



ACT
Government

Annual Report

2019–20

ACT Health **Directorate**



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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

Abbreviation/acronym	Meaning
ABF	Activity Based Funding
ABM	Activity Based Management
ACAT	ACT Civil and Administrative Tribunal
ACATLGN	Australian Child and Adolescent Trauma, Loss and Grief Network
ACEs	Adverse Childhood Experiences
ACT	Australian Capital Territory
ACTHD	ACT Health Directorate
ACTIA	Australian Capital Territory Insurance Authority
ACTPS	ACT Public Service
ADR	Alternative Dispute Resolution
AHCS	Aboriginal Health and Community Services
AHPPC	Australian Health Protection Principal Committee
AIDS	acquired immunodeficiency syndrome
AMC	Alexander Maconochie Centre
AMP	Asset Management Plan
ANU	Australian National University
AOD	Alcohol and Other Drugs
ARIR	Australian Radiation Incident Register
ARMC	Audit and Risk Management Committee
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ASIST	Applied Suicide Intervention Skills Training
ASA	Agency Security Advisor
ASE	Agency Security Executive
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
BAU	Business as usual
BPA	Best Practice Australia
C&G	Corporate and Governance
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CALD	culturally and linguistically diverse
CALMS	Canberra Afterhours Locum Medical Service
Calvary	Calvary Health Care ACT Ltd
CNA	Calvary Network Agreement
CCTV	closed-circuit television

Abbreviation/acronym	Meaning
CHANGE	Community Health Activation Network Program
CHECC	Clinical Health Emergency Coordination Centre
CHH	Clare Holland House
CHMR	Centre for Health and Medical Research
CHO	Chief Health Officer
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
CIO	Chief Information Officer
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNG	Compressed Natural gas
CO ₂	Carbon dioxide
COAG	Council of Australian Governments
CORS	Co-worker Observation Reporting System
CPHB	Calvary Public Hospital Bruce
CRMEC	Canberra Region Medical Education Council
CTSC	Clinical Trials Subcommittee
DAMA	Data Management Association
DAPIS	Drugs and Poison Information System
DHR	Digital Health Record
Directorate	ACT Health Directorate
DLC	Directorate Leadership Committee
DSD	Digital Solutions Division
EAP	Employee Assistance Program
ECT	Electroconvulsive therapy
ED	emergency department
ED11	Emergency detention authorised for up to a further 11 days
ED3	Emergency detention authorised for up to three days
EDIS	Emergency Department Information System
EDU	Education Directorate
EPIC	Exhibition Park in Canberra
ESRA	Enterprise security risk assessment
EV	Electric vehicle
FARE	Foundation for Alcohol Research and Education
FOI	Freedom of Information
FPTO	Forensic Psychiatric Treatment Order
FTE	full-time equivalent

Abbreviation/acronym	Meaning
GAMSAT	Graduate Australian Medical School Admissions Test
GP	General Practitioner
GRACE	Geriatric Rapid Acute Care Evaluation
GST	Goods and Services Tax
GTM	Groovin' the Moo
Gugan Gulwan	Gugan Gulwan Youth Aboriginal Corporation
HAART	Home Assessment and Acute Response Team
HEAL	Healthy Eating and Active Living
HealthANSWERS	ACT and NSW Education, Research and Service
HECC	Health Emergency Control Centre
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HPS	Health Protection Service
HR	Human Resources
HREC	Human Research Ethics Committee
HRIMS	Human Resource Information Management System
HSR	Health and safety representative
ICT	Information and Communications Technology
IHPA	Independent Hospital Pricing Authority
IT	Information Technology
KHC	Kindergarten Health Check
KPI	Key performance indicator
LCMHC	Little Company of Mary Health Care Ltd
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
LHN	Local Hospital Network
LIS	Laboratory Information System
LMS	Learning Management System
LPG	Liquid Petroleum Gas
LRSC	Low Risk Subcommittee
MAC	Medicines Advisory Committee
MARSS	Migrant and Refugee Settlement Services
MIEACT	Mental Illness Education ACT
MLA	Member of the Legislative Assembly
MoP	Management of Portfolios
MOU	Memorandum of Understanding
MSD	musculoskeletal disorders

Abbreviation/acronym	Meaning
MSIF	Medically Supervised Injecting Facility
MSP	Managing Successful Programmes
NA	Not available
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aborigines and Islanders Day Observance Committee
NBHF	Ngunnawal Bush Healing Farm
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDRP	National Directory for Radiation Protection
NEST	Nutrition Education Sustenance Training
NGOLG	Non-Government Organisation Leadership Group
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
NHRA	National Health Reform Agreement
NPCR	National Partnership on COVID-19 Response
NSQHS	National Safety and Quality Health Service
NSW	New South Wales
NWAU	National Weighted Activity Unit
OMHW	Office for Mental Health and Wellbeing
OPLE	Office of Professional Leadership and Education
P.A.R.T.Y.	Prevent Alcohol and Risk-related Trauma in Youth
PACER	Police, Ambulance and Clinician Early Response
PACS	Picture Archiving and Communication System
PARK-D	Preventing Alcohol-Related Chronic Disease
PARS	Patient Advocacy Reporting System
PHECC	Public Health Emergency Coordination Centre
PHPR	Public Health, Protection and Regulation
PICS	Purchasing and Inventory Control System
PMO	Project Management Office
PPE	personal protective equipment
PPH	Preventive and Population Health
PTO	Psychiatric Treatment Order
QEII	Queen Elizabeth II Family Centre
QPR	Quarterly Performance Report
QPR	Question, Persuade, Refer (e-learning program)
QPR	Question, Persuade, Refer (suicide intervention prevention)

Abbreviation/acronym	Meaning
RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RED	Respect, Equity and Diversity
REDCO	Respect, Equity and Diversity Contact Officer
SAB	Staphylococcus Aureus Bacteraemia
SAM	save-a-mate
SAMP	Strategic Asset Management Plan
SBB	Safer Baby Bundle
SERBIR	Senior Executive Responsible for Business Integrity Risk
SID	Strategic Infrastructure Division
SRSC	Social Research Subcommittee
STI	Sexually Transmissible Infection
Stillbirth CRE	Centre of Research Excellence in Stillbirth
U18	Under 18 years of age
UC	University of Canberra
UNEC	United Ngunnawal Elders Council
WHS	Work health and safety
WIC	Walk-in Centre
Winnunga Nimmityjah	Winnunga Nimmityjah Aboriginal Health and Community Services
Y7HC	Year 7 Health Check
YAM	Youth Aware of Mental Health

Glossary of technical terms

Term	Meaning
AS/NZS ISO 31000:2018 Risk Management Guidelines	The Australian Standard on risk management used as the background for risk management in the Health Directorate.
COVID-19	Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is a disease caused by a new form of coronavirus.
public health officers	Public health officers provide a range of services to the community, including communicable disease control, pharmaceutical services, environmental health and scientific services and have certain powers enshrined in legislation.

Other sources of information

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

Copies of the ACT Health Directorate 2019–20 Annual Report are also available online at: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>

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

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

- > [ACT Health Stats](#)
- > [ACT Human Rights Commission Annual Report 2018–19](#)
- > [ACT Public Health Services Quarterly Performance Report](#)
- > [Australia’s Health 2018, Australian Institute of Health and Welfare](#)
- > [Australian Hospital Statistics, Australian Institute of Health and Welfare](#)
- > [Chief Health Officer’s Report 2018](#)

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2019–20 Health Portfolio Budget Statements	https://apps.treasury.act.gov.au/data/assets/pdf_file/0012/1369785/C-Health-Directorate.pdf
Aboriginal and Torres Strait Islander Agreement 2019–2028	https://www.communityservices.act.gov.au/data/assets/pdf_file/0015/1323132/ACT-Aboriginal-and-Torres-Strait-Islander-Agreement-2019-2028.pdf
Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030	https://health.act.gov.au/sites/default/files/2020-07/Strategic%20Framework_Feb%202020_FINAL%20MIN%20ENDORSED.pdf
ACT 2020 Nursing and Midwifery Excellence Awards	https://health.act.gov.au/news/2020-nursing-and-midwifery-excellence-awards
ACT Aboriginal and Torres Strait Islander Agreement 2019–2028 Action Plans	https://www.communityservices.act.gov.au/atsia/agreement-2019-2028/action-plans

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ACT Auditor-General's Report: ACT Government Strategic and Accountability Indicators – Report No. 2/2018	https://www.audit.act.gov.au/_data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf
ACT Auditor-General's Report: ACT Health's Management of Allegations of Misconduct and Complaints about Inappropriate Workplace Behaviour – Report No. 9/2018	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
ACT Auditor-General's Report: Calvary Public Hospital Financial and Performance Reporting and Management – Report No. 1/2016	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
ACT Auditor-General's Report: Integrity of Data in the Health Directorate – Report No. 5/2015	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
ACT Auditor-General's Report: Management of the System-Wide Data Review Implementation Program No. 5/2019	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
ACT Auditor-General's Report: Physical Security – Report No. 6/2018	https://www.audit.act.gov.au/_data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf
ACT Climate Change Strategy 2019–25	https://www.environment.act.gov.au/_data/assets/pdf_file/0003/1414641/ACT-Climate-Change-Strategy-2019-2025.pdf / recache
ACT Controlled Medicines Prescribing Standards	http://www.legislation.act.gov.au/ni/2018-77/default.asp
ACT Drug Strategy Action Plan 2018–2021	https://www.health.act.gov.au/about-our-health-system/population-health/act-drug-strategy-action-plan
ACT Food Business Fit-out Guide	https://www.health.act.gov.au/sites/default/files/2019-10/Food%20Business%20-%20Fit-out%20Guide.pdf
ACT General Health Survey	https://cms.health.act.gov.au/about-our-health-system/population-health/epidemiology
ACT Government Budget papers – Budget 2019–20	https://apps.treasury.act.gov.au/budget/budget-2019-20/budget-papers
ACT Government Contracts Register	https://tenders.act.gov.au
ACT Government COVID-19 Public Health Directions	https://www.covid19.act.gov.au/what-you-can-do/act-public-health-directions

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ACT Government Information Portal	www.act.gov.au
ACT Government Wellbeing Framework	https://www.act.gov.au/wellbeing
ACT Health Data Collections	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/data-collections#
ACT Health Directorate	https://health.act.gov.au/
ACT Health Directorate Strategic Plan: 2020–25	https://www.health.act.gov.au/sites/default/files/2020-09/ACT%20Health%20Directorate%20Strategic%20Plan%202020-25.pdf
ACT Health Promotion Grants Program	https://www.health.act.gov.au/about-our-health-system/healthy-living/act-health-promotion-grants-program
ACT Health Quality Strategy 2018–2028	http://www.health.act.gov.au/sites/default/files/2018-10/Quality%20Strategy%20Booklet.pdf
ACT Health Radiation Safety	www.health.act.gov.au/radiationsafety
ACT Health Stats	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats
ACT Health Sustainability Strategy 2016–2020	https://www.health.act.gov.au/sites/default/files/2020-02/ACT%20Health%20Sustainability%20Strategy%202016%20-2020.pdf
ACT Human Rights Commission	https://hrc.act.gov.au/
ACT Legislation Register	http://www.legislation.act.gov.au/
ACT Mental Health Advisory Council	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/act-mental-health-advisory-council
ACT Mental Health and Suicide Prevention Plan	https://www.chnact.org.au/about-us/publications/other/
ACT Public Health Services Culture Review Implementation	https://www.health.act.gov.au/about-our-health-system/culture-review-implementation
ACT Public Health Services Cultural Review Implementation: Inaugural Annual Review	https://health.act.gov.au/sites/default/files/2020-06/ACT%20Health%20Cultural%20Review%20Inaugural%20Annual%20Report%202020.pdf
ACT Public Health Services Quarterly Performance Report	https://health.act.gov.au/about-our-health-system/act-public-health-services-quarterly-performance-report
ACT Public Service Directorate annual reports	http://www.cmtedd.act.gov.au/open_government/report/annual_reports
ACT Recovery College	https://www.recoverycollegeact.org/
ACT Remuneration Tribunal	https://www.remunerationtribunal.act.gov.au/
Addendum to National Health Reform Agreement 2020–2025	https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra
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Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	www.arpansa.gov.au
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series	https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series
Australian Standard – AS/NZS ISO 31000:2018 Risk Management Guidelines	https://www.standards.org.au/standards-catalogue/sa-snz/publicsafety/ob-007
Australian Work Health and Safety Strategy 2012–2022	https://www.safeworkaustralia.gov.au/doc/australian-work-health-and-safety-strategy-2012-2022
Black Dog Institute	https://www.blackdoginstitute.org.au/
CAHMA Take Home Naloxone program	https://www.cahma.org.au/Naloxone.html
Calvary Health Care ACT Limited	https://www.calvarycare.org.au/act/
Calvary Public Hospital Bruce	https://www.calvarycare.org.au/public-hospital-bruce/
Canberra Health Services	https://www.health.act.gov.au/about-our-health-system/organisation-structures
Canberra Hospital	https://health.act.gov.au/hospitals-and-health-centres/canberra-hospital
Canberra's Recovery Plan: COVID-19 Easing of Restrictions Roadmap (2.0)	https://www.covid19.act.gov.au/community/canberra-recovery
Capital of Equality First Action Plan 2019 & 2020	https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0006/1438107/Capital-of-Equality-First-Action-Plan-2019-and-2020.pdf
Capital of Equality: an ACT Government Strategy to deliver equitable outcomes for LGBTIQ+ people 2019–2023	https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/1378184/Capital-of-Equality-An-ACT-Government-strategy.pdf
Carers ACT	https://www.carersact.org.au/
Check in CBR	https://www.covid19.act.gov.au/business-and-work/check-in-cbr#Check-In-CBR-App
Chief Health Officer's Report	<ul style="list-style-type: none"> > http://www.health.act.gov.au/datapublications/reports/chief-health-officers-report > https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/chief-health-officers-report

Name	Address
Clare Holland House	https://www.calvarycare.org.au/public-hospital-bruce/services-and-clinics/clare-holland-house/
COAG (Council of Australian Governments) Health Council 2017. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Department of Health. Slade T, Johnston A, Teesson M, Whiteford H, Burgess P, Pirkis J et al. 2009	http://www.coaghealthcouncil.gov.au/Publications/Reports
COAG Health Council – The National Code of Conduct for Health Care Workers	https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers
Commitment to Community Engagement (The Office for Mental Health and Wellbeing)	https://health.act.gov.au/sites/default/files/2020-01/OMH%26W%20Community%20Engagement%20A4%20final_0.pdf
Community Trauma Toolkit	https://emergingminds.com.au/resources/the-effects-of-trauma-on-childrens-mental-health/
Controlled Medicines	http://www.health.act.gov.au/public-information/businesses/pharmaceutical-services/controlled-medicines
<i>Crimes Act 1900</i>	https://www.legislation.act.gov.au/a/1900-40
Cultural Respect Framework 2016–2026	https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf
<i>Dangerous Substances Act 2004</i>	https://www.legislation.act.gov.au/a/2004-7/
Digital Health Strategy 2019–2029	https://www.health.act.gov.au/sites/default/files/2019-05/Digital%20Health%20Strategy%202019-2029.pdf
Eighth National HIV Strategy 2018–2022	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\$File/HIV-Eight-Nat-Strategy-2018-22.pdf
Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf
Fifth National Hepatitis C Strategy 2018–2022	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\$File/Hep-C-Fifth-Nat-Strategy-2018-22.pdf
Fifth National Mental Health and Suicide Prevention Plan	http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf
Final Report: Independent Review into the Workplace Culture within ACT Public Health Services	https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf
<i>Food Act 2001</i>	https://www.legislation.act.gov.au/a/2001-66/

Name	Address
Food Business Egg Guide	https://health.act.gov.au/sites/default/files/2019-02/ACT%20Food%20Business%20Egg%20Guide.pdf
Food Regulation 2002	https://www.legislation.act.gov.au/sl/2002-10/default.asp
Fourth National Sexually Transmissible Infections Strategy 2018–2022	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\$File/STI-Fourth-Nat-Strategy-2018-22.pdf
Freedom of Information – Access to Records	https://www.health.act.gov.au/about-our-health-system/freedom-information
<i>Freedom of Information Act 2016</i>	https://www.legislation.act.gov.au/a/2016-55/
Freedom of Information Disclosure Log	https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log
Fresh Tastes: healthy food at school	https://www.health.act.gov.au/about-our-health-system/healthy-living/fresh-tastes
Fryers, T, Melzer, D, Jenkins, R, and Brugha, T, 2005. The distribution of the common mental disorders: Social inequalities in Europe in Clinical Practice and Epidemiology in Mental Health (online), vol. 1, no. 14. Retrieved 15 August 2008 from BioMed Central	http://www.pubmedcentral.nih.gov/
<i>Gene Technology (GM Crop Moratorium) Act 2004</i>	https://www.legislation.act.gov.au/a/2004-40/current/
<i>Government Procurement Act 2001</i>	http://www.legislation.act.gov.au/a/2001-28/
Government Procurement Regulation 2007	http://www.legislation.act.gov.au/sl/2007-29/default.asp
Gugan Gulwan	https://gugan-gulwan.com.au/
Healing Foundation	https://healingfoundation.org.au/
<i>Health (National Health Funding Pool and Administration) Act 2013</i>	https://www.legislation.act.gov.au/a/2013-2/
Health Care Consumers Association	https://www.hcca.org.au/
Healthier Choices Canberra	https://www.health.act.gov.au/about-our-health-system/healthy-living/healthier-choices-canberra
Healthy Canberra: ACT Preventive Health Plan 2020–2025	https://health.act.gov.au/about-our-health-system/population-health/act-preventive-health-plan

Name	Address
Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016–2020	https://www.health.act.gov.au/sites/default/files/2018-09/Hepatitis%20B,%20Hepatitis%20C,%20HIV%20and%20Sexually%20Tran%20smisable%20Infections%20ACT%20Statement%20of%20Priorities%202016-2020.pdf
Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1371634/9th-HACS-07-Inquiry-into-Drugs-of-Dependence-Personal-Cannabis-Use-Amendment-Bill-2018.pdf
Inquiry into the Appropriation Bill 2018–19 and Appropriation (Office of the Legislative Assembly) Bill 2018–19	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
Inquiry into the Appropriation Bill (No 2) 2017–18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18 (No 2)	https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Inquiry into the Future Sustainability of Health Funding in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1294844/9th-HACS-05-Inquiry-into-the-Future-Sustainability-of-Health-Funding-in-the-ACT.pdf
Interim Report 1 – Select Committee on the COVID-19 Pandemic Response	https://www.parliament.act.gov.au/parliamentary-business/in-committees/previous-assemblies/select-committees/ninth-assembly/select-committee-on-the-covid-19-response#tab1509618-8id
It's Your Move	http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move
Karralika	www.karralika.org.au
Kids at Play Active Play	https://www.health.act.gov.au/about-our-health-system/healthy-living/kids-play-active-play
Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-wide Data Review	https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf
<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>	http://www.legislation.act.gov.au/a/2008-26/current/
<i>Mental Health (Secure Facilities) Act 2016</i>	https://www.legislation.act.gov.au/a/2016-31
<i>Mental Health Act 2015</i>	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf
Mental Health Support Package	https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/\$4.5-million-covid-19-mental-health-support-package-to-help-canberrans
National Aboriginal and Torres Strait Islander Health Plan 2013–2023	https://www1.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan

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National Agreement on Closing the Gap	https://www.closingthegap.gov.au/national-agreement-closing-gap-glance
National COVID-19 Management Plan for Aboriginal and Torres Strait Islander Populations	https://www.health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations
National Health Reform Agreement	https://www.publichospitalfunding.gov.au/public-hospital-funding/about-agreement
National Directory for Radiation Protection	https://www.arpsa.gov.au/regulation-and-licensing/regulatory-publications/national-directory-for-radiation-protection
National Disability Insurance Scheme	https://www.ndis.gov.au/
National Disability Insurance Agency	https://www.and.org.au/members.php/144/national-disability-insurance-agency#:~:text=The%20National%20Disability%20Insurance%20Agency%20%28NDIA%29%20is%20an,and%20social%20reform%20agreed%20to%20by%20all%20governments
National Mental Health and Wellbeing Pandemic Response Plan	https://www.mentalhealthcommission.gov.au/mental-health-and-wellbeing-pandemic-response-plan
National partnership Agreement on COVID-19 Response	https://www.coag.gov.au/meeting-outcomes/coag-meeting-communique-13-march-2020
National Partnership on COVID-19 Response	https://www.coag.gov.au/sites/default/files/communique/covid19-mpa.pdf
National Safety and Quality Health Service Standards	https://www.safetyandquality.gov.au/standards/nsqhs-standards
National Statement on Ethical Conduct in Human Research 2007 – updated 2018	https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018
Ngunnawal Bush Healing Farm	https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/2083/~/ngunnawal-bush-healing-farm
Nurses and Midwives: Towards a Safer Culture – The First Step – Strategy	http://www.health.act.gov.au/sites/default/files/2018-12/Nurse%20Midwives%20Towards%20a%20Safer%20Culture%20-%20The%20First%20Step%20-%20Strategy%20FINAL%2014.12.18%20%28002%29.pdf
Nurses and Midwives: Towards a Safer Culture Project	https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/towards-safer-culture
Office for Mental Health and Wellbeing Work Plan 2019–2021	https://www.health.act.gov.au/sites/default/files/2019-04/Mental%20Health%20Work%20Plan.pdf
Question, Persuade Refer	https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan
Parliamentary Agreement for the 9th Assembly	http://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/1013792/Parliamentary-Agreement-for-the-9th-Legislative-Assembly.pdf

Name	Address
Public Health Act 1997	http://www.legislation.act.gov.au/a/1997-69/current/
<i>Public Health Amendment Act 2016</i>	http://www.legislation.act.gov.au/a/1997-69/current/pdf/1997-69.pdf
Queen Elizabeth II Family Centre	https://www.tresillian.org.au/about-us/what-we-do/tresillian-queen-elizabeth-ii-family-centre/
R UOK	https://www.ruok.org.au/
<i>Radiation Protection Act 2006</i>	https://www.legislation.act.gov.au/a/2006-33
Radiation Safety (Health Protection Service)	www.health.act.gov.au/businesses/radiation-safety
Independent Evaluation of the ACT GTM Pill Testing Pilot: a Harm Reduction Service	https://www.health.act.gov.au/sites/default/files/2019-12/ACT%20Pill%20Testing%20Evaluation%20report%20FINAL.pdf
Report on Annual and Financial Reports 2015–2016	http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Report on the Annual and Financial Reports 2017–18	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf
Review of Children and Young People in the ACT	https://cms.health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf
Safer Families – Community Services	https://www.communityservices.act.gov.au/safer-families
Tenders ACT	https://www.tenders.act.gov.au/
Territory-wide Health Service Plan	https://www.health.act.gov.au/about-our-health-system/planning-future/territory-wide-health-services https://www.health.act.gov.au/about-our-health-system/territory-wide-health-services
The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21	https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf
The mental health of Australians 2: report on the 2007 National Survey of Mental Health and Wellbeing. Canberra: Department of Health and Ageing	https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-mhaust2
The Office of Mental Health and Wellbeing	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing
The Office of Mental Health and Wellbeing, Resources	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/resources
The Snow Foundation	http://www.snowfoundation.org.au/
Third National Hepatitis B Strategy 2018–2022	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\$File/Hep-B-Third-Nat-Strategy-2018-22.pdf
University of Canberra Hospital	http://health.act.gov.au/uch

Name	Address
Winnunga Nimmityjah Aboriginal Health and Community Services	https://www.winnunga.org.au/
<i>Work Health and Safety Act 2011</i>	http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf
Year 7 Health Check	https://www.health.act.gov.au/about-our-health-system/population-health/epidemiology/year-7-health-check-survey
Youth Aware of Mental Health (YAM) program	https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan/youth-aware-mental-health-yam

Part A

Transmittal
Certificates



ACT
Government

ACT Health

Office of the Director-General

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

Dear Minister

2019-20 ACT Health Directorate Annual Report

This report has been prepared in accordance with section 6 of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2019*.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACT Health Directorate has been included for the period 1 July 2019 to 30 June 2020.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to 18 December 2020.

The annual report must be provided to the Speaker on 18 December 2020 for distribution to each Member of the Legislative Assembly. The annual report must then be tabled in the Legislative Assembly on the next sitting day.

Yours sincerely

Kylie Jonasson
Director-General

2 December 2020

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



ACT
Government

ACT Health

Office of the Director-General

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

Dear Minister

2019-20 ACT Health Directorate Annual Report

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I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACT Health Directorate has been included for the period 1 July 2019 to 30 June 2020.

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Kylie Jonasson
Director-General

2 December 2020

Director-General Foreword



I am pleased to present the ACT Health Directorate Annual Report 2019–20.

With the COVID-19 pandemic we have had to respond to and continue to face unprecedented challenges. I want to take this opportunity to acknowledge and give special thanks to the staff of the ACT Health Directorate. Our people have been deeply affected both professionally and personally by the year. Whether working on the air quality and smoke issues during the bushfire season, supporting the ACT's COVID-19 response, or continuing to press on with the other really important work we do for the ACT Government and the Canberra community. Across the Directorate our staff have shown tremendous strength and resilience. Our people have continued to connect and support each other, our colleagues across the ACT public service, and the people in the ACT community that we serve.

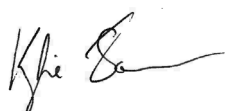
On top of this, there have been other notable achievements from the year as we continue to support the ACT Government and deliver on their priorities, including:

- > the launch of the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#), which articulates strategic priorities and areas for government-led action to reduce the prevalence of chronic disease and support good health and wellbeing for the ACT population; and
- > finalisation of procurement and 10-year contract arrangements for the Digital Health Record (DHR) — as the largest single investment in health ICT in ACT Government's history, the DHR will demonstrate best-practice innovation, providing a single patient record across all public health services in the ACT.

We have also continued the significant and necessary improvements to workplace culture. We launched the [ACT Health Directorate Strategic Plan 2020–25](#), which outlines the Directorate's vision, purpose, values, priorities, and the goals we are working towards and the way we work with our partner organisations.

We have been challenged with needing to find new ways of working and staying connected this year. I am honoured by the responsiveness and flexibility of our people and our organisation's ability to be open to evolving and growing culturally. We've continued to embed our corporate values and increase the maturity of our engagement with our stakeholders and community in the work that we do and how we deliver.

I'm excited to continue working closely with our staff, stakeholders and our community to build on the great work we've started in the achievements that are detailed in this report.



Kylie Jonasson
Director-General

Part B

Organisation overview
and performance

B.1 Organisational overview

Our vision

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

Our values

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

In September 2019, the Values Implementation Plan was developed. The Plan prioritises the actions we will take to embed values-based behaviour in our organisation. It brings together the ideas from the Values Working Group, group discussions during the Values Round Table, and research into leading human resources practice for values-based organisations.

Our values are:

Respect

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

Integrity

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

Collaboration

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

Innovation

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



Our role

The ACT Health Directorate (the Directorate) oversees Canberra's public health system.

The Directorate's key functions are:

- > providing strategic leadership, policy advice, and oversight of the public health system
- > leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives
- > administering the Australian Capital Territory (ACT) Government's legislative program on health matters
- > engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning
- > supporting and enabling clinical excellence, safe high-quality care, and research across the public health system
- > delivering a range of health prevention, promotion, and protection services
- > implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work
- > conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe and high-quality care
- > commissioning value-based care that improves health outcomes
- > monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

Ministers, stakeholders and partners

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

Ms Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Children, Youth and Families
Minister for Health

Mr Shane Rattenbury MLA

Minister for Climate Change and Sustainability
Minister for Corrections and Justice Health
Minister for Justice, Consumer Affairs and Road Safety
Minister for Mental Health

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

- > healthcare consumers, whose engagement is essential to improving our health system and health outcomes
- > families and carers, whose support for healthcare consumers plays a significant role in our health system

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

Environment and planning framework

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

The 2019–20 strategic priorities are set out in the ACT Budget papers. The Directorate is dedicated to the health of our growing community, quality, innovation, engagement, accountability, and focused on strategic policy and planning of the ACT health system.

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

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

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

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

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

- > access
- > accountability
- > sustainability.

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

- > [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- > [Digital Health Strategy 2019–2029](#)
- > [ACT Mental Health and Suicide Prevention Plan](#)
- > [Territory-wide Health Service Plan](#) and Infrastructure Planning.

Summary of performance

The reporting period 1 July 2019 to 30 June 2020 was the first full financial year in which the Directorate and CHS operated as separate directorates.

During 2019–2020, the Directorate has delivered on key government strategies and priorities. We have also responded to significant events that emerged during the year.

Information on how the Directorate performed against its strategic objectives and Output Class 1 is detailed in the B.2 Performance analysis overview section on page 63.

Notable key achievements include:

- > leading, managing and coordinating the ACT Government’s response to the COVID-19 pandemic
- > during the bushfires, in consultation with other ACT Government directorates, providing information and online resources to the community, and emergency relief support to Shoalhaven City Council
- > further implementing the recommendations from the [Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#)

.....

Bushfires support
and online resources to the
community and **emergency**
relief support to Shoalhaven
City Council



- > launching the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- > updating the ACT Pharmacist Vaccination Standards to improve community access to vaccinations
- > launching the [ACT Health Directorate Strategic Plan: 2020–25](#)
- > improving governance and reporting arrangements for the ACT Local Hospital Network, including completing both the annual ACT Local Hospital Network Service Level Agreement and the annual Performance Agreement with Calvary Health Care ACT Ltd
- > improving the ACT Health App to provide more information about waiting times at Canberra’s Walk-in Centres and emergency departments
- > finalising the procurement and 10-year contract arrangements for the Digital Health Record (DHR)
- > completing a range of major and minor facility upgrades to improve community health care delivery
- > convening the 25th Canberra Health Annual Research Meeting
- > contributing to research and innovation opportunities, including the Australian Genomic Cancer Medicine Centre Memorandum of Understanding to support the Australian Brain Cancer Mission
- > convening the Allied Health Professional Associations Forum
- > celebrating the ACT Nurses and Midwives Excellence Awards
- > convening the ACT’s first annual General Practitioner Forum.



Launched the **ACT Health Directorate Strategic Plan 2020-25**

Outlook for 2020–21

In line with the ACT Government’s policy direction and guided by our [ACT Health Directorate Strategic Plan: 2020–25](#) the Directorate will continue to plan for our community’s future needs, commission services that meet these needs, and monitor and evaluate performance to ensure the community receives quality, safe and effective care. We will also contribute to reducing demand on our public health system through our health promotion, prevention and protection activities. This will include:

- > continuing to support the ACT public health system in the response to COVID-19, such as delivering enhanced technical capability to support new demands and rapid changes to clinical service delivery
- > continuing our journey of positive cultural change, by progressing the [workplace culture review implementation](#)
- > implementing the priorities of [Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030](#) in partnership with governments and the community
- > finalising the Child and Adolescent Clinical Services Plan and Mental Health Services Plan
- > developing and implementing the ACT Health Data Management Strategy, the ACT Health Data Management Framework and robust quality assurance processes

> finalising the Territory-wide Health Service Plan and identifying priorities for developing and redesigning health services across the ACT

> developing approaches and actions that improve the health and wellbeing of the ACT population and deliver on the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)

Finalise development of the **Territory-wide Health Service Plan**



> developing an ACT Health Workforce Strategy to establish workforce goals that 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

> finalising the procurement for the DHR and commencing implementation of the new DHR across the Territory’s public health services

Digital health
finalisation of procurement and 10-year contract arrangements for the **Digital Health Record**



> continuing our commitment to improving Aboriginal and Torres Strait Islander health by:

- delivering five programs at the Ngunnawal Bush Healing Farm
- enhancing capacity to deliver online services
- progressing the transition of the Ngunnawal Bush Healing Farm to a residential model
- finalising the design and master plan for the Ngunnawal Bush Healing Farm

> delivering a master plan for the Canberra Hospital Campus to guide infrastructure investment over the next 20 years

> developing options for a northside hospital for the ACT Government’s consideration

> delivering the Clare Holland House expansion and options for a hydrotherapy facility in Canberra’s south

> completing major and minor upgrades to existing health facilities and planning for the commissioning and construction of new health facilities, including undertaking strategic planning on existing assets, such as facility improvements to the Watson Hostel

> improving emergency department and elective surgery waiting times for those urgency categories where performance continues to be a challenge

> working with ACT Local Hospital Network providers to implement and deliver a record number of elective surgeries in 2020–21 funded by the ACT Government, in response to the suspension of non-essential elective surgeries due to COVID-19.

Internal accountability

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

TABLE 1: SENIOR EXECUTIVES ACROSS THE ORGANISATION AS AT 30 JUNE 2020

Senior Executive	Position
Kylie Jonasson	Director-General

Senior Executive	Position
Naveen Wijemanne	A/g Executive Branch Manager, Office of the Director-General, Communications and Government Relations
Jodie Junk-Gibson	Executive Branch Manager, Culture Review Implementation Branch
Meg Brighton	Deputy Director-General
Dr Elizabeth Moore	Coordinator-General, Office for Mental Health and Wellbeing
Peter O'Halloran	Executive Group Manager, Chief Information Officer
Peter McNiven	Executive Branch Manager, Technology Operations Branch
Sandra Cook	Executive Branch Manager, Future Capability and Governance Branch
Justine Spina	Executive Branch Manager, Information and Data Management Branch
Liz Lopa	Executive Group Manager, Strategic Infrastructure Division
Vacant	Executive Branch Manager, Strategic Infrastructure Branch
John Fletcher	Executive Group Manager, Corporate and Governance Division
Jacqui Bear	Executive Branch Manager, Governance and Risk Branch
Kate Chambers	Executive Branch Manager, Chief Finance Officer
Jacinta George	Executive Group Manager, Health System Planning and Evaluation Division
Margaret Stewart	Executive Branch Manager, Commissioning Branch
Michael Culhane	Executive Group Manager, Policy, Partnerships and Programs Division
Jon Ord	A/g Executive Branch Manager, Mental Health Policy Branch
Maria Travers	Executive Branch Manager, Health Policy and Strategy Branch
Alan Philp	Executive Group Manager, Preventive and Population Health Division
Vacant	Executive Branch Manager, Preventive and Population Health Branch
Dr Kerry Coleman*	Chief Health Officer
Conrad Barr	Executive Branch Manager, Health Protection Service
Vanessa Dal Molin	Executive Branch Manager, COVID-19 Response
Associate Professor Bruce Shadbolt	Executive Branch Manager, Research
Helen Matthews*	Chief Allied Health Officer
Dr Denise Riordan*	Chief Psychiatrist
Anthony Dombkins	Chief Nursing and Midwifery Officer
Dr Dinesh Arya*	Chief Medical Officer

Notes:

1. Table 1 includes Senior Executives who are on executive contracts. It does not include all senior positions across the organisation, which are shown in the organisational chart on page 38.
2. * **denotes** members of the executive leadership team who are employed under Enterprise Agreements, not executive contracts.

Organisational structure

The Directorate comprises:

- > Health Systems, Policy and Research Group
- > Office for Mental Health and Wellbeing
- > Strategic Infrastructure Division
- > Corporate & Governance Division
- > Digital Solutions Division
- > Workplace Culture Review Implementation



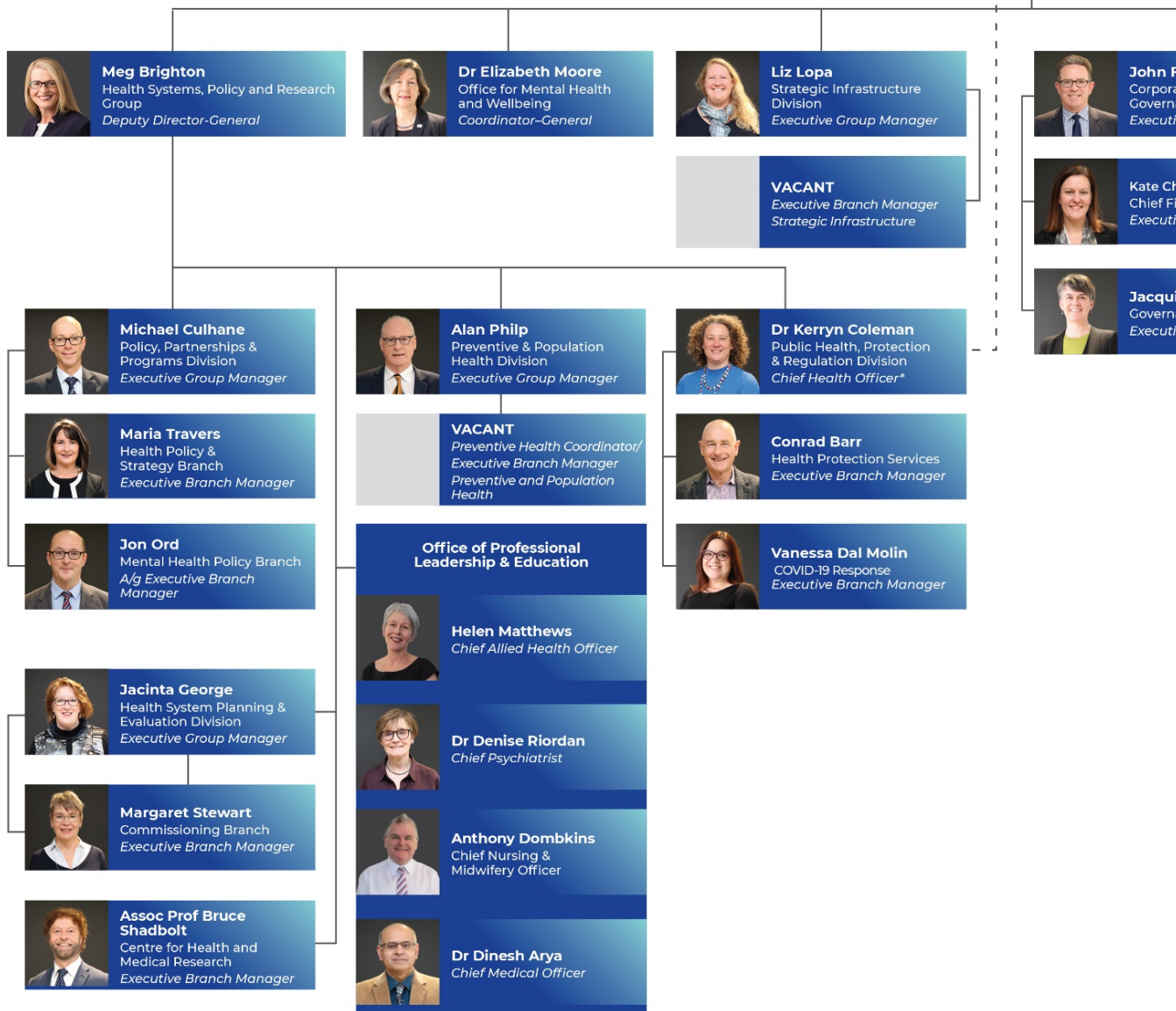
ACT
Government

ACT Health

ORGA

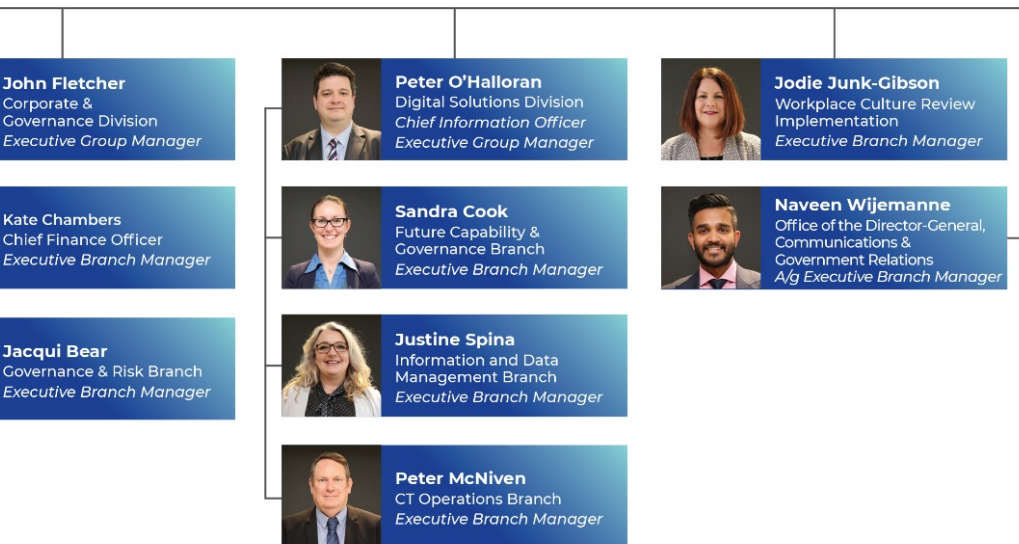


Kylie Jonasson
Director-General



ORGANISATIONAL CHART

As at 30 June 2020

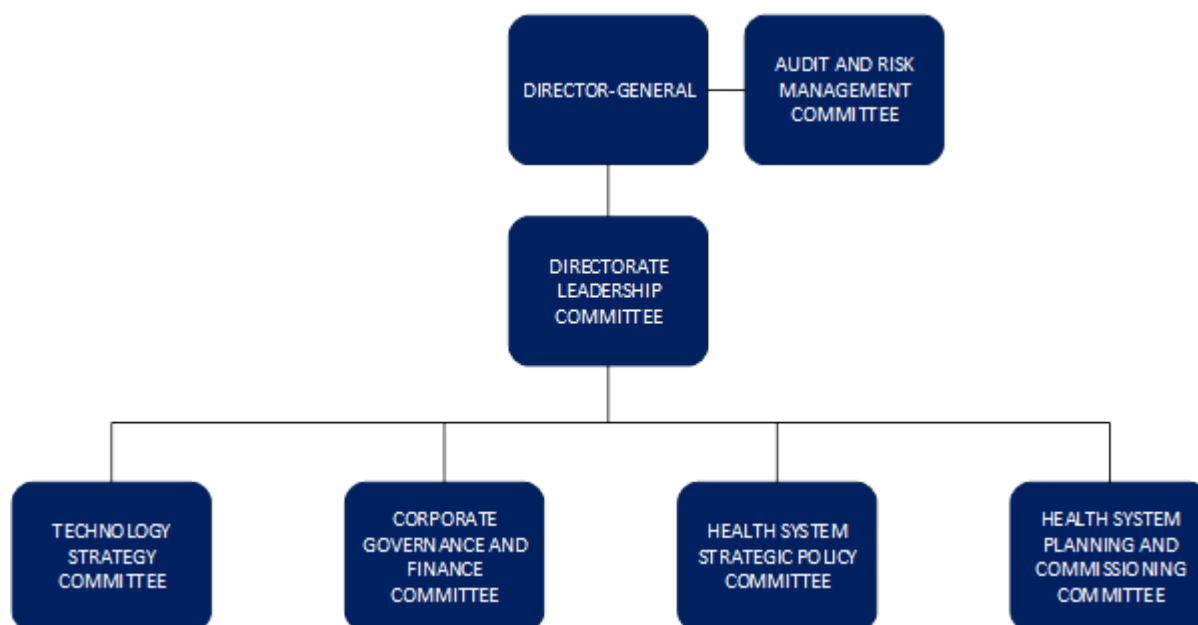


* The Chief Health Officer reports to the Deputy Director General, Health Systems, Policy and Research Group, but also has a direct reporting relationship to the Director General on key matters, including COVID-19.

Governance structure

The Directorate reviewed its governance committee structure in 2019. The revised structure supports transparent and accountable decision making and reflects the Directorate's role of promoting collaboration and integration across the health system. The new governance committee structure was implemented in late 2019 and remained in place as at 30 June 2020. Figure 1 shows the governance committee structure.

FIGURE 1: GOVERNANCE STRUCTURE



Directorate Leadership Committee

The Directorate Leadership Committee is the Directorate's peak governance committee. The chair of the Committee is the Director-General. The Committee's role is to:

- > determine the strategic direction, priorities and objectives for the Directorate
- > ensure there is clear and effective governance, including discussing new and emerging issues, opportunities and risks
- > facilitate information sharing and discussion of key issues affecting the organisation
- > consider organisational leadership and culture issues
- > support the Director-General to meet responsibilities stipulated by legislation
- > ensure that all decisions consider the impact on safety and quality of care
- > ensure the Directorate's work aligns internally and with whole-of-government and cross-Directorate matters.

Health System Strategic Policy Committee

The Health System Strategic Policy Committee is chaired by the Deputy Director-General. The Committee oversees and provides leadership for ACT health system strategic and policy objectives. It:

- > ensures decisions are appropriately informed

- > supports the continuum of health care, which involves early intervention, prevention, and primary, community and tertiary health services
- > facilitates engaging with a diversity of consumers during the health system strategic planning lifecycle.

Health System Planning and Commissioning Committee

The Health System Planning and Commissioning Committee is chaired by the Deputy Director-General. The Committee oversees and provides leadership for the Directorate's planning for and commissioning of health services across the ACT. It is responsible for ensuring that investment in health services aligns to the directions stated in the Directorate's strategic plans and frameworks.

Corporate Governance and Finance Committee

The Corporate Governance and Finance Committee is chaired by the Executive Group Manager, Corporate and Governance. The Committee provides governance and oversight for the Directorate's corporate and governance services and functions, including:

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

Technology Strategy Committee

The Technology Strategy Committee is chaired by the Chief Information Officer. The Committee oversees and provides leadership for the Directorate's technology investment, ensuring that it appropriately supports achieving the Directorate's strategic and operational objectives for the health system.

Audit and Risk Management Committee

The Audit and Risk Management Committee (ARMC) provides independent advice to the Director-General on the Directorate's:

- > financial and performance reporting responsibilities
- > risk oversight and management
- > internal control systems.

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

Committees and advisory bodies

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

Ministerially appointed committees

Mental Health Advisory Council

The ACT Mental Health Advisory Council was established under the [Mental Health Act 2015](#). The Council provides advice about:

- > emerging or urgent mental health issues
- > mental health service reforms
- > mental health policy
- > mental health legislative changes
- > other mental health and social and emotional wellbeing matters, as requested by the Minister.

Canberra Region Medical Education Council

The Canberra Region Medical Education Council (CRMEC) was established by the former Minister for Health and Wellbeing, as a Ministerial Management Council. The CRMEC:

- > is accredited by the Australian Medical Council to accredit intern training programs in the ACT training region for the Medical Board of Australia
- > provides expert advice to the Minister for Health about the quality of education for, training for, and welfare of junior medical officers in the ACT and linked regional networks.

Clinical Leadership Forum

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

- > keeps people well
- > provides the best care
- > provides an industry leading workplace.

Culture Review Oversight Group

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

Gene Technology Advisory Council

The Gene Technology Advisory Council was established under section 11 of the [Gene Technology \(GM Crop Moratorium\) Act 2004](#). The Council provides advice on matters related to genetically modified food plants and gene technology.

Medicines Advisory Committee

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

ACT Government and Directorate committees

ACT Health and Wellbeing Partnership Board

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

ACT Drug Strategy Action Plan Advisory Group

The ACT Drug Strategy Action Plan Advisory Group prioritises, implements, and evaluates activities associated with the [ACT Drug Strategy Action Plan 2018–2021](#).

ACT Health Professional Colleges Advisory Committee

The ACT Health Professional Colleges Advisory Committee provides an avenue for the views and perspective of professional colleges on workforce culture and systemic and institutional issues within the ACT public health system to be taken into account, and to be relayed to the Culture Review Oversight Group and other key leadership committees. Representatives of all health-related professional colleges in the ACT are invited to attend. Professional Leads from the Directorate, Canberra Health Services and Calvary Public Hospital Bruce are invited to join.

ACT Sexually Transmissible Infection and Blood Borne Virus Health Advisory Committee

The role of the ACT Sexually Transmissible Infection and Blood Borne Virus Health Advisory Committee is to advise on and assist to implement the goals of the following documents:

- > [Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016–2020](#)
- > [Eighth National HIV Strategy 2018–2022](#)
- > [Third National Hepatitis B Strategy 2018–2022](#)
- > [Fourth National Sexually Transmissible Infections Strategy 2018–2022](#)
- > [Fifth National Hepatitis C Strategy 2018–2022](#)
- > [Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022](#)
- > successors of these documents, as in place from time to time.

The Committee focuses on responding to consumer and community needs, increasing awareness of blood borne viruses and sexually transmissible infections, and supporting services.

Collaborative Working Group on Healthy Schools

The Collaborative Working Group on Healthy Schools coordinates the strategic approach for increasing the sale and consumption of healthy food in ACT schools by:

- > promoting a healthy eating and drinking culture
- > developing a coordinated approach to marketing healthy food and drinks
- > committing to sharing information and data collection
- > acting as a steering group for member projects, as agreed.

Culture Review Implementation Steering Group

The Culture Review Implementation Steering Group was established to support the Culture Review Oversight Group. The Steering Group provides a forum that facilitates the implementation of the recommendations of the [Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#).

Drug Treatment Working Group

The Drug Treatment Working Group was established to assist in developing health services and providing support for the Drug and Alcohol Court.

Immunisation Operational Committee

The Immunisation Operational Committee is a collaborative forum that provides advice and assistance to the Directorate's Immunisation Unit to promote and support operational strategies that improve immunisation services for the ACT community.

Mental Health Act 2015 Implementation, Evaluation and Monitoring Committee

The Mental Health Act 2015 Implementation, Evaluation and Monitoring Committee's role is to:

- > monitor and evaluate the [Mental Health Act 2015](#) (the Act)
- > receive, contextualise and consider relevant data points relating to the Act
- > evaluate processes as implemented
- > determine and manage areas of possible risk associated with the Act.

Multicultural Health Reference Group

The Multicultural Health Reference Group provides advice to the Directorate and relevant stakeholders about providing health services to people from culturally and linguistically diverse (CALD) backgrounds.

It also provides an opportunity for the Directorate, Canberra Health Services and Calvary Public Hospital Bruce to discuss programs and projects. A key outcome of the Multicultural Health Reference Group is more engagement with CALD stakeholders.

Needle and Syringe Program Advisory Group

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

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

Non-Government Organisation Leadership Group

Following recommendations from the Independent Review into Workplace Culture within the ACT Public Health Services, the Directorate established the Non-Government Organisation (NGO) Leadership Group. The NGO Leadership Group held its inaugural meeting on 23 October 2019.

Establishment of the NGO Leadership Group marked an important milestone in setting a new direction for the ACT health system. The group meets bi-monthly with the aim of enhancing the

quality of strategic policy development and service planning in the ACT. There is a particular focus on the delivery of health services by NGOs and their coherence with the ACT health system as a whole.

The NGO Leadership Group has considered how best to engage NGOs in a number of the Directorate projects and planning activities. In the initial stages of the COVID-19 response, the NGO Leadership Group established a working group to consider matters related to supporting NGOs funded by the Directorate during the COVID-19 public health emergency.

The NGO Leadership Group is reviewing and updating the Work Plan for the coming year.

Ngunnawal Bush Healing Farm Advisory Board

The Ngunnawal Bush Healing Farm (NBHF) provides a place of healing, where Aboriginal and Torres Strait Islander peoples can feel safe and supported to make ongoing and meaningful changes in their lives. The NBHF Advisory Board (the Advisory Board) advises the Director-General of the Directorate, on topics and programs related to the NBHF, and in achieving its goal of being a place of best practice in Aboriginal practice and cultural healing. The Advisory Board has a diverse cultural, community, and government expertise to draw on, and openly encourages communication between the NBHF and all Aboriginal and Torres Strait Islander community and service providers. Membership includes representatives from the United Ngunnawal Elder Council, CIT Yurauna Centre, the ACT Aboriginal and Torres Strait Islander Elected Body and the Directorate.

Opioid Treatment Advisory Committee

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

Pill Testing Working Group

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

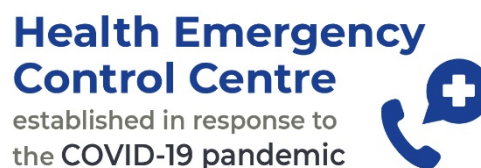
Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au

COVID-19 response

Public Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is a disease caused by a new form of coronavirus.

Australia has been successful in reducing the effective reproduction rate of COVID-19. Efforts to suppress the virus are continuing in all jurisdictions, with the aim of avoiding a resurgence in cases while gradually easing public health restrictions. The combination of measures implemented has been effective in flattening the curve to date. These restrictions assisted the ACT in becoming the first Australian jurisdiction to achieve zero active cases.



On 16 March 2020, a Public Health Emergency was declared under Section 119 of the [Public Health Act 1997](#) by the Minister for Health, in response to COVID-19.

This was the first time a public health emergency has been declared in the ACT.

Subsequent extensions of the public health emergency have occurred, where the evidence has supported this, with current expiration on 19 November 2020.

Public Health Emergency Directions

While an emergency declaration is in force, the Chief Health Officer (CHO) has the statutory power to take any action, or give any direction, considered necessary or desirable to alleviate the emergency (Sections 120-121 of the *Public Health Act 1997*).

Several public health directions have been signed by the CHO, including those that have restricted movement and association, the operation of non-essential businesses and undertakings, entrance requirements to aged care facilities, quarantine requirements for returned international travellers, and border restrictions. Information about specific public health directions is provided in Public Health Directions, page 50.

Health response

The ACT Health Emergency Control Centre (HECC) was activated by the CHO on 29 January 2020. It is the emergency management structure to manage the ACT COVID-19 public health response, and comprises the following entities:

- > Public Health Emergency Coordination Centre (PHECC)
- > Clinical Health Emergency Coordination Centre (CHECC).

All elements of the HECC work closely together and report to the CHO.

The ACT's public health response was also guided by the advice of the Australian Health Protection Principal Committee (AHPPC) and National Cabinet. It was designed to slow and reverse the growth of COVID-19 cases and to ensure that our health care system had the ability to cope with new cases, and surge, if required.

At 30 June 2020:

- > there were no active COVID-19 cases in the ACT
- > a total of 105 cases recovered from COVID-19 and were released from self-isolation
- > three COVID-19 deaths were recorded.

There was no evidence of community transmission in the ACT. Of the ACT's cases:

- > 84 were overseas acquired cases, with 29 related to cruise ships
- > six were interstate acquired cases
- > 17 were close contacts of known cases
- > one was locally acquired with an unknown epidemiological link.

Health Emergency Control Centre

The HECC implements the decisions and directions of the CHO, including:

- > monitoring, investigating and managing any confirmed cases, contacts and outbreaks
- > planning for and managing repatriation flights
- > establishing COVID-19 Testing Clinics and testing capability
- > developing COVID-19 centric emergency plans.

The composition of the HECC is based on core emergency management principles and is scalable and flexible to meet the nature and complexity of the incident.

The HECC has close operational and organisational relationships with key stakeholders across government. It worked closely with numerous stakeholders to prepare and plan for COVID-19 in the ACT. Whole-of-government plans and working groups have been established on:

- > compliance and enforcement
- > correctional facilities
- > disability
- > NGOs
- > outbreak support (including communications)
- > primary health care
- > residential aged care
- > accommodation.

Public Health Emergency Coordination Centre

The PHECC is focused on the public health response to COVID-19 in the ACT. The Deputy Health Controller (Public Health) oversees the PHECC. The PHECC has the following goals:

- > effectively identifying, treating and managing new cases of COVID-19
- > minimising the transmission of COVID-19 within the community
- > ensuring consistency and effective communications across whole of government
- > managing returned travellers who have entered mandatory 14 days quarantine

- > reviewing and considering lessons learned from other jurisdictions and continued planning and preparation for future COVID-19 cases in the ACT.

Key PHECC functions include, but are not limited to:

- > operations, for example, case management, contact tracing, data, and medical officers
- > logistics, for example, personal protective equipment (PPE) stockpile and accommodation services for hotel quarantine
- > planning, for example, daily briefing and situation report and developing health sector plans
- > exemptions, legal, policy and support, for example, exemption programs for public health restrictions, development of public health directions, and stakeholder support.

Clinical Health Emergency Coordination Centre

The CHECC coordinates, enables and facilitates the CHO's ability to manage the COVID-19 pandemic. The Deputy Health Controller (Clinical) oversees the CHECC. The CHECC provides COVID-19 specific:

- > clinical advice
- > clinical direction
- > effective and consistent treatment standards
- > best practice advice
- > health services to the ACT and surrounding regions.

In doing this, the CHECC aims to protect:

- > patients and consumers
- > health workers
- > the community.

The CHECC is responsible for leading the Territory-wide clinical service delivery response to the COVID-19 pandemic for the ACT, focusing on:

- > identifying the capacity of hospital-based services across the ACT and region, such as emergency departments, intensive care units and ward-based care
- > identifying the workforce, equipment and supplies required to operate the above if increased cases of COVID-19 increase demand for hospital-based services
- > establishing a clear and agreed clinical services response plan for managing increased demand for hospital-based services in the ACT and surrounding regions, including using private hospitals if required
- > working closely with the PHECC to align the clinical response plans and activities with the public health response, particularly for the primary health care and non-government sectors.

The CHECC leads the development of the territory-wide COVID-19 clinical response plans. These plans support the Territory to respond to the impact of the COVID-19 pandemic in the ACT and surrounding regions. The CHECC, as an emergency coordination centre, oversees the implementation and operationalisation of the clinical response plans.

As at 30 June 2020, the following plans had been developed and ready for use in the event of a COVID-19 outbreak:

The COVID-19 Primary Health Care Support Framework

The COVID-19 Primary Health Care Support Framework supports the delivery of primary health care services during the pandemic and the coordination of 'out-of-hospital' services for persons affected by COVID-19.

COVID-19 Residential Aged Care Sector Plan

The COVID-19 Residential Aged Care Sector Plan outlines the roles and responsibilities of all key stakeholders in preparing and responding to the COVID-19 pandemic in the residential aged care sector.

COVID-19 ACT Operational Plan for People with Disability

The COVID-19 ACT Operational Plan for People with Disability (the Plan) was drafted to provide an ACT response to the Commonwealth's Operational Plan. Further consultation was undertaken before finalising the Plan in September 2020. The Plan outlines the roles and responsibilities of all key stakeholders in preparing and responding to the COVID-19 pandemic within the ACT disability sector.

The Custodial Settings Preparedness and Response Plan for the COVID-19 Pandemic

The Custodial Settings Preparedness and Response Plan for the COVID-19 Pandemic outlines the roles and responsibilities of all key stakeholders in preparing and responding to the COVID-19 pandemic in custodial settings.

Institutional Outbreak Standard Operating Procedure

The Institutional Outbreak Standard Operating Procedure documents the processes and procedures for ACT Government key stakeholders when managing an outbreak of COVID-19 in institutional settings, including aged care facilities, schools and correctional facilities.

The COVID-19 Fatality Action Plan

The COVID-19 Fatality Action Plan outlines how to:

- > effectively manage an increase in fatalities as a result of the COVID-19 pandemic using resources within the ACT
- > identify when additional resources would be required.

It identifies current baseline and surge capacity for each of the domains involved in managing deceased patients. It also identifies points at which additional capacity arrangements would need to be activated via external resources.

The COVID-19 Guidance for Funeral Industry Workers

The COVID-19 Guidance for Funeral Industry Workers document provides guidance to funeral directors and mortuary staff. It explains how to safely handle COVID-19 infected bodies and the safeguards for preventing exposure to COVID-19 from family and friends of the deceased person.

Guidance for Shared Accommodation

The Guidance for Shared Accommodation document provides guidance to shared accommodation facilities. It explains how to:

- > determine the facility's readiness for COVID-19 risks
- > develop plans and implement strategies to prevent the introduction and spread of COVID-19
- > identify people with respiratory illness
- > manage residents with suspected or confirmed COVID-19.

Testing

As at 30 June 2020, the CHECC had established three Respiratory Assessment Clinics to test for COVID-19, which are operated by Canberra Health Services. The Respiratory Assessment Clinics are located in:

- > the Weston Creek Walk-in Centre
- > the Canberra Hospital campus, Building 3, Level 1
- > Exhibition Park in Canberra (EPIC), corner of Flemington Road and Northbourne Avenue, Mitchell, ACT, which is a drive-through testing centre.

The demand for COVID-19 testing centres in the ACT is determined by:

- > the number of people presenting for testing
- > the level of infection in the community
- > the number of infections per day
- > changes to testing criteria and surveillance as defined by the CHO.

Public Health Directions

The AHPPC, the expert public health decision-making committee to the Australian government during the COVID-19 pandemic, has been advising the national cabinet on necessary public health control measures to reduce the transmission of COVID-19. These public health measures have been introduced by all Australian jurisdictions to reduce the transmission of COVID-19.

As a result of the AHPPC advice, several public health directions have been made in the ACT, including restrictions around the operation of non-essential businesses and undertakings, gatherings, entrance requirements to aged care facilities, returned international travellers, persons travelling from Victoria (interstate travellers) and persons returning from certain COVID-19 affected locations in NSW (interstate hotspots).

Easing of restrictions

Canberra's Recovery Plan: COVID-19 Easing of Restrictions Roadmap (release 2.0) outlines the ACT's stepwise approach to easing public health restrictions.

Checkpoints between each step of the roadmap helped to identify and respond to any change in circumstance that may have had a negative impact on the ACT's COVID-19 recovery.

Step 2.2 of the roadmap came into effect on Friday, 19 June 2020. This allowed larger gatherings of up to 100 people (subject to specific conditions) for the hospitality sector and reopening of a wider range of businesses and facilities.

The below information reflects public health directions that were in place as of 30 June 2020.

Restrictions

Business and public gatherings

Public Health (Restricted Activities – Gatherings, Business or Undertakings) Emergency Direction 2020 (No. 3) – effective from 19 June 2020 – 17 July 2020.

This direction restricted non-essential gatherings and the operation of non-essential businesses and undertakings, to limit the spread of COVID-19. The direction applied restrictions to:

- > gatherings in an outdoor space of more than 100 persons
- > gatherings at non-residential premises of more than 100 persons unless that type of premise was excluded from the gathering restrictions, such as medical facilities, shopping centres, public transport facilities, and workplaces not listed as non-essential businesses
- > gatherings at many non-essential businesses and undertakings, which were restricted to one person per four square metres of floor space or no more than 100 persons (whichever was the smaller), but for hospitality venues (public, clubs, restaurants and cafes) the restriction was one customer per four square metres of customer-accessible floor space or no more than 100 customers (whichever was the smaller)
- > galleries, museums, national institution, libraries and outdoor amusement parks, which were required to observe social distancing of one person per four square metres, except for:
 - tours, which were limited to 20 persons, excluding staff
 - organised functions or events, which were restricted to one person per four square metres of floor space or no more than 100 persons (whichever was the smaller).



Maintain good hand hygiene



Stay 1.5m apart



Stay home if you are unwell



Get tested if you have symptoms of COVID-19

As per the Canberra's Recovery Plan: COVID 19 Easing of Restrictions Roadmap (release 2.0) several categories of non-essential business or undertaking remained closed, including casinos, food courts, brothels and nightclubs.

Most non-essential businesses and undertakings were required to have a COVID-19 Safety Plan and ask for customers' first name and contact number and record those details, if provided.

Aged care

Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No. 2) – effective from 14 May 2020 – 26 June 2020.

Restrictions prevented visitors from entering Residential Aged Care Facilities (RACF) if they had been overseas within the last 14 days, been in contact with a confirmed case of COVID-19 or had a temperature exceeding 37.5°C.

People entering an RACF were required to have a 2020 influenza vaccination with some exceptions, including if:

- > a person was entering to provide care and support or end of life support, or as a prospective resident visit or
- > the vaccination was not available to the person.

Returned travellers

Public Health (Returned Travellers) Emergency Direction 2020 (No. 5) – effective from 14 May 2020 – 6 July 2020.

Restrictions on persons entering the ACT following a flight from outside Australia applied from the point at which the person arrived in the ACT. Returned travellers were required to go directly from that point of arrival to a designated premise and remain there until clearance from quarantine was given by an authorised medical officer.

Self-isolation

Public Health (Self-Isolation) Emergency Direction 2020 – effective from 25 March 2020 – 11 July 2020.

A person diagnosed with COVID-19 in the ACT was required to self-isolate until clearance was given by an authorised medical officer or travel directly to a hospital for medical treatment.

Exemptions

The CHO has the ability to grant exemptions to the public health directions. Exemptions have been granted for:

- > funerals – 77
- > the mandatory requirement for returned international travellers to home quarantine for compassionate reasons – 115.

Compliance

During the COVID-19 Proactive Compliance Inspection Program from 1 March 2020 to 30 June 2020, Health Protection Service (HPS) public health officers conducted 1,792 proactive visits to food businesses, 64 visits to public swimming pools, and 160 visits to infection control premises.

The objectives of the HPS COVID-19 Proactive Compliance Inspection Program were to ensure that businesses:

- > comply with the current public health directions
- > have measures in place to minimise the risk of COVID-19
- > maintain effective hygiene and follow social distancing rules
- > take all practicable steps to prevent contamination of their food service or processing environment.

COVID-19 compliance activities operate under the COVID compliance and enforcement framework. HPS public health officers worked closely with businesses to ensure that businesses were able to continue trading while maintaining public health and safety.

In addition to the proactive visits, the team undertook considerable work responding to enquires and complaints, assisting to interpret the directions, developing education materials for businesses, and supporting communications directly to businesses on direction changes.

This program ran parallel to Access Canberra's COVID-19 response program and considerable collaboration, including joint inspections and sharing compliance information, has been essential to the success of both programs.

Funding

National Partnership Agreement on COVID-19 Response

On 13 March 2020, the ACT Government signed the [National Partnership Agreement on COVID-19 Response](#). This agreement secured funding from the Commonwealth Government to maintain the capacity of the ACT health system to effectively assess, diagnose and treat people with COVID-19, minimise the spread of the virus in our community and protect the most vulnerable in our community. The agreement sought to maintain people's access to essential health care and guaranteed the viability of private hospitals in the response against COVID-19.

National partnership on COVID-19 private hospitals financial viability payment arrangement

The National Partnership on COVID-19 Response (NPCR) between the Commonwealth Government and the states and territories included a provision for the Commonwealth to provide private hospitals with minimum financial viability payments, in return for those hospitals retaining their workforces and making their resources available for the COVID-19 responses within their jurisdictions. This provision was made early in the national COVID-19 response, after the decision by National Cabinet to suspend all non-essential surgery.

Each state and territory entered into agreements with private hospitals in their jurisdictions to implement the funding arrangement. The ACT made agreements with seven entities covering eight private hospitals/health facilities in the Territory. The eight facilities were:

- > Calvary Bruce Private Hospital
- > Calvary John James Hospital
- > Canberra Private Hospital
- > Barton Private Hospital
- > CAPS Clinic
- > ACT Endoscopy
- > Marie Stopes International
- > Mugga Wara Endoscopy Centre.

Before the end of the 2019–2020 financial year, elective surgery resumed in the ACT, which led to some entities discontinuing the arrangements.

The Government continued negotiating with the Commonwealth Government about the [Addendum to National Health Reform Agreement \(NHRA\) 2020–2025](#). As part of this Agreement, the ACT will receive a guaranteed minimum funding entitlement of \$420.3 million in 2019–20 and \$441.3 million in 2020–21, to safeguard against the current uncertainty caused by the COVID–19 pandemic. In addition, the Commonwealth Government agreed to extend the Agreement for minimum Commonwealth funding for public hospital services in the ACT for the duration of the 2020–25 Addendum to the NHRA, which will further safeguard funding entitlements to the Territory during this period. Together, these measures will ensure that the ACT and surrounding regional community will continue to have access to the highest level of public hospital care.

The Government also developed agreements with private hospitals in the ACT to implement the Australian Government’s COVID-19 Financial Viability Guarantee. Eight (out of 15) private hospitals formed agreements with the ACT for this purpose.

The Directorate administered COVID-19 stimulus funding totalling \$6.086 million, including \$2 million to support the delivery of vital health and mental health services to the community. A total of 46 Community Health Support Agreements, totalling \$1.4 million, were offered to NGO service providers between March and May 2020, with 38 agreements finalised by 30 June 2020. An additional \$0.6 million was allocated:

- > for health and hygiene measures (\$0.1 million)
- > for grief and loss counselling and support (\$0.1 million)
- > for alcohol and other drug services in response to increased demand (\$0.2 million)
- > to support individuals and families to access telehealth services (\$0.2 million).

A further 14 agreements totalling \$4.086 million were initiated to support the clinical and community mental health sector to respond to the impact of the bushfire season and COVID-19. Of the fourteen agreements initiated, six were finalised by 30 June 2020.

The Directorate also assisted in allocating nearly \$4.5 million for a [Mental Health Support Package](#) in response to COVID-19. Initiatives in the package included:

- > \$1.44 million to respond to acute mental health crisis in the community, which included:
 - \$720,000 to expand the Access Mental Health and Home Assessment and Acute Response Team (HAART)
 - \$720,000 to expand the Police, Ambulance and Clinician Early Response (PACER) service, to operate seven days a week to provide support to people in the community.
- > \$341,843 for two new Canberra Safe Haven Cafes, which are a community-based safe alternative to the emergency department and other treatment services.
- > \$200,000 for the Way Back Support Service to expand non-clinical support.
- > \$250,000 for an Aboriginal and Torres Strait Islander-specific Mental Health program.
- > \$100,000 for OzHelp to continue supporting workplaces and expand their service to people who became unemployed.
- > \$450,000 for innovative initiatives grants in the NGO sector

The Directorate administered
**COVID-19 stimulus
funding totalling
\$6.086 million,**
including **\$2 million**
to support the delivery of vital
health and mental health services
to the community



- > \$500,000 for the Mental Health Foundation to provide short-term, transitional accommodation to people exiting acute mental health inpatient units who did not have suitable accommodation, thereby reducing bed block and ensuring that people continued to receive care.
- > \$120,000 for a Community Mental Health and Wellbeing Communications campaign.
- > The remaining \$985,000 was allocated to a range of NGOs, to support them to meet the levels of increased demand they were experiencing and also to shift their activities online during COVID-19 restrictions. This included:
 - \$80,000 for Mental Illness Education ACT (MIEACT)
 - \$250,000 for Lifeline Canberra (this figure includes \$100,000 which was announced on 20 March 2020)
 - \$135,000 for Menslink (this figure includes \$80,000 previously announced)
 - \$300,000 for Wellways Australia for the Detention Exit Community Outreach program
 - \$100,000 for the Perinatal Wellbeing Centre (this figure includes \$55,000 previously announced)
 - \$50,000 for A Gender Agenda
 - \$50,000 for the AIDS Action Council
 - \$10,000 for the Canberra Institute of Technology – Mental Health Consumer Scholarship Scheme
 - \$10,000 for the Marymead Child Family Centre.

Other measures to protect the Canberra community

Updated regulations and prescribing standards were developed under the [Medicines, Poisons and Therapeutic Goods Act 2008](#) relating to COVID-19 pharmaceutical requirements, in order to support telehealth and electronic prescriptions, ensure consistency with national changes, and maintain access to essential medicines for vulnerable community members.

Other measures included:

- > GP staff taking on national leadership roles during COVID-19, including:
 - providing a Medical Advisor to the National Aboriginal Community Controlled Health Organisation (NACCHO) during COVID-19
 - becoming members of the National COVID-19 Clinical Evidence Taskforce
 - supporting the development of the NACCHO Royal Australian College of General Practitioners (RACGP) COVID-19 Primary Healthcare Guidance and Training modules for remote Aboriginal and Torres Strait Islander communities
- > standing up the ICT, clinical system workflows and digital data collection for all COVID-19 respiratory assessment centres across the ACT and the COVID-19 Surge Centre
- > implementing a telehealth system across Canberra Health Services and Calvary Public Hospital Bruce to enable health consumers to continue their medical appointments
- > implementing the ACT Health Facilities Screening Tool to screen all staff, visitors and patients entering health facilities in the ACT
- > designing solutions for mental health patients and for COVID-19 patients to enable them to virtually connect with family and friends
- > as part of the ACT Government economic survival package to keep Canberra working through the COVID-19 pandemic, delivered a range of fast-tracked projects by 30 June 2020 to support

local businesses and keep more Canberrans employed, including upgrades at Queen Elizabeth II Family Centre (QEII), Karralika and Ngunnawal Bush Healing Farm.

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

Workplace Culture Review Implementation overview

A positive workplace culture is something that every workplace aspires to achieve. The ACT public health system has been working hard to improve its culture by putting in place a strategic plan to implement the 20 recommendations of the [Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#), delivered by an Independent Panel to the ACT Government in March 2019.

The former Minister for Health and Wellbeing tabled the Government response to the review on 16 May 2019, agreeing to implement all 20 recommendations over a three-year period.

The public health system continues to make **progress** with the recommendations from the **Independent Review Report** into the Workplace Culture



Achievements for 2019–20

Considerable progress in addressing culture and leadership issues has been made across the three organisations that make up the ACT public health system:

- > ACT Health Directorate
- > Canberra Health Services
- > Calvary Public Hospital Bruce.

In March 2020, Mick Reid from Michael Reid and Associates was appointed to undertake the first of three annual independent reviews into the progress of implementing 20 recommendations from the Review. On 4 June 2020, the Minister for Health tabled ACT Public Health Service Cultural Review Implementation: Inaugural Annual Review in the ACT Legislative Assembly. The review confirmed the following achievements:

- > Implementation of the 20 recommendations from the Review is tracking well, particularly those in the control of the individual organisations of the ACT public health system.
- > The three organisations are making solid progress on vision, values, altered workplace policies and human resource functions.
- > There is a good focus on reported alleged clusters of poor culture and poor behaviour across the three organisations.
- > Governance processes are providing a solid and supportive structure that helps deliver positive culture change across the ACT public health system.

System-wide approach to enhancing Culture

At the Culture Review Oversight Group (Oversight Group) meeting on 4 September 2019, members representing key external stakeholder groups signed a public commitment supporting and driving a positive workplace culture across the ACT public health system. This aligned with the public commitment that was signed on 16 May 2019 by the:

- > former Minister for Health and Wellbeing
- > Minister for Mental Health
- > Director-General, ACT Health Directorate
- > Chief Executive Officer, Canberra Health Services
- > Regional Chief Executive Officer, Calvary ACT.

Establishing rigorous governance arrangements ensures that the recommendations of the Workplace Culture Review are implemented and that the intention of the recommendations is achieved. These arrangements include:

- > The Oversight Group, chaired by the Minister for Health, and the Minister for Mental Health as Deputy Chair, with the membership consisting of key external stakeholders and the senior executive leaders of the ACT public health system. The Oversight Group provides leadership and accountability to the implementation process.
- > The Culture Review Implementation Steering Group (Steering Group), chaired by the Director-General of the Directorate, with the membership consisting of senior executive leaders of the ACT public health system and Human Resources executives from each organisation.
- > In September 2019, a partnership with the Australian National University (ANU) Research School of Management was established to provide an evidence-based approach in supporting our people titled the 'Workplace Culture Framework'. After a period of in-depth consultation with our leaders, workforce and external stakeholders, the ANU team delivered its Interim Workplace Culture Framework in early May 2020, which was subsequently followed by the Final Report: ACT Public Health System – Investing in our People: A system-wide, evidence-based approach to workplace change in late May 2020.

Outlook for 2020–21

In 2020–21, the main focus will be on maintaining the solid governance foundations to affect the following priorities:

- > Developing the system-wide approach to deliver the five workplace priorities of the Final Report: ACT Public Health System – Investing in our People: A system-wide, evidence-based approach to workplace change authored by the ANU.
- > Developing an 'Organisation Culture Maturity Model' assessment tool to quantify an organisation's culture maturity, enable identification of where an organisation aspires to be, and provide a structured action plan for consideration by the organisation to enable meeting identified targets.
- > Completion of an assessment by each organisation against the Organisation Culture Maturity Model, to determine their current level of maturity against each priority area of the Framework. Appropriate initiatives will be developed and applied according to the maturity status of each organisation.
- > Identifying and progressing the 'whole of health system' recommendations from the Review, in addition to organisation specific recommendations. This was a key finding from the Inaugural Annual Review.
- > Progressing the implementation of the approved Culture Review Implementation Communications and Engagement Strategy 2019–2022.
- > Providing greater clarity of linkages between governance arrangements across the ACT public health system.

- > Developing and delivering a portfolio-wide dashboard that will enable the health systems to monitor a range of measures to affect improvements to culture.
- > Accessing and analysing data to understand challenges and implement appropriate strategies.
- > Developing strong evaluation mechanisms to enable the health system to measure the effectiveness of initiatives.

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

Divisional overview

Office of the Director-General/Communications and Government Relations

The Communications and Government Relations Branch is led by Acting Executive Branch Manager, Naveen Wijemanne and provides coordination support and direction in respect to government relations activities through:

- > the Ministerial and Government Services Unit
- > the Strategic Communications and Engagement Unit.

Ministerial and Government Services provides operational and strategic support to our ministers, the Director-General and the Directorate staff on ministerial and government business, including matters relating to Cabinet, the ACT Legislative Assembly, and intergovernmental and ministerial requests.

Throughout 2019–20, Ministerial and Government Services worked closely with business units to provide advice on a range of Cabinet, Assembly and ministerial matters, including government processes, ministers' preferences, templates, style and format. Ministerial and Government Services, where possible, quickly transitioned to new paperless processes for coordinating ministerial and government business for the Directorate, to comply with the expanded working from home arrangements due to the COVID-19 pandemic.

Strategic Communications and Engagement 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 Government.

Throughout 2019–20, Strategic Communications and Engagement worked closely with business and policy teams to improve understanding and awareness of the communication needs of Canberrans and strengthen the Directorate's communication channels. The unit works to ensure information is timely, relevant and easy for the community to understand.

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

Digital Solutions Division

The Digital Solutions Division (DSD) is led by the Chief Information Officer, Peter O'Halloran, who provides high-level leadership, management and strategic advice in relation to performance reporting and technology capabilities across the ACT public health system. DSD is responsible for:

- > implementation and support of the Digital Health Strategy
- > management of technology services and projects

- > provision of data and information to support statutory and intergovernmental reporting requirements
- > development and implementation of a performance reporting framework
- > management of the relationship with and services delivered by ICT vendors, including Shared Services ICT
- > development, implementation and maintenance of technology policies and procedures
- > information management and information security.

Throughout the COVID-19 pandemic, DSD undertook additional work to ensure that the public health system was positioned well to respond to any level of an outbreak. This included:

- > standing up the ICT, clinical system workflows and digital data collection for the COVID-19 Surge Centre, as well as all COVID-19 respiratory assessment centres across the ACT
- > establishing a telehealth online communication portal for clinicians and health professionals and their patients via secure, enhanced video conferencing. This was implemented across the Canberra Health Services and Calvary Public Hospital Bruce, providing complete continuity of care to all patients during the COVID-19 health emergency
- > implementing a 'Mobilise Me' program of support to help staff optimise their use of existing technologies, enhance their communication capability, and minimise disruption across the Directorate, particularly in times of emergency. This formed a large part of the ACT Health business continuity plan
- > extending ACT Government ICT network into private hospital facilities across Canberra, to enable the Territory's Intensive Care Unit ICT systems to be used in those facilities should a COVID-19 surge occur
- > the data team pivoting their focus to build the COVID-19 data set and develop ACT data dashboards and associated governance and standard operating procedures with the Chief Health Officer.

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

Strategic Infrastructure Division

The Strategic Infrastructure Division (SID) is led by Executive Group Manager, Liz Lopa, and supports the Territory's health system by:

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

SID takes a long-term look at health infrastructure across the ACT and uses clinical input, demand scenarios, population projections (location of growth areas), asset assessment and infrastructure information to plan for modern, dynamic, and accessible health infrastructure. SID plans for new

health facilities and upgrades existing health facilities to meet the community's healthcare needs. Projects include the northside hospital options analysis, Canberra Hospital Master Plan, Clare Holland House expansion, and design work for an expansion of the Canberra Hospital Intensive Care Unit.

In 2019–20, SID commenced the transition of management of the Directorate's Territory-wide community health property portfolio, which supports the delivery of community health services through NGOs and the Directorate's sites.

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

Corporate and Governance Division

The Corporate and Governance Division (C&G) is led by Executive Group Manager, John Fletcher, and provides a range of corporate support services critical to the long-term success of the Directorate. C&G provides these services through the following branch structure:

- > Governance and Risk Branch – internal audit, governance and compliance, risk management, freedom of information requests, and procurement
- > Strategic Finance Branch – budgeting and reporting, financial reporting, and capital reporting
- > People Strategy Unit – people services, the Directorate workforce strategy and culture, performance management, learning and development, and workplace health and safety.

During 2019–20, C&G has strengthened the Directorate's corporate service delivery and governance arrangements across a range of activities, including governance and risk, strategic finance and people management functions.

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

Health Systems, Policy and Research Group

The Health Systems, Policy and Research Group is led by the Deputy Director-General, Meg Brighton. It encompasses strategic health policy, program and quality strategy functions, including intergovernmental relations, health service planning and the office of professional leadership. It leads the population health, protection and prevention functions, with a focus on health and medical research, professional leadership and education.

Health System Planning and Evaluation Division

The Health System Planning and Evaluation Division (HSPE) is led by Executive Group Manager, Jacinta George, and is focused on developing an integrated and holistic health service that meets community needs. This involves strategic health services planning, procurement, commissioning, and contract management.

HSPE supports the administration of the ACT Local Hospital Network and management of the contract between the Directorate and Calvary Health Care ACT Ltd for the delivery of public hospital and health services at Calvary Public Hospital Bruce and publicly funded palliative care services at Clare Holland House Hospice.

HSPE also manages the Ngunnawal Bush Healing Farm and contract manages NGOs engaged in the public health system.

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

Policy, Partnerships and Programs Division

The Policy, Partnerships and Programs Division (PPP) is led by Executive Group Manager, Michael Culhane, and is responsible for strategic health policy advice on Aboriginal and Torres Strait Islander health, intergovernmental agreements, cross border negotiations, National Disability Insurance Scheme impacts, mental health, aged care, palliative care, primary care, chronic care, women, children and youth, cultural and linguistic diversity, lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+), maternity, men's health, national workforce policy, and health system policy.

PPP works with CHS, Calvary and other stakeholders and NGOs to provide strategic advice across the ACT health system.

Contact details: For more information, contact ACTHealthPolicyPartnerships-Programs@act.gov.au

Preventive and Population Health Division

The Preventive and Population Health Division (PPH) is led by Executive Group Manager, Alan Philip. PPH is responsible for advising on opportunities for promoting, protecting, maintaining and monitoring the health of the population through delivery of programs that focus on health promotion and preventative health measures.

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

Centre for Health and Medical Research

The Centre for Health and Medical Research (CHMR) is led by Executive Branch Manager, Associate Professor Bruce Shadbolt, and leads strategic development and research governance in the ACT health system. It collaborates with service delivery areas and academic institutions to influence the direction and translation of research into clinical practice and disease prevention.

In December 2019, CHMR farewellled Professor Ross Hannan, Executive Group Manager, Research. His work and leadership in the field of research during his time at the Directorate were significant.

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

Public Health, Protection and Regulation Division

The Public Health, Protection and Regulation Division (PHPR) is led by Dr Kerryn Coleman, Chief Health Officer, who is responsible for exercising various statutory responsibilities that promote and protect public health, while also managing and preventing health risks in the Territory. PHPR focuses on:

- > preventing and managing health risks through the use of regulatory and policy activities
- > planning and managing public health incidents and emergencies
- > 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.

PHPR is responsible for the COVID-19 pandemic response.

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

Office of Professional Leadership and Education

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

- > Chief Allied Health Officer (Helen Matthews)
- > Chief Medical Officer (Dr Dinesh Arya)
- > Chief Nursing and Midwifery Officer (Anthony Dombkins)
- > Chief Psychiatrist (Dr Denise Riordan)
- > Academic Unit of General Practice (Professor Kirsty Douglas).

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

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

Office for Mental Health and Wellbeing

The Office for Mental Health and Wellbeing (the Office), led by the Coordinator-General, Dr Elizabeth Moore, supports the ACT Government's commitment to a whole of community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention. This year, the Office built on the work begun in 2018–19 to embed the Territory-wide vision for mental health and wellbeing and to progress actions outlined in the [Office for Mental Health and Wellbeing Work Plan 2019–2021](#).

For more information about the Office, see the Office for Mental Health and Wellbeing Annual Report 2019–20, page 339.

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

B.2 Performance analysis overview

ACT Health Directorate Strategic Objectives and Indicators

The 2019–20 Budget Statement identified the strategic priorities and objectives for the ACT Health Directorate (the Directorate).

Strategic Objective 1: Reducing the Waiting List for Elective Surgery

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

TABLE 2: THE NUMBER OF PATIENTS WAITING LONGER THAN CLINICALLY RECOMMENDED TIMEFRAMES FOR ELECTIVE SURGERY

Strategic Indicator	2019–20 target	2019–20 actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	1,317

This indicator measures the total number of public patients waiting longer than clinically recommended timeframes for elective surgery at the end of the financial year. There are three triage categories for elective surgery:

- > Category 1: These patients are categorised as urgent and the clinically recommended wait time is 30 days or less.
- > Category 2: These patients are categorised as semi-urgent and the clinically recommended wait time is 90 days or less.
- > Category 3: These patients are categorised as non-urgent and the clinically recommended wait time is 365 days or less.

At the end of the 2019–20 financial year, a total of 1,317 patients were waiting longer than clinically recommended timeframes for elective surgery, against the target of 430. This result is primarily driven by waiting times for category 2 and category 3 patients, as 97 per cent of category 1 patients received their surgery within the clinically recommended 30-day timeframe in 2019–20.

The number of patients waiting longer than clinically recommended has been impacted by several contributing factors, such as demand for more urgent category 1 elective surgeries and emergency surgery demand. Additionally, the suspension of non-essential elective surgeries due to the COVID-19 pandemic response from 25 March 2020 to 15 May 2020, with normal elective surgery activity only returning on 9 June 2020, significantly contributed to the increase in the number of patients waiting longer than clinically recommended.

To address the growth in the number of overdue patients, the ACT Government has provided additional funding in 2020–21 as indicated in Strategic Objective 2.

In 2019–20 Calvary Public Hospital Bruce delivered the ACT Government’s investment in the commissioning of two additional surgical theatres. These theatres were to support the planned increased throughput of 250 surgeries above the 2018–19 target and a further expansion in the elective surgery program in 2020–21 onwards.

Strategic Objective 2: Performing Elective Surgery

Increasing the number of elective surgery procedures performed.

TABLE 3: NUMBER OF ELECTIVE SURGERIES PERFORMED

Strategic Indicator	2019–20 target	2019–20 actual
Number of elective surgeries performed	14,250	12,870

The ACT was on track to deliver a record 14,250 elective surgeries for public patients for the year prior to the COVID-19 restrictions. By the end of March 2020, the ACT health system had performed around 10,400 surgeries.

The delivery of elective surgery was significantly hampered by the suspension of non-essential elective surgeries due to the COVID-19 pandemic response from 25 March 2020. The system began returning to normal elective surgery activity after 9 June 2020. As a result, the total number of elective surgeries performed for public patients in the ACT in 2019–20 was 12,870 a shortfall of 1,380 surgeries compared to the annual target.

The ACT Government has injected an additional \$30 million into the public health system for prevention, preparedness and recovery of the health system. A key focus of the recovery element of the program will be a catch-up plan to address the surgery backlog due to the COVID-19 pandemic. These investments will support the delivery of up to 16,000 elective surgeries for public patients in the ACT in 2020–21.

Strategic Objective 3: Improving Timeliness of Emergency Department Treatment

Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less.

TABLE 4: THE PERCENTAGE OF EMERGENCY DEPARTMENT PRESENTATIONS WHOSE LENGTH OF STAY IN THE EMERGENCY DEPARTMENT IS FOUR HOURS OR LESS

Strategic Indicator	2019–20 target	2019–20 actual
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less ¹	90%	58%

Notes:

1. Includes those admitted, transferred, or referred for treatment elsewhere, or sent home.

This indicator, also known as the ‘four-hour rule’, measures the proportion of emergency department presentations who either leave the emergency department for admission to hospital, are referred for treatment or are discharged, whose total time in the emergency department is four hours or less.

The four-hour rule was a national target in the National Partnership Agreement on Improving Public Hospital Services, which ended at the end of 2015–16.

The result against target for 2019–20 is due mainly to the below-target wait times for triage category 3 and 4 patients, which make up the majority of emergency department presentations.

During 2019–20, there were 141,021 presentations across ACT emergency departments. This is a reduction in presentations by around 6 per cent from the previous year. Although there was an overall reduction in presentations in 2019–20, there were significant increases in the number of triage category 1 and 2 presentations, with triage category 1 presentations increasing by 25 per cent and triage category 2 patients increasing by 6 per cent.

Triage category 1 patients are categorised as requiring resuscitation or otherwise need to be seen immediately for treatment of conditions that are immediately life threatening and triage category 2 patients are categorised as needing emergency care within 10 minutes. Growth in the two most urgent triage category presentations may be a reason why longer wait times are experienced for less urgent presentations, including triage categories 3 and 4.

At the system level, there has been a range of initiatives which aim in part to take pressure off emergency department presentations and hospital admissions. These have included:

- > expansion of the Access Mental Health and Home Assessment and Acute Response Team (HAART) to Calvary Public Hospital Bruce
- > establishment of the Police, Ambulance and Clinician Early Response (PACER) program
- > implementation of the Care Close to Home program, including expansion of Hospital in the Home (HITH) in both Canberra Hospital and Calvary Public Hospital Bruce and expansion of the Geriatric Rapid Acute Care Evaluation (GRACE) program across the ACT.

Strategic Objective 4: Improving the Mental Wellbeing of Canberrans

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

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

TABLE 5: PERCENTAGE OF ACT ADULTS WHO SELF-REPORT THEIR MENTAL HEALTH STATUS AS GOOD, VERY GOOD OR EXCELLENT

Strategic Indicator	2019–20 target	2019–20 actual
Percentage of ACT adults who self-report their mental health as good, very good or excellent	>90%	83%

Source: ACT General Health Survey

Adverse events were also a key influencing factor for 2019–20, including the impacts of COVID-19¹ and the direct or indirect impacts of the bushfires of summer 2019–20², which have both shown to have influenced the mental health of the Canberra community.

Self-rated mental health reflects a person's perception of their own mental health at a given point in time and may provide an insight to overall mental health as opposed to mental illness or mental disorder. This item was introduced in the 2018 [ACT General Health Survey](#), a yearly phone survey

¹ Edwards, B B; Brag, B N. & Sollis K 2020 ‘Initial Impacts of COVID-19 on mental health in Australia’, ANU Centre for Social Research and Methods.

² <https://grattan.edu.au/wp-content/uploads/2020/04/Grattan-Institute-submission-to-Royal-Commission.pdf>

with randomly selected households that monitors the health status of the ACT population and supports health service planning and development.

Strategic Objective 5: Improving the Health Status of Canberrans

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

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

TABLE 6: PERCENTAGE OF ACT ADULTS WHO SELF-REPORT THEIR HEALTH STATUS AS GOOD, VERY GOOD OR EXCELLENT

Strategic Indicator	2019–20 target	2019–20 actual
Percentage of ACT adults who self-report their health status as good, very good or excellent	>90%	78%

Source: ACT General Health Survey

Self-rated health status is a commonly used measure of overall health, which reflects a person's perception of his or her own health at a given point in time. It is a useful measure of a person's current health status and provides a broad picture of a population's overall health. Analysis of self-rated health status may provide insights into how people perceive their own health in relation to being overweight or obese, high-risk drinkers, smokers or having a sedentary lifestyle. Research has also shown that self-rated health is a predictor of mortality and morbidity^{3 4}.

Strategic Objective 6: 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.

TABLE 7: REDUCTION IN THE RATE OF BROKEN HIPs (FRACTURED NECK OF FEMUR)

Strategic Indicator	2017–18 ACT rate	Long term target
Rate per 1,000 people	6.0	5.3

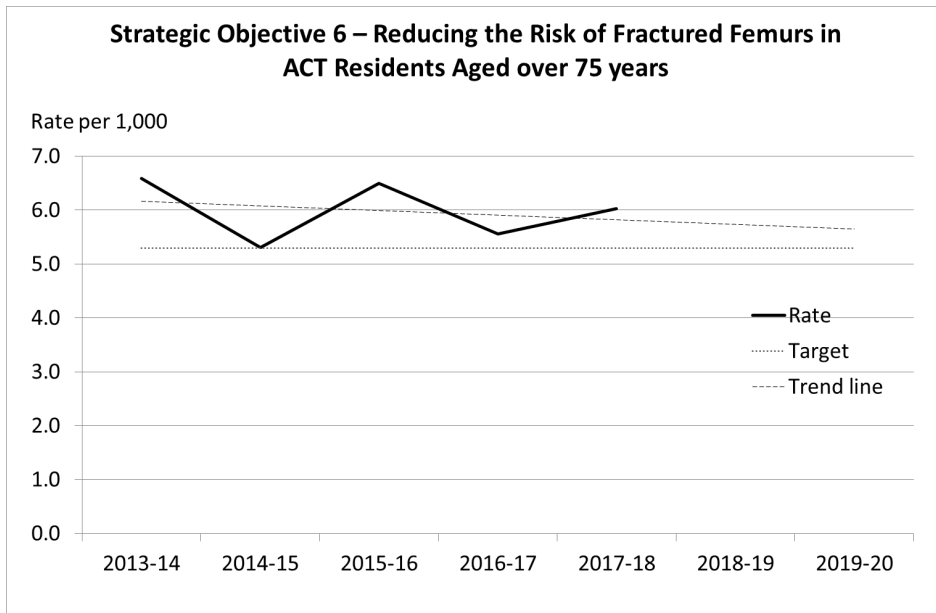
Source: ACT Admitted Patient Care data (Public Hospital data only)

The rate of fractured neck of femur in ACT residents fluctuates from year to year due to a relatively small ACT population aged 75 years and over. Small changes in the number of cases have large influence over the calculated rate. This means that the difference between the annual rate and the target cannot be considered on a year-by-year basis to determine if the target has been met.

³ Gerdtham, U; Johannesson, M; Lundberg, L and Isacson, D 1999, A note on validating Wagstaff and Dooslairs health measure in the analysis of inequality in health. *Journal of Health Economics*, vol. 18, pp. 117-224

⁴ McCallum, J; Shadbolt, B and Wang, D 1994, Self-rated health and survival: a 7-year follow-up study of Australian elderly, *American Journal of Public Health*, vol. 84, no. 7, pp. 1100-1105

FIGURE 2: RATE (PER 1,000 POPULATION) OF FRACTURED FEMURS IN ACT RESIDENTS AGED OVER 75 YEARS, 2013–14 TO 2019–20



The target for this indicator is a long-term target. Figure 2 shows a generally decreasing trend over the last five years, indicating that we are on track to meet the target.

Key achievements 2019–20

This year, the [ACT Health Directorate Strategic Plan: 2020–25](#), which elaborates on the ACT Health Directorate's (the Directorate's) budget priorities and Output Class 1 enlivens the Government's policy direction, was released.

During the 2019–20 reporting year, the Directorate progressed significant work towards the four strategic objectives identified in the ACT Health Directorate Strategic Plan: 2020–25:

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

Healthy community

While the ACT community generally experiences good health, some population groups are at increased risk of poor health as a result of a range of socio-demographic factors and pre-existing conditions. To make sure that the health of everyone in our community improves, in 2019–20 we focused on:

Advising, advocating and collaborating

- > The [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#) was launched by the Government and articulates strategic priorities and areas for action in order to:
 - reduce the prevalence of chronic disease
 - support good health and wellbeing of the ACT population.
- > Through the [Healthier Choices Canberra](#) initiative, we worked with a range of partners to support local businesses and junior sporting clubs to provide and promote healthier food and drink options. At 30 June 2020, seven state sporting organisations and their junior clubs and over 100 local businesses were taking part in the initiative. We also held the [Great Canberra Cook Off](#) to promote healthier food and drink choices. The campaign reached over 24,000 Canberrans, including children and young adults.
- > We supported programs that encourage healthy eating and physical activity, reduce the harms associated with alcohol and tobacco, prevent diabetes, and support healthy ageing through the [ACT Health Promotion Grants Program](#), which funded the delivery of 24 grants to the ACT community.
- > We worked to improve health literacy and health promotion through various programs, including [It's Your Move](#), [Kids at Play Active Play](#) and [Fresh Tastes: healthy food at school](#). These programs reached over 42,000 students. They supported six ACT high schools, 38 early childhood education and care services, and 95 ACT primary schools in improving students' health.
- > Efforts continued to prevent and reduce fatal and non-fatal opioid overdoses with the [Take Home Naloxone](#) program, providing 293 training sessions/interventions in the six-month period to December 2019.




It's Your Move, Kids at Play Active Play and Fresh Tastes: healthy food at school programs reached over **42,000 students**

- > We negotiated with the Commonwealth Government the extension of the \$0.9 million National Partnership Agreement on Public Dental Services for Adults to 30 June 2021. The funding will continue to assist ACT residents in accessing public dental services.
- > We completed an evaluation of the [Mental Health Act 2015](#) and commenced review of the [Mental Health \(Secure Facilities\) Act 2016](#).

Understanding our community's needs

- > We contributed to programs that will provide information to inform future decision-making about wellbeing in our community, such as the [ACT Wellbeing Framework](#) and the pilot of the [Year 7 Health Check](#).
 - > We engaged with industry sectors and stakeholders. For example, the Chief Allied Health Office hosted the Allied Health Professional Associations Forum on 3 March 2020, which was attended by representatives from 20 professional associations. We also held the ACT's first annual General Practitioner (GP) Forum, to strengthen relationships between community GPs, the Directorate and Canberra Health Services (CHS).
- Convened the
ACT's first annual
general practitioner
forum**


- > We established partnerships with the Alcohol and Other Drugs (AOD) sector as part of the introduction of the ACT Drug and Alcohol Court. The aim is to provide evidence-based specialist AOD treatment to court participants and, for people of social disadvantage, increase diversions from the criminal justice system.
 - > We reviewed the functions of the Sexually Transmissible Infections and Blood Borne Virus Health Advisory Committee to better align with emerging issues. This is a joint committee of government and community representatives that offers real-time and ongoing advice about sexual health and blood borne virus issues.
 - > We established the NGO Leadership Group in October 2019. The group meets bi-monthly with the aim of enhancing the quality of strategic policy development and service planning in the ACT. There is a particular focus on the delivery of health services by NGOs and their coherence with the ACT health system as a whole.

Priorities for a healthy community in 2020–21

To ensure that the health of everyone in our community improves in 2020–21, we will:

- > continue to support the ACT public health system's response to COVID-19, by:
 - leading, managing and coordinating the response to COVID-19
 - delivering enhanced technical capability to support new demands and rapid changes to clinical service delivery
 - supporting NGO stakeholders to respond to emerging critical issues
 - playing an integral role in planning to deliver additional elective surgeries to address the backlog created during the early COVID-19 period
 - conducting grant-funded COVID-19 research work
- > engage with stakeholders and the community as we finalise the Territory-wide Health Service Plan, Child and Adolescent Clinical Services Plan and Mental Health Services Plan
- > develop approaches and actions that aim to improve the health and wellbeing of the ACT population and deliver on the Healthy Canberra: ACT Preventive Health Plan 2020–2025

- > release the Annual Progress Report 2019, continue to progress priority actions and evaluate the achievements of the [ACT Drug Strategy Action Plan 2018–2021](#), and start developing the next ACT Drug Strategy Action Plan
- > develop an ACT Mental Health Strategic Directions and Outcomes Framework.

Safe, responsive, sustainable public health system

We work to ensure that the public health system delivers value for the community and carefully consider the best way to allocate resources and improve health outcomes. To ensure our public health system works for our community, now and into the future, in 2019–20 we focused on:

Commissioning services that deliver value

- > We delivered infrastructure planning that identifies priorities and supports service planning in delivery organisations, including:
 - commissioning an options analysis for a new northside hospital, including examining possible locations and the number and scope of services and beds that could be provided at the new hospital
 - commencing work on a Master Plan for the Canberra Hospital campus, which will guide the future investment on the campus over the next 20 years
 - working with Arthritis ACT to implement transitional arrangements that provide additional hydrotherapy sessions at other Canberra facilities following the decommissioning of the hydrotherapy pool at the Canberra Hospital, and exploring options for the development of a new hydrotherapy pool in Canberra’s south
 - designing improvements for Clare Holland House to be delivered in 2020–21, which will include more inpatient rooms and better support services for patients.
- > We worked with relevant stakeholders to improve the governance and reporting arrangements for the ACT Local Hospital Network, including completing both:
 - the annual ACT Local Hospital Network Service Level Agreement
 - the annual Performance Agreement with Calvary Health Care ACT Ltd.
- > We supported the development of an agreement signed by the Government in February 2020, to provide clinical support for a specialist dementia care program for people exhibiting severe behavioural and psychological symptoms. From 1 July 2020, specialist support services will be provided through a specialist care dementia unit at Uniting Eabrai Weston, including consultation, liaison and treatment advice for clients.
- > We worked with NGOs to provide:
 - \$1.35 million to Directions Health Services, Junction Youth Health Services and Companion House, to make it easier for people living with chronic and/or complex illnesses to access the care they need, including:
 - integrated primary health care and social services
 - an outreach program
 - to help reach and support groups in the ACT community who may have difficulty accessing these services
 - additional funding of \$275,000 for the Safer Families initiative, to extend the Government domestic and family violence capacity to the AOD sector.

- > In June 2020, the Commonwealth Government and the ACT Government signed the Project Agreement for the Community Health and Hospitals Program ACT initiatives. The Project Agreement provides Commonwealth funding of \$22.99 million over five years from 2019–20 to 2023–24. This funding will:
 - establish a community based residential eating disorder treatment centre (\$13.5 million)
 - expand and modernise AOD residential rehabilitation facilities (\$4.3 million)
 - maintain the Youth Mental Health and Suicide Prevention Program (\$5.19 million).
- > The 2018–19 Budget provided funding to expand Hospital in the Home. We will continue to work with partners to increase HITH activity and expand other Care Close to Home options and models of care.

Delivering high-quality services

- > We oversaw the planning and delivery of two healing programs at the Ngunnawal Bush Healing Farm and provided case management and support to Aboriginal and Torres Strait Islander people across the ACT and surrounding region. This included coordinating emergency food hampers and hand hygiene kits in response to the COVID-19 outbreak.

- > As part of the National Immunisation Program, our ACT Health Immunisation Unit distributed 135,685 influenza vaccines to immunisation providers in the ACT, including GPs and community pharmacies. This is a sizeable increase from the 114,058 influenza vaccines distributed in 2018–19.



- > We improved community access to vaccination by releasing the updated ACT Pharmacist Vaccination Standards, which allow suitably trained pharmacists to administer:

- eligible vaccines to pregnant women
- influenza vaccines to people aged 10 years and older
- the Measles, Mumps and Rubella vaccine for people aged 16 years and older.




- > There has also been a change in legislation to enable qualified trained nurses and midwives to administer vaccines.
- > We effectively regulated skin penetrating procedures in the ACT through inspecting 472 of these businesses throughout the year.
- > We supported regulatory compliance through initiatives such as publishing a food labelling guide, to provide a single reference source on food labelling to help new businesses meet labelling requirements before putting their product on the market.
- > We responded to 22 outbreaks of influenza-like illness in ACT residential care facilities and 74 outbreaks of gastroenteritis in childcare centres, school groups and aged care facilities in 2019.
- > As part of our strategy to drive a research environment that translates research into better health outcomes, our Academic Unit of General Practice partnered with the Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLGN) to:
 - introduce screening for Adverse Childhood Experiences (ACEs) into the ACT Kindergarten Health Check program

- provide the ACATLGN-Emerging Minds [Community Trauma Toolkit](#) training to ACT and South East Region NSW GPs, to assist parents and families in the aftermath of disasters such as bushfires and the COVID-19 pandemic
 - support ACATLGN to deliver projects to help parents, teachers and children manage and recover following major events, such as the recent bushfires and the COVID-19 disruptions.
- > To support the Government's [Digital Health Strategy 2019–2029](#), we considerably progressed the procurement and contract negotiations phase for the Digital Health Record (DHR) Program. The program is a person-centric health record that provides access to information at the point of care.
- > Implementation of our core ICT system upgrades progressed to schedule. Clinical Work Devices have been rolled out progressively to key areas of the Canberra Hospital. The remaining rollout is scheduled to occur in early 2020–21. A telephone switchboard replacement for the Canberra Hospital was completed in February 2020. The Supply Chain System is on track for delivery in 2020–21.
- > We replaced the GP referrals to specialists and allied health practitioners process within the ACT Public Health System with newer technologies, through the introduction of a smart form solution that integrates with existing GP Practice Management Systems.

Engaging with our partners


- > To inform our service planning work program, we conducted over 80 consultation sessions with approximately 500 attendees from CHS, Calvary Public Hospital Bruce, ACT Health-funded NGOs and aged care providers.
- > We continued to work with our tertiary education partners through the ACT and NSW Education, Research and Service (HealthANSWERS) Partnership, which is a network of healthcare services, support agencies and major universities that provides significant opportunities to use research to develop, pilot and implement health promotion and healthcare improvements.
- > We managed the ACT Health Vacation Research Study Program, which offered 24 students a range of study topics, including Medicine, Medical Science, Nursing and Midwifery, Allied Health, Politics and Health Economics.
- > Fifty-two new human research projects were reviewed by the Human Research Ethics Committee. The Low Risk Subcommittee reviewed 134 new projects. Between March and June 2020, 19 new COVID-19 related studies and 53 COVID-19 related amendments to existing studies were reviewed and approved.
- > We coordinated, developed or contributed to health-related research and innovation opportunities for the ACT, including:
- collaboration in securing Commonwealth funding of \$50 million for the Australian Genomic Cancer Medicine Centre
 - finalising a Memorandum of Understanding (MOU) to support the Australian Brain Cancer Mission, providing funding of \$600,000 for medical research over three years
 - supporting the NSW/ACT Medical Research Future Fund bid for clinical trial enabling infrastructure
 - providing pre-clinical laboratory and animal management services to researchers and students investigating a variety of disease models.


Completed over
80 consultation sessions to inform
health services planning
activities




- > On 14 October 2019 the Chief Allied Health Office celebrated the inaugural International Allied Health Day in Australia with the theme 'Celebrate, Appreciate, Inspire'.
 - > We worked to promote a learning culture through learning initiatives, including:
 - the Allied Health Postgraduate Scholarship Scheme
 - the Synergy Scholarships
 - scholarships for 171 nurses and midwives to undertake postgraduate studies
 - seven scholarships to nurses and midwives representing the Directorate at national and international conferences
 - one Aboriginal and Torres Strait Islander Enrolled Nurse Scholarship awarded for Semester 2.
-

Celebrated the inaugural International Allied Health Day in Australia


- > In 2019, we convened the 25th Canberra Health Annual Research Meeting that provided researchers, clinicians, medical students, students from a diverse range of health and medical disciplines, nursing and allied health practitioners, consumers, policy makers, and industry partners from various health disciplines with an opportunity to showcase latest innovations.
-

25th Canberra Health Annual Research Meeting in 2019 
- > Our Academic Unit of General Practice was involved in managing and delivering teaching for all four student years of the Australian National University (ANU) Medical School Program and converted a substantial component of the teaching to online platforms, to ensure that current medical students were able to complete their studies despite COVID-19. The Unit also administered the [Peter Sharp Scholarship Program](#), which supports ANU Aboriginal and Torres Strait Islander medical students and medical students who choose to focus on Aboriginal and Torres Strait Islander health in the [ANU Medical School](#).
-

Celebrated International Year of the Nurse and Midwife 2020


- > We marked 2020 as the International Year of the Nurse and Midwife. Eight winners from public and private health sector services were announced for the ACT Nursing and Midwifery Excellence Awards 2020. Details can be found on the Directorate's website <https://health.act.gov.au/news/2020-nursing-and-midwifery-excellence-awards>.
 - > We progressed the Nurses and Midwives: Towards a Safer Culture project, including securing agreement in principle for the Nursing and Midwifery Ratios Framework to be implemented in the ACT Public Service (ACTPS).
 - > Our Public Health Officers provided emergency relief support to Shoalhaven City Council in response to the 2019–20 bushfire season.

Priorities for a safe, responsive, sustainable public health system in 2020–21

To ensure our public health system works for our community, now and into the future, during 2020–21 we will:

- > develop the resources of our health system to align with the current and projected needs of Canberrans, including:
 - planning for the commissioning and construction of new health facilities

- developing options for a northside hospital to be considered by the Government
 - delivering major and minor upgrades to existing health facilities at Clare Holland House, the Ngunnawal Bush Healing Farm and Karralika
 - developing a Canberra Hospital Campus Master Plan
 - undertaking a feasibility study on the construction of a new hydrotherapy pool at either the Tuggeranong or Erindale aquatic facilities
- > work with our partners in the community to design a process to review how the Directorate funded services delivered by community organisations align to the needs of Canberrans
 - > continue to strengthen governance, performance monitoring and evaluation and financial accountability oversight for the ACT Local Hospital Network, particularly Calvary Public Hospital Bruce
 - > adopt the national Real Time Prescription Monitoring system by 2021
 - > initiate a comprehensive review of the ACT Community Assistance and Support Program, in consultation with the sector, to inform the Government’s procurement of services that provide short-term home and community support to ACT residents under the age of 65 from July 2022
 - > complete a detailed health scoping study into the barriers to accessing health services for lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+) people within the ACT, in accordance with the [First Action Plan](#) of the [Capital of Equality: an ACT Government Strategy](#)
 - > finalise procurement for the DHR Program and begin planning for and building the new DHR for the Territory’s public health services
 - > continue foundational work for an activity-based funding model for hospital-based services in the ACT
 - > launch the ACT Mental Health and Suicide Prevention Plan in early 2020–21. This Plan, developed in partnership by the Directorate and the Capital Health Network, will help to guide the commissioning, implementation, and delivery of mental health services across the Territory now and into the future
 - > continue to work with partners across Government and the community in the development of a First 1000 Days Strategy for the ACT
 - > support the Government to sign a partnership agreement with the National Health and Medical Research Council Centre of Research Excellence in Stillbirth (Stillbirth CRE) to implement the [Safer Baby Bundle](#) (SBB) in the ACT. The aim of the SBB is to reduce the rate of stillbirth after 28 weeks’ gestation by 20 per cent by the year 2023.

Trusted, transparent and accountable


We want to be a trusted source of information and advice to the community and our stakeholders. In 2019–20, we focused on:

Increasing transparency and accountability

- > We continued implementing the recommendations of the [system-wide data review](#) to improve data collection, analysis and reporting across the health system.
- > To support the Government COVID-19 response, we developed and published a range of reports with near real-time updates to support public reporting and internal operational decision-making.

- > To accompany regular public reporting through the ACT Public Health Services Quarterly Performance Report (QPR), we published additional information to provide greater transparency and education for the community. These materials are a technical and supplementary report that provides information, terms and definitions, and an information sheet with guidance on how to interpret the QPR.
- > We improved the ACT Health App to provide more information about waiting times at Canberra's Walk-in Centres and emergency departments. During 2019–20, additional functionality was also introduced to the App, including:
 - the Canberra Hospital courtesy bus location map, enabling health consumers to see the location of the bus on the hospital site
 - a feedback form that allows health consumers to provide feedback—compliments, comments and complaints—about the ACT public health service or the App functionality
 - providing information about the Weston Creek Walk-in Centre from its opening day
 - a hospital guide that provides health consumers with information about the health care journey.

ACT Health App
to provide better information on waiting times at Canberra's Walk-in Centres and Emergency Departments



The Canberra Hospital courtesy bus location map went live in the App



Priorities for being trusted, transparent and accountable in 2020–21

To ensure we are a trusted source of information and advice to the community and our stakeholders, during 2020–21 we will:

- > develop and implement the ACT Public Health Data Management Strategy and the ACT Public Health Data Management Framework, including robust quality assurance processes
- > continue to digitise the Directorate's records, including enhancing our document management processes
- > continue our focus on performance reporting dashboards
- > continue to improve our delivery of quality information to decision makers, national bodies and the Canberra community.

High performing organisation that values our people

The Directorate aims to support our people and strengthen teams by helping staff to reach their potential, promoting a learning culture, and providing high-level leadership. To value and invest in our people and ensure our governance systems and business processes enable us to deliver for the community, in 2019–20 we focused on:

Valuing our people

- > Considerable progress in implementing the recommendations from the [Workplace Culture Review](#) were made in 2019–20. Within the Directorate, achievements towards creating a positive workplace culture included:
 - strengthening our Communications Strategy
 - progressing the Values Implementation Plan

- developing core learning frameworks for staff and managers, which include sessions on values, work health and safety, and diversity and inclusion
 - launching the Director-General Awards—the award categories align with the Directorate and ACTPS Values of Respect, Integrity, Collaboration, and Innovation
 - implementing Workplace Mental Health and Wellbeing initiatives
 - continuing to support the Safer Culture Strategy
 - reinvigorating the Respect, Equity and Diversity network
 - completing a review of the Human Resources Policy and Guidelines, including strengthening our recruitment governance
 - conducting a workplace climate survey, which achieved an 82 per cent response rate and provided valuable insight into staff views on working in the Directorate and how we can continue to improve our workplace culture.
- > To improve the workplace culture for students and support those that experience bullying and harassment while on placement, our Clinical Placement Office developed a Safe and Supported Workplaces document.

Drive financial management strategies

- > We implemented a new internal financial reporting system that allows real-time budget management and reporting, streamlining our internal reporting systems and improving the capacity of our teams to manage and monitor their budgets and expenditure.

Governance and risk management

- > We reviewed our internal governance committee structure to reduce duplication and support effective governance and decision-making across the organisation.
- > We introduced a new business planning system to support the implementation of government priorities and our strategic plan. This system incorporated a strong focus on risk management.

Modern digital information systems

- > The Mobilise Me initiative was rolled out across the organisation in February 2020, to support staff in using existing available technologies, enhance communication capability and minimise disruption across the Directorate, particularly in times of emergency. It also provides more flexible work options, making it easier and more efficient to undertake work through the use of smart phones and laptops.

Priorities for being a high performing organisation in 2020–21

To value and invest in our people and to ensure our governance systems and business processes enable us to continue to deliver for the community, during 2020–21 we will:

- > develop a people plan that is responsive to the current and emerging strategic workforce needs of the Directorate
- > continue to support staff to effectively work remotely, through wellbeing support and continued use of virtual forums, training and education
- > continue to refine our governance committee arrangements, to ensure:
 - support to our organisation’s needs and accountability requirements
 - effective management and oversight of our responsibilities

- > transition our organisation to a new electronic document and records management system that will:
 - enhance collaboration across the Directorate
 - enable more effective use of staff resourcing
 - enable staff to be more effective in undertaking records management work remotely.

B.3 Scrutiny

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

The Directorate also responds to complaints that are referred from the ACT Ombudsman Office. In 2019–20, there were no complaints referred from the ACT Ombudsman to the Directorate.

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

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

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

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

TABLE 8: GOVERNMENT RESPONSE TO THE INDEPENDENT REVIEW INTO THE WORKPLACE CULTURE WITHIN ACT PUBLIC HEALTH SERVICES

Reporting entity	Chair of the Independent Review into the Workplace Culture within ACT Public Health Services		
Report number	N/A		
Report title	Final Report: Independent Review into the Workplace Culture within ACT Public Health Services		
Link to report	https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf		
Government response title	Government Response to the Independent Review into the Workplace Culture within ACT Public Health Services		
Date tabled	16 May 2019		
Recommendation	Government response	Update	Status
<p>Recommendation 1</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>Agreed</p> <p>Recognising the territory-wide focus reengagement with staff will occur across each of the three arms of the ACT Public Health System. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be significant staff engagement as these projects are rolled out with a view to embedding the vision and values from</p>	<p>The three arms of the ACT Public Health System have begun an extensive program of re-engaging with staff.</p> <p>Visions and values have been agreed and the focus is now on embedding the values in day-to-day work.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	November 2019. Calvary Public Hospital's values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services, Calvary will undergo reengagement with staff to ensure the vision and values are embedded		
<p>Recommendation 2</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"> • reflect on elements of a great health service – both culture and strategy; • monitor patient/client perspectives of outcomes/experience; and • engage clinicians in their development. 	<p>Agreed</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>Broad consultation has occurred across the ACT Public Health System.</p> <p>Through partnership with the Australian National University (ANU) Research School of Management, a Workplace Culture Framework has been developed that informs the definition and use of measures.</p> <p>Ongoing analysis of workforce data is occurring.</p>	In progress
<p>Recommendation 3</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>Agreed</p> <p>The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in July 2019. This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT Public Health System.</p>	<p>The Directorate is currently researching options appropriate for its workforce to support a healthier culture.</p> <p>CHS is engaging with the Cognitive Institute with a view to implement a Vanderbilt model.</p> <p>Little Company of Mary has engaged the Cognitive Institute to implement a Vanderbilt model, and Calvary Public Hospital Bruce (CPHB) is a pilot site for the program. Implementation commenced in February 2020.</p>	In progress

Recommendation	Government response	Update	Status
<p>Recommendation 4</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>Agreed</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>The summit has been delayed due to the impact of COVID-19; however, planning is underway to hold the summit in the first half of 2021.</p>	<p>In progress</p>
<p>Recommendation 5</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>Agreed</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>Please refer to <i>Canberra Health Services Annual Report 2019–20</i>.</p>	
<p>Recommendation 6</p> <p>That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p>	<p>Agreed</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>Communication lines have been re-opened with the establishment of the Non-Government Organisation (NGO) Leadership Group.</p> <p>Meeting frequency has increased as the ACT Public Health System and NGOs work together to consider priority matters and provide essential services during the COVID-19 pandemic.</p>	<p>In progress</p>
<p>Recommendation 7</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>Agreed</p> <p>The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: ‘Research, Teaching and Training’, held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed. The Culture Review Oversight</p>	<p>The ACT Health and Wellbeing Partnership Board discussed and agreed governance and operational structures.</p> <p>The Chairs of the Research Working Group and the Workforce Education and Training Working Group were appointed in December 2019. Meetings were held with the Chairs in early 2020 to establish priority actions, the broader</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	Group membership was extended to include the Deans of the faculties of health at ANU and UC (see response to recommendation 18).	workplan and membership of the Working Groups. The academic partnership and training strategy is under development.	
Recommendation 8 That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.	Agreed The ACT Government is currently renegotiating the ACTNSW Memorandum of Understanding (MoU) for Regional Collaboration, to be re-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.	In February 2020, the Directorate hosted the ACT/NSW Cross-Border Workshop and the Senior Officials Working Group. Drafting of the ACT/NSW Cross-Border agreement has commenced.	In progress
Recommendation 9 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.	Agreed 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.	CHS and CPHB have begun work on measures to monitor the improvement in clinical engagement across the ACT Public Health System.	In progress

Recommendation	Government response	Update	Status
<p>Recommendation 10</p> <p>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities</p>	<p>Agreed</p> <p>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.</p>	<p>CHS has started reviewing corporate and clinical governance processes.</p> <p>CPHB has been reviewing the governance framework, with changes implemented.</p>	In progress
<p>Recommendation 11</p> <p>Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.</p>	<p>Agreed</p> <p>The Choosing Wisely Program will be assessed, and recommendations made to the CEO Canberra Health Services and Regional CEO Calvary ACT by October 2019.</p>	<p>The program has been assessed at CHS. A Project Officer has been recruited and is implementing the program.</p> <p>The CPHB project team has participated in a Territory-wide meeting to evaluate applicability for implementation at CPHB. A decision has been made to implement the program at CPHB.</p>	In progress
<p>Recommendation 12</p> <p>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.</p>	<p>Agreed</p> <p>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.</p>	<p>Please refer to <i>Canberra Health Services Annual Report 2019–20</i>.</p>	
<p>Recommendation 13</p> <p>That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This</p>	<p>Agreed</p> <p>The early planning for an executive leadership and mentoring program is underway.</p>	<p>Through the partnership with the ANU Research School of Management, a Workplace Culture Framework has been developed, supported by a Workplace Skills Development Model, which outlines the critical skills that leaders and staff across the public health system require.</p>	In progress

Recommendation	Government response	Update	Status
program should include both current and emerging leaders.			
<p>Recommendation 14</p> <p>The three arms of the ACT Public Health System should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.</p>	<p>Agreed</p> <p>The initial review began with the transition to three organisations within the ACT Public Health System. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation. Implementation of any findings will take place in the later part of 2019.</p>	<p>The Human Resources (HR) Function Review commenced in February 2020. However, the project was delayed due to the unavailability of staff as a result of COVID-19 pandemic. Work has recommenced and is nearing finalisation.</p>	In progress
<p>Recommendation 15</p> <p>The recruitment processes in the ACT Public Health System should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</p>	<p>Agreed</p> <p>In line with the transition to three organisations, advice to staff regarding relevant legislation, standards and procedures for recruitment processes is being reviewed and updated to ensure it remains contemporary, clear and effective.</p>	<p>The Directorate has transitioned to Shared Services supported recruitment processes, reviewed the recruitment policy and implemented recruitment training.</p> <p>At CHS, selection processes are completed in adherence to Enterprise Agreements, <i>Public Sector Management Act 1994</i> and relevant standards and procedures. Work has been identified through an action plan to review processes further.</p> <p>At CPHB, the recruitment system has been reviewed, a new starter portal created and a review of the recruitment governance framework has been completed.</p>	In progress
<p>Recommendation 16</p> <p>The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their</p>	<p>Agreed</p> <p>The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly</p>	<p>Both the Directorate and CHS have undertaken an internal review of their 'people' training programs.</p>	In progress

Recommendation	Government response	Update	Status
purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.	focused on resolving workplace conflicts swiftly are being considered within the three organisations.	The Workplace Culture Framework and supporting Workplace Skills Development Model will provide evidence-based training and skills requirements. This evidence will be used to: <ul style="list-style-type: none"> > undertake a more detailed and systematic review of the organisations' training programs > assess and guide the refinement of existing programs and development of new training programs to build the capability of the workforce. 	
Recommendation 17 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.	Agreed 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.	This was undertaken in May and September 2019.	Complete
Recommendation 19 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.	Agreed The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.	The first of three annual, independent and external reviews was undertaken during April/May 2020 and the reviewers' report was tabled at the ACT Legislative Assembly on 4 June 2020.	In progress

Recommendation	Government response	Update	Status
<p>Recommendation 20</p> <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>Agreed</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>The Communications and Engagement Strategy was endorsed in December 2019. The strategy is being activated and reviewed at regular intervals.</p> <p>A Change Management Strategy is under development and expected to be finalised in 2020–21.</p>	<p>In progress</p>

TABLE 9: GOVERNMENT RESPONSE TO THE INQUIRY INTO THE APPROPRIATION BILL 2017–2018 AND APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2017–2018

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

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends the ACT Government build the depth of allied health services available through Hospital in the Home to reflect the</p>	<p>Agreed</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>Requirements have been mapped for allied health staffing to support Hospital in the Home (HITH) expansion across the Territory. An allied health team will be incorporated into CHS HITH in 2020.</p>	<p>In Progress</p>

Recommendation	Government response	Update	Status
service availability of a traditional in-patient setting.		This will assist in decreasing length of stay for medically stable patients and facilitate their safe discharge to a familiar environment. Having this dedicated support will ensure the service of discharging and keeping patients safe at home is responsive, efficient and effective in discharging and keeping patients safe at home.	
Recommendation 12 The Committee recommends the ACT Government conduct a review of access to youth mental health services to ensure timely access and continuing support.	Agreed ACT Health will undertake a review into access to youth mental health services provided by Canberra Hospital and Health Services and non-government organisations.	The Office for Mental Health and Wellbeing undertook a review of the mental health and wellbeing challenges and issues children and young people in the ACT face. This included a landscape analysis of the current available mental health and wellbeing services for children and young people.	Complete
Recommendation 67 The Committee recommends that the ACT Government report to the Assembly twice per year on the progress being made on, and specific outcomes achieved by, the directorate-wide reform agenda currently headed by the Director of Quality.	Agreed The ACT Government will report to the Assembly on ongoing reform and performance through existing mechanisms, and will include an update on quality, governance and risk issues.	The reform agenda referred to in this recommendation has been superseded by the Independent Review into the Workplace Culture within the ACT Public Health Services. The Minister for Health provides the Assembly with biannual updates on the actions being taken in response to the Independent Review into the Workplace Culture within the ACT Public Health Services.	No longer required
Recommendation 112 The Committee recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in nongovernment schools.	Agreed ACT Health will provide advice to the Assembly in relation to mental health services available for students in non-government schools.	Within the Review of Children and Young People in the ACT report, undertaken by the Office for Mental Health and Wellbeing, is a commitment to undertake an analysis of the mental health and wellbeing programs in primary schools (government and non-government).	In progress

TABLE 10: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH AGEING AND COMMUNITY SERVICES REPORT ON THE ANNUAL AND FINANCIAL REPORTS 2015–16

Reporting entity	Standing Committee on Health, Ageing and Community Services		
Report number	1		
Report title	Report on the Annual and Financial Reports 2015–2016		
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf		
Government response title	Government Response to the Standing Committee on Health Ageing and Community Services Report on the Annual and Financial Reports 2015–16		
Date tabled	21 September 2017		
Recommendation	Government response	Update	Status
<p>Recommendation 5</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>Agreed</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 Directorate reviewed its strategic and accountability indicators and outcomes of:</p> <ul style="list-style-type: none"> > the ACT Auditor-General’s Review of the ACT Government’s Strategic and Accountability Indicators (Report 2/2018) > the transition to two separate Directorates in 2018. <p>Consideration of Strategic Objectives and Output Classes formed part of these reviews.</p> <p>Furthermore, as part of the annual Budget Papers development process, the Directorate considers the most appropriate performance indicators for the coming year.</p>	Complete

Recommendation	Government response	Update	Status
Recommendation 6 The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data integrity following the completion of the review.	Agreed The Health Directorate will brief the Committee following completion of the ACT Health System-Wide Data Review.	The Directorate will brief the Committee in 2020–21.	In progress

TABLE 11: GOVERNMENT RESPONSE TO THE INQUIRY INTO THE APPROPRIATION BILL 2018–19 AND APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2018–19

Reporting entity	Select Committee on Estimates 2018–2019		
Report number	July 2018		
Report title	Appropriation Bill 2018–2019 and Appropriation (Office of the Legislative Assembly) Bill 2018–2019		
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0006/1227318/9th-Estimates-2018-2019-Appropriation-Bill-2018-2019-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2018-2019.pdf		
Government response title	Government Response to the Inquiry into the Appropriation Bill 2018–19 and Appropriation (Office of the Legislative Assembly) Bill 2018–19		
Date tabled	14 August 2018		
Recommendation	Government response	Update	Status
Recommendation 55 The Committee recommends that the ACT Government examine the risks	Agreed This work will be done through the planning stages.	In June 2020, the ACT Government agreed to offer the home birth program on a permanent basis for Canberra families.	In Progress

Recommendation	Government response	Update	Status
associated with expanding the home birth program to the northside catchment (through Calvary Hospital).		<p>All the recommendations in the Home Birth Trial report have been agreed, or agreed in principle, by the ACT Government.</p> <p>The Home Birth Service Clinical Governance Committee will provide further advice to ACT Government on the implementation of these recommendations and the potential inclusion of a northside catchment in this proposal.</p>	
<p>Recommendation 72</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>Agreed in principle</p> <p>ACT Health will explore the production of publicly available annual reports of public health data related to sexually transmissible infections.</p>	<p>In 2018, the Directorate commissioned the Kirby Institute at the University of New South Wales to develop Sexually Transmissible Infections and Blood Borne Viruses in the ACT surveillance report.</p>	Complete
<p>Recommendation 73</p> <p>The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining appropriate and affordable access to hydrotherapy pools on the southside of Canberra.</p>	<p>Agreed</p> <p>The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued access to the pool at Canberra Hospital. This relates to the availability of hydrotherapy facilities on the south side of Canberra.</p> <p>ACT Health has entered into an agreement with Arthritis ACT to continue access to the pool at Canberra Hospital until June 2019. ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor do we</p>	<p>The Canberra Hospital rehabilitation pool has closed.</p> <p>The Directorate has provided \$305,645 (GST excl) of additional funding over three years to Arthritis ACT for the facilitation of additional hydrotherapy sessions at Aqua Harmony in Kambah</p> <p>The ACT Government is exploring options for the development of a new hydrotherapy pool in Canberra's south.</p>	In progress

Recommendation	Government response	Update	Status
	<p>anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:</p> <p>Private South side Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Hughes Hydro – Hughes Kings Calwell – Calwell Kings Swim – Deakin Calvary John James Pool – Deakin</p> <p>South side ACT Government Public Schools with Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Malkara Special School – Garran</p>	<p>An external consultant was engaged to undertake the first stage of the options analysis work. The options analysis considers both standalone and an expansion of existing facilities.</p> <p>The government also undertook a market sounding process, which called for proposals from parties interested in working with the government to develop a public hydrotherapy pool located in Canberra’s south.</p> <p>The marketing sounding process closed on 14 February 2020. Responses are currently being considered, including working with respondents to better understand proposals and how they may be considered as part of the broader options for the delivery of hydrotherapy services in Canberra’s south.</p>	
<p>Recommendation 91</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>Agreed in principle</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>The Drug and Alcohol Court commenced operations in December 2019.</p> <p>The Directorate has procured Alcohol and Other Drug treatment services to support the Drug and Alcohol Court until June 2021, based on expert recommendations about the quantum of services required. Future procurement of treatment services will be informed by the Directorate’s ongoing engagement with treatment providers and monitoring and evaluation of the Drug and Alcohol Court.</p>	Complete

TABLE 12: GOVERNMENT RESPONSE TO THE REPORT LEADING DATA REFORM: THE WAY FORWARD – OUTCOMES OF THE ACT HEALTH SYSTEM-WIDE DATA REVIEW

Reporting entity	ACT Health Directorate		
Report number	N/A		
Report title	Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review		
Link to report	https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf		
Government response title	Government Response to the Report Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review		
Date tabled	21 August 2018		
Recommendation	Government response	Update	Status
Recommendation D1 – Data Management Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community.	Agreed	The ACT Health Data Repository has been built and is being used for the Directorate’s public reporting and data submissions to the national funding and data agencies.	Complete
Recommendation D2 – Data Governance Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority.	Agreed	The ACT Public Health Data Management Strategy, which is applicable to data management functions, roles and responsibilities across the ACT Public Health System, is in the final stages of development with the expectation that it will be published in 2020–21. The strategy has been developed to align with the draft ACT Government Data Governance and Management Framework.	In progress

Recommendation	Government response	Update	Status
<p>Recommendation D3 – Data quality</p> <p>Continually improve the accuracy of data through robust data quality assurance activities.</p>	<p>Agreed</p>	<p>The Directorate has taken a number of actions to improve the accuracy of data, including through robust data quality assurance activities:</p> <ul style="list-style-type: none"> > developing the ACT Public Health Data Management Strategy to provide strategic guidance for all data management functions, including data quality > documenting data collection and recording activities in business process models and use cases, which are endorsed as accurate by the relevant clinical areas at the senior executive level > developing business rules based on the endorsed business process models and use cases for data validation purposes when data is ingested and refreshed in the ACT Health Data Repository > assembling and validating all data submissions to the national data and funding agencies collaboratively by the Directorate, CHS and CPHB to ensure the data submissions are accurate, of high quality and complete > developing system administrator standards for use by all system administrators of clinical information systems > implementing peer-review protocols for the review of data calculation methods and outputs prior to data use. <p>These processes and activities have been embedded into business as usual (BAU) and continuous improvement processes.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation D4 – Metadata management</p> <p>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>Agreed</p>	<p>All data published from the ACT Health Data Repository has been produced with the following actions to ensure consistent definitions and interpretations:</p> <ul style="list-style-type: none"> > data collection and recording activities are documented in business process models and use cases, which are endorsed as accurate by the relevant clinical areas at the senior executive level > all definitions and calculation methodologies used for reporting purposes have been collaboratively developed and agreed by the data and reporting teams at the Directorate, CHS and CPHB, with endorsement at the senior executive level > all data submissions to the national data and funding agencies are assembled and validated collaboratively by the Directorate, CHS and CPHB to ensure the data submissions are accurate, of high quality and complete > where relevant, data and reporting published from the ACT Health Data Repository is reviewed and approved by the CHS and CPHB data and reporting teams. <p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	<p>Complete</p>
<p>Recommendation D5 – Data Security and Privacy</p> <p>Maintain security and privacy of the data held by ACT Health.</p>	<p>Agreed</p>	<p>The Directorate has taken a number of actions to maintain and strengthen the security and privacy of data, including:</p> <ul style="list-style-type: none"> > developing the ACT Public Health Data Management Strategy to provide strategic 	<p>Complete</p>

Recommendation	Government response	Update	Status
		<p>guidance for all data management functions, including data security</p> <ul style="list-style-type: none"> > undertaking an education campaign for all Directorate staff > establishing a dedicated Cyber Security Hub > actively managing user access controls to the ACT Health Data Repository > implementing a network and device monitoring and management tool to identify vulnerable devices and systems to undertake mitigating activities > addressing the relevant findings of the ACT Auditor-General's ACT Government Data Security review (Report 3/2020) and ACT Government 2018–19 Financial Audits Computer Information Systems (Report 2/2020) > ensuring data risks are managed in accordance with the Australian Capital Territory Insurance Authority (ACTIA) Risk Framework, including ensuring they are managed at the strategic level within the Directorate > establishing an Information and Communications Technology (ICT) and Data Risk Committee to consider and address ICT and data risks across the ACT Public Health System > completing System Security Risk Management plans for all critical systems > regular liaison with Shared Services ICT and relevant national agencies on specific matters associated with ICT and data security. 	

Recommendation	Government response	Update	Status
		<p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	
<p>Recommendation D6 – Workforce</p> <p>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>	<p>Agreed</p>	<p>The Directorate has implemented a comprehensive data management training program for all Directorate data and reporting staff, culminating in the certification of staff as Certified Data Management Professionals by the international Data Management Association (DAMA).</p> <p>The Directorate is also developing the ACT Public Health Data Management Strategy to strengthen evidence-based decision-making and provide strategic guidance for data management practices, including strengthening data culture and capabilities in the workforce and at the senior executive level.</p> <p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	<p>Complete</p>
<p>Recommendation D7 – Communication</p> <p>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>	<p>Agreed</p>	<p>To support the ACT Government COVID-19 response, the Directorate has developed and published a range of reports with near-real time updates to support public reporting and internal operational decision-making.</p> <p>To accompany regular public reporting through the ACT Public Health Services Quarterly Performance Report (QPR), the Directorate publishes additional information to provide greater transparency and education for the</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		<p>community. These materials are a technical and supplementary report that provides information and terms and definitions, and an information sheet with guidance on how to interpret the QPR.</p> <p>The Directorate has implemented a comprehensive data management training program for all Directorate data and reporting staff, culminating in the certification of staff as Certified Data Management Professionals by the international DAMA.</p> <p>The Directorate is also developing the ACT Public Health Data Management Strategy to strengthen evidence-based decision-making and provide strategic guidance for data management practices, including strengthening data culture and capabilities in the workforce and at the senior executive level.</p> <p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	
<p>Recommendation D8 – Change management</p> <p>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>	<p>Agreed</p>	<p>To accompany regular public reporting through the ACT Public Health Services Question, Persuade, Refer, the Directorate publishes additional information to provide greater transparency and education for the community. These materials are a technical and supplementary report that provides information and terms and definitions, and an information sheet with guidance on how to interpret the QPR.</p> <p>The Directorate has implemented a comprehensive data management training</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		<p>program for all Directorate data and reporting staff, culminating in the certification of staff as Certified Data Management Professionals by the international DAMA.</p> <p>The Directorate is also developing the ACT Public Health Data Management Strategy to strengthen evidence-based decision-making and provide strategic guidance for data management practices, including strengthening data culture and capabilities in the workforce and at the senior executive level.</p> <p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	
<p>Recommendation D9 – Information and Insight</p> <p>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.</p>	<p>Agreed</p>	<p>To support the ACT Government COVID-19 response, the Directorate has developed and published a range of reports with near-real time updates to support public reporting and internal operational decision-making.</p> <p>To accompany regular public reporting through the ACT Public Health Services QPR, the Directorate publishes additional information to provide greater transparency and education for the community. These materials are a technical and supplementary report that provides information and terms and definitions, and an information sheet with guidance on how to interpret the QPR.</p> <p>The Directorate has implemented a comprehensive data management training program for all Directorate data and reporting</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		<p>staff, culminating in the certification of staff as Certified Data Management Professionals by the international DAMA.</p> <p>The Directorate is also developing the ACT Public Health Data Management Strategy to strengthen evidence-based decision-making and to provide strategic guidance for data management practices, including strengthening data culture and capabilities in the workforce and at the senior executive level.</p> <p>These processes and activities have been embedded into BAU and continuous improvement processes.</p>	

TABLE 13: ACT GOVERNMENT RESPONSE – STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES INQUIRY INTO THE FUTURE SUSTAINABILITY OF HEALTH FUNDING IN THE ACT

Reporting entity	Standing Committee on Health, Ageing and Community Services		
Report number	Report 5		
Report title	Inquiry into the Future Sustainability of Health Funding in the ACT		
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0005/1294844/9th-HACS-05-Inquiry-into-the-Future-Sustainability-of-Health-Funding-in-the-ACT.pdf		
Government response title	ACT Government Response – Standing Committee on Health, Ageing and Community Services Inquiry into the Future Sustainability of Health Funding in the ACT		
Date tabled	2 April 2019		
Recommendation	Government response	Update	Status
Recommendation 6 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.	Agreed 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.	Following the transition of the former ACT Health into two separate entities, the Directorate reviewed the status of the Territory-wide Health Services Strategy in the context of these new service arrangements and the role of the Directorate. The key components of the strategy are now being incorporated into a Territory-wide Health Service Plan. Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030 was released in July 2020, providing a common vision for the strategic, policy and planning activities that will shape the future direction of ACT health services over the next	In progress

Recommendation	Government response	Update	Status
		decade. The framework is publicly available on the ACT Health website.	
<p>Recommendation 7</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>Agreed</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"> > Person-centred – improving the experience of care > Patient Safety – proactively seeking a reduction in patient harm > Effective care – best evidence of every person, every time. <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</p>	<p>The ACT Health Quality Strategy 2018–2028 continues to provide overarching guidance to provide patient and consumer-focused service delivery. Both public hospitals in the ACT are also progressing strategies to ensure that care remains patient-focused and aligned with needs and expectations of healthcare consumers and their carers.</p> <p>In 2019–20, CHS and CPHB did a self-assessment against priorities and enablers identified in the strategy.</p> <p>In 2020–21, a formal review of the progress made against the strategy will be undertaken with participation of key stakeholders.</p> <p>CHS developed and implemented Hospital Acquired Complications and Our Care data dashboards, with key indicators to monitor the safety and quality of care provided to consumers. Data is reviewed through our governance committees, with improvement action identified and implemented to address any variation.</p> <p>In 2020, CHS launched its 2020–2023 Strategic Plan— which has four strategic priorities, including personal health services—to improve people’s health, which further embeds our commitment to improving services, care delivery, and partnerships with our consumers and community.</p> <p>Canberra Health Services Partnering with Consumers Committee meets monthly and is co-</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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 and Aboriginal and Torres Strait Islander health.</p> <p>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>	<p>chaired by a consumer representative. It also has consumer representatives from Health Care Consumers' Association, the ACT Mental Health Consumer Network, Carers ACT, and an Aboriginal and Torres Strait Islander representative.</p> <p>The Committee has undertaken a mapping exercise to identify areas for further improvement.</p> <p>Two working groups were initially formed:</p> <ul style="list-style-type: none"> > the Consent Working Group > Consumer Participation Working Group. <p>The work of these groups has now concluded, and a further four working groups, aligned to the domains of the standard, are being formed:</p> <ul style="list-style-type: none"> > Integrating Clinical Governance > Partnerships in Governance, Design, Measurement and Evaluation > Partnering with Patients in their own care > Health Literacy and Culturally Sensitive Care. <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 assist in resolving complaints and issues at the point of care. A quarterly letter review workshop has been set up with 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 Committee, has consumer representatives from the Health Care Consumer's</p>	

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> > clinical governance and quality improvement systems to support partnering with consumers, > partnering with patients in their own care, > health literacy, and > partnering with consumers in organisational design and governance. <p>From 1 October the Consumer Feedback and Engagement Team was realigned to the Patient Experience Unit within Quality Safety Innovation and Improvement. A working group is being established to review, in partnership with consumers, consumer feedback mechanisms to ensure a person-centred approach. CHS staff are provided with appropriate resources to achieve the Strategic Priority 1: Person-centred – Improve the experience of care. The Consumer Handout Committee continues to review consumer information to ensure the publications are person-centred and adheres to health literacy principles.</p>	<p>Association and the ACT Mental Health Consumer Network. The Consumer Handout Committee continues to meet monthly to endorse consumer information developed by CHS.</p>	
<p>Recommendation 9</p> <p>The Committee recommends that, as the ACT has less than the national in average primary and community health services providers, the ACT Government develop a workforce strategy to build on existing numbers.</p>	<p>Agreed</p> <p>ACTHD is progressing work to improve access to primary and community health services. This work includes the analysis of the policy levers available to the ACT Government to influence the supply of the health workforce and the demand for primary and community health services. ACT Health commenced a project in June 2017 to develop a Workforce Strategy, to respond to the influences shaping the health system; to position ACTHD to achieve its strategic goals and meet future</p>	<p>The Directorate will develop a workforce strategy that will guide decisions about the future workforce, 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, Territory-wide Health Service Plan and other plans and strategies. Consideration is being given to the approach to developing and resourcing the strategy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>demands; and to support the delivery of ACT Government priorities. The Strategy provides useful insight and recommendations into the existing culture and performance of the organisation that can be harnessed to inform and enhance ACTHD. The transition into two organisations provides an opportunity to reset the culture, refocus on person-centred, safe and high-quality care and to create a high performing and collaborative culture for the two organisations with a critical establishment period between now and 2020. The Report of the Independent Review into the Workplace Culture within ACT Public Health Services has also provided a number of recommendations that aim to enhance the workplace culture of the ACT's public health system to support workforce attraction and retention.</p>		
<p>Recommendation 10</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>Agreed</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</p>	<p>The ACT Government is working to transition the Territory's health system to an ABM funding framework over the medium term. During 2019–20, the Government progressed project planning for the design of an ACT-appropriate ABM framework.</p> <p>The ACT Government considers analysis of health expenditure through each budget process, and the transition to an ABM framework will enhance this process.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	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.		

TABLE 14: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES INQUIRY INTO THE DRUGS OF DEPENDENCE (PERSONAL CANNABIS) AMENDMENT BILL 2018

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

Recommendation	Government response	Update	Status
Recommendation 1 2.10 The Committee recommends that, subject to the following comments and amendments, the Drugs of Dependence (Personal	Agreed The Government supports the Bill and will move amendments as outlined in this response to the Committee's recommendations.	The Amendment Bill came into law on 31 January 2020.	Complete

Recommendation	Government response	Update	Status
Cannabis Use) Amendment Bill 2018 be supported.			
<p>Recommendation 13</p> <p>4.152 The Committee recommends that, regardless of whether or not the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 is passed, the ACT Government ensures that there are sufficient health resources available to treat cannabis dependence.</p>	<p>Agreed</p> <p>The Government will monitor demand for health services following the passage of the bill and adjust resourcing through future Budget rounds as necessary.</p>	<p>The ACT Government invests more than \$20 million annually in Alcohol and Other Drug treatment services. The Directorate monitors changing treatment demand for cannabis, and for alcohol and other drugs. While finalised treatment data for 2019–20 is not yet available, feedback from treatment service providers indicates that they have not noticed an increase in cannabis dependence presentations following implementation of the new legislation, although COVID-19 has complicated assessment of treatment trends. Regular, dependent cannabis users are likely to have had access to established sources of supply for cannabis before the legislative changes.</p> <p>There was no increase in cannabis-related emergency presentations or hospital admissions in the quarter following the new legislation coming into effect on 31 January 2020. Nor did wastewater analysis indicate an increase in cannabis consumption in the ACT in February 2020 compared to the previous testing period in December 2019.</p>	In progress
<p>Recommendation 14</p> <p>4.166 The Committee recommends that the ACT Government develop a public health campaign about cannabis to be delivered on an on-going basis</p>	<p>Agreed</p> <p>The Government intends to deliver a public information campaign following passage of the bill, which will include a public health component.</p>	<p>As part of the ACT Government communication campaign, the Directorate delivered public health information about the health impacts of cannabis use.</p>	Complete

Recommendation	Government response	Update	Status
		<p>The information was tested with Canberra people prior to implementation to ensure it was clear and easy to understand.</p> <p>A new Cannabis and Your Health webpage was established on 14 January 2020. Information was provided to stakeholders, intermediaries, drug and alcohol services, and public health staff. Social media advertisements ran from 31 January to 19 March 2020.</p> <p>The Directorate will continue to provide information to the community on the health impacts of cannabis use as part of BAU activities.</p>	
<p>Recommendation 15</p> <p>4.173 The Committee recommends that strong public information about the provisions of the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 proceed or coincide with the implementation of the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018.</p>	<p>Agreed</p> <p>The Government intends to deliver a public information campaign to be delivered after passage of the Bill, which will seek to inform the Canberra community of its provisions and the ongoing risks associated with cannabis possession or use.</p>	<p>Chief Minister, Treasury and Economic Development Directorate implemented an evidence-led communication campaign to inform Canberra adults about the new cannabis legislation. This included radio and audio advertisements, social media and web content, implemented from mid-January to mid-March 2020.</p> <p>Guidance material and the health and legal implications of the legislative amendments were published as a notifiable instrument to accompany the legislation coming into effect.</p> <p>https://www.legislation.act.gov.au/ni/2020-37/</p>	<p>Complete</p>

TABLE 15: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES REPORT NO 6: REPORT ON ANNUAL AND FINANCIAL REPORTS 2017-188

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

Recommendation	Government Response	Update	Status
<p>Recommendation 10</p> <p>3.11 The Committee recommends that the ACT Health Directorate implement Recommendation 5 of the Standing Committee on Health, Ageing and Community Services, Report on Annual and Financial Reports 2015-2016</p>	<p>Agreed</p> <p>The Health Directorate is reviewing its current Strategic Objectives and Output classes post the separation into the Health Directorate and the Canberra Hospital service. This review has aligned the output classes to services and moved a number of Strategic Objectives to be aligned with business plans. The 2019-20 Budget papers will re-align and report on the movements.</p>	<p>The 2019–20 Budget realigned and reported the movements of Strategic Objective and Output Classes.</p>	<p>Complete</p>
<p>Recommendation 12</p> <p>3.42 The majority of the Committee recommends that the ACT Health Directorate continue to advocate pill testing at festivals held in the ACT.</p>	<p>Agreed</p> <p>The ACT Drug Strategy Action Plan 2018 – 2021 includes actions to explore further opportunities to expand on pill testing at events in the ACT. Evidence gathered from the independent evaluation of the second trial of a pill testing</p>	<p>The Directorate continues to advocate for pill testing at large music events. The Minister provided public support during the release of the independent evaluation of the second pill testing trial. A Festivals Pill Testing Policy has been developed and published by the Directorate.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
<p>Recommendation 17</p> <p>3.69 The Committee recommends that in its response to this report the ACT Health Directorate report on progress on the roll out of the co-payment scheme and report on the number of patients who are (a) eligible and (b) ineligible for the scheme, as well as the cost of the scheme.</p>	<p>service at Groovin the Moo will inform future Government policy on pill testing.</p> <p>Agreed</p> <p>Data commencing early August 2018 and ending late March 2019 shows that the Territory has paid \$127,497.05 for chemotherapy co-payments for at least 1321 patients. *</p> <p>This is made up of:</p> <ul style="list-style-type: none"> • \$14,185.19 paid on behalf of 139 patients at the Zita Mary Clinic at Calvary Health Care Bruce; • \$90,377.76 paid to Slade on behalf of 1092 patients treated at Canberra Health Services (CHS) whose chemotherapy was manufactured by Slade; • \$22,934.10 co-payment costs journalled to ACT Health for at least 170* patients whose chemotherapy was manufactured at CHS. <p>*Note all groups mentioned above are not entirely mutually exclusive. The same patients are receiving chemotherapy from Slade and from CHS and it is possible that patients have received treatment at both Calvary Public Hospital Bruce and CHS. Also please note specific details of patient numbers were not collected for February and March 2019. Further, it is not possible to determine the number of patients who were ineligible for the scheme. The definitions for inclusion are reasonably well defined, and it is not</p>	<p>The co-payment scheme was rolled out in August 2018.</p> <p>The data on the number of patients who are (a) eligible (b) ineligible for the scheme and the cost of the scheme were provided for the period of early August 2018 to late March 2019 by CHS.</p>	<p>Complete</p>

Recommendation	Government Response	Update	Status
	clear that any patient meeting these criteria have been deemed ineligible.		
<p>Recommendation 19</p> <p>3.78 The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual health testing at festivals held in the ACT and that the process be evaluated.</p>	<p>Agreed</p> <p>ACT Health had previously run chlamydia outreach testing programs at Summernats and the Foreshore Music Festival, as part of the Stamp Out Chlamydia campaign which ran from 2010-13. ACT Health had proposed to conduct chlamydia testing at the Groovin' the Moo (GTM) music festival in Canberra in April 2019. Unfortunately the festival organisers were unable to accommodate chlamydia testing at that event.</p> <p>ACT Health will investigate other possible festivals in Canberra to conduct chlamydia testing, including Spilt Milk in November 2019, and will revisit having a chlamydia testing program at GTM in 2020. Any programs that are conducted in the ACT will be evaluated.</p> <p>NSW Health has conducted similar testing programs at music festivals in NSW. ACT Health is liaising with NSW Health to inform the development of any future ACT testing programs and will consider opportunities to provide for extra health testing at festivals and other appropriate venues in the future.</p>	<p>Event organisers declined to host chlamydia testing programs at their events in 2019. Given COVID-19 restrictions in 2020, exploration of future large-scale outreach testing will be put on hold. New and innovative ways of screening and testing for chlamydia and other sexually transmissible infections that do not rely on large-scale events are being explored.</p>	In progress
<p>Recommendation 20</p> <p>3.89 The Committee recommends that the ACT Health Directorate ensure that a winter bed strategy be rolled out in all Canberra hospitals.</p>	<p>Agreed</p> <p>Canberra Hospital enacts a Winter Bed strategy annually to address seasonal increases in service demand. The 2019 Winter Beds strategy for Canberra Hospital will commence in July 2019.</p>	<p>The ACT's public hospitals prepare winter bed management plans on an annual basis as part of BAU hospital operations to manage seasonal demand.</p>	No longer required

Recommendation	Government Response	Update	Status
	Calvary Public Hospital Bruce has a well developed winter bed strategy.		

TABLE 16: GOVERNMENT RESPONSE TO THE REPORT OF THE SELECT COMMITTEE ON ESTIMATES 2019-20 ON THE INQUIRY INTO APPROPRIATION BILL 2019-2020 AND THE APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2019-2020

Reporting entity	Select Committee on Estimates 2019-2020
Report number	July 2019
Report title	Appropriation Bill 2019-2020 and Appropriation (Office of the Legislative Assembly) Bill 2019-2020
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf
Government response title	Government Response to the Report of the Select Committee on Estimates 2019-20 on the Inquiry into Appropriation Bill 2019-2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019-2020
Date tabled	13 August 2019

Recommendation	Government response	Update	Status
Recommendation 3 The Committee recommends that the ACT Government seek to advance the completion of the update to the expired National Breastfeeding Strategy.	Agreed The ACT Health Directorate (ACTHD) has provided input and support for the Australian National Breastfeeding Strategy: 2019 and Beyond (the Strategy). The Strategy has been endorsed by the Council of Australian Governments Health Council in March 2019 and will be published shortly. ACTHD will work with Canberra Health Services	The Australian National Breastfeeding Strategy: 2019 and Beyond was released in August 2019. The Directorate has considered the implementation of the strategy and delayed the work to align with the Standing Committee on Health, Ageing and Community Services Report on Inquiry into Maternity Services in the ACT, to ensure a consistent and considerate approach to breastfeeding services and support across the ACT.	Complete

Recommendation	Government response	Update	Status
	and Calvary Public Hospital Bruce to progress recommendations in the Strategy.	This report has been published and the Directorate is working in close consultation with CHS and CPHB to implement the recommendations and the strategy.	
<p>Recommendation 25</p> <p>The Committee recommends that the ACT Government continue to create permanent positions where possible, focusing on what works best for both employer and employee.</p>	<p>Agreed</p> <p>The enterprise agreements contain provisions giving preference for permanent employment over temporary and casual employment, which include requirements relating to temporary employment such as time frames and consultation. The enterprise agreements also include a right for casual and temporary employees to request a review of their employment status in certain instances.</p> <p>As an example of activities currently underway, ACTHD and CHS are involved in the Whole of Government Insecure Work Taskforce, working closely with the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and trade unions to identify temporary and/or casual work for conversion into permanent employment. This work will continue throughout 2019.</p> <p>Initiatives delivered through the 2019-20 Budget also supported a transition from casual positions to secure jobs for ACT public school cleaners, some City Services workers and further staff within Access Canberra.</p>	<p>The Directorate has actively participated in the Insecure Work Taskforce and was the second Directorate to provide a response to the Taskforce, with recommendations to convert three staff provided to the Taskforce. The Directorate will continue to seek opportunities to convert long term temporary staff to permanent positions under these provisions wherever possible.</p> <p>As an ongoing measure to continue to decrease reliance on insecure work, recruitment and selection provisions were revised and strengthened during the reporting period. This included:</p> <ul style="list-style-type: none"> > revision of existing internal recruitment procedures > introduction of an Intention to Recruit step in the process, that has allowed for better oversight and influence in reducing reliance on temporary employment wherever possible. 	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 26</p> <p>The Committee recommends that ACT Government preference secure work where possible, with other arrangements to be maintained when appropriate and in the best interests of both employer and employees.</p>	<p>Agreed</p> <p>The Government’s commitment to secure work for ACT Public Servants is enshrined in the enterprise agreements and is given effect through a joint union and Government Taskforce into Insecure Work and Outsourcing. The Taskforce is currently undertaking a review of the use of insecure work across the ACTPS to identify where there might be positions that could be offered permanent employment. The Taskforce is also developing processes and policies to ensure ongoing compliance with the Government’s commitment.</p>	<p>The Directorate has actively participated in the Insecure Work Taskforce and was the second Directorate to provide a response to the Taskforce, with recommendations to convert three staff provided to the Taskforce. The Directorate will continue to seek opportunities to convert long term temporary staff to permanent positions under these provisions wherever possible.</p> <p>As an ongoing measure to continue to decrease reliance on insecure work, recruitment and selection provisions were revised and strengthened during the reporting period. This included revision of:</p> <ul style="list-style-type: none"> > existing internal recruitment procedures > introduction of an Intention to Recruit step in the process, that has allowed for better oversight and influence in reducing reliance on temporary employment wherever possible. 	<p>Complete</p>
<p>Recommendation 27</p> <p>The Committee recommends that the ACT Government ensure financial certainty for community organisations by offering grant funding for periods greater than one year, simplify the grant application process for community groups and streamline the process and paperwork for community grants of up to \$5000.</p>	<p>Agreed in principle</p> <p>A review of the procurement framework for community-based service provision is being undertaken and processes will be simplified where possible.</p> <p>The current grants process for funding already allows for multiple years. However, in the instance of ACTHD, the ability to commit to a multi-year Deed of Grant is contingent upon the directorate having budgeted funding allocated for that purpose across the out-years of the grant period.</p>	<p>The Directorate is progressing arrangements to procure Health-funded services from 1 July 2022. The procurement project will include ongoing engagement with community organisations, with government and community partners working together to:</p> <ul style="list-style-type: none"> > develop a commissioning approach > identify areas of unmet demand and gaps in service provision > formulate innovative ways to deliver services. <p>Undertaking this work collaboratively will:</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>The grant application process currently consists of an assessment of the proposal against service need streamlined approval – given that financial delegation for Deeds of Grant usually rest at Executive Group Manager level rather than at the level of delegation for other funding agreements.</p> <p>There are a number of mechanisms available for expending public monies less than \$5,000 such as Purchase Orders, Exchange-of Letters, pay on quote/invoice – depending upon the nature of the activity. An assessment is made in each circumstance about the most appropriate mechanism to employ.</p>	<ul style="list-style-type: none"> > improve transparency and accountability for the procurement of health services in the community > assist community organisations to participate fully in the procurement process and plan for future service provision. <p>The approximate value of services to be procured exceeds \$60 million. Few, if any, agreements are expected to have a total value of less than \$5,000.</p> <p>The ACT Health Promotion Grants Program continues to provide funding for multi-year grants of up to three years in line with the Directorate budget parameters.</p> <p>The application process is reviewed before each funding opportunity and amended to enable applicants to better meet the requirements, while also gathering adequate information for a fair assessment.</p> <p>Smaller value funding rounds have a streamlined application and reporting process once funded. Reporting requirements are commensurate with funding amounts.</p>	
<p>Recommendation 71</p> <p>The Committee Recommends the ACT Government require ACT Health and Canberra Health Services join the Global Green and Healthy Hospitals Alliance.</p>	<p>Agreed in principle</p> <p>ACTHD and CHS will review the requirements to join the Global Green and Healthy Hospitals Alliance.</p>	<p>The Directorate is reviewing the process and requirements for joining the Global Green and Healthy Hospitals network. In particular, the Directorate is reviewing the possibility of joining on behalf of all relevant ACT Government agencies.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 74</p> <p>The Committee recommends the ACT Government ensure that, within one month of receiving the yearly report of the independent and external review of the extent of implementation of the recommendations of the Independent Review of Workplace Culture in the ACT Health System and the consequent impact on cultural changes within the ACT Public Health System, the Minister for Health table in the Legislative Assembly the report and the Government's response.</p>	<p>Agreed in principle</p> <p>The Minister for Health will table the report of the independent and external review on the implementation of the recommendations of the <i>Independent Review into Workplace Culture within ACT Public Health Services</i> and the ACT Government's response in the ACT Legislative Assembly in the shortest practical timeframe.</p>	<p>The report of the independent and external review on the implementation of the recommendations of the Independent Review into Workplace Culture within ACT Public Health Services and the ACT Government's response was tabled on 4 June 2020.</p>	Complete
<p>Recommendation 76</p> <p>The Committee recommends that the ACT Government, by the end of 2019, require Canberra Health Services and ACT Health give a confidential briefing to Members of the Legislative Assembly on preparedness for disasters in the ACT.</p>	<p>Agreed</p> <p>CHS and ACTHD, with agreement on scope with Minister for Health, will provide a briefing on preparedness for disasters in the ACT.</p>	<p>The plan to provide a briefing by CHS and the Directorate to Members of the Legislative Assembly on preparedness for disasters in the ACT by the end of 2019 has not been possible due to the 2019–20 bushfire responses and the ongoing Public Health Emergency responding to the COVID-19 pandemic.</p> <p>The Select Committee on the COVID-19 Pandemic Response, which was established on 2 April 2020, has provided many opportunities for the health sector (including CHS and the Directorate) to brief the Legislative Assembly and answer questions in relation to the health sectors' preparedness and response arrangements for managing the COVID-19 pandemic.</p>	In progress

Recommendation	Government response	Update	Status
		A briefing in relation to broader emergency preparedness for the Legislative Assembly will be arranged for early 2021.	
<p>Recommendation 77</p> <p>The Committee recommends that the ACT Government require ACT Health to use strategic indicators in the Budget Papers, based on both subjective and objective measures and that these indicators are reported against in quarterly performance reports.</p>	<p>Agreed in part</p> <p>ACTHD and CHS are supportive of the use of objective measures as they provide for effective decision making and are measurable.</p> <p>ACTHD and CHS monitor and review Strategic objectives and performance indicators on an on-going basis. Reporting on the indicators is tabled in the Assembly according to the Financial Management Act 1996 on a half yearly and annual basis.</p>	Performance indicators were reviewed in the setting of a 2019–20 Budget.	Complete
<p>Recommendation 79</p> <p>The Committee recommends that the ACT Government ensure, by the last day of the September 2019 sitting period, the Minister for Health report to the Legislative Assembly on the status of the ACT Government's 2016 election commitment to introduce a program of Meningococcal B vaccinations for babies.</p>	<p>Agreed</p> <p>The Minister for Health will report to the Legislative Assembly on the ACT Government's progress in implementing its election commitments in the health portfolio, in the September 2019 sitting period.</p>	The Minister for Health made a statement in the Legislative Assembly on 24 September 2019 and provided an update on the introduction of a Meningococcal B vaccination program for babies.	Complete
<p>Recommendation 80</p> <p>The Committee recommends that the ACT Government ensure the Minister for Health report back to the Legislative Assembly after the 2019 flu</p>	<p>Agreed</p> <p>The Minister for Health will provide information to the Assembly at the conclusion of the influenza season and prior to the end of 2019.</p>	The Minister for Health tabled the ACT Influenza Surveillance Report No.21, 2019 and made a statement in the Legislative Assembly on 28 November 2019.	Complete

Recommendation	Government response	Update	Status
<p>season has ended on the effectiveness of preparations for the 2019 flu season, both in terms of public health and the impact on hospital and health services</p>			
<p>Recommendation 81</p> <p>The Committee recommends that the ACT Government ensure Canberra Health Services and ACT Health develop a plan to transition away from the use of outmoded technology such as fax machines and that, by the last sitting day in 2019, the Minister for Health report to the Legislative Assembly on the progress of the transition. In undertaking this transition Canberra Health Services and ACT Health should consult with other medical professionals and address any privacy implications.</p>	<p>Agreed</p> <p>ACTHD will work with CHS to outline a plan to move away from fax machines and communicate the plan to the wider health care sector.</p> <p>ACTHD is working with CHS to implement the Smartforms project that will allow majority of General Practitioners to submit their referrals via an online form within their Practice Management System rather than faxing through the referral to Central Health Intake. This project will use an online fax gateway called 'Rightfax' to manage all referrals received from the Smartforms system. A pilot of this project will commence in late August 2019.</p>	<p>The Directorate has implemented the HealthLink SmartForms eReferral service, which is available for all General Practitioners in the ACT and surrounding NSW region who would like to refer patients to CHS. The faxing process is still available for the benefit of those referrers that do not have access to a SmartForms-compatible Practice Management System and do not use HealthLink Portal.</p>	<p>Complete</p>
<p>Recommendation 82</p> <p>The Committee recommends that the ACT Government, by the last sitting day of 2019, ensures the Minister for Health reports to the Legislative Assembly on plans to upgrade the Intensive Care Unit at the Canberra Hospital prior to the development of the Surgical Procedures, Interventional Radiology and Emergency Centre.</p>	<p>Agreed</p> <p>ACTHD is currently in the design phase for the Intensive Care Unit expansion.</p>	<p>The Minister for Health provided an update to the Legislative Assembly on the design phase of the Intensive Care Unit at the Canberra Hospital on 26 November 2019.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 83</p> <p>The Committee recommends that the ACT Government ensure that there is enough capacity in the public health system to treat patients within clinically appropriate guidelines.</p>	<p>Agreed</p> <p>ACTHD is currently developing a Territory-wide Health Service Plan. The Plan will identify priorities for health service development and redesign including capacity and capability within the public health system. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and consider the range of public health services provided by CHS, CPHB and other organisations in the community. The Plan will be underpinned by the principles of patient centred care – that the right care is provided in the right place at the right time.</p> <p>To support the Plans’ principles of patient centred care – that the right care is provided in the right place at the right time, the CHS Timely Care Strategy aims to improve patient care delivery, access to services across CHS and patient flow processes. CHS is continuously identifying and incorporating change to improve communication and decision-making processes, as well as implementing a number of projects to refresh and refocus systems and processes using a whole of hospital approach. These projects are expected to become embedded into regular processes and policies across CHS to continue the delivery of high quality, safe and timely care to our community. This work does not replace Clinical Services planning, however addresses CHS</p>	<p>It is anticipated that the Territory-wide Health Service Plan will be finalised in early 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	operational commitments to providing timely care.		
<p>Recommendation 89</p> <p>The Committee recommends that the ACT Government, subject to the external evaluation of the homebirth trial, increase availability of home birthing options for local women.</p>	<p>Agreed in principle</p> <p>The aim of the publicly funded homebirth trial is to provide an option for women with low risk pregnancies in the ACT to birth at home. The final evaluation will provide recommendations for publicly funded homebirth at Canberra Hospital. CHS is 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>In June 2020, the ACT Government agreed to offer the home birth program on a permanent basis for Canberra families. All the recommendations in the Home Birth Trial report have been agreed, or agreed in principle, by the ACT Government.</p> <p>The Home Birth Service Clinical Governance Committee will provide further advice to ACT Government on the implementation of these recommendations and the potential inclusion of a northside catchment in this proposal.</p>	In progress
<p>Recommendation 90</p> <p>The Committee recommends that the ACT Government publish data on wait times for appointments with specialist outpatient clinics in the ACT.</p>	<p>Agreed in principle</p> <p>ACTHD will work with CHS to agree on suitable measures to report wait times for appointments with specialist outpatient clinics in the ACT.</p>	<p>The Directorate and CHS have been working collaboratively to ensure that outpatient data is fit for reporting purposes, which will support the development of suitable metrics.</p>	In progress
<p>Recommendation 91</p> <p>The Committee recommends that the ACT Government, following a report from the Health Care Consumers Association, prioritise work on developing a patient navigation service.</p>	<p>Agreed in principle</p> <p>ACTHD has received the report, A model for patient navigation in the ACT for people with chronic and complex conditions, and is exploring options to implement a model for a patient navigation service that would include, but may not be limited to, chronic conditions.</p>	<p>CHS is developing an Integrated Care Framework as part of a broader reform of integrated care. It is designed to achieve service outcomes comparable to the model of patient care navigation proposed by the Health Care Consumers' Association report.</p>	In progress

Recommendation	Government response	Update	Status
<p>Recommendation 92</p> <p>The Committee recommends that the ACT Government, by the end of the last sitting day in October 2019, ensures that the Minister for Health report to the Legislative Assembly on the progress of the work towards developing a patient navigation service.</p>	<p>Agreed</p> <p>ACTHD will continue to explore options for a patient navigation service and report on progress to the Legislative Assembly by the last sitting day in October 2019.</p>	<p>The Minister for Health made a statement in the Legislative Assembly on 24 October 2019 and provided an update on the progress of options for a patient navigation service.</p>	<p>Complete</p>
<p>Recommendation 172</p> <p>The Committee recommends that the ACT Government continue to work closely with the National Disability Insurance Agency to ensure favourable outcomes for ACT participants in the National Disability Insurance Scheme</p>	<p>Agreed</p> <p>The ACT Government continues to collaborate with the National Disability Insurance Agency (NDIA) and plays an active role in national governance forums, including:</p> <ul style="list-style-type: none"> • COAG Disability Reform Council • Senior Officials Working Group • regular ACT Government meetings with the ACT Office of the NDIA which include meetings between the Office for Disability's Integrated Service Response Program and the NDIA to resolve issues for individual participants • the ACT Executive Steering Committee • the ACT NDIS Implementation Committee <p>The ACT Government will continue to advocate to the NDIA issues relevant to ACT NDIS participants that require attention and improvement.</p>	<p>The ACT Government continues to collaborate with the NDIA and plays an active role in national governance forums.</p>	<p>No longer required</p>

Recommendation	Government response	Update	Status
	<p>Additionally, ACTHD is working collaboratively with the Office for Disability and other states and territories to resolve interface issues between the National Disability Insurance Scheme (NDIS) and health systems with the NDIA. The ACT has volunteered to take the lead on work to improve the interface between NDIA and mental health services.</p> <p>ACTHD notes recent changes by the NDIA to improve the participant experience, such as introduction of a psychosocial stream to improve capacity of the NDIA to support people with psychosocial disability and a more effective pathway for those facing complex challenges. Along with the Office for Disability, ACTHD will continue to engage with the NDIA to influence and monitor improvements and ensure positive impacts on the experience and outcomes for participants of the NDIS in the ACT.</p> <p>Furthermore, CHS Division of RACS has a project officer role in place to support the coordination of transitioning CHS clients from in-kind to fee-for-service funding. CHS will continue to meet with the NDIA on a regular basis to coordinate the transition of individual client cases ensuring issues are raised and addressed. CHS also participates in the ACT NDIS Implementation Committee.</p>		

TABLE 17: GOVERNMENT RESPONSE TO THE INTERIM REPORT 1 – SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

Reporting entity	Select Committee on the COVID-19 Pandemic Response		
Report number	May 2020		
Report title	Interim Report 1 – Select Committee on the COVID-19 Pandemic Response		
Link to report	https://www.parliament.act.gov.au/parliamentary-business/in-committees/previous-assemblies/select-committees-ninth-assembly/select-committee-on-the-covid-19-response#tab1509618-8id https://www.parliament.act.gov.au/data/assets/pdf_file/0006/1227318/9th-Estimates-2018-2019-Appropriation-Bill-2018-2019-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2018-2019.pdf		
Government response title	Government Response to Interim Report 1 - COVID-19 Pandemic Response		
Date tabled	4 June 2020		
Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The Committee recommends that the ACT Government prepare and publish a step-by-step process for easing restrictions in the Territory along the lines of the one prepared by the Northern Territory Government.</p>	<p>Agreed</p> <p>The ACT Government has prepared a COVID-19 easing of restrictions Roadmap. The 3 Step Framework for a COVID Safe Australia approved by National Cabinet provides the basis for the ACT’s approach to the easing of restrictions. Progression through the steps will be informed by risk assessments and changing epidemiology. Further information on the ACT Government’s COVID-19 Easing of Restrictions Roadmap is available on the ACT’s COVID-19 website.</p>	<p>Canberra’s Recovery Plan: COVID 19 Easing of Restrictions Roadmap (release 2.0) outlines the ACT’s stepwise approach to easing public health restrictions.</p> <p>Checkpoints in between each step of the Roadmap helped to identify and respond to any change in circumstance that may have had a negative impact on the ACT’s COVID-19 recovery.</p>	Complete
<p>Recommendation 20</p>	<p>Agreed</p>	<p>Step 2.2 of the Roadmap came into effect on Friday, 19 June 2020. As part of the easing of restrictions under Step 2.2, updated guidance</p>	Complete

Recommendation	Government response	Update	Status
<p>The Committee recommends that the ACT Government prepare rules for the reopening of cafes, restaurants and other venues such as provision of hand sanitiser, distancing between tables, and cleaning of premises.</p>	<p>Rules for re-opening cafes restaurants are dependent on the Public Health Directions, which are made by the Chief Health Officer. On Friday 15 May 2020, the ACT Government published a COVID-19 Dine-in Checklist for Restaurants, Bars and Clubs looking to reactivate dining-in services. This document provides significant guidance on best practice with regard to physical distancing, cleaning and other matters and has been provided to all food businesses in the ACT.</p>	<p>materials were developed for sectors, including for hospitality.</p>	
<p>Recommendation 23</p> <p>The Committee recommends the ACT Government give consideration as to whether the national and cultural institutions in the ACT could have a relevant patron limit set for them, informed by up to date health advice, particularly with a view to aiding tourism.</p>	<p>Agreed</p> <p>The Government has considered tourism and venues as part of the next step in the ACT’s recovery plan announced on 26 May 2020. In line with the COVID-19 Easing of Restrictions Roadmap step 2.1, galleries, museums, national institutions and outdoor attractions (such as the Zoo) in the ACT will be able to reopen. Numbers will be restricted to one person per four square metres, including staff. Any gatherings within the institutions will not be able to exceed 20 people. The ACT Government will be working closely with these institutions in the coming weeks as they start to reopen, as we start to welcome domestic visitation back to the ACT in the weeks ahead. Further information on the COVID-19 Easing of Restrictions Roadmap is available on the ACT Government’s COVID-19 website.</p>	<p>Step 2.2 of the Roadmap came into effect on Friday, 19 June 2020. This allowed for larger gatherings of up to 100 people.</p>	<p>Complete</p>

TABLE 18: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: ACT GOVERNMENT STRATEGIC AND ACCOUNTABILITY INDICATORS—REPORT NO.2/2018

Reporting entity	ACT Auditor-General
Report number	2/2018
Report title	ACT Government Strategic and Accountability Indicators
Link to report	http://www.audit.act.gov.au/__data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf
Government response title	Government Response to the ACT Auditor-General's Report: ACT Government Strategic and Accountability Indicators – Report No.2/2018
Date tabled	5 June 2018

Recommendation	Government response	Update	Status
<p>Recommendation 2</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 Representative. Territory entities whose strategic indicators cannot meet the strategic criterion of Representative because they relate to whole of government functions should explain how indicators support achievement of Government priorities through commentary.</p>	<p>Agreed in principle</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>The Directorate has reviewed its strategic and accountability indicators as part of the 2019–20 Budget Statements. The revised indicators are reported as part of the ACT Health Directorate Annual Report 2019–20.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 3</p> <p>Accountability indicators should be improved by:</p> <p>b) the ... Health Directorate ... amending accountability indicators so they meet the criterion of Clarity.</p>	<p>Agreed in principle</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>The Directorate has reviewed its strategic and accountability indicators as part of the 2019–20 Budget Statements. The revised indicators are reported as part of the ACT Health Directorate Annual Report 2019–20.</p>	Complete
<p>Recommendation 4</p> <p>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>Agreed</p> <p>The updated guidance material will include a requirement that entities document their procedures for the review, selection and approval of relevant indicators.</p> <p>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.</p> <p>The Directorate has reviewed its strategic and accountability indicators as part of the 2019–20 Budget Statements. The revised indicators are reported as part of the ACT Health Directorate Annual Report 2019–20.</p>	Complete
<p>Recommendation 5</p> <p>When Recommendation 1 a) to e) are complete, all Territory Entities should use the revised criteria as the basis for assessing the</p>	<p>Agreed</p> <p>The updated guidance material will provide clear direction for entities in reviewing, selecting and approving relevant indicators.</p>	<p>In April 2019, a new Strengthening Performance and Accountability: A Framework for the ACT Government was released.</p>	Complete

Recommendation	Government response	Update	Status
suitability of their Strategic and Accountability indicators.	Entities will be required to make full use of the assessment criteria defined within the updated guidance material.	The Directorate has reviewed its strategic and accountability indicators as part of the 2019–20 Budget Statements. The revised indicators are reported as part of the ACT Health Directorate Annual Report 2019–20.	

TABLE 19: GOVERNMENT RESPONSE TO AUDITOR-GENERAL'S REPORT NUMBER 5 OF 2015 INTEGRITY OF DATA IN THE HEALTH DIRECTORATE

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

Recommendation	Government response	Update	Status
Recommendation 2 Outcome measures for data quality, including metrics, should be developed and incorporated into the Information Management Strategy. These should be monitored to ensure the adequacy of data integrity, particularly related to ABF data	Agreed 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.	The System-Wide Data Review program reassessed all outputs and milestones on the basis of the recommendations of Auditor-General Report No. 5/2019. The draft ACT Public Health Data Management Strategy has been developed to align with the draft ACT Government Data Governance and	In progress

Recommendation	Government response	Update	Status
	<p>These measures will provide quality assessments of all major ACT data sets, including data submitted for ABF purposes.</p>	<p>Management Policy Framework, the ACT Health Quality Strategy and the Digital Health Strategy, using a strategic themes and principles-based approach.</p> <p>The draft ACT Public Health Data Management Framework is under development—including addressing data quality approaches that encompass a range of activities, including assurance of Activity Based Funding (ABF) data. The Directorate also works closely with the national bodies to provide assurance and transparency of the integrity of ABF data in accordance with their established processes.</p>	
<p>Recommendation 3</p> <p>ACT Health’s Information Management Strategy should clearly articulate the following:</p> <ul style="list-style-type: none"> a) Key data risks associated with ABF-related data and submissions to national bodies; b) Frequency, scope of control assessments and other assurance activities that will be undertaken to provide assurance in relation to ABF data integrity <p>The ABF data integrity risks and control assessments will need to be updated from year to year as national submission requirements change.</p>	<p>Agreed</p> <p>ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.</p>	<p>The System-Wide Data Review program reassessed all outputs and milestones on the basis of the recommendations of Auditor-General Report No. 5/2019.</p> <p>The draft ACT Public Health Data Management Strategy has been developed to align with the draft ACT Government Data Governance and Management Policy Framework, the ACT Health Quality Strategy and the Digital Health Strategy, using a strategic themes and principles-based approach.</p> <p>Key data risks associated with ABF-related data and submissions to national bodies are articulated in the relevant risk register which has been developed and is reviewed and managed in accordance with the ACT Insurance Agency’s risk management policy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
		<p>The draft ACT Public Health Data Management Framework is under development—including addressing data quality approaches that encompass a range of activities, including assurance of ABF data. The Directorate also works closely with the national bodies to provide assurance and transparency of the integrity of ABF data in accordance with their established processes.</p>	
<p>Recommendation 7 HIGH PRIORITY RECOMMENDATION</p> <p>Both Canberra and Calvary 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>Agreed in principle</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 reassessed all outputs and milestones on basis of the recommendations of Auditor-General Report No. 5/2019.</p> <p>The Directorate’s Emergency Department Information System (EDIS) administrators actively monitor the CHS EDIS Audit Changes After 48 Hours of Discharge report. This audit log allows changes to be monitored after the close-off period and investigated as needed.</p>	<p>Complete</p>
<p>Recommendation 8 HIGH PRIORITY RECOMMENDATION</p>	<p>Agreed</p> <p>ACT Health has commenced implementing the non-admitted standards. As noted in the</p>	<p>Non-admitted allied health data standards have been finalised by CHS, with their ongoing management being the responsibility of CHS.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
ACT Health should finalise and implement the Non-admitted Patient Activity Data Standards.	report, data standards for Non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement the standards as requirements change over time.	Business process modelling and analysis activities of Non-admitted Patient data have transitioned to BAU, to support the ongoing validation and quality improvement activities under the ACT Public Health Data Management Framework (in development).	
<p>Recommendation 9</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.</p>	<p>Agreed</p> <p>ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health's reporting infrastructure expands.</p>	<p>The System-Wide Data Review program reassessed all outputs and milestones on the basis of the recommendations of Auditor-General Report No. 5/2019.</p> <p>The draft ACT Public Health Data Management Framework is under development, including addressing data quality approaches. All datasets used for external submissions, including ABF-related datasets, are subjected to validation activities.</p>	In progress
<p>Recommendation 10</p> <p>ACT Health 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>Agreed</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 Data Repository Population Project established initial validation processes, with these processes being enhanced and embedded now that the management of the data repository has transitioned to BAU. This work will continue with the addition of each dataset.</p>	Complete
<p>Recommendation 11</p> <p>HIGH PRORITY RECOMMENDATION</p>	<p>Agreed</p> <p>The establishment of KPIs and reports is incorporated within the Data Credentialing Framework.</p>	<p>Quality Key Performance Indicators (KPIs) will be derived from the ACT Public Health Data Management Framework (under development) and the ACT Health Quality Strategy.</p>	In progress

Recommendation	Government response	Update	Status
ACT Health should develop KPIs for the validation of data that can be supported by information from the data warehouse.	This framework also includes an escalation process to ensure that data issues are addressed as required.		
<p>Recommendation 12</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should finalise its 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>Agreed</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>	The Non-admitted Patient data validation rules are published to the Performance Information Portal.	Complete
<p>Recommendation 17</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>a) ACT Health should investigate the root causes of errors in non-admitted data, including errors in Indigenous status, postcode and funding sources and develop and implement policies and procedures for improvement.</p> <p>b) ACT Health should implement a single patient administration system and standardise data management policies and procedures across all public outpatient clinics.</p>	<p>Agreed in principle</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>The Directorate has worked closely with CHS and CPHB to improve the accuracy and quality of the recording and reporting of non-admitted data. Foundational work is now complete, and ongoing validation and quality improvement activities will transition to BAU under the ACT Public Health Data Management Framework.</p> <p>The Directorate is currently developing an ACT Digital Health Record for public health services in the ACT, which will replace existing patient administration systems in a phased approach.</p> <p>The standardisation of operational level data management practices, including those in</p>	In progress

Recommendation	Government response	Update	Status
	ACT Health will need to undertake a review of the impact and capacity of establishing a single system for non-admitted services.	outpatient clinics, are the responsibility of CHS and CPHB.	

TABLE 20: 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

Reporting entity	ACT Auditor-General
Report number	01/2016
Report title	Calvary Public Hospital Financial and Performance Reporting and Management
Link to report	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
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

Recommendation	Government response	Update	Status
Recommendation 1 The ACT Government should examine: a) the fundamental issue of whether or not the Calvary Network Agreement is the	Agreed in principle c) The Government will work with Calvary to ensure that the Calvary Network Agreement has the capacity to deliver	The ACT Government is continuing to engage Calvary under the arrangements of the Calvary Network Agreement for the services delivered at CPHB.	In progress

Recommendation	Government response	Update	Status
<p>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 Sector Management Act 1994</i> then Recommendations 6 and 8 are high priority.</p>	<p>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 Public Sector Management Act 1994 and associated enterprise agreements is an effective arrangement given the small size of the ACT and the benefit to employees to be able to transfer between our two public hospitals. This is particularly important for our health reform program which will provide more integrated services between our two public hospitals. However, the outcome of the review noted in (a) above will identify any issues with current arrangements and whether alternatives are appropriate.</p>	<p>Governance arrangements between the Directorate and Calvary continue to be improved and strengthened, with finance and performance reporting being the focus. This work will continue as part of the Directorate's ongoing responsibilities for contract management.</p>	
<p>Recommendation 2</p> <p>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>Agreed.</p> <p>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</p>	<p>The ACT Government is continuing to engage Calvary under the arrangements of the Calvary Network Agreement for the services delivered at CPHB.</p> <p>Governance arrangements between the Directorate and Calvary continue to be improved</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		and strengthened, with finance and performance reporting being the focus. This work will continue as part of Directorate's ongoing responsibilities for contract management.	
Recommendation 5 The ACT Health Directorate, in consultation with the Little Company of Mary Health Care Ltd and Calvary Health Care ACT, should commit to a timeframe for the finalisation and implementation of the successor to the interim funding model for Calvary Public Hospital.	Agreed. ACT Health will work with Calvary to implement a new funding model that will be trialed during 2016-17 and fully implemented in 2017-18. The funding model will be used across both ACT public hospitals.	The ACT Government remains committed to the development of an ABF model for payments to the main public hospitals in the ACT, including CPHB. This is a multi-year project and planning progressed during 2019-20.	Complete

TABLE 21: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: PHYSICAL SECURITY – REPORT NO. 6/2018

Reporting entity	ACT Auditor-General
Report number	6/2018
Report title	Physical Security
Link to report	https://www.audit.act.gov.au/__data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf
Government response title	Government Response to the ACT Auditor-General's Report: Physical Security – Report No.6/2018
Date tabled	20 September 2018

Recommendation	Government response	Update	Status
<p>Recommendation 8</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; and the updated ACT Government Protective Security Policy Framework, and continued progress should be made to perform site-specific security risk assessments.</p>	<p>Agreed</p> <p>The 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>CHS and the Directorate worked together to finalise a joint Enterprise Security Risk Assessment (ESRA), which has been completed and approved on 25 February 2020. Furthermore, the Directorate Agency Security Advisor (ASA) and Agency Security Executive (ASE) continue to assess physical security risks at its individual sites. These assessments have resulted in the uplift of physical security in a range of the Directorate's sites.</p>	<p>Complete</p>

TABLE 22: 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

Reporting entity	ACT Auditor-General
Report number	9/2018
Report title	ACT Health's Management of Allegations of Misconduct and Complaints About Workplace Behaviour
Link to report	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
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

Recommendation	Government response	Update	Status
<p>Recommendation 1</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"> a) managing and documenting the conduct of preliminary assessments; b) the need to fully consider options available prior to proceeding with a misconduct investigation (e.g. Underperformance management); and c) processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct. 	<p>Agreed.</p> <p>The ‘Addressing Workplace Issues – Preliminary Assessment for Managers’ 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 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"> a) Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms; 	<p>The recent Independent Review into the Workplace Culture within ACT Public Health Services considered the findings and recommendations of the 2018 ACT Auditor-General Report on ACT Health’s Management of Allegations of Misconduct and Complaints About Inappropriate Workplace Behaviour.</p> <p>The Directorate will be reviewing its training programs to address the findings of the Independent Review and the ACT Auditor-General Report.</p> <p>The recommendations will be monitored by the Culture Review Oversight Group, chaired by the Minister for Health.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> b) The introduction of an Employee Advocate position; c) Introduction of a Preliminary Assessment Advisor position to assist managers in undertaking expedient assessment processes; 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; e) Providing an external and independent avenue for employees of ACT Health on bullying matters; and f) Revisiting the People and Culture organisational structure to place resources at the workplace level to assist with early intervention. 		
<p>Recommendation 3</p> <p>ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.</p>	<p>Agreed.</p> <p>In relation to both Recommendations 1 and 3, ACT Health have trained 206 managers in undertaking Preliminary Assessments, 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.</p>	<p>The recent Independent Review into the Workplace Culture within ACT Public Health Services considered the findings and recommendations of the 2018 ACT Auditor-General Report on ACT Health's Management of Allegations of Misconduct and Complaints About Inappropriate Workplace Behaviour.</p> <p>The Directorate will be reviewing its training programs to address the findings of the Independent Review and the ACT Auditor-General Report.</p>	Complete

Recommendation	Government response	Update	Status
		The recommendations will be monitored by the Culture Review Oversight Group, chaired by the Minister for Health.	

TABLE 23: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT NO.05/2019 – MANAGEMENT OF THE SYSTEM-WIDE DATA REVIEW IMPLEMENTATION PROGRAM

Reporting entity	ACT Auditor-General
Report number	05/2019
Report title	Management of the System-Wide Data Review Implementation Program
Link to report	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
Government response title	Government Response to the ACT Auditor-General's Report No.05/2019 – Management of the System-Wide Data Review Implementation Program
Date tabled	September 2019

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The ACT Health Directorate should:</p> <p>a) document the governance arrangements for the System-Wide Data Review implementation program, including roles</p>	<p>Agreed.</p> <p>ACTHD has already embedded international best practice arrangements for the delivery of healthcare technology-based projects, programs and portfolio management utilising the following methodologies:</p>	<p>The System-Wide Data Review Program is now operating under the Digital Solutions Division (DSD) Program and Project Management Framework and is subject to Project Management Office (PMO) project assurance. The Data Framework Development Project Board is operational.</p>	Complete

Recommendation	Government response	Update	Status
<p>and responsibilities for program management and oversight;</p> <p>b) embed oversight and monitoring arrangements for the program, by finalising and endorsing terms of reference for the System-Wide Data Review Reference Group and supporting Working Groups and ensuring these groups meet regularly to review implementation progress; and</p> <p>c) develop and implement risk management arrangements that assess and monitor risks to the implementation of the program.</p>	<ul style="list-style-type: none"> • Project management – Projects IN Controlled Environments (PRINCE2); • Program management – Managing Successful Programmes (MSP); and • Portfolio management – Management of Portfolios (MoP). <p>To support these arrangements, tailored Delivery Frameworks have been developed and are available on the ACT Health website. The Delivery Frameworks have been used successfully to deliver dozens of technology-based projects and programs, including the recently launched DAPIS Online Remote Access website for secure online prescription monitoring across the ACT.</p> <p>To ensure the Delivery Frameworks are being used effectively to manage and deliver the System-Wide Data Review implementation program, the program is being realigned to the Program Delivery Framework. This will better support the delivery of timely and meaningful outcomes from the System-Wide Data Review. Additionally, a number of other actions are being taken to address this recommendation and ensure effective program governance. These include:</p> <ul style="list-style-type: none"> • Establishing a dedicated System-Wide Data Review program management team, staffed with an experienced program manager and program support; 		

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> Revising and refining the program governance documentation to ensure roles and responsibilities are clearly documented and that risks are more clearly identified and controlled; and Implementing more effective program management oversight through the establishment of a whole-of-public health system program management board (the ACT Public Health System Data Governance Steering Committee). This committee has top-level representation from ACTHD, Canberra Health Services, Calvary Public Hospital Bruce and the Health Care Consumers' Association, and provides leadership and oversight of data management, use and reporting within the ACT public health system. It meets every two months, with its first meeting held in September 2019. 		
<p>Recommendation 2</p> <p>The ACT Health Directorate should:</p> <p>a) develop and implement program management planning practices that enables:</p> <p>i) scheduling and monitoring of activities based on estimated completion dates;</p> <p>ii) a consistent approach to prioritisation of activities and the progress made;</p>	<p>Agreed.</p> <p>Through the re-baselining of the program with the Program Delivery Framework, ACTHD is already taking action to address this recommendation. ACTHD is revising all existing program planning documentation to ensure it complies with the 'program identification' and 'program definition' tranches of the Program Delivery Framework. This will ensure that:</p>	<p>Program and Project Management Framework is subject to PMO project assurance.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>iii) identification of dependencies and key milestones;</p> <p>iv) tracking and reporting of costs to inform planning for future phases; and</p> <p>b) include in future published System-Wide Data Review Implementation Plans information about the ACT Health Directorate's program planning arrangements, overall implementation progress and the realisation of benefits.</p>	<ul style="list-style-type: none"> • a consistent approach is taken to program scheduling for the whole implementation program; • activities are appropriately scheduled with dependencies and key milestones identified; • active monitoring of outcomes and benefits can be undertaken throughout the program; and • program expenditure is monitored more effectively, to inform future planning. <p>ACTHD has already published information about its program planning arrangements through the publication of the Program Delivery Framework on the ACT Health website, and will also publish information about implementation and delivery of the realigned implementation program including the benefits of this work and how they are realised.</p>		

B.4 Risk management

Overview

The ACT Health Directorate (the Directorate) has effective risk management practices guided by the ACT Government Risk Management Policy 2019. A comprehensive review of risk management undertaken in 2019 resulted in changes that increased the maturity of the Directorate's risk management practices. Our aim remains to ensure that risk management is both considered and integrated into all critical decision-making processes associated with the Directorate.

Developing the 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 continues to define our risk management process, roles, accountabilities and responsibilities for capturing, monitoring, reviewing, and reporting on risk in the organisation. Our goal is to identify risks and then manage, mitigate or accept each risk, and monitor and report on all risks.

Identifying areas of significant risk

During 2019–20, we conducted a series of risk workshops that complemented our business planning activity. This enabled the Directorate to identify the relationships between risks and business objectives and further embedded risk identification, management, controls and treatments into organisational activities.

Strategic risks are identified and monitored by the Directorate Leadership Committee (DLC) using the Strategic Risk Register. The strategic risks are then considered on an ongoing basis by the DLC using a standing report on risk. The Audit and Risk Management Committee is also notified of strategic risks as part of their oversight function.

Monitoring risks

The Directorate uses risk registers to document risks across the organisation. This allows risks and risk controls to be monitored and, if required, escalated. Risks and emerging risks identified at the group, divisional project or team levels are reported to the relevant management unit for action.

The DLC and ARMC are also notified of and consider significant changes that may impact the Strategic Risk Register. Risk management and strategic risk discussions are a standing agenda item for the ARMC.

Identifying and responding to emerging risks

As changes to risks occur, we update relevant risk registers, including the DLC's standing report, with information about:

- > new significant risks

- > emerging risks
- > the progress of risk mitigation strategies, including any constraints.

The DLC and ARMC are advised of the changes and decide if a specific risk is added to the Strategic Risk Register.

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

B.5 Internal audit

Overview

Internal Audit is an essential part of the ACT Health Directorate's (the Directorate's) corporate governance functions. The Directorate's Strategic Audit Plan and Internal Audit Program assist the Directorate in achieving its strategic goals, mitigating risks and providing assurance that supports continuous improvement.

Internal Audit engages external auditors to assist in the delivery of the Internal Audit Program. During the reporting year, three audits were completed and tabled at the Audit and Risk Management Committee (ARMC):

- > Fraud Control: Leave and Flex Time Management
- > Population Health Programs - Grants Programs
- > Licencing and Regulatory Services.

One audit remained in progress at the end of 2019–20:

- > Risk Deep Dive: ICT Systems Risk.

Audit and Risk Management Committee

During 2019–20, the ARMC Charter and Internal Audit Charter were endorsed by the ARMC and approved by the Director-General. The ARMC Charter and Internal Audit Charter both reflect ACT Government requirements and the Institute of Internal Auditors better practice guides.

The ARMC Charter governs its operations and details the Committee's responsibilities as providing assurance to the Director-General on governance arrangements and oversight on:

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

During 2019–20, the Committee's members included:

- > an independent chair
- > an independent deputy chair
- > one independent external member
- > two senior executives from the Directorate.

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

The ARMC met five times during 2019–20. The Committee membership and attendance are displayed in Table 24.

TABLE 24: COMMITTEE MEMBERS AND ATTENDANCES

Name of member	Position	Meetings attended
Mr Geoff Knuckey	Independent Chair	5
Mr Jeremy Chandler	External Member and Deputy Chair	5
Ms Janine McMinn	External Member	4
Ms Jacinta George	Internal Member (appointed July 2019)	4
Ms Liz Lopa	Internal Member (appointed May 2020)	1
Ms Amber Shuhyta	Internal Member (ceased February 2020)	1

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

B.6 Fraud prevention

Overview

The ACT Health Directorate (the Directorate) places great importance on maintaining a culture that values integrity and ethical behaviour. Fraud prevention strategies are part of the Directorate's governance framework and include reporting to the Audit and Risk Management Committee (ARMC).

During 2019–20, the Directorate strengthened its approach to fraud prevention through several key activities, including:

- > the Fraud and Corruption Control Plan review
- > fraud risk assessments.

The Senior Executive Responsible for Business Integrity Risk (SERBIR) continued to:

- > champion integrity matters
- > support the Directorate's compliance with the ACT Public Service (ACTPS) Integrity Policy
- > oversee processes to detect and investigate fraud and corruption.

During 2019–20, one matter was raised with the SERBIR as a potential fraud risk. The risk was addressed by improving administrative practices in the business area.

Risk assessments conducted

Fraud risk assessments were reviewed across the organisation during 2019–20. The review included confirming potential fraud and corruption risk exposures, and assessing controls, treatments and reporting requirements.

A process has been initiated to review fraud and corruption controls on a six-monthly basis, with any adverse findings reported to the SERBIR. This process will include reviewing the progress of proposed future risk treatments, as noted in related fraud risk assessments and, where appropriate, will be the subject of compliance audit activity.

Fraud control plans

During 2019–20, the Fraud and Corruption Control Plan was reviewed to:

- > incorporate mandatory reporting obligations to the Integrity Commissioner
- > redefine responsibilities across the Directorate
- > confirm reporting requirements, executive oversight obligations, references and processes.

The Fraud and Corruption Control Plan is reviewed every two years and is next scheduled for review in 2021–22.

Fraud awareness training

Training and education on fraud prevention and ethical behaviours continue to be available to staff through induction and e-learning. The SERBIR is active in promoting awareness of the ACTPS Integrity Policy and associated processes to detect and investigate fraud and corruption.

Fraud prevention strategies

In addition to the Fraud and Corruption Control Plan, fraud risk management forms part of the business planning cycle. The Directorate's fraud prevention strategies include:

- > additional fraud-related training opportunities to raise staff awareness
- > regular and ongoing reviews of fraud and corruption controls
- > oversight of fraud and corruption control activities by the SERBIR, the Directorate Leadership Committee and the ARMC.

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

B.7 Freedom of information

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

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

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

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

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

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

The Directorate's responses regarding FOI access applications are presented in Table 25.

TABLE 25: FREEDOM OF INFORMATION

Access applications		
Overall		
Data	Agency response	Notes and explanation
Number of access applications on hand at the beginning of the reporting period	8	Of these, four were decided and four were deemed to be withdrawn following no response from the applicant.
Number of access applications received during the reporting period	41	
Number of access applications transferred to another agency	4	Four transferred in full.
Number of access applications finalised	28	
Number of access applications on hand at the end of the reporting period	12	The Directorate had five applications withdrawn by the applicants or withdrawn due to no response from the applicant.

Access applications		
Timeliness		
Data	Agency response	Notes and explanation
Number of access applications decided within the time to decide under section 40 of the Act	26	Two applications were decided within the extension of time under section 41.

Number of access applications not decided within the time under sections 40, 41 and 42 (deemed decisions)	0
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Of the access applications not decided within the time (deemed decisions), number of access applications decided:	
> within 35 days	0
> within 60 days	0
> over 60 days	0

Access applications

Fees charged

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

Access applications

Outcomes

Data	Agency response	Notes and explanation
Number of access applications with a decision which:		
> gave full access	8	
> gave partial access	14	
> refused access	6	One refused as contrary to the public interest and five technical refusals as agency held no documents within the scope of the request.

Access applications

Ombudsman/ ACT Civil and Administrative Tribunal (ACAT) review

Data	Agency response	Notes and explanation
Number of applications for Ombudsman review	1	
Number of applications made to ACAT	0	

Access applications		
Outcome of Ombudsman reviews		
Data	Agency response	Notes and explanation
Number of decisions confirmed through Ombudsman review	0	
Number of decisions set aside and substituted through Ombudsman review	0	
Number of decisions varied through Ombudsman review	1	

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

Open access information scheme		
Open access		
Data	Agency response	Notes and explanation
Number of decisions to publish open access information	124	This includes 98 decisions to publish policy documents.
Number of decisions not to publish open access information	0	
Number of decisions not to publish a description of open access information	0	

Personal information		
Amending personal information		
Data	Agency response	Notes and explanation
Requests made to amend personal information	0	
Number of decisions to amend personal information	0	
Number of decisions to refuse amending personal information	0	

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

B.8 Community engagement and support

Community engagement activities

Maintaining an effective healthcare system requires genuine collaboration with stakeholders—including peak bodies, community organisations, consumers, carers, and health system staff. The ACT Health Directorate (the Directorate) provides meaningful opportunities for its stakeholders to help inform, develop and deliver health programs, policies, and services in the ACT.

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

The Directorate’s community engagement activities are listed in Table 26.

TABLE 26: COMMUNITY ENGAGEMENT ACTIVITIES

Project	Summary	Type of engagement
Kindergarten Health Check	<p>The Kindergarten Health Check (KHC) is conducted annually for every child entering kindergarten across the ACT.</p> <p>In 2020, questions about adverse childhood experiences (ACEs) were integrated into the KHC for the first time.</p> <p>Exposure to ACEs can have long-term effects on a child’s cognitive, social and emotional development, and increase risk of the development of comorbidities and an earlier death.</p> <p>Including questions about ACEs will:</p> <ul style="list-style-type: none"> > help improve early identification and intervention for children at risk > improve health service planning and delivery > ensure efficient estimation of current and longer-term health risks. 	<p>The 2020 KHC was conducted following detailed consultation with, and in partnership between the Directorate and:</p> <ul style="list-style-type: none"> > Canberra Health Services > Community Services Directorate > Education Directorate > Australian Child and Adolescent Trauma, Loss and Grief Network, Australian National University > Capital Health Network > community General Practitioners > parents and guardians.

Project	Summary	Type of engagement
General Practitioner Forum	<p>The General Practitioner (GP) Forum was held in late 2019 and will continue as an annual event.</p> <p>The purpose of the GP Forum is to:</p> <ul style="list-style-type: none"> > explore options for better engagement between the Directorate and GPs in the ACT region > discuss arrangements being considered, to strengthen clinical governance across the ACT. 	<p>The GP Forum included 21 ACT Government attendees and 70 community attendees, including from:</p> <ul style="list-style-type: none"> > Capital Health Network > Canberra Health Services > ACT Mental Health Services > corporate general practices > private GPs across the ACT.
Study: 84-hour snapshot of after-hours services in the ACT	<p>This study sought to describe the characteristics of patients and presentations to after-hours medical services in the ACT.</p> <p>The aim of the study was to:</p> <ul style="list-style-type: none"> > better understand the after-hours medical care service provision in the ACT > identify who accesses after-hours services in the ACT and if any demographic factors influence choice of attending after-hours primary care or emergency departments (EDs) services > document the number of patients attending ACT EDs with 'GP-type presentations' during the same time period and to assess what other services these patients have considered or used prior to attending ED. <p>The study results are informing strategies to provide effective after-hours patient care and reduce the burden on ACT public EDs, specifically, waiting times.</p>	<ul style="list-style-type: none"> > 30 general practices, three Walk-in Centres (WICs), three Canberra Afterhours Locum Medical Services (CALMS), and both public hospital EDs within the ACT participated in the study. > 72 per cent of eligible sites participated (n=36). > 55 GPs and 25 practice nurses (n=80) participated (58 per cent of providers). > 1,098 patient responses were received.
Nurses and Midwives: Towards a Safer Culture – The First Step – Strategy	<p>The Towards a Safer Culture Strategy aims to achieve an ACT public health care system where staff, patients and visitors are protected from harm and always feel safe.</p> <p>In the past year, feedback was sought on the <i>Challenging Behaviour Guideline</i> from Peak Consumer advocacy organisations, including:</p> <ul style="list-style-type: none"> > Health Care Consumers' Association > ACT Mental Consumer Network > Carers ACT. <p>Early consultation occurred with peak bodies and current consumers of services, and the design of a 'rights and responsibilities' document was proposed.</p>	<ul style="list-style-type: none"> > Feedback was sought on the guidelines and documentation. > A Consumer Representative attended Advisory Group meetings.

Project	Summary	Type of engagement
Business Information Seminar Series – Food Safety Information Session – Mobile Food Business Fit Out Guide, Trade Waste and Grey Water Disposal for Food Businesses	<p>The Directorate uses an ‘engage, educate, enforce’ compliance model in relation to food safety. Emphasis is placed on education, to encourage compliance with food safety standards.</p> <p>The purpose of this series is to improve food safety and environmental health outcomes.</p> <p>An information session for the food industry was held by the Directorate, Environment Protection Authority (Access Canberra) and Icon Water, in collaboration with the Canberra Business Chamber, on 13 November 2019.</p> <p>The event focused on the recently published Mobile Food Business Fit Out Guide, Trade Waste and Grey Water Disposal for Food Businesses.</p> <p>The topics included:</p> <ul style="list-style-type: none"> > mobile food business registrations > mobile food business fit-out requirements > trade waste and grey water disposal > used grease and oil disposal. <p>The seminar provided food businesses the unique opportunity to discuss items with three separate regulatory agencies.</p>	60 people from businesses across the ACT attended the information seminar.
Territory-wide Health Service Plan consultations (February–March 2020)	<p>Consultations were designed to engage and inform the Directorate funded Non-Government Organisation (NGO) service providers and local aged care providers about the development of the Territory-wide Health Service Plan.</p> <p>Key priorities identified through consultation process were used to inform priority strategies and actions for the Territory-wide Health Service Plan.</p>	14 consultation sessions were held, with more than 70 organisations and 90 individuals participating.

Project	Summary	Type of engagement
<p>Non-Government Organisation Leadership Group</p>	<p>Following the Independent Review into Workplace Culture within the ACT Public Health Services, the Directorate established the Non-Government Organisation Leadership Group (NGOLG). The NGOLG provides an opportunity for coordinated and informed engagement between peak NGOs, the Directorate, Canberra Health Services, and Calvary Public Hospital Bruce about the health system matters affecting NGOs. Key priorities identified through the NGOLG have informed strategic policy development and service planning in the ACT, with a particular focus on the delivery of health services by NGOs within the context of the broader health system. Guidance from the NGOLG has been used to inform the development of strategies and messaging, to support community organisations in their response to the COVID-19 pandemic.</p>	<p>The inaugural meeting of the NGOLG was held on 23 October 2019 and is followed by bi-monthly meetings. The NGOLG includes representatives from:</p> <ul style="list-style-type: none"> > Sexual Health Family Planning ACT > ACT Council of Social Service > ACT Mental Health Consumer Network > Alcohol and Other Drug Association ACT > Carers ACT > Health Care Consumers Association > Mental Health Community Coalition > Calvary Public Hospital Bruce > Canberra Health Services. <p>A representative of Capital Health Network attends meetings as an observer.</p>
<p>Review of Children and Young People in the ACT</p>	<p>The review was conducted to understand the challenges and issues children and young people face in relation to their mental health and wellbeing. The review included:</p> <ul style="list-style-type: none"> > establishing a reference group, with government and NGOs overseeing the review > creating and distributing online surveys for children and young people, parents/carers, and youth service providers > conducting three co-design workshops with the community > engaging with existing Youth Reference Groups > meeting with individuals where required. <p>The review culminated with undertaking of four key projects that are currently being implemented.</p>	<p>Approximately 800 people participated in the review.</p>

Project	Summary	Type of engagement
Online Youth Navigation Portal (Scoping Phase)	<p>To understand the requirement from the community to design an online youth navigation portal, the following actions were taken:</p> <ul style="list-style-type: none"> > establishing a reference group, with government and NGOs overseeing the development of the portal > undertaking online surveys for children and young people, parents/carers, and youth service providers > undertaking four co-design workshops with the community > engaging with existing Youth Reference Groups. <p>A comprehensive report that will guide the procurement of a provider to develop the portal will be developed.</p>	Approximately 100 people participated in the engagement.
ACT LifeSpan Steering Committee	<p>The ACT LifeSpan Steering Committee:</p> <ul style="list-style-type: none"> > enables ACT community engagement in the implementation of LifeSpan approach to integrated suicide prevention: > informs the rollout of suicide prevention strategies for the ACT. <p>This work will help the development of the ACT LifeSpan Action Plan with integrated community input.</p>	Quarterly Committee meetings with 12—15 individuals/organisations.
ACT LifeSpan Working Groups	<p>The ACT LifeSpan Working Groups enabled community participation in local activities under ACT LifeSpan. Working Groups engaged with their sectors to inform implementation of the suicide prevention activities.</p>	<p>Five Working Groups, chaired by community members, meet monthly or quarterly. Five key areas of work are:</p> <ul style="list-style-type: none"> > schools > community > health > Aboriginal and Torres Strait Islander community > improving public safety. <p>Approximately 100 individuals and organisations participated in the five Working Groups.</p>

Project	Summary	Type of engagement
ACT LifeSpan Suicide Prevention Collaborative	The purpose of ACT LifeSpan Suicide Prevention Collaborative was to educate and inform the local community about major suicide prevention strategies. Community forums were held, with expert presenters working in the area of suicide prevention. The initiative improved access to information and best practice evidence.	Up to 100 individuals participated.
Interviews with people who use drugs as part of the feasibility study for a Medically Supervised Injecting Facility (MSIF), June 2020	Interviews were conducted to: <ul style="list-style-type: none"> > assess if there is support amongst people who use drugs for an MSIF in Canberra > identify harm minimisation initiatives that could be commenced or expanded. The Burnet Institute will provide their final report, including the relevant data, in August 2020. The results will be provided to government for their consideration of the establishment of an MSIF. The list of harm reduction initiatives may be used to determine future priorities in the Alcohol and Other Drugs (AOD) treatment sector. The study covered a wide range of material, including the community engagement, with a cost of \$207,680 (incl GST).	A series of interviews were conducted by phone or in person by staff at Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) or the Burnet Institute. 101 participants from CAHMA and further individuals identified as clients of The Needle and Syringe Program participated.
Year 7 Health Check (Y7HC) Pilot	Between 13 August and 11 September 2019, the Directorate, in collaboration with the Education Directorate (EDU), ran an anonymous pilot of the Y7HC health risk factor survey in government schools as part of the 2019 School Satisfaction Survey. The pilot was used to test: <ul style="list-style-type: none"> > the data collection instruments > student recruitment strategies > the cross-directorate data sharing approaches relevant for the Y7HC. The collated pilot survey data was analysed by the Directorate and a public-facing summary report of the results was developed for public dissemination. Question items in the survey have been further refined, based on both response rates and cognitive testing.	A total of 1,756 students participated in the pilot survey. The overall response rate for the pilot survey was 57.5 per cent.

Project	Summary	Type of engagement
Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+) Health Scoping Study	<p>As part of the First Action Plan of the Chief Minister, Treasury and Economic Development Directorate's Capital of Equality Strategy, the Directorate was tasked with:</p> <ul style="list-style-type: none"> > undertaking a scoping study to identify barriers to accessing health services for LGBTIQ+ people in the ACT > submitting a final report of recommendations to government for proposed future health policy initiatives. <p>A final report, with the findings and recommendations of the study, is scheduled to be released in 2020 subject to ministerial endorsement following the 2020 ACT election. The final report includes a proposed high-level implementation plan for the recommendations that can be considered by government in future budget processes.</p>	<p>Consultation was undertaken via:</p> <ul style="list-style-type: none"> > face-to-face stakeholder engagement > focus group with the parents of transgender and intersex U18s > community survey > LGBTIQ+ Health Reference Group.
Presentation of ACT Health Directorate Aboriginal and Torres Strait Islander Health and Wellbeing eLearning program to the United Ngunnawal Elders Council (UNEC)	<p>Engagement was undertaken to:</p> <ul style="list-style-type: none"> > seek cultural input and endorsement from UNEC > promote Ngunnawal culture and history. <p>The eLearning program was endorsed by UNEC, with a request for final review and endorsement before completion and launch of the program in 2020.</p> <p>The eLearning program will assist the Directorate in developing a health system and workforce environment that is culturally responsive to Aboriginal and Torres Strait Islander peoples.</p>	7 people and organisations took part in face-to-face engagement.
Attendance at Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah) new build	<p>Engagement was undertaken to:</p> <ul style="list-style-type: none"> > celebrate ACT Government commitment of \$13.3M to Winnunga Nimmityjah for Aboriginal and Torres Strait Islander Health > demonstrate the Directorate's and Health Partnerships' continuing support and commitment to Aboriginal and Torres Strait Islander Health. 	10 people and organisations took part in face-to-face engagement.

Community support initiatives – grants and sponsorship

Peter Sharp Scholarship Program

The Peter Sharp Scholarship Program is funded by the Directorate and administered by the Australian National University (ANU) Medical School. It supports ANU medical students enrolled in the Indigenous Health Stream. Details of Peter Sharp Scholarship Program are provided in Table 27.

TABLE 27: PETER SHARP SCHOLARSHIP PROGRAM

Program title	Recipient	Program purpose/summary	Amount (\$)
Peter Sharp Scholarship Program	All first year ANU Medical School students enrolled in the Indigenous Health Stream	<p>> The Peter Sharp Scholarships Program intends to provide opportunity for all ANU Medical Students who express a genuine interest in Aboriginal health and medicine to develop their understanding of the Aboriginal culture and how to apply their medical skills and training in the most culturally appropriate manner, to best benefit Aboriginal and Torres Strait Islander communities. The program has three components:</p> <ul style="list-style-type: none"> • the student cultural immersion placements • Graduate Australian Medical School Admissions Test (GAMSAT) preparation and support • the 4-year scholarship awarded to one student annually. <p>> All students in the ANU Indigenous Health Stream participate in the cultural immersion placement.</p> <p>> GAMSAT funding is exclusively for Aboriginal and Torres Strait Islander students.</p> <p>> The competitive Peter Sharp Scholarship is open to all students in the ANU Indigenous Health Stream, but preference is given to Aboriginal and Torres Strait Islander students.</p> <p>> The Award has been made to an Aboriginal or Torres Strait Islander applicant every year, apart from 2019 when there were no Aboriginal or Torres Strait Islander applicants.</p>	72,000 annually for four years

Healthy Canberra Grants

Healthy Canberra Grants is the major funding activity of the ACT Health Promotion Grants Program. It provides funding for community-based activities to improve the health of Canberrans, with a focus on preventing chronic disease.

A large proportion of the burden of disease in the ACT community is a result of chronic disease conditions. The aim of Healthy Canberra Grants is to fund activities to address the lifestyle risk factors that contribute to these conditions.

Healthy Canberra Grants provides funding for programs which use a population health approach to:

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

2018–19 to 2020–21 Healthy Canberra Grants successful programs and amounts funded for 2019–20 are listed in Table 28.

TABLE 28: MULTI-YEAR GRANTS PROVIDED UNDER 2018–19 TO 2020–21 HEALTHY CANBERRA GRANTS

Program title	Recipient	Program purpose/summary	Amount (\$)
Meet and Move	Bluearth Foundation	Meet and Move provides opportunities for parents/ carers and their children to get involved in active play in their local environment.	120,103
Addressing the Booming Booze culture among ACT women: combining innovative technology with an awareness raising campaign	Foundation for Alcohol Research and Education (FARE)	This project aims to reduce alcohol-related harm through a combined intervention program and targeted awareness raising campaign.	191,694
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.	32,600

Program title	Recipient	Program purpose/summary	Amount (\$)
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.	109,094

Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm successful programs and amounts funded for 2019–20 are listed in Table 29.

TABLE 29: MULTI-YEAR GRANTS PROVIDED UNDER HEALTHY CANBERRA GRANTS: FOCUS ON REDUCING ALCOHOL-RELATED HARM

Program title	Recipient	Program purpose/summary	Amount (\$)
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.	57,577.40
save-a-mate (SAM)	Australian Red Cross Society	save-a-mate is an 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.	54,907.95
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.	49,018.00
Preventing Alcohol-Related Chronic Disease – PARK-D	Foundation for Alcohol Research and Education (FARE)	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.	232,231.76
Winnunga AHCS- 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.	150,980.00

Healthy Canberra Grants: Focus on Preventing Diabetes successful programs and amounts funded for 2019–20 are listed in Table 30.

TABLE 30: HEALTHY CANBERRA GRANTS: FOCUS ON PREVENTING DIABETES

Program title	Recipient	Program purpose/summary	Amount (\$)
Preventing Diabetes in Women of Reproductive Age (16-44 years) Who Have Asthma in the ACT	Asthma Australia (ACT)	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.	29,000.40
Women's 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.	32,098.95
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 improve attitude of women towards healthy weight. It also includes a six-month lifestyle modification program.	273,897.00
Nourish 'n' Nurture	Nutrition Australia ACT Incorporated	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 to support workers that engage with the target groups.	30,289.35
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.	9,740.25

2019–20 to 2021–22 Healthy Canberra Grants successful programs and amounts funded for 2019–20 are listed in Table 31.

TABLE 31: MULTI-YEAR GRANTS PROVIDED UNDER 2019–20 TO 2021–22 HEALTHY CANBERRA GRANTS

Program title	Recipient	Program purpose/summary	Amount (\$)
Healthy Happy Life <i>صحية سعيدة حياة</i>	Companion House Assisting Survivors of Torture and Trauma	Healthy Happy Life is an Arabic language-based program focused on encouraging physical activity and healthy eating for families with children and young people.	36,981
Pregnant Pause - Be a Hero, Take Zero	Foundation for Alcohol Research and Education (FARE)	Pregnant Pause is a campaign focused on creating an environment where women are supported by the whole community to have alcohol-free pregnancies.	94,797
Reaching Men in the ACT	Foundation for Alcohol Research and Education (FARE)	Reaching Men in the ACT is exploring the most effective methods to engage with men about their drinking habits and increase their awareness of the harms associated with risky drinking.	49,815
Healthy Eating and Active Living (HEAL)	MARSS Australia	HEAL is a nutrition education and physical activity program for migrants and refugees from various culturally and linguistically diverse backgrounds.	32,785
Community Health Activation Network (CHANGE) Program	Northside Community Service	The CHANGE Program supports marginalised or at-risk members of the community to access, engage in, and lead a healthy and active lifestyle.	92,720
Nourishing Little Minds in Early Childhood Settings	Nutrition Australia ACT	This program is focused on creating a positive food and healthy eating culture within early childhood settings.	34,400
NEST 2.0 (Nutrition Education Sustenance Training)	OzHarvest	NEST 2.0 includes a range of activities focused on improving the food literacy and dietary behaviours of vulnerable adults.	45,000
Stronger Us	The Woden School	Stronger Us is a whole school community program primarily focused on creating an environment that provides healthy nutrition and physical activity opportunities.	19,720
United Healthy Ageing Project	Uniting Church Kippax	The United Healthy Ageing Project is a holistic program focused on supporting healthy ageing in adults aged 50 years and above.	48,055

Program title	Recipient	Program purpose/summary	Amount (\$)
Smoke, Booze and Drug Free Prison Post-Release	Worldview Foundation	This program provides pre- and post-release AOD related support to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre.	81,471

B.9 Aboriginal and Torres Strait Islander reporting

New programs, projects and initiatives

Bushfire response

In close consultation with community organisations, the ACT Health Directorate (the Directorate) worked to develop a regional response plan to address the impact of the bushfires on Aboriginal and Torres Strait Islander peoples in the local community and surrounding NSW regions.

The Directorate also advocated on the community's behalf and continues to work with the Commonwealth Government to ensure affected local Aboriginal and Torres Strait Islander peoples are supported.

COVID-19 pandemic response

Individuals already experiencing ill-health are at an increased risk of severe disease from exposure to COVID-19, and we recognise Aboriginal and Torres Strait Islander communities already experience a burden of disease much greater than other Australians. As a result, the Directorate was involved in several activities during the COVID-19 pandemic to ensure that critical culturally appropriate services continued to be delivered.

The Directorate represented the ACT during the development of the [National COVID-19 Management Plan for Aboriginal and Torres Strait Islander Populations](#) and worked with the Chief Health Officer to implement the plan in the ACT.

The Directorate also collaborated with other ACT Government directorates and Commonwealth agencies to identify funding opportunities to ensure the continuation of essential services to Aboriginal and Torres Strait Islander peoples in the immediate, medium and long term.

In particular, we worked with Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah) and Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) to ensure that the funding and resources required to continue operating were available.

As a priority, this included acquiring personal protective equipment (PPE) on behalf of Winnunga Nimmityjah, Gugan Gulwan and other Aboriginal and Torres Strait Island community organisations for community members to use.

The Directorate also:

- > partnered with the Health Emergency Control Centre and the Capital Health Network to develop culturally appropriate and informative COVID-19 resources for the Community
- > worked to improve the current practice of asking the identification question "Are you or your family members of Aboriginal and/or Torres Strait Islander descent?"
- > led work on enhancing the ACT Pathology Request forms to include a comprehensive list of identifier question responses

- > developed surge workforce requirements, contributing to the development of surveillance modelling and scenario planning for COVID-19 outbreaks.

Cultural framework

The ACT Health Directorate Aboriginal and Torres Strait Islander Cultural Framework (Cultural Framework) initiative, currently under development, aligns with the commitment under the [ACT Aboriginal and Torres Strait Islander Agreement 2019–2028](#) focus areas of Cultural Integrity and Health and Wellbeing. The Cultural Framework aims to embed a defined set of values, demonstrated behaviours, attitudes and structures in the Directorate to build cultural capabilities and to reconcile and work effectively and respectfully with Aboriginal and Torres Strait Islander peoples. This aim is supported by a number of activities, as discussed below.

In February 2020, an ACT Health Directorate Aboriginal and Torres Strait Islander Staff Network was established. It aims to provide opportunities for staff to contribute to and improve programs, systems and services.

During the reporting period, the Directorate began establishing an ACT Health Directorate Aboriginal and Torres Strait Islander Data Working Group. The working group will provide advice on:

- > gathering and reporting health data for Aboriginal and Torres Strait Islander peoples
- > using the data to determine our progress against the [National Agreement on Closing the Gap](#) and the ACT Aboriginal and Torres Strait Islander Agreement 2019–2028.

An ACT Health Directorate Aboriginal and Torres Strait Islander Learning and Development Strategy is being developed to provide cultural awareness training and development for the Directorate's employees. The training will include:

- > an interactive e-learning package, which is currently in the final build stage
- > a Directorate-specific orientation program
- > face-to-face training.

The United Ngunnawal Elders Council has provided cultural input into the e-learning package. Work is underway for Executive staff to attend a workshop with the Ngunnawal Language Group – Winanggaay, to learn how to provide an Acknowledgement of Country in Ngunnawal language.

A Cultural Continuum is also being developed. It aims to support and demonstrate the Directorate's cultural progress and our reconciliation journey and assists the Directorate to evaluate our performance and improve our approach. The Cultural Continuum is currently being reviewed by stakeholders.

THE Directorate also incorporates ongoing monitoring and evaluation mechanisms into self-assessment and professional development planning processes and Senior Executive key performance indicators.

Aboriginal and Torres Strait Islander health workforce

The Directorate is working with Commonwealth Government and state and territory jurisdictional representatives to finalise a new National Aboriginal and Torres Strait Islander Health Workforce Plan. This new plan will align with National Agreement on Closing the Gap and guide actions to enhance opportunities for Aboriginal and Torres Strait Islander peoples in the health workforce.

The plan will inform the development of the ACT Health Directorate Aboriginal and Torres Strait Islander Workforce Strategy, which aims to prioritise, set realistic targets for and embed mechanisms for monitoring the Directorate's progress against developing the capacity of our Aboriginal and Torres Strait Islander peoples workforce. This work will contribute to the continuation of educational and training support, such as:

- > each semester the Directorate offers two Aboriginal and Torres Strait Islander Enrolled Nursing scholarships
- > since 2011, the Directorate has funded the ANU's Medical School to deliver the Peter Sharp Scholarship Program to support students in the Aboriginal and Torres Strait Islander health stream.

It will also inform new and emerging health opportunities, including:

- > aligning the role of Aboriginal and/or Torres Strait Islander Health Practitioners more closely with other jurisdictions
- > increasing opportunities for Aboriginal and/or Torres Strait Islander alcohol and other drug and mental health nurses.

Community engagement

The Directorate also worked with the community to celebrate, advocate for and raise awareness of local and national Aboriginal and Torres Strait Islander matters of importance. During 2019–20, this included:

- > working with community organisations to identify practical and impactful local and regional solutions to provide immediate assistance to individuals displaced resulting from the ACT/NSW bushfires and COVID-19
- > engaging with the ACT LifeSpan Aboriginal and Torres Strait Islander Suicide Prevention Working Group to develop culturally appropriate support for individuals and families impacted by suicide
- > working in collaboration with community organisations through the ACT Aboriginal and Torres Strait Islander Justice Caucus to strengthen protective factors for at-risk priority groups
- > contributing gifts to the Gugan Gulwan and Winnunga Nimmityjah joint Christmas party
- > attending and providing assorted fruit, bottled water and sunblock to the ACT National Corroboree (Nation Dance) on 1 December 2019, in response to the water crisis in remote Aboriginal communities and the major river systems across the country
- > meeting regularly with the Ngunnawal Bush Healing Farm Advisory Board to guide the work and further development of the Ngunnawal Bush Healing Farm
- > consulting with the Nannies' Group about the Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Paper
- > raising funds for and awareness of the Literacy Foundation and the education gap faced by Aboriginal and Torres Strait Islander youth
- > investing \$300,000 to inform the development of a culturally appropriate residential service supporting drug and alcohol rehabilitation for Aboriginal and Torres Strait Islander people. Winnunga Nimmityjah Aboriginal Health and Community Services developed a draft culturally appropriate Model of Care for the proposed service and consulted on the draft with the ACT Aboriginal and Torres Strait Islander community
coordinating a service review of the Queen Elizabeth II (QEII) Family Centre to inform future directions for the service. This involved consultation sessions with 34 stakeholders, including

Winnunga Nimmityjah Aboriginal Health Service. The Final Report from the Review recommended that the QEII Family Centre move to a revised model of care with a focus on vulnerable families, including building relationships with the Winnunga Nimmityjah Aboriginal Health Service and other First Nations health and community services, to ensure its services are more effectively targeted and delivered in a culturally safe manner.

Progress on existing programs, projects and initiatives

ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health

The Directorate is involved in developing the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health to align with the:

- > [ACT Aboriginal and Torres Strait Islander Agreement 2019–2028](#)
- > [Territory-wide Health Service Plan](#)
- > [Cultural Respect Framework 2016–2026](#)
- > [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#).

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 meet the agreement’s core and significant focus areas. In 2019–20, progress included:

- > implementing the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- > redeveloping the Directorate’s Aboriginal and Torres Strait Islander e-learning material
- > establishing the Directorate’s Aboriginal and Torres Strait Islander Staff Network, with the inaugural meeting held on 26 February 2020
- > embedding the Directorate’s Cultural Integrity Statement into the [ACT Health Directorate Strategic Plan: 2020–25](#)
- > establishing an ACT LifeSpan Aboriginal and Torres Strait Islander Working Group, to provide advice and guidance on culturally appropriate and safe Aboriginal and Torres Strait Islander suicide prevention strategies and to guide the implementation of these strategies.

Winnunga Nimmityjah Aboriginal Health and Community Services

Building [Winnunga Nimmityjah’s](#) new facility has progressed well since the Deed of Grant between the ACT and Winnunga Nimmityjah was executed on 21 December 2018. The ACT Government has worked with Winnunga Nimmityjah to secure an additional \$4.5 million funding from the Commonwealth Government, which will allow the build to be completed. This will improve care for a particularly vulnerable group that has significantly poorer health outcomes than the general population. The ACT Government has also continued to fund Winnunga Nimmityjah to provide health services for detainees in the Alexander Maconochie Centre (AMC).

The ACT Government also worked closely with Winnunga Nimmityjah during both the bushfires and the COVID-19 pandemic to ensure continuation of services and adequate support. More specifically, the ACT Government supported Winnunga Nimmityjah by:

- > advocating to the Commonwealth Government on ACT Aboriginal and Torres Strait Islander health matters during these emergencies
- > accessing required resources during the pandemic, such as PPE
- > funding structural and service-related costs associated with the public health emergencies and advocating to the Commonwealth Government for access to national financial packages, including establishing the respiratory clinic.

Gugan Gulwan Youth Aboriginal Corporation

The ACT Government continues to fund [Gugan Gulwan](#) to provide the Aboriginal and Torres Strait Islander community with culturally appropriate programs that meet the needs of community members by delivering a range of services, including:

- > the Streetbeat Outreach
- > functional family therapy child welfare for youth and families
- > harm reduction, support and case management
- > young men's and women's mentoring, including healthy lifestyles, training and education
- > early intervention mental health and wellbeing.

As per the requirements of the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health, a community-based nurse is currently being recruited to support individuals and their families at Gugan Gulwan. The ACT Government continues to fund a mental health nurse for the facility to provide holistic, comprehensive case management support, including outreach services and after care. Gugan Gulwan received funding to develop and pilot a culturally safe alcohol, tobacco and other drug programs. Due to both the bushfires and the COVID-19 pandemic, this program will be delivered to the community as part of a healing process beyond these disasters.

Ngunnawal Bush Healing Farm

Two programs were held at the [Ngunnawal Bush Healing Farm](#) during the reporting period, with a total of 24 participants. The programs provided participants with an opportunity to:

- > reconnect to country and culture
- > create Aboriginal and Torres Strait Islander dance, song and art
- > learn cultural protocols
- > develop skills to building resilience
- > build employment skills.

Program delivery was suspended between December 2019 and August 2020 due to intermittent closure of the facility resulting from the Orroral Valley bushfires, heavy rainfall and COVID-19. Throughout closure of the facility, the Ngunnawal Bush Healing Farm continued to provide intensive community outreach and liaison services to Aboriginal and Torres Strait Islander people in the ACT. This included the coordination of food, clothing and hygiene hamper collections and delivery, sourcing essential household items for clients in social housing, and providing exceptional circumstance transport.

The Ngunnawal Bush Healing Farm Advisory Board (advisory board) held its first meeting in August 2019. The purpose of the advisory board is to provide advice to the Directorate about Ngunnawal

Bush Healing Farm’s programs, culture and operational procedures, and policy development and review.

During 2019–20, the Directorate, as guided by the advisory board, began several business improvement and transformational projects across key priority areas. Outcomes included:

- > a review of governance and operational business processes and progressing the development of a healing framework to support the model of care
- > an open tender process to refresh program content and service providers
- > a skills and capability audit of the advisory board to identify its strengths and skills gaps
- > beginning recruitment to increase the number of advisory board members from six to 10 in alignment with the operational and corporate business requirements.

The [Healing Foundation](#) was engaged to develop a cultural healing framework to underpin the Ngunnawal Bush Healing Farm’s operations. The healing framework is being developed in close consultation with the United Ngunnawal Elders Council. The final healing framework is due to be delivered to the Directorate in December 2020.

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

B.10 Work health and safety

Overview

The ACT Health Directorate (the Directorate) strives to provide a safe and healthy working environment for all staff, contractors, visitors and others.

During 2019–20, the Directorate:

- > implemented a new Work Health and Safety (WHS) Policy, WHS Guideline and WHS Committee
- > developed new online resources for key WHS activities, including:
 - safety induction
 - contractor safety management
 - performance management
 - safety alerts
 - information about specific safety risks
- > supported staff and workplaces to implement safety actions in response to the COVID-19 pandemic, including those related to physical distancing, hygiene measures, working from home and wellbeing and mental health
- > implemented WHS training, including e-learning
- > applied a continuous improvement approach to WHS, to improve workplace designs and minimise workplace injury and disease
- > applied risk management strategies to identified hazards
- > promoted early intervention support to prevent and manage injuries
- > provided influenza vaccinations to minimise the transmission of vaccine preventable disease in the workplace.

The People Strategy Team provided advisory services to help managers and staff to:

- > comply with the [Work Health and Safety Act 2011](#)
- > report and investigate WHS incidents and hazards
- > identify, assess and manage WHS risks
- > ensure appropriate consultation occurred for issues and matters that impacted WHS.

Work health and safety reporting

TABLE 32: WHS INCIDENTS 1 JULY 2019 – 30 JUNE 2020

Year	No. of WHS incidents submitted ⁵
1 July 2019 – 30 June 2020	52

Source: Riskman – Staff Incident Register

Worker consultation arrangements

The Directorate created a new peak WHS Committee in 2020. The Committee is chaired by the Executive Group Manager, Corporate and Governance and includes management and employee representatives. Information about the activities of the WHS Committee is provided on the HealthHQ intranet.

Health and safety representatives

The Directorate has a network of 22 health and safety representatives (HSRs) to facilitate consultation with workers on WHS matters.

Notifiable injuries, illness and incidents

No incidents required reporting to SafeWork ACT, and no notices were issued under the *Work Health and Safety Act 2011*.

Injury prevention programs

Injury prevention activities included:

- > supporting the Nurses and Midwives: Towards a Safer Culture – The First Step – Strategy
- > promoting mental health awareness through:
 - face to face training programs, such as Mental Health First Aid and Mental Health in the Workplace
 - e-learning programs, such as Question, Persuade, Refer (QPR) training
 - [R U OK](#) Day information sessions
 - communication from the Directorate’s Mental Health Champions
 - information on the HealthHQ intranet and other information products, such as guidelines for supporting mental health and wellbeing in response to the COVID-19 pandemic
- > encouraging physical activity, including a team walking challenge in June 2020.

⁵ The majority of these incidents were minor, and no incidents were notified to WorkSafe ACT.

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

Work health and safety reporting

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

TABLE 33: INCIDENT RATE OF CLAIMS RESULTING IN ONE OR MORE WEEKS OFF WORK

Financial year	# new 5-day claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day claims	Rate per 1,000 employees	ACTPS target
2012–13	4	9.54	3.84	274	13.42	10.08
2013–14	0	0.00	3.72	257	12.20	11.70
2014–15	2	4.24	3.60	228	10.49	11.33
2015–16	1	2.04	3.48	205	9.36	10.96
2016–17	1	1.99	3.37	243	10.91	10.58
2017–18	0	0.00	3.25	202	8.93	10.21
2018–19	1	1.85	3.13	201	8.50	9.84
2019–20	0	0.00	3.01	230	9.32	9.46
2020–21			2.86			9.09
2021–22			2.77			8.72

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

TABLE 34: INCIDENT RATE OF CLAIMS FOR MSD RESULTING IN FIVE DAYS OFF WORK

Financial year	# new 5-day MSD claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day MSD claims	Rate per 1,000 employees	ACTPS target
2012–13	2	4.77	1.40	183	8.96	8.29
2013–14	0	0.00	1.35	175	8.31	8.03
2014–15	1	2.12	1.31	144	6.63	7.78
2015–16	1	2.04	1.27	146	6.67	7.52
2016–17	0	0.00	1.22	150	6.73	7.26
2017–18	0	0.00	1.18	128	5.66	7.01

Financial year	# new 5-day MSD claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day MSD claims	Rate per 1,000 employees	ACTPS target
2018–19	0	0.00	1.14	102	4.31	6.75
2019–20	0	0.00	1.09	126	5.09	6.49
2020–21			1.05			6.24
2021–22			1.01			5.98

Notes:

1. With small numbers of claims submitted each year, the target result can vary significantly from year to year. The long-term trend over the period from 2012–13 to 2019–20 is a sustained reduction in claims, with the last four years producing a result better than both targets.
2. The data:
 - includes accepted claims, received by the Insurer in each financial year, which result in one or more weeks off work
 - is taken at 30 June in each of the years, to allow for direct comparisons to be made
 - includes claims up to 30 June 2020.

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

B.11 Human resources management

Overview

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

- > people services (see page 175)
- > workplace strategies and culture (see page 176)
- > workplace health and safety (see page 180).

During the reporting period, the People Strategy Team focused on developing our employment related knowledge, skills, processes, and resources to increase our shared understanding of what constitutes a fair, equitable, diverse and inclusive workplace. We also provided timely and accurate advice, guidance and support to senior executives, managers and staff about applying relevant legislation and ACT Public Service (ACTPS) Enterprise Agreements. This was designed to ensure that correct governance procedures are followed and procedural fairness and natural justice is evident.

The initiatives undertaken by the People Strategy Team also directly contributed to implementing the recommendations from the [Independent Review into the Workplace Culture within ACT Public Health Services](#), including those relating to:

- > refreshing organisational values
- > reviewing recruitment processes
- > reviewing learning and development strategies.

To support and communicate this work, the People Strategy Unit launched a new space on the HealthHQ intranet site in October 2019. It provides resources and guidance to managers and staff about human resources activities.

Values Refresh

The cornerstone of our work this year was the launch of the Directorate's Values Refresh Project in October 2019. The project realigns the work of the Directorate to the [ACTPS values](#) of Respect, Integrity, Collaboration and Innovation.

As part of this we developed and published the Directorate's Values Statement. We have implemented 65 per cent of the Values Implementation Plan, focusing on improving recruitment processes and procedures and staff development.

We also developed and implemented Cultural Uplift resources and workshops. Central to this were the highly successful Being a Conscious Leader and Conscious Interactions workshops, which were developed and facilitated by PunkPD. A total of 339 staff and managers participated in these interactive workshops. These workshops will continue to be rolled out in 2020–21.

The People Strategy Team also facilitated bespoke workshops for work teams to assist them refocus their internal culture and develop charters/statements of commitment that are aligned with the values.

We also launched the Directorate's values-based Performance Plans in the Capabiliti Learning Management System (LMS). The plans link development objectives to the business and strategic plans and the ACTPS Performance Framework. In addition, new staff induction information was published online. The information encourages supervisors to foster connections between new and existing staff and includes topics about and reminders to help support new staff integrate into the organisation.

During 2019, the Director-General Awards were launched to recognise the Directorate's employees and teams who made an outstanding contribution to our organisation. This includes how we work to meet the needs and expectations of the ACT Government and Canberra community. The award categories align with the Directorate and ACTPS values of Respect, Integrity, Collaboration and Innovation. Fifty nominations were received for the twenty inaugural awards.

FIGURE 3: MENTAL HEALTH POLICY TEAM – WINNERS OF THE TEAM AWARD FOR RESPECT (L-R): JON ORD, REBECCA MCINTYRE, ADAM BROCKWAY, LYNTON SHEEHAN, YASMIN BARRINGTON-KNIGHT, MATTHEW WAFER, MELISSA LEE AND MICHAEL DE'ATH



FIGURE 4: FREEDOM OF INFORMATION UNIT – WINNERS OF THE TEAM AWARD FOR INTEGRITY (L-R): ALEKS POND, SHANNON LOWES, JONAS ALLEN AND MICHAEL DE'ATH



People services

Recruitment refocused

On 1 July 2019, the Directorate transitioned to the whole-of-government Shared Services recruitment and position management processes. To support the change, new recruitment guidelines were developed and published and the Best Practice Recruitment training program was implemented. A total of 42 staff, including managers and seven executives, participated in the training. The recruitment refresh project simplifies processes, provides managers with a more hands-on role and aligns the Directorate with whole-of-government recruitment practices.

Key improvements include:

- > testing how candidates can demonstrate the Directorate's values as part of the selection process
- > supporting managers to make recruitment decisions that consider values-based behaviours and technical capabilities.

Human Resource Information Management System

The People Strategy Unit has a leading role in the working groups that support the Shared Services Project, particularly implementing the new Human Resource Information Management System (HRIMS).

More specifically, the People Strategy Team is a member of:

- > the Steering Committee
- > the Program Board
- > the Design Council
- > seven HRIMS working groups.

Graduate recruitment

The Directorate participated in the ACTPS Graduate Program by placing five graduates in 2019 and two in 2020. The 2020 graduate cohort worked across a range of areas, primarily information communication technology.

Three former Directorate graduates were part of the cohort of staff flexibly redeployed to the COVID-19 response team.

Complaints and grievances

The People Strategy Team worked with an independent Business Analyst to map health sector and whole-of-government complaints and grievances workflows. This work reviewed and mapped processes from the Directorate, Canberra Health Services and Calvary Public Hospital Bruce. This work is directly related to Independent Review into Workplace Culture.

Workplace strategies and culture

Values Champion Network

In September 2019, the Directorate established a Values Champion Network of 18 staff and an Executive Sponsor. The Values Champions have taken a leading role to support a values-based organisational culture and to 'bring life to the values'. The Values Champions promote communications and contribute to design thinking by actively seeking ideas, input and opinions from their colleagues. They assist with promoting and implementing workplace culture initiatives and programs and support continuous improvement and innovation by assisting with testing ideas and products in their work areas.

A series of masterclasses were held with the Values Champions to create a shared understanding of the purpose of the Network. The regular Network meetings focused on specific themes, such as:

- > the importance of Values Champions in leading organisational change
- > tips and strategies for being an effective Values Champion
- > consolidating language to focus on who we are and what we do
- > strengthening values in a virtual working environment.

Further themes will focus on:

- > values-based recruitment
- > unconscious bias
- > diversity and inclusion
- > building our organisational brand to be an employer of choice.

The Values Champions Network meetings include a standing invitation to the Respect, Equity and Diversity Contact Officers (REDCOs), to maximise opportunities for collaboration and shared learning.

Diversity and inclusion

To demonstrate its ongoing commitment to supporting workforce diversity and providing an inclusive workplace, the Directorate developed the Diversity and Inclusion Governance Framework (the framework). The intent of the framework is to create a diverse workforce and an inclusive workplace culture supported by inclusive policy, services and leadership.

Specific initiatives are incorporated within the framework for:

- > Aboriginal and Torres Strait Islander peoples
- > people with disability
- > people from culturally and linguistically diverse backgrounds
- > Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+) people.

The Directorate acknowledged and promoted diversity and inclusion milestones, and key significant dates, including:

- > Harmony Day
- > National Reconciliation Week

- > NAIDOC Week
- > International Women's Day
- > International Day Against Homophobia, Biphobia, Intersexism and Transphobia
- > Wear it Purple Day
- > International People with Disabilities Day.

Several key initiatives that support a diverse workforce and an inclusive workplace culture were conducted during the reporting period.

For example, we held a series of framework consultations with internal and whole-of-government stakeholders.

In August 2019, the Directorate's LGBTIQ+ Pride Staff Network was launched with an event celebrating Wear it Purple Day. More than 130 people attended.

FIGURE 5: LGBTIQ+ PRIDE NETWORK LAUNCH



In November 2019, the Pride Staff Network hosted an afternoon tea event to introduce the ACT Government's Capital of Equality LGBTIQ+ strategy. The guest speaker was Darlene Cox, Executive Director of Health Care Consumers' Association.

FIGURE 6: MICHAEL CULHANE, EXECUTIVE GROUP MANAGER, POLICY PARTNERSHIPS AND PROGRAMS, DARLENE COX AND TRAVIS WU



In March 2019, the Directorate's Aboriginal and Torres Strait Islander Staff Network was established.

Both the LGBTIQ+ and Aboriginal and Torres Strait Islander Executive Sponsors were announced.

The Directorate's Commitment to First Australians statement is included in the [ACT Health Directorate Strategic Plan 2020–25](#).

In partnership with the Aboriginal and Torres Strait Islander Health Partnerships team, we supported the ongoing development of the Cultural Integrity Framework and cultural integrity approach to the Directorate's reconciliation journey.

In November 2019, Directorate representatives attended the annual ACT Domestic Violence Crisis Services' International Day of the Elimination of Violence Against Women lunch.

In December 2019, an interactive workplace recruitment, retention, mental health, disability and workplace cultural change training session was held on the International Day of People with Disability.

Diversity and inclusion employment data in the reporting period shows an overall growth in the Directorate's headcount for Aboriginal and Torres Strait Islander employees. This was 2.1 per cent, which meets the ACTPS 2.0 per cent target.

There are 22 Directorate employees who identify as having a disability, exceeding the Directorate's target of 18 for the reporting period. Each year, Directorate staff are encouraged to update their diversity information held in the payroll system.

As the framework evolves, employment action plans for each of the identified staff groups will be developed.

All Directorate job advertisements incorporate an inclusion statement.

Learning and development programs

The Directorate promotes a capable and high performing workforce. Staff can access a range of face-to-face and online learning and development programs that are provided by the Directorate and through the ACTPS Training Calendar. Several of our key learning and development opportunities are mentioned in previous sections.

The People Strategy Unit performs a fundamental role in:

- > identifying training requirements
- > procuring appropriate courses
- > reporting and collaborating with whole-of-government working, learning and development groups and communities of practice.

During the reporting period, our staff attended programs on:

- > building management and leadership capability
- > managing change
- > domestic and family violence
- > workplace induction
- > recruitment and selection processes
- > job-specific technical training.

However, several planned training initiatives did not take place due to workplace restrictions resulting from the COVID-19 pandemic.

Supporting staff through the COVID-19 pandemic

In response to the COVID-19 pandemic, the Directorate implemented its business continuity and communicable disease plans. To bolster these plans, support arrangements were established to allow the majority of staff to work from home from 23 March 2020. Using technology, including SMS communication, remote access including laptops and video conferencing tools, was a key element of implementing the business continuity plan.

To support the rapid shift from traditional, office-based work to a flexible working environment, the Creating the New Business as Usual webinar series was developed and implemented across the workplace. A total of 192 staff from across the Directorate participated in the following programs:

- > The Connected Manager
- > Contemporary Management Practices
- > Creating the New Business as Usual
- > Managing in a Virtual Environment
- > The Life Pivot
- > Working in a Virtual Environment.

The People Strategy Team is progressing new core learning initiatives that are based on the ACTPS Shared Capability Framework. New modules recently released by the Chief Minister, Treasury and Economic Development Directorate will be part of the core learning framework components for Directorate staff.

Study assistance

During the reporting period, the Directorate continued to support staff to undertake tertiary studies through the Studies Assistance Program. Areas of study included:

- > law
- > biostatistics
- > public health
- > business
- > accounting.

Most employees who accessed the Studies Assistance Program were provided with financial assistance and access to study leave.

Workplace health and safety

Wellbeing and employee assistance program

The Directorate values our people and their health, safety and wellbeing. In addition to working to create a safe, fair, respectful and inclusive workplace through policy and cultural changes, we provided a range of wellbeing resources, including:

- > online mental health information, including the Mental Health Guru online learning program
- > mental health awareness information sessions, e-learning modules and face-to-face training
- > two Mental Health Executive sponsors to promote mental health and wellbeing in the workplace.

Staff and their immediate family members can access the ACTPS Employee Assistance Program (EAP). The EAP providers offer free, professional and confidential counselling services to help staff experiencing work-related or personal issues.

The EAP providers can also help managers and deliver programs to support teams. The People Strategy Team provides advice to managers and teams to help them to design and implement workplace support programs and initiatives.

Respect, Equity and Diversity Contact Officer Network

Key to implementing the ACTPS Respect, Equity and Diversity (RED) Framework is our REDCO Network. The Network currently has five staff. This year we focused on developing a governance roadmap for the program, including REDCO recruitment, onboarding, ongoing training, support, reporting and promotion. In conjunction with the Culture Review Team, we are working to improve data capture to allow the effectiveness of the REDCO Network to be evaluated.

Workplace Climate Survey

The Directorate's Workplace Climate Survey was conducted by Best Practice Australia (BPA) from 8 to 26 November 2019, to measure the workplace culture and leadership of the newly formed Directorate and to create a benchmark for future culture surveys.

A total of 583 surveys were distributed and 480 employees responded. This is a response rate of 82 per cent, which is the highest response rate since we began measuring culture in 2005.

For the first time, the Directorate is in a culture of Consolidation, which is an improvement from a culture of Reaction and Blame in previous surveys. This result indicates that 40 to 50 per cent of survey respondents are engaged with the organisation.

Of significance, the engagement rate of staff is the highest since staff surveying began in 2005.

Fifty per cent of survey respondents agreed that the Directorate is a “truly great place to work”.

The questions where the Directorate’s results were positive mostly cover four key areas:

- > engagement
- > teamwork
- > management
- > workplace flexibility.

The Employee Net Promoter Score uses internationally recognised questions to assess whether employees would recommend the organisation to family and friends. The Directorate’s Net Promoter Score is -21.8.

The combination of a high “truly great place to work” score with a low Net Promoter Score indicates that staff generally enjoy the people they work with and the work they do. However, they may not recommend the organisation for reasons that may be out of their immediate control or influence, and this sometimes becomes a source of frustration.

FIGURE 7: WORKPLACE CLIMATE SURVEY RESULTS



Source: *The Directorate’s Workplace Climate Survey 2019*

During the debriefing sessions, BPA indicated that a result such as this one is typical of an organisation needing to strengthen its vision and purpose.

This has been addressed through the development of the Directorate’s Strategic Plan.

The results from the Directorate show:

- > High response rates that indicate staff agree that:
 - the workplace is free from sexual harassment
 - the Directorate provides good flexibility in working hours/shifts
 - the value of ‘Integrity’ is demonstrated by colleagues
 - most team members know each other well

- most team members are quick to assist each other.
- > There are opportunities for improvement in:
- managing reported behaviours that were not reflective of the Directorate’s values
 - ensuring opportunities are available fairly to reduce the perception of favouritism
 - reviewing and developing effective internal processes, systems and procedures
 - meeting employees’ expectations.

Our workforce

Full-time equivalent and headcount by division

TABLE 35: FULL-TIME EQUIVALENT (FTE) AND HEADCOUNT BY DIVISION

Division	FTE	Headcount
Corporate Services	248.0	255
Health System Policy and Research	322.8	350
Office of the Director-General	42.3	46
Total	613.1	651

Full-time equivalent and headcount by gender

Please note: The gender graphs in the associated tables are only broken down by males and females due to the small number of employees who identified as ‘intersex/indeterminate/other’ gender. While the ACTPS recognises that there are employees who identify as a gender other than male or female, for privacy reasons this information is not included where data has been broken down by gender. The tables for ‘total headcount number’ include employees who identified as ‘intersex/indeterminate/other’ gender, which explains why the total numbers are often higher than the male and female figures combined.

TABLE 36: FTE AND HEADCOUNT BY GENDER

	Female	Male	Total
FTE by gender	392.3	219.8	612.1
Headcount by gender	424	226	651
Percentage of workforce	65.2%	34.8%	100.0%

Headcount by classification and gender

TABLE 37: HEADCOUNT BY CLASSIFICATION AND GENDER

Classification group	Female	Male	Total
Administrative Officers	140	51	191
Executive Officers	14	10	24
General Service Officers and Equivalent	4	1	5

Classification group	Female	Male	Total
Health Professional Officers	53	35	88
Information Technology Officers	11	19	30
Legal Officers	0	1	1
Medical Officers	9	3	12
Nursing Staff	15	0	15
Senior Officers	177	103	280
Technical Officers	1	3	4
Trainees and Apprentices	0	0	0
Total	424	226	651

Headcount by employment category and gender

TABLE 38: HEADCOUNT BY EMPLOYMENT CATEGORY AND GENDER

Employment category	Female	Male	Total
Casual	11	2	13
Permanent full-time	290	191	481
Permanent part-time	68	6	74
Temporary full-time	46	26	72
Temporary part-time	9	1	10
Total	424	226	651

Headcount by diversity group

TABLE 39: HEADCOUNT BY DIVERSITY GROUP

Diversity group	Headcount	Percentage of total staff
Aboriginal and/or Torres Strait Islander	15	2.3%
Culturally and linguistically diverse	148	22.8%
People with disability	22	3.4%

Headcount by age group and gender

TABLE 40: HEADCOUNT BY AGE GROUP AND GENDER

Age group	Female	Male	Total
Under 25	14	12	26
25–34	104	49	153
35–44	144	72	216
45–54	106	59	165

Age group	Female	Male	Total
55 and over	56	34	90

Average length of service by gender (headcount)

TABLE 41: AVERAGE LENGTH OF SERVICE BY GENDER (HEADCOUNT)

Gender	Female	Male	Total
Average years of service	8.4	8.1	8.3

Recruitment and separation rates

TABLE 42: RECRUITMENT AND SEPARATION RATES

	Recruitment rate	Separation rate
Directorate	15.4%	6.9%

Contact details: For more information, contact acthealthcorporate&g@act.gov.au

B.12 Ecologically sustainable development

To achieve the ACT Government's target of net zero emissions by 2045, the ACT Health Directorate (the Directorate) continued to:

- > embed a zero emissions pathway into its activities
- > work with partners across the health system to raise awareness of zero emissions.

The Directorate relied on the following internal documents to guide emissions reduction activities:

- > [ACT Health Sustainability Strategy 2016–2020](#)
- > ACT Health Resource Management Plan 2016–2020
- > ACT Health Sustainability Environmental Principles and Guidelines – Building and Infrastructure Projects 2015–2020.

The Directorate also relied on whole of government documentation to:

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

The Directorate reviewed the assets that it owns, and the premises that it leases to support action 5.10 of the [ACT Climate Change Strategy 2019–25](#). As facilities that the Directorate owns are progressively refurbished, new all-electric heating systems will be installed.

Transport

The Directorate complies with the ACT Climate Change Strategy 2019–25 and [The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21](#). At 30 June 2020, the Directorate had 24 fleet vehicles, of which two were hybrid and one electric. In 2020, electric vehicle (EV) charge stations were upgraded at the Bowes Street building to support the commissioning of the Directorate's first electric fleet vehicle. Electronic logbooks are used to capture usage data, including fuel use.

To support the zero emissions vehicles arriving in the next financial year, the Directorate will continue to work with the Environment, Planning and Sustainable Development Directorate to install more EV charge stations.

The Directorate has issued guidance to staff about fleet vehicles, to reflect the need to move to zero emissions vehicles. This guidance states that:

“...any new vehicle must be zero emissions, unless you can demonstrate that there is no viable zero emission vehicle for your purpose”.

Planning

During 2019–20, the Directorate continued planning for two major projects that will contribute to a zero emissions health sector:

- > the Canberra Hospital Master Plan (the Master Plan)
- > a scoping study for a new northside hospital.

The Master Plan will lay out a pathway for the campus to become zero emissions over the coming years, including how and when existing buildings can be retrofitted/refurbished with all-electric power.

The Directorate initiated an options analysis for a new northside hospital during 2019–20. The options analysis is examining locations and scope for a new hospital, including options for providing new, environmentally friendly facilities that incorporate modern, energy-efficient features.

Commissioner for Sustainability and the Environment

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

In 2019–20, the Commissioner for Sustainability and the Environment did not investigate any Directorate activities.

Sustainable development performance

The Directorate began reporting against the indicators in Table 43 from 1 July 2019, following the establishment of ACT Health Directorate and Canberra Health Services. Therefore, data indicators for previous financial years do not exist.

TABLE 43: SUSTAINABLE DEVELOPMENT PERFORMANCE

Indicator as at 30 June	Unit	2019–20	2018–19	Percentage change
Stationary energy usage				
Electricity use	Kilowatt hours	1,836,574	NA	NA
Natural gas use (non-transport)	Megajoules	3,485,365	NA	NA
Diesel use (non-transport)	Kilolitres	0	0	
Transport fuel usage				
Electric vehicles	Number	1	NA	NA
Hybrid vehicles	Number	2	NA	NA
Hydrogen vehicles	Number	0	NA	NA
Total number of vehicles	Number	24	NA	NA
Fuel use – Petrol	Kilolitres	9.88	NA	NA
Fuel use – Diesel	Kilolitres	11.09	NA	NA
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	0	0	
Fuel use – Compressed Natural Gas (CNG)	Gigajoules	0	0	
Water usage⁶				
Water use	Kilolitres	NA	NA	NA

⁶ At the time of writing, water use by the Directorate was being finalised. This is because the Directorate is one of several tenants at its Bowes St premises and as such water use is recorded by the landlord. The Directorate is putting in place processes with the landlord to track the Directorate’s water use.

Indicator as at 30 June	Unit	2019–20	2018–19	Percentage change
Resource efficiency and waste⁷				
Reams of paper purchased	Reams	NA	NA	NA
Recycled content of paper purchased	Percentage	NA	NA	NA
Waste to landfill	Litres	NA	NA	NA
Co-mingled material recycled	Litres	NA	NA	NA
Paper and cardboard recycled (including secure paper)	Litres	NA	NA	NA
Organic material recycled	Litres	NA	NA	NA
Greenhouse gas emissions				
Emissions from electricity use	Tonnes CO ₂ -e	49.59	NA	NA
Emissions from natural gas use (non-transport)	Tonnes CO ₂ -e	179.6	NA	NA
Emissions diesel use (non-transport)	Tonnes CO ₂ -e	0	0	
Emissions from transport fuel use	Tonnes CO ₂ -e	53.72	NA	NA
Total emissions	Tonnes CO ₂ -e	359.48	NA	NA

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

⁷ The establishment of the ACT Health Directorate and Canberra Health Services meant that the Directorate does not have the mechanisms in place to report on its resource efficiency and waste for 2019–2020. The Directorate will report this data from 1 July 2020. Waste to landfill and co-mingled material recycled are reported as a combined total for the Directorate and CHS for 2019–20 in the CHS Annual Report.

Part C

Financial
management
reporting

C.1 Management discussion and analysis for the ACT Health Directorate for the year ended 30 June 2020

Management Discussion & Analysis for the ACT Health Directorate

For the Year Ended 30 June 2020

General Overview

Operations and Principal Activities

The ACT Health Directorate (the Directorate) 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.

On 1 October 2018 following *Administrative Arrangements 2018 (No.2)* the former Health Directorate was separated into two Directorates, the ACT Health Directorate and Canberra Health Services. The figures for 2018-19 represent the operations of the ACT Health Directorate for the nine months period 1 October 2018 to 30 June 2019.

Risk Management

The Directorate has in place effective risk management practices and remains guided by the ACT Government Risk Management Policy 2019. This year our risk management practices continued to evolve to embed risk management considerations into business planning and critical decision-making processes associated with the ACT Health Directorate.

Both strategic and divisional level risks and controls are monitored, with significant risk being advised to our Directorate Leadership Committee for their management attention. Controls on strategic and divisional level risks that include those listed above and other risks are in place with mitigation improving as treatments and process are refined to manage risk exposure in the Directorate. These are reviewed by a number of governance related committees and processes.

Risk Profile

The overarching strategic financial risk of not appropriately administering public money is managed through financial and governance controls that ensure the appropriate administration of public funds, such as governance oversight committees, financial reporting, the Directorate Fraud and

Corruption Control Plan; the invoicing system controls; use of conflict of interest declarations and use of a gifts and benefits register.

The financial risks associated with our significant projects contracts and agreements are managed through program and project management systems, governance structures and documentation. Our governance and oversight functions ensure effective management of projects and support formal engagement 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 the 2018-19 audited Financial Statements, 2019-20 Financial Statements, Revised Budget and forward estimates contained in the ACT 2019-20 Amended Supplementary Budget Papers.

The Directorate has not experienced any significant financial impacts as a result of the COVID-19 health emergency. The Directorate received \$4.1 million from the Local Hospital Network in response to COVID-19 which is included in 'Total Own Source Revenue'. Estimates presented below for 2020-21 through to 2022-23 are based on the 2019-20 Revised Budget. The Legislative Assembly resolved on 18 June 2020 to delay the introduction of the *Appropriation Bill 2020-2021* and 2020-21 Budget until after the election has been held and the formation of a government.

Total Net Cost of Services

Table 1: Total Net Cost of Services with Forward Estimates

	Actual 2018-19 \$m	Revised Budget ¹ 2019-20 \$m	Actual 2019-20 \$m	Forward Estimate 2020-21 \$m	Forward Estimate 2021-22 \$m	Forward Estimate 2022-23 \$m
Total Expenditure	232.0	286.1	266.7	280.9	289.1	296.5
Total Own Source Revenue	15.5	26.5	20.4	23.8	24.6	25.6
Net Cost of Services	216.5	259.6	246.3	257.1	264.5	270.9

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)*, Administrative Arrangement Orders and other transfers.

Comparison to Revised Budget

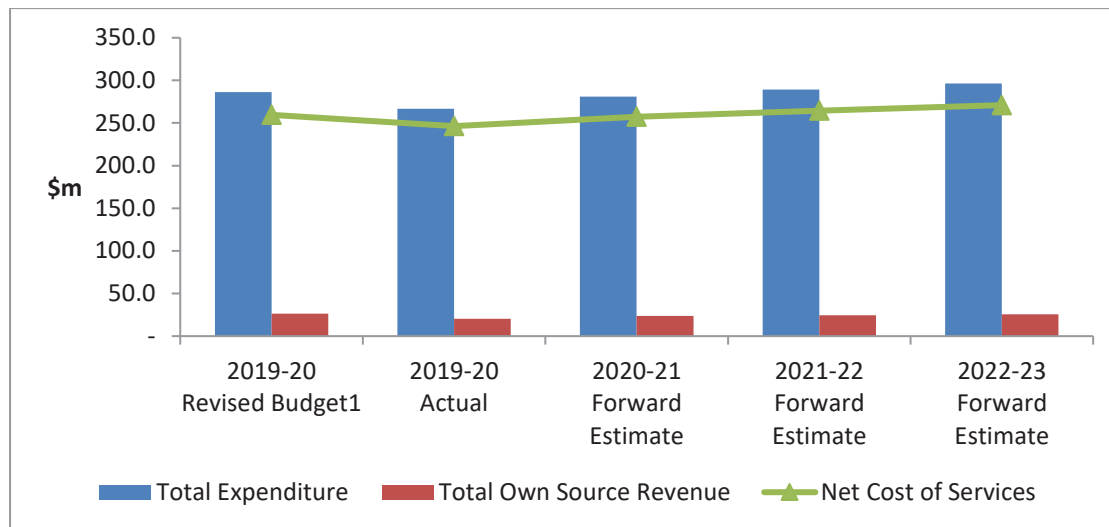
The Directorate's net cost of services for 2019-20 of \$246.3 million was \$13.3 million or 5.1 per cent lower than the 2019-20 Revised Budget. This mainly relates to lower expenditure in multiple projects and initiatives including North Side Hospital Scoping Study, Pathology Laboratory Information System Replacement, ACT Health Core IT Systems, Essential Vaccines and the Research and Innovation Fund due mainly to finalisation of procurement activities, amended project schedules and COVID-19 restrictions (\$11.9 million). These projects and initiatives are scheduled to be completed in 2020-21.

Comparison to 2018-19 Actual Net Cost of Services

During 2019-20, net cost of services increased by \$29.8 million or 13.8 per cent compared to the 2018-19 net cost of services of \$216.5 million. This was due mainly to the 2018-19 Net Cost of Services representing nine months of operations of the Directorate from 1 October 2018 to 30 June 2019 following *Administrative Arrangements 2018 (No.2)*, compared to full year operations being reflected in 2019-20.

Future Trends

Figure 1: Net Cost of Services



Total own source revenue is expected to increase at a lower rate than the growth of total expenditure resulting in a growth in net cost of services over time. Total expenditure and net cost of services for 2020-21 is expected to be dependent on demand for public health services relating to the ongoing response to the COVID-19 outbreak.

Total Expenditure

Components of Expenditure

The Directorate's total expenditure for 2019-20 was \$266.7 million. *Figure 2 - Components of Expenditure* indicates that the majority of expenditure relates to employee expenses inclusive of superannuation (32.3 per cent), supplies and services (31.9 per cent) and grants and purchased services (25.3 per cent).

Figure 2: Components of Expenditure

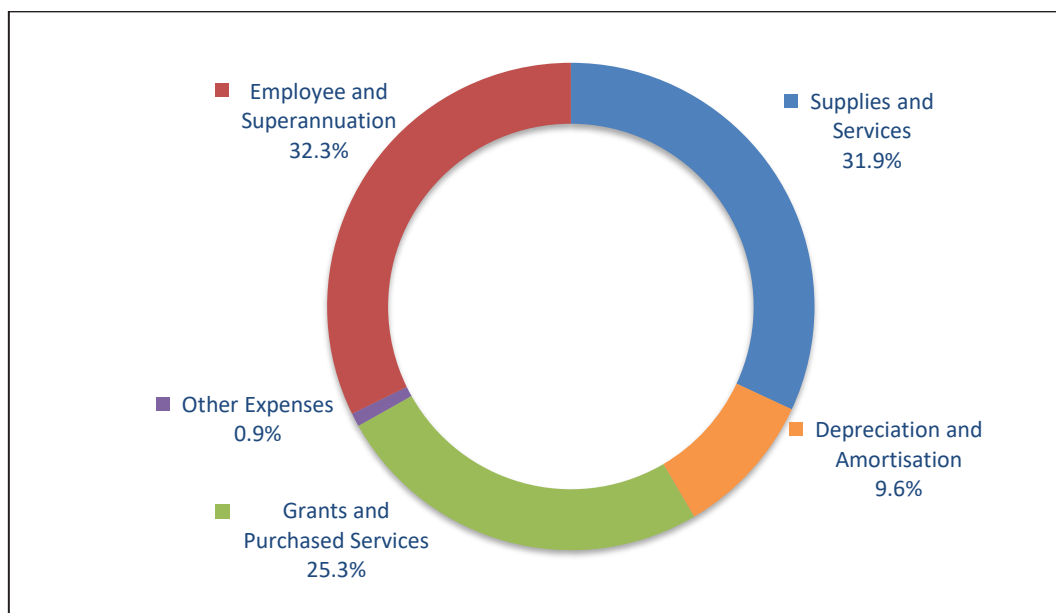


Table 2: 2019-20 Expenditure Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Employee and Superannuation ^b	61.6	86.0	88.2	2.2
Supplies and Services ^a	64.9	85.2	104.0	18.8
Depreciation and Amortisation ^c	15.5	25.7	24.5	(1.2)
Grants and Purchased Services ^d	88.2	67.4	67.5	0.1
Other Expenses	1.8	2.4	1.9	(0.4)
Total Expenditure	232.0	266.7	286.1	19.4

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)*, Administrative Arrangement Orders and other transfers.

Comparison to 2019-20 Revised Budget

Total expenses of \$266.7 million was lower than the 2019-20 Revised Budget by \$19.4 million or 6.8 per cent.

- a) 'Supplies and Services' expenses are lower than the Revised Budget (\$18.8 million) due mainly to:
- lower than budget expenditure relating to multiple projects and initiatives including North Side Hospital Scoping Study, Pathology Laboratory Information System Replacement, ACT Health Core IT Systems, Essential Vaccines and the Research and Innovation Fund due mainly to delays of procurement activities, amended project schedule and COVID-19 restrictions (\$11.9 million). These projects are scheduled to be completed in 2020-21; and
 - recognition of expenses for services received free of charge from Shared Services relating to the ACT Health Directorate, when compared to the budget which includes services for the entire Health portfolio.

Comparison to 2018-19 Actual Expenses

Expenditure for 2019-20 was \$34.7 million or 15.0 per cent higher than the 2018-19 expenditure of \$232.0 million, due mainly to the 2018-19 figures representing nine months of expenses from 1 October 2018 to 30 June 2019 following *Administrative Arrangements 2018 (No.2)*, compared to full year expenses being reflected in 2019-20. Significant variances in addition to the above include:

- b) higher 'Employee and Superannuation' expenses (\$24.4 million) due mainly to an increase in staff numbers and a change in the rate used to estimate the value of future long service payments from 110.1 per cent to 113.6 per cent;
- c) higher 'Depreciation and Amortisation' (\$10.2 million) due mainly to the increased number of assets created following the completion of several computer software development projects during the year; partially offset by
- d) lower 'Grants and Purchased Services' (\$20.8 million) due mainly to 2018-19 expenses being higher as a result of one-off payments made to Canberra Health Services and the contributions made to the National Disability Insurance Scheme (NDIS).

Total Own Source Revenue

Components of Own Source Revenue

The Directorate's total own source revenue for 2019-20 was \$20.4 million. *Figure 3 - Components of Own Source Revenue* indicates that the majority of own source revenue related to grants and contributions (79.9 per cent).

Figure 3: Components of Own Source Revenue

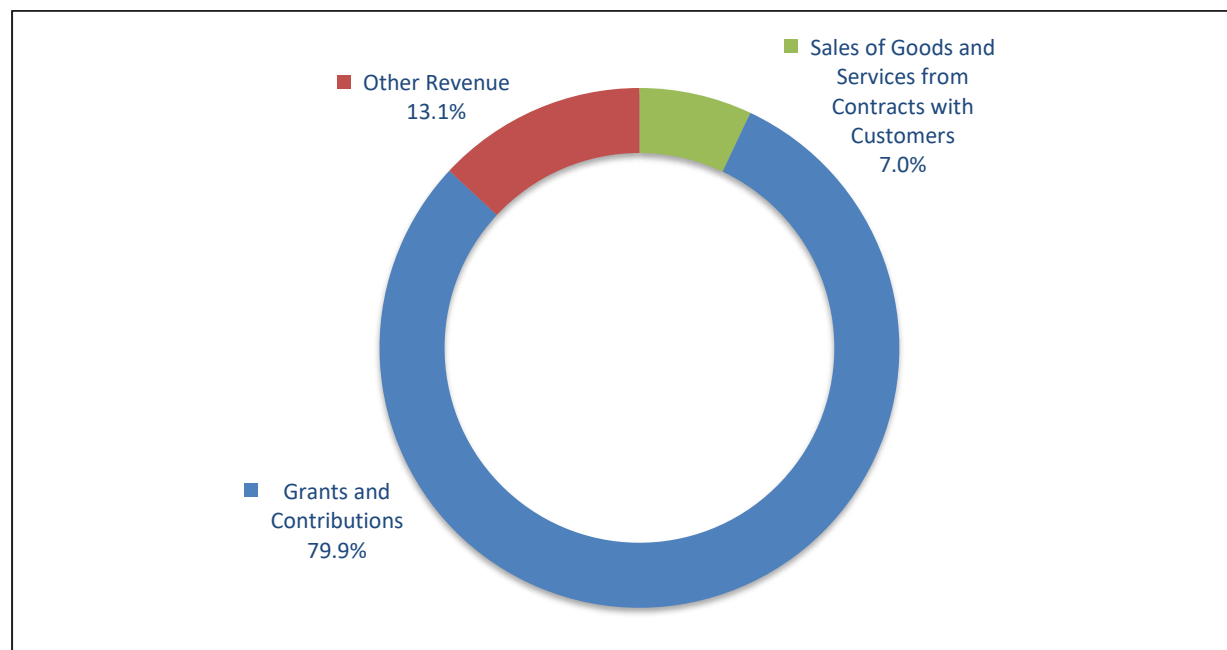


Table 3: 2019-20 Revenue Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	0.5	1.4	11.0	(9.6)
Grants and Contributions	8.8	16.3	10.1	6.2
Other Revenue	6.2	2.7	5.4	(2.7)
Total Own Source Revenue	15.5	20.4	26.5	(6.1)

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)*, Administrative Arrangement Orders and other transfers.

Comparison to Revised Budget

Total own source revenue of \$20.4 million was lower than the 2019-20 Revised Budget by \$6.1 million or 23.0 per cent, due mainly to recognition of revenue for services received free of charge from Shared Services relating to the ACT Health Directorate, when compared to the budget which includes services for the entire Health portfolio.

Comparison to 2018-19 Actual Own Source Revenue

Own source revenue for 2019-20 was \$4.9 million or 31.6 per cent higher than in 2018-19.

The increase in 'Total Own Source Revenue' in most instances is due mainly to the 2018-19 figures representing nine months of the Directorate's operations from 1 October 2018 to 30 June 2019 following *Administrative Arrangements 2018 (No.2)*, compared to full year operations being reflected in 2019-20.

Significant variances in addition to the above relate to an increase in 'Grants and Contributions' due mainly to the receipt of additional funding for the response to COVID-19 in the Territory (\$4.1 million).

Financial Position

Total Assets

Components of Total Assets

Total Assets at 30 June 2020 were \$158.8 million. *Figure 4 – Total Assets* indicates that the majority of the Directorate's assets relate to property, plant and equipment (50.8 per cent) and intangible assets (24.9 per cent).

Figure 4: Total Assets

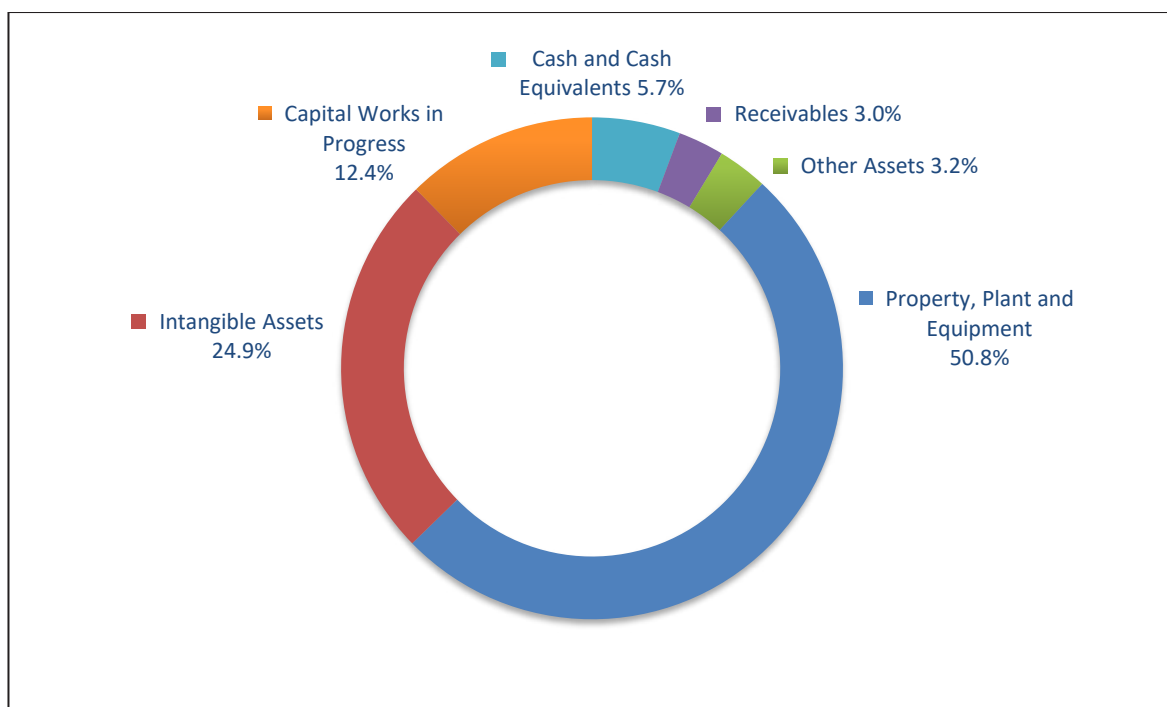


Table 4: 2019-20 Asset Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Cash and Cash Equivalents	5.4	9.0	11.1	(2.1)
Receivables	2.2	4.7	3.6	1.1
Property, Plant and Equipment ^b	68.0	80.7	65.9	14.8
Intangible Assets ^a	24.4	39.6	69.0	(29.4)
Capital Works in Progress ^c	41.4	19.6	11.7	7.9
Other Assets	8.4	5.1	8.7	(3.6)
Total Assets	149.8	158.7	170.0	(11.3)

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*.

Comparison to Revised Budget

Total assets at 30 June 2020 of \$158.7 million was \$11.3 million lower than the 2019-20 Revised Budget of \$170.0 million, due mainly to:

- a) lower 'Intangible Assets' (\$29.4 million) due to accumulated depreciation and current completion timelines for several projects being amended in line with the capital works programme including Health Core IT Systems, Pathology Laboratory Information Systems Replacement, Health ICT Upgrades with funding being deferred to 2020-21; partially offset by
- b) higher 'Property, Plant and Equipment' (\$14.8 million) due to an increase in asset values resulting from the revaluation undertaken during the year and the recognition of right of use assets for ICT and motor vehicle leases in line with the implementation of the new accounting standard for leases during the year (AASB 16 – Leases); and
- c) higher 'Capital Works in Progress' (\$7.9 million) relating to ongoing projects including Health ICT Upgrades and ACT Health Core IT Systems to align with the Digital Health Strategy.

Comparison to 2018-19 Total Assets

Total assets for 2019-20 was \$8.9 million or 5.9 per cent higher than in 2018-19, due mainly to:

- a) higher 'Intangible Assets' (\$15.2 million) due mainly to an increased number of assets created following the completion of several computer software projects during the year, including Clinical Record Scanning Solution (CPF), Patient Journey Boards, Electronic Medication Management and Electronic Way Finding and Queue Management systems;
- b) higher 'Property, Plant and Equipment' (\$12.7 million) due mainly to increase in asset values resulting from the revaluation undertaken during the year (\$10.9 million) and the recognition of right of use assets for ICT and motor vehicle leases (\$4.2 million) in line with the implementation of the new accounting standard for leases during the year (AASB 16 – Leases); partially offset by
- c) lower 'Capital Works in Progress' (\$21.8 million) due to the completion of several computer software projects during the year including Clinical Record Scanning Solution, Patient Journey Boards, Electronic Medication Management and Electronic Way Finding and Queue Management systems.

Total Liabilities

Components of Total Liabilities

Total Liabilities at 30 June 2020 were \$56.8 million. *Figure 5 – Total Liabilities* indicates that the majority of the Directorate’s liabilities relate to employee benefits (50.2 per cent), other liabilities (22.1 per cent) and payables (20.0 per cent).

Figure 5: Total Liabilities

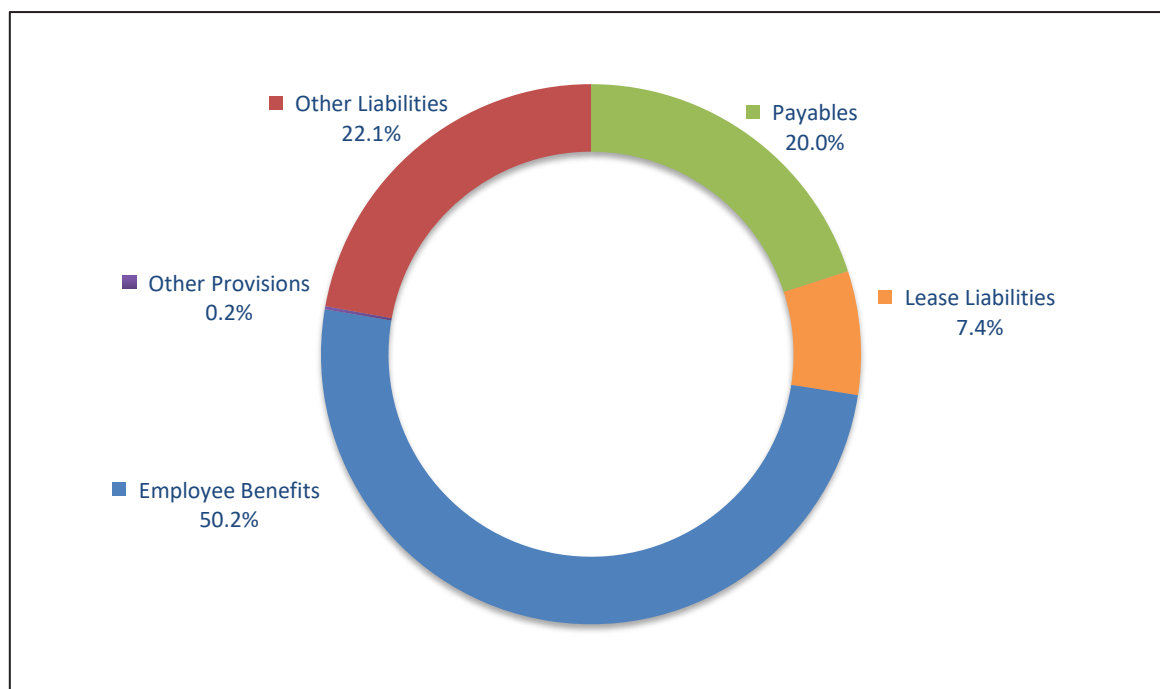


Table 5: 2019-20 Liability Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Payables ^a	19.6	11.4	19.8	(8.4)
Lease Liabilities ^c	-	4.2	0.1	4.1
Employee Benefits ^d	24.0	28.5	25.9	2.6
Other Provisions	0.1	0.1	1.5	(1.4)
Other Liabilities ^b	14.3	12.6	13.8	(1.2)
Total Liabilities	58.0	56.8	61.1	(4.3)

1. This column includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*.

Comparison to Revised Budget

Liabilities at 30 June 2020 of \$56.8 million were \$4.3 million lower than the 2019-20 Revised Budget of \$61.1 million, due mainly to:

- a) lower ‘Payables’ (\$8.4 million) due mainly to lower accrued expenses than anticipated during the year and a change in invoice payment terms to 14 days from 30 days in line with the Government’s economic survival package to support the Territory economy during the COVID-19 pandemic;

- b) lower 'Other Liabilities' (\$1.2 million) due mainly to the amortisation of the lease incentive liability over the multi-year lease for the Directorate's office accommodation; partially offset by
- c) higher 'Lease Liabilities' (\$4.1 million) due mainly to the implementation of the new accounting standard for leases during the year (AASB 16 - Leases); and
- d) higher 'Employee Benefits' (\$2.6 million) due mainly to leave earned exceeding leave taken during the year and a change in the rate used to estimate the value of future long service payments from 110.1% to 113.6%.

Comparison to 2018-19 Total Liabilities

Total liabilities for 2019-20 were \$1.2 million or 2.1 per cent lower than in 2018-19 due mainly to:

- a) lower 'Payables' (\$8.2 million) due mainly to payments made during the year for capital works invoices outstanding in 2018-19 relating to computer software development projects and the E-Healthy Future project;
- b) lower 'Other Liabilities' (\$1.7 million) due mainly to the amortisation of the lease incentive liability over the multi-year lease for the Directorate's office accommodation; partially offset by
- c) higher 'Employee Benefits' (\$4.5 million) mainly due to a change in the rate used to estimate the value of future long service leave from 110.1% to 113.6% (\$2.5 million), an increase in annual leave (\$1.6 million) due to an increase in staff numbers and leave earned exceeding leave taken during the year; and
- d) higher 'Lease Liabilities' (\$4.2 million) due to the implementation of the new accounting standard (AASB 16 – Leases).

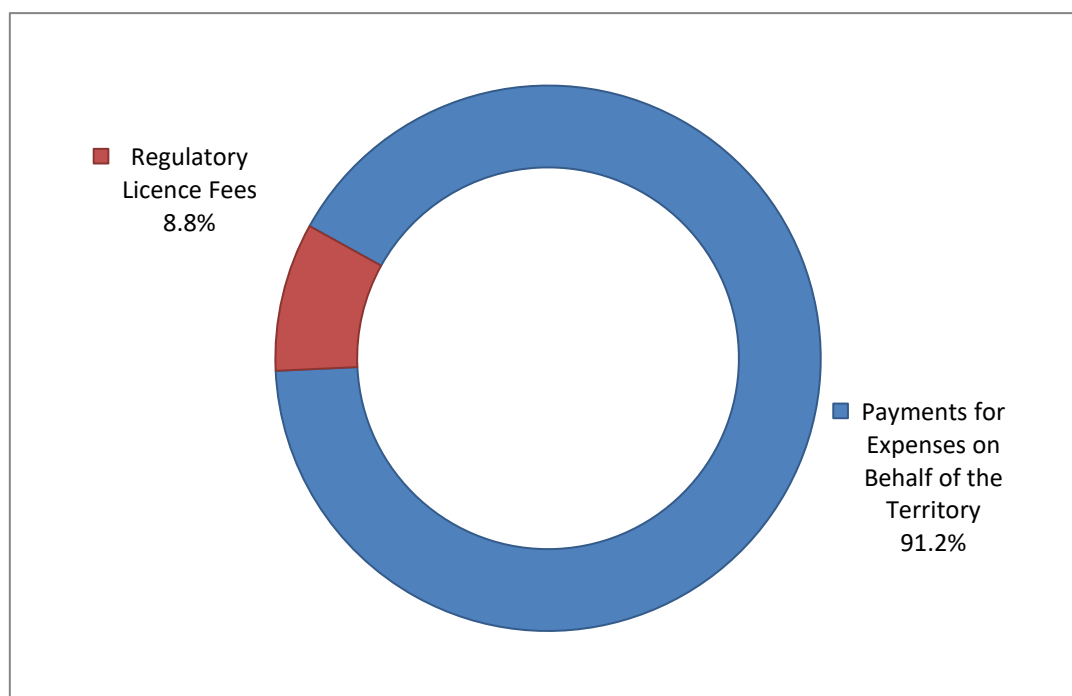
Territorial Statement of Revenue and Expenses

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

Total Income

The total Territorial income for 2019-20 was \$15.8 million. *Figure 6 – Sources of Territorial Revenue* indicates that 91.2 per cent of Territorial income relates to monies for capital works at Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service (expenses on behalf of the Territory) with the remaining income being regulatory licence fees.

Figure 6: Sources of Territorial Revenue



Comparison to Revised Budget

Total Territorial income of \$15.8 million was lower than the 2019-20 Revised Budget¹ of \$18.9 million by \$3.1 million due mainly to lower than anticipated appropriation drawn relating to the Territorial component of the Centenary Hospital for Women and Children capital works project.

Comparison to 2018-19 Actual Income

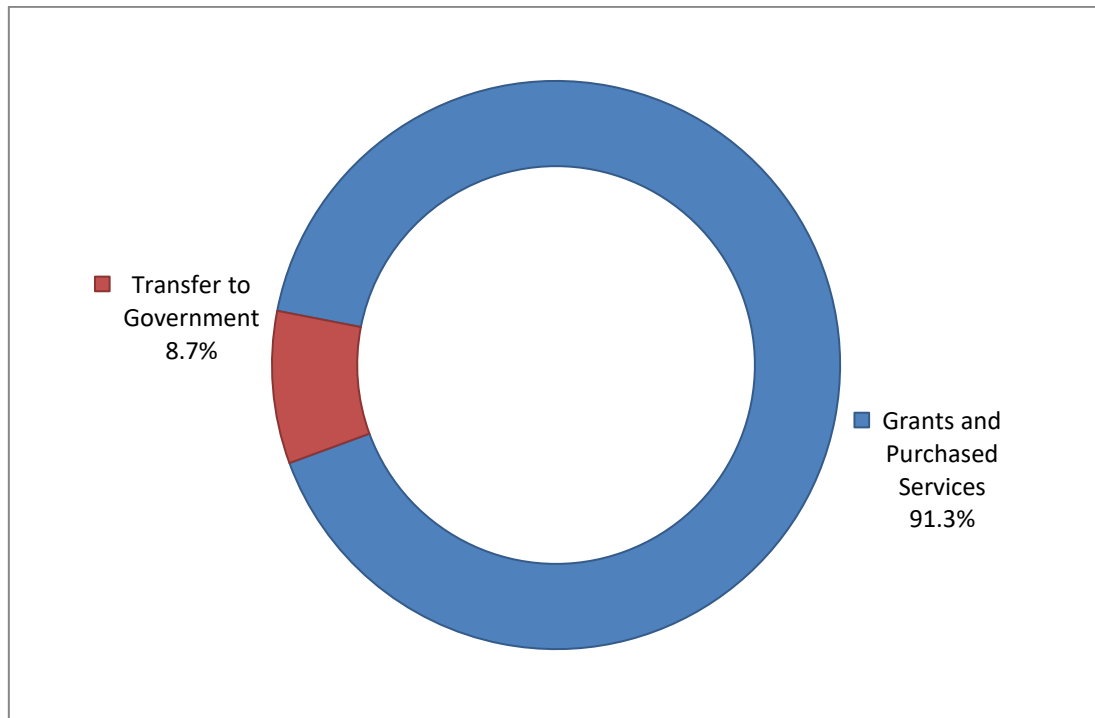
Total Territorial income for 2019-20 was \$11.7 million higher than the 2018-19 income of \$4.1 million due mainly to \$11.6 million additional appropriation received for the provision of funding for capital works programmes in Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

¹ Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*

Total Expenses

The total Territorial expenditure for 2019-20 was \$16.0 million. *Figure 7 – Sources of Territorial Expenses* indicates that 91.3 per cent of expenses incurred on behalf of the Territory relate to the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Figure 7: Sources of Territorial Expenses



Comparison to Revised Budget

Total expenses of \$16.0 million was lower than the 2019-20 Revised Budget² by \$2.9 million due mainly to lower than anticipated capital grants for the Territorial component of the Centenary Hospital for Women and Children capital works project.

Comparison to 2018-19 Actual Expenses

Total Territorial expenses for 2019-20 was \$9.8 million higher than the 2018-19 total expenses of \$6.2 million due mainly to additional capital grants of \$9.7 million to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

² Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*

C.2 Financial statements for the ACT Health Directorate for the year ended 30 June 2020

ACT Health Directorate

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of the ACT Health Directorate for the year ended 30 June 2020 which comprise the:

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

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

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

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

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

Responsibilities of the Directorate for the financial statements

The Director-General is responsible for:

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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



Ajay Sharma
Assistant Auditor-General, Financial Audit
29 September 2020

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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 year ended 30 June 2020 and the financial position of the Directorate on that date.



Kylie Jonasson

Director-General

ACT Health Directorate

29 September 2020

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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 year ended 30 June 2020 and the financial position of the Directorate on that date.



Kate Chambers

Chief Finance Officer

ACT Health Directorate

29 September 2020

ACT Health Directorate

CONTROLLED FINANCIAL STATEMENTS

**For the Year Ended
30 June 2020**

**ACT HEALTH DIRECTORATE
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	4	226 778	229 341	193 643
Sales of Goods and Services from Contracts with Customers	5	1 432	9 001	521
Grants and Contributions	6	16 315	10 176	8 732
Other Revenue		2 668	5 364	6 217
Total Income		247 193	253 882	209 113
Expenses				
Employee Expenses	7	74 917	74 719	54 715
Superannuation Expenses	8	11 096	12 420	6 883
Supplies and Services	9	85 180	97 377	64 882
Depreciation and Amortisation	10	25 663	24 503	15 493
Grants and Purchased Services	11	67 485	63 975	88 204
Other Expenses		2 382	1 936	1 807
Total Expenses		266 723	274 930	231 984
Operating (Deficit)		(19 530)	(21 048)	(22 871)
Other Comprehensive Income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
Increase in the Asset Revaluation Surplus	15	11 697	-	-
Total Other Comprehensive Income		11 697	-	-
Total Comprehensive (Deficit)		(7 833)	(21 048)	(22 871)

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 following *Administrative Arrangements 2018 (No.2)* the former Health Directorate was separated into two Directorates, the ACT Health Directorate and Canberra Health Services. The figures for 2018-19 represent the operations of the ACT Health Directorate for the period 1 October 2018 to 30 June 2019.

In most instances, the variances between 2018-19 audited financial results and 2019-20 actuals is due mainly to nine months of operations in 2018-19 when compared to a full year in 2019-20.

**ACT HEALTH DIRECTORATE
BALANCE SHEET
As At 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Current Assets				
Cash and Cash Equivalents	13	9 017	3 736	5 444
Receivables	14	4 737	3 270	2 231
Other Assets	18	5 090	954	4 658
Total Current Assets		18 844	7 960	12 333
Non-Current Assets				
Property, Plant and Equipment	15	80 722	80 086	67 971
Intangible Assets	16	39 610	140 614	24 401
Capital Works in Progress	17	19 607	82 750	41 421
Other Assets	18	-	9 241	3 787
Total Non-Current Assets		139 939	312 691	137 580
Total Assets		158 783	320 651	149 913
Current Liabilities				
Payables	19	11 414	4 809	19 562
Lease Liabilities	20	1 988	55	-
Employee Benefits	21	27 137	22 890	22 810
Other Liabilities	22	1 335	-	1 170
Total Current Liabilities		41 874	27 754	43 542
Non-Current Liabilities				
Lease Liabilities	20	2 212	19	-
Employee Benefits	21	1 399	1 276	1 180
Other Provisions		107	102	104
Other Liabilities	22	11 209	13 397	13 183
Total Non-Current Liabilities		14 927	14 794	14 467
Total Liabilities		56 801	42 548	58 009
Net Assets		101 982	278 103	91 904
Equity				
Accumulated Funds		84 558	278 103	86 177
Asset Revaluation Surplus		17 424	-	5 727
Total Equity		101 982	278 103	91 904

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.

**ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2020**

	Accumulated Funds Actual 2020 \$'000	Revaluation Surplus Actual 2020 \$'000	Asset Total Equity Actual 2020 \$'000	Original Budget 2020 \$'000
Balance at 1 July 2019	86 177	5 727	91 904	215 783
Comprehensive Income				
Operating (Deficit)	(19 530)	-	(19 530)	(21 048)
Increase in the Asset Revaluation Surplus	-	11 697	11 697	-
	15			
Total Comprehensive (Deficit)/ Income	(19 530)	11 697	(7 833)	(21 048)
Transactions Involving Owners Affecting Accumulated Funds				
Capital Injections	19 005	-	19 005	83 368
Net Assets transferred out as part of an Administrative Restructure	(1 081)	-	(1 081)	-
Net Assets transferred out as part of Other Transfers ^a	(13)	-	(13)	-
	23			
Total Transactions Involving Owners Affecting Accumulated Funds	17 911	-	17 911	83 368
Balance at 30 June 2020	84 558	17 424	101 982	278 103

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

- a) 'Net Assets Transferred out as part of Other Transfers' relate to the net transfers with Canberra Health Services for Centenary Hospital for Women and Children Expansion project and Better Infrastructure Fund.

**ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2020**

	Accumulated Funds Actual 2019 \$'000	Asset Revaluation Surplus Actual 2019 \$'000	Total Equity Actual 2019 \$'000
Note No.	2019 \$'000	2019 \$'000	2019 \$'000
Balance at 1 October 2018	-	-	-
Comprehensive Income			
Operating (Deficit)	(22 871)	-	(22 871)
Total Comprehensive (Deficit)	(22 871)	-	(22 871)
Transactions Involving Owners Affecting Accumulated Funds			
Capital Injections	7 730	-	7 730
Assets transferred in as part of an Administrative Restructure	107 045	-	107 045
Total Transactions Involving Owners Affecting Accumulated Funds	114 775	-	114 775
Movement in Asset Revaluation Surplus			
Transfer (from)/to Accumulated Funds	(5 727)	5 727	-
Balance at 30 June 2019	86 177	5 727	91 904

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		226 778	229 341	193 643
Sales of Goods and Services from Contracts with Customers		1 086	1 819	465
Grants and Contributions		12 420	7 182	8 492
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		15 742	-	7 759
Goods and Services Tax Collected from Customers		235	-	133
Other		660	5 367	5 609
Total Receipts from Operating Activities		256 921	243 709	216 101
Payments				
Employee		70 198	73 054	54 472
Superannuation		11 227	12 420	6 883
Supplies and Services		84 209	87 298	53 913
Grants and Purchased Services		70 003	63 975	81 346
Goods and Services Tax Paid to Suppliers		16 416	-	8 376
Other		979	1 936	147
Total Payments from Operating Activities		253 032	238 683	205 137
Net Cash Inflows from Operating Activities	26	3 889	5 026	10 964
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		25	-	22
Total Receipts from Investing Activities		25	-	22
Payments				
Purchase of Property, Plant and Equipment		571	3 664	113
Payments for Capital Works		16 759	85 368	14 578
Total Payments from Investing Activities		17 330	89 032	14 691
Net Cash (Outflows) from Investing Activities		(17 305)	(89 032)	(14 669)

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		19 005	83 368	7 730
Receipts of Transferred Cash Balances		-	-	1 419
Total Receipts from Financing Activities		19 005	83 368	9 149
Payments				
Repayment of Finance Lease Liabilities - Principal		2 016	55	-
Total Payments from Financing Activities		2 016	55	-
Net Cash Inflows from Financing Activities		16 989	83 313	9 149
Net Increase/(Decrease) in Cash and Cash Equivalents		3 573	(693)	5 444
Cash and Cash Equivalents at the Beginning of the Reporting Period		5 444	4 429	-
Cash and Cash Equivalents at the End of the Reporting Period	26	9 017	3 736	5 444

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
CONTROLLED STATEMENT OF APPROPRIATION
FOR THE YEAR ENDED 30 JUNE 2020**

	Original Budget 2020 \$'000	Total Appropriated 2020 \$'000	Appropriation Drawn 2020 \$'000	Appropriation Drawn 2019 \$'000
Controlled				
Controlled Recurrent Payments	229 341	238 712	226 778	193 643
Capital Injections	83 368	31 538	19 005	7 730
Total Controlled Appropriation	312 709	270 250	245 783	201 373

The above Controlled Statement of Appropriation should be read in conjunction with the accompanying notes.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. This amount appears in the Statement of Cash Flows.

Reconciliation of Appropriation for 2019-20	Controlled Recurrent Payments \$'000	Capital Injections \$'000
Original Budget Appropriation for 2019-20	229 341	83 368
Transfers of Appropriations to Local Hospital Network (FMA s.16)	(2 335)	
New Appropriation for Commonwealth Grant (FMA s.19B)	784	
Supplementary Appropriation (FMA s.13)	4 385	
Rollover of Undisbursed Appropriation (FMA s.16B)	6 537	11 532
Transfers of Appropriations from Canberra Health Services (FMA s.16)		2 338
Transfers of Appropriations to Canberra Health Services (FMA s.16)		(5 500)
Administrative Arrangements Transfer (FMA s.16)		(60 200)
Total Appropriated	238 712	31 538
Controlled Appropriation Drawn	226 778	19 005

Variations between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.

Controlled Recurrent Payments

Variations between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' is due mainly to:

- supplementary appropriation received (\$4.4 million) through the *Appropriation Bill 2019-2020 (No. 2)* in response to COVID-19 in the Territory (\$2.0 million) and transfers from expenses on behalf of the Territory relating the Winnunga Nimmityjah Aboriginal Health Service to Controlled Recurrent Payments (\$2.4 million);

**ACT HEALTH DIRECTORATE
CONTROLLED STATEMENT OF APPROPRIATION (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2020**

- rollover of funding via a Section 16B instrument from 2018-19 (\$6.5 million) for North Side Hospital scoping study, Canberra Hospital campus master plan project, Encouraging more clinical trials in Australia and Better care when you need it initiative; partially offset by
- transfer of appropriation (\$2.3 million) to the Local Hospital Network due to the realignment of appropriation for workers compensation premiums.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' mainly relates to appropriation for multiple projects and initiatives being re-profiled from 2019-20 to 2020-21, including North Side Hospital Scoping Study, Pathology Laboratory Information System Replacement Project, ACT Health Core IT Systems, Essential Vaccines and the Research and Innovation Fund due mainly delays in procurement activities, amended project schedules and COVID-19 restrictions. These projects are scheduled to be completed in 2020-21.

Capital Injections

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' mostly relates to the transfer of appropriation due to *Administrative Arrangement 2019 (No.1) during 2019-20*, where the responsibility of Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project was transferred from the ACT Health Directorate to Major Projects Canberra.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' is due mainly to capital injections for multiple projects being re-profiled from 2019-20 to 2020-21, including Pathology Laboratory Information System Replacement Project, Health ICT Upgrades and ACT Health Core IT Systems in-line with amended capital works programmes.

ACT HEALTH DIRECTORATE CONTROLLED NOTE INDEX FOR THE YEAR ENDED 30 JUNE 2020

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ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

Note 1. Objectives of the ACT Health Directorate

a) Operations and Principal Activities

The ACT Health 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. We provide a policy and population health capability based on a foundation of world-leading health and medical research. We develop strategies and set directions 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 ACT Health Directorate will deliver on these objectives by:

- 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.

The ACT Health 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.

b) Administrative Restructuring During 2019-20

On 1 July 2019, Major Projects Canberra was created following the *Administrative Arrangements 2019 (No.1)*. The responsibility of the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project was transferred from the ACT Health Directorate to Major Projects Canberra.

c) Administrative Restructuring During 2018-19

On 1 October 2018, the ACT Health Directorate was created following the *Administrative Arrangement 2018 (No.2)* transferring from the former Health Directorate. Canberra Health Services is 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. Comparative figures for 2018-19 represents the activities of the ACT Health Directorate for the period 1 October 2018 to 30 June 2019.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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, requires the ACT Health Directorate's (the Directorate's) financial statements to include:

- i. an Operating Statement for the reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Statement of Cash Flows for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the 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 period.

These general-purpose financial statements have been prepared in accordance with:

- i. Australian Accounting Standards (as required by the FMA); and
- ii. ACT Accounting and Disclosure Policies.

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to the historical cost convention, except for property, plant and equipment 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, which is the Directorate's functional currency.

INDIVIDUAL NOT-FOR-PROFIT REPORTING ENTITY

The Directorate is an individual not-for-profit reporting entity.

CONTROLLED AND TERRITORIAL ITEMS

The Directorate produces Controlled and Territorial financial statements. The Controlled financial statements include income, expenses, assets and liabilities over which the Directorate has control. The Territorial financial statements include income, expenses, assets and liabilities that the Directorate administers on behalf of the ACT Government but does not control.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 2. Basis of Preparation of the Financial Statements (Continued)

CONTROLLED AND TERRITORIAL ITEMS (CONTINUED)

The purpose of the distinction between Controlled and Territorial is to enable an assessment of the Directorate's performance against the decisions it has made in relation to the resources it controls, while maintaining accountability for all resources under its responsibility.

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

REPORTING PERIOD

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2020 together with the financial position of the Directorate as at 30 June 2020.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2019-20 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2019-20 Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements. The comparative information in the financial statements for 2018-19 represents the activities of the ACT Health Directorate for the period from 1 October 2018 to 30 June 2019.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

The Directorate has applied the modified retrospective approach to the adoption of *AASB 15 Revenue from Contracts with Customers*, *AASB 1058 Income of Not-for-Profit Entities* and *AASB 16 Leases* and comparative information is not restated. There were no changes to prior year balances resulting from these new accounting standards.

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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 2. Basis of Preparation of the Financial Statements (Continued)

GOING CONCERN

As at 30 June 2020, the Directorate's controlled current assets are insufficient to meet its current liabilities. The controlled Balance Sheet shows that the Directorate's current liabilities (\$41.9 million) exceed its current assets (\$18.8 million) by \$23.1 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 Directorate's bank accounts.

The 2019-20 financial statements have been prepared on a going concern basis as the Directorate has been funded in 2020-21 under section 7 of the *Financial Management Act 1996* pending funding in the 2020-21 Budget and the 2020-21 Budget Papers including forward estimates for the Directorate. The 2020-21 Budget will be presented to the Legislative Assembly subsequent to the signing of the Directorate's 2019-20 financial statements.

REVENUE RECOGNITION

Revenue is recognised in accordance with *AASB 15 Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of *AASB 1058 Income of not-for-Profit Entities*.

AASB 15

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Directorate have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

AASB 1058

Where revenue streams are in the scope of AASB 1058, the Directorate recognises the asset received (generally cash or other financial asset) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 2. Basis of Preparation of the Financial Statements (Continued)

ASSETS – CURRENT & 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.

Note 3. Change in Accounting Policies

Refer to Appendix A – Change in Accounting Policies

Note 4. 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 receipt of cash.

	2020	2019
	\$'000	\$'000
Revenue from the ACT Government		
Controlled Recurrent Payments ^a	226 778	193 643
Total Controlled Recurrent Payments	226 778	193 643

- a) The increase in 'Controlled Recurrent Payments' of \$33.1 million mainly relates to an increase in appropriation for the Directorate's response to COVID-19 in the Territory, new initiatives as per 2019-20 Budget Papers, indexation and prior year comparatives representing nine months of operations following *Administrative Arrangements 2018 (No.2)*, in comparison to a full year of operations being reflected in 2019-20.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 5. Sales of Goods and Services from Contracts with Customers

The Directorate earns revenue from the provision of services to other ACT Government agencies and to the public including the regulatory assessments, health and safety inspections and services relating to the provision food business registrations. Service revenue is legally retained by the Directorate and driven by consumer demand.

Revenue is recognised when the Directorate satisfies the performance obligations of applicable enforceable contracts.

A receivable in relation to these services is recognised when invoiced, as this is the point in time that the consideration is unconditional because only the passage of time is required before the payment.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – REVENUE FROM CONTRACTS

Key judgements include determining the timing of revenue from contracts with customers in terms of timing of satisfaction of performance obligations and determining the transaction price and the amounts allocated to performance obligations.

	2020	2019
	\$'000	\$'000
ACT Government Customers		
Sales and Service Revenue - ACT Government		
Service Revenue ^a	827	99
Total Sales of Goods and Services from ACT Government Customers	827	99
Non-ACT Government Customers		
Service Revenue	605	422
Total Sales of Goods and Services from Non-ACT Government Customers	605	422
Total Sales of Goods and Services from Contracts with Customers	1 432	521

- a) The increase in 'Sales of Goods and Services from ACT Government Customers' of \$0.7 million mainly relates to an increase in services provided for the provision of food business registrations and the prior year comparatives representing nine months of operations following *Administrative Arrangements 2018 (No.2)*, in comparison to a full year of operations being reflected in 2019-20.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 6. Grants and Contributions

Goods and services received free of charge from ACT Government agencies are recognised as resources received free of charge, whereas goods and services received free of charge from entities external to the ACT Government are recognised as donations or contributions.

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.

Where the Directorate receives an asset or services for significantly less than fair value then the transaction is in the scope of AASB 1058 and revenue is recognised on receipt of the asset/services.

Where services are received, the expense is recognised in the line item to which it relates.

Other Grants and Contributions

Grants are non-reciprocal in nature and are recognised as revenue in the reporting period in which the Directorate obtains control over them.

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services, health promotion and preventive activities. 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.

	2020	2019
	\$'000	\$'000
Resources Received Free of Charge from ACT Government Entities		
Legal Services	865	799
Shared Services Finance	1 130	-
Shared Services Human Resources	576	-
Other Resources Received Free of Charge	6	-
Total Resources Received Free of Charge ^a	2 577	799
Other Grants and Contributions		
Local Hospital Network Funding ^b	11 268	5 179
Grants without Sufficient Performance Obligations	2 450	2 754
Donations	20	-
Total Other Grants and Contributions	13 738	7 933
Total Grants and Contributions	16 315	8 732
Resources Provided Free of Charge		
Provided to Canberra Health Services and Calvary Public Hospital		
ICT services	67 315	51 793
Finance services	-	2 050
Human Resources administration services	-	2 971
Total Resources Provided Free of Charge ^c	67 315	56 814

a) The increase in 'Resources Received Free of Charge' of \$1.8 million relates mainly to the recognition of human resources and finance services provided by Shared Services.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 6. Grants and Contributions (Continued)

- b) The increase in 'Local Hospital Network Funding' of \$6.1 million relates to the receipt of additional payments for the response to COVID-19 in the Territory (\$4.1 million) under the terms set by the National Partnership on COVID-19 Response.
- c) The increase in 'Resources Provided Free of Charge' of \$10.5 million relates to an increase in Information Communication Technology (ICT) expenses for a full financial year in 2019-20 when compared to nine months of services provided free of charge in 2018-19.

The ACT Health Directorate no longer provides human resources and finance services to other health service providers.

Note 7. Employee Expenses

Employee benefits include:

- short-term employee benefits such as wages and salaries, annual leave loading, and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term benefits such as long service leave and annual leave; and
- termination benefits.

On-costs include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave.

	2020	2019
	\$'000	\$'000
Wages and Salaries	65 047	44 529
Annual Leave Expense	2 878	1 281
Long Service Leave Expense	3 453	2 275
Workers' Compensation Insurance Premium ^b	1 606	5 060
Termination Expense	784	852
Other Employee Benefits and On-Costs	1 149	718
Total Employee Expenses ^a	74 917	54 715

	No.	No.
Average full-time equivalent staff (FTE) staff levels during the year were:	584	549

In most instances the increase in 'Employee Expenses' relates mainly to the prior year comparatives representing nine months of expenses following *Administrative Arrangements 2018 (No.2)*, in comparison to full year expenses being reflected in 2019-20.

Significant variances in addition to the above include:

- a) The increase in 'Employee Expenses' mainly relates to an increase in staffing numbers and an increase in present value factor of 113.6% to the future long service leave liability in 2019-20 when compared to 110.1% in 2018-19.
- b) The decrease in 'Workers' Compensation Insurance Premium' (\$3.5 million) mainly relates to Whole-of-Government savings achieved.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 8. Superannuation Expenses

Employees of the Directorate have different superannuation arrangements dependent on the type of superannuation scheme available at the time of their commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund.

All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

SUPERANNUATION LIABILITY RECOGNITION

For Directorate employees who are members of the defined benefit CSS or PSS the employer superannuation liabilities for superannuation benefits payable upon retirement are recognised in the financial statements of the Superannuation Provision Account.

	2020	2019
	\$'000	\$'000
Superannuation Contributions to the Territory Banking Account	5 510	3 121
Productivity Benefit	570	422
Superannuation to External Providers	5 016	3 340
Total Superannuation Expenses ^a	11 096	6 883

- a) The increase in 'Superannuation Expenses' mainly relates to the prior year comparatives representing nine months of expenses following *Administrative Arrangements 2018 (No.2)*, in comparison to full year expenses being reflected in 2019-20 and the increase in staff numbers.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 9. Supplies and Services

	2020	2019
	\$'000	\$'000
Auditor's Remuneration ^a	282	79
Clinical Expenses/Medical Surgical Supplies	356	246
Communications	4 010	2 939
Computer Expenses ^b	51 353	37 567
Contractors and Consultants	8 303	6 943
General Administration	9 126	9 097
ICT Equipment and Rental Charges	1 265	1 996
Insurance	218	1
Minor Plant and Equipment	254	366
Non-Contract Services	760	158
Lease Rental Payments	3 371	1 643
Pharmaceuticals	80	329
Printing and Stationery	252	365
Repairs and Maintenance	2 910	1 029
Staff Development and Recruitment	1 837	1 288
Travel and Accommodation	293	295
Other	510	541
Total Supplies and Services	85 180	64 882

In most instances the increase in 'Supplies and Services' relates mainly to the prior year comparatives representing nine months of expenses following *Administrative Arrangements 2018 (No.2)*, in comparison to full year expenses being reflected in 2019-20.

Significant variances in addition to the above and the composition of expenses include:

- a) For the audit of the Financial Statements, the limited assurance engagement on the Statement of Performance and the audit of the National Health Funding Pool – ACT State Pool Account by the ACT Audit Office. No other services were provided.
- b) Computer expenses include payments to Shared Services for ICT support services and software licensing fees.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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 and plant and equipment 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 at initial recognition as follows:

Class of Asset	Depreciation/Amortisation Method	Useful Life (Years)
Buildings	Straight Line	40-80
Leasehold Improvements	Straight Line	2-10
Plant and Equipment	Straight Line	2-20
Right-of-Use Asset Plant and equipment	Straight Line	1-4
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.

	2020	2019
	\$'000	\$'000
Depreciation		
Buildings	1 288	903
Plant and Equipment	1 886	1 449
Right-of-Use Asset - Plant and Equipment ^a	1 976	-
Leasehold Improvements	731	550
Total Depreciation	5 881	2 902
Amortisation		
Intangible Assets ^b	19 782	12 591
Total Amortisation	19 782	12 591
Total Depreciation and Amortisation	25 663	15 493

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 10. Depreciation and Amortisation (Continued)

In most instances the increase in 'Depreciation and Amortisation' is due to the prior year comparatives representing nine months of expenses following *Administrative Arrangements 2018 (No.2)*, in comparison to full year expenses being reflected in 2019-20.

Significant variances in addition to the above include:

- a) The increase in depreciation for 'Right-of-Use Asset - Plant and Equipment' of \$2.0 million relates mainly to the recognition of ICT equipment and motor vehicles leases in line with the implementation of the new accounting standard for leases during the year (AASB 16 – Leases).
- b) The increase in amortisation for 'Intangible Assets' relates mainly to the increased number of assets created following the completion of several computer software development projects during the year including Clinical Record Scanning Solution, Patient Journey Boards, Electronic Medication Management, Electronic Way Finding and Queue Management systems.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

	2020	2019
	\$'000	\$'000
Grants		
Grants	2 722	3 708
Total Grants	2 722	3 708
Purchased Services		
Non-Government Organisations ^a	62 719	48 043
Payments to Service Providers ^b	2 044	23 127
Other ^c	-	13 326
Total Purchased Services	64 763	84 496
Total Grants and Purchased Services	67 485	88 204

- a) The increase in 'Purchased Services' from 'Non-Government Organisations' of \$14.7 million relates mainly to the prior year comparatives representing nine months of expenses following *Administrative Arrangements 2018 (No.2)*, in comparison to full year expenses being reflected in 2019-20.
- b) The decrease in 'Payments to Service Providers' of \$21.1 million relates mainly to 2018-19 reflecting the finalisation of *Administrative Arrangements 2018 (No. 2)* with Canberra Health Services.
- c) The decrease in 'Other Purchased Services' of \$13.3 million relates to contributions to the National Disability Insurance Scheme (NDIS) paid centrally by the Community Services Directorate in 2018-19. From 2019-20, this funding is appropriated to the Community Services Directorate by the Territory.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 12. Impairment Losses and Write-offs

Under Section 131 of the *Financial Management Act 1996* the Treasurer may, in writing, waive the right to payment of an amount payable to the Territory.

There were no waivers in 2020 and 2019.

The impairment losses and write-offs listed below have occurred during the reporting period for the Directorate.

Impairment Losses – Assets

Expense impairment losses of assets includes Leasehold improvements (See Note 15 'Property, plant and equipment')

Impairment Losses and Write-Offs - Receivables

Information on the allowance for impairment of receivables can be found in Note 14 'Receivables'.

	2020	2019
	\$'000	\$'000
Impairment Losses		
<i>Impairment Loss from Receivables</i>		
(Decrease)/ Increase of Expected Credit Loss Expense	(1)	4
<i>Total (Decrease)/ Increase of Impairment Loss from Receivables</i>	(1)	4
 <i>Impairment Loss from Property, Plant and Equipment</i>		
Leasehold Improvements	454	-
<i>Total Impairment Losses from Property, Plant and Equipment</i>	454	-
 Total Impairment Losses	453	4
 Write-Offs		
Irrecoverable Debts	7	-
Total Write-Offs	7	-
 Total Impairment Losses and Write-offs	460	4

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 13. Cash and Cash Equivalents

Cash includes cash at bank and cash on hand. The cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

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.

	2020	2019
	\$'000	\$'000
Cash on Hand	3	3
Cash at Bank ^a	9 014	5 441
Total Cash and Cash Equivalents	9 017	5 444

- a) The increase in 'Cash at Bank' of \$3.6 million relates mainly to utilising existing cash balances for payments to Winnunga Nimmityjah Aboriginal Health Service in 2018-19 and subsequent transfer from expenses on behalf of the Territory to the ACT Health Directorate in 2019-20.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 14. Receivables

Accounts receivable (including trade receivables) are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement (see Note 12 'Impairment Losses and Write-offs').

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 expected credit losses is based on objective evidence and a review of overdue balances.

The Directorate measures expected credit losses of a financial instrument in a way that reflects:

- a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- b) the time value of money; and
- c) reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement (see Note 12 'Impairment Losses and Write-offs'). The allowance for expected credit 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.

For trade receivables 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.

Where the Directorate has no reasonable expectation of recovering an amount owed by a debtor and ceases action to collect the debt, as the cost to recover the debt is more than the debt is worth, the debt is written-off by directly reducing the receivable against the loss allowance.

Significant Accounting Judgements and Estimates – Allowance For Expected Credit Losses

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Financial Statements. This significant estimate is based on a number of categorisations of receivables and the use of an expected credit loss provision matrix. These categorisations are considered by management to be appropriate and accurate, based upon the pattern demonstrated in collecting receivables since the formation of the Directorate in October 2018, general economic conditions and an assessment of both the current and the forecast direction of conditions at the reporting date.

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
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 14. Receivables (Continued)

Significant Accounting Judgements and Estimates – Allowance For Expected Credit Losses (Continued)

Inter-Directorate receivables between ACT Government agencies are expected to have low credit risks. Consequently, Treasury's policy is that directorates, territory authorities and territory-owned corporations consolidated into the whole-of-Government financial statements will not measure any loss allowance for receivables collectible from other ACT Government agencies consolidated into the whole-of-government financial statements.

The Directorate estimates the impact of COVID-19 to the recoverability of receivables remains low, this is mainly due to majority of the receivable balances relating to debt owing from the Commonwealth Government and other ACT Government entities.

	2020 \$'000	2019 \$'000
Current Receivables		
Trade Receivables ^a	2 662	1 751
Accrued Revenue ^b	1 155	-
Less: Expected Credit Loss Allowance	(3)	(4)
	3 814	1 747
Net GST Receivable	923	484
Total Current Receivables	4 737	2 231
Total Receivables	4 737	2 231

- a) The increase in 'Trade Receivables' of \$0.9 million relates mainly to goods and services acquired on behalf of Canberra Health Services.
- b) The increase in 'Accrued Revenue' relates mainly to Medicare reimbursements relating to the 'Transition Care' programme.

Expected Credit Loss Allowance Provision Matrix

Ageing of Receivables	Total	Days Past Due				
		Not Overdue	1-30 Days	31-60 Days	61-90 days	>91 Days
30 June 2020						
Expected credit loss rate		1.5%	3.5%	7.5%	26.0%	93.0%
Estimated total gross carrying amount at default (\$'000)	2 482	2 439	40	-	-	3
Expected credit loss allowance (\$'000)	(3)	(1)	(2)	-	-	-
30 June 2019						
Expected credit loss rate		3.1%	7.3%	15.8%	26.5%	93.0%
Estimated total gross carrying amount at default (\$'000)	1 491	1 490	1	-	-	-
Expected credit loss allowance (\$'000)	(4)	(4)	-	-	-	-

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 14. Receivables (Continued)

	2020	2019
	\$'000	\$'000
Reconciliation of the Expected Credit Loss Allowance for Receivables		
Allowance at the Beginning of the Reporting Period	4	-
Expected Credit Loss Expense	73	4
Reduction in Allowance from Amounts Recovered During the Reporting Period	(74)	-
Allowance for Expected Credit Losses at the End of the Reporting Period	3	4
Classification of ACT Government/Non-ACT Government Receivables		
Receivables from ACT Government Entities		
Net Trade Receivables	2 255	740
Total Receivables from ACT Government Entities	2 255	740
Receivables with Non-ACT Government Entities		
Net Trade Receivables	404	980
Accrued Revenue	1 155	27
Net Goods and Services Tax Receivable	923	484
Total Receivables from Non-ACT Government Entities	2 482	1 491
Total Receivables	4 737	2 231

The maximum exposure to credit risk at the end of the reporting period for Receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table above.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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. ACT Disclosure Policy is that Right-of-Use (ROU) assets recognised under AASB 16 *Leases* are disclosed under the relevant class of property, plant and equipment.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include community health centres and car parks.
- *Leasehold improvements* represent fit-outs in leased buildings.
- *Plant and equipment* includes Right of Use ICT and motor vehicle assets, medical equipment, mobile plant, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment.

Acquisition and Recognition Of Property, Plant And Equipment

Property, plant and equipment is initially recorded at cost.

Where property, plant and equipment is acquired at no cost, or minimal cost, cost is its fair value as at the date of acquisition. However, property, plant and equipment acquired at no cost or minimal cost as part of a Restructuring of Administrative Arrangements is measured at the transferor's book value.

Property, plant and equipment with a minimum value of \$5,000 is capitalised.

Measurement of Property, Plant And Equipment After Initial Recognition

Property, plant and equipment is valued using the cost or revaluation model of valuation. Land, buildings and leasehold improvements are measured at fair value. Plant and equipment is measured at cost.

Right-of-use assets are initially measured at cost. After the commencement date, right of use assets are measured at cost, less any accumulated depreciation and accumulated losses, and adjusted for any remeasurement of the lease liability.

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 AON Valuation Services. 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').

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 15. Property, Plant and Equipment (Continued)

Significant Accounting Judgements and Estimates – Fair Value of Assets

The Directorate has made a significant estimate regarding the fair value of its assets. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Valuation of Non-Current Assets

AON Valuation Services, an independent valuer, performed all revaluations of the Directorate's assets. The latest valuation of Land, Buildings and Leasehold Improvements was performed as at 30 June 2020. The next valuation will be undertaken during 2022-23.

Impact of COVID-19

AON valuation services have advised that the real estate market is being impacted by the uncertainty that the COVID-19 outbreak has caused. Market conditions are changing daily at present. It is considered that there is a significant market uncertainty as at the date of valuation.

This valuation is current at the date of valuation only. The Directorate will make a detailed assessment of the impact over the next 12 months.

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
FOR THE YEAR ENDED 30 JUNE 2020

Note 15. Property, Plant and Equipment (Continued)

	2020 \$'000	2019 \$'000
Land and Buildings		
Land at Fair Value	18 730	11 900
Total Land Assets at Fair Value	18 730	11 900
Buildings at Fair Value	45 746	43 868
Less: Accumulated Depreciation	(150)	(2 350)
Total Buildings at Fair Value	45 596	41 518
Total Land and Buildings^a	64 326	53 418
Leasehold Improvements		
Leasehold Improvements at Fair Value	8 288	10 800
Less: Accumulated Depreciation	(60)	(1 467)
Total Leasehold Improvements at Fair Value^b	8 228	9 333
Total Leasehold Improvements	8 228	9 333
Plant and Equipment		
Plant and Equipment at Cost	18 737	18 136
Less: Accumulated Depreciation	(14 747)	(12 916)
Total Plant and Equipment at Cost	3 990	5 220
Right-of-Use Plant and Equipment		
Right-of-Use Asset Plant and Equipment at Cost	6 154	-
Less Accumulated Depreciation Right-of-Use Plant and Equipment	(1 976)	-
Total Right-of-Use Plant and Equipment at Cost^c	4 178	-
Total Plant and Equipment	8 168	5 220
Total Property, Plant and Equipment	80 722	67 971

- a) The increase in 'Total Land and Buildings' of \$10.9 million relates mainly to an increase in asset values resulting from the revaluation undertaken during the year.
- b) The decrease in 'Total Leasehold Improvements' of \$1.1 million relates mainly to a decrease in asset values resulting from the revaluation undertaken during the year.
- c) The increase in 'Total Right-of-Use Plant and Equipment' of \$4.2 million relates to the recognition right of use assets for ICT equipment and motor vehicles leases in line with the implementation of the new accounting standard for leases during the year (AASB 16 – Leases).

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 15. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment – 2019-20

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Right-of-use Plant and Equipment	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	11 900	41 518	9 333	5 220	-	67 971
Recognition of Right-of-use Assets on initial application of AASB16					5 710	5 710
Additions	-	499	80	658	444	1 681
Revaluation Increment recognised in Other Comprehensive Income	6 830	4 867	-	-	-	11 697
Revaluation (Decrement) recognised through Income Statement			(454)			(454)
Disposals	-	-	-	(56)	-	(56)
Depreciation	-	(1 288)	(731)	(1 886)	(1 976)	(5 881)
Depreciation Write Back for Asset Disposals	-	-	-	54	-	54
Carrying Amount at the End of the Reporting Period	18 730	45 596	8 228	3 990	4 178	80 722

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 15. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment - 2018-19

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	-	-	-	-	-
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)
Carrying Amount at the End of the Reporting Period	11 900	41 518	9 333	5 220	67 971

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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 as at 30 June 2020 and 30 June 2019 is as follows:

Classification According to Fair Value Hierarchy 2020

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Property, Plant and Equipment at Fair Value				
Land	-	600	18 130	18 730
Buildings	-	400	45 196	45 596
Leasehold Improvements	-	-	8 228	8 228
	-	1 000	71 554	72 554

Classification According to Fair Value Hierarchy 2019

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Property, Plant and Equipment at Fair Value				
Land	-	540	11 360	11 900
Buildings	-	426	41 092	41 518
Leasehold Improvements	-	-	9 333	9 333
	-	966	61 785	62 751

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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

Land

Valuation Technique: Land where there is no active market or significant restrictions is valued through the market approach.

Significant Unobservable Inputs: Selecting land with similar approximate utility. In determining the value of land with similar approximate utility significant adjustment to market based data was required.

Building and Leasehold improvements

Valuation Technique: Buildings and Leasehold Improvements were considered specialised assets by the Valuers and measured using the cost approach.

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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 15. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

2020	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000
Fair Value at the Beginning of the Reporting Period	11 360	41 092	9 333
Additions	-	499	80
Revaluation Increments recognised in Other Comprehensive income	6 770	4 893	-
Revaluation (Decrements) recognised through Income Statement			(454)
Depreciation	-	(1 288)	(731)
Fair Value at the End of the Reporting Period	18 130	45 196	8 228

2019	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000
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
Fair Value at the End of the Reporting Period	11 360	41 092	9 333

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 16. Intangible Assets

Intangible assets comprise internally generated software for internal use. Internally generated 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;
- the acquisition cost is equal to or exceeds \$50,000; and
- 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.

	2020	2019
	\$'000	\$'000
Computer Software		
<i>Internally Generated Software</i>		
Computer Software at Cost	144 660	113 269
Less: Accumulated Amortisation	(105 050)	(88 868)
Total Computer Software	39 610	24 401
Total Intangible Assets ^a	39 610	24 401

- a) The increase in 'Total Intangible Assets' of \$15.2 million relates mainly to the increased number of assets created following the completion of several computer software development projects during the year including Clinical Record Scanning Solution, Patient Journey Boards, Electronic Medication Management, Electronic Way Finding and Queue Management systems.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 16. Intangible Assets (Continued)

Reconciliation of Intangible Assets 2019-20

	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	24 401
Additions	34 991
Amortisation	(19 782)
Disposals	3 601
Depreciation Write Back for Asset Disposals	(3 601)
Carrying Amount at the End of the Reporting Period	<u>39 610</u>

Reconciliation of Intangible Assets 2018-19

	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	-
Additions	11 347
Acquisition through Administrative Transfers	25 645
Amortisation	(12 591)
Carrying Amount at the End of the Reporting Period	<u>24 401</u>

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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, and contract with simpler assets that are ready for use when acquired, such as equipment. Capital Works in Progress are not depreciated as the Directorate is not currently deriving any economic benefit from them.

	2020	2019
	\$'000	\$'000
Building Works in Progress	2 077	1 353
Plant and Equipment Works in Progress	82	1 099
Computer Software Works in Progress ^a	17 448	38 969
Total Capital Works in Progress	19 607	41 421

- a) The decrease in 'Computer Software Works in Progress' of \$21.5 million relates mainly to the completion of several computer software development projects which were in progress during 2018-19 including Clinical Record Scanning Solution, Patient Journey Boards, Electronic Medication Management, Electronic Way Finding and Queue Management systems.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 17. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress 2019-20

	Buildings Works in Progress \$'000	Plant and Equipment Works in Progress \$'000	Computer Software Works in Progress \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	1 353	1 099	38 969	41 421
Additions	2 547	302	15 745	18 594
Capital Works in Progress Transferred Through Administrative Restructuring	(1 176)	-	-	(1 176)
Capital Works in Progress Transferred Through Other Transfers	(148)			(148)
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(499)	(1 178)	(33 894)	(35 571)
Capital Works Expensed	-	(141)	(3 372)	(3 513)
Carrying Amount at the End of the Reporting Period	2 077	82	17 448	19 607

Reconciliation of Capital Works in Progress 2018-19

	Buildings Works in Progress \$'000	Plant and Equipment Works in Progress \$'000	Computer Software Works in Progress \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	-	-	-	-
Additions	1 348	320	18 722	20 390
Capital Works in Progress Transferred Through Administrative Restructuring	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)
Carrying Amount at the End of the Reporting Period	1 353	1 099	38 969	41 421

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 18. Other Assets

	2020	2019
	\$'000	\$'000
Current Other Assets		
Prepayments ^a	2 501	461
Lease Incentive ^b	2 589	4 197
Total Current Other Assets	5 090	4 658
 Non-Current Other Assets		
Lease Incentive ^b	-	3 787
Total Non-Current Other Assets	-	3 787
 Total Other Assets	5 090	8 445

- a) The increase in 'Prepayments' of \$2.0 million relates mainly to upfront payments for computer software licences and maintenance contracts.
- b) The decrease in 'Lease Incentives' of \$5.4 million relates mainly to the incentive period relating to the Directorate's office accommodation lease ending in February 2021.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

The current number of days to settle payable invoices have been reduced to 14 days in line with the ACT Government's economic survival package to support the Territory economy during the COVID-19 pandemic.

	2020	2019
	\$'000	\$'000
Current Payables		
Accrued Expenses ^a	11 414	19 562
Total Payables	11 414	19 562

- a) The decrease in 'Accrued Expenses' of \$8.1 million relates mainly to higher balances in 2018-19 for payments which were subsequently made in 2019-20 including capital works invoices relating to computer software development and Critical Communications Project.

No payables are overdue.

	2020	2019
	\$'000	\$'000
Payables are aged as followed		
Classification of ACT Government/Non-ACT Government Payables		
Payables with ACT Government Entities		
Accrued Expenses	3 505	7 338
Total Payables with ACT Government Entities	3 505	7 338
Payables with Non-ACT Government Entities		
Accrued Expenses	7 909	12 224
Total Payables with Non-ACT Government Entities	7 909	12 224
Total Payables	11 414	19 562

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Note 20. Lease Liabilities – ACT Health Directorate as a Lessee

Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentive receivables;
- variable lease payments that are based on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the Directorate under residual value guarantees;
- the exercise price of a purchase option if the Directorate is reasonably certain to exercise that option, and
- payments of penalties for terminating the lease, if the lease term reflects the Directorate exercising that termination option.

After the commencement date, lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount to reflect any reassessment or lease modifications.

Lease payments to be made under reasonably certain extension options are also included in the measurement of the liability.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined the rate on the ACT Accounting website is to be used.

(<https://apps.treasury.act.gov.au/accounting>). This rate reflects the lessee's incremental borrowing rate consistent with Treasury policy.

Accounting Policies Under AASB 16 – Applicable from 1 July 2019

At inception of a contract, the Directorate assesses whether a lease exists – i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- the contract involves the use of an identified asset – this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset;
- the Directorate has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use;
- the Directorate has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

At the lease commencement date, the Directorate recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Directorate is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 20. Lease Liabilities – ACT Health Directorate as a Lessee (Continued)

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Directorate uses the incremental borrowing rate published by ACT Treasury which most closely matches the remaining lease term.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Directorate's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in the operating statement if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Directorate has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets.

The Directorate recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

The Directorate has applied *AASB 16 Leases* using the modified retrospective (cumulative catch-up) method and therefore the comparative information has not been restated and continues to be reported under AASB 117 and related Interpretations.

Directorate as a Lessee

The Directorate has two types of leased assets including motor vehicles and IT equipment. Information relating to the leases in place and associated balances and transactions are provided below.

Terms and Conditions of Leases

Motor vehicles:	The Directorate holds 22 motor vehicle leases. The terms vary from 1 year to 4 years. These leases allow for extensions, but have no terms of renewal or purchase options, nor escalation clauses.
IT equipment leases:	The Directorate has numerous leases for equipment, including office equipment and IT equipment. Where the value of the leased asset is low in value the Directorate has used the exemption for leases of low value assets and accounts for the expense through the Operating Statement as incurred. Leases for other assets have lease terms which vary from 2 – 4 years and there is generally no extension or renewal options. The photocopier leases have variable lease payments which are dependent on the number of copies made, the usage-based payments are recognised as variable lease expenses in the operating statement as incurred. The fixed payment component is not subject to increases throughout the lease term.

Extension Options

Where a lease contains extension options, at commencement date and at each subsequent reporting date, the Directorate assesses where it is reasonably certain that the extension options will be exercised.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 20. Lease Liabilities – ACT Health Directorate as a Lessee (Continued)

Right-of-Use Assets	Motor Vehicles \$'000	IT Equipment \$'000	Total \$'000
Balance at 1 July 2019	-	-	-
Adjusted carrying amount at 1 July 2019	300	5 410	5 710
Depreciation charge	(174)	(1 802)	(1 976)
Additions to right-of-use assets	138	306	444
Balance at 30 June 2020	264	3 914	4 178
			2020
			\$'000
Current Lease Liability			
Right-of-Use Plant and Equipment			1 988
Total Current Lease liability			1 988
Non-Current Lease Liability			
Right-of-Use Plant and Equipment			2 212
Total Non-Current Lease liability			2 212
Total Lease Liability			4 200

Lease Liabilities

The maturity analysis of lease liabilities at 30 June 2020 based on contractual undiscounted cash flows is shown in the table below.

Description	< 1 year (\$'000)	1 – 5 years (\$'000)	> 5 years (\$'000)	Total undiscounted lease liabilities (\$'000)	Lease liabilities included in the Balance Sheet (\$'000)
Motor Vehicles	161	110	-	271	266
IT Equipment	1 867	2 120	-	3 987	3 934
Total	2 028	2 230		4 258	4 200

Operating Statement

The amounts recognised in the operating statement relating to leases where the Directorate is a lessee are shown below.

	2020 \$'000
Depreciation of right-of-use assets	1 976
Interest on lease liabilities	63
Variable lease payments based on usage not included in the lease liability	50
Expenses relating to short-term leases	29
Expenses relating to leases of low-value assets	422

Statement of Cash Flows

Total cash outflow of leases	2 016
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ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 21. 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 2019-20 the rate used to estimate the present value of future:

- Annual leave payments is 100.9% (101.6% in 2018-19); and
- Payments for long service leave is 113.6% (110.1% in 2018-19).

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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 21. 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. The Australian Government Actuary performed this assessment in April 2019. The next actuarial review is expected to be undertaken by early 2022.

	2020	2019
	\$'000	\$'000
Current Employee Benefits		
Annual Leave ^a	9 880	8 292
Long Service Leave ^b	15 897	13 593
Accrued Salaries	1 360	779
Other Benefits	-	146
Total Current Employee Benefits	27 137	22 810
Non-Current Employee Benefits		
Long Service Leave ^b	1 399	1 180
Total Non-Current Employee Benefits	1 399	1 180
Total Employee Benefits	28 536	23 990

At 30 June 2020, the Directorate employed 613 Full Time Equivalent (FTE) staff. There were 540 FTE at 30 June 2019.

- a) The increase in 'Annual Leave' of \$1.6 million relates mainly to increase in staff numbers and growth in leave earned exceeding leave taken during the year.
- b) The increase in 'Long Service Leave' of \$2.5 million relates mainly to a change in the rate of future long service payments from 110.1% to 113.6%, increase in staff numbers and growth in leave earned exceeding leave taken during the year.

	2020	2019
	\$'000	\$'000
Estimate of when Employee Benefits are Payable		
Estimated Amount Payable within 12 months		
Annual Leave	6 443	5 959
Long Service Leave	1 412	1 013
Accrued Salaries	1 360	779
Other Benefits	-	146
Total Employee Benefits Payable within 12 months	9 215	7 897
Estimated Amount Payable after 12 months		
Annual Leave	3 437	2 333
Long Service Leave	15 884	13 760
Total Employee Benefits Payable after 12 months	19 321	16 093
Total Employee Benefits	28 536	23 990

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 22. Other Liabilities

	2020	2019
	\$'000	\$'000
Current Other Liabilities		
Revenue Received in Advance	296	52
Lease Incentives ^a	1 039	1 118
Total Current Other Liabilities	1 335	1 170
Non-Current Other Liabilities		
Lease Incentives ^a	11 209	13 183
Total Non-Current Other Liabilities	11 209	13 183
Total Other Liabilities	12 544	14 353

a) Lease Incentives represent liability over the multi-year lease for the Directorate's office accommodation.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 23. Restructure of Administrative Arrangements

Restructure of Administrative Arrangements 2019-2020

On 1 July 2019, Major Projects Canberra was created following the *Administrative Arrangements 2019 (No.1)*. This instrument transferred the responsibility of the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project from the ACT Health Directorate to Major Projects Canberra. There were 3 employees transferred as part of this *Administrative Arrangement*.

Income and Expenses

Due to the timing of the transfers mentioned above the Directorate recorded no income or expenses during 2019-20 relating to these transfers.

Assets and Liabilities

The assets and liabilities transferred to Major Projects Canberra as part of administrative arrangements during the year were as follows:

	Transferred Amounts 2019-20 \$'000
Assets	
Capital Works in Progress	1 176
Total Assets Transferred	1 176
Liabilities	
Current and Non-Current Employee Benefits	95
Total Liabilities Transferred	95
Total Net Assets Transferred	1 081

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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 *Administrative Arrangement*.

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 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 agreed between Canberra Health Services and ACT Health 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
Revenue			
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
Total Revenue	33 051	209 113	242 164
Expenses			
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
Total Expenses	54 868	231 984	286 852

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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:

	Transferred Amounts 2018-19 \$'000
Assets	
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
Total Assets Transferred	149 442
Liabilities	
Payables	3 895
Employee Benefits	23 640
Other Non-Current Liabilities	14 761
Other Provisions	102
Total Liabilities Transferred	42 398
Total Net Assets Transferred	107 044

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

The following are the classification of the Directorate's financial assets under AASB 9:

Items	Business Model Held to collect principal and interest/sell	Solely for payment of Principal and Interest SPPI Test (basic lending characteristics)	Classification
Cash and Cash Equivalents	Held to collect	Yes	Amortised cost
Trade Receivables	Held to collect	Yes	Amortised cost
Accrued Revenue	Held to collect	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. 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 other ACT Government entities and the Commonwealth Government. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables.

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 YEAR ENDED 30 JUNE 2020

Note 24. Financial Instruments (Continued)

Carrying Amount and Fair Value of Financial Assets and Liabilities at the end of the reporting period.

	Note No.	Carrying Amount 2020 \$'000	Fair Value Amount 2020 \$'000	Carrying Amount 2019 \$'000	Fair Value Amount 2019 \$'000
Financial Assets					
Cash and Cash Equivalents	13	9 017	9 017	5 444	5 444
Receivables	14	3 814	3 814	1 747	1 747
Total Financial Assets		12 831	12 831	7 191	7 191
Financial Liabilities					
Payables	19	11 414	11 414	19 562	19 562
Lease Liabilities	20	4 200	4 200	-	-
Total Financial Liabilities		15 614	15 614	19 562	19 562

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.

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2020 \$'000	2019 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	3 814	1 747
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	15 614	19 562

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 25. Capital and Other Expenditure Commitments

Capital Commitments

Capital Commitments, contracted at reporting date, include upgrading current buildings and new computer software:

	2020	2019
	\$'000	\$'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year	275	112
Later than one year but not later than five years	-	176
Total Capital Commitments - Property, Plant and Equipment	275	288
Capital Commitments - Intangible Assets		
Payable:		
Within One Year ^a	388	2 332
Total Capital Commitments - Intangible Assets	388	2 332
Total Capital Commitments	663	2 620

- a) The decrease in 'Total Capital Commitments – Intangible Assets' of \$1.9 million relates mainly to the completion of several ICT projects during the year including the University Canberra Hospital ICT project and the E-Health Future project.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 25. Capital and Other Expenditure Commitments (Continued)

Other Commitments – Non- Government Organisations (NGOs)

Other commitments contracted at reporting date but not recognised as liabilities, are payable as follows:

	2020	2019
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	57 597	58 295
Later than one year but not later than five years	49 469	118 083
Total Other Commitments - NGO ^a	107 066	176 378

- a) Other Commitments include payments to Non-Government Organisations (NGOs) for the provision of public health services. The decrease of \$69.3 million relates mainly to the recognition of commitments for the remaining two years of applicable contracts in 2019-20 compared to three years being recorded in 2018-19.

Other Commitments – IT Equipment and Accommodation

The Directorate has several non-cancellable leases for buildings and computer assets.

	2020	2019
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	2 968	2 346
Later than one year but not later than five years	23 345	22 970
Later than five years	45 075	50 854
Total Other Commitments - IT Equipment and Accommodation ^a	71 388	76 170

- a) The decrease of \$4.8 million relates mainly to applicable lease commitments being recorded in the Directorate's Balance Sheet as a result of the implementation of the new accounting standard for leases during the year (AASB 16 – Leases).

Other Commitments - Motor Vehicles

	2020	2019
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	9	181
Later than one year but not later than five years	-	58
Total Other Commitments - Motor Vehicle ^a	9	239

- a) The decrease of \$0.2 million relates mainly to applicable lease commitments being recorded in the Directorate's Balance Sheet as a result of the implementation of the new accounting standard for leases during the year (AASB 16 – Leases).

Commitments for IT Equipment and Motor Vehicles above represent short-term leases which are less than 12 months and leases with low value underlying assets.

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 YEAR ENDED 30 JUNE 2020

Note 26. Cash Flow Reconciliation

(a) Reconciliation of Cash and Cash Equivalents at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.

	2020 \$'000	2019 \$'000
Total Cash and Cash Equivalents Recorded in the Balance Sheet	9 017	5 444
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Statement of Cash Flows	9 017	5 444

(b) Reconciliation of the Operating (Deficit) to the Net Cash Inflows/(Outflows) from Operating Activities

Operating (Deficit)	(19 530)	(22 871)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	5 881	2 902
Amortisation of Intangibles	19 782	12 591
Bad and Doubtful Debts	6	4
Finance Cost on Make Good	3	3
Lease Incentives	1 448	(1 230)
Administrative Arrangement Transfers	(95)	(24 179)
Other Transfers	(136)	-
Add/(Less) Items Classified as Investing or Financing		
Net Gain on Disposal of Non-Current Assets	(22)	(9)
Revaluation Losses	(454)	-
Finance Lease Charges	63	-
Accrual for Capital Works	2 681	(3 632)
Accrual for Property, Plant and Equipment	(180)	52
Cash Before Changes in Operating Assets and Liabilities	9 447	(36 369)
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(2 511)	(2 228)
Decrease/(Increase) in Other Assets	3 356	(8 446)
(Decrease)/Increase in Payables	(7 694)	19 562
Increase in Employee Benefits	4 548	23 988
Increase in Other Provisions	-	104
(Decrease)/Increase in Other Liabilities	(3 257)	14 353
Net Changes in Operating Assets and Liabilities	(5 558)	47 333
Net Cash Inflows from Operating Activities	3 889	10 964

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 26. Cash Flow Reconciliation (Continued)

(C) Reconciliation of liabilities arising from financing activities

	Cash Flows \$'000	Non-cash changes \$'000		2020 \$'000
		New Leases	Other	
Lease Liabilities (2020)	(2 016)	6 153	63	4 200
Debt	(2 016)	6 153	63	4 200

Note 27. Events After The Reporting Period

There were no events occurring after the balance date, which would affect the financial statements as at 30 June 2020.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

(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 2020.

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 2020.

Compensation by ACT Health Directorate to KMP is set out below.

	2020	2019
	\$'000	\$'000
Short-term employee benefits	1 060	857
Post-employment benefit	143	122
Other long-term benefit	25	20
Termination benefit	281	-
Total Compensation by the ACT Health Directorate to KMP	1 509	999

The total Full Time Equivalent of Key Management Personnel (KMP) included in the above table is 3.2 (3 in 2018-19).

The increase relates mainly to the prior year comparatives representing 9 months of expenses following *Administrative Arrangement 2018 (No. 2)*, in comparison to full year expenses being reflected in 2019-20.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 28. Related Party Disclosures (Continued)

B.2 Transactions with Key Management Personnel

There were no transactions with KMP.

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
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 29. Budgetary Reporting

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered 'major variances'. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 5% and \$15 million for the financial statement line item.

Balance Sheet Line Items

	Actual		Original Budget ¹		Variance	Variance	%	Variance Explanation
	2019-20	\$'000	2019-20	\$'000				
Intangible Assets	39 610		140 614	(101 004)	(72)		Intangible Assets were lower than budget due mainly to actual results reflecting total net book value of intangible assets when compared to total cost included in the Budget.	
Capital Works in Progress	19 607		82 750	(63 143)	(76)		Capital Works in Progress were lower than budget due mainly to the impact of transfer of functions including the SPIRE project to Major Projects Canberra following the <i>Administrative Arrangements 2019 (No.1)</i> on 1 July 2019.	
Accumulated Funds	84 558		278 103	(193 545)	(70)		Lower Accumulated Funds than budget is due mainly to the lower than budgeted opening balance at the beginning of the reporting period.	
Asset Revaluation Surplus	17 424		-	17 424	100		Asset Revaluation Surplus exceeded budget due mainly to the increase in fair value of land and buildings and leasehold improvement assets resulting from the revaluation undertaken during the year.	

Statement of Changes in Equity - these line items are covered in other financial statements.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 29. Budgetary Reporting (Continued)

Cash Flow Statement Line Items

	Actual		Original Budget ¹		Variance		Variance Explanation
	2019-20		2019-20		2019-20		
	\$'000	%	\$'000	\$'000	\$'000	%	
Payments for Capital Works	16 759		85 368	(68 609)	(80)		The decrease is due mainly to the impact of transfer of functions to Major Projects Canberra following <i>Administrative Arrangements 2019 (No.1)</i> on 1 July 2019 and Capital Injections for multiple projects being deferred to 2020-21 in line with the annual capital works programme.
Capital Injections	19 005		83 368	(64 363)	(77)		The decrease is due mainly to the impact of transfer of functions to Major Projects Canberra following the <i>Administrative Arrangements 2019 (No.1)</i> on 1 July 2019.

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

ACT Health Directorate

TERRITORIAL FINANCIAL STATEMENTS

For the Year Ended

30 June 2020

ACT HEALTH DIRECTORATE
STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2020

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Income				
<i>Revenue</i>				
Payments for Expenses on Behalf of the Territory	31	14 447	12 182	2 840
Fees	32	1 392	1 474	1 272
<i>Total Revenue</i>		<u>15 839</u>	<u>13 656</u>	<u>4 112</u>
Total Income		<u>15 839</u>	<u>13 656</u>	<u>4 112</u>
Expenses				
Grants and Purchased Services	33	14 622	12 182	4 900
Transfer to Government	34	1 387	1 474	1 279
Total Expenses		<u>16 009</u>	<u>13 656</u>	<u>6 179</u>
Operating (Deficit)		<u>(170)</u>	-	<u>(2 067)</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.

ACT HEALTH DIRECTORATE
STATEMENT OF ASSETS AND LIABILITIES ON BEHALF OF THE TERRITORY
As At 30 JUNE 2020

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Current Assets				
Cash and Cash Equivalents	35	28	1 089	456
Receivables	36	216	1 578	26
Total Current Assets		244	2 667	482
Total Assets		244	2 667	482
Current Liabilities				
Advance from the Territory Banking Account	37	244	300	312
Total Liabilities		244	300	312
Net Assets		-	2 367	170
Equity				
Accumulated Funds		-	2 367	170
Total Equity		-	2 367	170

The above Statement of Assets and Liabilities on Behalf of the Territory should be read in conjunction with the accompanying notes.

Due to the nature of territorial accounting, the Statement of Assets and Liabilities on Behalf of the Territory includes (as applicable) liabilities to, and receivables from, the Territory Banking Account.

ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED TO 30 JUNE 2020

	Accumulated Funds Actual 2020 \$'000	Total Equity Actual 2020 \$'000	Original Budget 2020 \$'000
Balance at 1 July 2019	<u>170</u>	<u>170</u>	<u>2 367</u>
Comprehensive Income			
Operating (Deficit)	(170)	(170)	-
Total Comprehensive (Deficit)	<u>(170)</u>	<u>(170)</u>	<u>-</u>
Balance at 30 June 2020	<u>-</u>	<u>-</u>	<u>2 367</u>

	Accumulated Funds Actual 2019 \$'000	Total Equity Actual 2019 \$'000
Balance at 1 October 2018	<u>-</u>	<u>-</u>
Comprehensive Income		
Operating (Deficit)	(2 067)	(2 067)
Total Comprehensive (Deficit)	<u>(2 067)</u>	<u>(2 067)</u>
Transactions with Owners Affecting Accumulated Funds		
Net Assets transferred in as part of an Administrative Restructure	2 237	2 237
Total Transactions Involving Owners Affecting Accumulated Funds	<u>2 237</u>	<u>2 237</u>
Balance at 30 June 2019	<u>170</u>	<u>170</u>

The above Statement of Changes in Equity on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2020

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Cash Flows from Operating Activities				
Receipts				
Cash from Government for Expenses on Behalf of the Territory		14 447	12 182	2 840
Fees		1 390	1 474	1 284
Goods and Services Tax Collected from Customers		1 265	1 218	465
Total Receipts from Operating Activities		17 102	14 874	4 589
Payments				
Grants and Purchased Services		14 676	12 182	4 911
Transfer of Territory Receipts to the ACT Government		1 387	1 474	1 279
Goods and Services Tax Paid to Suppliers		1 467	1 218	477
Total Payments from Operating Activities		17 530	14 874	6 667
Net Cash (Outflows) from Operating Activities	39	(428)	-	(2 078)
Cash Flows from Financing Activities				
Receipts				
Receipts of Transferred Cash Balances		-	-	2 534
Total Receipts from Financing Activities		-	-	2 534
Net (Decrease)/ Increase in Cash and Cash Equivalents		(428)	-	456
Cash and Cash Equivalents at the Beginning of the Reporting Period		456	1 089	-
Cash and Cash Equivalents at the End of the Reporting Period	39	28	1 089	456

The above Statement of Cash Flows on Behalf of the Territory should be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
TERRITORIAL STATEMENT OF APPROPRIATION
FOR THE YEAR ENDED 30 JUNE 2020**

	Original Budget 2020 \$'000	Total Appropriated 2020 \$'000	Appropriation Drawn 2020 \$'000	Appropriation Drawn 2019 \$'000
Territorial				
Expenses on Behalf of the Territory	12 182	19 882	14 447	2 840
Total Territorial Appropriation	12 182	19 882	14 447	2 840

The above Territorial Statement of Appropriation should be read in conjunction with the notes below.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers.

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 Statement of Cash Flows on Behalf of the Territory.

Reconciliation of Territorial Appropriation for 2019-20	Payment for Expenses on Behalf of the Territory \$'000
Original Budget Appropriation for 2019-20	12 182
Supplementary Appropriation (FMA s.13)	7 700
Total Appropriated	19 882
Territorial Appropriation Drawn	14 447

Variations between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' relates mainly to supplementary appropriation received through the *Appropriation Bill 2019-2020 (No.2)* relating to capital grants to Winnunga Nimmityjah Aboriginal Health Service (\$7.7 million).

Variations between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' relates mainly to the appropriation relating to capital grants to Centenary Hospital for Women and Children being deferred to 2020-21.

**ACT HEALTH DIRECTORATE
TERRITORIAL NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2020**

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ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 30. 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 31. Payment for Expenses on Behalf of the Territory - Territorial

Under the *Financial Management Act 1996*, the Directorate receives this appropriation to fund capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service. (See Note 33 'Grants and Purchased Services – Territorial')

	2020	2019
	\$'000	\$'000
Payment for Expenses on Behalf of the Territory ^a	14 447	2 840
Total Payment for Expenses on Behalf of the Territory	14 447	2 840

- a) The increase in 'Payment for Expenses on behalf of the Territory' of \$11.6 million relates mainly to additional appropriation received for the provision of funding for the capital works programmes in Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Note 32. 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 recognised as revenue at the time of payment.

	2020	2019
	\$'000	\$'000
Fees		
Fees for Regulatory Services	1 392	1 272
Total Fees	1 392	1 272

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 33. 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.

	2020	2019
	\$'000	\$'000
Capital Grants to Non-ACT Government Agencies		
Capital Grants to External Parties ^a	14 622	4 900
Total Grants and Purchased Services	14 622	4 900

- a) The increase in 'Capital Grants to External Parties' of \$9.7 million relates mainly to the provision of funding for the capital works programme in Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Note 34. 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.

	2020	2019
	\$'000	\$'000
Payments to the Territory Banking Account	1 387	1 279
Total Transfer to Government	1 387	1 279

Note 35. Cash and Cash Equivalents – Territorial

	2020	2019
	\$'000	\$'000
Cash at Bank ^a	28	456
Total Cash and Cash Equivalents	28	456

- a) Under Whole-of-Government banking arrangements, interest is not earned on cash at bank held with the Territory Banking Account. The decrease in "Cash at Bank" relates mainly to outstanding Goods and Services Tax owing from Australian Taxation Office yet to be received.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 36. Receivables – Territorial

	2020 \$'000	2019 \$'000
Current Receivables		
Trade Receivables	-	11
Net GST Receivable ^a	216	15
Total Current Receivables	<u>216</u>	<u>26</u>
Total Receivables	<u>216</u>	<u>26</u>

a) The increase in 'Net GST Receivable' of \$0.2 million relates mainly to increased Good and Services Tax owing from the Australian Taxation Office.

	2020 \$'000	2019 \$'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with Non-ACT Government Entities		
Net Other Trade Receivables	-	11
Net GST Receivable	216	15
Total Receivables with Non-ACT Government Entities	<u>216</u>	<u>26</u>
Total Receivables	<u>216</u>	<u>26</u>

No receivables are past due or impaired.

Note 37. Advance from the Territory Banking Account - Territorial

	2020 \$'000	2019 \$'000
Advance from the Territory Banking Account	244	312
Total Advance from the Territory Banking Account	<u>244</u>	<u>312</u>

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 YEAR ENDED 30 JUNE 2020**

Note 38 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.

	Amounts Relating to Function was held by Canberra Health Services Territorial July 2018 to September 2018 \$'000	Amounts Relating to when Function was held by ACT Health Directorate Territorial October 2018 to June 2019 \$'000	Total 2019 \$'000
Revenue			
Payment for Expenses on Behalf of the Territory	-	2 840	2 840
Other revenue	389	1 272	1 661
Total Revenue	389	4 112	4 501
Expenses			
Grants and Purchased Services	133	4 900	5 033
Transfer to Government	386	1 279	1 665
Total Expenses	519	6 179	6 698

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

**Note 38 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:

	Transferred Amounts 2018-19 \$'000
Assets	
Cash and Cash Equivalents	2 534
Receivables	3
Total Assets Transferred	2 537
Liabilities	
Advance from the Territory Banking Account - Territorial	300
Total Liabilities Transferred	300
Total Net Assets Transferred	2 237

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 39. Cash Flow Reconciliation - Territorial

(a) Reconciliation of Cash and Cash Equivalents at the end of the Reporting Period in the Statement of Cash Flows on Behalf of the Territory to the Related Items in the Statement of Assets and Liabilities on Behalf of the Territory.

	2020	2019
	\$'000	\$'000
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	28	456
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows on Behalf of the Territory	28	456

(b) Reconciliation of the Operating (Deficit) to Net Cash (Outflows) from Operating Activities

Operating (Deficit)	(170)	(2 067)
Add/(Less) Non-Cash Items		
Administrative Arrangements Transfers	-	(297)
Cash Before Changes in Operating Assets and Liabilities	(170)	(2 364)
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(190)	(26)
(Decrease)/Increase in Advance from Territory Banking Account	(68)	312
Net Changes in Operating Assets and Liabilities	(258)	286
Net Cash (Outflows) from Operating Activities	(428)	(2 078)

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 40. 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 30 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 provision for 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 encounter difficulties in meeting its financial obligations as they fall due. The Directorate's only Territorial financial obligation relates to an advance received from the Territory Banking Account 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 YEAR ENDED 30 JUNE 2020

Note 40. 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:

	Note No.	Carrying Amount 2020 \$'000	Fair Value 2020 \$'000	Carrying Amount 2019 \$'000	Fair Value 2019 \$'000
Financial Assets					
Cash and Cash Equivalents	35	28	28	456	456
Receivables	36	-	-	11	11
Total Financial Assets		28	28	467	467
Financial Liabilities					
Advance from the Territory Banking Account	37	244	244	312	312
Total Financial Liabilities		244	244	312	312
Net Financial (Liabilities)/Assets		(216)	(216)	155	155

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

	2020 \$'000	2019 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	-	11
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	244	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 41. Events After the Reporting Period – Territorial

There were no events occurring after the reporting period, which would affect the financial statements at 30 June 2020.

**ACT HEALTH DIRECTORATE
FORMS PART OF NOTE 3 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICIES

Appendix A – Change Accounting Policy applies to both the Controlled and Territorial financial statements.

Information provided below explains the impact of the adoption of *AASB 15 Revenue from Contracts with Customers*, *AASB 1058 Income of Not-for-Profit Entities* and *AASB 16 Leases* on the Directorates' financial statements.

Initial Application of AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities

AASB 15 Revenue from Contracts with Customers replaces *AASB 118 Revenue*, *AASB 111 Construction Contracts*, *AASB 1004 Contributions* and related interpretations for annual reporting periods beginning on or after 1 January 2019 for not-for-profit entities.

The Directorate has adopted the modified retrospective approach on transition to AASB 15 and AASB 1058. No comparative information has been restated under this approach.

Revenue Recognition under AASB 15

Under AASB 15 the Directorate recognise revenue when (or as) they satisfy a performance obligation by transferring a promised good or service and it is based on the transfer of control rather than the transfer of risks or rewards.

AASB 15 focuses on providing sufficient information to the users of financial statements about the nature, amount, timing and uncertainty of revenues and cash flows arising from contracts with customers. Revenue is recognised by applying the following five steps:

1. identifying contracts with customers;
2. identifying separate performance obligations;
3. determining the transaction price of the contract;
4. allocating the transaction price to each of the performance obligations; and
5. recognising revenue as each performance obligation is satisfied.

Revenue is recognised either over time or at a point in time. Any distinct goods or services are separately identified and any discounts or rebates in the contract price are allocated to the separate elements.

Revenue Recognition under AASB 1058

The Directorate receives income from appropriations and other agreements which are recognised under AASB 1058. AASB 1058 is applied to Not-for-Profit agencies for recognising income that either does not arise from an enforceable contract with customers or which do not have sufficiently specific performance obligations. The timing of income recognition under AASB 1058 depends upon whether such a transaction gives rise to a liability or a contribution by owners, related to an asset (such as cash or another asset recognised by the Directorate).

**ACT HEALTH DIRECTORATE
FORMS PART OF NOTE 3 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICY (Continued)

Contract Balances

When either party to the contract has performed the obligation, the Directorate must present the contract in the balance sheet as a contract asset or contract liability. Any unconditional rights to consideration are presented separately as a receivable.

To clarify:

- a contract asset is recognised if a Directorate transfers goods or services to a customer before the customer pays consideration or the payment is due;
- a contract liability is recognised if a customer pays consideration before the agency transfers a good or service to the customer; and
- a receivable is a Directorate's right to consideration that is unconditional and only passage of time is required before payment of the consideration is due.

Significant Changes to Accounting for Revenue on Adoption of AASB 15 and AASB 1058

The main impact of adoption of the two new revenue standards resulted in some existing revenue being reclassified as Grants and Contributions. These were Resources Received Free of Charge, Commonwealth Government Grants, Local Hospital Network Funding and Donations. User Charges revenue category was renamed as Sales of Goods and Services from Contracts with Customers with the existing revenue sources remaining to be presented under this revenue category.

Statement of Cash Flows for the year ended 30 June 2020

The Statement of Cash Flows is not materially different under AASB 1058 / AASB 15 from that which would be presented under the previous revenue standards.

Implementation of AASB 16 Leases

For reporting periods beginning on or after 1 January 2019, *AASB 16 Leases* supersedes *AASB 117 Leases*, Interpretation 4 Determining whether an Arrangement contains a Lease, Interpretation 115 Operating Leases-Incentives and Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease. AASB 16 primarily affects lessee accounting and provides a comprehensive model for the identification of lease arrangements and their treatment in the financial statements of lessees and lessors. The main changes introduced by the new standard include identification of a lease within a contract and a new lease accounting model for lessees that requires lessees to recognise all leases (previously operating and finance leases) in the Balance Sheet as a right-of-use asset and lease liability, except for short-term leases (leases of 12 months or less at commencement date) and low-value assets (valued at less than \$10,000).

The Directorate has applied the partial retrospective approach on initial adoption. As permitted under the specific transition provisions in the standard, comparatives have not been restated. Lease liabilities are measured at the present value of the remaining lease payments, discounted using the incremental borrowing rate.

The Directorate has applied the Territory Policy for Transition on *AASB 16 Leases* – see the Accounting Policy website (<http://apps.treasury.act.gov.au/accounting>) for motor vehicles and ICT plant and equipment leases.

**ACT HEALTH DIRECTORATE
FORMS PART OF NOTE 3 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICY (Continued)

Impact of Adoption of AASB 16

The impact of adopting AASB 16 is described below.

Directorate as a Lessee

Under AASB 117, the Directorate assessed whether leases were operating or finance leases based on its assessment of whether the significant risks and rewards of ownership had been transferred to the Directorate or remained with the lessor.

Under AASB 16, the concept of operating and finance leases no longer exists for the lessee and therefore all leases which meet the definition of a lease are recognised on the balance sheet (except for short-term leases and leases of low value assets).

The Directorate has elected to use the exception to lease accounting for short-term leases and leases of low value assets and the lease expense relating to these leases are recognised in the operating statement on a straight-line basis.

Practical expedients used by the Directorate on transition are in accordance with the Territory Policy for Transition on AASB 16.

AASB 16 includes a number of practical expedients which can be used on transition, the Directorate has used the following expedients:

- the right-of-use asset was adjusted by the existing onerous lease provision (where relevant) at 30 June 2019 rather than perform impairment testing of the right-of-use asset; and
- used hindsight when determining the lease term in the contract contains options to extend or terminate the lease.

**ACT HEALTH DIRECTORATE
FORMS PART OF NOTE 3 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICY (Continued)

Financial Statement Impact of Adoption of AASB 16

At 1 July 2019, the Directorate has recognised right-of-use assets (\$5.7 million) and lease liabilities (\$5.7 million) for leases previously classified as operating leases.

The weighted average lessee's incremental borrowing rate applied to lease liabilities at 1 July 2019 was 1.51% for motor vehicles and 1.23% for ICT assets.

The table below provides an explanation of the difference between the operating lease commitments note at 30 June 2019 and the recorded lease liability at 1 July 2019.

	\$'000
Operating lease commitments at 30 June 2019	6 158
Discounted using the incremental borrowing rate at 1 July 2019	(248)
Less:	
Short-term leases included in commitments note	(8)
Leases for low value assets included in commitments note	(192)
Lease liabilities recognised at 1 July 2019	5,710

The effect of adopting AASB 16 at 1 July 2019 is as follows:

	Notes	Adjustments 1 July 2019
		\$'000
Assets		
Right of use Assets	15	5 710
Total Assets		5 710
Liabilities		
Lease Liabilities	20	5 710
Total Liabilities		5 710
Total Adjustments on Equity		
Accumulated surplus		-

There is no changes to the net impact on retained earnings on 1 July 2019.

C.3 Capital works

Overview

In 2019–20, the ACT Health Directorate's (the Directorate's) capital works included funding for:

- > installing core information technology systems that align with the Digital Health Strategy
- > expanding Clare Holland House to increase palliative care services for our community and region
- > funding resources to implement the Drugs and Poisons Information System (DAPIS), which will provide real time prescription monitoring.

Completed projects

In 2019–20, the following five capital initiatives were completed within budget:

- > An E-Healthy Future
- > Better Health Services - Improved DAPIS
- > 2019–20 Better Infrastructure Fund projects, which included:
 - supplying and installing a new Nurse Call System at the [Queen Elizabeth II Family Centre \(QEII\)](#)
 - upgrading the roof, gutter and stormwater system at QEII
 - installing a new Fire Safety and Occupant Warning System at QEII
 - upgrading electrical, hot water and fire systems at the Watson Hostel
 - completed an architectural design of an outdoor therapeutic healing garden at [Karralika](#)
 - upgrading and expanding the Health Protection Service Plant Room
 - completing the Strategic Asset Management Plan for Community Health Facilities
 - starting asset management plans that will inform maintenance, upgrades and lifecycle planning
- > ACT Government economic survival screwdriver-ready projects, which included:
 - upgrading the QEII reception, consultation and internal playground areas, including supplying and installing closed-circuit television (CCTV) and security systems, installing free Wi-Fi, replacing the heating and cooling systems, and upgrading outdoor landscaping, shaded areas, pergolas and building timber restoration
 - upgrading works at Karralika, including repairing and replacing the roof structure
 - supplying and installing CCTV and security features at the [Ngunnawal Bush Healing Farm](#).
- > Queue Management and Electronic Way Finding – implementation of a solution to improve a consumer's experience when attending a health facility, by providing a digital navigation solution and enabling reception and clinical staff to streamline the flow of patients for delivery of ambulatory and community health services
- > Expansion of existing clinical systems – implementation of Patientrack, Electronic Medication Management and eOrders to the Adult Mental Health Unit, Alexander Maconochie Centre (AMC), and a trial at Calvary Public Hospital Bruce
- > Patient Digital Journey – the project delivered the capability to display patient information electronically for clinical staff, to assist with care and ward planning through Electronic Patient

Journey Boards and Electronic Patient Room Boards. The solution allows for real-time update of patient information and delivers an efficient and effective tool to display information among health care workers and service teams to improve services across the Canberra Health Services hospital campuses.

Works in progress

Information about the works still in progress at end of the reporting year is provided below.

ACT Health information and communications technology upgrades

The Directorate is replacing aged Information and Communications Technology (ICT) infrastructure with contemporary inventory control systems and critical communication solutions. Following an investment of \$13.473 million in 2018–19, milestones achieved in 2019–20 included:

- > **Replacing the Purchasing and Inventory Control System (PICS):** The contract was finalised with the vendor early in the 2019–20 financial year, with the project moving from procurement to planning and design in July 2019. Build, configuration and data migration activities are ongoing, although timelines are being challenged due to the impact of the COVID-19 pandemic on project delivery.
- > **Implementing the Critical Communications Solution:** The first deliverable of the project, the new telephone switchboard console, was implemented in February 2020. Delivering the Clinical Work Devices (to replace pagers) was delayed due to challenges with the mobile device management solution, which took considerable effort to resolve. Subsequent releases that support facilities integration, patient enquiry, critical code notifications and critical test results have, therefore, been delayed because the Clinical Work Devices solution was a dependency for later deliverables.

ACT Pathology Laboratory Information System replacement

The Directorate is continuing to deliver the ACT Pathology Laboratory Information System (LIS) replacement. This is replacing outdated technology with a modern and supported system to ensure pathology services continue to meet the needs of the Territory.

Procuring the solution began in 2018. However, after significant efforts, contract negotiations with the preferred tenderer ceased. Options for a solution have been examined under the ACT Health Core Information Technology (IT) Systems Program to ensure it aligns with the Digital Health Strategy appropriation procurement activities. The Program Board has agreed that the Digital Health Record (DHR) vendor's pathology solution will be implemented as a part of the DHR program of work.

ACT Health core IT systems to align with Digital Health Strategy

The Directorate is developing a core IT system that will align with the Digital Health Strategy. The system will deliver new digital health capabilities for the ACT Public Health System to align with the Territory-wide Health Services Framework, address limitations and high-risk systems in the current ICT environment and support changes to the delivery of healthcare in the ACT.

The approach to market for the DHR occurred in August 2019. As at 30 June 2020, contract negotiations were ongoing. Concurrently, a work program was established to stabilise and maintain existing systems while the DHR is implemented.

Expanding the Clare Holland House to strengthen palliative care

Clare Holland House (CHH) is the Directorate's asset, that is occupied by Calvary Health Care ACT (Calvary). Calvary delivers palliative care services and the facility currently has 19 beds. The Directorate is managing an expansion of the facility, which will deliver an additional eight inpatient bedrooms, improved patient amenities, and additional associated clinical and administrative support at CHH. This project is a partnership between the Directorate, the Commonwealth Government, Calvary and the [Snow Foundation](#). The Directorate contracted Major Projects Canberra to manage project delivery.

The Commonwealth Government contributed \$4 million to the project and the Snow Foundation is contributing \$2 million. In 2019–20, design progressed to Final Sketch Plans and a Project Management Agreement was signed with a local construction company to deliver the upgrade. The upgrade will be delivered over the next two financial years, expecting to start in August 2020 and be completed in mid-2020–21. The construction will be undertaken such that the facility will remain operational during the expansion works.

Capital works tables

TABLE 44: 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 (2019–20) expenditure \$'000	Total expenditure to date \$'000
New works						
Expanding the Clare Holland House to strengthen palliative care	Jun-21	6,000	6,000	0	659	659
ACT Health core IT systems to align with the Digital Health Strategy	Jun-27	106,384	106,384	0	1,234	1,234
Implementing real time prescription monitoring	Jun-22	2,114	2,114	0	242	242
Better Infrastructure Fund						
Better Infrastructure Fund 2019–20	Sep-20	357	357	0	240	240
Works in progress						
ACT Pathology LIS replacement project	Jun-21	6,716	6,716	0	102	102
ACT Health ICT upgrades	Jun-21	13,473	13,473	5,654	4,494	10,148
Protecting Canberrans from infectious diseases	Jun-21	398	398	0	0	0
Physically but not financially complete						
Bowes Street fit-out	Apr-17	9,000	11,000	10,880	79	10,959
Ngunnawal Bush Healing Farm	Dec-16	6,883	11,731	10,406	47	10,453
Completed projects – physically and financially complete						
Better Health Services - improved DAPIS	Jul-20	729	729	713	16	729
University of Canberra Hospital ICT	Jun-20	28,000	24,308	22,453	1,850	24,303
Walk-in Centres and Inner North Community Health Infrastructure	Dec-19	825	244	228	0	228
An E-Healthy Future	Jun-20	90,185	90,185	89,388	797	90,185

TABLE 45: TERRITORIAL CAPITAL WORKS

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2019–20) expenditure \$'000	Total expenditure to date \$'000
New works						
More urology services at Calvary Public Hospital	Jan-21	2,500	2,500	0	179	179
More surgical theatres at Calvary Public Hospital	Sep-20	654	654	0	345	345
Expanding the Centenary Hospital for Women and Children (CHWC) Territorial Grant Component	Sep-23	3,000	3,000	0	0	0
Better Infrastructure Fund						
Improving health facilities – Calvary Hospital	Jun-20	887	887	0	887	887
Works in progress						
Better facilities for Calvary Public Hospital	Sep-20	15,000	15,000	1,800	10,579	12,379
Calvary critical assets upgrades	Jun-21	2,960	2,960	147	685	832
Winnunga Nimmityjah Aboriginal Health Community Services	Jun-21	12,000	12,000	4,300	7,700	12,000
Aluminium composite panels remediation works - Calvary Critical Care Unit	Sep-20	1,509	1,509	968	410	1,378
Completed projects – physically and financially complete						
Calvary Public Hospital - operating theatre upgrade	Jul-18	5,627	4,650	4,372	52	4,424
Calvary Public Hospital - upgrading medical imaging equipment	Jul-18	3,722	3,185	3,025	0	3,025
Upgrading and maintaining ACT Health assets - Calvary	Sep-18	4,160	4,160	3,842	2	3,844
Calvary Public Hospital - expanded hospital services	Jul-18	3,079	3,079	2,130	702	2,832
The Canberra Hospital redevelopment - grant component	Jun-18	3,022	2,522	2,409	0	2,409

Reconciliation schedule

TABLE 46: ACT HEALTH DIRECTORATE RECONCILIATION SCHEDULE

Approved Capital Works Program financing to capital injections as per cash flow statement						
Project	Original \$'000	Section 16B \$'000	Variation \$'000	Deferred \$'000	Not drawn \$'000	Total drawn \$'000
Capital works	60,200	2,954	-60,200	-946	-199	2,207
ICT capital injections	17,311	9,095	1,821	-11,018	768	16,441
Other capital injections	357	0	0	0	0	357
Total Departmental	77,868	12,049	-58,379	-11,964	569	19,005
Total Territorial	12,182	0	5,495	-3,000	0	14,677

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

C.4 Asset management

Overview

The ACT Health Directorate (the Directorate) managed assets with a total written down value of \$72.554 million at 30 June 2020. From 1 July 2019, the Strategic Infrastructure Division (SID) commenced the transition of management of the Directorate's Territory-wide community health property portfolio. Financial responsibility for the portfolio occurred in September 2019. The asset handover was completed on 31 December 2019.

The property portfolio supports the delivery of community health services through Non-Government Organisations (NGOs) and the Directorate's sites, and includes:

- > strategic asset management and lifecycle planning
- > leasing and licencing coordination with NGOs, including condition assessments
- > planned maintenance workplans
- > reactive maintenance and repairs
- > risk management and compliance
- > hazard management reports
- > strategic accommodation planning
- > fleet management
- > emergency and fire safety programs
- > cleaning and domestic waste services
- > capital upgrades and project management
- > land management and bushfire operation planning.

Assets managed

At 30 June 2020, the Directorate's managed assets included:

- > built property assets: \$45.596 million
- > land: \$18.730 million
- > leasehold improvements: \$8.228 million.

The estimated replacement value of building assets was \$80.722 million.

The Directorate's property assets are shown in Table 47.

TABLE 47: ACT HEALTH DIRECTORATE PROPERTY ASSETS REGISTER

Building Asset	Location	Age	Area (m ²)
Burrangiri Aged Care Respite Care Centre	Rivett	30	1,054
Howard Florey Centre	Holder	14	1,600
HPS Air Monitoring Station	Civic	15	18

Building Asset	Location	Age	Area (m ²)
HPS Air Monitoring Station	Floreay	15	18
HPS Air Monitoring Station	Monash	15	18
Karralika	Fadden	40	534
Karralika	Isabella Plains	35	1,400
Wellways	O'Connor	45	200
Ngunnawal Bush Healing Farm	Tharwa	4	715
Queen Elizabeth II Family Care Centre	Curtin	21	1,120
Watson Hostel (Ted Noffs)	Watson	46	2,431
YMH Step Up Step Down	Kambah	8	279
Clare Holland House	Barton	20	1,600
Calvary Multi-storey carpark	Bruce	4	22,554

Assets added to the asset register

No assets were added to the asset register during the reporting period.

Assets removed from the asset register

No assets were removed from the asset register during the reporting period.

Properties not being utilised by ACT Health

As at 30 June 2020, the Directorate did not have any surplus properties.

Assets maintenance and upgrade

Asset upgrades

Asset upgrades (not including works funded and reported through the Capital Works Program) completed during the reporting period were:

- > roof upgrades at Burrangiri Aged Care Respite Care Centre, Rivett
- > replacement flooring at Karralika, Fadden
- > timber restoration at Queen Elizabeth II Family Centre, Curtin
- > minor kitchen upgrades at Karralika, Fadden
- > fire safety upgrades at Watson Hostel, Watson
- > plumbing upgrades and repairs at Watson Hostel, Watson
- > upgrades to the outdoor deck at Karralika, Isabella Plains
- > soil erosion remediation and land management activities at Ngunnawal Bush Healing Farm, Tharwa.

For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance from September 2019 through to 30 June 2020 was \$886,000 or 1.7 per cent of the asset replacement value.

Building audits

The Directorate conducted four building condition assessments, five hazardous material audits, thirteen fire safety reports and seven tree health and condition audits.

The building condition audits:

- > were used to inform the delivery of a critical and high-risk repairs and maintenance program
- > facilitated the development of a SID Risk Register
- > facilitated review of the Strategic Asset Management Plan (SAMP) for Community and Other Facilities
- > facilitated the commencement of Asset Management Plans (AMPs) to support the future alignment of capital upgrade activities in line with the Directorate's strategic priorities.

Condition of assets

The Directorate took responsibility for assets on 1 July 2019, supported by the Infrastructure and Health Support Services team at Canberra Health Services (CHS) through to 31 December 2019. As such, a detailed analysis of the condition and functionality of assets is being undertaken as part of the SAMP process.

The SAMP will inform the development of AMPs for all the Directorate's infrastructure assets. The AMPs will guide a comprehensive planned maintenance and upgrade program of owned assets, in line with the asset priority index.

Office accommodation

The Directorate employs 651 staff, occupying 9,648 m² at the following sites:

- > Bowes Street in Woden (leased) – 8,360m²
- > Health Protection Service in Holder (owned) – 1,163m²
- > Ngunnawal Bush Healing Farm in Tharwa (owned) – 125m².

The average area occupied by each employee is 14.8m², excluding work points occupied by the Directorate staff at CHS sites.

Due to the COVID-19 pandemic, since March 2020, approximately 85 per cent of the Directorate staff worked from home. Since that time, SID has successfully supported the relocation of the:

- > Public Health Emergency Coordination Centre
- > Clinical Health Emergency Coordination Centre
- > Public Information Coordination Centre

into the Bowes Street property to support the pandemic response.

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

C.5 Government contracting

Procurement principles and processes

In 2019–20, the ACT Health Directorate (the Directorate) undertook procurement activities in accordance with the ACT Government procurement policies and procedures outlined in the:

- > [Government Procurement Act 2001](#)
- > [Government Procurement Regulation 2007](#).

To ensure compliance with ACT Government procurement legislation, the Directorate:

- > sought advice on government procurement policies and procedures from Procurement ACT
- > notified Procurement ACT of procurements over \$25,000 undertaken by the Directorate
- > where relevant, appropriately referred procurements requiring single, restrictive or open tender procurement processes to Procurement ACT
- > referred all procurements requiring Government Procurement Board consideration and/or approval to Procurement ACT.

In accordance with procurement legislation, the Directorate afforded the highest standard of probity and ethical behaviour towards tenderers. This included ensuring that tenderers were treated equally, impartially, transparently and fairly.

A competitive procurement process is conducted wherever possible; however, due to the specialised nature of some procurements, use of single select and restricted select procurement methods is justified when:

- > the procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting
- > a limited number of providers have the specialised knowledge or expertise that can fulfil the Directorate's requirements
- > timing may preclude a public tender process, for example, in situations that could result in disruption to medical services.

Single select and/or restricted select procurement processes are completed in accordance with Government Procurement Regulation 2007 and are approved by the Director-General. This includes a statement of justification, as required by the *Government Procurement Act 2001*.

Exemptions (under secure local jobs code)

In 2019–20, the Directorate has not sought any exemptions under the secure local jobs code.

Aboriginal and Torres Strait Islander Procurement Policy

The Directorate is committed to the success of the Aboriginal and Torres Strait Islander Procurement Policy. This is achieved by:

- > promoting the policy via the Directorate intranet site and within the procurement guidance documents
- > engaging in training activities
- > actively discussing opportunities at the beginning of a procurement activity.

Table 48 shows the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2019–20.

TABLE 48: OUTCOMES AGAINST POLICY MEASURES

Measure	Description	Number
Measure 1	The number of unique Aboriginal and Torres Strait Islander Enterprises that respond to the Territory tender and quotation opportunities issued from the Approved Systems	5
Measure 2	Number of unique Aboriginal and Torres Strait Islander Enterprises attributed a value of Addressable Spend in the financial year	9
Measure 3	Percentage of the financial year's Addressable Spend of \$4.8 million that is spent with Aboriginal and Torres Strait Islander Enterprises – target 1.0 per cent	6.8%

Creative Services Panel

The Creative Services Panel is a whole-of-government arrangement for the purchase of creative services, including:

- > advertising
- > marketing
- > communications and engagement
- > digital
- > graphic design
- > photography and video
- > media buying.

During 2019–20, the Directorate spent a total of \$534,068 through the panel. Of this total spend, \$424,556 was expended via the ACT Government Public Information Coordination Centre on services procured to communicate COVID-19 information. The remaining \$109,511 was expended by the Directorate on services procured to communicate a range of other health topics and programs, including influenza vaccination, sexual health, the Kindergarten Health Check, and for advertising to support staff recruitment.

A list of the major purchases through the panel is available in Table 49 of this report.

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

Goods, Services and Works

TABLE 49: CONTRACTS OVER \$25,000 EXECUTED BY THE DIRECTORATE FOR GOODS, SERVICES AND WORKS IN 2019–20

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
2015.27504.990	ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single Select	Services (non-consultancy)	The Salvation Army Recovery Services	\$7,791,982.78	30/07/2019	30/06/2022	Yes
2018.5604	ACT Public Health System Workplace Change Framework	Quotation	Services (non-consultancy)	Australian National University	\$199,095	6/09/2019	6/06/2020	Yes
2018.5576	Executive Recruitment	Quotation	Services (non-consultancy)	C-Suite Partners Pty Ltd	\$60,500	31/07/2019	31/10/2019	No
F19200479	Install new Fire System at QEII	Public	Works	Form 1 Fire Canberra	\$44,713	29/11/2019	28/02/2020	No
H2002021	Patient Digital Journey-Journey Board Display Requirements	Quotation	Services (non-consultancy)	Rutledge AV	\$43,682	16/07/2019	30/11/2019	No
2019.471.001	Capital Health Network Ltd	Quotation	Community-Based Services	Capital Health Network Ltd	\$205,000	7/11/2019	30/06/2020	No
2019.5630	Hoarding Advocacy Support Service Trial Extension	Single Select	Community-Based Services	Woden Community Service Inc	\$330,000	23/12/2019	30/06/2021	Yes
2019.1016.210	A Review of Long-Term Supported Accommodation Models for People with Enduring Mental Illness	Quotation	Consultancy	Paxon Group	\$47,400	2/12/2019	24/01/2020	No
RS:636201 (200819)	Legal Services for the Digital Health Record	Public	Services (non-consultancy)	Maddocks	\$33,814	27/08/2019	31/07/2020	No
2018-5589	Executive Recruitment	Selective	Consultancy	Hardy Group Pty Ltd	\$55,000	19/08/2019	18/02/2021	No

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
30011.210	Provision of Supply Chain Solution	Public	Goods	Technology One	\$3,200,262	3/07/2019	2/07/2023	No
2018.5399	IDOSE SOFTWARE	Single Select	Services (non-consultancy)	Pharmasea International Pty Ltd	\$294,360	25/07/2019	31/07/2022	Yes
H2011181	IBM Infosphere Master Data Management - Patient Hub Index - PMI	Single Select	Services (non-consultancy)	IBM Australia Limited	\$87,853	20/09/2019	30/09/2020	No
H2010099	Software Support Agreement for C-CURE Server Software	Quotation	Services (non-consultancy)	Fredon	\$94,009	12/09/2019	30/09/2020	No
27996.210	Integrated Haemodynamic Monitoring and Reporting System	Public	Goods	Siemens Healthineers	\$414,700	20/09/2019	19/09/2022	No
ACT31127.210	Administration of the Field Component of the ACT General Health Survey by Computer-Assisted Telephone Interview	Public	Services (non-consultancy)	The Social Research Centre	\$529,140	16/10/2019	30/06/2022	No
H2027489	Rightfax Support and Maintenance	Single Select	Services (non-consultancy)	Axient Pty Ltd	\$35,772	7/02/2020	31/03/2021	Yes
HD2190203	2020 ACT ASSAD survey	Quotation	Services (non-consultancy)	McNair yellowSquares	\$40,954	4/12/2019	25/09/2020	No
2019.5622.100	Mental Illness Education ACT Incorporated	Single Select	Services (non-consultancy)	Mental Illness Education ACT	\$825,000	9/01/2020	31/12/2021	Yes
20205636	ACT Health Directorate - Youth Sexual Health Campaign 2020	Quotation	Goods	Nation Creative	\$29,744	15/01/2020	15/07/2020	No
29917.110	Immunisation Education Program	Public	Services (non-consultancy)	Capital Health Network Ltd	\$376,000	3/02/2020	30/12/2022	No

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
2020 5643	Health Directorate Valuation Services 19-20 Financial Year	Quotation	Consultancy	Aon Risk Solutions	\$28,050	19/02/2020	15/04/2020	No
20113-NCT-110	Canberra Hospital Master Plan (Principal Design Consultant)	Public	Services (non-consultancy)	STH	\$1,175,361	26/02/2020	31/07/2020	No
H2027446	Imprivata OneSign Solution	Quotation	Services (non-consultancy)	Dimension Data Australia Pty Ltd	\$180,882	7/02/2020	11/03/2021	No
HD2190363	Provision of Consultancy Services for the Annual Review of the Culture Review Implementation	Quotation	Consultancy	Michael Reid & Associates	\$55,000	24/02/2020	30/05/2020	Yes
2020.5621.001	Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustees for CatholicCare	Select	Community-Based Services	CatholicCare Canberra & Goulburn	\$286,375	7/02/2020	30/06/2021	Yes
2020.5621.002	Toora Women Incorporated	Quotation	Community-Based Services	Toora Women Incorporated	\$312,862	6/02/2020	30/06/2021	Yes
2020.5620-5621.004	Assisting Drug Dependents Incorporated	Quotation	Community-Based Services	Directions Health Services	\$555,866	11/02/2020	30/06/2021	Yes
2020.5620.005	Karralika Programs Incorporated	Quotation	Community-Based Services	Karralika Programs	\$199,673	12/03/2020	30/06/2021	Yes
2020.5620-5621.003	The Trustee for the Salvation Army (NSW) Property Trust	Quotation	Community-Based Services	The Salvation Army Recovery Services	\$503,317	4/03/2020	30/06/2021	Yes
HD2200385	Program Evaluation	Quotation	Services (non-consultancy)	Insight Consulting	\$39,825	12/03/2020	14/06/2021	No
21504-NCT-001	Clare Holland House Expansion - Design Services	Public	Consultancy	CCJ Architects	\$448,800	3/03/2020	31/07/2020	No

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
DM2020.02.27	Provision of PICS Migration Plan	Quotation	Services (non-consultancy)	Alcidion	\$77,000	13/03/2020	24/03/2020	No
DM2020.03.16	Provision of National Product Catalogue Integration Services	Quotation	Services (non-consultancy)	Bizcaps Software	\$138,930	26/03/2020	25/03/2021	No
2020_5644_49_007	Medically Supervised Injecting Facility Feasibility Study	Quotation	Consultancy	The Macfarlane Burnet Institute for Medical Research and Public Health Ltd	\$207,680	17/04/2020	14/08/2020	No
SDMO2020	Provision of Healthdirect Video Call Services	Single Select	Services (non-consultancy)	Health Direct Australia	\$1,160,763	1/04/2020	30/06/2021	Yes
ITS2573	ACT Health (ACT Government) – Territory Radio Network Project	Selective	Services (non-consultancy)	Motorola Solutions Australia Pty Ltd	\$1,113,370	25/10/2019	1/12/2020	Yes
2020.576.011	Capital Health Network Ltd	Single Select	Community-Based Services	Capital Health Network Ltd	\$660,000	18/06/2020	30/06/2022	Yes
HD2200486	Program Partner	Quotation	Services (non-consultancy)	Klarisa Cengic Pty Ltd	\$152,423	15/06/2020	21/06/2021	No
HD2200462	Contract HD2200462_ThinkPlace_Co Design	Quotation	Services (non-consultancy)	ThinkPlace	\$40,000	27/05/2020	15/06/2021	No
SECTRA2020	Breastscreen ACT SECTRA Picture Archiving and Communication System (PACS) Software Support and Maintenance Agreement	Single Select	Services (non-consultancy)	Sectra	\$145,872	16/06/2020	7/08/2022	Yes
L1L4SMA	Software and hardware support for CHS	Single Select	Services (non-consultancy)	Ascom Integrated Wireless	\$268,628	16/06/2020	30/06/2021	Yes
2019_2633	Online Learning Maintenance	Quotation	Services (non-consultancy)	Savv-e Pty Ltd	\$16,500	20/12/2019	20/12/2020	No

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
DM15052020	Provision of Data Migration Services on Behalf of ACT Health	Single Select	Services (non-consultancy)	Alcidion	\$232,444	11/06/2020	30/06/2020	Yes
2018 5592	Provision of Software Support and Maintenance and Licence for the Rippledown System	Single Select	Services (non-consultancy)	Pacific Knowledge System Pty Ltd	\$417,138.89	30/09/2019	28/02/2021	Yes
2020 5669	PHECC Accommodation TFE Hotels	Single Select	Services (non-consultancy)	TFE Hotels	\$290,000	9/06/2020	25/06/2020	Yes
2020 5671	PHECC Accommodation the Trustee for Northbourne Avenue Trust	Single Select	Services (non-consultancy)	The Trustee for Northbourne Avenue Hotel Trust	\$290,000	9/06/2020	25/06/2020	Yes
2018 5462	Small Animal Irradiator	Single Select	Equipment	TrendBio Pty Ltd	\$1,298,270	6/05/2020	6/05/2026	No
2020.906.001	Youth Navigation Portal Scoping Research	Single Select	Services (non-consultancy)	Australian National University	\$198,828.30	16/03/2020	30/10/2020	Yes
COR18/1287	National Mailing and Marketing Pick and Pack Services	Quotation	Services (non-consultancy)	National Mailing and Marketing	\$42,900	12/02/2018	30/11/2020	No
HD2200545	Nutrition Support Services	Quotation	Services (non-consultancy)	Nutrition Australia ACT Incorporated	\$165,000	15/06/2020	30/06/2021	No
2018 5254	Healthier Junior Sporting Clubs- Canteen Business Mentor	Quotation	Services (non-consultancy)	The Knox Made in Watson	\$61,600	22/06/2018	30/06/2020	No
2018 5617	HR Functions Review	Selective	Consultancy	Workplace Research Associates Pty Ltd	\$114,345	15/01/2020	30/09/2020	No
2015.27504.990	Burrangiri Respite Centre	Single select	Services (non-consultancy)	The Salvation Army	\$1,355,323	30/07/2019	30/06/2022	Yes

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
2019.471.001	Health Pathways	Quotation	Community based services	Capital Health Network	\$205,000	07/11/2019	30/06/2022	Yes
2020.5621.001	Counselling Services in Support of the ACT Drug and Alcohol Sentencing List	Selective	Community based services	CatholicCare Canberra & Goulburn	\$286,375	07/02/2020	30/06/2021	Yes
2020.5621.002	Counselling Services in Support of the ACT Drug and Alcohol Sentencing List	Quotation	Community based services	Toora Women Incorporated	\$312,862	06/02/2020	30/06/2021	Yes
2020.5620-5621.004	Counselling and Residential Rehabilitation in Support of the ACT Drug and Alcohol Sentencing List	Quotation	Community based services	Directions Health Services	\$555,866	11/02/2020	30/06/2021	Yes
2020.5620.005	Residential Rehabilitation Services in Support of the ACT Drug and Alcohol Sentencing List	Quotation	Community based services	Karralika Programs	\$199,673	12/03/2020	30/06/2021	Yes
2020.5620-5621.003	Residential Rehabilitation Services in Support of the ACT Drug and Alcohol Sentencing List	Quotation	Community based services	The Salvation Army Recovery Services	\$503,317	04/03/2020	30/06/2021	Yes
2020.576.011	Wayback Support Service in the ACT	Single select	Community based services	Capital Health Network Ltd	\$660,000	18/06/2020	30/06/2022	Yes
2020.345.001	Canberra Hospital Foundation – Operational Funding	Single select	Services (non-consultancy)	Canberra Hospital Foundation	\$2,868,034.40	23/01/2020	01/02/2022	Yes
2020.195.057	Delivering better care for Canberrans with complex needs	Single select	Community based services	Directions Health Services Ltd	\$1,001,000.00	25/06/2020	01/10/2022	Yes
2015.27504.850	Community Health Information and Support	Single select	Community based services	Arthritis Foundation of the ACT	\$1,668,796.79	07/02/2020	30/06/2022	Yes

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
2015.27504.790	The Junction Youth Health Services	Single select	Community based services	Anglicare NSW South West and ACT	\$8,457,633.15	23/06/2020	30/06/2022	No
2016.21920.550	Provision of physical and mental health services to refugees and migrants who have experienced torture and trauma	Single select	Community based services	Companion House Assisting Survivors of Torture and Trauma Incorporated	\$2,398,814.63	25/06/2020	30/06/2022	Yes
2015.27504.450	ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Single select	Community based services	Wellways Australia Limited	\$16,976,744.84	19/08/2016	30/11/2022	No
2015.21920.570	Aboriginal and Torres Strait Islander Holistic Health Services	Single select	Community based services	Winnunga Nimmityjah Aboriginal Health and Community Services Ltd	\$11,462,206.07	24/03/2017	30/06/2022	Yes
2018-5573	Queen Elizabeth II Family Centre Service Review	Quotation	Consultancy	Ernst & Young	\$163,673.00	01/10/2019	30/12/2019	Yes
HD2190229	Development of the Canberra Health Services Clinical Services Plan	Quotation	Consultancy	Johnstaff	\$118,202.06	01/11/2019	30/03/2020	No
2015.27504.820	Non-government consumer representative network	Public	Community based services	Health Care Consumers Association of the ACT Inc	\$4,777,305.32	05/12/2016	30/06/2022	No
31130.110	Delivery of a residential primary health care services for families of young children at the Queen Elizabeth Family Centre in Curtin ACT	Single select	Community based services	Royal Society for the Welfare of Mothers and Babies (t/a Tresillian Family Care Centres)	\$7,390,000	17/03/2020	30/06/2021	Yes

Contract number	Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Exemption from quotation
20205636	Youth Sexual Health Campaign 2020	Quotation	Services (non-consultancy)	Nation Creative	\$29,744.00	15/01/2020	14/01/2021	No
2018.27954.271 (Work Order RZ1147)	COVID 19 Public Information	Quotation	Services (non-consultancy)	Tilt Agency	\$60,091	22/03/2020	03/05/2020	No
2018.27954.271 (Work Order LME103)	Canberra Strong Together	Quotation	Services (non-consultancy)	Tilt Agency	\$166,451	26/04/2020	14/06/2020	No
2017.27954.227 (Work Order 2020 – UP183163)	Canberra Strong Together	Quotation	Services (non-consultancy)	Cre8tive	\$117,568	23/04/2020	20/05/2020	No
2017.27954.227 (Work Order 2020 – UP183163)	Mental Health	Quotation	Services (non-consultancy)	Cre8tive	\$31,900	23/04/2020	20/05/2020	No
2018.27954.271 (Work Order JS1011)	Mental Health	Quotation	Services (non-consultancy)	Tilt Agency	\$82,513.85	07/06/2020	30/08/2020	No
2018.27954.271 (Work Order LME102)	Flu 2020	Quotation	Services (non-consultancy)	Tilt Agency	\$52,884	12/04/2020	21/06/2020	No
2018.27954.271 (Work Order JS1009)	Easing of Restrictions	Quotation	Services (non-consultancy)	Tilt Agency	\$30,175	10/05/2020	28/06/2020	No

C.6 ACT Health Directorate Statement of performance for the year ended 30 June 2020

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Health Directorate (Directorate) for the year ended 30 June 2020.

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 2020 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

The Directorate's responsibilities for the statement of performance

The Director-General is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma
Assistant Auditor-General, Financial Audit
29 September 2020

**ACT HEALTH DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE PERIOD 1 JULY 2019 TO 30 JUNE 2020**

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the ACT Health Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2019 to 30 June 2020 and also fairly reflects the judgements exercised in preparing it.



Kyle Jonasson

Director-General

ACT Health Directorate

29 September 2020

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2020**

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
OUTPUT 1.1: Improved Hospital Services				
Description:				
The ACT Health Directorate will focus on:				
<ul style="list-style-type: none"> • planning and delivering an ACT wide health service model; • managing, developing, implementing and providing advice on health services planning processes across the system; • developing strategic policy and stewardship of the health system, including working with the Commonwealth on key health improvement initiatives; • managing demand for and supply of health services across the territory; • improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy; • preventing, and providing a timely response to, potential public health incidents; • leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and • commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies and advocacy groups. 				
Measures	Original Target 2019-20	Actual Result 2019-20	Variance from Original Target (%)	Notes
Accountability Indicators				
a) Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	50%	(29)	1
b) Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	97%	(3)	
c) Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframe	80%	65%	(19)	2
d) Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	93%	78%	(16)	3
f) 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				
• Canberra Hospital	<1.0%	0.6%	-	
• Calvary Hospital	<0.5%	0.3%	-	
g) Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where re-admission was unforeseen at the time of separation)				
• Canberra Hospital	<2.0%	1.5%	-	
• Calvary Hospital	<1.0%	0.8%	-	
TOTAL COST (\$'000)	59,240	58,823	(1)	
CONTROLLED RECURRENT PAYMENTS (\$'000)	48,162	46,625	(3)	

The above Statement of Performance should be read in conjunction with the accompanying notes.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2020

Output 1.1 Improved Hospital Services (continued)

The Accountability Indicators on the previous page 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 in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. Percentage of patients who are treated within nationally recommended waiting times for each triage category (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
- b. Admission within 30 days is desirable for Category 1 (urgent) elective surgery patients.
- c. Admission within 90 days is desirable for Category 2 (semi-urgent) elective surgery patients.
- d. Admission within 365 days is desirable for Category 3 (non-urgent) elective surgery patients.
- f. The percentage of people who undergo a surgical procedure requiring an unplanned return to the operating theatre within a single episode of care due to complications associated with the primary reason they were in hospital. Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).
- g. The percentage of people discharged from hospital who were readmitted to hospital within 28 days due to complications associated with their condition (where the re-admission was unforeseen at the time of discharge). Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

Explanation of Material Variance (>5%)

1. The result is lower than target due to primarily waiting times for Category 3 (Urgent) and Category 4 (Semi-urgent) Emergency Department presentations. Factors that contributed to the results for Category 3 and 4 patients include growth in the number of the higher urgency Category 1 and 2 presentations. Category 1 and 2 presentations increased by 25 per cent and 6 per cent respectively from 2018-19 to 2019-20.
2. The result is lower than target due to urgent category 1 elective surgery patients and emergency surgery demand. The suspension of non-essential elective surgeries as a result of the COVID-19 pandemic response from 25 March 2020 to 15 May 2020 also contributed to longer waiting times for Category 2 elective surgery patients
3. The result is lower than target due to prioritisation of a higher than expected number of urgent category 1 elective surgery patients, emergency surgery demand; and to a lesser extent the suspension of non-essential elective surgery due to the COVID-19 pandemic response from 25 March to 15 May 2020.

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2020**

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.2 Healthy Communities				
Description: Canberrans enjoy one of the highest standards of health and wellbeing and have the highest life expectancy in Australia. However, our ageing population and increased prevalence of chronic conditions make it ever more challenging to keep our community healthy. The ACT Health Directorate seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. This includes the delivery of activities that influence the social and environmental conditions that impact on population and individual health, comprising monitoring of recreational and drinking water quality, food safety, communicable diseases control and general environmental health.				
Measures	Original Target 2019-20	Actual Result 2019-20	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Samples analysed	12,500	11,925	(5)	1
b. Total number of inspections and proactive site visits of food business	2,500	4,190	68	2
c. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%	1	
d. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population				
i. 12 to 15 months	≥95%	96%	-	
ii. 24 to 27 months	≥95%	94%	(100)	3
iii. 60 to 63 months	≥95%	97%	-	
iv. All	≥95%	95%	-	
e. Number of businesses signed up to provide and promote healthier food choices as part of the Healthier Choices Canberra initiative	60	104	73	4
f. Number of educators that complete health promotion professional learning courses and activities	250	422	69	5
TOTAL COST (\$'000)	75,635	71,272	(6)	6
CONTROLLED RECURRENT PAYMENTS (\$'000)	64,216	62,198	(3)	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2020

Output 1.2 Healthy Communities (Continued)

Explanation of Measures

- a. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
- b. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
- c. Percentage of 12-month-old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- d. Percentage of ACT Aboriginal and Torres Strait Islander children - 12 to 15 months, 24 to 27 months, 60 to 63 months and all children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- e. Cumulative total of businesses signed up to the Healthier Choices Canberra Initiative. Participation in Healthier Choices Canberra is voluntary, and businesses can select to sign up to the initiative and leave in the same year.
- f. All educators (early childhood to college), including student teachers/educators, who complete either face-to-face or online versions of Health Promotion professional learning related to Fresh Tastes, Kids at Play Active Play, Ride or Walk to School and It's Your Move programs.

Explanation of Material Variance (>5%)

1. The result is lower than target due to a decrease attributed to the COVID-19 pandemic as business and regulatory bodies were closed or scaled back during the 'shut down' period reducing the need for sampling.
2. The result is better than target which is attributed to existing business improvements as well as a recent intensive proactive inspection program related to the COVID-19 pandemic compliance that began in March 2020. The business improvements relate to changes to administrative procedures, database improvements and complementary workforce management system.
3. Although the result is presented as 100% below target, the actual result was only marginally below the target.
4. The result is better than target as more businesses than anticipated have signed up to Healthier Choices Canberra which promotes and provides healthier choices to their customers. It is voluntary for businesses to participate in the program with no financial implications. Healthier Choices Canberra exceeded its target of participating/signed up businesses as businesses are keen to promote and provide healthier food and drink choices to their customers.
5. The result is better than target as more educators than anticipated have participated in the range of health promotion professional learning program offered for ACT educators. Over subscription to the professional learning will not require any additional funding or resources.
6. The result is lower than target as program delivery was slowed during the COVID-19 pandemic.

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2020**

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.3 Mentally Healthy Communities				
<p>Description: The ACT Health Directorate delivers an integrated cross-sector system that supports people with mental health concerns or illness, to access appropriate treatment and care in a timely and least restrictive manner. The Directorate collaborates with stakeholders on service system planning and policy, to ensure funding is targeted to provide safe, quality programs and services that offer seamless transition through stepped care and interventions as needed. A comprehensive response includes:</p> <ul style="list-style-type: none"> • leadership through The Office for Mental Health and Wellbeing to the whole of government approach to sustainable, effective and coordinated sector innovation; • promotion of mental health and social wellbeing for all Canberrans; • raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination as well as on a personal level, encouraging people to seek help as needed; • prevention of suicide and suicide attempts wherever possible; • early intervention to increase resilience and reduce the impact of mental health issues; • accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health issues including severe mental illness; and • evaluation and research to support ongoing development and improvement of the programs and services available. 				
Measures	Original Target 2019-20	Actual Result 2019-20	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Percentage of mental health clients with outcome measures completed	65%	73%	12	1
b. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published	1	1	-	
TOTAL COST (\$'000)	55,107	54,662	(1)	
CONTROLLED RECURRENT PAYMENTS (\$'000)	45,868	45,646	-	

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 in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2020**

Output 1.3 Mentally Healthy Communities (continued)

Explanation of Measures

- a. Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
- b. The annual progress report on the implementation of the office for Mental Health and Wellbeing Workplan is completed as a standalone component of ACT Health Directorate's Annual Report.

Explanation of Material Variance (>5%)

1. The higher than target result is due to a sustained focus on the monitoring of completion rates by clinical staff.

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2020**

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.4 Continuous Improvement of the ACT Public Health System				
Description: The ACT Health Directorate provides strategic leadership and direction for the health system through development and administration of policies and legislation. This includes:				
<ul style="list-style-type: none"> • collaborating with stakeholders to develop territory-wide plans for health services, workforce and major capital investment; • driving service improvement and innovation through a collaborative policy cycle; • providing responsive policy advice to government reflecting the changing nature of the health sector; • support delivery of high quality health services by building and maintaining intergovernmental partnerships; and • conducting research programs that translate research evidence into improved healthcare. 				
Measures	Original Target 2019-20	Actual Result 2019-20	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly	2	2	-	
b. ACT Public Health Services Quarterly Performance Report	4	3	(25)	1
TOTAL COST (\$'000)	84,948	81,964	(4)	
CONTROLLED RECURRENT PAYMENTS (\$'000)	71,095	72,310	2	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. The Biannual Report of progress on implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly.
- b. The number of ACT Public Health Service Quarterly Performance Reports published.

Explanation of Material Variance (>5%)

1. All quarterly performance reports relevant to this measure were published. The 3rd Quarterly Performance Report, which was due on 30 June 2020, was published on 17 July 2020. The delay was due to managing the COVID-19 pandemic response.

Part 5

Reporting by
exception

Notices of non-compliance

Dangerous substances

In 2019–20, ACT Health Directorate received no notices of non-compliance under section 200 of the [*Dangerous Substance Act 2004*](#).

Medicines, poisons and therapeutic goods

In 2019–20, 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

Part IV

Specific reporting
entities

Mental health

The Minister appoints the Chief Psychiatrist and ACT Care Coordinator under provisions of the [Mental Health Act 2015](#) (the Act).

Section 197 of the Act states:

The Chief Psychiatrist has the following functions:

- a. to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
- b. to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness;
- c. to make guidelines for mental health facilities, mental health professionals or anyone else exercising a function under this Act, in relation to matters under this Act;
- d. any other function given to the Chief Psychiatrist under this Act.

Section 205 of the Act states:

The Care Coordinator has the following functions:

- a. to coordinate the provision of treatment, care or support to people with a mental disorder in accordance with community care orders made by the ACAT;
- b. to coordinate the provision of appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders;
- c. to coordinate the provision of appropriate residential or detention facilities for people with a mental disorder in relation to whom any of the following orders are in force:
 - (i) a community care order;
 - (ii) a restriction order with a community care order;
 - (iii) a forensic community care order;
- d. to coordinate the provision of medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT;
- e. to make reports and recommendations to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder;
- f. any other function given to the care coordinator under this Act.

As the Chief Psychiatrist and ACT Care Coordinator are appointed under the Act, their annual reports are a requirement under the Annual Reports (Government Agencies) Directions 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 2019–20, page 321
- > Chief Psychiatrist Annual Report 2019–20, page 328

Contact details: For more information, contact ChiefPsychiatrist@act.gov.au and ACTHealthCMO@act.gov.au

Attachment A

Annexed and subsumed
public authority reports

ACT Care Coordinator Annual Report 2019–20

The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204 (1) of the [Mental Health Act 2015](#) (the Act).

This report is being submitted in accordance with section 205(e) of the Act.

The Care Coordinator coordinates treatment, care and support for a person:

- > with a mental disorder for whom a Community Care Order applies, or
- > for whom a Forensic Community Care Order is in force.

Community Care Orders and Forensic Community Care Orders are made by the ACT Civil and Administrative Tribunal.

Community Care Orders and Forensic Community Care Orders are made for those for who guardianship is not sufficient. This includes people with:

- > dementia
- > intellectual disability
- > an acquired brain injury
- > personality disorders
- > degenerative neurological disorders.

The majority of clients with a Community Care Order have their care needs met by either mainstream services or the [National Disability Insurance Scheme](#).

Between 1 July 2019 and 30 June 2020, four people were subject to a Community Care Order—one man and three women. All four people were also subject to a Restriction Order. A Restriction Order can restrict where a person lives, result in them being detained or impose other limitations.

The four people on Community Care Orders were experiencing difficulties as a result of:

- > dementia (one)
- > eating disorders (two)
- > an intellectual disability (one)

There were two people for who new Community Care Orders were made.

No Forensic Community Care Orders were made during the reporting year.

TABLE 50: COMMUNITY CARE ORDERS FOR 2019–20

Category	Details
Gender	Male: 1 Female: 3 Total: 4
Age	<18 years: 0 19–29 years: 1 30–39 years: 2 40–49 years: 0 50–59 years: 0 60–69 years: 0 70–79 years: 0 80+ years: 1
Condition	Complex and challenging behaviours: 1 Dementia: 1 Eating disorders: 2
Restriction Orders	4

Dr Dinesh Arya
ACT Care Coordinator

Calvary Health Care Ltd Annual Report 2019–20

[Calvary Health Care ACT Ltd](#) (Calvary) is a subsidiary entity of the Little Company of Mary Health Care Ltd (LCMHC), engaged by the ACT Government, through the ACT Health Directorate (the Directorate). Calvary delivers public hospital and health services at [Calvary Public Hospital Bruce](#) and publicly funded palliative care services at [Clare Holland House Hospice](#) in Barton.

The relationship between the Directorate and Calvary is governed by the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary as a service provider of the ACT Local Hospital Network for the services provided at Calvary Public Hospital Bruce. Accordingly, the CNA also requires annual Performance Agreements be made between the Directorate and Calvary, to define the service levels and performance reporting for Calvary Public Hospital Bruce and agree the associated funding. Calvary's funding for public health services is provided by the ACT Local Hospital Network.

As a service provider of the ACT Local Hospital Network, Calvary delivers high-quality health care that provides comfort and healing to ACT residents and people from surrounding communities.

Calvary Public Hospital Bruce is a fully accredited public general hospital located in the north of Canberra. Calvary Public Hospital Bruce has a 24/7 emergency department and several clinics, general medical and surgery and specialist services, including:

- > cancer services
- > cardiology services
- > an Intensive Care Unit
- > maternity services, including Calvary's birth centre
- > voluntary inpatient mental health services
- > a pre-admission clinic
- > surgery and day surgery services
- > specialist outpatient clinic services
- > stroke services
- > the Hospital in the Home (HITH) service
- > the Geriatric Rapid Acute Care Evaluation (GRACE) service.

Clare Holland House Hospice provides:

- > a 19-bed inpatient specialist palliative care unit
- > palliative care outpatient clinics
- > community-based palliative care services
- > specialist outreach services, including partnerships with several retirement and aged care facilities, and a collaboration with the [Winnunga Nimmitjiah](#) Care and Support Clinic team.

The hospice is also the base for the ACT Specialist Community Palliative Care Service and the Palliative Care Research Centre.

Overview and achievements for 2019–20

Accreditation

Calvary Public Hospital Bruce and Clare Holland House Hospice were assessed for re-accreditation against the [National Safety and Quality Health Service \(NSQHS\) Standards](#) in March 2020.

The survey was an organisation-wide assessment against the second edition of the NSQHS Standards. It included an assessment of the services provided at both Calvary Public Hospital Bruce and Clare Holland House Hospice.

Calvary achieved accreditation, receiving a 'Met' result against all 148 Actions under the NSQHS Standards. Only one of these included a 'Recommendation for further improvement', which was related to governance.

Capital works

Significant work took place during 2019–20 to refurbish the Keaney Building, which provided an opportunity for Calvary Public Hospital Bruce to co-locate and refurbish both the Older Persons Mental Health Unit and the Adult Mental Health Unit to be a more modern environment. Patients were transferred into the new unit in January 2020.

Features of the new unit include:

- > more modern and spacious patient accommodation
- > expanded and improved clinical areas, including assessment and interview rooms and a central nurses' station
- > more common areas and activity spaces, including a large outside courtyard
- > an improved outlook from patient rooms.

During the year, the Calvary Public Hospital Bruce emergency department expansion project delivered 22 additional treatment spaces and enhanced waiting areas, which are designed to make people more comfortable before and during their stay.

The emergency department waiting area is now larger and, on arrival, patients are triaged using the 'see and treat' system, which is designed to stream patients more efficiently. This means patients are assessed and treated, not only for their specific issue, but according to the likelihood of being an inpatient admission or being discharged back to their home after assessment and treatment.

The emergency department expansion will play a major role in helping to manage increasing demand for frontline hospital services in the ACT.

Calvary's capacity to undertake elective surgery also increased during the year, with the commissioning of one additional theatre. This was funded in the ACT 2019–20 Budget.

Funding and activity

In 2019–20, the ACT Government provided Calvary with \$227.4 million in recurrent funding for services delivered through Calvary Public Hospital Bruce and Clare Holland House Hospice. Calvary was also provided with \$6.7 million in capital funding.

Additionally, in accordance with the [National Partnership on COVID-19 Response \(NPCR\)](#), Calvary was also guaranteed funding for any COVID-19 expenses, in-scope of the NPCR, that it incurred above its base funding.

During 2019–20, Calvary delivered:

- > 28,974 Calvary Public Hospital Bruce inpatient admissions
- > 387 Clare Holland House admissions
- > 53,633 emergency department presentations
- > 5,639 elective surgery procedures
- > 4,299 non-elective surgery procedures.

During the reporting period, 1,639 babies were also born at Calvary Public Hospital Bruce.

Performance

The 2019–20 Performance Agreement includes the key performance indicators and targets in the [2019–20 Health Portfolio Budget Statements](#).

In recognition of the impacts of the COVID-19 pandemic on hospital and health service performance, the Directorate and Calvary prepared an amendment, i.e. the 2019–20 Performance Agreement, Schedule G – COVID-19 Amendment. This revises the basis of assessing performance against:

- > Category 2 and Category 3 elective surgery timeliness targets, given the national suspension of some elective surgeries
- > the full year National Weighted Activity Unit (NWAU) target, given the impacts on activity levels.

Key Performance Indicators Set 1

This indicator provides an indication of the success in the establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery.

TABLE 51: KEY PERFORMANCE INDICATOR – SET 1

Key Performance Indicator	2019–20 target	2019–20 result
EMERGENCY DEPARTMENT		
Percentage of Emergency Department Presentations whose length of stay in the Emergency Department is four hours or less	90%	63%
Category 1 – Resuscitation seen immediately	100%	100%
Category 2 – Emergency seen within 10 minutes	80%	77%
Category 3 – Urgent seen within 30 minutes	75%	42%
Category 4 – Semi-urgent seen within 60 minutes	70%	57%
Category 5 – Non-urgent seen within 120 minutes	70%	87%
ELECTIVE SURGERY		
Category 1 – Urgent admitted for surgery within 30 days	100%	98%

Key Performance Indicator	2019–20 target	2019–20 result
Category 2 – Semi-urgent admitted for surgery within 90 days	80%	78% ⁸
Category 3 – Non-urgent admitted for surgery within 365 days	93%	87% ¹⁰
QUALITY AND SAFETY		
Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	<0.5%	0.28%
Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where re-admission was unforeseen at the time of separation)	<1.0%	0.83%
The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia Infection (SAB Infection) during their stay	<2	0.47
Estimated hand hygiene rate	80%	82.3%

Key Performance Indicators Set 2

TABLE 52: KEY PERFORMANCE INDICATOR – SET 2

Key Performance Indicator	2019–20 target	2019–20 result
February year-to-date NWAU as per cent of annual target ⁹	67%	70%

Key Performance Indicators Set 3

TABLE 53: KEY PERFORMANCE INDICATOR – SET 3

Key Performance Indicator	2019–20 target	2019–20 result
Accreditation against the NSQHS Standards	Accredited	Accredited

Outlook for 2020–21

The Directorate and Calvary will continue to progress several key initiatives and areas of focus during 2020–21.

Clare Holland House expansion

In 2018, the [Snow Foundation](#) and the Commonwealth Government partnered to provide \$6 million towards the expansion of Clare Holland House. The planning and design elements of the Clare

⁸ Average result for period 1 July 2019 to 29 February 2020 in accordance with revised Key Performance Indicators in Schedule G – COVID-19 Amendment to the Calvary 2019–20 Performance Agreement.

⁹ These are estimated actuals and subject to change. The result is for the period 1 July 2019 to 29 February 2020 as a per cent of the 2019–20 full year target, and the target is the result for the period 1 July 2018 to 28 February 2019 as a per cent of the 2018–19 full year target. In accordance with the revised Key Performance Indicators in Schedule G – COVID-19 Amendment to the Calvary 2019–20 Performance Agreement, the total NWAU performance was assessed as a comparison to the proportion of the year's target at same period in 2018–19.

Holland House Expansion Project have been completed, which will allow construction to begin in August 2020. The main feature of the expansion will be an additional eight inpatient beds.

Territory-wide elective surgery

Calvary Public Hospital Bruce will continue to deliver surgeries under the Territory-wide elective surgery program. This includes using the two new theatres, which were part of a 2019–20 Budget commitment. One new theatre opened in July 2019, and the second theatre opened in July 2020. These enable the ACT Government to expand the ACT's elective surgery program overall, with Calvary taking an increasing share of the total Territory caseload. Calvary Public Hospital Bruce will also contribute to catching up the elective surgeries deferred in 2019–20 due to the COVID-19 response.

Emergency department care

A key focus for 2020–21 will be continuing to enhance emergency department services. The recently completed expansion of the Calvary emergency department will play a major role in managing increasing demand for frontline hospital services in the ACT, particularly for the northside of Canberra. The ACT 2019–20 Budget included recurrent funding for additional doctors, nurses, administration and other health professionals to join the Calvary emergency department team during the year.

To complement the emergency department expansion, Calvary Public Hospital Bruce also implemented a dedicated emergency department Performance Improvement Plan. The plan's initiatives include introducing a 'rapid assessment process'. The additional space in the expanded emergency department has enabled clinical space to introduce this new assessment process. It will continue to be used in 2020–21.

A further initiative is an improved process for monitoring patients and escalating them for review if they are waiting longer than the target time. This will ensure any deterioration in condition for patients who are waiting is addressed.

Infrastructure

The Directorate engaged a consultant to undertake a building condition assessment of Calvary Public Hospital Bruce. The final report will be used to develop a Strategic Asset Management Plan for the public hospital. The report is expected to be completed during the 2020–21 year.

Care Close to Home program

Calvary will continue to progress work that expands the HITH and GRACE outreach services, which are part of the Territory-wide Care Close to Home program.

Chief Psychiatrist Annual Report 2019–20

Under the [Mental Health Act 2015](#) (the Act), the Chief Psychiatrist is a statutory appointment made by, and reporting to, the Minister for Mental Health.

The Chief Psychiatrist has responsibility for the treatment, care and support of people subject to Psychiatric Treatment Orders (PTOs), Forensic Psychiatric Treatment Orders (FPTOs) and clinical and operational responsibilities for all people receiving treatment, care and support under the Act. With these clinical, operational, oversight and other legislative responsibilities, the Chief Psychiatrist has a unique role in the ACT's public mental health system in promoting continual service improvement and clinical best practice to fulfil the values and principles of the Act.

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 an assessment to decide whether further treatment, care or support is necessary, and if so, whether this can only be provided on an involuntary basis. This process of taking someone for an assessment is known as an Emergency Apprehension. Table 54 shows the number of Emergency Apprehensions, including breakdown by the type of professionals who conducted the apprehension.

TABLE 54: NUMBER OF EMERGENCY APPREHENSIONS BY APPREHENDING PROFESSIONAL, 2015–20

Emergency Apprehensions by Apprehending Professional

Apprehending Professional	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
Police Officer	694	594	678	620	652
Mental Health Officer	162	170	209	199	262
Medical Practitioner	129	109	111	69	86
Authorised Ambulance Paramedics	43*	141	273	1,171	1,470
Total Emergency Apprehensions	1,028	1,014	1,271	2,059	2,470

* The *Mental Health Act 2015* (which commenced on 1 March 2016) allows Authorised Ambulance Paramedics to undertake Emergency Apprehensions.

The above data shows that in 2019–20, 2,470 people were apprehended and transported to the Canberra Hospital for assessment. This is an increase of 20.0 per cent from the previous year.

Of the 2,470 people subject to Emergency Apprehension:

- > 1,470 (59.5 per cent) were apprehended and transported by an Authorised Ambulance Paramedic
- > 652 (26.4 per cent) by a Police Officer
- > 262 (10.6 per cent) by a Mental Health Officer

- > 86 (3.5 per cent) by a Medical Practitioner, that is, a:
 - Canberra Health Services doctor working in a community mental health team, or
 - doctor at Canberra Hospital or Calvary Public Hospital Bruce.

Between 2018–19 and 2019–20, there was a:

- > 25.5 per cent increase in the number of people apprehended and transported by an Authorised Ambulance Paramedic
- > 24.6 per cent increase in the number apprehended by a Medical Practitioner
- > 5.2 per cent increase in the number apprehended by a Police Officer.

The increase in apprehensions is consistent with the increase in mental health presentations observed in the overall population. It is anticipated that the expansion of the Police, Ambulance and Clinician Early Response (PACER) program will reduce the number of people transported under an emergency apprehension. This integrated service model offers a clinician coordinated response, in collaboration with police officers and paramedics, which means that many people receive appropriate support in their home or are transported voluntarily to hospital.

In addition, amendments to the *Mental Health Act 2015* mean that people who contact emergency services for mental health assistance and who are seeking assistance voluntarily will, following implementation of the amendment, be transported as voluntary clients. Both of these initiatives will ensure that the Canberra community continues to receive high level mental health care in the least restrictive manner possible, in keeping with the objectives and principles of the *Mental Health Act 2015*. It is anticipated that these initiatives will lead to a reduction in the number of emergency apprehensions.

Emergency Detention

Emergency Detentions authorised for up to three days

Table 55 shows the number of Emergency Detentions authorised for up to three days (ED3s). There was a 19.7 per cent increase in the number of people placed on an ED3 in 2019–20 compared to 2018–19.

The number of people not requiring detention after being apprehended and transported to an approved mental health facility was 1,206 (48.8 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, even in an emergency.

TABLE 55: NUMBER OF EMERGENCY DETENTIONS AUTHORISED FOR UP TO THREE DAYS (ED3), 2015–20

Emergency Detentions – ED3s

July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
763	858	945	1,056	1,264

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 get placed on an ED3 as part of their treatment.

Emergency Detentions authorised for up to a further 11 days

Before the expiration of an ED3, an application for an extension of Emergency Detention for a period of up to a further 11 days (ED11), can be made to the ACT Civil and Administrative Tribunal (ACAT), if this is considered appropriate by the treating team.

Table 56 shows that of the 1,264 ED3s granted, 729 (57.7 per cent) were allowed to lapse or were revoked, and the remaining 535 (42.3 per cent) were approved by ACAT for an ED11.

Of the 535 people subject to an ED11, 204 (38.0 per cent) required further involuntary treatment, care and support via a PTO. This suggests that the additional time for people to be assessed, supported and receive initial treatment under the Emergency Detention provisions allows many people to stabilise following an emergency presentation.

TABLE 56: OUTCOMES FROM AN INITIAL ED3 INCLUDING NUMBER OF ED11 ORDERS, 2015–20

Outcomes for those detained under an ED3

	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
Revocation of ED3 without further orders being made	429	478	496	557	729
Extensions of involuntary detention (ED11) granted by ACAT	334	380	449	499	535

Psychiatric Treatment Orders

A PTO can be made by the ACAT in relation to a person with mental illness 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 the treatment, care and support of a person to whom a PTO applies. The maximum duration of a PTO is six months, but the order may 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 in relation to the person. Table 57 shows the number of authorised PTOs and the outcomes for 2015–16 to 2019–20.

TABLE 57: NUMBER OF AUTHORISED PTOS AND OUTCOMES, 2015–20

	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
PTOs made by ACAT	912	627	599	600	689
PTOs revoked by ACAT	254	163	157	174	176
Contravention of PTO	90	101	80	81	115

	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
Restriction Orders made by ACAT together with a PTO	0	0	0	5*	0

* All Restriction Orders 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, as it only relates to a sub-set of people treated under the Act during the period.

There were 890 PTO hearings held by ACAT during 2019–20, resulting in 689 PTOs being granted or continued and 176 PTOs ceased. This represents a 14.8 per cent increase in the number of PTOs granted or continued compared to 2018–19. The number of PTOs ceased remained stable.

Contraventions of PTOs increased by 42 per cent, from 81 in 2018–19 to 115 in 2019–20. Fifty-two people were brought to the Canberra Hospital for treatment or assessment purposes following a contravention. Twenty people were admitted to hospital, with the remainder receiving treatment, care or support in a less restrictive environment. This figure continues to reflect the Office of the Chief Psychiatrist’s work to ensure that people are managed in the least restrictive environment possible and receive assertive follow-up to promote their recovery. Community mental health teams also make every effort to anticipate and manage crises early. With successful community intervention, a contravention is averted.

Forensic Psychiatric Treatment Orders

Table 58 shows the number of authorised FPTOs and the outcomes for 2015–16 to 2019–20.

TABLE 58: NUMBER OF AUTHORISED FPTOS AND OUTCOMES, 2015–20

	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
FPTOs made by ACAT	0	0	0	0	4
FPTOs revoked by ACAT	0	0	0	0	0

A FPTO may be made if a person has a mental illness and is detained in a correctional centre or is serving a community-based sentence. The maximum duration of a FPTO is three months, but the order may be reviewed, renewed or revoked before it expires. Four FPTOs were granted by ACAT in 2019–20, the first since the commencement of the Act in March 2016. No FPTOs were revoked in 2019–20.

Admissions to Dhulwa Mental Health Unit

Transfers from a correctional facility

Under the Act, a detainee may be transferred from an ACT correctional facility (the Alexander Maconochie Centre (AMC) or Bimberi Youth Justice Centre) to Dhulwa Mental Health Unit in order to receive treatment, care and support for a mental illness.

Table 59 shows the number of people transferred to Dhulwa Mental Health Unit since it opened in November 2016. In 2019–20, ten detainees were transferred from AMC to Dhulwa Mental Health Unit. Of these, one was a correctional patient receiving voluntary treatment, care and support, seven were involuntary patients subject to a PTO. The two people found not guilty by way of mental illness were subject to a PTO.

Community admissions

People who are subject to a PTO or FPTO but who are not detainees or involved in the criminal justice system may also be admitted to Dhulwa Mental Health Unit if this is considered appropriate by the Dhulwa Mental Health Unit Admissions Panel. In 2019–20, nine people in this category were admitted to Dhulwa Mental Health Unit and one was an involuntary patient subject to an FPTO.

TABLE 59: ADMISSIONS TO DHULWA MENTAL HEALTH UNIT, 2016–20

Status of Person	22 Nov 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
Transfers from correctional facilities	6	11	8	10
Detainees receiving voluntary mental health treatment, care or support (Correctional Patients)	1	4	1	1
Detainees receiving involuntary mental health treatment, care or support under a PTO	5	7	7	7
People found not guilty by way of mental illness	0	0	0	2
People subject to a PTO	3	3	9	9
People subject to a FPTO	0	0	0	1

Other matters

The Act provides for the authorisation of involuntary electroconvulsive therapy (ECT), including emergency ECT, by ACAT. There are also provisions for the interstate application of mental health laws, including for the transfer of people to and from the ACT. The extent to which these authorisations were exercised in 2019–20 is detailed in Table 60.

Electroconvulsive therapy

There were 41 ECT Orders authorised by ACAT in 2019–20, an increase of 17.1 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. The number of Emergency ECT Orders were reduced by 50 per cent during the reporting period, from six to three. One possible explanation for these increased figures is easier access to ECT services.

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 2019–20,

the ACT transferred four people to facilities in NSW and accepted one transfer of a person from NSW and one 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 are required.

The ACT Magistrates Court made 138 orders for assessment pursuant to Section 309 of the *Crimes Act 1900*, an increase of one from 2018–19. Of these 138 referrals, 88 people (63.8 per cent) required admission to an approved mental health facility for assessment purposes, with 50 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, who 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 is also directly given the function of directing the function of Mental Health Officers. As of 30 June 2020, 90 Mental Health Officers had been appointed.

TABLE 60: SUMMARY OF OTHER AUTHORISATIONS UNDER THE MENTAL HEALTH ACT 2015, 2015–20

	July 2015– June 2016	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020
ECT Order made by ACAT	14	25	27	35	41
Emergency ECT Order made by ACAT	0	0	3	6	3
Interstate transfers	10	8	7	9	6
Court-ordered assessment of defendant—s. 309 of the <i>Crimes Act 1900</i>	78	118	112	137	138

Overall perspective

The data presented demonstrates some noteworthy trends in the application of the objectives and principles of the Act, most importantly around promoting recovery and respecting the rights and inherent dignity of people by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include:

- > only 42.3 per cent of the people placed on an ED3 required further involuntary treatment, care or support via an ED11. This demonstrates that a very short period of treatment, care and support is often sufficient to stabilise a person so that they can continue receiving care in their community of choice

- > only 38.0 per cent of people placed on an ED11 required further involuntary treatment, care and support via a PTO. This suggests that the increased length of Emergency Detention, from seven to eleven days, is providing an opportunity for people to receive appropriate treatment, care and support to stabilise, and not require longer terms involuntary care.

Dr Denise Riordan
Chief Psychiatrist

Human Research Ethics Committee Annual Report 2019–20

The Human Research Ethics Committee (HREC) continued to review human research proposals to ensure they met the ethical standards set out in [the National Statement on Ethical Conduct in Human Research \(2007\) – updated 2018](#), which is jointly developed by the:

- > National Health and Medical Research Council (NHMRC)
- > Australian Research Council
- > Australian Vice-Chancellors' Committee.

The Senior Director of the Human Research Ethics and Governance Unit of the Centre for Health and Medical Research, August Marchesi, continued to represent the HREC and the ACT Health Directorate (the Directorate) on the Jurisdictional Working Group that is managing the National Mutual Acceptance of single scientific and ethical review for multi-centre health and medical research.

The Clinical Trials Subcommittee (CTSC) and the Social Research Subcommittee (SRSC) continued to provide the HREC with expert advice on the research merit and integrity of research proposals. The Low Risk Subcommittee (LRSC) reviews and takes decisions on approximately two-thirds of all proposals received.

The HREC and its subcommittees draw on the expertise available in the:

- > Directorate
- > Canberra Health Services
- > wider ACT research community
- > ACT community.

As of June 2020, the HREC comprised:

- > nine external members
- > 11 internal Directorate members.

I would like to thank the members of the HREC and its subcommittees for their hard work and dedication to the enterprise of ethical review. On behalf of the Committee, thanks is given to the Secretariat staff August Marchesi, Sarah Marshall, Annalise Liefting and Annie Carroll for their tireless work in keeping the HREC and its processes operating at the highest standards.

Professor Paul Gatenby
Chair

Meetings of the Human Research Ethics Committee and its subcommittees

The HREC met 11 times between 1 July 2019 and 30 June 2020. Meetings were held monthly between February and December of the calendar year.

The CTSC, under the chairmanship of Dr Phil Choi, met six times during the year. In each instance recommendations were made to the subsequent HREC meeting.

The SRSC, under the chairmanship of Dr Stewart Sutherland, met 11 times during the year. In each instance recommendations were made to the subsequent HREC meeting.

Research projects

Fifty-two new human research projects were reviewed by the HREC during the reporting period. These included:

- > 34 social research projects
- > 15 clinical projects
- > three endorsements for Authorised Prescriber applications.

Social research projects were conducted in the following areas:

- > seven in mental health
- > three in Aboriginal and Torres Strait Islander health
- > three in epidemiology
- > three in health services
- > three in public health
- > two in nutrition and dietetics
- > two in ophthalmology
- > two in renal medicine
- > one each in alcohol and other drugs, cancer, endocrinology, haematology, justice health, neurology, nursing, patient transport services, and respiratory medicine.

Methodologies employed in social research projects included:

- > 13 surveys, interviews and focus groups
- > five data linkage projects
- > four interventional studies
- > three observational studies
- > three registry projects
- > three qualitative projects
- > two mixed method (qualitative and quantitative) projects
- > one service evaluation.

Clinical research projects included clinical trials undertaken with university and industry partners. A trend emerged in the area of researching exercise physiology as a potential method of improving

health and wellbeing in mental health (two), cardiovascular disease (one) and cancer (one). New clinical research applications were submitted in the following disciplines:

- > five in medical oncology
- > two in cardiology
- > two in mental health
- > one each in anaesthesiology, endocrinology, neurology, nutrition and dietetics, renal medicine, and urology.

The methodologies in new clinical research applications included:

- > four phase II clinical trials
- > three interventional clinical trials
- > three observational studies
- > two biospecimen analysis projects
- > two randomised control trials
- > one phase III clinical trial.

The LRSC, under the chairmanship of Professor Paul Gatenby, met 25 times during the year and reviewed 134 new projects. The LRSC meets fortnightly to enable a faster decision-making process for projects “in which the only foreseeable risk for participants is one of discomfort” ([National Statement on Ethical Conduct in Human Research \(2007\) – updated 2018](#), page 16). Of the low risk research projects:

- > 75 were retrospective data analysis projects
- > 23 used surveys, interviews or focus groups
- > 16 were service evaluations
- > 12 accessed stored biological samples
- > six were low risk interventions
- > two were deemed to pose a greater than low risk to participants and were referred for review by the full HREC.

Of the low risk research applications:

- > 37 were submitted by students as part of tertiary studies in medical and allied health disciplines
- > 77 were submitted by medical and allied health professionals
- > 20 were submitted by academic researchers.

Low risk projects spanned 31 different medical and allied health disciplines. The highest number came from the cancer (20), health services (15) and neonatology (10) disciplines. Other disciplines included cardiology (nine), sexual health (eight) and intensive care (eight). Emerging trends appeared in mental health (four) and surgery (four).

Key points arising

The COVID-19 pandemic was a key challenge of 2020. The HREC and its subcommittees worked with the Federal and jurisdictional governments to quickly develop guidelines and review options for existing research and new COVID-19 research proposals. Between March and June 2020, 19 new

COVID-19 related studies and 53 COVID-19 related amendments to existing studies were reviewed and approved through the HREC structure.

Key developments in 2019–20

Key developments during the year included:

- > collaborating with Canberra Health Services to develop standard operating procedures for clinical trial research
- > working with Australian governments to respond to the COVID-19 pandemic quickly and effectively.

Office for Mental Health and Wellbeing Annual Report 2019–20

The Office for Mental Health and Wellbeing (the Office) supports the ACT Government's commitment to a whole-of-community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention. This year, the Office built on the work begun in 2018–19 to embed the Territory-wide vision for mental health and wellbeing and to progress actions outlined in the [Office for Mental Health and Wellbeing Work Plan 2019–2021](#) (Office Work Plan).

This year has been very challenging for all Australians. ACT residents have been significantly impacted by:

- > the bushfires and the hazardous air quality resulting from the smoke during late 2019 and early 2020
- > a severe hailstorm in February 2020
- > the COVID-19 pandemic from March 2020.

These challenges are likely to have long-term effects on everyone, particularly our mental health and wellbeing, and emphasise the need to prioritise activities that will support us to achieve our shared Vision of:

A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

Working with others

During 2019–20, the Office actively facilitated a number of government and sector consultation mechanisms that enabled the collaborative work of the Office to progress.

Mental Health Advisory Council: The Office undertakes the secretariat functions for the Council. The Council members provide advice to the Minister for Mental Health and the Coordinator General. The Council met six times during 2019–20 and considered a range of topics. Information on the Council and a communique from each formal meeting is available at <https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/act-mental-health-advisory-council>.

Peak Mental Health Non-Government Organisations Committee: The Office met with the peak bodies on six occasions during 2019–20 to seek input into activities of the Office, consider joint activities and identify the emerging trends and developments across the mental health sector.

The Mental Health and Wellbeing Inter-Directorate Committee: This whole of ACT Government committee is managed by the Office to drive cross-government collaboration and develop priority mental health initiatives. The Committee is the key mechanism for the development of whole-of-government approaches to key national developments. The Committee met five times during 2019–20.

The Children and Young People Community of Practice: This group was initially established to oversee the review of children and young people in the ACT and has members from government and non-government organisations. This group met nine times in 2019–20 to share information about and collaborate on mental health and wellbeing initiatives for children and young people in the ACT.

Implementing the Office Work Plan

In 2018–19 the Office launched a [three-year work plan](#), which set out three themes and key deliverables. This year, the Office successfully completed three key deliverables and is in the process of delivering another eleven deliverables, including those for emerging issues. As flagged in the work plan, some deliverables and actions have evolved over this time due to emerging broader developments and new priorities. The Office is on target to achieve all deliverables. This report sets out the achievements and future activities against the themes of the Office Work Plan.

Theme: Mentally healthy communities and workplaces

Under this theme, the Office aims to work with lead agencies to promote evidence-informed community and workplace interventions that enhance mental health and wellbeing. This year, the Office progressed a number of key projects and activities to deliver on the Vision and to support achieving a mentally healthy community.

Key activities in 2019–20

Communication and community engagement activities

The Office is dedicated to ongoing mental health and wellbeing communication and community engagement activities. During 2019–20, this involved developing a comprehensive [Community Engagement Commitment](#) that explains how the Office works with the community using principle based, quality engagement approaches to be:

- > Collaborative
- > Person-centred
- > Evidence-informed
- > Inclusive
- > Innovative.

In 2019, the Office supported and contributed to Mental Health Month by promoting and engaging in multiple activities during October. This included working closely with the Mental Health Community Coalition to expand the Mental Health Month Awards for the ACT community.

An Office [Newsletter](#) was prepared quarterly to highlight key projects, provide information for the community on mental health and wellbeing, and promote links to relevant websites. In addition, the Office provided [Newsflashes](#) with timely information on emerging issues. These can be referenced on the [Resources](#) page of the [Office's website](#).

A key communication activity during 2019–20 involved promoting the importance of mental health and wellbeing during the bushfires and the COVID-19 pandemic. For more information, see The impact of the COVID-19 pandemic, page 346.

Review of children and young people in the ACT

The Office made a commitment to understand the mental health and wellbeing of children and young people in the ACT and subsequently undertook a review to hear from young community members about the challenges and issues they face in relation to their mental health and wellbeing. The review consulted over 800 people using online surveys, co-design workshops, youth reference groups and individual meetings. Of the 800 people, 314 were under the age of 25 years.

The [report](#) includes the recommendations from the community and the projects that the Office has committed to undertake, including:

- > developing and implementing an Online Youth Navigation Portal for the ACT
- > implementing the [Youth Aware of Mental Health](#) (YAM)
- > undertaking an analysis of mental health and wellbeing programs for 8 to 12-year olds
- > undertaking a co-design process to support young people who require moderate to severe mental health services and supports.

The year ahead

During 2020–21, the Office will:

- > continue to provide positive community messaging to promote mental wellbeing including through radio, websites and events
- > develop a whole-of-government approach to promoting mental health and preventing mental illness in the ACT
- > progress the design and development of an Online Youth Navigation Portal.

ACT LifeSpan

ACT [LifeSpan](#) is an evidence-based approach to integrated suicide prevention. It combines nine strategies that have strong evidence for suicide prevention into one community-led approach. The LifeSpan model has been developed by research organisation the [Black Dog Institute](#) in partnership with clinicians, researchers, community groups and people with lived experience of suicide. LifeSpan is being implemented in the ACT by a project team in the Office.

Working with others

The ACT LifeSpan Steering Committee consists of key suicide prevention stakeholders in the ACT and provides oversight, input and advice on key LifeSpan strategies and initiatives.

Five working groups across key focus areas guide the implementation of LifeSpan strategies. The working groups include:

- > Schools
- > Aboriginal and Torres Strait Islander people
- > Community
- > Health
- > Improving Public Safety.

Each working group comprises a diverse range of individuals from government, non-government and community sectors.

The Improving Public Safety Working Group is convened jointly with the Australian National University (ANU) Centre for Mental Health Research and the Black Dog Institute. It includes suicide data experts, health practitioners and emergency service workers, who collaborate and translate suicide data into operational action.

The Aboriginal and Torres Strait Islander Working Group has begun considering a strategic approach for suicide prevention, which will be directed by Aboriginal and Torres Strait Islander people.

Key activities in 2019–20

In collaboration with Black Dog Institute and the LifeSpan Steering Committee, a LifeSpan Action Plan was developed. The plan's key activities were subsequently delivered.

In partnership with ACT Education, the Youth Aware of Mental Health ([YAM](#)) program commenced for Year 9 students in ACT high schools. Four ACT high schools have completed the program with a further six high schools scheduled to receive the program in 2020.

This year suicide prevention training programs across the ACT community were promoted, including [Question, Persuade, Refer](#) (QPR) and [Applied Suicide Intervention Skills Training](#) (ASIST).

The Aboriginal and Torres Strait Islander Working Group supported the development of a targeted approach to suicide prevention. A needs assessment of the ACT community's view on an Aboriginal and Torres Strait Islander suicide prevention service for the ACT was completed to guide further action.

The year ahead

ACT LifeSpan will:

- > expand the roll out of the YAM program for ACT high schools
- > continue to implement the QPR, ASIST and other training to further suicide awareness among school communities
- > work with Canberra Health Services and the Directorate to implement:
 - Connecting with People training for health professionals
 - the Black Dog Institute's 'Guidelines for integrated suicide-related crisis and follow-up care in Emergency Departments and other acute settings'
- > support Capital Health Network to train primary health providers to assess and treat suicide and self-harm risks by rolling out the [Black Dog Institute](#)'s StepCare Screener in General Practice
- > continue to implement suicide prevention training programs, such as:
 - QPR
 - Mindframe Plus
 - Connecting with People
- > support Aboriginal and Torres Strait Islander targeted activities, such as the culturally appropriate Wesley Life Force Suicide Prevention Training.

Theme: Support for individuals, families and carers

Under this theme, the Office promotes improvements that aim to strengthen the social connection, physical health, economic participation and recovery of people experiencing mental illness and their carers. The Office also seeks to promote systemic and practical changes that integrate services and support for people experiencing mental illness. During 2019–20, the Office progressed a number of key projects and activities to support our Vision.

Key activities in 2019–20

Trauma-informed training through funding to the Recovery College

In late 2018–19, the Office provided funding to the [ACT Recovery College](#) to develop education around trauma-informed approaches.

Approaches to addressing needs of young people with moderate to severe mental health concerns and adults with complex support needs

The [Review of Children and Young People in the ACT](#) identified a need for services targeting children and young people with moderate mental illness. In particular, the review identified that it is difficult to access services for children and young people who need this level of support. In response, the Office initiated a co-design project to identify the needs of this cohort and support options. This project began in April 2020 and is guided by a cross-sectoral working group.

This work is complemented by a project investigating how to achieve a coordinated response for people who require complex multi-agency responses to meet their needs. The initial phases of the project have mapped the current mechanisms for joint planning and identified an approach for developing highly individualised arrangements outside of existing program guidelines.

Supporting the development of the ACT Mental Health and Suicide Prevention Plan 2019–2024 (Regional Plan)

The Office has been an active partner in the development of a whole of sector plan that identifies local mental health and suicide prevention programs and service planning priorities and actions. [ACT Mental Health and Suicide Prevention Plan 2019–2024 - Part A: The Framework](#) was published by Capital Health Network in 2019. The final two sections are due to be launched in the second half of 2020.

The year ahead

During 2020–21, the Office will:

- > progress a co-designed project that is identifying options for responding to the needs of children and young people with moderate to severe mental health concerns
- > progress an approach to a cross-government coordinated response to the needs of people with complex needs
- > begin projects that address the actions set out in the ACT Mental Health and Suicide Prevention Plan 2019–2024.

Theme: System capacity and workforce

Under this theme, the Office aims to support innovative improvements to the mental health and broader system capacity and to enhance the capabilities of the workforce.

Key activities in 2019–20

Leading reforms – ACT Government response to the Productivity Commission Inquiry

In 2019, the Productivity Commission's [Inquiry into the Economic and Social Impacts of Mental Health](#) sought feedback on an initial discussion paper and subsequent draft report. The Office worked with the ACT Health Directorate (the Directorate) Mental Health Policy Unit to develop the ACT Government's submissions to the Productivity Commission. These submissions were developed in collaboration with all ACT Government directorates and articulate a clear vision for the direction of mental health and mental health services.

Promoting mental health and wellbeing to be explicit in policies

The Office joined with other state and territory governments for an initial national meeting on multi-sector collaboration to improve health and wellbeing. The meeting explored how to address complex health issues through collaboration across portfolios and sectors. Following the first meeting, the Office worked with other State Governments to promote approaches to increasing collaboration. The Office was scheduled to jointly host a second national meeting in March 2020, which was postponed due to the COVID-19 pandemic.

ACT Wellbeing Framework and Mental Health Outcomes Framework

The Office actively supported the development of the whole of [ACT Government Wellbeing Framework](#) by participating in the subcommittee led by the Chief Minister, Treasury and Economic Development Directorate Wellbeing Framework Team. This work considered wellbeing across all aspects of life. Extensive consultations identified the importance of mental health to the community.

The Office has started the initial scoping for a framework of outcome measures for mental health that would underpin and support the measures in the ACT Government Wellbeing Framework.

Mental health modelling for the ACT

The Office was a project partner for the ANU Centre for Mental Health Research project on the 'Use of simulation modelling to guide Mental Health Planning - A pilot study in ACT'.

ACT Government response to the Inquiry into Youth Mental Health

Through the Mental Health and Wellbeing Inter-Directorate Committee, the Office coordinated the ACT Government submission to the Standing Committee on Education, Employment and Youth Affairs Inquiry into Youth Mental Health in the ACT.

The year ahead

During 2020–21, the Office will:

- > promote the need for a comprehensive approach to developing the mental health sector, given the Productivity Commission recommendations (see Leading reforms – ACT Government response to the Productivity Commission Inquiry, page 344)
- > continue to develop a coordinated approach for mental health in the ACT
- > develop an Outcomes Framework for Mental Health in the ACT
- > promote an expansion of the peer workforce and the importance of lived experience in mental health service planning and development.

Research, evaluation and quality improvement

During 2019–20, the Office completed a number of key activities to support research, evaluation and quality improvement.

Key activities in 2019–20

Evaluation

A review of the co-design process for the development of the Vision and the Office [Work Plan](#) was undertaken as part of a broader university research project. The recommendations from the review were implemented during the subsequent consultation processes undertaken this year.

In 2019–20, the Office developed an Evaluation Framework to guide future evaluations of the Office over its four-year commitment. This framework has been used as the basis for the Mid-Term Review that is currently in the planning phase and will be undertaken from July to October 2020.

Promoting research and development

The Office has promoted and supported broader community surveys to include questions on the mental health and wellbeing of participants. The results of these surveys will be used to plan future policy and program development.

The Office has also promoted research by supporting student placements.

Promoting quality improvement

The Office has partnered with the ANU in a webinar series to bring the work of researchers to clinicians, policy makers and the broader community workers in areas such as mental health rehabilitation and recovery, and loneliness and mental health.

The year ahead

During 2020–21, the Office will:

- > complete the Mid-Term Review and implement recommendations
- > continue to co-sponsor and promote mental health webinars on emerging research and current issues
- > investigate and implement opportunities to more widely promote research findings and developments in mental health.

The impact of the COVID-19 pandemic

The natural disasters of 2019–20 and the COVID-19 pandemic both disrupted the regular work program for the Office and resulted in a significant work activity to understand, monitor and respond to the impacts on the mental health of our community. Research on past natural disasters and pandemics found that these events can increase risk factors and decrease protective factors for mental health and suicide in both the short and long term.

A range of initial responses were put in place across mental health services. The ACT Government subsequently allocated \$4.5 million for a [Mental Health Support Package](#) to address the negative impacts on mental health.

Key activities in 2019–20

The Office worked closely with key ACT Government directorates and non-government organisations to develop mental health communication messages for the community, including for the ACT Health and the COVID-19 specific websites. It promoted the messages through the Office Newsletter, and Newsflashes.

The Office, in partnership with the Directorate's Strategic Communications, oversaw the development of COVID-19 Mental Health and Wellbeing Communication Campaign for June to September 2020.

The Office also:

- > developed an approach for monitoring and interpreting data to track impacts on the population and at the whole-of-service system level
- > developed planning approaches for different scenarios to support whole-of-government mental health service system planning
- > lead the ACT Government input on the [National Mental Health Pandemic Response Plan](#) and promoted and monitored the ACT developments that address the actions in the plan.

The year ahead

In response to the COVID-19 pandemic, during 2020–21 the Office will:

- > develop ongoing communication messaging to respond to any emerging needs
- > continue to promote strategies for good mental health and seeking help
- > monitor emerging trends in relation to the impact of the pandemic on mental health across the ACT community
- > continue to contribute to the whole-of-government planning for community recovery
- > support the whole-of-government approach to monitoring wellbeing.

Dr Elizabeth Moore
Coordinator-General, Office for Mental Health and Wellbeing

Radiation Council Annual Report 2019–20

It is my pleasure to present the Annual Report of the Radiation Council (the Council) for 2019–20.

The Council has had another productive year, continuing to issue licences, register radiation sources and consider issues that may affect the ACT community with regards to radiation safety and protection.

I wish to express my gratitude to the members of the Council for their generous time commitment, sharing their significant skills, knowledge and experience, and their dedication to the safe and effective use and management of radiation sources in the ACT throughout 2019–20.

I would like to further acknowledge and express additional appreciation to those members of the Council who provided their services without remuneration over the past year. The Council and the ACT Health Directorate (the Directorate) Health Protection Service are indebted to them for their significant contributions over the past 12 months.

Finally, I would also like to express gratitude on behalf of the Council to the staff of the Health Protection Service who have provided secretariat services over the past 12 months.

Council functions

The [Radiation Protection Act 2006](#) (the Act) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Council is established under Part 5 of the Act and has the following functions:

- > issuing licences
- > registering regulated radiation sources
- > advising the Minister on radiation protection issues
- > exercising any other function given to it under the Act or another territory law.

Council membership

The composition of the Council is specified in section 65 of the Act. Seven members are currently appointed to the Council, as shown in Table 61.

TABLE 61: 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
Dayanethee Krishna	Member	30 September 2021
Bradley Whittaker	Member	30 September 2021
Jayanti Gupta	Member	30 September 2021

Council meetings 2019–20

The Council meets approximately every six weeks and met nine times during 2019–20. Meetings were held in:

- > July, September, October, November and December of 2019
- > January, March, April and June of 2020.

Regulatory standards

The Council refers to several standards, codes of practice, safety guides, and recommendations when:

- > considering matters relating to radiation protection
- > issuing licences and approving registrations under the Act.

This includes documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series, which are available free of charge from <https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series>.

National Directory for Radiation Protection

The [National Directory for Radiation Protection](#) (the NDRP) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act. The NDRP is designed to be regularly updated to reflect the best radiation protection practice of the time. The NDRP is prepared by the ARPANSA Radiation Health Committee and is only updated in accordance with prescribed processes.

The Council is regularly briefed about the work of the ARPANSA Radiation Health Committee. The Directorate has a jurisdictional representative appointed to the Committee.

Council activities

The Council issued 200 new licences during 2019–20, bringing the total number of licence holders in the ACT to 1,438. This is a 5.8 per cent decrease (89 licences) on last year.

The Council registered 49 new radiation sources during 2019–20, bringing the total number of registered radiation sources in the ACT to 754. This is a 4 per cent increase (29 sources) on last year.

Council achievements

The Council began a review of the Code of Practice for compliance testing of radiation apparatus, in preparation for introducing periodic testing requirements in the ACT. The Code of Practice and the periodic testing frequencies will be developed with a view to increasing national uniformity in the regulatory requirements for radiation sources.

The Council amended internal secretariat procedures to streamline the application process for both licence and source registration applications.

The Council reviewed and endorsed updates to information provided through Radiation Safety webpages to replicate decisions made by the Council throughout the year.

The Council conducted a survey of dental equipment owners in the ACT about equipment types and training activities, to gather information which will be used to identify any anomalies in radiation doses being delivered to patients during dental diagnostic imaging.

Radiation incidents

Nine radiation incidents, summarised in Table 62, were reported to the Council during the year and underwent further investigation.

TABLE 62: RADIATION INCIDENTS

Incident type	No. of incidents	Details
Radiology (fluoroscopy)	1	A foetal exposure (patient was not aware that they were pregnant at the time).
Radiotherapy	3	<ul style="list-style-type: none"> > Minor treatment volume variation due to incorrect patient alignment for two patients. > Treatment of an incorrect lesion.
Radiology (X-ray)	2	<ul style="list-style-type: none"> > An incorrect patient was imaged. > A foetal exposure (patient was not aware that they were pregnant at the time).
Radiology (CT)	2	<ul style="list-style-type: none"> > An incorrect patient was imaged, although in accordance with the referral. > An incorrect body part was imaged.
Nuclear Medicine	1	Extravasation, requiring repeat administration of the radionuclide.

In line with the ACT Health Risk Management Guidelines, all nine 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 nine of these incidents were reported to ARPANSA for inclusion on the Australian Radiation Incident Register (ARIR) in line with the reporting categories. The nine incidents were considered to be of minor consequence.

Enforcement and remedial actions by the Council

No legal proceedings were commenced in 2019–20. A complaint in relation to a tanning bed was investigated and the tanning bed was removed by the owner within 48 hours. Commercial tanning equipment is classified as a prohibited radiation source under the Act.

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

Website: www.health.act.gov.au/businesses/radiation-safety

Elizabeth Croft
Chair

ACT Local Hospital Network Annual Report 2019–20

Overview

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, which includes funding public hospital and health services, and capital planning.

The ACT Local Hospital Network, established in accordance with the [National Health Reform Agreement](#), and managed in accordance with the [Health \(National Health Funding Pool and Administration\) Act 2013](#), is administered by the Director-General of the ACT Health Directorate (the Directorate). The ACT Local Hospital Network is supported by the Directorate's staff.

The ACT Local Hospital Network receives funding from the Commonwealth, and the ACT and other state and territory governments. In the last category, funding is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The ACT Local Hospital Network funds public hospital and health services for 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 Hospice](#)
- > Tresillian Family Care Centres, through the [Queen Elizabeth II Family Centre](#).

It also purchases elective surgery services from a range of private providers, including:

- > Calvary Bruce Private Hospital
- > Calvary John James Hospital
- > Canberra Microsurgery
- > Canberra Private Hospital
- > Barton Private Hospital
- > National Capital Private Hospital.

The ACT Local Hospital Network has a formal annual service level agreement with the Minister for Health and the Director-General of the Directorate. It supports safe, accessible, quality, financially sustainable and accountable hospital and health care for the ACT community and surrounding region. The agreement identifies the responsibilities and accountabilities of the relevant ACT agencies for delivering health services and provides the funding information for each.

Key sections of the service level agreement identify:

- > the services provided by the ACT Local Hospital Network
- > funding provided to the ACT Local Hospital Network to provide these services
- > the key service performance priorities and agreed targets.

Demand for hospital and health services in the ACT has significantly increased. Work to improve access to high-quality and timely healthcare is ongoing, and the Directorate is partnering and collaborating with ACT Local Hospital Network service providers to 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 2019–20 included:

- > receiving and distributing funding for public hospital and health services under the [National Health Reform Agreement](#) and the [National Partnership Agreement on COVID-19 Response](#)
- > monitoring service delivery against activity targets and key performance indicators, mainly on emergency care and elective surgery.

The ACT Local Hospital Network 2019–20 Service Level Agreement can be found under [Publications](#) on the ACT Health website.

ACT Local Hospital Network Strategic Objective

Strategic Objective 1 – Performance Agreements with Public Hospital Service Providers in Place

This indicator provides an indication of the success in the establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery.

TABLE 63: NUMBER OF PUBLIC HOSPITAL PERFORMANCE AGREEMENTS

Strategic Indicator	2019–20 target	2019–20 actual
Performance Agreements with Public Hospital Service Providers in place	2	2

This was a new strategic objective and Indicator introduced in 2019–20, following the separation of the ACT Government’s health service into two directorates, ACT Health Directorate and Canberra Health Services.

The target of two public hospital service providers includes Canberra Health Services, for the services provided through the Canberra Hospital and the University of Canberra Hospital, and Calvary Health Care ACT Ltd, for the services provided through Calvary Public Hospital Bruce and Clare Holland House Hospice.

Canberra Health Services has an agreed Statement of Priorities with the Minister for Health and Minister for Mental Health and Justice Health. The Directorate and Calvary Health Care ACT Ltd have an executed Performance Agreement, as per the requirements of the Calvary Network Agreement. Both agreements are made pursuant to the ACT Local Hospital Network Service Level Agreement and outline the priorities, funding, activity and performance targets and expectations for each provider.

Contact details: For more information on this section, contact LHNCoord@act.gov.au

Management Discussion and Analysis for ACT Local Hospital Network for the year ended 30 June 2020

Management Discussion and Analysis for the ACT Local Hospital Network For the Year Ended 30 June 2020

General Overview

Purpose

The ACT Local Hospital Network (LHN) was established under the *Health Act 1953*, administered by the Director-General of the ACT Health Directorate and supported by staff from the ACT Health Directorate.

The LHN receives Activity Based Funding (ABF) from both the Commonwealth and the ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from the following ACT public hospital providers:

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

Risk Management

Under the National Health Reform Agreement (NHRA), activity in 2019-20 is normally capped at 6.5 per cent growth on the 2018-19 funding outcome. That is, if actual performance activity is lower than budget activity for the LHN in 2019-20, this results in lower Commonwealth revenue to the ACT Government. During 2019-20 the Australian Government offered State and Territory governments a public hospital minimum funding guarantee to address the consequences of changes in hospital activity and costs resulting from COVID-19 on the national public health funding model.

The Australian Government also partnered with States and Territories to respond in a unified approach, to implement a *COVID-19 National Partnership Agreement for 2019-20 (NPCR)*.

In March 2020, the Australian Government and all States and Territories signed the NPCR, committing the parties to fund equally their share of COVID-19 in-scope expenses while the Australian Health Sector Emergency response Plan for COVID-19 is activated, as declared by the Australian Health Protection Principal Committee (AHPPC).

The NPCR facilitates achievement of the following outcomes:

- the capacity of Australia's health system is lifted to effectively assess, diagnose, and treat people with COVID-19 while minimising the spread of the disease in the community;
- people at risk from COVID-19 can access essential health care in a way that reduces their potential exposure to infection; and
- guarantee the viability of private hospitals, to retain capacity for responding to COVID-19 and enable them to resume operations at the end of the pandemic.

The NPCR envisages that COVID-19 responses may require the engagement of private hospitals in several ways:

- the provision of clinical services to support COVID-19 response at the direction of States and Territory health services;
- the provision of clinical services to support COVID-19 response at the direction of the Australian Government; and
- the provision of resources (personnel, equipment, or supplies) to support the State and Territory or Australian Government COVID-19 response.

In recognition of private hospital engagement and support for COVID-19 response, the NPCR makes provision for payments to be made to participating private hospitals to ensure their viability and retain their capacity during the pandemic.

Financial Performance

The following financial information is based on 2018-19 audited Financial Statements, 2019-20 Financial Statements and Revised Budget contained in the ACT 2019-20 Amended Supplementary Budget Papers.

The Directorate has experienced material financial impacts as a result of the COVID-19 health emergency. On this basis, budget and forward estimates information have not been presented. On 18 June 2020 the Legislative Assembly resolved to delay the introduction of the *Appropriation Bill 2020-2021* and 2020-21 Budget until after the election has been held and the formation of a Government.

Total Net Cost of Services

Table 1: Total Net Cost of Services

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Total Expenses	1 193.2	1 445.5	1 506.4	60.9
Total Own Source Revenue	533.8	586.3	597.4	11.1
Total Net Cost of Services	659.4	859.2	909.0	49.8

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)* and other transfers.

Comparison to Revised Budget

The LHN's Net Cost of Services for 2019-20 of \$859.2 million was \$49.8 million or 5.5 per cent lower than the 2019-20 Revised Budget. This was due mainly to:

- lower than anticipated payments to health service providers in response to COVID-19 (\$36.1 million) due to the success of the public health emergency response in the ACT, which saw lower numbers of COVID-19 cases, partially offset by activities undertaken to respond to the pandemic, including establishment of emergency response teams under the Chief Health Officer, ICT deployments to address clinical expansions, such as telehealth and testing centres and public communication plans associated with public health announcements, interpreter and sign language services;

- higher Commonwealth revenue received through the NHRA following the outcome of the 2018-19 reconciliation process (\$13.7 million); and
- higher than expected cross border revenue due to growth in the health services provided to interstate residents compared to the Revised Budget (\$3.0 million).

Comparison to 2018-19 Actual Net Cost of Services

During 2019-20, net cost of services increased by \$199.8 million or 30.3 per cent compared to the 2018-19 net cost of services of \$659.4 million. The increase was mainly due to higher expenses of \$252.3 million relating to:

- payments to health service providers responding to the COVID-19 outbreak (\$60.7 million);
- supporting growing demand in services (\$59.7 million);
- payments relating to undisbursed appropriation from 2018-19 (\$14.5 million); and
- a change in methodology in the way Canberra Health Services receive funding from ACT Government resulting in appropriation previously provided directly to CHS now being passed through the LHN (\$108.9 million).

The increases in expenditure were partially offset by an increase in own source revenue of \$52.6 million relating to additional Commonwealth funding received for the COVID-19 response (\$35.7 million), prior year adjustments relating to reconciliation of actual activity levels (\$13.7 million) and growth in services and indexation.

Total Expenditure

Components of Expenditure

Total expenditure for the Financial Year ended 30 June 2020 was \$1 445.5 million.

Figure 1 – Components of Expenditure, indicates that 99.2 per cent of total expenditure relates to grants and purchased services.

Figure 1: Components of Expenditure

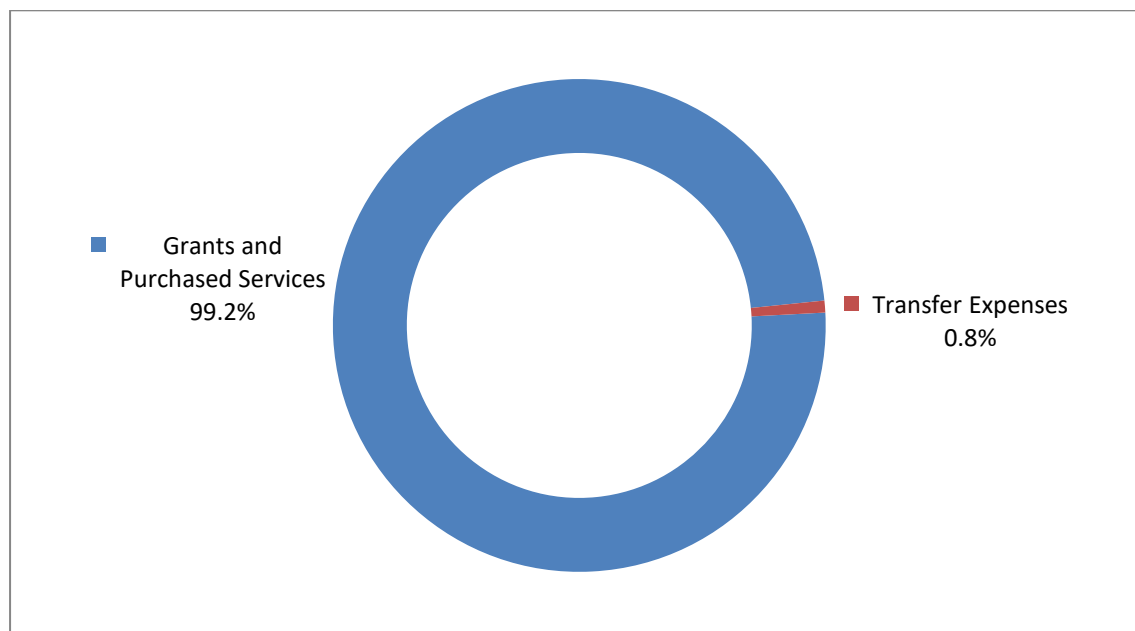


Table 2: 2019-20 Expenditure Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Grants and Purchased Services	1 186.4	1 434.3	1 497.2	62.9
Transfer Expenses	6.9	11.2	9.1	(2.1)
Total Expenditure	1 193.3	1 445.5	1 506.3	60.8

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)* and other transfers.

Comparison to Revised Budget

Total expenditure of \$1 445.5 million is \$60.8 million or 4.0 per cent lower than the 2019-20 Revised Budget. This relates mainly to lower than anticipated payments to health service providers responding to the COVID-19 outbreak (\$63.4 million) due to the success of the public health emergency response in the ACT, which led to low numbers of COVID-19 cases, partially offset by activities undertaken to respond to the pandemic.

Comparison to 2018-19 Actual Expenses

Expenditure for 2019-20 was \$252.3 million or 21.1 per cent higher than the 2018-19 expenditure of \$1 193.3 million. This was due mainly to:

- payments to health service providers relating to the COVID-19 response (\$60.7 million);

- supporting growing demand in health services (\$59.7 million);
- payments relating to appropriation from 2018-19 (\$14.5 million); and
- a change in methodology in the way Canberra Health Services receive funding from ACT Government resulting in appropriation previously provided directly to CHS now being passed through the LHN (\$108.9 million); partially offset by
- a decrease in Cross Border (Interstate) health costs (\$13.6 million) due mainly to the payments in 2018-19 being higher as a result of prior year adjustments.

Total Own Source Revenue

Components of Own Source Revenue

Total own source revenue for 2019-20 was \$586.3 million. *Figure 2 - Components of Own Source Revenue*, indicates that 80.1 per cent or \$469.7 million of total own source revenue relates to grants and contributions with the remaining revenue received from sales of goods and services from contracts with customers (\$116.6 million).

Figure 2: Components of Own Source Revenue

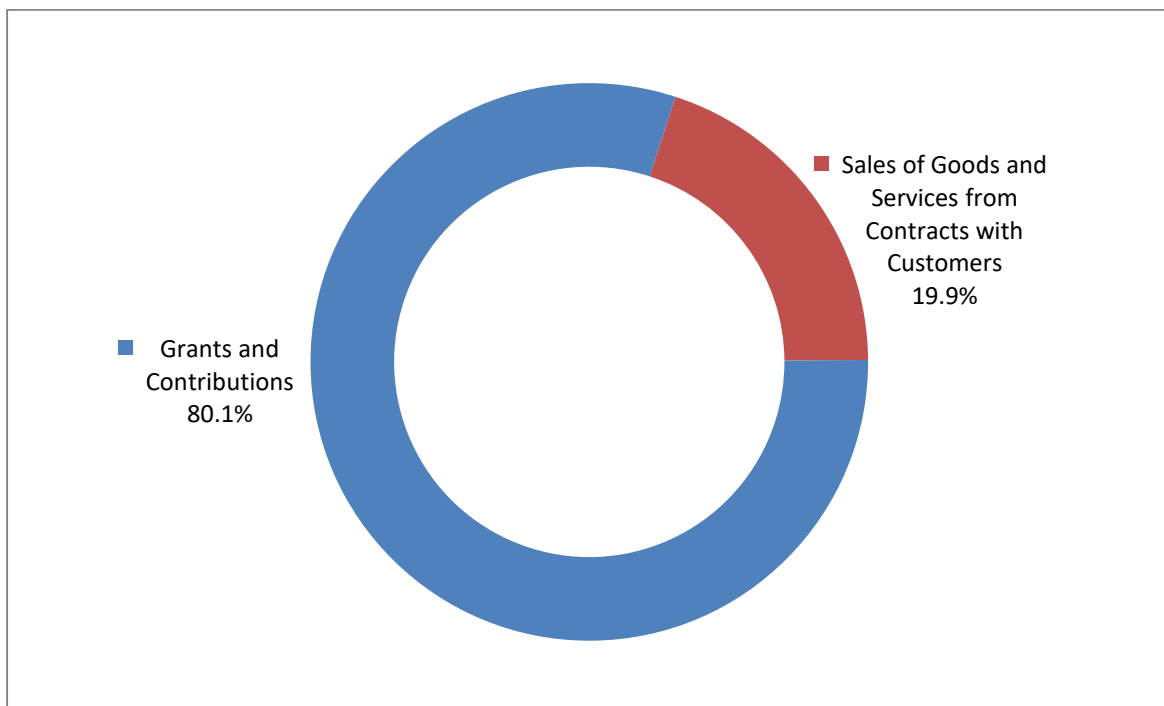


Table 3: 2019-20 Revenue Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	120.3	116.6	110.6	6.0
Grants and Contributions	413.4	469.7	486.8	(17.1)
Total Own Source Revenue	533.7	586.3	597.4	(11.1)

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*, instruments under the *Financial Management Act 1996 (FMA)* and other transfers.

Comparison to Revised Budget

Own source revenue for 2019-20 of \$586.3 million was lower than the 2019-20 Revised Budget by \$11.1 million or 1.9 per cent, due mainly to:

- lower Commonwealth funding utilised for the COVID-19 response due to lower than anticipated activity (\$27.3 million); partially offset by
- higher funding received through prior year reconciliations from the NHRA for 2018-19 activity (\$13.7 million); and
- higher cross border revenue due to growth in health services provided to interstate residents (\$6.0 million).

Comparison to 2018-19 Actual Own Source Revenue

Own source revenue for 2019-20 was \$52.6 million or 9.9 per cent higher than in 2018-19 due mainly to:

- additional Commonwealth funding received for the COVID-19 response (\$35.7 million);
- funding received for prior year reconciliations for services funded through the NHRA (\$13.7 million); and
- cross border health revenue for services provided to interstate residents during the year (\$6.0 million).

Financial Position

Total Assets

Total assets at 30 June 2020 were \$69.8 million. *Figure 3 - Components of Assets* indicates that the majority of assets relate to receivables (91.4 per cent) with the remaining 8.6 per cent being cash and cash equivalents.

Figure 3: Components of Assets

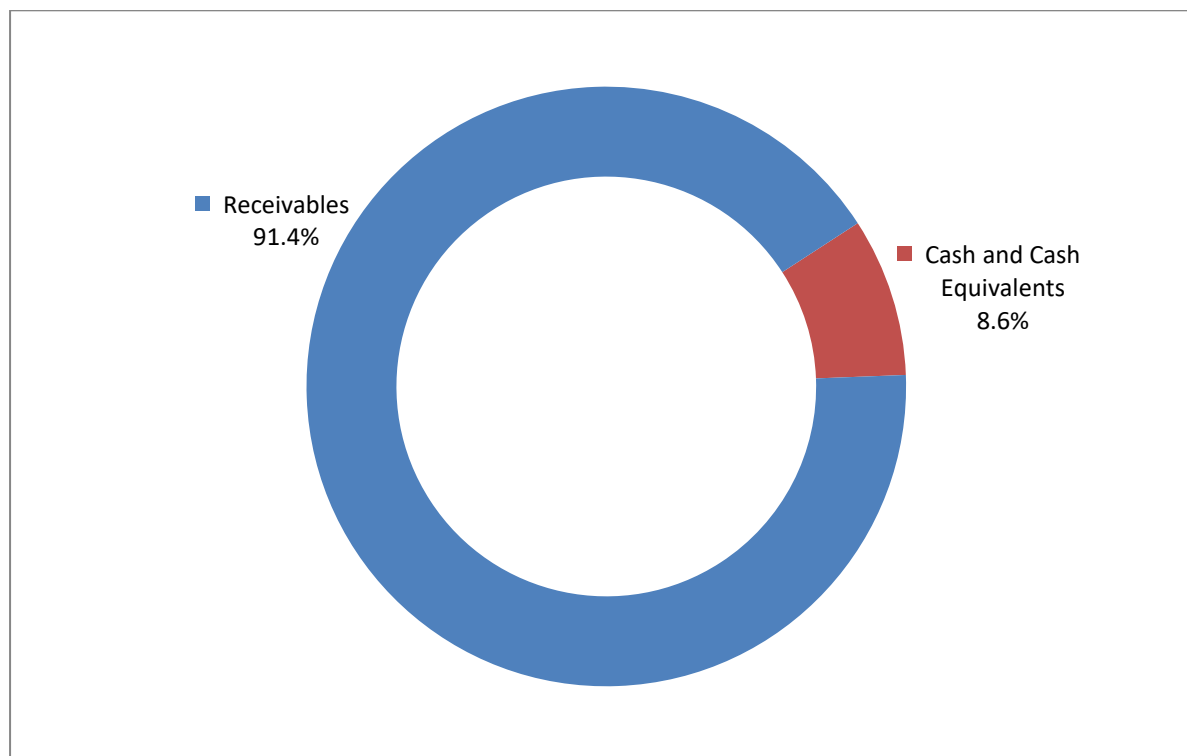


Table 4: 2019-20 Asset Variations from Revised Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Cash and Cash Equivalents	-	6.0	-	6.0
Receivables	56.5	63.8	56.5	7.3
Total Assets	56.5	69.8	56.5	13.3

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*.

Comparison to Revised Budget and 2018-19 Actual Total Assets

Total assets at 30 June 2020 of \$69.8 million were \$13.3 million higher than the 2018-19 actual result and the 2019-20 Revised Budget of \$56.5 million, due mainly to:

- outstanding cross border health receipts for health services provided to interstate residents in 2019-20 (\$7.0 million); and
- an increase in cash balances relating to funding received from the Commonwealth for Private Hospital Financial Viability Payments (\$6.0 million) relating to the NPCR.

Total Liabilities

Total liabilities at 30 June 2020 were \$44.9 million. *Figure 4 - Components of Liabilities* indicates that the majority of liabilities relate to payables (86.7 per cent) with the remaining 13.3 per cent being other liabilities.

Figure 4: Components of Liabilities

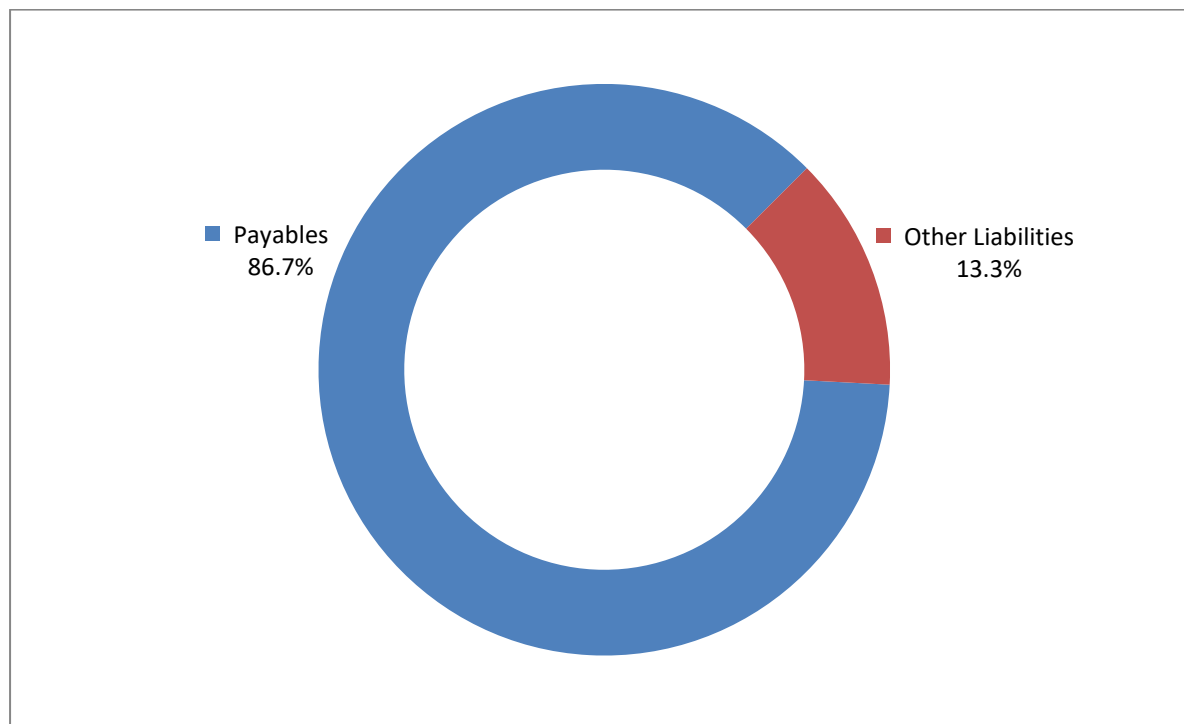


Table 5: 2019-20 Liability Variations from Budget

	Actual 2019 \$m	Actual 2020 \$m	Revised Budget ¹ 2020 \$m	Revised Budget Variance \$m
Payables	41.6	38.9	41.6	2.7
Other Liabilities	-	6.0	-	(6.0)
Total Liabilities	41.6	44.9	41.6	(3.3)

1. Revised Budget includes financial impacts associated with the *Appropriation Bill 2019-2020 (No. 2)*.

Comparison to Revised Budget and 2018-19 Actual Total Liabilities

Total liabilities at 30 June 2020 of \$44.9 million were \$3.3 million higher than the actual result at 30 June 2019 and the 2019-20 Revised Budget of \$41.6 million due mainly to:

- other liabilities for Private Hospital Financial Viability Payments (\$6.0 million) relating to the NPCR; partially offset by
- net decrease in payables (\$2.7 million) due to the payment of outstanding 2018-19 accrued expenses owing to Canberra Health Services for public Health Services (\$5.8 million) and an increase in payables for ACT residents receiving health care services in interstate public hospitals (\$3.1 million).

Financial Statements for ACT Local Hospital Network for the year ended 30 June 2020

ACT Local Hospital Network

Financial Statements

For the Year Ended

30 June 2020

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 for the year ended 30 June 2020 which comprise the operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

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

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

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

Responsibilities of the Directorate for the financial statements

The Director-General of the ACT Health Directorate is responsible for:

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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



Ajay Sharma
Assistant Auditor-General, Financial Audit
29 September 2020

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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 2020.



Kylie Jonasson

Director-General

ACT Health Directorate

29 September 2020

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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 2020.



Kate Chambers

Chief Finance Officer

ACT Health Directorate

29 September 2020

**ACT LOCAL HOSPITAL NETWORK
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	4	869 147	771 178	654 588
Sales of Goods and Services from Contracts with Customers	5	116 596	110 619	120 334
Grants and Contributions	6	469 731	423 826	413 437
<i>Total Revenue</i>		1 455 474	1 305 623	1 188 359
Total Income		1 455 474	1 305 623	1 188 359
Expenses				
Grants and Purchased Services	7	1 434 253	1 298 441	1 186 354
Transfer Expenses	8	11 268	7 182	6 879
Total Expenses		1 445 521	1 305 623	1 193 233
Operating Surplus/(Deficit)		9 953	-	(4 874)
Total Comprehensive Income/(Deficit)		9 953	-	(4 874)

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
As At 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Current Assets				
Cash and Cash Equivalents	9	5 972	500	-
Receivables	10	63 830	34 887	56 537
Total Current Assets		69 802	35 387	56 537
Total Assets		69 802	35 387	56 537
Current Liabilities				
Payables	11	38 969	15 606	41 629
Other Liabilities	12	5 972	-	-
Total Current Liabilities		44 941	15 606	41 629
Total Liabilities		44 941	15 606	41 629
Net Assets		24 861	19 781	14 908
Equity				
Accumulated Funds		24 861	19 781	14 908
Total Equity		24 861	19 781	14 908

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 2020**

	Accumulated Funds Actual 2020 \$'000	Total Equity Actual 2020 \$'000	Original Budget 2020 \$'000
Balance at 1 July 2019	14 908	14 908	19 781
Comprehensive Income			
Operating Surplus	9 953	9 953	-
Total Comprehensive Income	9 953	9 953	-
Balance at 30 June 2020	24 861	24 861	19 781

	Accumulated Funds Actual 2019 \$'000	Total Equity Actual 2019 \$'000
Balance at 1 July 2018	19 782	19 782
Comprehensive Income		
Operating (Deficit)	(4 874)	(4 874)
Total Comprehensive (Deficit)	(4 874)	(4 874)
Balance at 30 June 2019	14 908	14 908

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

**ACT LOCAL HOSPITAL NETWORK
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020**

	Note No.	Actual 2020 \$'000	Original Budget 2020 \$'000	Actual 2019 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		869 147	771 178	654 588
Sales of Goods and Services from Contracts with Customers		109 590	110 619	99 120
Grants and Contributions		475 703	423 826	413 437
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		24 382	21 994	21 025
Total Receipts from Operating Activities		1 478 822	1 327 617	1 188 170
Payments				
Grants and Purchased Services		1 448 181	1 305 623	1 167 211
Goods and Services Tax Paid to Suppliers		24 669	21 994	21 459
Total Payments from Operating Activities		1 472 850	1 327 617	1 188 670
Net Cash Inflows/(Outflows) from Operating Activities	15(b)	5 972	-	(500)
Net Increase/(Decrease) in Cash and Cash Equivalents		5 972	-	(500)
Cash and Cash Equivalents at the Beginning of the Reporting Period		-	500	500
Cash and Cash Equivalents at the End of the Reporting Period	15(a)	5 972	500	-

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

ACT LOCAL HOSPITAL NETWORK STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2020

	Original Budget 2020 \$'000	Total Appropriated 2020 \$'000	Appropriation Drawn 2020 \$'000	Appropriation Drawn 2019 \$'000
Controlled Recurrent Payments	771 178	908 907	869 147	654 588
Total Appropriation	771 178	908 907	869 147	654 588

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 (2019-20 Budget Statements). This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the ACT Local Hospital Network during the year. This amount appears in the Statement of Cash Flows.

	Controlled Recurrent Payments \$'000
Reconciliation of Appropriation for 2019-20	
Original Budget Appropriation for 2019-20	771 178
Rollover of Undisbursed Appropriation (FMA s.16B)	14 528
Transfers of Appropriations from ACT Health Directorate (FMA s.16)	2 335
Supplementary Appropriation (FMA s.13)	120 746
Additional Approved Appropriations (FMA s.19B)	120
Total Appropriated	908 907
Appropriation Drawn	869 147

Variances between 'Original Budget' and 'Total Appropriated'

The difference between the Original Budget and Total Appropriated of \$137.7 million relates mainly to supplementary appropriation received for public health emergency response to COVID-19 outbreak (\$61 million), support to meet demand in health services (\$59.7 million) and rollover of appropriation from 2018-19 (\$14.5 million).

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between the Total Appropriated and Appropriation Drawn of \$39.8 million relates mainly to:

- undrawn appropriation of \$10.2 million, due to higher Commonwealth revenue (\$10.2 million) received by the Territory in-line with funding agreements, where the LHN does not draw down appropriation if revenue from other sources exceeds the original budget; and
- undrawn appropriation of \$31.5 million in relation to the Territory's public health emergency response to COVID-19, offset by activities undertaken to respond to the pandemic.

ACT LOCAL HOSPITAL NETWORK

NOTE INDEX

FOR THE YEAR ENDED 30 JUNE 2020

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ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Note 1. Objectives of the ACT Local Hospital Network

Operations and Principal Activities

The ACT Local Hospital Network (LHN) was established under the *Health Act 1953*, and is administered by the Director-General of the ACT Health Directorate and supported by staff from the ACT Health Directorate.

The LHN receives Activity Based Funding (ABF) from both the Commonwealth and the ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from the following 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 reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Statement of Cash Flows for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the significant accounting policies adopted for the reporting period; and
- vii. other statements as are necessary to fairly reflect the financial operations of the LHN during the reporting period and its financial position at the end of the reporting period.

These general-purpose financial statements have been prepared to comply with Australian Accounting Standards as required by the FMA. These financial statements have been prepared in accordance with:

- i. Australian Accounting Standards; and
- ii. ACT Accounting and Disclosure Policies.

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to historical cost convention, except for financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to the LHN during the reporting period.

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Note 2. Basis of Preparation of the Financial Statements (Continued)

COVID-19 IMPACTS

The Directorate experienced material financial impacts relating to both Income and Expenses as a result of the COVID-19 health emergency in Financial year 2019-20. Above impacts are represented through figures and comments in 'Statement of Appropriation', Note 4 - Controlled Recurrent Payments, Note 6 - Grants and Contributions and Note 7 - Grants and Purchased Services.

CURRENCY

These financial statements are presented in Australian dollars.

INDIVIDUAL NOT-FOR-PROFIT REPORTING ENTITY

The LHN is an individual not-for-profit reporting entity.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2019-20 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

The LHN has applied the modified retrospective approach to the adoption of AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not-for-Profit Entities* and comparative information is not restated. There were no changes to prior year balances resulting from this new accounting standard.

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 2019-20 financial statements have been prepared on a going concern basis as the LHN has been funded in 2020-21 under section 7 of the *Financial Management Act 1996* pending funding in the 2020-21 Budget and the 2020-21 Budget Papers including forward estimates for the LHN. The 2020-21 Budget will be presented to the Legislative Assembly subsequent to the signing of the LHN's 2019-20 financial statements.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 2. Basis of Preparation of the Financial Statements (Continued)

REVENUE RECOGNITION

Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

AASB 15

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

AASB 1058

Where revenue streams are in the scope of AASB 1058, the LHN recognises the asset received (generally cash or other financial assets at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

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 LHN does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities, which do not fall within the current classification, are classified as non-current.

Note 3. Change in Accounting Policies

Refer to Appendix A – Change in Accounting Policies.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 4. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are recognised as revenue when the LHN gains control over the funding. Control over appropriated funds is obtained upon receipt of cash.

CRP are revenue received from the ACT Government to fund the costs of delivering outputs.

	2020 \$'000	2019 \$'000
Revenue from the ACT Government		
Controlled Recurrent Payments ^a	869 147	654 588
Total Controlled Recurrent Payments	869 147	654 588

a) The increase in 'Controlled Recurrent Payments' of \$214.6 million relates mainly to:

- supplementary appropriation received for the public health emergency response to the COVID-19 outbreak (\$31.5 million) and to meet an increase in demand for health services (\$59.7 million);
- rollovers from 2018-19 financial year (\$14.5 million) including Medical Officers' Enterprise Bargaining Agreement (EBA) (\$8.6 million), and payments to Canberra Health Services (CHS) (\$5.9 million); and
- a change in methodology in the way CHS receive funding from ACT Government resulting in appropriation previously provided directly to CHS now being passed through the LHN (\$108.9 million).

Note 5. Sales of Goods and Services from Contracts with Customers

SIGNIFICANT ACCOUNTING JUDGEMENT AND ESTIMATES – REVENUE FROM CONTRACTS

Cross Border (Interstate) Health revenue is received from other States and the Northern Territory for the provision public hospital services to interstate residents. Public hospital services are dependent on patient numbers and complexities of treatments provided.

Initial revenue from Cross Border (Interstate) Health services for the current year is recognised overtime on a monthly basis on patient numbers estimated from projected growth of prior year actuals. Thereafter revenue for actual patient numbers and complexities of treatments provided are recognised following an acquittal process undertaken in subsequent years. Variations to the revenue recognised are accounted for in the year of settlement.

The price payable for services is determined by the Independent Hospital Pricing Authority (IHPA) and the activity is based on agreed national weighted activity units.

The National Health Reform Agreement (NHRA) specifies that each jurisdiction will make funding contributions through the National Health Funding Pool for services provided by other jurisdictions to its residents either on an ad hoc basis reflecting actual activity, or on a regular basis as scheduled through a Cross Border agreement.

	2020 \$'000	2019 \$'000
Non-ACT Government Customers		
Cross Border (Interstate) Health Revenue	116 596	120 334
Total Sales of Goods and Services from Non-ACT Government Customers	116 596	120 334
Total Sales of Goods and Services from Contracts with Customers	116 596	120 334

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 6. Grants and Contributions

Commonwealth Grants relate to Activity Based Funding and Block Funding under the National Health Reforms Agreement (NHRA) and the recently signed National Partnership on COVID-19 Response (NPCR).

Activity Based Funding refers to a national system for funding public hospital services using National classifications, National Weighted Activity Unit (NWAU) and a National Efficient Price (NEP).

Activity Based Funding covers all admitted, non-admitted and emergency department services that meet the Independent Hospital Pricing Authority (IHPA) criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Block Funding is provided to support other public hospital functions that are recognised by IHPA as services acceptable to be funded on this basis and that conform to IHPA's national pricing model.

Public Health funding is provided to fund health promotion and preventive activities undertaken by the State/Territory Health Department.

In March 2020, the Australian Government and all Australian States and Territories signed the NPCR in order to proactively mitigate the impacts of COVID-19 and support the Australian health system to respond effectively to the outbreak. On the 14 April 2020, the NPCR was varied to include private hospitals, integrating those facilities with state and territory health system to manage COVID-19 responses. The NPCR facilities achievements of the following outcomes in the territory:

- capacity for the ACT's health system is lifted to effectively assess, diagnose and treat people with COVID-19;
- Canberrans at risk from COVID-19 can access essential health care in a way that reduces their potential exposure to infection; and
- guarantees the viability of private hospitals in the Territory, to retain capacity for responding to COVID-19 and enable them to resume operations at the end of pandemic.

SIGNIFICANT ACCOUNTING JUDGEMENT AND ESTIMATES – GRANTS FROM THE COMMONWEALTH

Actual NWAUs are settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

Commonwealth Grants are calculated and paid using estimates of NWAU activity. These estimates are based on expected number of patients treated during the year and are recognised as revenue upon receipt.

Grants from the Commonwealth are recognised as revenue when the LHN gains control over the funding. Control over funds is obtained upon receipt of cash, with the exception of the NPCR Private Hospital Financial Viability receipts, which have only been recognised as revenue when on-passed (100 percent) to the relevant private hospital.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 6. Grants and Contributions (Continued)

	2020 \$'000	2019 \$'000
Grants from the Commonwealth ^a	469 731	413 437
Total Grants and Contributions	469 731	413 437

- a) The increase in 'Grants from the Commonwealth' of \$56.3 million relates mainly to additional funding received for the COVID-19 public health emergency response (\$35.7 million), prior year reconciliations under the NHRA (\$13.7 million) and growth in health services and indexation.

Note 7. Grants and Purchased Services

Grants and Purchased Services reflect public hospital payments to CHS, Calvary Public Hospital (CPH) (including Clare Holland House), Queen Elizabeth II Hospital (QEII), Private Hospitals and to States and the Northern Territory for cross border patient services.

	2020 \$'000	2019 \$'000
Purchased Services		
Payments to Service Providers		
- Canberra Health Services ^a	1 159 012	929 899
- Calvary Public Hospital ^b	222 545	199 231
- Clare Holland House	11 843	11 537
- Queen Elizabeth II Hospital	3 695	3 716
- Private Hospital Financial Viability Payments ^c	8 766	-
Cross Border (Interstate) Health Costs ^d	28 392	41 971
Total Grants and Purchased Services	1 434 253	1 186 354

- a) Payments to CHS increased (\$229.1 million) mainly due to the ongoing response to COVID-19 outbreak (\$41.0 million), an increase in demand for services (\$59.7 million), payment of undisbursed appropriation from 2018-19 financial year (\$14.5 million), indexation, new initiatives as per 2019-20 Budget Papers and a change in methodology in the way CHS receive funding from ACT Government resulting in appropriation previously provided directly to CHS now being passed through the LHN (\$108.9 million).
- b) Payments to CPH increased (\$35.2 million) mainly due to the ongoing response to the COVID-19 outbreak (\$7.0 million), indexation and new initiatives as per 2019-20 Budget Papers.
- c) Payments to private hospitals relate to the NPCR commitment to provide for 100 per cent contribution for financial viability of private hospitals within the Territory.
- d) Payments for 'Cross Border (Interstate) Health Costs decreased (\$13.6 million) mainly due to the 2018-19 financial year being higher as a result of prior year adjustments.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 8. Transfer Expenses

The Commonwealth Government's contribution to public health funding through the National Health Reform Agreement (NHRA) and the National Partnership on COVID-19 Response (NPCR), is passed through to the ACT Health Directorate. Public health payments fund health promotion, preventive activities and the Chief Health Officer's response to COVID-19 in the Territory, for which activities are undertaken by State and Territory Health Departments.

	2020	2019
	\$'000	\$'000
Transfer Expenses ^a	11 268	6 879
Total Transfer Expenses	11 268	6 879

- a) The increase in 'Transfer Expenses' of \$4.4 million relates mainly to additional payments of \$4.1 million to the ACT Health Directorate for the public health emergency response to the COVID-19 outbreak.

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 NHRA. The LHN does not receive any interest on these accounts.

	2020	2019
	\$'000	\$'000
Cash at Bank ^a	5 972	-
Total Cash and Cash Equivalents	5 972	-

- a) Cash at Bank relates mainly to funding received under NPCR for private hospital financial viability payments which will be utilised in the 2020-21 financial year.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 10. Receivables

Accounts receivable are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Cross Border revenue relates to the estimated number of interstate patients treated in ACT public hospitals.

	2020 \$'000	2019 \$'000
Current Receivables		
Accrued Revenue ^a	61 878	54 872
Net GST Receivable	1 952	1 665
Total Current Receivables	<u>63 830</u>	<u>56 537</u>
Total Receivables	<u>63 830</u>	<u>56 537</u>

- a) The increase in 'Accrued Revenue' of \$7.0 million relates mainly to outstanding Cross Border health receipts for services provided to interstate residents in 2019-20 financial year.

No receivables are past due or impaired.

	2020 \$'000	2019 \$'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with Non-ACT Government Entities		
Accrued Revenue	61 878	54 872
Net GST Receivable	1 952	1 665
Total Receivables with Non-ACT Government Entities	<u>63 830</u>	<u>56 537</u>

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

	2020	2019
	\$'000	\$'000
Current Payables		
Accrued Expenses ^a	38 969	41 629
Total Current Payables	38 969	41 629
Total Payables	38 969	41 629

- a) The decrease in 'Accrued Expenses' of \$2.7 million relates mainly to payment of outstanding accrued expense in 2018-19 financial year to Canberra Health Services (\$5.8 million), partially offset by an increase in cross border payables for ACT residents receiving health care services in interstate public hospitals (\$3.1 million) during the year.

No payables are overdue.

	2020	2019
	\$'000	\$'000
Classification of ACT Government/Non-ACT Government Payables		
Payables with ACT Government Entities		
Accrued Expenses	-	5 826
Total Payables with ACT Government Entities	-	5 826
Payables with Non-ACT Government Entities		
Accrued Expenses	38 969	35 803
Total Payables with Non-ACT Government Entities	38 969	35 803
Total Payables	38 969	41 629

Note 12. Other Liabilities

	2020	2019
	\$'000	\$'000
Current Other Liabilities		
Revenue Received in Advance ^a	5 972	-
Total Other Liabilities	5 972	-

- a) Revenue Received in Advance relate to consideration received from the Commonwealth for payments to Private Hospitals related to the National Partnership on COVID-19 Response (NPCR) to ensure financial viability during the COVID-19 outbreak.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 13. 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.

There have been no significant changes in credit risk exposure since the last reporting period.

Liquidity Risk

Liquidity risk is the risk that the LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 13. Financial Instruments (Continued)

Carrying Amounts and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2020 \$'000	Fair Value 2020 \$'000	Carrying Amount 2019 \$'000	Fair Value 2019 \$'000
Financial Assets					
Cash and Cash Equivalents	9	5 972	5 972	-	-
Receivables	10	61 878	61 878	54 872	54 872
Total Financial Assets		67 850	67 850	54 872	54 872
Financial Liabilities					
Payables	11	38 969	38 969	41 629	41 629
Other Liabilities	12	5 972	5 972	-	-
Total Financial Liabilities		44 941	44 941	41 629	41 629
Net Financial Assets		22 909	22 909	13 243	13 243

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

	2020 \$'000	2019 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	61 878	54 872
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	44 941	41 629

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 14. Commitments

Commitments contracted at reporting date but not recognised as liabilities, are payable as

	2020	2019
	\$'000	\$'000
Commitments		
Payable:		
Within One Year	4 064	4 064
Later than one year but not later than five years	-	4 064
Total Commitments ^a	4 064	8 128

Commitments relate to services provided under contract for the provision of residential primary health care for families of young children at the Queen Elizabeth II Family Centre.

- a) The decrease in 'Commitments' of \$4.1 million relates to the recognition of a commitment relating to a two year contract in 2018-19 when compared to the recognition of a commitment for one year in 2019-20.

All amounts shown in this note are inclusive of GST.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 15. Cash Flow Reconciliation

(a) Reconciliation of Cash and Cash Equivalents at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet

	2020	2019
	\$'000	\$'000
The Cash and Cash Equivalents Recorded in the Balance Sheet	5 972	-
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Statement of Cash Flows	5 972	-

(b) Reconciliation of Operating Result to Net Cash Inflows from Operating Activities

	2020	2019
	\$'000	\$'000
Operating Surplus/(Deficit)	9 953	(4 874)
Cash Before Changes in Operating Assets and Liabilities	9 953	(4 874)
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(7 293)	(21 649)
(Decrease)/Increase in Payables	(2 660)	26 023
Increase in Other Liabilities	5 972	-
Net Changes in Operating Assets and Liabilities	(3 981)	4 374
Net Cash Inflows/(Outflows) from Operating Activities	5 972	(500)

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 16. Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the 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 2020.

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 2020.

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 2020**

Note 17. Budgetary Reporting

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 5% and \$15 million.

Operating Statement Line Items

	Actual	Original	Variance	Variance	Variance Explanation
	2019-20	Budget ¹			
	\$'000	\$'000	\$'000		
Controlled Recurrent Payments	869 147	771 178	97 969	12.7	Controlled Recurrent Payments exceeded Budget due mainly to supplementary appropriation provided to support demand in services (\$59.7 million) and the public health emergency response to COVID-19 (\$31.5 million) and rollover of appropriation from 2018-19 (\$14.5 million), partially offset by undrawn (\$10.2 million) appropriation due to higher Commonwealth Grants revenue received by the Territory.
Grants and Contributions	469 731	423 826	45 905	10.8	Grants and Contributions exceeded Budget due mainly to additional Commonwealth funding received for the public health emergency response to COVID-19 and reconciliation of actual activity levels for prior years relating to National Health Reforms Agreement (NHRA) activities.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 17. Budgetary Reporting (Continued)

Operating Statement Line Items (Continued)

	Actual 2019-20 \$'000	Original Budget ¹ 2019-20 \$'000	Variance \$'000	Variance %	Variance Explanation
Grants and Purchased Services	1 434 253	1 298 441	135 812	10.5	Grants and Purchased Services exceeded Budget due mainly to payments to health service providers in response to COVID-19 and additional payments to support growth in demand for health services.

Balance Sheet Line Items

Receivables	63 830	34 887	28 943	83.0	Receivables exceeded Budget due to higher outstanding cross border health receipts.
Payables	38 969	15 606	23 363	149.7	Payables exceeded Budget mainly due to higher outstanding cross border health payments.

Statement of Changes in Equity

These line items are covered in other financial statements

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original Budget Papers in respect of the reporting period (2019-20) Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Note 17. Budgetary Reporting (Continued)

Cash Flow Statement Line Items

	Actual 2019-20 \$'000	Original Budget ¹ 2019-20 \$'000	Variance \$'000	Variance %	Variance Explanation
Controlled Recurrent Payments	869 147	771 178	97 969	12.7	The increase is due mainly to rollover of appropriation from 2018-19 (\$14.5 million) and supplementary appropriation received for the public health emergency response to the COVID-19 outbreak (\$31.5 million) and supporting demand in services (\$59.7 million), partially offset by undrawn appropriation due to higher Commonwealth revenue (\$10.2 million) received by the Territory.
Grants and Contributions	475 703	423 826	51 877	12.2	The increase is due mainly to NPCR funding received for the public health emergency response to COVID-19 and reconciliation of actual activity levels for prior years relating to National Health Reforms Agreement (NHRA) activities.
Grants and Purchased Services	1 448 181	1 305 623	142 558	10.9	The increase is due mainly to payments made to health service providers responding to COVID-19 (60.7 million) and additional funding to support demand for hospital and health services (\$59.7 million).

**ACT LOCAL HOSPITAL NETWORK
FORMING PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICIES

CHANGE IN ACCOUNTING POLICIES

Information provided below explains the impact of the adoption of *AASB 15 Revenue from Contracts with Customers* and *AASB 1058 Income of Not-for-Profit Entities* on the LHN's financial statements.

Initial Application of *AASB 15 Revenue from Contracts with Customers* and *AASB 1058 Income of Not-for-Profit Entities*

AASB 15 Revenue from Contracts with Customers replaces *AASB 118 Revenue*, *AASB 111 Construction Contracts*, *AASB 1004 Contributions* and related interpretations for annual reporting periods beginning on or after 1 January 2019 for not-for-profit entities.

LHN adopted the modified retrospective approach on transition to *AASB 15* and *AASB 1058*. No comparative information has been restated under this approach.

Revenue Recognition under AASB 15

Under *AASB 15* agencies recognise revenue when (or as) they satisfy a performance obligation by transferring a promised good or service and it is based on the transfer of control rather than the transfer of risks or rewards.

AASB 15 focuses on providing sufficient information to the users of financial statements about the nature, amount, timing and uncertainty of revenues and cash flows arising from contracts with customers. Revenue is recognised by applying the following five steps:

1. identifying contracts with customers;
2. identifying separate performance obligations;
3. determining the transaction price of the contract;
4. allocating the transaction price to each of the performance obligations; and
5. recognising revenue as each performance obligation is satisfied.

Revenue is recognised either over time or at a point in time. Any distinct goods or services are separately identified and any discounts or rebates in the contract price are allocated to the separate elements.

Revenue Recognition under AASB 1058

LHN receives income from appropriations and other agreements which are recognised under *AASB 1058*. *AASB 1058* is applied to Not-for-Profit agencies for recognising income that either does not arise from an enforceable contract with customers or which do not have sufficiently specific performance obligations. The timing of income recognition under *AASB 1058* depends upon whether such a transaction gives rise to a liability or a contribution by owners, related to an asset (such as cash or another asset recognised by the LHN).

**ACT LOCAL HOSPITAL NETWORK
FORMING PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

APPENDIX A - CHANGE IN ACCOUNTING POLICY (Continued)

Contract Balances

When either party to a contract has performed the obligation, the contract is presented in the balance sheet as a contract asset or contract liability. Any unconditional rights to consideration are presented separately as a receivable.

To clarify:

- a contract asset is recognised if the LHN transfers goods or services to a customer before the customer pays consideration or the payment is due;
- a contract liability is recognised if a customer pays consideration before LHN transfers a good or service to the customer; and
- a receivable is LHN's right to consideration that is unconditional and only the passage of time is required before payment of the consideration is due.

Comparison of Financial Statement Line Items under AASB 15 and AASB 1058 Compared to Previous Standards for the Current Year

There were no changes to prior year balances resulting from this new accounting standard. Cross Border revenue has now been reclassified as Revenue from Contracts with Customers compared to User Charges in past years.

Statement of Cash Flows for the year ended 30 June 2020

The Statement of Cash Flows is not materially different under AASB 1058 / AASB 15 from that which would be presented under the previous revenue standards.

Statement of Performance for ACT Local Hospital Network for the year ended 30 June 2020

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2020.

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 2020 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

The Directorate's responsibilities for the statement of performance

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma
Assistant Auditor-General, Financial Audit
29 September 2020

**ACT LOCAL HOSPITAL NETWORK DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2020**

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 2020 and also fairly reflects the judgements exercised in preparing it.



Kylie Jonasson

Director-General

ACT Health Directorate

29 September 2020

ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2020

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.1 ACT Local Hospital Network				
Description:				
The ACT Local Hospital Network receives funding under the NHRA and purchases public hospital services from the Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre.				
Measures	Original Target 2019-20	Actual Result 2019-20	Variance from Original Target (%)	Notes
Accountability Indicators				
a) Admitted Services - NWAU {19}	101,917	96,639	(5)	1
b) Non-Admitted Services - NWAU {19}	20,758	29,116	40	2
c) Emergency Services - NWAU {19}	19,590	18,415	(6)	3
d) Acute Admitted Mental Health Services - NWAU {19}	9,824	10,492	7	4
e) Sub Acute Services - NWAU {19}	12,340	12,901	5	5
f) Total in scope - NWAU {19}	164,429	167,564	2	
TOTAL COST (\$'000)	1,305,623	1,445,521	11	6
CONTROLLED RECURRENT PAYMENTS (\$'000)	771,178	869,147	13	7

The above Statement of Performance should be read in conjunction with the accompanying notes.

The 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 in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

a. – f. 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) {19} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2019-20. These measures combine the results for Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'. NWAU data is submitted to the National Health Funding Body and reconciled up to four months after the end of the financial year. This process may result in changes to the activity count reported for the ACT reported by the Funding Body.

- 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 2020

Output 1.1 ACT Local Hospital Network (continued)

Explanation of Material Variance (>5%)

1. The result is lower than target due the suspension of non-essential elective surgeries due to the COVID-19 response from 25 March 2020 to 15 May 2020. In addition, fewer emergency department presentations due to COVID-19 has resulted in lower admissions.
2. The result is higher than target due to improvements made in clinical coding processes and inclusion of COVID-19 activity.
3. The result is lower than target due to a drop in Emergency Services presentations during the COVID-19 outbreak.
4. The result is higher than target due primarily to higher-than-trend demand in February and April. Factors contributing to the variance from target include higher demand for services due to the bush fire season and COVID-19.
5. The result is higher than target due to improvements in clinical coding and improved capture of data.
6. Total Costs are higher than target due mainly to costs associated with maintaining demand at Canberra Health Services for emergency department capacity, intensive care and general inpatient beds, and elective and emergency surgeries (\$60 million), additional COVID-19 financial support (\$61 million) and roll overs from 2019-20 for property, plant and equipment (\$6 million) and medical officer pay rises (\$9m).
7. Controlled Recurrent Payments are higher than target mainly due to supplementary funding for COVID-19 (\$31 million) Health Emergency response supplementary funding (non-COVID-19) provided in the 2nd Appropriation Bill for Canberra Health Services (\$60 million).

Appendix A Compliance statement

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

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 2019–20 complies with all subsections of Part 1 under the Directions.

In compliance with Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Health Directorate are provided within the ACT Health Directorate Annual Report 2019–20 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 the ACT Health Directorate complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Health Directorate Annual Report 2019–20 as follows:

- > A. Transmittal Certificates, see pages 27 and 28
- > B. Organisational overview and performance, inclusive of all subsections, see pages 30–187
- > C. Financial Management Reporting, inclusive of all subsections, see pages 188–315.

Part 3 Reporting by Exception

The ACT Health Directorate has nil information to report by exception under Part 3 of the Directions for the 2019–20 reporting year.

Part 4 Annual Report Requirements for specific reporting entities

The following subsection of Part 4 of the 2019 Directions is applicable to the ACT Health Directorate and can be found within the ACT Health Directorate Annual Report 2019–20:

- > Mental Health, see page 319.

Part 5 Whole-of-Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Health Directorate. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- > Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- > Human Rights, see the annual report of the Justice and Community Safety Directorate
- > Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- > Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- > Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

https://www.cmtedd.act.gov.au/open_government/report/annual_reports

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