



Critical dates and reasons

- 20 June 2019 – Ministerial announcement on the development of a Child and Adolescent Health Plan. Landing page launched on ACT Health website
- July 2019 – Cross directorate working group to be established, including consumer representation through HCCA. Operational level planning currently underway including work on implementation of the Maternity Access Strategy will be considered in development of the Plan through this process.
- July 2019 – HCCA formally engaged to undertake consultations with consumers and community groups.
- August 2019 – Project plan and other project initiation documentation finalized including Communication and Engagement Strategy.
- September 2019 – Round 1 consultations to commence. HCCA to lead consumer and community group consultations and ACTHD to lead internal ACT Government consultations.
- November 2019 – Round 1 consultation report on consumer and community group consultations finalized by HCCA and submitted to ACTHD. Round 1 consultation report on internal ACT Government consultations finalized by ACTHD.
- February 2020 – Draft Plan completed and submitted to working group for feedback.
- March 2020 – Draft Plan released for Round 2 consultations.
- April 2020 – Updated Plan submitted to working group for endorsement.
- May 2020 – Final Draft Plan submitted to Minister for approval.
- June 2020 – Child and Adolescent Health Plan finalized for publication.
- July 2020 – Child and Adolescent Health Plan launched.

Financial considerations

Resourcing for development of the Plan will be managed within existing staffing resources and through internal re-prioritisation within ACTHD.

Resourcing requirements for implementation of the Plan will be submitted with the final Plan in May 2020.

Recommended approach and timing

The Plan will be developed over a period of 12 months, allowing for a comprehensive consultation and engagement process. It is anticipated the Plan will be launched in July 2020.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49699
Contact Officer name:	Jacinta George	Ext: 49908
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

Canberra Health Services Performance Agreement

Portfolio and function

ACT Health Directorate - Commissioning

Issue

Following the restructure of ACT Health into two distinct organisations: the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS), a new Performance Agreement is required to govern the commissioning and provision of public healthcare services from CHS. This agreement will parallel the Performance Agreement in place with Calvary Public Hospital Bruce. The new performance agreement is being developed as a co-designed effort by ACTHD and CHS, to continue the collaborative partnership between the two organisations.

The new agreement is intended to cover key elements of:

- what services and the volumes of those services (“activity” levels) are delivered by the Canberra Hospital, University of Canberra Hospital, Centenary Hospital for Women and Children, Dhulwa Secure Mental Health Unit, Community Health Centres and Walk-in Centres;
- the funding attaching to delivery of those services;
- key performance indicators; and
- governance arrangements.

Once finalised, the agreement will represent the first step in the incremental transition to activity-based funding for the bulk of the services delivered by CHS.

Current status

ACTHD officers have met with CHS officers to progress a co-design approach and principles that will govern the proposed content and structure of the agreement as well as the nature of the collaborative work. The ACTHD Director-General and CHS Chief Executive Officer will discuss the co-designed approach at their upcoming meeting on 2 July 2019.

Critical dates and reasons

ACTHD officials are developing a project timeline for discussion with CHS officials and will provide further advice on timing as this work progresses.

Financial considerations

Noting the agreement will not be finalised before the commencement of the new financial year, ACTHD will continue to make payments to CHS under current arrangements and incorporating new budget initiatives and indexation.

Recommended approach and timing

The Performance Agreement will be signed by the DG ACTHD and CE CHS. ACTHD will keep you informed of development of the agreement, including any issues that might arise, and provide you with copy of the agreement once finalised.

Cleared by:	Executive Group Manager	Ext: 49908
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Territory-wide Health Services Plan and Planning Program

Portfolio and function

ACT Health Directorate, Health System Planning & Evaluation

Issue

Major health service planning activities currently underway include:

- Developing of a Territory-wide Health Service Plan;
- Development of 46 Specialty Service Plans; and
- Development of a Child and Adolescent Health Plan.

Current status

There are 46 Speciality Service Plans currently in development. This includes 40 specialty services and six core services such as pathology and pharmacy. Specialty Service Plans (SSPs) are a profile of current services in their current iteration and highlight areas for future development. This includes transitions between care in the community, care in hospital and care at home. SSPs support future planning by looking at the context of each service and the needs of the population, current and future demand, prevention, other specialty services, advances in treatment and technology, and the responsible and efficient use of resources.

Development of the Territory-wide Health Service Plan (TwHSP) is well underway and is informed by the work undertaken to date on SSPs. The plan brings the SSPs together and identifies higher-level priorities for health service development and redesign. It is based on a comprehensive assessment of health service needs across the care continuum on a geographic basis, and for priority population groups, and considers the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community. The plan's key priority areas include:

- Align services with need
- Focus on prevention
- Improving integration
- Embracing Technology

Once the Plan is finalised, implementation plans will be developed with the health services and the SSPs will be revised to align with the final plan.



Critical dates and reasons

- June 2019 – Communications and engagement plan finalised and governance established.
- July 2019 – Finalisation of a first draft of the Territory-wide Health Services Plan including status quo projections for health service activity and recommendations for service development and redesign that are aligned with strategic priorities.
- August - September 2019 – Consultation on draft plan and recommendations prioritised by Steering Committee for consideration and endorsement of the ACTHD Directorate Leadership Committee.
- October 2019 – Second draft of the plan finalised according to prioritised recommendations and consultation with the ACTHD Commissioning Team.
- November 2019 – Endorsement of plan and development of initial budget proposals.
- November 2019 – January 2020 – Budget bids prepared for key areas of service development and expansion identified in the Territory-wide Health Services Plan.
- Early 2020 - Implementation plans developed for Canberra Health Services and Calvary Public Hospital Bruce. SSPs updated in accordance with Implementation Plans.

Financial considerations

The Plan will be costed and will inform service commissioning activities and budget proposals for 2020/21. The financial considerations include proposals for investment in services across the Territory, from the community, hospital and outpatient and Non-Government Organisation settings.

Recommended approach and timing

To ensure the budget proposal can be developed for 2020/21, the critical dates listed for the Territory-wide plan above need to be achieved.

Cleared as complete and accurate: Dave Peffer
Cleared by: Executive Group Manager Ext:49699
Contact Officer name: Sarah Galton Ext: 49877
Lead Directorate: Health
TRIM Ref:



Territory-wide Elective Surgery

Portfolio and function

Corporate - Commissioning

Issue

The provision of publicly funded elective surgery for ACT patients and in many cases the surrounding region is split across several providers:

- Public Hospitals
 - o Canberra Health Service (CHS)
 - o Calvary Public Hospital Bruce (CPHB)
- Elective Joint Replacement Program (EJRP)
 - o Calvary John James Hospital (CJJH)
- Panel of Private Providers (PPP)
 - o Calvary Bruce Private Hospital (CBPH)
 - o Canberra Microsurgery (CMS)
 - o Canberra Private Hospital (CPH)
 - o Calvary John James Hospital (CJJH)
 - o Barton Private Hospital (BPH)

Elective Surgery patients are assigned a triage category upon review of either '1', '2' or '3' indicating their level of urgency to receive surgery.

- Category 1 = Urgent; admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- Category 2 = Semi-urgent; admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency
- Category 3 = Non-urgent; admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction or disability which is not likely to deteriorate quickly and which does not have the potential to become an emergency

Current status

ACT Health Directorate (ACTHD) is responsible for meeting elective surgery targets including for the 2018-19 financial year.

Target	Estimated outcome 2018-19
14,000 elective surgery procedures	14,013
<= 430 Patients waiting longer than clinically recommended timeframes (long waits)	570*



100% of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%*
78% of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	78%*
91% of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	79%*

*The estimated outcomes against the target is taken from results reported in the 2019-20 Budget Statements and subsequently are from May 2019 data.

Procedures performed

It was previously predicted that 14,000 procedures were required to meet demand for 2018-19. Delivering approximately 14,013 procedures over the 2018-19 financial year has meant that supply (number of elective surgeries required) has met demand (patients being added to the list).

Long waits

However, the number of “long waits” (patients waiting longer than clinically recommended timeframes) remains above the target of 430 and based on data available as at 16 June 2019 it is anticipated that long waits at 30 June 2019 will be closer to 680.

The ACTHD, with the main service providers, CHS and CPHB, is actively working on strategies to reduce the number of long waits, such as more active management of the wait list at a Territory-wide level, as opposed to hospital by hospital.

Timeliness (proportion of patients receiving their surgery within clinically recommended timeframes)

- Timeliness for urgent patients (Category 1) continues to show strong improvement; 97 per cent meeting target at the end of March 2019, compared to 91 per cent for 2017-18.
- Because Category 1 surgeries are more complex, taking a greater proportion of theatre time and resources, there is a direct impact on a provider’s ability to perform surgery for Category 2 and Category 3 patients.
- However, timeliness performance overall is improving; the proportion of patients receiving their elective surgery on time is expected to be 83 per cent for the full 2018-19 year, when compared to 79 per cent in 2017-18.
- ACTHD continues to work closely on improving timeliness, in collaboration with the Territory-wide Surgical Services team, CPHB and CHS.

Critical dates and reasons

A Cabinet meeting is being held on 2 July 2019, where a quarterly update on Elective Surgery performance is required. A Cabinet Brief has been prepared for you (GBC19/218) to provide background and talking points on the issues contained within the Cabinet Submission on the quarterly update.



Financial considerations

In the 2018-19 Budget, the Government committed \$64.7 million over four years to increase the number of elective and emergency surgeries to improve access to surgical care and reduce waiting times. In 2019-20, funding has been allocated to enable an increase in the number of surgeries delivered, taking the target to 14,250.

Recommended approach and timing

ACTHD will report against the below elective surgery targets for the 2019-20 financial year.

Strategic Indicators:

- a. Strategic Objective 1 ‘Reducing the Waiting List for Elective Surgery’
 - i. *Strategic Indicator 1 ‘The number of patients waiting longer than clinically recommended timeframes for elective surgery’*
- b. Strategic Objective 2 ‘Performing more Elective Surgery’
 - i. *Strategic Indicator 2 ‘Increasing the number of elective surgery procedures performed’*

Accountability Indicators:

- a. Output Class 1.1 Improved Hospital Services
 - i. *‘Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes’*
 - ii. *‘Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes’*
 - iii. *‘Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes’*
 - iv. *‘Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition’**

*this includes all surgical operations, not limited to elective surgeries.

Each year a Territory-wide Elective Surgery plan is prepared for the Minister by the Director of Territory-wide Surgical Services. A draft of this year’s plan is well advanced and will be provided to you shortly. ACTHD works closely with the Territory-wide Surgical Services team (now located within CHS since the establishment of the two directorates) to facilitate the territory-wide delivery of elective surgery.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49699
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



Service Level Agreement with the ACT Local Hospital Network

Portfolio and function

ACT Health Directorate, Corporate Services

Issue

The National Health Reform Agreement (NHRA) was entered into by all States and Territories and the Commonwealth in August 2011. It sets out the shared intention of the Commonwealth, and State and Territory Governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

The ACT Local Hospital Network (LHN) and Local Hospital Network Council were established in April 2012 via an amendment to the ACT Health Act 1993. The LHN constitutes Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB), Clare Holland House (CHH) and Queen Elizabeth II Family Centre (QEII).

Under the NHRA, the LHN and the Minister for Health and Wellbeing are required to enter into a service agreement which includes a schedule of services to be provided; performance goals and objectives; reporting requirements; and LHN funding provisions, at a whole-of-LHN level.

The entity of the ACT LHN Directorate is established under the Health (National Health Funding Pool and Administration) Act 2013. The Director-General of ACTHD is also the Director-General of the LHN Directorate and the administrative functions of the LHN Directorate are performed by ACTHD.

Complementing the Minister’s SLA with the LHN, ACTHD develops performance agreements with the main service providers. These agreements specify services and volumes of services, funding, performance measures and governance at the service provider level. Further information on the service agreements with CPHB, QEII and CHS is provided in separate Incoming Minister Briefs.

Current status

The 2018-19 SLA between the ACT Minister for Health and Wellbeing and the Director-General, ACT LHN Directorate was executed 6 December 2018. The agreement took effect from 1 July 2018 and expires 30 June 2019.

Critical dates and reasons

It is a requirement under Clause D9 of the NHRA that LHN Service Agreements be publicly released by states and territories within fourteen calendar days of execution. States and territories are also required to provide the Administrator of the National Health Funding Pool with a copy of the Service Agreement for each LHN once agreed between the state/territory and the LHN (Clause B75).

The National Health Funding Pool Administrator publishes a Quarterly Data Compliance Report. By establishing and publicly releasing the ACT LHN SLA within the required timeframes, the ACT will be able to meet this compliance reporting for the SLA and avoid being indicated as non-compliant.



Financial considerations

Through the SLA with the LHN, the Minister for Health and Wellbeing and the Director-General of the ACT LHN Directorate agree the funding provided to the LHN service providers is sufficient to meet their activity targets and other performance requirements outlined in the SLA.

Recommended approach and timing

ACTHD is currently developing a new SLA for 2019-20 for agreement between yourself and the Director-General ACT LHN Directorate.

Cleared as complete and accurate:

Cleared by:	Executive Group Manager	Ext: 49908
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Margaret Stewart	
TRIM Ref:	GBC19/347	



Strategic Infrastructure – Campus Master Planning

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

Campus Master Planning – ACT Health has responsibility for strategic planning for public health infrastructure in the ACT with one key focus being on the development of Campus Master Plans for the Canberra Hospital and Calvary Public Hospital Bruce.

Current status

Canberra Hospital Master Plan - A consultant will shortly be engaged to undertake Phase One of the Canberra Hospital Master Plan to develop the master planning framework, project controls, establish the Vision for the campus and the principles for the development of the Master Plan. The Master Planning process will involve the development of a Clinical Services Plan which will help inform what clinical services need to be on campus and their projected demand. ACT Health has also committed to the Garran Primary School that the School will be involved with and considered in the Master Plan particularly regarding parking and traffic issues.

Calvary Public Hospital Bruce Master Plan – It is envisaged that the framework developed for Canberra Hospital will be adapted for application to the Calvary Public Hospital Bruce Master Plan where practical, with work to commence following consultation with Calvary Healthcare. Required specialist consultants will be engaged later in 2019.

Critical dates and reasons

Canberra Hospital Master Plan:

- [Redacted]
- [Redacted]

Calvary Public Hospital Master Plan

- [Redacted]

Financial considerations

[Redacted]

Recommended approach and timing

ACT Health will work with Canberra Health Services to develop the Master Planning Framework and project controls, including a recommended approach to consultation and Government endorsement processes. [Redacted]

[Redacted]

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49864
Contact Officer name:	Brad Burch	Ext: 49719
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Liz Lopa	
TRIM Ref:	GBC19/347	

Strategic Infrastructure – Northside Hospital Scoping Study

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

The Government has committed to complete a Northside Hospital Scoping Study to determine the future service and infrastructure requirements for acute healthcare in Canberra's North.

Current status

In December 2018, Government considered the outcomes of the Building Health Services Program Strategy Steering Committee work, including a draft scope for an expanded Calvary Public Hospital Bruce (Calvary). Further work has been on hold pending the outcomes of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre business case.

With the SPIRE scope agreed and project authority received, ACT Health will now focus on an infrastructure and services gap analysis to establish the future requirements for hospital infrastructure on the Northside. This will include careful consideration of the required investment in existing aged infrastructure at Calvary and an update to the December 2018 draft scope document.

Critical dates and reasons

Financial considerations

Recommended approach and timing

ACT Health will work with Calvary and Canberra Health Services to undertake the service and infrastructure gap analysis,

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49864
Contact Officer name:	Brad Burch	Ext: 49719
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Liz Lopa	
TRIM Ref:	GBC19/347	



Inner North Community Health Infrastructure

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

A number of factors, including aged infrastructure, urban infill and changing demographics, have led to a requirement to consider the future of Inner North Community Health Infrastructure. ACT Health has committed to deliver an Inner North Community Health Infrastructure Strategy in the second half of 2019, with potential outcomes including a Budget submission in the 2020-21 Budget context.

Current status

An expansion of Inner North Community Health services has commenced with the upcoming construction of the new Dickson Walk-in Centre, funded in the 2019-20 Budget and due to open in late 2020.

While this work is underway (delivered by Canberra Health Services), ACT Health will undertake a review of existing services and projected demand, as well as consider the current infrastructure provision in the Inner North (including NGO service delivery). Key factors in this process include ageing existing infrastructure, such as the City Health Centre and Watson Hostel.

Critical dates and reasons



Financial considerations

Approximately \$0.3 million is available to fund staff and consultancy resources for this project.

Recommended approach and timing

ACT Health will shortly engage a suitably qualified consultant to undertake both a service and infrastructure gap analysis in close coordination with Canberra Health Services.

Cleared as complete and accurate:	1 July 2019	
Cleared by:	Executive Group Manager	Ext:
Contact Officer name:	Brad Burch	Ext: 49719
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



Clare Holland House Expansion

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

In September 2018, the ACT Government, Commonwealth Government and the Snow Foundation announced an expansion of palliative care inpatient beds at Clare Holland House in Barton. The Commonwealth has provided \$4 million in funding. The Snow Foundation has committed \$2 million to the \$6 million project to expand by at least 8 beds.

Clare Holland House is operated by Calvary Healthcare on behalf of ACT Health. [REDACTED]

Current status

A number of design concept options were completed in April 2018 for consideration with two options shortlisted for further consideration. These options will inform the next phase of design and cost planning work.

A governance group has been established between ACT Health, Calvary Healthcare and the Snow Foundation. This has met twice.

Critical dates and reasons

Financial considerations

The Commonwealth has contributed \$4 million for this project, which was paid to Treasury in early June 2019.

The Snow Foundation has pledged \$2 million to the project [REDACTED]



The ACT Government has committed funds for the repairs and maintenance budget as part of the 2019-20 Budget and will consider any operational funding impacts in the 2020-21 Budget process.

Recommended approach and timing

A comprehensive brief will be provided once advice is received from the ACT Government Solicitor including in relation to program, key milestones and delivery agent. It is anticipated that this will be available in July 2019.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49864
Contact Officer name:	Brad Burch	Ext: 49719
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Liz Lopa	
TRIM Ref:	GBC19/347	

Expansion of the Canberra Hospital Intensive Care Unit

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

The Commonwealth Government has committed \$13.5 million towards an expansion of the existing 31 bed Intensive Care Unit at Canberra Hospital.

Current status

The Canberra Hospital is due to open a new 60 bed Intensive Care Unit (ICU) as part of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project.

Under Federal Health's 'ACT Health Plan', the Commonwealth committed \$13.5 million to expand the Canberra Hospital ICU by 6 to 8 beds. The Government is currently negotiating the project and funding agreement with the Commonwealth. In the meantime work has commenced to procure health architects for the design process. ACT Health will complete the procurement and concept design phase with Canberra Health Services (CHS) then taking on responsibility for construction delivery.

Critical dates and reasons

The project is currently targeting a June 2021 completion date. This will be validated through the design process.

Financial considerations

The Commonwealth has committed \$13.5 million to this project. While the funding agreement is being finalized, ACT Health has provided access to \$500,000 to commence design. These funds will be reimbursed once the Commonwealth funding is received.

Recommended approach and timing

ACT Health and CHS will work together closely to get this project to a procurement ready phase over the next 6 months. An interim report and advice will be provided to Government in September/October 2019.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49864
Contact Officer name:	Brad Burch	Ext: 49719
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Liz Lopa	
TRIM Ref:	GBC19/347	

Major Projects Canberra – impact on ACT Health

Portfolio and function

ACT Health Directorate – Strategic Infrastructure

Issue

Major Projects Canberra (MPC) is a new major infrastructure delivery agency announced by the ACT Government. It will commence operations on 1 July 2019. MPC will be delivering the new Surgical Procedures Interventional Radiology and Emergency (SPIRE) Centre at the Canberra Hospital.

Current status

As a result of this new agency, ACT Health will no longer be involved in the direct delivery of this project but will continue to have a role in the Governance of the project.

In response to the creation of MPC, a decision has been taken that the management of the Centenary Hospital for Women and Children's (CHWC) expansion project will be transferred to Canberra Health Services (CHS), from ACT Health. CHS undertake all other infrastructure project delivery on campus, in partnership with MPC, and this decision ensures that there are not numerous agencies delivering projects on the Canberra Hospital Campus.

The Strategic Infrastructure Group within ACT Health Directorate will not be directly involved in major infrastructure delivery but will focus on the strategic planning of infrastructure across the Territory. This includes the masterplanning of the Canberra Hospital campus, Calvary Public Hospital and community health infrastructure.

Projects are being transitioned from 1 July 2019.

Critical dates and reasons

1 July 2019 – transition of SPIRE to MPC and CHWC expansion to CHS.

Financial considerations

Project budgets for both these projects will be transferred to MPC and CHS. [REDACTED]

Recommended approach and timing

ACT Health will continue to work with MPC and CHS during the transition of these projects.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49864
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Liz Lopa	
TRIM Ref:	GBC19/347	

Quarterly Performance Report

Portfolio and function

Digital Solutions Division

Issue

- Each quarter, ACT Health publishes the ACT Public Health Services Quarterly Performance Report (QPR). The QPR provides information about the performance of the local public health system in a consumer-friendly format.
- Information relating to the activity and performance of the public health system is presented in a mix of infographics and tables, within indicators relating to Walk-in Centres (WIC), Emergency Departments (ED), Admitted Patient Care (APC), Elective Surgery (ES), Quality and Safety (Q&S) and Patient Experience (PE) included.
- Historically, data presented in QPRs had been drawn from legacy systems, which had some known data quality and validation issues.

Current status

- The Quarter 3 (Q3) QPR was published on 31 May 2019, and for the first time data in the report was drawn from the new data repository for all indicators except Q&S and PE (which continue to be sourced from clinical areas in each hospital). The implication of this is that information presented in the Q3 QPR had an enhanced degree of rigour, with data elements, methodology and presentation documented and agreed by all key stakeholders (including the Chief Executive Officer, Canberra Health Services and the General Manager, Calvary Public Hospital Bruce) prior to presentation for Ministerial endorsement and publication.
- As a result of this work, the production of the Quarter 4 (Q4) QPR will be far more efficient, as agreed processes can now be applied in a seamless fashion for future QPRs.
- The Q3 QPR highlighted some deteriorating in performance relating to ED and ES, and these issues were prominent in media coverage arising from its publication. Both public hospitals have plans in place to improve performance in these key areas.

Critical dates and reasons

- The Government has committed to publishing QPRs within two months following the completion of the reference quarter (e.g. the Q3 QPR for January to March was required to be published by the end of May 2019).
- The Q4 QPR is due to be published by the end of August 2019.

Financial considerations

There are no financial considerations associated with the production of QPRs.



Recommended approach and timing

It is timely to review the structure and metrics reported in the QPR in the 2019/20 financial year. As an example, there has been increased interest in the number of emergency surgeries performed in the ACT. This is a metric that is not currently featured in the QPR. Similarly, there are some other currently reported metrics that may no longer be considered as appropriate for inclusion in QPRs. A fulsome briefing on this issue will be prepared for your consideration in the coming weeks.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: x49000
Contact Officer name:	Peter O'Halloran	Ext: x49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	
TRIM Ref:	GBC19/347	

System-Wide Data Review and Auditor-General Report Government Response

Portfolio and function

Digital Solutions Division

Issue

- Between 2012 and 2016, ACT Health experienced a series of issues relating to data management and reporting that impacted on the quality and accuracy of health system activity and performance data. During that time, the Auditor-General and independent external reviewers conducted multiple investigations into the issues and made recommendations relating to data quality and reporting processes.
- In 2017, ACT Health commenced a System-Wide Data Review (SWDR) to systematically investigate and address ongoing issues relating to data quality and reporting. The SWDR was initiated by the previous Minister for Health and Wellbeing, Meegan Fitzharris MLA, after ACT Health was unable to provide emergency department, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- In August 2018, Minister Fitzharris tabled the SWDR Outcomes Report in the Legislative Assembly. The report outlined key findings and nine recommendations to improve ACT Health's approach to data management and reporting. A Government Response accepting all recommendations and an initial Implementation Plan were also tabled, which outlined the first six months of a three-year work program.
- On 30 May 2019, the Auditor-General published his performance audit *Management of the System-Wide Data Review Implementation Program*. This audit made two recommendations in relation to program governance arrangements and program planning, but noted that the project management arrangements for the SWDR's largest and highest risk project (the Data Repository Population Project) were thorough and mature.

Current status

- To address the audit recommendations, ACT Health has taken a number of immediate actions:
 - Realigned senior executive responsibilities for performance reporting and data, including the SWDR program, to provide more appropriate leadership from the Digital Solutions Division (DSD).
 - Restructured SWDR program management arrangements, including the engagement of an experienced full-time program manager and a program support officer, and the separation of program management and project delivery functions.
 - Replaced existing SWDR program governance arrangements with two new committees to ensure high-level oversight of activities and drive the timely achievement of desired outcomes.
- Work is underway to ensure the SWDR program complies with the endorsed DSD Project



and Program Delivery Frameworks.

- Staff training and education requirements are also being addressed, with a comprehensive project management and data management training program recently commenced to ensure all relevant staff have the necessary skills.

Critical dates and reasons

- An ACT Government response to the Auditor-General’s report is due to be tabled in the Legislative Assembly in the week commencing 24 September 2019.
- The response is being prepared for Cabinet decision on 16 September 2019, with the draft response due to your office for your consideration and approval in August 2019.

Financial considerations

ACT Health will manage and deliver the SWDR program through existing resources.

Recommended approach and timing

ACT Health will continue to provide you with regular updates on the SWDR program. The next significant milestone will be your consideration and approval of the draft Government Response to the Auditor-General’s report, for Cabinet decision. The draft Government Response will be provided to your office in August 2019.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 49000
Contact Officer name:	Peter O’Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	
TRIM Ref:	GBC19/347	



Data Repository Population, Usage and Timing

Portfolio and function

Digital Solutions Division

Issue

- In recent years, successive reviews and reports have highlighted significant issues with data quality, governance and reporting in the ACT public health system. These reviews have been particularly critical of legacy reporting systems, finding deficiencies in the governance and documentation supporting these systems.
- In response to these findings, ACT Health has undertaken a significant body of work to build a new data repository. The data repository is now built, and work is currently focused on populating it with information from key source systems, in accordance with agreed business rules and national definitions. Collectively, this body of work is known as the Data Repository Population Project (DRPP).
- A recent Auditor-General’s Review into the program implementation of the System-Wide Data Review (SWDR) reflected very positively on the project management approach and documentation supporting the DRPP.
- The DRPP is central to the successful implementation of recommendations arising from the SWDR, and is foundational to improving the quality of ACT public health system data.

Current status

- As the DRPP progresses, legacy data warehouses and systems will be decommissioned. This will ensure that ACT health system data will be sourced from a single, consistent, robust ‘source of truth’.
- As part of the DRPP and the broader SWDR Program, the Digital Solutions Division (DSD) is engaging proactively with clinical colleagues to ensure that operational reporting requirements are considered and addressed. Work is also underway to ensure alignment of the DRPP with the implementation of the Digital Health Record over the coming years.
- Increasingly, data for various reports including national submissions (relating to funding, activity and costing), ACT public health services Quarterly Performance Reports (QPRs) and the ACT Health Consumer Mobile App are being drawn from the repository. The most recent QPR included data almost entirely drawn from the repository, representing a great step in improving public reporting of health data in the ACT.

Critical dates and reasons

It is anticipated that by the end of 2019, all external performance, activity, funding and costing reports and submissions will include data drawn from the new repository. This is expected to impact positively on the quality, consistency and timeliness of data publications, and to drive enhanced functioning and public discourse regarding the performance of the health system.



Financial considerations

There is no additional funding required to support the DRPP at this time. The availability of improved health activity, funding and performance data will result in enhanced efficiencies impacting service planning, commissioning and policy in future.

Recommended approach and timing

As a core pillar of the SWDR, the DRPP is a key priority for the Digital Solutions Division. It is anticipated that this work will be substantially completed with legacy systems decommissioned by the end of 2019.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: x49000
Contact Officer name:	Peter O'Halloran	Ext: x49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	
TRIM Ref:	GBC19/347	

Upcoming Data Submissions and Publications

Portfolio and function

Digital Solutions Division

Issue

- The Digital Solutions Division (DSD) is responsible for processing, analysing and providing territory-wide public health service activity and performance data to meet various statutory reporting obligations (most notably obligations under the National Health Reform Agreement – the NHRA).
- Territory-wide data is submitted to a range of national bodies, such as;
 - Australian Institute of Health & Welfare (AIHW)
 - Independent Hospital Pricing Authority (IHPA)
 - National Health Funding Body (NHFB)
 - Department of Veteran Affairs (DVA)
 - Department of Health (DOH)
- The data provided to the DVA, DOH and the NHFB has implications regarding the amount of Commonwealth funding provided to the Territory for public health services.
- The data provided to the AIHW is used to inform a range of reports that are published publicly and provided to the Productivity Commission for inclusion in the annual Report on Government Services.

Current status

The provision of data for national submission and reporting purposes continues throughout the year. Considerable work is underway to transition the sourcing of data from legacy sources to the new data repository. A separate briefing has been prepared for your review in relation to the Data Repository Population Project.

Critical dates and reasons

Key Data Submissions due for the next three months include:

- **July 2019**
 - AIHW - Elective Surgery Waiting Times, National Minimum Dataset 2018/19
 - AIHW - Emergency Department Care, National Minimum Dataset 2018/19
 - AIHW - Mental Health Establishments National Minimum Dataset 2018/19
 - DOH - Commonwealth Home Support Program data Jan-July 2019
- **September 2019**
 - AIHW - Public Dental Waiting Times National Minimum Dataset 2018/19
 - DVA - Patient level data
 - IHPA - ABF quarterly submission



Financial considerations

- DSD is responsible for providing data submissions to national bodies, in line with obligations under the NHRA, in order to receive Commonwealth funding for public hospital services.
- Funding under the NHRA is provided under two streams that require the submission of data:
 - Public hospital activity, which attracts Activity Based Funding from the Commonwealth; and
 - Block funded services, which attracts funding that is not directly linked to clinical activity due to difficulty of measurement, or low volume of service.
- DSD provides data and analysis on both streams to the IHPA and the NHFB. This data is used both to estimate provisional payments of Commonwealth funding to the ACT for public hospital services, and to reconcile final entitlements to Commonwealth funding.
- The ACT also has individual bilateral agreements with other jurisdictions with respect to cross-border patient activity under the NHRA, where the NHRA does not specify jurisdictional entitlements. In order to reconcile cross border entitlements, the DSD routinely shares data with individual jurisdictions on public hospital activity and block funded services in the ACT.
- Separately, ACT Health has a service agreement with the DVA for the provision of public hospital services to DVA patients. Under this agreement, ACT Health may be required to provide data to the DVA as to the nature of individual patient events, as well as to estimate provisional payments to the ACT for public hospital services, and to reconcile final entitlements to DVA funding.

Recommended approach and timing

- Prior to the publication of reports containing ACT data, ACT Health is provided with an embargoed copy. A media implications summary (including analysis of national and jurisdictional trends and implications) is prepared and provided to your office ahead of each reports' publication.
- A sample of key upcoming reports to be published in the next three months is provided below:
 - **July 2019**
 - AIHW - Child protection Australia 2017-18
 - AIHW - Use of emergency departments for lower urgency care
 - AIHW - Mental health services in Australia – Tranche 3, 2019
 - AIHW - National cancer screening programs participation data
 - AIHW - Deaths in Australia
 - **August 2019**
 - AIHW - Life expectancy and potentially avoidable deaths 2015-2017
 - AIHW – Radiotherapy in Australia
 - AIHW – Indigenous eye health measures 2018
 - AIHW – Australian health Performance Framework: First release
 - AIHW – Hospitals at a glance 2017-18
 - AIHW – Asthma monitoring based on current indicators
 - **September 2019**
 - AIHW – Analysis of cervical cancer and abnormality outcomes in an era of cervical



screening and HPV vaccination
AIHW – People with disability in Australia
AIHW – Incidence of gestational diabetes
AIHW – Cancer incidence and mortality in Australia by small geographic areas

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: x49000
Contact Officer name:	Peter O'Halloran	Ext: x49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	
TRIM Ref:	GBC19/347	



Digital Health Strategy 2019-2029

Portfolio and function

Digital Solutions Division

Issue

- On 6 May 2019 the then Minister for Health and Wellbeing launched the Digital Health Strategy 2019-2029.
- The Digital Health Strategy presents a vision and direction to guide future activities and investments in technology across the Territory. It outlines the direction for the ACT public health system in building the digital capabilities needed to support a sustainable, innovative and world-class health system for the ACT.
- The Strategy outlines the vision for the next ten years in the digital health space of ‘Enabling exemplary person-centered care through digital innovation’.
- The Strategy has three themes:
 - Patient-centered
 - Health Services Enabled to Contemporary Technology
 - Research, Discovery and Collaboration

Current status

- Funding was approved in the 2018-19 ACT Government Budget to implement key priority areas under the Digital Health Strategy under the ACT Health ICT Upgrades and ACT Pathology Laboratory Information System Replacement. Details on these projects are in the Major ICT Projects Brief.
- Funding was approved In the 2019-2020 ACT Government Budget to implement the Digital Health Record, a key priority under the Digital Health Strategy. Details on the Digital Health Record are in a separate brief.

Critical dates and reasons

The Digital Health Strategy guides the investment and priorities for Digital Health over the next 10 years for the ACT public health system.

Financial considerations

While there are many investments being made under the Digital Health Strategy there is no specific funding required for the Digital Health Strategy.

Recommended approach and timing

There are key projects being implemented under the Digital Health Strategy over the next eight years, with the majority of these being implemented in the next four years. Further details in those specific briefs.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 5124 9000
Contact Officer name:	Peter O’Halloran	Ext: 5124 9000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Rebecca Heland	
TRIM Ref:	GBC19/347	

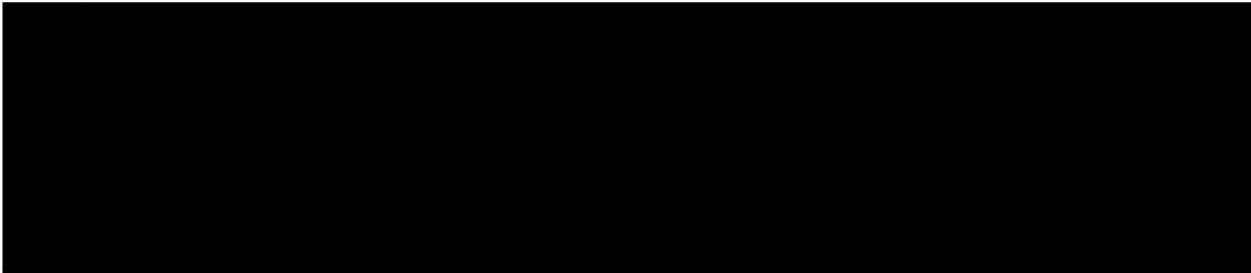


DIGITAL HEALTH RECORD

Portfolio and function
Digital Solutions Division

Issue

- The 2019/20 budget allocated \$106 million capital over eight years for the introduction of a new Digital Health Record across the ACT public health system.
- The Digital Health Record will be a comprehensive record of interactions between a person and publicly funded health services in the ACT. It will be centred around the person, rather than focused on clinical speciality or treatment location.
- The Digital Health Record will cover Canberra Health Services and Calvary Public Hospital Bruce.
- The Digital Health Record will enable the health care team to more readily access information, improving care and reducing errors. It will enable them to better focus on the person requiring care, rather than spending time searching for key health information.
- Minister Fitzharris released a media release on 17 June 2019. (https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_release_s/meegan-fitzharris-mla-media-releases/2019/digital-healthcare-transformation-gets-citizen-centric). This was picked up by ABC News (TV, radio and press) and several digital media outlets.



Current status

- ACT Health is preparing for a release to market to procure a vendor. First pass Government Procurement Board has been undertaken, with second pass planned for late July 2019. It is expected an approach to market will be released in August 2019.
- The Program Board has been established. This comprises the ACT Health Director-General, CHS CEO, Calvary Public Hospital Bruce General Manager, Executive Director Health Care Consumers ACT, ACT Health Chief Information Officer, Chief Medical Information Officer (to be recruited) and Chief Nursing Information Officer.

Critical dates and reasons

N/A

Financial considerations

Funding for the eight years has been committed in the budget.



Recommended approach and timing

- It is intended that most clinical specialities and locations will transition to the Digital Health Record in 2022/23.
- Over the four years after that, the project will focus on bringing in remaining specialities and locations, as well as enhancing functionality such as providing a patient portal and improving support for research.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 5124 9000
Contact Officer name:	Peter O'Halloran	Ext: 5124 9000
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Philippa Kirkpatrick	
TRIM Ref:	GBC19/347	



Major ICT Projects

Portfolio and function Digital Solutions Division

Issue

The ACT Health Directorate is delivering a range of ICT projects across the ACT public health system. The key projects currently being delivered are:

- Pathology Laboratory Information System Replacement – procure and implement a new system for ACT Pathology at Canberra Hospital and Calvary Public Hospital Bruce Pathology Departments.
- Critical Communications - implement an integrated communications platform providing streamlined processes to support clinical workflows. This will be achieved by replacing the existing paging solution, providing switchboard with an electronic solution, integrating with appropriate systems to enhance processes and providing users with new devices for communication.
- Supply Chain Solution – replacement of the legacy system with a contemporary vendor that will provide improvements to the Supply Chain for the ACT public health system.
- Clinical Patient Folder – was implemented on 24 June 2019 and will improve the delivery of patient care by increasing accessibility to the patient record, improving clinical efficiency and system redundancy by replacing the previous 25 year old scanned medical record.
- Queue Management and Electronic Way Finding - to procure and implement a solution to improve the consumer's experience by providing a digital navigation solution and enable reception and clinical staff to streamline the flow of patients for delivery of ambulatory and community health services.
- Clinical Systems – this project encompasses three systems Electronic Medications Management, eOrders for ordering of pathology and imaging and Patientrack for the monitoring of deteriorating patients, along with the Computers on Wheels (COWs). These systems are live in the majority of adult inpatient areas of Canberra Hospital and University of Canberra Hospital. Work is underway to implement these systems across Women's Youth and Children, Mental Health, Justice Health, Alcohol and Drug Services and Calvary Public Hospital Bruce.
- Patient Digital Journey - The Patient Digital Journey project aims to deliver capability to display patient information electronically for clinical staff to assist with care and ward planning. This project will be delivered under two key technologies; Electronic Patient Journey Boards and Electronic Patient Room Boards. The digital solution will allow a real time update of the information and will deliver an efficient and effective tool to display information among health carers and services to improve services across ACT Health territory wide.
- Data Repository Population Project – Produce business analysis, data analysis and developer products to provide full transparency and traceability of data and reports by showing the relationship between business rules to data lineage. The project is responsible for the transition of all existing reporting capabilities from the Data



Warehouse to the new Data Repository. The Data Repository holds the source system data for the ACT public health system to be used for required datasets for internal and external reports.

Current status

- Pathology Laboratory Information System Replacement – currently in contract negotiations with the preferred vendor.
- Critical Communications – working closely with multiple clinical teams to gather requirements and work through changes with switchboard and on call arrangements. Testing of back-end infrastructure is underway.
- Supply Chain Solution – recently completed contract negotiations with the preferred vendor, contract is expected to be signed in the coming weeks.
- Clinical Patient Folder – went live across all public health facilities in the ACT on Monday 24 June 2019 and has had a successful uptake by clinical staff.
- Queue Management and Electronic Way Finding – the Electronic Way Finding is already available on kiosks at University of Canberra Hospital and will be live from Canberra Hospital from the second week of July. The Queue Management solution will be available in all kiosks in August 2019.
- Clinical Systems (Electronic Medications Management, eOrders and Patientrack) - eOrders and COWs were recently implemented in Women’s Youth and Children, the team are now focusing on implementing Patientrack at Calvary Public Hospital Bruce and all systems with COWs at Alexander Maconochie Centre.
- Patient Digital Journey – Currently testing the solution and working with clinical areas on subjects such Alerts Management and with the Occupations Violence Steering Committee to work towards a solution for devices with duress functionality for community workers.
- Data Repository Population Project – the project continues to work through each of the key clinical areas and systems to ensure business requirements and process models are completed, the latest being with the Walk-in-Centers.

Critical dates and reasons

- Pathology Laboratory Information System Replacement – the new system is expected to go live in the 2021-2022 financial year.
- Critical Communications – expected to go live in late 2019 across Canberra Health Services.
- Supply Chain Solution – expected to go live in mid-2020
- Clinical Patient Folder – went live on 24 June 2019, in post implementation phase and support now.
- Queue Management and Electronic Way Finding – going live in July 2019 for Electronic Way Finding and August 2019 for Queue Management.
- Clinical Systems (Electronic Medications Management, eOrders and Patientrack) – a trial of Patientrack with COWs will commence at Calvary Public Hospital Bruce in early August and all systems with COWs will go live at Alexander Maconochie Centre in late August 2019.
- Patient Digital Journey – expected to go live in late 2019 across Canberra Health Services.
- Data Repository Population Project – the project is working towards completion by the end of 2019.



Financial considerations

- ACT Pathology Laboratory information system replacement – funded through the ACT Budget 2018-2019 for \$6m over four years.
- Critical Communications – funded through the ACT Budget 2018-2019 for \$9.1m over two years.
- Supply Chain Solution – funded through the ACT Budget 2018-2019 for \$4.3m over two years.
- Clinical Patient Folder – funded by the 2008 - 2009 E-Healthy Futures Program.
- Queue Management and Electronic Way Finding – funded through the ACT Budget 2014-2015 under the University of Canberra Public Hospital for a total of \$3.5m.
- Clinical Systems (Electronic Medications Management, eOrders and Patientrack) – funded through internal capital to do the remaining work with Women’s Youth and Children and Mental Health, Justice Health, Alcohol and Drug Services.
- Patient Digital Journey - funded through the ACT Budget 2014-2015 under the University of Canberra Public Hospital for a total of \$5.5m.
- Data Repository Population Project – funding for staffing resources from operational budget.

Recommended approach and timing

All projects under Digital Solutions Division are closely managed in regards to time, budget and scope and we continuously work closely with our clinical colleagues to ensure the best solutions are put forward to enhance clinical settings and patient care.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 5124 9000
Contact Officer name:	Peter O’Halloran	Ext: 5124 9000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Sandra Cook	
TRIM Ref:	GBC19/347	



My Health Record

Portfolio and function

Digital Solutions Division

Issue

- My Health Record is a Commonwealth Government initiative run by the Australian Digital Health Agency (ADHA) and is an online summary of a citizen’s key health information.
- The My Health Record can receive summary health care information nationally from General Practitioners, Specialists, Pharmacists, Pathologists and Radiologists.
- Information such as Discharge Summaries from hospital, reports from tests and scans, medications patients have been prescribed and general information such as medical diagnoses and allergies are uploaded to the My Health Record.

Current status

- The opt-out period was open from 16 July 2018 until 31 January 2019 and in early February 2019, a My Health Record was created for every Australian that did not opt out.
- There is a 90.1% national participation rate in the My Health Record post the opt-out period, with the ACT having a participation rate of 86.7%, which across all jurisdictions is the lowest participation level.
- Across the ACT public health system we are currently uploading discharge summaries, pathology and diagnostic imaging results for the Canberra Hospital and University Canberra Hospital. Work is underway for these documents to be uploaded from Calvary Public Hospital Bruce before the end of this year.

Critical dates and reasons

Working towards uploads of discharge summaries from Calvary Public Hospital Bruce to the My Health Record by the end of 2019.

Financial considerations

Budget is allocated from the ADHA on each priority that is agreed on between ACT Health and ADHA.

Recommended approach and timing

The project team within the Digital Solutions Division of ACT Health is working closely with ADHA to prioritise work and timeframes with the first item on the agenda being the work with Calvary.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 5124 49000
Contact Officer name:	Peter O’Halloran	Ext: 5124 9000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Rebecca Heland	
TRIM Ref:	GBC19/347	



ACT Health Consumer App

Portfolio and function

Digital Solutions Division

Issue

- On 6 May 2019 the then Minister for Health and Wellbeing launched the ACT Health Consumer App.
- The App shows up to date waiting times and number of patients waiting for the Walk-in Centres and Emergency Departments in the ACT.
- ACT Health is working with Calvary Public Hospital Bruce and Canberra Health Services with a view to incorporating treatment time estimates in the app to provide consumers with additional information.
- The app also provides directions to get to each Emergency Department or Walk in Centre including estimated travel time.
- Details are available in the app on what to expect as an inpatient if admitted into Canberra Hospital and Calvary Public Hospital Bruce.

Current status

- As of midday Thursday 27 June 2019 there had been 5,484 downloads of the app.
- There are two new features planned to go into the app in the new four weeks:
 - The Canberra Hospital Courtesy Bus location tracker – this feature will enable consumers to see where the bus is super-imposed on a map of the hospital. This feature will also provide a static message detailing the journey duration.
 - Consumers will also be able to provide feedback from the App about services from across the ACT public health system or about the App itself. The feedback form within the App is consistent with the current feedback form that is available on the ACT Health website.

Critical dates and reasons

The app was released on 6 May 2019 and in approximately one month a new version with the above new features will be released.

Financial considerations

This work is funded from the Digital Solutions Division, ACT Health.

Recommended approach and timing

The app is available to the public and features will be added in collaboration with stakeholders across the ACT public health system and released regularly.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Group Manager	Ext: 5124 9000
Contact Officer name:	Peter O'Halloran	Ext: 5124 9000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Sandra Cook	
TRIM Ref:	GBC19/347	

ACT Health Directorate - Budget 2019-20
Portfolio and function:
Minister for Health and Wellbeing – Executive Group Manager - Corporate & Governance
Issue

The 2019-20 Budget provided funding of \$1.8 billion for the Health Portfolio, which represents an average growth rate over the last four financial years of 4.6 percent. An agreed Health Funding Envelope (HFE) is provided to the portfolio and in 2019-20 this represented \$35.0 million. Over the forward estimates, \$384.1 million is available through this funding envelope. (\$79.0 million 2020-21).

Attachment A provides a summary of all initiatives allocated in the 2019-20 Budget.

In summary, the fund allocation for initiatives in the 2019-20 year across the portfolio are:

	2019-20	2020-21	2021-22	2022-23	Total
CHS	22,210	26,217	28,200	28,758	105,385
Health	10,157	20,676	34,825	31,333	96,991
Calvary	4,992	10,407	10,804	11,121	37,324
	<u>37,359</u>	<u>57,300</u>	<u>73,829</u>	<u>71,212</u>	<u>239,700</u>

Full Time Equivalent (FTE) staff attached to the initiatives consist of 186 FTE (exclusive of 41.4 FTE allocated to Calvary) are distributed as follows:

	2019-20	2020-21	2021-22	2022-23
CHS	138.8	171.1	226.3	247.7
Health	46.2	73.1	90.9	105.6
JACS	1.0	1.0	1.0	1.0
	<u>186.0</u>	<u>245.2</u>	<u>318.2</u>	<u>354.3</u>

Current status

An internal budget allocation process is currently underway within the ACT Health Directorate. Discussions with Executive Group Managers commenced on 27 June 2019.

Critical dates and reasons

Strategic Finance anticipate finalising budgets with Group Managers in early July 2019.

Financial considerations

Based on the current funding projection, the HFE will continue to come under pressure as a result of population growth, an ageing population and the increasing cost and complexity of treatment.

The HFE for 2020-21 has a remaining unallocated amount of \$79.0 million.

Cleared as complete and accurate: 27 June 2019
 Cleared by: John Fletcher, Executive Group Manager Ext: 49869
 Contact Officer name: Kate Chambers Ext: 49428
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: John Fletcher
 TRIM Ref: GBC19/347

Health Directorate Annual Report and Financial Statements 2018-19
Portfolio and function:
Minister for Health and Wellbeing – Executive Group Manager Corporate & Governance
Issue

The Canberra Health Service (CHS) and ACT Health Directorate (ACTHD) were established as two distinct administrative entities on 1 October 2018.

Under the Administrative Arrangements (AA), the previous ACT Health Directorate became the CHS and the ACTHD was formed as a new legal entity.

The CHS and the ACTHD are each required to meet the requirements of the *Financial Management Act 1996*, adopting specific reporting requirements relating to AAs and applicable disclosures within the respective financial statements.

The CHS financial statements will present the actual results for the period 1 July 2018 to 30 September 2018, inclusive of the first three months activity of the former ACTHD. The remaining period 1 October 2018 to 30 June 2019 will reflect CHS activity only.

The presentation of the ACTHD financial statements will be based on the actual results for the period 1 October 2018 to 30 June 2019 (9 months). The ACTHD and CHS 2018-19 Financial Statements are due to the ACT Audit Office on 25 July 2019.

The 2018-19 Original Budget for the former ACT Health Directorate (Combined) was a deficit of \$60.0 million. The projected Estimated Outcome for both CHS and ACTHD (as illustrated in the 2019-20 Budget) is expected to result in a \$73.9 million deficit.

	2018-19	2018-19			2018-19
	Original Budget	ACTHD	CHS	Combined	Variance
Total Revenue	1,383,970	228,679	1,201,525	1,430,204	46,234
Total Expenses	1,443,974	241,017	1,263,106	1,504,123	60,149
Operating Result	-60,004	-12,338	-61,581	-73,919	-13,915

CHS projected deficit of \$61.581 million mainly relates to:

- depreciation costs of (\$36m);
- non-achievement of the 2016-17 efficiency targets (\$23.0m);
- additional staff in Mental Health to support higher activity and patient complexity (\$4.0m);
- impacts of the ACT Shared Service review of Long Service Leave Liability (\$3.0m);
- higher activity in Women's, NICU & Pediatrics' Departments (\$2.0m); and
- higher running costs for repairs and security than budgeted (\$2.0m).

This is offset by higher inpatient and private billing (\$3.0m), pharmacy high cost drugs revenue (\$1.0m) and a National Blood Bank refund from 2016-17 (\$1.0m).

Whilst there is a combined variance to budget of \$13.9 million (across both Directorates), a Treasurer's Advance is not required due to adequate cash reserves.



Current status

The ACT Audit Office (the Office) were provided shell 2018-19 Financial Statements on the 4 June 2019. Comments were received from the Office on 26 June 2019. Overall the feedback was positive with only minor amendments proposed. Position papers on the following topics have been noted:

1. Administrative Arrangements;
2. Changes to Accounting Standards applicable 1 July 2018 and future year's; and
3. Presentation of Financial Statements.

Critical dates and reasons

The ACTHD and CHS 2018-19 Financial Statements are due to the ACT Audit Office on 25 July 2019.

Financial considerations

N/A

Cleared as complete and accurate:	27 June 2019	
Cleared by:	John Fletcher, Executive Group Manager	Ext: 49869
Contact Officer name:	Kate Chambers	Ext: 49428
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/347	

IMPLEMENTATION OF THE REVIEW OF CULTURE

Portfolio and function

The Culture Review Implementation Team has been established to lead the planning for and implementation of recommendations arising from the Independent Review of Culture within ACT Public Health Services.

The Team will work closely with Ministers, Senior Executive in ACT Health Directorate, Canberra Health Services and Calvary Public Hospitals to ensure effective and efficient implementation of recommendations. The Team will also work collaboratively with public health staff to ensure effective engagement and communication and support timely delivery of recommendations.

Issue

The former Minister, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services (the Review) and provided a clear terms of reference for the scope of the Review. This was in response to significant negative reporting over an extended period about poor workplace culture across the three arms of the ACT public health service. The Minister appointed an independent panel to undertake the review.

The panel presented the Interim Report on 30 January 2019 and presented The Final Report on 5 March 2019. The Final Report included a suggested broad implementation plan. The Review clearly highlighted:

- Inappropriate behaviours, including bullying and harassment in the workplace;
- Inefficient procedures and processes including complaints handling;
- Inadequate training in dealing with inappropriate workplace practices;
- Inability to make timely decisions;
- Poor leadership and management at many levels throughout the ACT public health system; and
- Inefficient and inappropriate Human Resource practices, including recruitment.

The former Minister for Health and Wellbeing tabled the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services on 19 March 2019 in the ACT Legislative Assembly; and tabled the Government Response to the Report on 16 May 2019 at the ACT Legislative Assembly. The Government Response agreed to all twenty recommendations of the Report.

The Government Response followed on from the Independent Review and was the next step in illustrating the Government's commitment to improving the workplace culture within the public health system and through that, enhancing the level of service to the Canberra community. This marked the formal commencement of the implementation process to take place over the next three years.

The Culture Implementation Branch within the ACT Health Directorate has been formed, with the project lead employed in April 2019. Recruitment to positions within the team is being finalised. The mandate of the branch being to progress and oversee the culture agenda across the ACT public health system.



Current status

Work is underway on the development of a formal implementation plan. The current priorities are:

- Engagement with the Executive Group Managers from each of the Human Resource sections of the three arms of the ACT public health system to ensure an agreed way to partner and engage over future culture and people related projects;
- Through discussions at the Culture Implementation Steering Group, agree on effective partnerships through institutions such as Australian National University and University of Canberra to approach the program of work developed from the implementation plan; and
- Develop an overarching strategic communications plan that will support the implementation plan, reinforcing sustained cultural change messages and providing transparent messaging about discussions and agreed actions from governance forums such as the Culture Review Oversight Group (Oversight Group) and the Culture Review Implementation Steering Group (CRISG).

Critical dates and reasons

Key milestones for period between 1 July- 31 December 2019;

- Discussion with a view to reaching agreement on establishing a partnership model with Australian National University (College of Medicine and Health) and University of Canberra (Faculty of Health) by end of July 2019. This is of significance, as partnering with tertiary institutions is integral to the support of cultural change in our future health professionals and leaders.
- Develop an agreed culture strategic framework to provide a 'roadmap' in effecting a positive culture across the ACT public health system- 30 August 2019. This is critical to providing an agreed direction and documenting the key pillars to support achieving culture change.
- Develop the project planning to address the 20 recommendations, documenting the key milestones and deliverables- 30 August 2019. The project planning will outline the phased approach to address culture reform across the ACT public health system in a consistent way and outlining the reporting and measures to assess effectiveness. This will nest under the culture strategic framework.
- Develop overarching strategic Communications plan- 30 August 2019. This is integral to ensure consistent messaging, engage with ACT public health employees and key stakeholders and support transparent communication about the governance processes that support cultural reform.
- Budget planning- August 2019. Budget planning is directly related to the program approach and individual project planning in addressing culture reform. Formal budget planning will occur in parallel to the project planning.



- Biannual update for September sitting of ACT Legislative Assembly. The biannual update was an agreed recommendation from the Final Report to ensure that progress related to culture implementation is publicly documented.

Financial considerations

The former Minister made a financial commitment to invest in and support the Culture Implementation program of four million \$ per year for:

- FY 2019-2020
- FY 2020-2021
- FY 2021- 2022

Specific allocation of the budget will occur once the formal implementation plan has been developed.

Recommended approach and timing

A formal briefing by the Director-General ACT Health Directorate and the Executive Branch Manager Culture Implementation will be scheduled to discuss the upcoming biannual update to the ACT Legislative Assembly scheduled for September 2019 and the planning and preparation for the Culture Review Oversight Group also scheduled for September 2019.

Cleared as complete and accurate:	28 June 2019	
Cleared by:	Executive Branch Manager	
Contact Officer name:	Jodie Junk-Gibson	Ext: 49923
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



ACT Health Directorate – Values Refresh Project

Portfolio and function

Minister for Health and Wellbeing – Executive Group Manager Corporate & Governance

Issue

- The Independent Review into Workplace Culture in the ACT Health Service was completed in March 2019.
- The ACT Health Directorate commenced a “Values Refresh Project” in February 2019 to address Recommendation 1. *The ACT Health Service should commence a comprehensive process to re-engage with staff insuring that values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership.*
- A common set of values provides the ‘ground rules’ to guide behaviours and define how staff work together. Recognising and encouraging those behaviours is an important part of bringing the ACT Health Directorate vision to life by making it a great place to work.

Current status

- A Values Working Group of 25 staff met throughout May 2019 to develop behaviour descriptions that underpin the ACT Health Directorate values of Respect, Integrity Collaboration and Innovation.
- These descriptions were further explored during the ACT Health Directorate - Values Roundtable held on 25 June 2019. Over 200 staff members participated in discussion groups of 10 in a “World Café” style forum.
- The Values Roundtable was conducted to engage staff in conversations that helped them understand the Values and signaled executive commitment to reshaping the culture of the ACT Health Directorate whilst highlighting the important role that every employee will play in evolving the culture of the new organization.

Critical dates and reasons

The Project team is currently developing a program of further work in consultation with the Cultural Review Implementation team.

Financial considerations

Nil

Recommended approach and timing

The People Strategy Team will continue to work with the Cultural Review Implementation Committee on a range of actions to address issues identified in the Cultural Review.

Cleared as complete and accurate: 27 June 2019
 Cleared by: John Fletcher, Executive Group Manager Ext: 49869
 Contact Officer name: Suze Rogashoff Ext: 49835
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: John Fletcher
 TRIM Ref: GBC19/347

ACT Health Directorate Strategic Plan

Portfolio and function

ACT Health Directorate, Health Systems, Policy and Research

Issue

In April 2019, work commenced to develop a 10-year Strategic Plan. The Strategic Plan will set the direction for the ACT health system and for ACT Health Directorate as stewards of the system. It will position the directorate to continuously strengthen the system, while evolving to be more accessible, accountable and sustainable. It will guide our decisions, priorities and work effort. It will also provide the foundation for division and branch plans and will be the basis for all individual performance plans.

Current status

The Strategic Plan has been drafted following an extensive period of staff consultation and external research. Staff were engaged through a series of survey questions that were led and facilitated by team leaders and executives. Staff were also invited to attend workshops to further discuss the themes from the survey. An executive workshop was held to complement and focus the outcomes of the staff workshops.

The draft Strategic Plan will be shared with staff, Health Care Consumers' Association, Canberra Health Services and Calvary Public Hospital for feedback and final drafting by mid-July 2019. The Strategic Plan is programmed for release in Late July 2019.

Critical dates and reasons

The current timeline to work towards release of the Strategic Plan is as follows:

- 8 July 2019 – Feedback from staff and key stakeholders due to facilitate final drafting.
- 15 July 2019 – Prepare final version for publication.
- Late July 2019 – Launch at the Director-General Staff Forum.

Financial considerations

Nil.

Recommended approach and timing

It is proposed to delay release of the Strategic Plan to ensure ACT Health Directorate priorities align with incoming ministerial priorities.

Cleared as complete and accurate:	Dave Pepper	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Geraldine Grayland	Ext: 49710
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Dave Pepper	
TRIM Ref:	GBC19/347	



ACT Health Directorate Procurement – Aboriginal and Torres Strait Islander Procurement Policy and Secure Local Jobs Code

Portfolio and function

Minister for Health and Wellbeing – Executive Group Manager Corporate & Governance

Issue

- The ACT Health Directorate has implemented the Aboriginal and Torres Strait Islander Procurement Policy and Secure Local Jobs Code.

Aboriginal and Torres Strait Islander Procurement Policy

- The ACT Government launched the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) on 31 May 2019.
- The ACT Government's aim for the ATSIPP is to support the objectives of the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028.
- The Agreement includes the focus area of employment and economic participation for Aboriginal and Torres Strait Islander peoples in the Canberra Region.

Secure Local Jobs Code

- The ACT Government has changed the way it awards contracts to support businesses that do the right thing by their workers.
- Secure Local Jobs strengthens the ACT Government's procurement practices so contracts are only awarded to businesses that meet the highest ethical and labour standards.
- Businesses tendering for construction, cleaning, security or traffic management work from 15 January 2019 will need to meet workplace standards in the (Secure Local Jobs Code) 2019 and have a Secure Local Jobs Code Certificate.

Current status

Aboriginal and Torres Strait Islander Procurement Policy

- ACT Health Directorate has addressed the requirements of the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP), commencing 1 July 2019, in the Directorates' Procurement and Governance documents.
- ACT Health Directorate has dedicated procurement templates as well as recording and reporting tracking worksheets.
- Strategic Procurement will continue to monitor and promote the policy by providing advice to procurement officers when they identify an opportunity where the policy could be applied.
- Strategic Procurement, in consultation with Procurement ACT have arranged training for Directorate staff on 3 July 2019.



Secure Local Jobs Code

- ACT Health Directorate implemented the Secure Local Jobs code in January 2019, including updating its guidance documentation, procurement templates and reporting tools.
- Strategic Procurement will continue to monitor and promote compliance by providing advice to procurement officers when they identify an instance where the code must be applied.

Critical dates and reasons

Aboriginal and Torres Strait Islander Procurement Policy

This Government Policy will commence from 1 July 2019, arrangements are in place to monitor implementation.

Secure Local Jobs Code

ACT Health Directorate implemented the code in January 2019, arrangements are in place to monitor performance.

Financial considerations

Aboriginal and Torres Strait Islander Procurement Policy

The Directorate has a 1% target of addressable spend.

Secure Local Jobs Code

The Directorate will continue to monitor the level of contractor compliance.

Recommended approach and timing

The Directorate will continue to implement these policies and evaluate their effectiveness against intended objectives.

Cleared as complete and accurate:	27 June 2019	
Cleared by:	John Fletcher, Executive Group Manager	Ext: 49869
Contact Officer name:	Tim Roach	Ext: 49703
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Tim Roach	
TRIM Ref:	GCB19/347	



ACTHD/CHS - Transition Management

Portfolio and function

Minister for Health and Wellbeing – Executive Group Manager Corporate & Governance.

Issue

- The creation of the ACT Health Directorate and Canberra Health Services on 1 October 2018 separated public health system stewardship functions from operational service delivery functions enabling improved governance and greater transparency and accountability.
- To implement these arrangements, key governance systems in the ACT Health Directorate required review and realignment. A significant program of work is underway to deliver modern, fit for purpose governance arrangements.

Current status

- New separate Audit and Risk Management Committees have been established for the ACT Health Directorate and Canberra Health Services. For the first year of operations both committees have the same independent external members from the previous committee to support consistency in oversight and retention of corporate knowledge.
- The Health Directorate Fraud Corruption Control Plan and Internal Audit Charter have been reviewed and a program of internal audits have been planned for 2019-20.
- The following governance committees have been established to provide assurance and oversight:
 - Directorate Leadership Committee - the peak decision-making forum within the Directorate, chaired by the Director-General.
 - Health System Policy and Research (HSPR) Executive Committee – the executive committee for the HSPR Group, overseeing their activities, risks and key programs, chaired by the Deputy Director-General HSPR.
 - Corporate Executive Committee - the executive committee for the Corporate Group, overseeing their activities, risks and key programs, chaired by the Deputy Director-General, Corporate Services.
 - Technology Strategy Committee – oversees technology investment and program delivery, chaired by the Chief Information Officer.
 - Corporate and Governance Committee – provides executive leadership and strategic direction on corporate governance functions and services in the Directorate, chaired by the Executive Group Manager, Corporate and Governance.
- A fit-for-purpose risk management framework is in development and will be implemented across the organisation in coming months.
- The Freedom of Information (FOI) team within the Directorate coordinates applications for both ACT Health Directorate and Canberra Health Services in accordance with the Freedom of Information Act 2016. Applications are managed independently, with each entity having several appointed Information officers responsible for deciding applications. Consultation between organisations occurs as necessary.
- In the 2018-19 financial year applications have been predominantly received from MLAs with a significant number also from media outlets. Applications from constituents make up a comparative small proportion of the requests received.



Critical dates and reasons

Foundational governance processes in the Health Directorate are in place. These are being monitored and ongoing improvements are being made as required.

Financial considerations

N/A

Recommended approach and timing

The Directorate Corporate and Governance function continue a program of work to refresh a range of corporate and governance policy and practices within the Health Directorate.

Cleared as complete and accurate:	27 June 2019	
Cleared by:	John Fletcher, Executive Group Manager	Ext: 49869
Contact Officer name:	Jacqui Bear	Ext: 49426
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/347	



Hydrotherapy Pool – Canberra Hospital

Portfolio and function

Minister for Health and Wellbeing – Executive Group Manager Corporate & Governance

Issue

- Canberra Health Services' (CHS) hydrotherapy service has been transferred from Canberra Hospital to the new sub-acute rehabilitation hospital, the University of Canberra Hospital (UCH), in Bruce.
- The hydrotherapy pool, located in Building 3 of Canberra Hospital, was opened in the 1970's. The plant and equipment supporting the Canberra Hospital pool is located underneath the pool area in a confined space that has a single egress point that presents sub-optimal maintenance access issues compared with contemporary pool plant room designs. The infrastructure supporting the pool, particularly electrical and heating, ventilation and air-conditioning plant is at the end of its life. Spare parts to undertake repairs will be difficult to source if the aged equipment fails.
- In early 2018, Arthritis ACT made representations to the then Minister for Health and Wellbeing, Ms Meegan Fitzharris MLA, requesting continuation of their access to the Canberra Hospital pool after July 2018, on the rationale that there was no other option for their southside resident clients.
- Ms Fitzharris agreed to this and the user agreement for access to the pool was extended to 30 June 2019, subject to the life of the ageing asset.
- The pool was due to close on 1 July 2019, however, following a resolution in the ACT Legislative Assembly on 15 May 2019, the Government made a commitment to keep the pool open until an appropriate level of access at other suitable facilities could be found.
- ACT Health Directorate (ACTHD) subsequently engaged an external advisor, Nous Group, to provide advice and recommendations to Government including:
 - assess current demand and referral trends;
 - ensure that current policy settings and contractual arrangements are appropriate;
 - determine the supply of hydrotherapy and warm water facilities across the ACT; and
 - provide advice to Government about securing sessions at these facilities.

Current status

- Nous Group provided a draft report to ACTHD on 18 June 2019. The report is currently being finalised.
- The Canberra Hospital pool is still open and continues to be accessed by Arthritis ACT.

Critical dates and reasons

- Ms Fitzharris made a commitment to provide an update to the Assembly, and table the Nous Report, in August 2019.
- A pool user agreement between CHS and Arthritis ACT is in place from 1 July 2019 to 30 September 2019, with a month to month extension option thereafter.



Financial considerations

- ACTHD have a current Service Funding Agreement (SFA) with Arthritis ACT. “To provide services to people in the ACT community who have arthritis. Services include education activities, providing information, resources and support, and exercise sessions, including supervised hydrotherapy.” Under the SFA, Arthritis ACT are to provide a minimum number of 614 hydrotherapy sessions per annum.
- The funding for the 2019-20 SFA is \$317,292 (including indexation and Equal Remuneration Order) and will be indexed annually.
- Annual maintenance costs (incurred by CHS) for the hydrotherapy pool at Canberra Hospital are approximately \$145,000. This reflects routine maintenance only and does not include repairs or upgrades that might be required to extend the life of the pool facility.
- There may be financial implications associated with addressing the recommendations in the Nous Group report however these have not yet been costed.

Recommended approach and timing

A further briefing, providing more detail and attaching the final report from Nous Group, will be progressed to you in the first week of July 2019.

Cleared as complete and accurate:	27 June 2019	
Cleared by:	John Fletcher, Executive Group Manager	Ext: 49869
Contact Officer name:	Sallyanne Pini	Ext: 54689
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/347	



2019-20 Commonwealth Hospital Funding Estimates

Portfolio and function

Digital Solutions Division

Issue

- The National Health Funding Body (NHFB) is responsible for the allocation of Commonwealth contributions to jurisdictional public hospital expenditures, under the *National Health Reform Agreement*.
- In order to meet jurisdictional cash flow needs, the NHFB provides provisional payments for the imminent financial year, based on estimated public hospital activity.
- On 26 June 2019, the NHFB advised ACT Health of their preliminary estimate of provisional cash payments to the ACT for public hospital services in 2019-20 - \$411,752,143.50.
- The ACTHD concurs with the NHFB that Commonwealth provisional cash payment to the ACT will amount to \$411.8 million in 2019-20, for services delivered in 2019-20, noting the NHFB's existing process.
- However, the NHFB preliminary estimate exceeds the 'soft cap' in jurisdictional funding growth under the NHRA of 6.5 per cent per annum.
- This is because the NHFB is utilising out of date estimates for 2018-19 taken from previous ACT Budget Papers, which underestimates baseline public hospital activity for 2018-19 and therefore overestimates growth between 2018-19 and 2019-20.
- The NHFB will revise their estimates of provisional funding for 2019-20 upon the receipt of actual activity data for 2018-19 in October 2019.
- At this point, ACT Health expects that growth in Commonwealth public hospital funding between 2018-19 and 2019-20 will instead be 5.7 per cent and will not breach the 'soft cap' in jurisdictional funding under the NHRA.

Current status

- As per NHRA administrative procedures, the NHFB will undertake a reconciliation of 2018-19 funding upon receipt of actual public hospital activity data from all jurisdictions in October 2019. This will inform any necessary adjustment payments made by the NHFB.

Critical dates and reasons

- Provisional payments based on the NHFB's current estimates will commence on the 7th calendar day of the month, beginning in July 2019.
- ACT Health works closely with the NHFB and other Commonwealth Government agencies in providing data, with the next update of public hospital activity data to be made available to the NHFB in October 2019.
- The NHFB will subsequently advise jurisdictions on funding adjustments to 2019-20, in light of actual data for 2018-19. This is known as the reconciliation process under the NHRA.



Financial considerations

- In 2019-20, the ACT will also be receiving a Commonwealth reconciliation payment for services delivered in 2018-19. It is currently expected that this amount will be approximately \$3.8 million, bringing total expected Commonwealth revenue for public hospital services to \$415.6 million in 2019-20.
- This is significantly different to ACT Treasury’s estimate of Commonwealth revenue growth for Health in 2019-20, with the 2019-20 ACT Budget forecasting approximately \$423.8 million for this item. The ACT Treasury figure is based on an assumption of 6.5 per cent growth in Commonwealth public hospital funding.
- ACT Treasury have been advised of the limitations of the assumptions underlying their revenue projections by ACT Health and have acknowledged receipt of this advice.

Recommended approach and timing

The key milestones for the reconciliation of the ACT’s actual 2018-19 public hospital activity and its implications for provisional payments by the NHFB for 2019-20 are:

- October 2019 – ACT Health to provide NHFB with actual activity data for 2018-19.
- Late 2019 – NHFB completes calculations for reconciliation using 2018-19 activity data.
- Late 2019-Early 2020 – Jurisdictional comments on NHFB calculations.
- February 2020 – The Administrator of the National Health Funding Pool issues a recommended determination of funding for 2018-19.
- Early 2020 – The Commonwealth Treasurer issues a final determination for the Commonwealth contribution to public hospital funding.
- April 2020 to June 2020 – Reconciliation for 2018-19 activity actioned by jurisdictions and the NHFB. Note that the ACT currently expects to receive a reconciliation payment for 2018-19 of \$3.8 million.

Cleared as complete and accurate:

Cleared by:	Executive Group Manager	Ext: 49000
Contact Officer name:	Peter O’Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	No, contains sensitive information	
Information Officer name:	Emily Harper	
TRIM Ref:	GBC19/347	



Research and Innovation Fund (\$3m election commitment)

Portfolio and function

ACT Health Directorate, Centre for Health and Medical Research (CHMR)

Issue

Establishing a research grant program overseen by the ACT Health Directorate Research Committee, and with reference to the ACT Partnership Board, that supports the research priorities of the Directorate on improving the health and wellbeing of people in the ACT and surrounding region.

Current status

\$3 million over three years with the first year provided in the 2019-20 budget to develop research enabling methods and analytics focused on end-of-life-care, mental health or complex chronic conditions.

Critical dates and reasons

1 July 2019 – budget allocated

1 August 2019 - establish the ACT Health Research Committee and its Terms of Reference

Financial considerations

2019-2020

- \$200k committed to Brain Cancer research
- \$800k capacity building research projects

2020-2021

- \$200k committed to Brain Cancer research
- \$800k condition-specific research projects

2021-2022

- \$200k committed to Brain Cancer research
- \$800k condition-specific research projects

Recommended approach and timing

Establishment of ACT Health Directorate Research Committee to set the research priorities for the calling of research proposals. Establishment of a framework for the proper due diligence for the management of research under this program.

Cleared as complete and accurate:	Dave Pepper	
Cleared by:	Deputy Director-General	Ext: 49656
Contact Officer name:	Bruce Shadbolt	Ext: 44288
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



HealthANSWERS Partnership

Portfolio and function

ACT Health Directorate, Centre for Health and Medical Research

Issue

The establishment of a partnership collaboration between ACT Health Directorate, Canberra Health Services, Calvary Hospital, University of Wollongong, Australian National University, University of Canberra, NSW Health, Illawarra Local Health District, Southern Local Health District, Murrumbidgee Local Health District, Primary Health Networks, Katungal Corporation Regional Health and Community Service, South Coast Medical Service and the ACT and NSW ambulance services, as well as a number of industry affiliates.

The outcomes of the partnership include benefits such as implementation of evidence-based practice in regional areas, strengthening of health services, and improved public and preventive health capacity, including data linkage and integration across regions to reduce variation in clinical care and improve healthcare delivery.

Current status

Canberra Health Services is currently leading efforts to define roles and responsibilities underpinning good governance for the partnership. The partnership is cross-jurisdictional and includes Indigenous health services.

Critical dates and reasons

5 August 2019 – Accreditation interview with a panel of international assessors under the auspices of the National Health and Medical Research Council.

Financial considerations

- To date ACT Health Directorate has committed \$1 million over five years.
- The Australian National University has committed \$1 million over five years.
- University of Canberra has committed \$20,000 over five years.

Total commitment across all partners is approximately \$3 million over five years. On accreditation the Commonwealth will commit funds to support seeding projects.

Recommended approach and timing

A timeline of activities is required before the interview, including settling a Memorandum of Understanding between the partners, to establish governance and operational details that can be presented at interview. Direction will be required from the ACT Health and Wellbeing Partnership Board regarding the governance model.

Cleared as complete and accurate:	Ross Hannan	
Cleared by:	Executive Group Manager	Ext: 44288
Contact Officer name:	Bruce Shadbolt	Ext: 44288
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	
Cleared as complete and accurate:	Dave Peffer	

End of Life Research Plan

Portfolio and function

ACT Health Directorate, Centre for Health and Medical Research

Issue

End of Life Care is a flagship area of research for the ACT Health Directorate, with Canberra Health Services and academic partners agreeing this research focus is a priority and a growing matter of community concern.

Current status

An integrated research led clinical plan has been developed, activities have been undertaken to work towards implementation which aligns with the Palliative Care and End of Life Choices policy and which will substantially improve outcomes for end of life care.

Critical dates and reasons

The first call for research projects is expected to be 20 September 2019 in the area of developing research approaches to interdisciplinary complex health issues associated with end of life care.

Financial considerations

The End of life Research Plan will be funded in part from the \$3 million research fund and supplemented through external funds obtained from competitive grant processes.

Recommended approach and timing

The End of Life Research Plan will promote a multi-disciplinary collaborative approach driven by grant opportunities and the availability of funding with research projects initiated in 2020.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 44288
Contact Officer name:	Bruce Shadbolt	Ext: 44288
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	
Cleared as complete and accurate:	Dave Peffer	

Comprehensive Cancer Centre

Portfolio and function

ACT Health Directorate, Centre for Health and Medical Research (CHMR)

Issue

Development of a Comprehensive Cancer Centre (3CRC) to service the need within the Canberra community. The 3CRC will bring together key stakeholders in the delivery of a service delivery model which integrates internationally competitive cancer research with the most advanced standards of cancer clinical care.

Current status

Key stakeholders have agreed in principle that a 3CRC is vital to meet the needs of the community. There is a need to gain further commitment from key stakeholders and clear direction of the exact location and model to be implemented. A discussion paper has been prepared outlining the vision, need and opportunity, collaborators, funding and space requirements.

Critical dates and reasons

On 31 July 2019 key stakeholders will meet for a round table discussions to establish the site for the Centre and a direction forward regarding Level 3, Building 19, Canberra Hospital.

Financial considerations

ANU has committed \$10 million in funding.

Recommended approach and timing

A critical round table discussion with key partners is to take place before the end of July 2019.

Cleared as complete and accurate:	Dave Pepper	
Cleared by:	Executive Group Manager	Ext: 44288
Contact Officer name:	Bruce Shadbolt	Ext: 44288
TRIM Ref:	GBC19/347	