per cent above target.
- 3. The higher than target result is due to a higher proportion of inspections and site visits occurring in the last three quarters of the financial year. By combining the annual activity (quarter one reported by Canberra Health Services) the overall annual variance for both directorates was 2 per cent above target.
- 4. The lower than target result is due to a higher proportion of training occurring during the first quarter of the financial year. By combining the annual activity (quarter one reported by Canberra Health Services) the overall result across both directorates was 8 per cent above target. Previously only users who completed the online courses and were Teacher Quality Institute (TQI) accredited were included in the reporting figures. The online courses were updated in 2018-19 and users who completed the courses but are not TQI accredited (e.g. student teachers) are now captured as completing the course.
- 5. The lower than target result is due to a majority of recruitment to the program occurring in the first quarter of the financial year. 8 schools were recruited to the program in the first quarter. This is represented in the Canberra Health Services Statement of Performance.
- 6. The lower than target result is due mainly to a drop in non-admitted out-of-scope activities, due to a change in patient case mix to lower weighted clinics. However, this does not affect Commonwealth funding to the ACT.

# Part 5

Reporting by  
exception

# NOTICES OF NON-COMPLIANCE

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## Dangerous substances

In 2018–19 ACT Health Directorate received no Dangerous Substances Improvement Notices.

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

## Medicines, poisons and therapeutic goods

In 2018–19 ACT Health Directorate received no notices of non-compliance under section 177 of the [Medicines, Poisons and Therapeutic Goods Act 2008](#).

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

# Part 24

Specific reporting entities—  
Mental Health



## 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, and
- > make reports and recommendations to the minister on matters affecting treatment, care or support, control, accommodation, maintenance and protection for people with mental illness.

The ACT Care Coordinator coordinates:

- > treatment, care or support for people with a mental disorder in accordance with community care orders or forensic community care orders made by the ACT Civil Administrative Tribunal (ACAT)
- > appropriately trained people to treat, care or support people with a mental disorder who are subject to community care orders or forensic 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
  - a restriction order with a community care order
  - a forensic community care order, and
- > medication and anything else required for people with a mental disorder in accordance with community care orders, restriction orders or forensic community care orders made by ACAT.

The ACT Care Coordinator also reports on and makes recommendations to the minister on matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder.

As the Chief Psychiatrist and ACT Care Coordinator are appointed under the [Mental Health Act 2015](#), their annual reports are a requirement under the Annual Reports (Government Agencies) Directions 2019 and presented as annexes to this report. Please see the reports for information and statistics on people who have a mental illness or dysfunction.

- > ACT Care Coordinator's Annual Report 2018–19, page 280, and
- > Chief Psychiatrist's Annual Report 2018–19, page 286.



Attachment A

# ANNEXED AND SUBSUMED PUBLIC AUTHORITY REPORTS

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## ACT Care Coordinator Annual Report 2018–19

The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204 (1) of the [Mental Health Act 2015](#).

This report is being submitted in accordance with section 205(e) of the Act.

The Care Coordinator coordinates treatment, care and support for a person:

- > with a mental disorder for who a Community Care Order applies, or
- > for who a Forensic Community Care Order is in force.

Community Care Orders and Forensic Community Care Orders are made by the ACT Civil and Administrative Tribunal. The executive officer for the ACT Care Coordinator is located within the office of the Public Advocate and the Children and Young People Commissioner.

Community Care Orders and Forensic Community Care Orders are made for those for who guardianship is not sufficient. This includes people with:

- > dementia
- > intellectual disability
- > an acquired brain injury
- > personality disorders, or
- > degenerative neurological disorders.

The majority of clients with a Community Care Order have their care needs met by either mainstream services or the National Disability Insurance Scheme (NDIS).

Between 1 July 2018 and 30 June 2019, 10 people were subject to a Community Care Order, four men and six women. Nine were also subject to a Restriction Order. This can restrict where a person lives, result in them being detained or impose other limitations.

Of the 10 people subject to a Community Care Order, two were living with dementia.

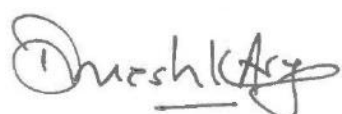
New Community Care Orders were put in place for eight people with complex and challenging behaviours resulting from:

- > eating disorders (four)
- > a personality disorder (one), and
- > an intellectual disability (one).

No Forensic Community Care Orders were made during the reporting year.

**Table 28: Community Care Orders for 2018–19**

Category	Details
Gender	Male: 4 Female: 6 Total: 10
Age	<18 years: 3 19–29 years: 2 30–39 years: 3 40–49 years: 0 50–59 years: 0 60–69 years: 1 70–79 years: 0 80+ years: 1
Condition	Complex and challenging behaviours: 8 Dementia: 2 Personality disorder: 1 Eating disorder: 4
Referring agency	Medical staff Mental health staff ACAT Courts The Older Persons Mental Health Service Other – Government
Restriction Orders	9



Dr Dinesh Arya  
ACT Care Coordinator

# Calvary Health Care ACT Ltd Annual Report 2018-19

Calvary Health Care ACT Ltd provides a range of public hospital and health services that are commissioned by the ACT Government through the ACT Health Directorate. Calvary provides these services at Calvary Public Hospital Bruce and Clare Holland House in Barton.

The Calvary Network Agreement formalises this arrangement.

The ACT Health Directorate and Calvary negotiate and settle on a performance agreement<sup>2</sup> each year to determine the services and funding to be provided for the upcoming financial year.

As an ACT Local Hospital Network provider, Calvary delivers high-quality health care, and provides comfort and healing to ACT residents and those from surrounding communities. Calvary is fully accredited against the National Safety and Quality in Health Service Standards.

Services provided by Calvary Public Hospital Bruce include:

- > a 24/7 emergency department
- > intensive and coronary care services
- > medical and surgical inpatient services
- > maternity services, including Calvary's birth centre
- > voluntary inpatient mental health services
- > specialist outpatient clinics
- > Hospital in the Home service, and
- > the Geriatric Rapid Acute Care Evaluation (GRACE) service.

Calvary is also a teaching hospital associated with the:

- > Australian Catholic University
- > Australian National University, and
- > University of Canberra.

Clare Holland House is home to the ACT Specialist Community Palliative Care Service. This provides:

- > 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 a collaboration with the Winnunga Care and Support Clinic team, and
- > the Palliative Care Research Centre.

The ACT Specialist Community Palliative Care Service is a national leader in developing interdisciplinary and multidisciplinary treatment and care plans. These ensure patient care is coordinated between all their providers, including their family and GPs, specialists, residential care supervisors and the specialist palliative care team.

Admission to the Specialist Community Palliative Care Service requires a referral. The referral criteria for each service is well understood across the ACT primary care provider networks.

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<sup>2</sup> Also referred to as performance plans.

## 2018–19 overview and achievements

In 2018–19 Calvary delivered:

- > close to 60,000 emergency department presentations
- > over 10,000 surgeries, with more than 6,000 of these being elective surgery procedures
- > nearly 30,000 inpatient admissions, and
- > over 390 Clare Holland House admissions.

More than 1,600 babies were also born in the year.

### Executive appointments

The following executive appointments were made during the year:

- > Mark Dykgraaf was appointed General Manager of Calvary Public Hospital Bruce, and
- > Melanie Andrews was appointed the hospital's Chief Financial Officer and Director of Corporate Services, Calvary Public Hospital Bruce.

### Capital works

In July 2018 the expanded and refurbished Calvary maternity unit welcomed its first patients. The unit delivers better facilities in a calming environment for women, babies and families.

A dedicated Maternity Assessment Clinic opened in April and provides a well-equipped facility for planned and unplanned antenatal and postnatal assessments.

Work was also completed on:

- > expanding the hospital's operating theatre which included refurbishing the post-operative recovery area, creating an additional procedure room, reconfiguring the administration area, and improving theatre equipment. The refreshed recovery area has improved the amenity for patients and clinicians, and
- > upgrading medical imaging equipment. This included building a second computed tomography room and installing a higher quality CT scanner. It has enabled better medical imaging and helped clinicians diagnose and treat patients.

The Specialist Outpatient Clinic facility, which opened in July 2017, has expanded both the clinical specialties and number of clinicians.

In December and January, the hospital reconfigured its inpatient wards.

In 2018–19 Calvary received ACT Government funding for several infrastructure projects. In total, \$15 million was provided to:

- > expand the emergency department
- > upgrade and replace equipment, and
- > upgrade the Keaney Building to relocate the adult mental health unit.

## Geriatric Rapid Acute Care Evaluation

Calvary received funding from the Capital Health Network in 2017 to trial the GRACE service across north Canberra.

GRACE is an outreach service model that supports people living in residential and aged care facilities. It includes partnerships with general practitioners, families and carers, and staff at residential aged care facilities. The service provides care for residents where they live and aims to reduce avoidable emergency department presentations and hospital admissions.

It involves specialist clinicians who visit and assess residents experiencing a chronic or acute health episode. After the assessment, a care plan is determined and involves the resident's primary care provider, residential and aged care facilities staff, and emergency health services. Where possible, emergency department presentations or hospital admissions are avoided and where treatment in a hospital setting is required this process can be expedited through the GRACE team.

Following Calvary's successful trial of the service, the ACT Government provided \$9 million over three years from 2018–19 to expand GRACE. Through this funding, the initiative is now rolling out to residential and aged care facilities that want to take up the service.

## Awards and recognition

In 2018–19 the following staff and services were recognised for their contribution to the ACT health system:

- > Sally McRae – ACT Midwife of the Year – Maternity Services, Calvary Public Hospital Bruce
- > Juliane Samara – Excellence in Clinical Practice, Clare Holland House, and
- > INSPIRED Palliative Care Project team – 2019 HESTA Team Excellence Award.

## Environmental sustainability

Calvary Public Hospital Bruce practices Calvary's national commitment to sustainability and respect for the natural and built environment. Attention to sustainability and good practice is promoted, and staff cross all areas are encouraged and helped to manage the purchase and disposal of items and equipment.

In the reporting period, the hospital implemented its 31<sup>st</sup> waste management stream, with metal recycling now a dedicated activity.

The hospital is continuing a long-term project to retrofit equipment that will reduce electricity and gas usage and provide safe and reliable services.

## 2019–20 Outlook

In the 2019–20 Budget, the ACT Government also committed \$40.5 million of funding over four years to provide:

- > new doctors, nurses, administration and other health professionals to staff the emergency department expansion when it is complete
- > two new theatres to boost elective surgery capacity, as well as staff to support these once they come online, one in 2019–20 and another in 2020–21, and
- > expanded urology services and staff to meet the ACT's growing demand for urology surgery.

During 2019–20:

- > Calvary Public Hospital Bruce and Clare Holland House will be assessed for re-accreditation against the National Safety and Quality Health Service Standards
- > Calvary will continue its role as an ACT Local Hospital Network service provider to ensure that patients receive the right care in the right settings, and to join reforms to improve system models of care, planning, sustainability and accessibility
- > the hospital will increase its role in meeting territory-wide elective surgery targets. Calvary has committed to increasing its number of surgeries, which will help Canberra Health Services to focus on delivering tertiary-level and emergency care, and
- > the Calvary Public Hospital Bruce emergency department will be expanded, and the adult mental health unit upgrade and relocation will be completed.

## Chief Psychiatrist Annual Report 2018–19

Under the *Mental Health Act 2015* (the Act), the Chief Psychiatrist is a statutory appointment made by, and reporting to, the Minister for Mental Health.

The Chief Psychiatrist is responsible for:

- > treatment, care and support of people subject to Psychiatric Treatment Orders (PTOs),
- > Forensic Psychiatric Treatment Orders (FPTOs), and
- > clinical and operational responsibilities for other people with mental illness within Canberra Health Services.

With these clinical, operational, oversight and other legislative responsibilities, the Chief Psychiatrist has a unique role in the ACT's public mental health system to promote continual service improvement and clinical best practice so that the values and principles of Canberra Health Services and the Act can be fulfilled.

### Emergency Apprehension

Under the Act, a person who is experiencing a mental health emergency may be taken to an approved mental health facility (Canberra Hospital):

- > for 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 of taking someone for an assessment is known as an emergency apprehension. Table 29 below shows the number of emergency apprehensions including breakdown by the type of professional who conducted the apprehension.

**Table 29: Number of emergency apprehensions by apprehending professional**

Emergency apprehensions by apprehending professional					
Apprehending Professional	July 2014– June 2015	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019
Police Officer	723	694	594	678	620
Mental Health Officer	158	162	170	209	199
Medical Practitioner	139	129	109	111	69
Authorised Ambulance Paramedics	NA	43*	141	273	1171
Total Emergency Apprehensions	1020	1028	1014	1271	2059

\* The *Mental Health Act 2015* (which commenced on 1 March 2016) allows Authorised Ambulance Paramedics to undertake emergency apprehensions.



The data in Table 29 shows that in 2018–19, a total of 2059 people were apprehended and transported to the Canberra Hospital for assessment. This is an increase of 62 per cent from the previous year.

Of those 2059 people subject to Emergency Apprehension:

- > 620 (30.1 per cent) were apprehended and transported by a police officer
- > 1171 (56.8 per cent) by an authorised ambulance paramedic
- > 199 (9.3 per cent) by a mental health officer, and
- > 69 (3.4 per cent) by a medical practitioner (i.e. a Canberra Health Services doctor working in a community mental health team, or a doctor at Canberra Hospital or CPHB).

Between 2017–18 and 2018–19, there was:

- > 328.9 per cent increase in the number of people apprehended and transported by an authorised ambulance paramedic
- > corresponding 8.5 per cent decrease in the number apprehended by a police officer, and
- > a 37.8 per cent decrease in the number of people apprehended by a medical practitioner.

Over the past five years, there has been a 14.2 per cent decrease in the number of apprehensions by police.

## Emergency Detention

### Emergency Detentions authorised for up to three days (ED3)

Table 30 shows the number of Emergency Detentions in 2018–19 authorised for up to three days (ED3). There was an 11.6 per cent increase in the number of people placed on an ED3 in 2018–19 compared to 2017–18.

The number of people not requiring detention after being apprehended and transported to an approved mental health facility was 1603 (78.35 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, in the event in an emergency.

**Table 30: Number of Emergency Detentions authorised for up to three days (ED3) – 2018–2019**

Emergency Detentions – ED3s				
July 2014– June 2015	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019
698	763	858	945	1056

It is important to note that the total number of ED3s written for the period does not correlate with the number of ED3s arising from the Emergency Apprehension pathway, as some people will come in voluntarily and be placed on an ED3 as part of their treatment.

## Emergency Detentions authorised for up to a further 11 days (ED11)

Before an ED3 expires, 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 considered appropriate by the treating team.

Table 31 shows that, of the 1,056 ED3s granted, 557 (52.7 per cent) were allowed to lapse or were revoked, and the remaining 499 (47.3 per cent) were approved by ACAT for an ED11. These figures have been stable for the past four years and indicate the continued efforts of treating teams to appropriately stabilise an acute episode of illness. An increased stability of a person's mental health during an inpatient admission provides a greater chance of successful ongoing recovery for that person in the community.

Of the 499 people subject to an ED11, 171 (34.3 per cent) required further involuntary treatment, care and support via a psychiatric treatment order. This suggests that the additional time for people to be assessed and supported and to receive initial treatment under the Emergency Detention provisions (that is, the extension of the further period of detention from seven days (ED7) to 11 days (ED11) in the Act) allows people to stabilise following an emergency presentation with sufficient initial support.

**Table 31: Outcomes from an initial ED3 including number of ED11 orders-2018–19**

Outcomes for those detained under an ED3					
	July 2014– June 2015	July 2015– June 2016	July 2016– June 2017	July 2017 June 2018	July 2018– June 2019
Revocation of ED3 without further orders being made	387	429	478	496	557
Extensions of involuntary detention (ED11) granted by ACAT	311	334	380	449	499

## Psychiatric Treatment Orders (PTOs)

A PTO can be made by the ACAT if the criteria in the Act are met. A PTO authorises the provision of involuntary mental health treatment, care and support, either as an inpatient or in the community.

Under the Act, the Chief Psychiatrist is responsible for treating, caring and supporting a person to whom a PTO applies.

The maximum duration of a PTO is six months, but the order can be reviewed, renewed or revoked before it expires. A Restriction Order can also be made by ACAT together with a PTO if the tribunal is satisfied that a higher level of restriction is needed.

**Table 32: Number of authorised PTOs and outcomes-2018–2019**

	July 2014– June 2015	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019
PTOs made by ACAT	921	912	627	599	600
PTOs revoked by ACAT	156	254	163	157	174
Contravention of PTO	80	90	101	80	81
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*.

\* It is important to note that the PTO data for this treatment pathway differs from the total number of PTOs made by ACAT (Table 32), as they relate to only a sub-set of people treated under the Act during the period.

Of the 829 PTO hearings held by ACAT during 2018–19, 600 PTOs were granted or continued. In 174 cases the PTO was revoked, representing a 10.8 per cent increase in the number of revocations compared to 2017–18. This means that fewer people are treated involuntarily under the Act.

Contraventions of PTOs remained stable, with a slight increase from 80 to 81 in 2018–19. Thirty nine people were brought to the Canberra Hospital for medication or assessment purposes following a contravention, and 12 were admitted to hospital as a result. This figure continues to reflect 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. Often, if this is successful, a contravention is not required.

There have been no FPTOs made by ACAT since the Act commenced in March 2016.

## Transfers from a correctional facility to Dhulwa Mental Health Unit

Under the Act, a detainee may be transferred from the Alexander Maconochie Centre or Bimberi Youth Justice Centre to the Dhulwa Mental Health Unit to receive treatment, care and support for a mental illness. Table 33 shows the number of people transferred to Dhulwa since it opened in November 2016. In 2018–19 eight detainees were transferred from the Alexander Maconochie Centre to Dhulwa. Of these, one was a correctional patient receiving voluntary treatment, care and support and seven were involuntary patients subject to a PTO.

People who are subject to a PTO but who are not detainees or involved in the criminal justice system may also be admitted to Dhulwa if this is considered appropriate by the Dhulwa Admissions Panel. In 2018–19 seven people in this category were admitted to Dhulwa.

**Table 33: Admissions to Dhulwa Mental Health Unit – 2018–19**

Status of Person	22 November 2016– June 2017	July 2017– June 2018	July 2018– June 2019
Transfers from correctional facilities	6	11	8
Detainees receiving voluntary mental health treatment, care or support (Correctional Patients)	1	4	1
Detainees receiving involuntary mental health treatment, care or support under a PTO	5	7	7
People subject to a PTO	3	3	9

## Other matters

The Act provides for ACAT to authorise involuntary electroconvulsive therapy (ECT), including emergency ECT. There are also provisions for the interstate application of mental health laws, including to transfer people to and from the ACT. The extent to which these authorisations were exercised in 2018–19 is detailed at table 34 below.

**Table 34: 2018–19 Summary of other authorisations under the *Mental Health Act 2015***

	July 2014– June 2015	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019
ECT Order made by ACAT	10	14	25	27	35
Emergency ECT Order made by ACAT	1	0	0	3	6
Interstate transfers	12	10	8	7	9
Court-ordered assessment of defendant—s. 309 of the <i>Crimes Act 1900</i>	63	78	118	112	137

## Electroconvulsive Therapy

There were 35 ECT Orders authorised by ACAT in 2018–19, an increase of 29.6 per cent from the previous year. Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention. Six emergency ECT Orders were made by ACAT during the reporting period.

## Interstate transfers

Nine cross border agreements relating to the transfer or apprehension of involuntary patients are in effect between the ACT and three other jurisdictions (NSW, Victoria and Queensland). In 2018–19 the ACT transferred seven people to facilities in NSW and accepted one transfer from NSW and one transfer from Victoria.

## 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 is required.

The ACT Magistrates Court made 137 orders for assessment pursuant to section 309 of the *Crimes Act 1900*, a 22.3 per cent increase from the previous year when 112 referrals were made. Of these 137 referrals, 83 people (65.1 per cent) required admission to an approved mental health facility for assessment purposes, with 54 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 Act, the Minister for Mental Health may appoint Mental Health Officers. These are experienced ACT Health clinicians authorised to conduct emergency apprehensions and apprehend people 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 also directs the functions of Mental Health Officers. At 30 June 2019, 75 Mental Health Officers had been appointed.

## Overall perspective

This data 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 inherent dignity of people by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include:

- > less police involvement to apprehend and transport people to an authorised mental health facility
- > the fact that over half of the people placed on an ED3 did not require further detention, and
- > of those who did require further detention on an ED11, just over a third went on to require longer term detention on a PTO.

The service is aware of the increased number of people being placed on an ED3 by ACT Ambulance Service and will continue to monitor this in 2019–20.



Dr Denise Riordan  
Chief Psychiatrist

# Human Research Ethics Committee Annual Report 2018–19

The ACT Health Human Research Ethics Committee (HREC) works to review human research proposals and to ensure they meet the ethical standards set out in the following guidelines:

- > Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018
- > Keeping research on track II
- > Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Guidelines for Ethical Research in Australian Indigenous Studies 2012 (GERAIS)
- > International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use – Guideline for Good Clinical Practice – Annotated with Therapeutics Goods Administration comments, and
- > National Statement on Ethical Conduct in Human Research (2007).

During the reporting year HREC was an active contributor to the National Health and Medical Research Council (NHMRC) consultation process on developing national reforms in research ethics administration.

The Head of Research Ethics and Governance, August Marchesi, continued to represent HREC and the ACT Health Directorate on the Jurisdictional Working Group that is managing the National Mutual Acceptance of ethical and scientific review for multi-centre health and medical research.

The Clinical Trials Subcommittee and Social Research Subcommittee continue to provide HREC with expert advice on the research merit and integrity of research proposals. The Low Risk Subcommittee reviews and takes decisions on approximately two-thirds of all proposals received.

HREC and its subcommittees draw on the expertise available in:

- > ACT Health Directorate
- > the wider ACT research community, and more broadly,
- > the ACT community.

At June 2019 HREC comprised nine external members and 11 members from the directorate.

I would like to thank the members of HREC and its subcommittees for their hard work and dedication to ethical review. On behalf of the committee, thanks is given to the secretariat staff, August Marchesi, Ian Pieper, Annette Browne, Helen Keough and Sarah Flood, for their work in keeping the ACT Health Directorate, HREC and its processes operating at the highest standards.



Professor Paul Gatenby  
Chair

## Membership of the Human Research Ethics Committee

Table 35 identifies membership of the HREC in 2018–19.

**Table 35: HREC membership**

Name	Position
Professor Walter Abhayaratna	Member providing professional care
Ms Margaret Blood	Lay member
Dr Phil Choi	Current researcher (Haematology)
A/Professor Paul Craft	Deputy Chair
Dr Anna Dorai Raj	Current researcher (Rheumatology)
Dr James D’Rozario	Current researcher (Haematology)
Dr Sara Farnbach	Current researcher (Aboriginal and Torres Strait Islander Health)
Professor Paul Gatenby	Chair
Dr Arun Gupta	Current researcher (Gastroenterology)
Ms Eleanor Heffernan	Lawyer member (alternate)
Ms Donna Hodgson	Member providing professional care
Mr Danial Lalor	Pharmacist
Dr Liana Leach	Current research (Social Science)
Mr David Lovegrove	Consumer member
Mr Chris McLaren	Member providing pastoral care
Dr Anna Olsen	Current researcher (Social Science)
Mr David Snell	Lawyer member (alternate)
Dr Louise Stone	Current researcher (Social Science)
Dr Stewart Sutherland	Current researcher (Aboriginal and Torres Strait Islander health)
Dr David Ugalde	Lay member

## Meetings of the Ethics Committee and its subcommittees

The committee met 11 times from 1 July 2018 to 30 June 2019. Meetings are held monthly. Subcommittee meeting details are as follows:

**The Clinical Trials Subcommittee:** under the chairmanship of Dr Yu Jo Chua, this committee met 11 times during the year. In each instance recommendations were made to the subsequent HREC meeting.

**The Social Research Subcommittee:** under the chairmanship of Associate Professor Penney Upton, this committee met 11 times during the year. In each instance recommendations were made to the subsequent HREC meeting.

**The Low Risk Subcommittee:** under the chairmanship of Professor Paul Gatenby, this committee met 25 times during the reporting year. It meets fortnightly to provide faster decision-making for projects 'in which the only foreseeable risk for participants is one of discomfort' (*NHMRC National Statement*, page 16).

### **Key achievements in 2018–19**

- > Developing and hosting the inaugural HREC Community of Practice seminar to highlight privacy in human research.
- > Transitioning successfully to full implementation of the Research Ethics and Governance Information System (REGIS) information technology platform, a key initiative in partnership with NSW Health.
- > Finalising an agreement with Calvary Public Hospital Bruce for single review of low risk research applications.



# Office for Mental Health and Wellbeing Annual Report 2018–19

The Office for Mental Health and Wellbeing was established to partner with government and non-government agencies and work with the community to lead necessary changes required to enhance mental health and wellbeing across the ACT.

The office was officially launched on 14 June 2018 following Cabinet endorsement of the model. Dr Elizabeth Moore commenced in the position of Coordinator-General in December 2018 and reports directly to the Minister for Mental Health. While the ACT Health Directorate hosts the office, it remains independent from the directorate's day-to-day operations.

## Achievements

Within the first 100 days from the Coordinator-General's commencement, the office began a co-design process with peak non-government organisations to create a territory-wide vision for mental health and wellbeing, and to inform development of the office work plan.

The Coordinator-General and office staff held more than 90 meetings with individuals, non-government organisations and government agencies to understand current experiences, activities and reforms, as well as areas for future development. The Coordinator-General participated in four radio interviews and presented on the office and mental health topics at 13 events across the community, non-government and government sectors. The office participated in two community and sector awareness expos.

In February 2019 three co-design workshops were held attracting a total of 119 attendees. The community was also able to provide feedback through the ACT Government's Your Say website, as well as through the website of the Office for Mental Health and Wellbeing. More than 210 responses were received.

The office launched the new territory-wide vision for mental health and wellbeing and its work plan in April 2019 following cabinet endorsement.

The vision for mental health and wellbeing in the ACT is:

A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

The work plan contributes to this vision through actions under three key themes:

- > mentally healthy communities and workplaces
- > individuals, families and carers, and
- > system capacity and workforce.

The work plan is underpinned by research, evaluation and quality improvement. To support development of the office and the work plan, a Mental Health and Wellbeing Inter-Directorate Committee has been established. This includes officers from all ACT Government directorates and drives cross government collaboration to identify and prioritise mental health and wellbeing initiatives. To complement this committee, the Office for Mental Health and Wellbeing established a peak mental health non-government organisation committee to help promote key initiatives across the sector.

The first deliverable under the work plan is the Office for Mental Health and Wellbeing Community Engagement Commitment which has been drafted for further consultation with the sector.

Another key deliverable is a suicide prevention strategy which will be implemented through the LifeSpan initiative.

## The year ahead

In early 2019–20 the office will publish its Community Engagement Commitment and will continue to support involvement of the sector and community through the peak mental health non-government organisation committee and the Mental Health Advisory Council, as well as ongoing community engagement activities.

The office has commenced a comprehensive review of the mental health and wellbeing needs of children and young people in the ACT. This will use a co-design approach including workshops and online consultations. It will identify areas for targeted action as well as a whole of government approach to improving the mental health and wellbeing of children and young people.

The office has received funding from the Federal Government for a Youth Mental Health and Suicide Prevention Project which will provide information and support to ACT young people in the ACT when they need it most. This project will be incorporated with the review of children and young people.

The office will convene the Mental Health Inter-Directorate Committee regularly throughout 2019–20. In conjunction with the committee, the Office for Mental Health and Wellbeing will:

- > explore integrated approaches to respond to people who receive multiple services and complex support arrangements, and
- > improve information sharing across government agencies.

We will contribute to the ACT Government's Wellbeing Indicators, led by the Chief Minister and the Treasury and Economic Development Directorate. We will then commence work on a framework to promote wellbeing and the prevention of mental illness, and lead the development of outcome measures for mental health in the ACT.

The evaluation framework for the office will be finalised in early 2019–20 and a review of the office's establishment will be completed.



Dr Elizabeth Moore  
Coordinator-General, Office for Mental Health and Wellbeing

# Radiation Council Annual Report 2018–19

It is my pleasure to present the Annual Report of the Radiation Council for 2018–19.

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, and
- > 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. Eight members are currently appointed to the Council, as shown in table 36.

**Table 36: Council members**

Name	Position held	Appointed until
Elizabeth Croft	Chair	30 September 2021
Fiona Jolly	Deputy Chair	30 September 2021
Donald McLean	Member	30 September 2021
Stephen Tims	Member	30 September 2021
Frederick Lomas	Member	30 September 2021
Dayanethee Krishna	Member	30 September 2019
Bradley Whittaker	Member	30 September 2021
Jayanti Gupta	Member	30 September 2021

## Council meetings 2018–19

The Council meets approximately every six weeks and met nine times during 2018–19. Meetings were held in:

- > July, August, September, November and December of 2018, and
- > February, March, May and June of 2019.

## Regulatory standards

The Council refers to several standards, codes of practice, safety guides, and recommendations when:

- > considering matters relating to radiation protection, and
- > 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 from [www.arpansa.gov.au](http://www.arpansa.gov.au)

## National Directory for Radiation Protection

The National Directory for Radiation Protection provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act.

The directory is regularly updated to reflect the best radiation protection practice. It is prepared by the ARPANSA Radiation Health Committee and is only updated in accordance with prescribed processes.

The Council is regularly briefed on developments on the work of the ARPANSA Radiation Health Committee. ACT Health has a jurisdictional representative appointed to the committee.

## Council activities

The Council issued 232 new licences during 2018–19, bringing the total number of licence holders in the ACT to 1,527. This is an 8.2 per cent increase (116 licences) on last year.

The Council registered 61 new radiation sources during 2018–19, bringing the total number of registered radiation sources in the ACT to 725. This is a 2.4 per cent increase (17 sources) on last year.

Council assisted with a review of the *Radiation Protection Act 2006* and contributed to a number of the recommendations of the report. The report was tabled by the Minister for Health and Wellbeing, Meegan Fitzharris MLA, in the Legislative Assembly in November 2018.

## Radiation incidents

Five radiation incidents, summarised in table 37, were reported to the Council during the year and underwent further investigation.

**Table 37: Radiation incidents**

<b>Incident type</b>	<b>No. incidents</b>	<b>Details</b>
Radiology (interventional)	1	Accidental exposure of staff member
Radiotherapy	1	Minor treatment volume variation due to incorrect patient alignment
Radiology (X-ray)	2	An incorrect body part was imaged, although in accordance with the referral; and three incorrect procedures on one patient
Radiology (CT) / Nuclear Medicine	1	Tc-99m administered to a patient for a standard CT scan

In line with the ACT Health Risk Management Guidelines, all five incidents were deemed insignificant. The areas involved undertook reviews of working systems and, where necessary, amended procedures to reduce the likelihood of similar incidents occurring in the future.

Following investigation, all five of these incidents were reported to ARPANSA for inclusion on the Australian Radiation Incident Register (ARIR). The five incidents, which were considered to be of minor consequence, were reported to ARPANSA in line with the ARIR categories.

## **Enforcement and remedial actions by the Council**

No investigations or legal proceedings were commenced in 2018–19.

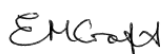
All correspondence should be addressed to the:

Secretariat  
Radiation Council  
C/- Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

**Phone:** (02) 5124 9700

**Email:** [hps@act.gov.au](mailto:hps@act.gov.au)

**Website:** [www.health.act.gov.au/businesses/radiation-safety](http://www.health.act.gov.au/businesses/radiation-safety)



Elizabeth Croft  
Chair

# **ACT LOCAL HOSPITAL NETWORK DIRECTORATE ANNUAL REPORT 2018-19**

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**ACT Local Hospital Network Directorate Management  
Discussion and Analysis for the year ended  
30 June 2019**

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## Management Discussion and Analysis for the ACT Local Hospital Network For the Year Ended 30 June 2019

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### General Overview

#### Purpose

The ACT Local Hospital Network Directorate (LHN) 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 ACT Health Directorate.

The LHN receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding to purchase public hospital services from four ACT public hospital providers:

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

#### Risk Management

Management has identified the following potential risks that may influence the future financial position of the LHN.

If actual performance activity is lower than budget activity for the LHN for 2019-20, this will 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 is above the growth rate in 2018-19, this could potentially result in no further Commonwealth funding to the ACT for activity delivered above 6.5 per cent, except in the situation where other States and Territories do not meet their targets, a redistribution of funding is available within the National Funding Pool.

The above risks are monitored regularly throughout the year.

## Financial Performance

The following financial information is based on audited Financial Statements for 2017-18 and 2018-19, in addition to the forward estimates contained in the 2019-20 ACT Local Hospital Network Budget Statements.

### Total Net Cost of Services

	Actual 2017-18 \$m	Budget 2018-19 \$m	Actual 2018-19 \$m	Budget 2019-20 \$m	Forward Estimate 2020-21 \$m	Forward Estimate 2021-22 \$m	Forward Estimate 2022-23 \$m
Total Expenses	1 113.8	1 175.9	1 193.2	1 305.6	1 350.6	1 395.3	1 417.3
Total Own Source Revenue	490.6	506.0	533.8	534.4	564.7	596.8	630.9
<b>Total Net Cost of Services</b>	<b>623.2</b>	<b>669.9</b>	<b>659.4</b>	<b>771.2</b>	<b>785.9</b>	<b>798.5</b>	<b>786.4</b>

### Comparison to Budget

The LHN's net cost of services for 2018-19 of \$659.4 million was \$10.5 million or 1.6 per cent lower than the 2018-19 budget. This was mainly due to:

- higher than expected cross border revenue in relation to growth in the number of services provided to interstate residents than had been estimated in the Budget; and
- additional revenue received from the Commonwealth due to back adjustments in activity levels relating to 2016-17 and 2017-18 financial years.

Refer **Attachment A** for detailed comparison of net cost of services to Budget 2018-19.

### Comparison to 2017-18 Actual Net Cost of Services

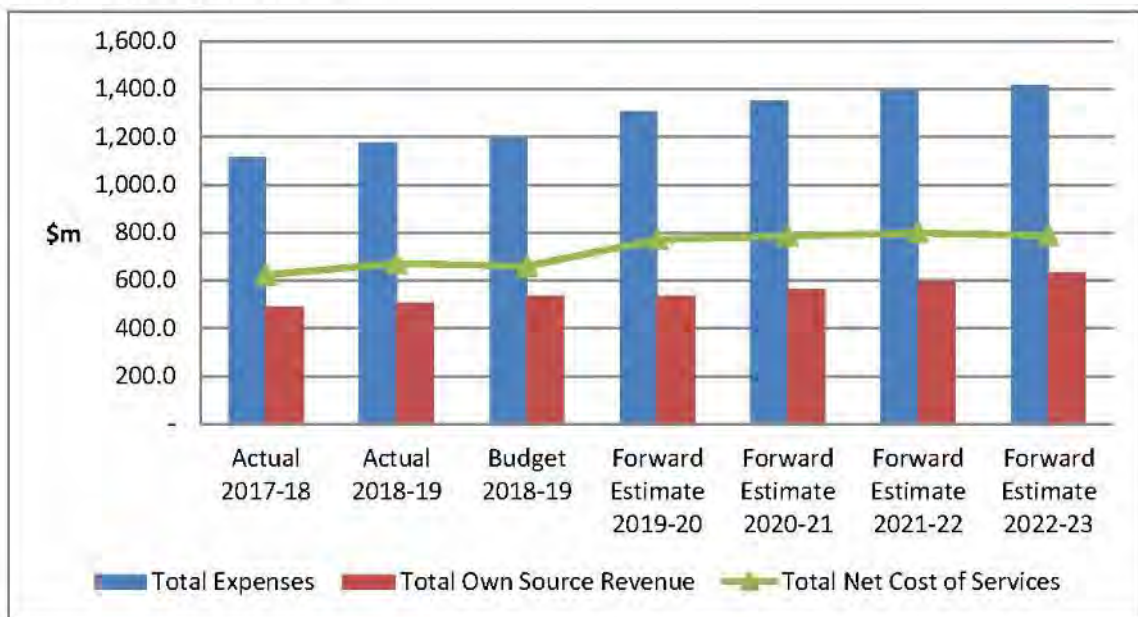
During 2018-19, there was a net cost of services increase of \$36.2 million or 5.8 per cent compared to the 2017-18 net cost of services of \$623.2 million. This was mainly due to higher than expected Own Source Revenue of \$43.2 million relating to:

- increase in costs due to growth in activity for health services, including admitted patients (2.8 per cent), non-admitted patients (18.6 per cent) and sub-acute services (8.3 per cent); partially offset by
- additional revenue received from the Commonwealth as per determination by the Commonwealth Treasurer in 2018-19 following finalisation of activity level assessments for 2016-17 and 2017-18 by the National Health Funding Body.



**Future Trends**

*Figure 1: Net Cost of Services*



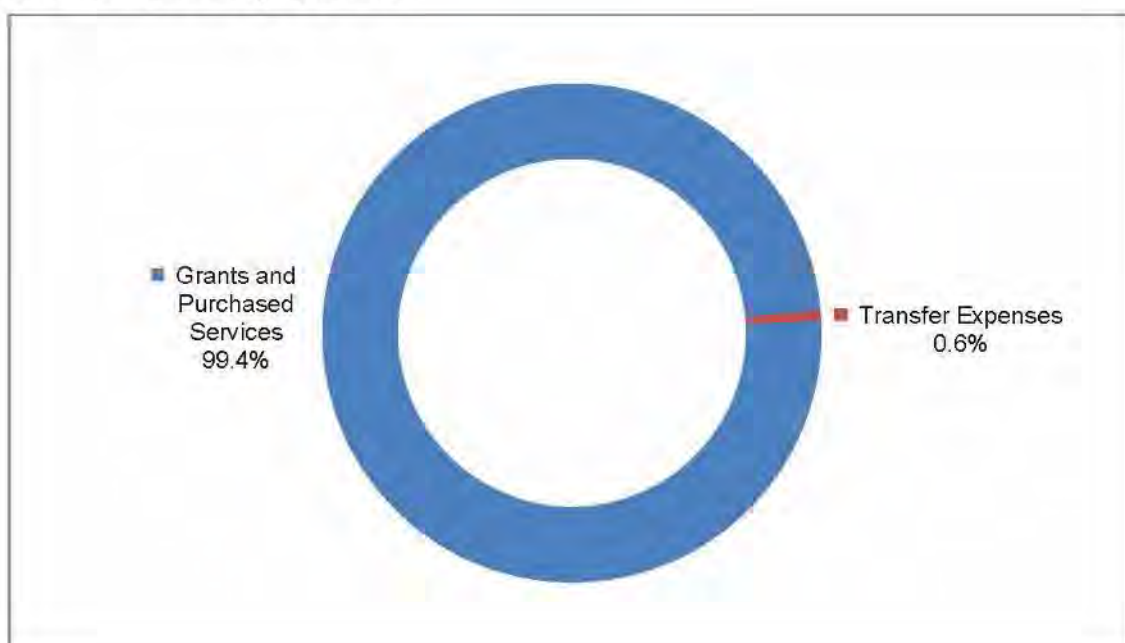
As shown above in *Figure 1*, the net cost of services is expected to increase across the forward years.

**Total Expenditure**

**Components of Expenditure**

Figure 2 – Components of Expenditure indicates actual expenditure for 2018-19. For the Financial Year ended 30 June 2019, 99.4 per cent of total expenditure (\$1 193.2 million) relates to grants and purchased services.

*Figure 2 – Components of Expenditure*



### **Comparison to Budget**

Total expenditure of \$1 193.2 million exceeded the 2018-19 Budget by \$17.3 million or 1.5 per cent mainly due to growth in health services provided when compared to Budget.

### **Comparison to 2017-18 Actual Expenses**

Total 2018-19 expenditure of \$1 193.2 million was \$79.5 million or 7.1 per cent higher than the 2017-18 of \$1 113.8 million. This was due to additional expenses relating mainly to growth in public hospital services and increased cross border health payments for services provided to ACT residents by other States and the Northern Territory.

### **Future Trends**

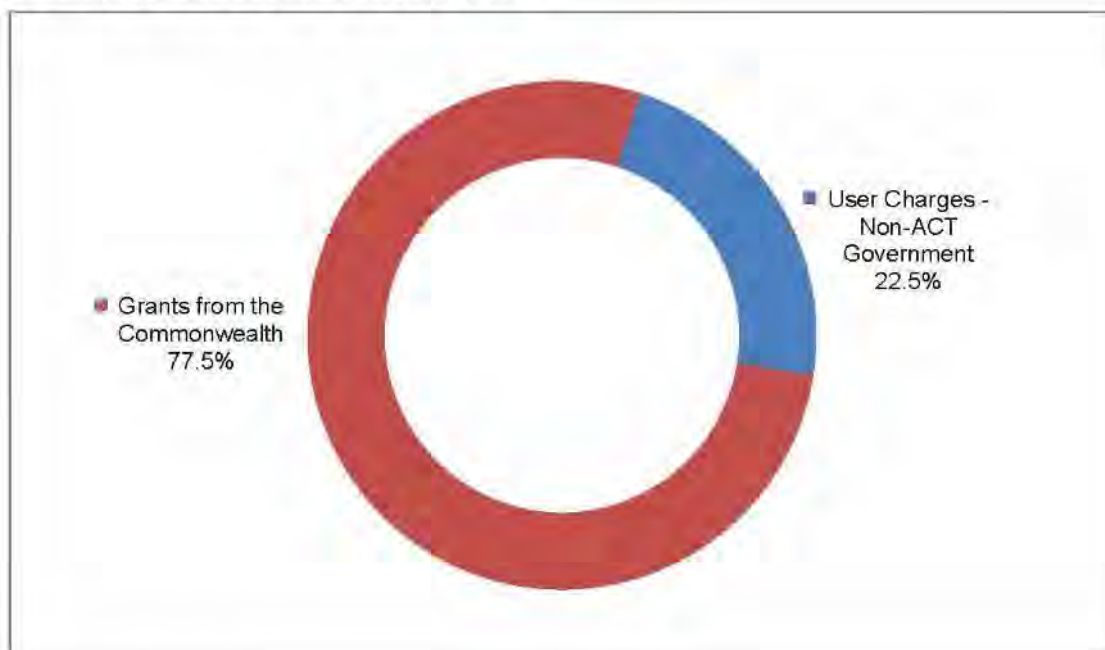
Total expenditure for 2019-20 is budgeted to increase by \$112.4 million or 8 per cent from the actual amount of \$1 193.2 million in 2018-19 to \$1 305.6 million, mainly due to new initiatives (\$116.6 million) and funding from the Commonwealth (\$10.4 million).

## **Total Own Source Revenue**

### **Components of Own Source Revenue**

Figure 3 – Components of Own Source Revenue identifies the components of own source revenue for 2018-19. Total own source revenue was \$533.8 million comprising Grants from the Commonwealth (\$413.4 million) and the remaining 22.5 per cent from User Charges (\$120.3 million).

Figure 3 – Components of Own Source Revenue



### **Comparison to Budget**

Own source revenue for 2018-19 of \$533.8 million exceeded the 2018-19 Budget by \$27.8 million or 5.5 per cent, primarily due to additional revenue received from the Commonwealth for growth in services due to back adjustments in activity levels related to 2016-17 and 2017-18 financial years.

### ***Comparison to 2017-18 Actual Own Source Revenue***

Total 2018-19 own source revenue of \$533.8 million was \$43.2 million or 8.8 per cent higher than in 2017-18 mainly due to increases in:

- funding received for growth in activity for services funded through the National Health Reform Agreement;
- additional revenue received from the Commonwealth as per determinations by the Commonwealth Treasurer in 2018-19 following finalisation of activity level assessments for 2016-17 and 2017-18 by the National Health Funding Body; and
- cross border health revenue for services provided to interstate residents during the year.

### ***Future Trends***

Total own source revenue for 2019-20 is budgeted to increase by \$0.6 million from the actual amount of \$533.8 million in 2018-19 indicating a steady increase.

## **Financial Position**

### **Total Assets**

#### ***Comparison to Budget***

Total assets at 30 June 2019 of \$56.5 million, were 28.5 million higher than the 2018-19 Budget primarily due to higher than budgeted Receivables mainly attributed to cross border health receipts for past financial years and cross border block funding revenue.

#### ***Comparison to 2017-18 Actual Total Assets***

Total assets at 30 June 2019 of \$56.5 million, were \$21.1 million higher than the 2017-18 actual result of \$35.4 million. This mainly relates to outstanding cross border health receipts for past financial years and growth in services provided during the year.

### **Total Liabilities**

#### ***Comparison to Budget***

Liabilities at 30 June 2019 of \$41.6 million were \$26.8 million higher than the 2018-19 Budget mainly due to amounts payable for higher than anticipated growth in health services provided to ACT residents by other States and the Northern Territory.

#### ***Comparison to 2017-18 Actual***

Total liabilities were \$26.0 million higher than the actual results as at 30 June 2018 of \$15.6 million due mainly to outstanding cross border health payments and additional cross border expenses for health services provided to ACT residents by other States and the Northern Territory.

### **Net Assets**

Net assets at 30 June 2019 were \$1.7 million higher than the \$13.2 million budgeted. This is due to the combined impact of the reasons listed above.

**Attachment A – Comparison of net cost of services to budget 2018-19**

	Original	Actual		
	Budget			
	2019	2019	Variance	Variance
Description	\$'000	\$'000	\$'000	%
<b>Expenses</b>				
Grants and Purchased Services	1 169 126	1 186 354	(17 228)	(1.5%)
Transfer Expenses	6 820	6 879	(59)	(0.9%)
<b>Total Expenses</b>	<b>1 175 946</b>	<b>1 193 233</b>	<b>(17 287)</b>	<b>(1.5%)</b>
<b>Own Source Revenue</b>				
User Charges	107 921	120 334	(12 413)	(11.5%)
Grants from the	398 035	413 437	(15 402)	(3.9%)
<b>Total Own Source Revenue</b>	<b>505 956</b>	<b>533 771</b>	<b>(27 815)</b>	<b>(5.5%)</b>
<b>Total Net Cost of Services</b>	<b>669 990</b>	<b>659 462</b>	<b>10 528</b>	<b>1.60%</b>

**ACT Local Hospital Network Directorate  
Financial Statements  
For the Year Ended 30 June 2019**



## INDEPENDENT AUDITOR'S REPORT

### To the Members of the ACT Legislative Assembly

#### Opinion

I have audited the financial statements of the ACT Local Hospital Network Directorate (the Directorate) for the year ended 30 June 2019 which comprise the operating statement, balance sheet, statement of changes in equity, cash flow statement and statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2019, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

#### Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of the Directorate for the financial statements

The Director-General is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

#### Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director-General regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Michael Harris  
Auditor-General  
12 September 2019

**ACT LOCAL HOSPITAL NETWORK  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Statement of Responsibility**

In my opinion, the financial statements are in agreement with the ACT Local Hospital Network's accounts and records and fairly reflect the financial operations and the financial position of the ACT Local Hospital Network for the year ended 30 June 2019.



Mr Michael De'Ath  
Director-General  
ACT Health Directorate  
11 September 2019



**ACT LOCAL HOSPITAL NETWORK  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**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 ACT Local Hospital Network's accounts and records and fairly reflect the financial operations and the financial position of the ACT Local Hospital Network for the year ended 30 June 2019.



Ms Kate Chambers  
Chief Finance Officer  
ACT Health Directorate  
11 September 2019

**ACT LOCAL HOSPITAL NETWORK  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2019**

	Note No.	Actual 2019 \$'000	Original Budget 2019 \$'000	Actual 2018 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	3	654 588	669 990	629 747
User Charges	4	120 334	107 921	105 028
Grants from the Commonwealth	5	413 437	398 035	385 581
<i>Total Revenue</i>		<b>1 188 359</b>	<b>1 175 946</b>	<b>1 120 356</b>
<b>Total Income</b>		<b>1 188 359</b>	<b>1 175 946</b>	<b>1 120 356</b>
<b>Expenses</b>				
Grants and Purchased Services	6	1 186 354	1 169 126	1 107 324
Transfer Expenses	7	6 879	6 820	6 459
<b>Total Expenses</b>		<b>1 193 233</b>	<b>1 175 946</b>	<b>1 113 783</b>
<b>Operating (Deficit)/Surplus</b>		<b>(4 874)</b>	-	<b>6 573</b>
<b>Total Comprehensive Income</b>		<b>(4 874)</b>	-	<b>6 573</b>

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

The ACT Local Hospital Network has only one output class and as such the above Operating Statement is also the Operating Statement for the ACT Local Hospital Network Output Class.

**ACT LOCAL HOSPITAL NETWORK  
BALANCE SHEET  
AT 30 JUNE 2019**

	Note No.	Actual 2019 \$'000	Original Budget 2019 \$'000	Actual 2018 \$'000
<b>Current Assets</b>				
Cash and Cash Equivalents	9	-	3 771	500
Receivables	10	56 537	24 218	34 888
<b>Total Current Assets</b>		<b>56 537</b>	<b>27 989</b>	<b>35 388</b>
<b>Total Assets</b>		<b>56 537</b>	<b>27 989</b>	<b>35 388</b>
<b>Current Liabilities</b>				
Payables	11	41 629	14 780	15 606
<b>Total Current Liabilities</b>		<b>41 629</b>	<b>14 780</b>	<b>15 606</b>
<b>Total Liabilities</b>		<b>41 629</b>	<b>14 780</b>	<b>15 606</b>
<b>Net Assets</b>		<b>14 908</b>	<b>13 209</b>	<b>19 782</b>
<b>Equity</b>				
Accumulated Funds		14 908	13 209	19 782
<b>Total Equity</b>		<b>14 908</b>	<b>13 209</b>	<b>19 782</b>

The above Balance Sheet should be read in conjunction with the accompanying notes.

The ACT Local Hospital Network has one output class and as such the above Balance Sheet is also the Balance Sheet for the ACT Local Hospital Network Output Class.

**ACT LOCAL HOSPITAL NETWORK  
STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2019**

	Accumulated Funds Actual 2019 \$'000	Total Equity Actual 2019 \$'000	Original Budget 2019 \$'000
<b>Balance at 1 July 2018</b>	19 782	19 782	13 209
<b>Comprehensive Income</b>			
Operating (Deficit)	(4 874)	(4 874)	-
<b>Total Comprehensive Income</b>	<b>(4 874)</b>	<b>(4 874)</b>	-
<b>Balance at 30 June 2019</b>	<b>14 908</b>	<b>14 908</b>	<b>13 209</b>

	Accumulated Funds Actual 2018 \$'000	Total Equity Actual 2018 \$'000
<b>Balance at 1 July 2017</b>	13 209	13 209
<b>Comprehensive Income</b>		
Operating Surplus	6 573	6 573
<b>Total Comprehensive Income</b>	<b>6 573</b>	<b>6 573</b>
<b>Balance at 30 June 2018</b>	<b>19 782</b>	<b>19 782</b>

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

**ACT LOCAL HOSPITAL NETWORK  
CASH FLOW STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2019**

	Note No.	Actual 2019 \$'000	Original Budget 2019 \$'000	Actual 2018 \$'000
<b>Cash Flows from Operating Activities</b>				
<b>Receipts</b>				
Controlled Recurrent Payments		654 588	669 990	629 747
User Charges		99 120	107 921	95 400
Grants Received from the Commonwealth		413 437	398 035	385 581
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		21 025	21 089	19 066
<b>Total Receipts from Operating Activities</b>		<b>1 188 170</b>	<b>1 197 035</b>	<b>1 129 794</b>
<b>Payments</b>				
Grants and Purchased Services		1 167 211	1 175 946	1 112 958
Goods and Services Tax Paid to Suppliers		21 459	21 089	20 107
<b>Total Payments from Operating Activities</b>		<b>1 188 670</b>	<b>1 197 035</b>	<b>1 133 065</b>
<b>Net Cash (Outflows) from Operating Activities</b>	14(b)	<b>(500)</b>	-	<b>(3 271)</b>
<b>Net (Decrease) in Cash and Cash Equivalents</b>		(500)	-	(3 271)
Cash and Cash Equivalents at the Beginning of the Reporting Period		500	3 771	3 771
<b>Cash and Cash Equivalents at the End of the Reporting Period</b>	14(a)	<b>-</b>	<b>3 771</b>	<b>500</b>

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

**ACT LOCAL HOSPITAL NETWORK  
STATEMENT OF APPROPRIATION  
FOR THE YEAR ENDED 30 JUNE 2019**

	Original Budget 2019 \$'000	Total Appropriated 2019 \$'000	Appropriation Drawn 2019 \$'000	Appropriation Drawn 2018 \$'000
Controlled Recurrent Payments	669 990	669 990	654 588	629 747
<b>Total Appropriation</b>	<b>669 990</b>	<b>669 990</b>	<b>654 588</b>	<b>629 747</b>

The above 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 (2018-19 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 ACT Local Hospital Network during the year. This amount appears in the Cash Flow Statement.

**Variance between 'Original Budget' and 'Appropriation Drawn'**

*Controlled Recurrent Payments*

The difference between the Original Budget and the Appropriation Drawn is due to the Local Hospital Network (LHN) not drawing down (\$15.4 million) the total appropriation due to an increase (\$15.4 million) in Commonwealth revenue received by the Territory. This is in-line with funding agreements, where the LHN does not draw down appropriation if revenue from other sources exceeds the original budget.

**ACT LOCAL HOSPITAL NETWORK DIRECTORATE  
NOTE INDEX  
FOR THE YEAR ENDED 30 JUNE 2019**

- Note 1 Objectives of the ACT Local Hospital Network
- Note 2 Basis of Preparation of the Financial Statements  
Appendix A – Impact of Accounting Standards Issued but Yet to be Applied

**Income Notes**

- Note 3 Controlled Recurrent Payments
- Note 4 User Charges
- Note 5 Grants from the Commonwealth

**Expense Notes**

- Note 6 Grants and Purchased Services
- Note 7 Transfer Expenses
- Note 8 Auditor's Remuneration

**Asset Notes**

- Note 9 Cash and Cash Equivalents
- Note 10 Receivables

**Liability Note**

- Note 11 Payables

**Other Notes**

- Note 12 Financial Instruments
- Note 13 Commitments
- Note 14 Cash Flow Reconciliation
- Note 15 Related Party Disclosures
- Note 16 Budgetary Reporting

# ACT LOCAL HOSPITAL NETWORK

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2019

#### **Note 1. Objectives of the ACT Local Hospital Network**

##### **Operations and Principal Activities**

The LHN 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 ACT Health Directorate.

The LHN 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 Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre;

#### **Note 2. Basis of Preparation of the Financial Statements**

##### **LEGISLATIVE REQUIREMENT**

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

The FMA and the *Financial Management Guidelines* issued under the Act, require the LHN's financial statements to include:

- i. an Operating Statement for the year;
- ii. a Balance Sheet at the end of the year;
- iii. a Statement of Changes in Equity for the year;
- iv. a 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 LHN 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.



**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 2. Basis of Preparation of the Financial Statements (Continued)**

**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 LHN during the reporting period.

**CURRENCY**

These financial statements are presented in Australian dollars.

**INDIVIDUAL REPORTING ENTITY**

The LHN is an individual reporting entity.

**CONTROLLED ITEMS**

The LHN produces Controlled financial statements. The Controlled financial statements include income, expenses, assets and liabilities over which the LHN has control.

**COMPARATIVE FIGURES**

*Budget Figures*

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2018-19 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.

*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 2018-19 financial statements have been prepared on a going concern basis as the LHN has been funded in the 2019-20 Budget and the Budget Papers include forward estimates for the LHN.

**REVENUE RECOGNITION**

Revenue is recognised at the fair value of the consideration received or receivable in the Operating Statement.

**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.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Note 2. Basis of Preparation of the Financial Statements (Continued)**

**LIABILITIES – CURRENT AND NON-CURRENT**

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the LHN does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

Liabilities which do not fall within the current classification are classified as non-current.

**EQUITY**

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

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

**IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED**

Refer to Appendix A – Impact of Accounting Standards Issued but Yet to be Applied

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Note 3. Controlled Recurrent Payments**

Controlled Recurrent Payments (CRP) are recognised as revenue when the LHN gains control over the funding. Control over appropriated funds is normally obtained upon receipt of cash.

CRP are revenue received from the ACT Government to fund the costs of delivering outputs.

	<b>2019</b>	<b>2018</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Revenue from the ACT Government</b>		
Controlled Recurrent Payments <sup>a</sup>	654 588	629 747
<b>Total Controlled Recurrent Payments</b>	<b>654 588</b>	<b>629 747</b>

- a) The increase in 'Controlled Recurrent Payments' of \$24.8 million is mainly due to indexation and funding for growth in health services.

**Note 4. User Charges**

User charges revenue is derived by providing public hospital services to interstate residents. This revenue is driven by demand for health services from interstate patients.

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) and the activity is based on agreed national weighted activity units.

***Significant Accounting Judgement and Estimates – User Charges***

Interstate patient numbers for the current year is an estimation based on projected growth of prior year actuals. 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.

	<b>2019</b>	<b>2018</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>User Charges - Non-ACT Government</b>		
Cross Border (Interstate) Health Revenue <sup>a</sup>	120 334	105 028
<b>Total User Charges - Non-ACT Government</b>	<b>120 334</b>	<b>105 028</b>

- a) The increase in 'User Charges' of \$15.3 million is due to Cross Border (Interstate) revenue received as per determinations by the Commonwealth Treasurer in 2018-19 following finalisation of activity level assessments for 2016-17 and 2017-18 by the National Health Funding Body.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Note 5. Grants from the Commonwealth**

Commonwealth Grants relate to Activity Based Funding and Block Funding under the National Health Reform Agreement.

Activity Based Funding refers to a national system for funding public hospital services using National classifications, National Weighted Activity Unit (NWAU) and a National Efficient Price (NEP).

Activity Based Funding covers all admitted, non-admitted and emergency department services that meet the IHPA criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

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.

***Significant Accounting Judgement and Estimates – Grants from the Commonwealth***

Actual NWAUs are settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

Commonwealth Grants are calculated and paid using estimates. The estimates are based on expected number of patients treated during the year and are recognised as revenue upon receipt.

	<b>2019</b>	<b>2018</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Grants from the Commonwealth</b>		
Grants <sup>a</sup>	413 437	385 581
<b>Total Grants from the Commonwealth</b>	<b>413 437</b>	<b>385 581</b>

- a) The increase in 'Grants from the Commonwealth' of \$27.8 million is mainly due to adjustments from the National Health Funding Pool, determined by the Commonwealth Treasurer during 2018-19, for activity levels related to 2016-17 (\$16.5 million) and 2017-18 (\$10.3 million).

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 6. Grants and Purchased Services**

Grants and Purchased Services reflect public hospital payments to Canberra Health Services, Calvary Public Hospital, Clare Holland House, Queen Elizabeth II Family Centre, and to States and the Northern Territory for cross border patient services.

	2019 \$'000	2018 \$'000
<b>Purchased Services</b>		
Payments to Service Providers		
- Canberra Health Services <sup>a</sup>	929 899	885 317
- Calvary Public Hospital <sup>a</sup>	199 231	186 056
- Clare Holland House <sup>a</sup>	11 537	9 481
- Queen Elizabeth II Family Centre <sup>a</sup>	3 716	3 570
Cross Border (Interstate) Health Costs <sup>b</sup>	41 971	22 900
<b>Total Grants and Purchased Services</b>	<b>1 186 354</b>	<b>1 107 324</b>

- a) The increase in 'Payments to Service Providers' of \$59.9 million is mainly due to indexation and funding for new initiatives during the year.
- b) The increase in 'Cross Border (Interstate) Health Costs' of \$19.1 million is due to growth in health services provided to ACT residents interstate.

**Note 7. Transfer Expenses**

The Commonwealth Government's contribution to public health funding through the National Health Reform Agreement, is passed through to the ACT Health Directorate and Canberra Health Services. Public health services such as breast screening, HIV AIDS services, family planning, drug education and cervical screening are funded through this transfer payment.

	2019 \$'000	2018 \$'000
Transfer Expenses	6 879	6 459
<b>Total Transfer Expenses</b>	<b>6 879</b>	<b>6 459</b>

**Note 8. Auditor's Remuneration**

Auditor's remuneration represents fees charged by the ACT Audit Office for the audit of the financial statements and limited assurance engagement on the statement of performance.

	2019 \$'000	2018 \$'000
<b>Audit Services</b>		
Audit Fees Paid or Payable to the ACT Audit Office	55	55
<b>Total Audit Services</b>	<b>55</b>	<b>55</b>

No other services were provided by the ACT Audit Office.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**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.

The LHN operates three bank accounts, two with Westpac Banking Corporation as part of the whole-of-government banking arrangements and the other with the Reserve Bank of Australia as part of the requirements under the National Health Reform Agreement. The LHN does not receive any interest on these accounts.

	2019	2018
	\$'000	\$'000
Cash at Bank <sup>a</sup>	-	500
<b>Total Cash and Cash Equivalents</b>	<b>-</b>	<b>500</b>

a) The decrease in 'Cash at Bank' is due to the on-passing of all LHN funds to relevant ACT Public Hospitals.

**Note 10. Receivables**

Accounts receivable are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Revenue relates to the estimated number of interstate patients treated in ACT public hospitals.

	2019	2018
	\$'000	\$'000
<b>Current Receivables</b>		
Accrued Revenue <sup>a</sup>	54 872	33 658
Net GST Receivable	1 665	1 230
<b>Total Current Receivables</b>	<b>56 537</b>	<b>34 888</b>
<b>Total Receivables</b>	<b>56 537</b>	<b>34 888</b>

a) The increase in 'Accrued Revenue' of \$21.2 million is mainly due to outstanding cross border health receipts, recognising the gross amount of outstanding interstate activities and higher interstate residents receiving treatment in ACT public hospitals.

No receivables are past due or impaired.

	2019	2018
	\$'000	\$'000
<b>Classification of ACT Government/Non-ACT Government Receivables</b>		
<b>Receivables with Non-ACT Government Entities</b>		
Accrued Revenue	54 872	33 658
Net GST Receivable	1 665	1 230
<b>Total Receivables with Non-ACT Government Entities</b>	<b>56 537</b>	<b>34 888</b>
<b>Total Receivables</b>	<b>56 537</b>	<b>34 888</b>

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**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.

	2019 \$'000	2018 \$'000
<b>Current Payables</b>		
Accrued Expenses <sup>a</sup>	41 629	15 606
<b>Total Current Payables</b>	<b>41 629</b>	<b>15 606</b>
<b>Total Payables</b>	<b>41 629</b>	<b>15 606</b>

- a) The increase in 'Accrued Expenses' of \$26.0 million is mainly due to recognising the gross amount of outstanding interstate activities and an increase of ACT residents receiving healthcare in interstate public hospitals.

No payables are overdue.

	2019 \$'000	2018 \$'000

**Classification of ACT Government/Non-ACT Government Payables**

**Payables with ACT Government Entities**

Accrued Expenses	5 826	1 872
<b>Total Payables with ACT Government Entities</b>	<b>5 826</b>	<b>1 872</b>

**Payables with Non-ACT Government Entities**

Accrued Expenses	35 803	13 734
<b>Total Payables with Non-ACT Government Entities</b>	<b>35 803</b>	<b>13 734</b>
<b>Total Payables</b>	<b>41 629</b>	<b>15 606</b>

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 12. Financial Instruments**

**Credit Risk**

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The LHN's credit risk is limited to the amount of the financial assets it holds net of provision for impairment. The LHN's financial assets consist of cash and cash equivalents and receivables.

Cash and cash equivalents are held with the Westpac Banking Corporation and the Reserve Bank of Australia, high credit, quality financial institutions, which are in accordance with whole of ACT Government banking arrangements.

The LHN's receivables mainly consist of amounts owed by New South Wales Health and the Department of Health and Human Services in Victoria. As the New South Wales and Victorian Governments both have 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 LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.



**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 12. Financial Instruments (Continued)**

**Carrying Amounts and Fair Value of Financial Assets and Liabilities**

	Note No.	Carrying Amount 2019 \$'000	Fair Value 2019 \$'000	Carrying Amount 2018 \$'000	Fair Value 2018 \$'000
<b>Financial Assets</b>					
Cash and Cash Equivalents	9	-	-	500	500
Receivables	10	54 872	54 872	33 658	33 658
<b>Total Financial Assets</b>		<b>54 872</b>	<b>54 872</b>	<b>34 158</b>	<b>34 158</b>
<b>Financial Liabilities</b>					
Payables	11	41 629	41 629	15 606	15 606
<b>Total Financial Liabilities</b>		<b>41 629</b>	<b>41 629</b>	<b>15 606</b>	<b>15 606</b>
<b>Net Financial Assets</b>		<b>13 243</b>	<b>13 243</b>	<b>18 552</b>	<b>18 552</b>

All financial assets and liabilities of the LHN are non-interest bearing and are shown on an undiscounted Cash Flow basis.

**Carrying Amount of Each Category of Financial Asset and Financial Liability**

	2019 \$'000	2018 \$'000
<b>Financial Assets</b>		
Financial Assets Measured at Amortised Cost	54 872	33 658
<b>Financial Liabilities</b>		
Financial Liabilities Measured at Amortised Cost	41 629	15 606

**Note 13. Commitments**

	2019 \$'000	2018 \$'000
<b>Commitments</b>		
Payable:		
Within One Year	4 064	327
Later than one year but not later than five years	4 064	-
<b>Total Commitments <sup>a</sup></b>	<b>8 129</b>	<b>327</b>

All amounts shown in this note are inclusive of Goods and Services Tax.

- a) The increase in 'Commitments' of \$7.8 million is due to the recognition of future commitments as at 30 June 2019. In 2017-18 a reduced commitment for Queen Elizabeth II Family Centre was recorded due to a month by month extension arrangement in place, pending finalisation of the contract.

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 14. Cash Flow Reconciliation**

**(a) Reconciliation of Cash and Cash Equivalents at the End of the Reporting Period in the Cash Flow Statement to the Equivalent Items in the Balance Sheet**

	2019	2018
	\$'000	\$'000
The Cash and Cash Equivalents Recorded in the Balance Sheet	-	500
<b>Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement</b>	<b>-</b>	<b>500</b>

**(b) Reconciliation of Operating Surplus to Net Cash Inflows/(Outflows) from Operating Activities**

	2019	2018
	\$'000	\$'000
Operating (Deficit)/ Surplus	(4 874)	6 573
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>(4 874)</b>	<b>6 573</b>
<b>Changes in Operating Assets and Liabilities</b>		
(Increase) in Receivables	(21 649)	(10 670)
Increase in Payables	26 023	826
<b>Net Changes in Operating Assets and Liabilities</b>	<b>4 374</b>	<b>(9 844)</b>
<b>Net Cash (Outflows) from Operating Activities</b>	<b>(500)</b>	<b>(3 271)</b>

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Note 15. 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 ACT Local Hospital Network (LHN), directly or indirectly.

KMP of the LHN are the Portfolio Minister, the Director-General of the ACT Health Directorate and individuals from the ACT Health Directorate with a significant influence in strategic decisions impacting the LHN.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the LHN.

This note does not include typical citizen transactions between the KMP and the LHN that occur on terms and conditions no different to those applying to the public.

**(A) CONTROLLING ENTITY**

The LHN is an ACT Government controlled entity.

**(B) KEY MANAGEMENT PERSONNEL**

***B.1 Compensation of Key Management Personnel***

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2019.

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 2019.

Key Management Personnel (KMP) of the LHN other than the Portfolio Minister are employees of the ACT Health Directorate and are compensated by the ACT Health Directorate.

The LHN 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 LHN.

***B.3 Transactions with parties related to Key Management Personnel***

There were no transactions that were material to the financial statements of the LHN 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 LHN.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**Note 16. Budgetary Reporting**

**Operating Statement Line Items**

	Actual 2018-19 \$'000	Original Budget <sup>1</sup> 2018-19 \$'000	Variance \$'000	Variance %	Variance Explanation
User Charges - Non-ACT Government	120 334	107 921	12 413	11.5	User Charges exceeded the Budget amount mainly due to growth in health services provided to interstate residents and cross border block funding.

**Balance Sheet Line Items**

	Actual 2018-19 \$'000	Original Budget <sup>1</sup> 2018-19 \$'000	Variance \$'000	Variance %	Variance Explanation
Cash and Cash Equivalents	-	3 771	(3 771)	(100.0)	Cash and Cash Equivalents were below the Budget amount mainly due to passing all of the LHN's funds to relevant ACT Public Hospitals.
Receivables	56 537	24 218	32 319	133.5	Receivables exceeded the Budget amount mainly due to cross border health receipts for past financial years and the grossing up of cross border block funding.
Payables	41 629	14 780	26 849	181.7	Payables exceeded the Budget amount mainly due to cross border health payments for the past financial years and the grossing up of non-activity based cross border expenses.

**Statement of Changes in Equity**

**These line items are covered in other financial statements**

<sup>1</sup> Original Budget refers to the amounts presented to the Legislative Assembly in the original Budget Papers in respect of the reporting period (2018-19 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

**ACT LOCAL HOSPITAL NETWORK  
FORMING PART OF NOTE 2 OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**APPENDIX A - 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 2020)

This standard was released by the Australian Accounting Standard Board (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 is reviewing its existing arrangement with Calvary Public Hospital to assess if the arrangement falls within the scope of this standard. The Directorate is currently in the process of finalising its assessment on the estimated impacts on future financial statement.

## INDEPENDENT LIMITED ASSURANCE REPORT

### To the Members of the ACT Legislative Assembly

#### Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (the Directorate) for the year ended 30 June 2019.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2019 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

#### Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

#### The Directorate's responsibilities for the statement of performance

The Director-General is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

#### Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

**Limitations on the scope**

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Michael Harris  
Auditor-General  
12 September 2019

**ACT LOCAL HOSPITAL NETWORK DIRECTORATE  
STATEMENT OF PERFORMANCE  
FOR THE YEAR ENDED 30 JUNE 2019**

**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 2019 and also fairly reflects the judgements exercised in preparing it.



Mr Michael De'Ath  
Director-General  
ACT Health Directorate  
11 September 2019



# ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2019

## 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, University of Canberra Hospital, Calvary Hospital, Clare Holland House and Queen Elizabeth II Family Centre.

	Original Target 2018-19	Actual Result 2018-19	Variance from Original Target %	Notes
Total Cost (\$000's)	1,175,946	1,193,233	1	
Controlled Recurrent Payments (CRP) (\$000's)	669,990	654,588	(2)	
<b>Accountability Indicators</b>				
a. Admitted Services – National Weighted Activity Units (NWAU) {18}	101,853	98,618	(3)	
b. Non-Admitted Services - NWAU {18}	18,897	20,069	6	1
c. Emergency Services – NWAU {18}	19,389	18,835	(3)	
d. Acute Admitted Mental Health Services – NWAU {18}	8,433	9,262	10	2
e. Sub Acute Services – NWAU {18}	10,125	12,000	19	3
f. Total in scope – NWAU {18}	158,697	158,784	0	
g. Percentage of mental health clients with outcome measures completed	65%	69%	6	4
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	71%	(5)	5

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

#### Explanation of Measures

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) {18} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2018-19. These measures combine the results for Canberra Hospital, University of 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'.

- a. Excludes mental health and sub-acute services.
- b. Excludes community mental health services.

# ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2019

## Output 1.1 ACT Local Hospital Network (Continued)

- g. 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.
- h. 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.

## Explanation of Material Variance (>5 per cent)

1. The result is higher than target due to a change in the mix of clinical activity. The largest increases in activity were observed in General Medicine, Urology and Paediatric Surgery.
2. The result is higher than target due to an increase in average complexity per separation. The services which observed the largest increases in complexity include treatments for Anxiety Disorders, Major Affective Disorders and Schizophrenia Disorders.
3. The result is higher than target due to an increase in the number of separations compared to budget. The largest increases in separation volume were observed in Rehabilitation Care and Maintenance Care, reflecting the commissioning of the University of Canberra Hospital earlier this financial year.
4. This result is higher than the target due to service managers having a focus on monitoring completion rates with front line staff.
5. The result is lower than target due to a higher proportion of interstate resident inpatient admissions who were subsequently discharged or transferred interstate and hence did not receive a 7-day follow up from ACT based community mental health services.

## ACT Local Hospital Network Strategic Objectives

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, which includes purchasing public hospital and health services, and capital planning.

The ACT Local Hospital Network, originally established under the *Health Act 1953* and now managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by a Director-General, who is also the Director General of the ACT Health Directorate. The ACT Local Hospital Network Directorate is supported by ACT Health Directorate staff.

The ACT Local Hospital Network receives its funding from the Commonwealth, ACT and other state and territory governments. In the last category, this is mainly the NSW Government for patients accessing services from the surrounding NSW region.

It purchases public hospital and health services from the following providers:

- > Canberra Health Services, which includes Canberra Hospital and the University of Canberra Hospital
- > Calvary Health Care ACT Limited, through Calvary Public Hospital Bruce and Clare Holland House
- > Tresillian Family Care Centres, through the Queen Elizabeth II Family Centre, and
- > a range of private providers for elective surgery, including:
  - Calvary Bruce Private Hospital
  - Calvary John James Hospital
  - Canberra Microsurgery
  - Canberra Private Hospital, and
  - Barton Private Hospital.

The ACT Local Hospital Network has a formal annual service level agreement in place between the ACT Minister for Health and the Director-General of the ACT Local Hospital Network Directorate. It supports safe, accessible, quality, financially sustainable and accountable hospital and health care for the ACT community and surrounding region. It also promotes visibility of responsibilities and accountabilities across relevant ACT agencies for delivering health services and provides information on funding these.

Key elements of the service level agreement include:

- > services to be provided by the ACT Local Hospital Network
- > funding provided to the ACT Local Hospital Network for provision of these services, and
- > key service performance priorities and agreed targets.

The ACT is experiencing significant increases in demand for hospital and health services. Work is ongoing to improve access to high-quality and timely healthcare, and the ACT Health Directorate is partnering and collaborating with ACT Local Hospital Network service providers to help manage the demand.

All service providers are focused on improving the timeliness, quality and flow of patient care across all areas of the public health system.

Operational initiatives in 2018–19 included:

- > receiving and distributing funding for public hospital and health services under the National Health Reform Agreement, and
- > monitoring delivery of services against activity targets and key performance indicators.

**Contact details:** For more information on this section, including the Strategic Objectives and Indicators, contact [LHNCoord@act.gov.au](mailto:LHNCoord@act.gov.au)

## Strategic Objective 1: Percentage of elective surgery cases admitted on time by clinical urgency

There are three main urgency categories for elective surgery: urgent, semi-urgent and non-urgent. The urgency category is determined by the surgeon and is based on clinical criteria.

### Strategic indicator 1: Percentage of elective surgery cases admitted on time by clinical urgency

Clinically recommended time by urgency category	2018–19 Target	2018–19 Outcome
Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	96%
Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	78%	75%
Non-urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency	91%	78%

In the 2018–19 Budget the ACT Government committed \$64.7 million over four years to increase the number of elective and emergency surgeries, to improve access to surgical care and reduce waiting times.

The ACT Health Directorate continues to use all avenues to support delivery of elective surgery. Publicly funded elective surgery for ACT patients, and in many cases the surrounding region, is split across several providers, including private operators.

The number of elective surgeries to be delivered across the ACT in 2018–19 was set for 14,000. This target was achieved, with 14,015 surgeries delivered during the year.

The results show that delivery has kept pace with demand, with the number of removals from the waiting list around the same number of additions.

Although the timeliness targets for each urgency category were not met, the percentage of elective surgery cases admitted on time improved across all triage categories when compared with 2017–18:

**Table 38: Elective surgery performance comparison between 2017–18 and 2018–19**

Urgency category	2017–18 Outcome		2018–19 Outcome
Category 1 – Urgent	91%	96%	
Category 2 – Semi-urgent	70%	75%	
Category 3 – Non-urgent	77%	78%	

The ACT Government continues to invest in elective surgery services across the Territory, with an aim to deliver a record number of 14,250 elective surgeries in 2019–20.

The ACT Health Directorate and Territory Wide Surgical Services are developing an elective surgery plan for 2019–20. The fundamental strategy is to shift routine, non-tertiary services away from Canberra Hospital to allow Canberra Health Services to concentrate on delivering emergency, trauma and tertiary level services. The surgical list will continue to be coordinated at a whole-of-territory level (rather than hospital by hospital) to spread the workload as efficiently as possible. The Directorate will also continue coordinating with surrounding NSW local health districts as much as possible.

To help achieve the target and to accommodate this shift, services at Calvary Public Hospital Bruce will also be expanded with:

- > two new theatres to boost elective surgery capacity, as well as staff to support these once they come online, one in 2019–20 and another in 2020–21, and
- > expanded urology services and staff to meet the ACT’s growing demand for urology surgery.

## Strategic objective 2: Improved emergency department timeliness

There are five triage categories used nationally to assess the clinical urgency of care required for people presenting to emergency departments. This is referred to as the Australasian Triage Scale and was developed by the Australasian College of Emergency Medicine. The scale is a clinical tool used to establish the maximum waiting time for medical assessment and treatment of a patient.

### Strategic indicator 2.1: Proportion of emergency department presentations that are treated within clinically appropriate timeframes

Triage category	2018–19 Target	2018–19 Outcome
One (resuscitation seen immediately)	100%	100%
Two (emergency seen within 10 mins)	80%	74%
Three (urgent seen within 30 mins)	75%	32%
Four (semi urgent seen within 60 mins)	70%	47%
Five (non-urgent seen within 120 mins)	70%	83%
All presentations	70%	46%

The indicators above identify the percentage of patients arriving at ACT emergency departments who commenced treatment within the maximum recommended time for their respective triage category.

During 2018–19 there were a total of 149,273 presentations across ACT emergency departments. This is an increase of 1 per cent from 147,778 presentations in 2017–18. This was a lesser growth rate than the previous year, where presentations grew by 2.7 per cent from 143,860 in 2016–17.

The ACT Government has a focus on delivering emergency care to a high standard and within clinically recommended timeframes. Procedures and protocols are in place to ensure patients are treated according to the urgency of their clinical needs, and ACT emergency departments achieved the targets for category one and category five patients during the year. Work continues on improving results for categories two, three and four. An area of investigation in the coming year will be the extent to which patients in these categories are presenting with increasingly complex conditions and complicating factors. This can add to the length of treatment times.

Processes for managing growing emergency department demand across the Territory are continuously reviewed. Strategies are focused on managing the flow of patients into emergency departments, diversion to alternative forms of treatment options, and improving the operational management of patients once in the emergency department as well as right throughout the hospital.

Strategies include:

- > providing alternative forms of clinical treatment through walk-in centres to allow the right treatment in the right place
- > investing in initiatives such as Hospital in the Home and the Geriatric Rapid Acute Care Evaluation (GRACE) program, which provide treatment in residential aged care facilities and aim to reduce emergency department presentations and hospital admissions
- > communicating strategies and educating consumers on their treatment options as an alternative to emergency departments, and
- > targeting initiatives for known high demand pressure periods. These could include dedicated winter management plans which incorporate additional beds and staffing to respond to seasonal impacts.

The government also continues to invest in frontline health services. In 2019–20 an additional two senior staff specialists will be recruited within the emergency department at Canberra Hospital. This builds on the additional emergency department staff delivered through the 2018–19 Budget, which has grown frontline resourcing by 14 staff.

An additional 12 medical beds have also been funded in 2019–20 to meet demand for acute inpatient services. This builds on the additional 68 beds to be added this year as a result of the Government's investments through the 2018–19 Budget.

An expansion of the emergency department at Calvary Public Hospital Bruce will be completed in 2019–20. This will deliver additional treatment spaces, improve access and triage arrangements, enhance waiting areas and expand the short stay unit. The 2019–20 Budget has provided funding for new doctors, nurses, administration and other health professionals to staff the expansion once it is complete.

The government will also open a fourth walk-in centre in Weston Creek in late 2019, and a fifth walk-in centre for the inner north in late 2020.

ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce are continually working to improve access to emergency services and care, reduce waiting times and optimise patient transfers to the most appropriate clinical environment as seamlessly as possible.

The Government and ACT health service providers are also working closely with the NSW Government and the region's local health districts on patient flow and cross border treatment options. These collaborations ensure all patients can access and receive the right care, in the right place and at the right time.

**Table 39: Proportion of emergency department presentations treated within clinically appropriate timeframes, by hospital, by triage category**

Source: Australian Institute of Health and Welfare Emergency Department Care 2017–18

This table provides a comparison of ACT emergency department performance for 2017–18\* against the national averages for peer hospitals:

> Canberra Hospital has been identified as a ‘principal referral hospital’, and

<b>Triage category</b>	<b>Canberra Hospital 2017–18</b>	<b>National average 2017–18 principal referral and women’s and children’s hospital</b>	<b>Calvary Public Hospital Bruce 2017–18</b>	<b>National average 2017–18 Public acute group A hospitals</b>
One (resuscitation – seen immediately)	100%	100%	100%	100%
Two (emergency – seen within 10 minutes)	73%	72%	85%	78%
Three (urgent – seen within 30 minutes)	28%	60%	48%	63%
Four (semi-urgent – seen within 60 minutes)	39%	69%	64%	72%
Five (non-urgent – seen within 120 minutes)	77%	90%	90%	91%
All presentations	42%	67%	60%	71%

> Calvary Public Hospital Bruce has been identified as a ‘public acute group A hospital’.

\*2017–18 is the latest national data available at the time of preparing this report.

**Strategic indicator 2.2: Proportion of emergency department presentations whose length of stay in the emergency department is four hours or less**

<b>Detail</b>	<b>2018–19 Target</b>	<b>2018–19 Outcome</b>
ACT	90%	60%
Canberra Hospital	90%	55%
Calvary Public Hospital Bruce	90%	66%

This indicator measures the proportion of Emergency Department presentations who either physically leave the Emergency Department for admission to hospital, are referred for treatment or are discharged, whose total time in the Emergency Department is within four hours.

The ‘four-hour rule’ was a national target in the Improving Public Hospitals National Partnership Agreement which is no longer current and therefore not required to be reported nationally. The target continues to be used by some hospitals across Australia as a measure of performance, however it is important to note that in some instances it may be clinically appropriate for some patients to remain in the emergency department for more than four hours.



As reported under strategic objective 2.1 above, the ACT Government is investing in additional staffing and infrastructure at both Canberra Hospital and Calvary Public Hospital Bruce to increase emergency department capacity in the Territory. The ACT Health Directorate will continue to work with the hospitals in the ACT Local Hospital Network to develop and implement strategies and solutions to improve timely care of patients across the health system.

**Table 40: Four-hour rule peer group hospital comparison (2017-18)**

Detail	Canberra Hospital 2017-18	National average 2017-18 Principal referral and women's and children's hospital	Calvary Public Hospital Bruce 2017-18	National average 2017-18 Public acute group A hospitals
Proportion of emergency department presentations whose length of stay in the Emergency Department is four hours or less	59%	67%	72%	68%

*Source: Australian Institute of Health and Welfare Emergency Department Care 2017-18*

This table provides a comparison of ACT emergency department performance against the four-hour rule for 2017-18\* against the results for peer group hospitals:

- > Canberra Hospital has been identified as a 'Principal referral hospital', and
- > Calvary Public Hospital Bruce has been identified as a 'Public acute group A hospital'.

The ACT's performance against this indicator, in comparison to national and peer group hospital averages for 2017-18, indicates that this situation is not unique to the ACT. Hospitals right across Australia are challenged with increases in demand for emergency health care.

\*2017\_18 is the latest national data available at the time of preparing this report.

### Strategic objective 3: Maximising the quality of hospital services

The ACT Health Directorate and ACT Local Hospital Network service providers strive to provide a safe and high-quality health care system, and to implement service improvement to increase safety for all patients.

The ACT Health Directorate's Quality Strategy (2018-2028) outlines a systems approach to deliver high-quality care, reduce harm and improve care outcomes and processes. The strategy sets out three key priority areas for ensuring that safety and quality is at the centre of our health services.

- > Strategic Priority 1: Person-centred—improve the experience of care
- > Strategic Priority 2: Patient Safety—proactively seek a reduction in harm, and
- > Strategic Priority 3: Effective Care—best evidence for every person, every time.

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 ACT hospital targets are based on similar rates for peer hospitals, based on the Australian Council of Healthcare Standards.

The targets for each hospital are different due to Canberra Hospital being the major tertiary public hospital for the ACT and surrounding region, treating higher levels of acuity and complexity than Calvary Public Hospital Bruce.



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 consideration of performance over time rather than for any given period.

**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	2018–19 Target	2018–19 Outcome
Canberra Hospital	<1.0%	0.8%
Calvary Public Hospital Bruce	<0.5%	0.4%

This strategic indicator represents the quality of theatre and post-operative care for patients at both public hospitals.

Canberra Hospital and Calvary Public Hospital Bruce continue to perform better than the target rate and have done so for consecutive years.

**Table 41: Proportion of people requiring an unplanned return to the operating theatre within a single episode of care at ACT public hospitals from 2014–15 to 2018–19**

Hospital	2014–15	2015–16	2016–17	2017–18	2018–19
Canberra Hospital	0.8%	0.7%	0.6%	0.5%	0.8%
Calvary Public Hospital Bruce	0.2%	0.2%	0.3%	0.3%	0.4%

Source: ACT Health Directorate Annual Reports.

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

Detail	2018–19 Target	2018–19 Outcome
Canberra Hospital	<2%	1.5%
Calvary Public Hospital Bruce	<1%	0.8%

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

Canberra Hospital and Calvary Public Hospital Bruce continue to perform better than the target rates.

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

Detail	2018–19 Target	2018–19 Outcome
Canberra Hospital	<2 per 10,000 bed days	1.2%
Calvary Public Hospital Bruce	<2 per 10,000 bed days	0.0%

This indicator shows the safety of hospital-based services, measuring the number of people admitted to hospitals who acquire a SAB infection during their stay per 10,000 occupied bed days.

As shown in the table above, both Canberra and Calvary Public Hospitals recorded rates well below the 2018–19 targets.

Infection prevention and control officers across both hospitals develop and implement programs to limit infections. This includes education programs for clinicians, patients, general staff and visitors.

#### **Strategic Indicator 3.4: The Estimated Hand Hygiene Rate**

<b>Detail</b>	<b>2018–19 Target</b>	<b>2018–19 Outcome</b>
Canberra Hospital	75%	84%
Calvary Public Hospital Bruce	75%	78%

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 hygiene should have been practiced) in the same audit period.

Both hospitals exceeded the 2018–19 targets for hand hygiene rates. Canberra Hospital undertakes hand hygiene audits three times a year in March, June and October.

Calvary Public Hospital Bruce undertakes hand hygiene audits three times a year in March, July and October.

# APPENDIX A COMPLIANCE STATEMENT

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The ACT Health Directorate Annual Report must comply with the Annual Reports (Government Agencies) Directions 2019 (the Directions). The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au)

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions that are applicable to ACT Health Directorate and the location of information that satisfies these requirements.

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Health Directorate Annual Report 2018–19 complies with all subsections of Part 1 under the Directions.

In compliance with Section 15 Feedback, Part 1 of the Directions, contact details for ACT Health Directorate are provided within the ACT Health Directorate Annual Report 2018–19 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 reporting entities and ACT Health Directorate complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Health Directorate Annual Report 2018–19 as follows:

- > A. Transmittal Certificate, see page 1
- > B. Organisational overview and performance, inclusive of all subsections, see pages 9–180, and
- > C. Financial Management Reporting, inclusive of all subsections, see pages 181–274.

## Part 3 Reporting by Exception

ACT Health Directorate has nil information to report by exception under Part 3 of the Directions for the 2018–19 reporting year.

## Part 4 Annual Report Requirements for specific reporting entities

The following subsection of Part 4 of the 2018 Directions is applicable to ACT Health Directorate and can be found within the ACT Health Directorate Annual Report 2018–19:

- > Mental Health, see page 278.

## Part 5 Whole-of-Government Annual Reporting

All subsections of Part 5 of the Directions apply to ACT Health Directorate. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service Directorates, as follows:

- > Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- > Human Rights, see the annual report of the Justice and Community Safety Directorate
- > Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- > Public Sector Standards and Workforce Profile, see the annual State of the Service Report, and
- > Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at:

[http://www.cmtedd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmtedd.act.gov.au/open_government/report/annual_reports)

# APPENDIX B INDEX

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