

Our reference: FOI19/79



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (AHD) on 19 November and rescoped on 26 November 2019.

This application requested access to:

"Final documents prepared for or used during the 2018-19 Annual Reports hearings."

As confirmed by your Office, this is limited to the Minister, DG and CEO level.

I am an Information Officer appointed by the Director-General of AHD under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. AHD was required to provide a decision on your access application by **Tuesday 24 December 2019**.

I have identified 5 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to 5 documents;

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The *Human Rights Act 2004*.

Full Access

I have decided to grant access in full to 5 documents relevant to your request.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, AHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

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

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANNBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Vanessa Dal Molin
Executive Branch Manager
Office of the Director-General

16 December 2019

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				FILE NUMBER
[REDACTED]		"Final documents prepared for or used during the 2018-19 Annual Reports hearings."				FOI19/79
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	Schedule – Day six	11/11/2019	Full release		Yes
2.	2-4	Witness list	11/11/2019	Full release		Yes
3.	5-6	Index	11/11/2019	Full release		Yes
4.	7-88	Briefs	2019	Full release		Yes
5.	89-91	Question Time Briefs – Index	26-28/11/2019	Full release		Yes
Total Number of Documents						
5.						

DAY SIX – MONDAY 11 NOVEMBER 2019

	Committee	Time	Witness	Office	Annual Report
	Health, Ageing and Community Services	9.00am-10.30am (1 hour 30 minutes)	Ms Stephen-Smith	Minister for Health	Canberra Health Services / Health Directorate ACT Care Coordinator – <i>Michael Hebble</i> Calvary Health Care Ltd Human Research Ethics Committee Radiation Council
10.30am-10.45am – Morning Tea					
	Health, Ageing and Community Services	10.45am-12.30pm (1 hour 45 minutes)	Ms Stephen-Smith	Minister for Health	Canberra Health Services / Health Directorate ACT Local Hospital Network Health Directorate Population Health Rehabilitation, Aged and Community Care
12.30pm-1.45pm – Lunch					
	Health, Ageing and Community Services	1.45pm-3.15pm (1 hour 30 minutes)	Ms Stephen-Smith	Minister for Health	Canberra Health Services / Health Directorate Cancer Services Acute Services Alcohol and Drug Services
3.15pm-3.30pm – Afternoon Tea					
	Health, Ageing and Community Services	3.30pm-5.00pm (1 hour 30 minutes)	Mr Rattenbury	Minister for Mental Health Minister for Corrections and Justice Health	Canberra Health Services / Health Directorate Mental Health Justice Health Office for Mental Health and Wellbeing Chief Psychiatrist
5.00pm - Close					



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
BEC CODY MLA (CHAIR), VICKI DUNNE MLA (DEPUTY CHAIR), CAROLINE LE COUTEUR MLA

WITNESS LIST FOR COMMITTEE AND HANSARD
ANNUAL AND FINANCIAL REPORTS 2018-19

To assist the Committee with its records and Hansard in recording the appearance of all officers who are likely to give evidence to the Committee, you are requested to provide the following information. Please return this information electronically to the Committee Secretary.

Committee Name: Health, Ageing and Community Services Inquiry into Annual and Financial Reports 2018-19	
Hearing Date & Time: 9:00am – 3:15pm Monday 11 November 2019	
Title / Full name / Position / Branch or Division / Department or Agency	Portfolio area
Ms Rachel Stephen-Smith, Minister for Health	Health
Mr Michael De'Ath, Director-General	Health
Ms Kylie Jonasson, Deputy Director-General, Health Systems, Policy and Research	Health
Dr Kerryn Coleman, Acting Chief Health Officer	Health
Dr Dinesh Arya, Chief Medical Officer	Health
Ms Helen Matthews, Acting Chief Allied Health Officer	Health
Mr Hamish Jeffrey, Acting Chief Nursing and Midwifery Officer	Health
Mr Peter O'Halloran, Chief Information Officer	Health
Mr John Fletcher, Executive Group Manager, Corporate and Governance	Health
Ms Liz Lopa, Executive Group Manager, Strategic Infrastructure	Health
Mr Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs	Health
Mr Alan Philp, Executive Group Manager, Preventive and Population Health	Health
Ms Erica Nixon, A/g Executive Branch Manager, Preventive and Population Health	Health
Ms Jacinta George, Executive Group Manager, Health System Planning and Evaluation	Health



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Committee Name: Health, Ageing and Community Services Inquiry into Annual and Financial Reports 2018-19	
Hearing Date & Time: 9:00am – 3:15pm Monday 11 November 2019	
Title / Full name / Position / Branch or Division / Department or Agency	Portfolio area
Assoc Prof Bruce Shadbolt, Deputy Executive Director, Research Office, Centre for Health and Medical Research	Health
Ms Gabriela Sermenon, Executive Branch Manager, Health Policy and Strategy Branch	Health



LEGISLATIVE ASSEMBLY
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Committee Name: Health, Ageing and Community Services Inquiry into Annual and Financial Reports 2018-19	
Hearing Date & Time: 3:30pm – 5:00pm Monday 11 November 2019	
Title / Full name / Position / Branch or Division / Department or Agency	Portfolio area
Mr Shane Rattenbury, Minister for Mental Health	Mental Health
Mr Michael De'Ath, Director-General	Mental Health
Ms Kylie Jonasson, Deputy Director-General, Health Systems, Policy and Research	Mental Health
Dr Denise Riordan, Chief Psychiatrist	Mental Health
Mr John Fletcher, Executive Group Manager, Corporate and Governance	Mental Health
Ms Liz Lopa, Executive Group Manager, Strategic Infrastructure	Mental Health
Ms Jacinta George, Executive Group Manager, Health System Planning and Evaluation	Mental Health
Mr Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs	Mental Health
Mr Jonathan Ord, Acting Executive Branch Manager, Mental Health Policy Unit	Mental Health
Dr Elizabeth Moore, Coordinator-General, Office for Mental Health and Wellbeing	Mental Health
Mr David Pryce, Deputy Director-General, Community Safety (JACS)	Mental Health
Mr Jon Peach, Executive Director, ACT Corrective Services (JACS)	Mental Health

Annual and Financial Report 2018-19
Minister for Health
ACT Health Directorate
11 November 2019

Item	Issue	Responsible Area
1.	Minister's Fact Sheet	DSD
Annexed Reports		
2.	ACT Care Coordinator Annual Report 2018-19 (page 280)	HSPR (OPLE)
3.	Calvary Health Care ACT Ltd Annual Report 2018-19 (including performance statement) (page 282)	Commissioning
4.	Human Research Ethic Committee Annual Report 2018-19 (page 292)	HSPR
5.	Radiation Council Annual Report 2018-19 (page 297)	HSPR
Local Hospital Network		
6.	Strategic Indicator 1 – Percentage of elective surgery cases admitted on time by clinical urgency (page 338)	Commissioning
7.	Strategic Indicator 2.1 – Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes (page 339)	Commissioning
8.	Strategic Indicator 2.2 – Proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less (page 341)	Commissioning
9.	Strategic Indicator 3.1 – The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition (page 343)	Commissioning
10.	Strategic Indicator 3.2 - The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (page 343)	Commissioning
11.	Strategic Indicator 3.3 – The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia (SAB) infection during their stay (page 343)	Commissioning
12.	Strategic Indicator 3.4 - The estimated hand hygiene rate (page 344)	Commissioning
13.	Output 1.a – Admitted Services (page 335)	Commissioning
14.	Output 1.b – Non Admitted Services (page 335)	Commissioning
15.	Output 1.c – Emergency Services (page 335)	Commissioning
16.	Output 1.d – Acute Admitted Mental Health Services (page 335)	Commissioning
17.	Output 1.e – Subacute Services (page 335)	Commissioning
18.	Output 1.f – Total in Scope (page 335)	Commissioning
19.	Output 1.g – Percentage of mental health clients with outcome measures completed (page 335)	Commissioning
20.	Output 1.h – Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services (page 335)	Commissioning
ACT Health Directorate		
21.	Strategic Objective 8 – Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth (page 51)	HSPR

22.	Strategic Objective 9 – Lower Prevalence of Circulatory Disease than the National Average (page 52)	HSPR
23.	Strategic Objective 10 – Lower prevalent of overweight and obese people (page 52)	HSPR
24.	Strategic Objective 11 – Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status (page 53)	HSPR
25.	Strategic Objective 12 – Higher Participation Rate in the Cervical Screening Program than the National Average (page 54)	HSPR
26.	Strategic Objective 13 – Achieve Lower than Australian Average in the Decayed, Missing or Filled Teeth (DMFT) (page 54)	HSPR
27.	Strategic Objective 14 – Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years (page 55)	HSPR
28.	Strategic Objective 15 – Reduction in the Youth Smoking (page 55)	HSPR
Population Health		
29.	Output 1.1 – Health Directorate Accountability Indicators (a-f) <i>(for 1 October 2018 – 30 June 2019)</i> (page 56 & 273)	HSPR
29 a,b & e	Output 1.1a – Samples analysed; Output 1.1b – Total number of inspections and proactive site visits of food businesses; and Output 1.1e – Immunisations coverage for the primary immunisation	
29c	Output 1.1c – Number of teachers who complete Food & Me training	
29d	Output 1.1d – Number of It's Your Move schools recruited to the program	
29f	Output 1.1f – Services provided by Calvary Public Hospital that are out-of-scope on the national Activity Based Funding (ABF) system.	
Backpocket	Management of chronic disease maintenance of the highest life expectancy at birth (page 51)	

GBC19/597

Portfolio/s: Health

HEADING: Minister's Fact Sheet

	2017-18	2018-19	change	Q1	Q2	Q3	Q4
				2018-19	2018-19	2018-19	2018-19
Walk-in Centres							
<i>Number of presentations to Walk-in Centres</i>	41,551	61,216	47%	12,690	15,947	15,679	16,900
Emergency department							
<i>Number of presentations by hospital</i>							
Canberra Hospital	88,661	90,819	2%	n/a	n/a	n/a	n/a
Calvary Public Hospital Bruce	59,117	58,454	-1%	n/a	n/a	n/a	n/a
Total	147,778	149,273	1%	36,844	37,065	37,107	38,257
Number of presentations by triage category							
1—Resuscitation	752	814	8%	187	192	207	228
2—Emergency	14,737	16,238	10%	3,960	3,748	4,267	4,263
3—Urgent	62,106	64,890	4%	16,201	15,915	16,013	16,761
4—Semi-urgent	57,999	56,400	-3%	13,718	14,358	13,993	14,331
5—Non-urgent	12,184	10,931	-10%	2,778	2,852	2,627	2,674
Total	147,778	149,273	1%	36,844	37,065	37,107	38,257

Percentage of patients seen on time by triage category¹

1—Resuscitation	100%	100%	0%	100%	100%	100%	100%
2—Emergency	77%	74%	-3%	77%	76%	72%	71%
3—Urgent	37%	32%	-5%	33%	36%	30%	28%
4—Semi-urgent	49%	47%	-2%	47%	51%	46%	44%
5—Non-urgent	82%	83%	1%	84%	86%	82%	80%

Proportion of presentations with a length of stay of 4 hours or less²

Canberra Hospital	59%	55%	-4%	n/a	n/a	n/a	n/a
Calvary Public Hospital Bruce	72%	66%	-6%	n/a	n/a	n/a	n/a
Total	64%	60%	-4%	61%	62%	58%	57%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage categories 4, 5 and overall—70%

2. The performance benchmark for emergency department presentations with a length of stay of 4 hours or less is 90%.

Cleared as complete and accurate: 07/11/2019
A/G Chief Information Officer
Ext: 49129

Contact Officer name: Sean Winefield
Lead Directorate: ACT Health Directorate
Ext: 49114
Cleared for release: Yes
Information Officer name: Gilbert de Ruijter
TRIM Ref: GBC19/597



Elective surgery waiting lists

Number of patients waiting longer than clinically recommended at end of period

Total by Urgency 1 – 3

	2017-18	2018-19	% change	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19
	399	635	46%	410	516	699	635

Proportion of removals for surgery that were within clinically recommended timeframes

Urgency 1 (see within 30 days)
 Urgency 2 (see within 90 days)
 Urgency 3 (see within 365 days)

91%	96%	4%	95%	96%	97%	97%
70%	75%	-5%	80%	79%	71%	71%
77%	78%	-10%	79%	80%	79%	75%
60,052	58,369	-1%	14,482	14,579	14,502	14,806
55,369	56,620	2%	14,377	13,965	13,937	14,341
115,421	114,989	0%	28,859	28,544	28,439	29,147

Separations from public hospitals

Number of inpatient separations

Same day
 Overnight
 Total

Table 1: WIC average cost details

WIC Average Cost Summary						
Year	Episodes	Direct Cost	Overhead Cost	Total Cost	Average Cost	
2015-16	34,732	\$3,917,672.24	\$2,566,965.63	\$6,484,637.87	\$186.70	
2016-17	36,622	\$3,819,525.15	\$2,435,628.53	\$6,255,153.69	\$170.80	
2017-18	41,404	\$4,192,406.09	\$2,195,565.47	\$6,387,971.57	\$154.28	

Table 2: ACT's ED average cost details

ED Average Cost Summary					
Year	Presentations	Direct Cost	Overhead Cost	Total Cost	Average Cost
2015-16	135,410	\$84,066,082.47	\$26,721,911.91	\$110,787,994.38	\$818.17
2016-17	143,783	\$83,975,025.68	\$17,451,472.35	\$101,426,498.03	\$705.41

Cleared as complete and accurate:
Cleared by:

07/11/2019
A/g Chief Information Officer

Ext: 49129

Contact Officer name:
 Lead Directorate:
 Cleared for release
 Information Officer name:
 TRIM Ref:

Sean Winefield
 ACT Health Directorate
 Yes
 Gilbert de Ruijter
 GBC19/597

Ext: 49114



ANNUAL REPORT HEARING BRIEF

- The 2017-18 annual cost report will be published March 2020 approximately.
- The 2018-19 costing data submission to IHPA is not complete and will be finalised in April 2020 and published publically the following year.
- ED average cost details are sourced from the Independent Hospital Pricing Authority (IHPA) benchmarking portal for 2015-16 and 2016-17 are at [Attachment A](#). IHPA excludes depreciation costs from the portal and to be consistent depreciation costs are excluded from Table2.
- W/C activity and costs are grouped into non-admitted patient category and cannot be identified through the IHPA benchmarking portal.

Cleared as complete and accurate:
Cleared by:

07/11/2019

A/g Chief Information
Officer

Ext: 49129

Contact Officer name:

Sean Winefield

Ext: 49114

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Gilbert de Ruijter

TRIM Ref:

GB C19/597

GBC19/597

Portfolio: Health

HEADING: ACT Care Coordinator

ISSUE: The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204 (1) of the *Mental Health Act 2015*

ANNUAL REPORT PAGE NUMBER: 280

Talking points:

- The Chief Medical Officer, Dr Dinesh Arya, is the ACT Care Coordinator appointed under the *Mental Health Act 2015*.
- Between 1 July 2018 and 30 June 2019, 10 people were subject to a Community Care Order. Nine people were also subject to a Restriction Order. No Forensic Community Care Orders were made during the reporting year.
- Of the 10 people subject to a Community Care Order, two were living with dementia. New Community Care Orders were in place for eight other people with complex and challenging behaviours; eating disorders; a personality disorder; and an intellectual disability.
- Of the 10 people subject to a Community Care Order, four were male and six were female.

Key Information

- The Care Coordinator coordinates treatment, care, and support for a person with a mental disorder for whom a Community Care Order or a Forensic Community Care applies; and for whom guardianship is not sufficient.
- A Restriction Order can restrict where a person lives, the activities a person undertakes, detention at an approved community care facility, a place or person that may not be approached.
- These orders are made by the ACT Civil and Administrative Tribunal (ACAT).
- These orders encompass people with dementia, intellectual disability, acquired brain injury, personality disorders, or degenerative neurological disorders.

Cleared as complete and accurate: 28/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Executive Group Manager

Dr Dinesh Arya

ACT Health Directorate

Yes

Pieta McCarthy

GBC19/597

Ext: 49637

Ext: 49637

Background Information

- For the 2018/2019 financial year, the Executive Officer function of the ACT Care Coordinator was undertaken by the office of the Public Advocate and the Children and Young People Commissioner.

Cleared as complete and accurate:

28/10/2019

Cleared by:

Executive Group Manager

Ext: 49637

Contact Officer name:

Dr Dinesh Arya

Ext: 49637

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Pieta McCarthy

TRIM Ref:

GBC19/597

GBC19/597

Portfolio: Health

HEADING: Calvary Health Care ACT Ltd Annual Report 2018-19

ISSUE: Overview of funding, activity and performance across Calvary Public Hospital Bruce (CPHB) and Clare Holland House (CHH) for 2018-19. Detailed results on Calvary's funding, performance and activity figures for 2018-19 are included on the last page.

ANNUAL REPORT PAGE NUMBER: 282

Talking points:

1. Emergency department performance and expansion

- Performance across the ACT's emergency departments declined in 2018-19.
- There were almost 60,000 presentations to Calvary's emergency department in 2018-19.
- In terms of Calvary's emergency department timeliness, there is work to be done across triage categories three and four.
- However, performance was positive for categories one, two and five.
- Construction on the \$6.7 million expansion of Calvary's emergency department commenced in September 2019:
 - the expanded Calvary ED will deliver 22 additional treatment spaces, this includes a redesigned and larger Fast Track stream (14 spaces) and an expanded Short Stay Unit (8 beds) to help with patient flow through the ED;
 - the 2019-20 Budget included funding for around 40 additional doctors, nurses, administration and other health professionals to join the hospital team over the next two years;
 - the project is expected to be completed in March 2020.

More Information:

- Annual Report Hearing Briefs No. 7 and No. 8;
- Question Time Brief No. 2.

Cleared as complete and accurate: 31/10/2019

Cleared by: Executive Group Manager

Contact Officer name: Jacinta George Ext: 49699

Lead Directorate: ACT Health Directorate

Cleared for release: Yes

Information Officer name: Margaret Stewart

TRIM Ref: GBC19/597

2. Elective surgery performance

- Calvary delivered 6,010 elective surgeries for the 2018-19 year. This is a significant contribution to the 14,015 elective surgeries delivered across the Territory, and over 500 more surgeries than were delivered in 2017-18.
- Calvary has committed to taking a greater share of the Territory elective surgery caseload in recent years and again in 2019-20. This will help Canberra Hospital, as the tertiary hospital, to focus on delivering emergency, trauma and tertiary-level services and therefore render a lower chance of disruption to elective surgery scheduling.

More Information:

- Annual Report Hearing Brief No. 6;
- Question Time Brief No. 4.

3. Infrastructure and Northside Hospital Scoping

- In 2018–19, Calvary was provided with \$15 million for several important infrastructure projects to:
 - expand the emergency department;
 - upgrade and replace equipment; and
 - upgrade the Keaney Building to relocate the adult mental health unit.
- Additionally, Calvary was provided with \$3.2 million towards capital works projects and funds including:
 - Aluminium composite panels replacement;
 - Upgrading and Maintaining ACT Health Assests (UMAHA);
 - Medical imaging equipment;
 - Operating theatre upgrades; and the
 - Better Infrastructure Fund.
- Calvary is also being provided with capital funding in 2019-20 for urology services expansion, additional elective surgeries, fire safety upgrades and cladding works.
- Funding has also been committed by the Australian Government (\$4 million) and The Snow Foundation (\$2 million) to expand Clare Holland House. The expansion will deliver more inpatient beds as well as improved administration and clinical support spaces.

Cleared as complete and accurate: 31/10/2019

Cleared by: Executive Group Manager

Contact Officer name: Jacinta George Ext: 49699

Lead Directorate: ACT Health Directorate

Cleared for release: Yes

Information Officer name: Margaret Stewart

TRIM Ref: GBC19/597



- ACT Health Directorate works closely with Calvary to explore opportunities to improve and expand health services and infrastructure in Canberra's north. Infrastructure planning is underway, in collaboration with Calvary, to scope options for meeting growing demand in the region. This work will include assessment of the current infrastructure at Calvary to plan for essential maintenance and upkeep.

More Information:

- Question Time Brief No. 6.

4. Maternity and Women's Health Services

- Calvary offers patients a range of inpatient and outpatient women's health services. These include pregnancy and maternal assessment, antenatal and postnatal care.
- The ACT Government invested \$2.6 million to refurbish Calvary's maternity ward so that women on the northside of Canberra can choose a place to deliver their baby closer to home and in the public system. The unit welcomed its first patients in July 2018, and has delivered:
 - expanded capacity to 18 beds;
 - a reconfigured Maternity Unit that now has 10 single rooms and four very large twin rooms;
 - an intimate patient and family lounge and a spacious baby assessment room;
 - enhanced facilities for partners who want to stay at the hospital; and
 - completely redecorated patient and public areas to create a colourful and contemporary feel for the unit.
- A dedicated Maternity Assessment Clinic opened in April 2019 and provides a well-equipped facility for planned and unplanned antenatal and postnatal assessments.

More Information:

- Question Time Briefs No. P and No. Q.
- The hospital and health services provided by Calvary are informed by the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*. There has been commentary within the media and in correspondence relating to this and the women's health services not offered by Calvary.
- The Standing Committee on Health Ageing and Community Services will be undertaking a tour of Calvary's maternity services in mid November 2019 as part of the *Inquiry into Maternity Services in the ACT*.

Cleared as complete and accurate: 31/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



5. Geriatric Rapid Acute Care Evaluation (GRACE) Program

- The GRACE program is an outreach service to support acutely unwell patients at residential aged care facilities. The residential aged care facility must elect to participate in the program. A resident's access to the program is agreed between the facility, the resident and their General Practitioner (GP) or primary care provider, and it is the aged care facility that contacts the GRACE team to initiate a care plan for the resident.
- A trial of the GRACE program was undertaken by Calvary with funding support from Capital Health Network. The trial involved five residential aged care facilities on the northside of Canberra.
- Following the success of the trial, the ACT Government provided funding for the implementation and expansion of the GRACE program right across Canberra.
- At this stage, the GRACE program is not yet available at all residential aged care facilities. However, the program is being rolled out incrementally to those residential aged care facilities which elect to participate.
- Given its close linkages, the GRACE program expansion has been incorporated into the Care Close to Home project (funding in 2018-19 Budget Review).

6. Attendance at Annual and Financial Report Hearings

The 2018-19 Select Committee on Estimates formally recommended that: "...the ACT Government arrange for representatives of the Little Company of Mary to attend hearings of future Legislative Assembly estimates committees and Legislative Assembly committee hearings for annual reports on a basis similar to the Australian Federal Police."

- The Little Company of Mary Health Care, and Calvary, are private organisations, contracted to provide public health services.
- It is the ACT Health Directorate that is ultimately accountable to the Government for the public health service delivery at CPHB and CHH, and the Directorate is more appropriately placed to support my appearance at hearings.
- Calvary have, and would, attend any Committee Inquiry hearings where they are called as a witness.

Cleared as complete and accurate: 31/10/2019

Cleared by: Executive Group Manager

Contact Officer name: Jacinta George Ext: 49699

Lead Directorate: ACT Health Directorate

Cleared for release: Yes

Information Officer name: Margaret Stewart

TRIM Ref: GBC19/597

Background Information:

- Calvary is a subsidiary organisation of the Little Company of Mary Health Care Ltd.
- The ACT Government, through the ACT Health Directorate (as the ACT Local Hospital Network manager), contract Calvary through to provide a range of public hospital and health services at CPHB and CHH.
- The relationship between the Territory and Calvary is governed by the Calvary Network Agreement (CNA), which came into effect in February 2012.
- ACT Health Directorate and Calvary meet on a quarterly basis for the Calvary Network Committee (CNC), which is the main governance committee under the Calvary Network Agreement (CNA).
- Calvary will be assessed for re-accreditation against the National Safety and Quality Health Service Standards early in 2020.
- Services provided at CPHB include:
 - a 24/7 emergency department
 - intensive and coronary care services
 - medical and surgical inpatient services
 - maternity services, including Calvary's birth centre
 - voluntary inpatient mental health services
 - specialist outpatient clinics
 - Hospital in the Home service, and
 - the Geriatric Rapid Acute Care Evaluation (GRACE) service.
- CHH is home to the ACT Specialist Community Palliative Care Service, providing:
 - a 19-bed inpatient specialist palliative care unit;
 - palliative care outpatients' clinics;
 - community-based palliative care services;
 - specialist outreach services, including partnerships with a number of retirement and aged care facilities, and a collaboration with the Winnunga Care and Support Clinic team; and
 - the Palliative Care Research Centre.

Cleared as complete and accurate: 31/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Calvary 2018-19 Funding, Activity and Performance		
Funding Amounts	Total	
Operating Fund		\$212 million
Capital		\$3.2 million
Activity Figures	Result	
Emergency Department Presentations		58,454
Elective Surgery Procedures		6,010
Non-Elective Surgery Procedures		4,455
Births		1,622
Calvary Public Hospital Bruce Inpatient Admissions		29,200
Clare Holland House Admissions		399
Emergency Department Timeliness Indicators	Target	Result
Category 1 – resuscitation seen immediately (%)	100%	100%
Category 2 – emergency seen within 10 minutes (%)	80%	79%
Category 3 – urgent seen within 30 minutes (%)	75%	40%
Category 4 – semi-urgent seen within 60 minutes (%)	70%	56%
Category 5 – non urgent seen within 120 minutes (%)	70%	88%
All Presentations (%)	70%	52%
ED patients with a total time of 4-hours or less (%)	81%	66%
Elective Surgery Timeliness Indicators	Target	Result
Category 1 – urgent, admitted for surgery within 30 days (%)	100%	98%
Category 2 – semi-urgent, admitted for surgery within 90 days (%)	78%	88%
Category 3 – non urgent, admitted for surgery at some time in the future (%)	91%	86%
Quality and Safety Indicators	Target	Result
Unplanned return to hospital within 28 days (%)	< 1.0%	0.80%
Unplanned return to the operating theatre (%)	< 0.5%	0.38%
Healthcare associated staphylococcus aureus bacteraemia (per 10000 bed days)	< 2	0
Estimated hand hygiene rates	75%	78%

Cleared as complete and accurate:

31/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Ext: 49699

GBC19/597

Portfolio/s: Health

HEADING: *ACT Health Directorate – Annexed Reports*

ISSUE: Human Research Ethics Committee

ANNUAL REPORT PAGE NUMBER: 292-294

Talking points:

- During 2018-2019, ACT Health Human Research Ethics Committee (HREC) reviewed 152 new research proposals; an activity level in the top 27 per cent of Australian HRECs. New proposals included 121 considered low risk and 31 greater than low risk.
- All reviews were conducted within the accepted 60 day benchmark. The average approval time for low risk proposals was 14 days and for greater than low risk proposals 38 days.
- The HREC provided ethical oversight and monitoring of approximately 1100 active research projects, varying in nature from surveys to early phase clinical trials. All of which contribute to the development of better health care and improved health outcomes for Canberrans.

Key Information

- Of the 11 ACT based HRECs, ACT Health HREC is the only one with institutional processes certified by the National Health and Medical Research Council (NHMRC). Nationally 25 per cent of HRECs maintain NHMRC certification.
- The 60 day benchmark for HREC review and approval processes was established by the 2011 Clinical Trials Action Group (CTAG) report, *Clinically Competitive: boosting the business of clinical trials in Australia*. ACT Health HREC has consistently operated within this benchmark since 2012.

Background Information

- Human research is essential to the continued advancement of health and medical care. Through its review and ongoing ethical oversight of research the HREC provides crucial services to ACT Health, researchers, patients and the community.
- The HREC is constituted according to the *NHMRC's National Statement on Ethical Conduct in Human Research (2018 edition)*. It has a gender balance of eight females and 12 males; a mix of clinical and social researchers and includes researchers with experience and expertise in Aboriginal and Torres Strait Islander health, a community member and a pharmacist.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Deputy Director-General

Ross Hannan

ACT Health Directorate

Yes

Ross Hannan

GBC19/597

Ext: x49656

Ext: x44288

GBC19/597

Portfolio: Health

HEADING: *Radiation Council Annual Report 2018-19.*

ISSUE: The report provides a summary of the Radiation Council's activities during 2018-19 and recognises the significant contribution the Council makes to the lives of Canberrans

ANNUAL REPORT PAGE NUMBER: 297

Talking points:

- The *Radiation Protection Act 2006* (the Act) controls the safe use, storage, transport and disposal of radioactive material and irradiating apparatus.
- The Radiation Council (the Council) is established under Part 5 of the Act and is responsible for issuing licences, registering regulated radiation sources, advising the Minister for Health on radiation protection issues and exercising any other function given to it under the Act or another territory law.
- The Council issued 232 new licences during 2018-19 bringing the total number of licences in the ACT to 1527.
- The Council issued 61 new source registrations during 2018-19 bringing the total number of registered radiation sources in the ACT to 725.
- The Council assisted with a review of the the Act and contributed to a number of recommendations of the report. The report was tabled by the former Minister for Health and Wellbeing, Meegan Fitzharris MLA, in the Legislative Assembly in November 2018.

Key Information

- The Council consists of 8 members from the both the private sector and government agencies.
- The Council meets approximately every six weeks throughout the year and met a total of 9 times during 2018-19.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Deputy Director-General

Ext: 49656

Contact Officer name:

Dr Kerryn Coleman

Ext:49853

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Dr Kerryn Coleman

TRIM Ref:

GBC19/597

ANNUAL REPORT HEARING BRIEF

- The Council undertakes its duties in accordance with requirements of the Act, to provide for the protection of the health and safety of people, and for the protection of property and the environment, from the harmful effects of radiation.
- Members of the Council are remunerated in accordance with Determination 5 of the 2019 ACT Remuneration Tribunal.
- No investigations or legal proceedings were commenced in 2018-19 in relation to breaches of the Act.

Background Information

- The ACT Health Protection Service provides secretariat services to the Council and acts as an intermediary between applicants and the Council.

Cleared as complete and accurate:

25/10/2019

Cleared by:

Deputy Director-General

Ext: 49656

Contact Officer name:

Dr Kerryn Coleman

Ext:49853

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Dr Kerryn Coleman

TRIM Ref:

GBC19/597

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 1 – Percentage of elective surgery cases admitted on time by clinical urgency

(ACT Local Hospital Network Strategic Objective 1 – Percentage of elective surgery cases admitted on time by clinical urgency)

ISSUE: These indicators identify the percentage of patients on the elective surgery wait list who had their surgery within the clinically recommended timeframe for their respective triage category. Performance has improved across all triage categories but remains below target.

ANNUAL REPORT PAGE NUMBER: 338

Clinically recommended time by urgency category	2018-19 Target	2018-19 Outcome
Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	96%
Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	78%	75%
Non-urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency	91%	78%

Talking points:

- In the 2018-2019 Budget, the Government committed \$64.7 million over four years to increase the number of elective and emergency surgery cases to improve access to surgical care and reduce waiting times.
- In 2018-2019, our hospitals delivered a record 14,015 elective surgeries, this is over 600 more than in 2017-2018.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



- This investment has been supported by the hard work of our clinical workforce and yielded welcome results for the community, with significant improvements in timeliness results across the most urgent categories of elective surgery.
- The proportion of Category 1 patients receiving surgery within 30 days went from 91 per cent to 96 per cent, and for Category 2 patients, from 70 per cent to 75 per cent.

Urgency category	2017-18 Outcome	2018-19 Outcome
Category 1 – Urgent	91%	96%
Category 2 – Semi-urgent	70%	75%
Category 3 – Non-urgent	77%	78%

- Delivery kept pace with demand, with the number of removals from the waiting list around the same as the number of additions.
- The government continues to use all avenues to support the delivery of elective surgery. Publicly funded elective surgery for ACT patients, and in many cases the surrounding region, is split across several providers, including private operators.
- The government has invested again in the 2019-20 Budget, with \$12 million over four years to open two new theatres at Calvary Public Hospital Bruce (Calvary). This will provide the necessary resources to support the delivery of up to 250 more surgeries each year.
- Additionally in 2019-20, the government committed around \$6 million over four years to expand urology services at Calvary. Part of this investment will enable Calvary to undertake more elective urology surgery to assist in meeting the growing demand.
- Also in the 2019-20 Budget, funding has been allocated to enable an increase in the number of surgeries delivered, taking the target to 14,250 for the ACT.
- The government is also pursuing improvement strategies which include:
 - active management of the waitlist from a Territory wide perspective, making best use of all of the Territory’s service providers;
 - working with clinicians to renew the focus on treating patients ‘in turn’ wherever clinically possible;

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

- increasingly shifting routine, non-tertiary services away from Canberra Hospital, to reduce delays to elective surgery that can occur because of that hospital's need to respond to emergency, trauma and tertiary level services; and
- working with NSW to achieve care of patients closer to home, within the bounds of clinical appropriateness.

Key Information

- Elective and emergency surgeries in ACT hospitals have been growing at around 3 per cent per year since 2013-14, ie above population growth. This growth includes demand from the surrounding region.
- The Committee may also raise the number of patients waiting longer for surgery than clinically recommended ('long waits'), which is reported in the Canberra Health Services Annual Report for 2018-19. The result for 2018-19 was worse than the target.
- Refer to Annual Report Hearing Brief **Strategic Indicator 1 – Reducing the waiting list for elective surgery** on the Canberra Health Services index.

Background Information

- There are three main urgency categories for elective surgery: urgent, semi-urgent and non-urgent. The urgency category is determined by the surgeon and is based on clinical criteria and nationally agreed guidelines.
- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

ANNUAL REPORT HEARING BRIEF

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 2.1 – Proportion of emergency department presentations that are treated within clinically appropriate timeframes

(ACT Local Hospital Network Strategic Objective 2 – Improved Emergency Department timeliness)

ISSUE: These indicators identify the percentage of patients arriving at ACT Emergency Departments who commenced treatment within the maximum recommended time for their respective triage category. Performance for categories two, three and four have deteriorated from 2017-2018.

ANNUAL REPORT PAGE NUMBER: 339

Triage Category	2018-19 Target	2018-19 Outcome
One (resuscitation seen immediately)	100%	100%
Two (emergency seen within 10 mins)	80%	74%
Three (urgent seen within 30 mins)	75%	32%
Four (semi urgent seen within 60 mins)	70%	47%
Five (non-urgent seen within 120 mins)	70%	83%
All Presentations	70%	46%

Talking points:

- All hospitals can experience unprecedented periods of high demand, both in the Emergency Department and right across the hospital. This issue is in no way isolated to the ACT and 2018-2019 was a particularly challenging year.
- One of the challenges being experienced is that there are a higher number of patients presenting with increasingly more urgent and complex conditions and complicating factors.
- There were 149,273 presentations to our ACT Emergency Departments for the year and, while this may have only been a one per cent increase when compared with 2017-2018, if it is broken down into urgency categories, it shows a considerably different picture.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



- In terms of increases, category one presentations increased by 8 per cent, category two by 10 per cent and category three by 4 per cent. Category four and five presentations decreased by 3 per cent and 10 per cent.
- Canberrans, and our regional neighbours, can be reassured that the ACT emergency departments continuously achieve the ‘seen on time’ target for the patients needing the most urgent care, category one patients.
- There is a considerable amount of work underway to improve access and patient flow. This includes dedicated winter management plans at both hospitals, which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharges, public education about various health care services and emergency department alternatives that are available to the community, often closer to their home.
- We are not happy with where we are currently at with regards to our Emergency Department wait times for categories 3 and 4.
- As I have said, there is a lot of work going on across the system that will contribute to improved timeliness, patient flow, quality and patient experience. There is no one ‘quick fix’, and unfortunately these strategies cannot be implemented, or their benefits realised, overnight.
- The government’s investments over the last two Budgets include:
 - an additional two senior staff specialists for Canberra Hospital ED;
 - an additional 12 medical beds at Canberra Hospital (to reduce ‘bed block’ that can add to ED wait times);
 - major Emergency Department expansion at Calvary Public Hospital Bruce, due for completion by around March 2020; and
 - investment in the Geriatric Rapid Acute Care Evaluation (GRACE) program, which aims to both treat people closer to home and relieve pressure on the hospital and Emergency Department.
- To take pressure off our EDs, we are also continuing to invest in new Walk-in Centres which are more popular than ever, with Weston Creek to come online by end of this year and the Inner North Walk-in Centre, to come online in late 2020.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCL19/597

- In addition, Canberra Health Services is also implementing changes as part of a Timely Care Strategy. This work is ongoing and will take a whole of hospital approach to access and patient flow.
- The community can be assured that all patients will continue to receive safe and clinically appropriate care in times of increased demand. The clinical needs of the patient are always, and will always continue to be, the highest priority.

Key Information

- Comparison of percentage of patients seen on time by triage category from 2017-18 to 2018-19:

Triage category	2017-18	2018-19
One (resuscitation seen immediately)	100%	100%
Two (emergency seen within 10 mins)	77%	74%
Three (urgent seen within 30 mins)	37%	32%
Four (semi urgent seen within 60 mins)	49%	47%
Five (non-urgent seen within 120 mins)	82%	83%

- Comparison of number of presentations from 2017-18 to 2018-19:

Triage category	2017-18	2018-19	Change
One (resuscitation seen immediately)	752	814	8%
Two (emergency seen within 10 mins)	14,737	16,238	10%
Three (urgent seen within 30 mins)	62,106	64,890	4%
Four (semi urgent seen within 60 mins)	57,999	56,400	-3%
Five (non-urgent seen within 120 mins)	12,184	10,931	-10%
All Presentations	147,778	149,273	1%

Background

- There are five triage categories used nationally to assess the clinical urgency of care required for people presenting to Emergency Department. This is referred to as the Australasian Triage Scale and was developed by the Australasian College of Emergency Medicine. The Scale is a clinical tool used to establish the maximum waiting time for medical assessment and treatment of a patient.
- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCL19/597

Ext: 49699

Ext: 49699

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 2.2 – Proportion of emergency department presentations whose length of stay in the emergency department is four hours or less
(ACT Local Hospital Network Strategic Objective 2 – Improved emergency department timeliness)

ISSUE: This indicator measures the proportion of emergency department presentations who either physically leave the Emergency Department (ED) for admission to hospital, are referred for treatment or are discharged, whose total time in the ED is within four hours.
Performance has declined when compared with 2017-18.

ANNUAL REPORT PAGE NUMBER: 341

Detail	2018-19 Target	2018-19 Outcome
ACT	90%	60%
Canberra Hospital	90%	55%
Calvary Public Hospital Bruce	90%	66%

Talking points:

- The community can be assured that all patients will continue to receive safe and clinically appropriate care in times of increased demand. The clinical needs of the patient are always, and will always continue to be, the highest priority.
- It is also important to note that in some instances it may be clinically appropriate for some patients to remain in the emergency department for more than four hours.
- We are not happy with where we are currently at with regards to our emergency department wait times.
- As I have said, there is a lot of work going on across the system that will contribute to improved timeliness, patient flow, quality and patient experience.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



The ACT Government's investments over the last two Budgets include:

- an additional two senior staff specialists for Canberra Hospital ED;
 - an additional 12 medical beds at Canberra Hospital (to reduce 'bed block' that can add to wait times);
 - major ED expansion at Calvary Public Hospital Bruce, due for completion by around March 2020;
 - investment in Hospital in the Home and the Geriatric Rapid Acute Care Evaluation (GRACE) program, which both aim to treat people closer to home and relieve pressure on the hospital and emergency departments; and
 - targeting initiatives for known high demand pressure periods. These include dedicated winter management plans which incorporate additional beds and staffing to respond to seasonal impact.
- To take pressure off our emergency departments, we are also continuing to invest in new Walk-in Centres which are more popular than ever, with Weston Creek to come online by end of this year and the Inner North Walk-in Centre to come online in late 2020.
 - In addition, Canberra Health Services is also implementing changes as part of a Timely Care Strategy. This includes daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge and identifying and discharging appropriate patients before 9am. This work is ongoing and will take a whole of hospital approach to access and patient flow.
 - The ACT Health Directorate works with ACT Local Hospital Network service providers to develop and implement strategies and solutions to improve timely care of patients across the health system.
 - An area of investigation in the coming year will be the extent to which patients in these categories are presenting with increasingly complex conditions and complicating factors which can often add to the length of treatment times.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCL19/597

Key Information

- Four-hour rule comparison from 2017-18 to 2018-19:

Detail	2017-18	2018-19
ACT	64%	60%
Canberra Hospital	59%	55%
Calvary Public Hospital Bruce	72%	66%

Background Information

- The “four-hour rule”, originally known as the National Emergency Access Target (NEAT), was a national target in the Improving Public Hospitals National Partnership Agreement (NPA).
- This NPA is no longer current and there is no longer a national requirement or target for measuring performance against the four-hour rule.
- The four-hour rule does continue to be used by hospitals across Australia as a measure of performance.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699
Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCT19/597

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 3.1 – The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition
(ACT Local Hospital Network Strategic Objective 3 – Maximising the Quality of Hospital Services)

ISSUE: This indicator represents the quality of theatre and post-operative care for patients at both public hospitals. Performance of both hospitals remain within target.

ANNUAL REPORT PAGE NUMBER: 343

Detail	2018-19 Target	2018-19 Outcome
Canberra Hospital	<1.0%	0.8%
Calvary Public Hospital Bruce	<0.5%	0.4%

Talking points:

- No issues expected.

Key Information

- This indicator represents the quality of theatre and post-operative care for patients at both public hospitals as part of a suite of indicators that measure and monitor patient safety and service quality across ACT public hospitals.
- The targets provide an indication of the desired outcomes over time. Given the nature of the indicators, small fluctuations during a particular period can skew results. The success in meeting these indicators requires a consideration of performance over time rather than for any given period.
- The ACT's hospital targets are based on similar rates for peer hospitals, based on the Australian Council on Healthcare Standards clinical indicator.
- The targets for each hospital are different due to Canberra Hospital being the major tertiary public hospital for the ACT and surrounding region, treating higher levels of acuity and complexity than Calvary Public Hospital Bruce.
- Canberra Hospital and Calvary Public Hospital Bruce continue to perform better than the target rate and have done so for consecutive years.

Cleared as complete and accurate: 29/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

29/10/2019

Executive Group Manager

Jacinta George

ACT Health Directorate

Yes

Margaret Stewart

GBC19/597

Ext: 49699

Ext: 49699

ANNUAL REPORT HEARING BRIEF

- Proportion of people requiring an unplanned return to the operating theatre within a single episode of care at ACT public hospitals from 2014-15 to 2018-19

Hospital	2014-15	2015-16	2016-17	2017-18	2018-19
Canberra Hospital	0.8%	0.7%	0.6%	0.5%	0.8%
Calvary Public Hospital Bruce	0.2%	0.2%	0.3%	0.3%	0.4%

Source: ACT Health Directorate Annual Reports

Background Information

- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCI9/597

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 3.2 – The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation)
(ACT Local Hospital Network Strategic Objective 3 – Maximising the quality of hospital services)

ISSUE: This indicator highlights the effectiveness of hospital based and community services in the ACT in the treatment of persons who receive hospital based care. Performance remains within target for both hospitals.

ANNUAL REPORT PAGE NUMBER: 343

Detail	2018-19 Target	2018-19 Outcome
Canberra Hospital	<2%	1.5%
Calvary Public Hospital Bruce	<1%	0.8%

Talking points:

- No issues expected.

Key Information

- The ACT's hospital targets are based on similar rates for peer hospitals, based on the Australian Council of Healthcare Standards clinical indicators.
- The targets for each hospital are different due to Canberra Hospital being the major tertiary public hospital for the ACT and surrounding region, treating higher levels of acuity and complexity than Calvary Public Hospital Bruce.
- Canberra Hospital and Calvary Public Hospital Bruce continue to perform better than the target rates.

Background Information

- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate: 29/10/2019
 Cleared by: Executive Group Manager
 Contact Officer name: Jacinta George
 Lead Directorate: ACT Health Directorate
 EXT: 49699
 Cleared for release: Yes
 Information Officer name: Margaret Stewart
 TRIM Ref: GBC19/597

GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 3.3 – The number of people admitted to hospitals per 10,000 occupied bed days who acquire a *Staphylococcus Aureus Bacteraemia (SAB) infection during their stay*
(ACT Local Hospital Network Strategic Objective 3 – Maximising the Quality of Hospital Services)

ISSUE: This indicator provides an indication of the safety of hospital-based services, measuring the number of people admitted to hospitals who acquire a SAB infection during their hospital stay per 10,000 occupied bed days. Performance remains within target for both hospitals.

ANNUAL REPORT PAGE NUMBER: 343

Detail	2018-19 Target (per 10,000 bed days)	2018-19 Outcome (per 10,000 bed days)
Canberra Hospital	<2	1.2
Calvary Public Hospital Bruce	<2	0.0

Talking points:

- No issues expected.

Key Information

- As shown in the table above, both Canberra and Calvary Public Hospitals recorded rates well below the 2018-19 targets.
- Infection Prevention and Control officers across both hospitals continue to develop and implement programs to limit the transfer of infections within public hospitals. This includes education programs for clinicians, patients, general staff and visitors.

Background Information

- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



GBC19/597

Portfolio: Health

HEADING: Strategic Indicator 3.4 – The Estimated Hand Hygiene Rate
(ACT Local Hospital Network Strategic Objective 3 – Maximising the Quality of Hospital Services)

ISSUE: The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed. Performance continues to exceed target levels for both hospitals.

ANNUAL REPORT PAGE NUMBER: 344

Detail	2018-19 Target	2018-19 Outcome
Canberra Hospital	75%	84%
Calvary Public Hospital Bruce	75%	78%

Talking points:

- No issues expected.

Key Information

- The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
- It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practised during an audit period, by the total number of observed hand hygiene 'moments' (where had hygiene should be practised) in the same audit period.
- Both hospitals exceeded the 2018-19 targets for hand hygiene rates.
- Canberra Hospital undertakes hand hygiene audits three times per year in March, June and October.
- Calvary Public Hospital Bruce undertake hand hygiene audits three times per year in March, July and October.

Background Information

- This information is regularly published in the ACT Public Health Services Quarterly Performance Reports.

Cleared as complete and accurate:

29/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Ext: 49699
Ext: 49699



GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.a – Admitted Services
(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: ACT Local Hospital Network National Weighted Activity Unit (NWAU) results.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.a – Admitted Services	101,853	98,618	-3%

Talking points:

- No questions are anticipated.

Key Information:

- The NWAU target for this accountability indicator applies to acute admitted patients. These patients undergo a formal hospital admission and discharge process. It excludes acute mental health and sub-acute services.
- Changes in NWAU results are affected both by changes in levels of activity (in this case, number of acute admissions) as well as changes in the degree of acuity (admissions of higher acuity are generally associated with a higher value NWAU).
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority’s (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Background

- The Statement of Performance refers to the results column as ‘Actual Result’. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Executive Group Manager	Ext: 49699
Jacinta George	Ext: 49699

ACT Health Directorate	
ACT Health Directorate	

Cleared for release: Yes

Information Officer name: Margaret Stewart

TRIM Ref: GBC19/597

GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.b – Non Admitted Services
(*Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network*)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.b – Non Admitted Services	18,897	20,069	6%

Talking points:

- The NWAU target for this accountability indicator applies to non-admitted patients. These are patients treated in outpatient clinics or in a community setting (excluding community mental health services).
- These results reflect, in part, increases above target of activity for:
 - Walk-in Centres; and
 - Outpatient services related to Urology and Paediatric Surgery.

Key Information

- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services. This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity.

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU(18) is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Executive Group Manager

Ext: 49180

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

GBC19/597
Portfolio/s: Health

HEADING: Accountability Indicator 1.1.c – Emergency Services
(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.c – Emergency Services	19,389	18,835	-3%

Talking points:

- No questions are anticipated.

Key Information

- The NWAU target for this accountability indicator applies to Emergency Department patients.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority’s (IHPA’s) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Background

- The Statement of Performance refers to the results column as ‘Actual Result’. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis.
- NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



ANNUAL REPORT HEARING BRIEF

GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.d – Acute Admitted Mental Health Services

(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network. Significant (positive) variance from target.

ANNUAL REPORT PAGE NUMBER: 335

	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Output 1.1 ACT Local Hospital Network	8,433	9,262	10%
Accountability Indicator 1.1.d – Acute Admitted Mental Health Services			

Talking points:

- The National Weighted Activity Unit target for this accountability indicator applies to acute admitted mental health service patients. These patients undergo a formal hospital admission and discharge process.
- This target was increased by 3 per cent for 2018-19 following the increase in volume of admissions seen in 2017-18.
- The result is again higher than the target for 2018-19 due to an increase in average complexity per separation.
- Separations associated with Anxiety Disorders, Major Affective Disorders and Schizophrenia Disorders were the main services associated with higher complexity.

Key Information:

- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Executive Group Manager

Jacinta George

ACT Health Directorate

Yes

Margaret Stewart

GBC19/597

Ext: 49699

Ext: 49699

ANNUAL REPORT HEARING BRIEF

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.
- Changes in NWAU results can be affected both by changes in levels of activity as well as changes in the degree of acuity.
- NWAU figures can change as a result of changes to levels of activity as well as changes in levels of acuity associated with individual services.
- NWAU targets for the service streams (admitted acute, non-admitted etc) are of the nature of projected levels of outcomes. Variations from target within individual service streams need also to be viewed alongside the outcome for the total NWAU delivery, which in 2018-19 recorded a nil variance from target (p335 of ACTHD Annual Report).

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597



GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.e – Sub Acute Services
(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network. Significant positive variance from target.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.e – Sub Acute Services	10,125	12,000	19%

Talking points:

- The NWAU target for this accountability indicator applies to sub-acute admitted patients. These patients undergo a formal hospital admission and discharge process.
- The result is higher than target due to an increase in the number of separations.
- The largest increases in separation volume were observed in Rehabilitation Care and Maintenance Care, reflecting the commissioning of the University of Canberra Hospital (UCH) early in the financial year.
- While the exact reasons for this significant increase would need to be verified, specific lines of enquiry would include whether this may be:
 - a one off increase in volume following the opening of UCH; and/or
 - attributed to improved recording of changes in care type (i.e. from acute to sub acute) as patients are transferred between hospitals as opposed to between wards.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Key Information

- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis.
- NWAU{18} is the 2018-19 current version as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.
- NWAU figures can change as a result of changes to levels of activity as well as changes in levels of acuity associated with individual services.
- NWAU targets for the service streams (admitted acute, non-admitted etc) are of the nature of projected levels of outcomes. Variations from target within individual service streams need also to be viewed alongside the outcome for the total NWAU delivery, which in 2018-19 recorded a nil variance from target (p335 of ACTHD Annual Report).

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBCI9/597

GBC19/597

Portfolio/s: Health

HEADING: Accountability Indicator 1.1.f – Total in scope
(*Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network*)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.f – Total in scope	158,697	158,784	0

Talking points:

- No questions anticipated.

Key Information

- This indicator represents the combined NWAU targets and NWAU results for admitted, non-admitted, emergency, acute admitted mental health and sub acute services (Accountability Indicators 1.1.a to 1.1.e).
- Changes in NWAU results are affected both by changes in levels of activity as well as changes in the degree of acuity (services for higher acuity cases are generally associated with a higher value NWAU).
- The ACT Local Hospital Network Strategic and Accountability Indicators were unaffected by the 1 October 2018 separation of ACT Health into two organisations, and are therefore represented as full year figures in the ACT Health Directorate 2018-19 Annual Report.

Background

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Contact Officer name: Executive Group Manager

Lead Directorate: Jacinta George

Cleared for release: ACT Health Directorate

Information Officer name: Yes

Margaret Stewart

TRIM Ref:

GBC19/597

Ext: 49699
Ext: 49699

GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.g – Percentage of mental health clients with outcome measures completed
*(Output Class 1: ACT Local Hospital Network – Output 1.1
 ACT Local Hospital Network)*

ISSUE: This indicator represents the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measure completed. These measures were completed three-monthly. Performance has exceeded target.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 %	Result 2018-19 %	Variance %
Accountability Indicator 1.1.g – Percentage of mental health clients with outcome measures completed	65%	69%	6%

Talking points:

- The result of this indicator is a demonstration of an increased engagement by front line staff, across inpatient, community and residential care in the ACT, to monitor the percentage of mental health clients with outcome measures completed.
- The ACT Government is committed to supporting mental health services in the ACT to improve patient outcomes.
- This commitment has included investment in successive ACT Budgets to expand the capacity of mental health services in the ACT. For example, in the 2019-20 Budget we are providing nearly \$7 million over four years to boost the allied health and nursing staffing in the Adult Mental Health Unit, which will help to ensure inpatients are receiving comprehensive psychosocial care.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

- In the 2019-20 Budget, we have also furthered our support for community mental health care services by committing \$4.5 million to the Mental Health Consultation Service over four years to expand their operation to seven days a week.

Key Information

- This indicator represents the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed.

Background Information

- Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
- Service settings included are inpatient, community and residential care. All age groups are included.
- The result is higher than the target due to service managers having a focus on monitoring completion rates with front line staff.



Cleared as complete and accurate: 01/11/2019

Cleared by: Executive Group Manager

Contact Officer name: Jacinta George Ext: 49699

Lead Directorate: ACT Health Directorate

Cleared for release Yes

Information Officer name: Margaret Stewart

TRIM Ref: GBC19/597



GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.h – Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services
(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: This indicator represents the proportion of clients admitted to a public mental health inpatient facility within the ACT Local Hospital Network and having direct contact with mental health services within seven days post discharge. Performance in 2018-19 is below target, and decreased from 2017-18.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 %	Result 2018-19 %
Accountability Indicator 1.1.h – Percentage of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	71%

Talking points:

- The result is lower than target due to a higher proportion of interstate resident inpatient admissions who were subsequently discharged or transferred interstate and hence did not receive a 7 day follow up from ACT based community mental health services.
- The ACT Government is committed to providing effective follow-up by community mental health care services. According to the latest *Mental Health Services in Australia* report, produced by the Australian Institute of Health and Welfare (AIHW), the ACT has consistently reported a rate of community mental health care service contacts that is nearly twice the national average (from 2013-14 to 2017-18)¹.

¹ Rate is measured as per 1,000 population.

Cleared as complete and accurate:
Cleared by:
Contact Officer name:
Lead Directorate:
Cleared for release
Information Officer name:
TRIM Ref:

01/11/2019
Executive Group Manager
Jacinta George
ACT Health Directorate
Yes
Margaret Stewart
GBC19/597
Ext: 49699

- The ACT Government furthered its support for community mental health care services in the 2019-20 budget, which committed \$4.5 million to the Mental Health Consultation Liaison Service over four years to expand its operation to seven days a week.

Key Information

- Day of discharge is not included as part of the 7 days. Same day admissions are excluded.
- This Accountability Indicator has been discontinued from the ACT Local Hospital Network and will be reported by CHS from 2019-20.

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Ext: 49699

GBC19/597

Portfolio/s: Health

HEADING: *Preventive and Population Health Strategic Objective 8*

ISSUE: MAINTENANCE OF THE HIGHEST LIFE EXPECTANCY AT BIRTH

ANNUAL REPORT PAGE NUMBER: 51

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

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

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

Talking points:

- Australians are living longer and gains in life expectancy are continuing.
- For females, the ACT continues to enjoy the highest life expectancy of any jurisdiction. For males, the ACT is now second to Victoria, which reported a marginally higher life expectancy than the ACT for the first time.

Key Information

- ACT female life expectancy at birth (2015-2017) was 85.2 years compared with 84.6 years (national figure).
- ACT male life expectancy at birth (2015-2017) was 81.1 years compared with 80.5 years (national figure).

Background Information

- Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services such as economic and environmental factors.

Cleared as complete and accurate: 24/10/2019

Cleared by:

Executive Group Manager

Ext: 51854

Contact Officer name:

Alan Philp

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597

GBC19/597

Portfolio/s: Health

HEADING: *Preventive and Population Health Strategic Objective 9*

ISSUE: LOWER PREVALENCE OF CIRCULATORY DISEASE THAN THE NATIONAL AVERAGE

ANNUAL REPORT PAGE NUMBER: 52

Strategic Indicator 9: Proportion of the ACT population with heart or vascular disease, including stroke

Strategic Indicator	ACT Rate	National Rate
Proportion of the population diagnosed with heart or vascular disease, including stroke. ^{1, 2}	4.5%	4.2%

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

Talking points:

- While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that individuals with chronic diseases will place major demands on the health system for workforce and financial resources.

- The proportion of ACT residents diagnosed with a heart or vascular disease (including stroke) was similar to the national figure.

Key Information

- The age standardised proportion of the population diagnosed with heart or vascular disease (including stroke) for the ACT was 4.5 per cent compared to 4.2 per cent nationally for 2017/18.

Background Information

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

Cleared as complete and accurate: 24/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Deputy Director-General
Alan Philp
ACT Health Directorate

Ext: 49656
Ext: 51854

Yes

Erica Nixon
GBC19/597

GBC19/597

Portfolio: Health

HEADING: *Preventive and Population Health Strategic Objective 10***ISSUE:** **LOWER PREVALENCE OF OVERWEIGHT AND OBESE PEOPLE****ANNUAL REPORT PAGE NUMBER:** 52**Strategic Indicator 10:** Proportion of the ACT population that are overweight and obese¹

Strategic Indicator	Rate
ACT	64.1%
National	66.4%

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

Note:

1. Age-standardised proportions.

Talking points:

- Worldwide, obesity has nearly tripled since 1975¹, with similar trends reported in Australia.² In the ACT, overweight and obesity rates are generally lower than the national average; however, they are still a major concern. In the ACT, overweight and obesity is the third largest contributor to the burden of disease.
- Obesity has been linked to adverse health outcomes, such as an increased risk of developing a variety of chronic conditions and early death. These conditions include cardiovascular diseases (mainly heart disease and stroke), diabetes, musculoskeletal disorders and some cancers.
- Furthermore, the risk associated with these diseases increases with increasing body mass index (BMI). Generally speaking, the more body fat a person carries, the greater the health risks.

¹ World Health Organization (2017). *Obesity and overweight* fact sheet.

² Australian National Preventative Health Agency (2014). *Obesity prevalence trends in Australia*.
Cleared as complete and accurate: 24/10/2019

Cleared by:

Executive Group Manager

Ext: 51854

Contact Officer name:

Alan Philp

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597

Key Information

- Based on data from the National Health Survey, the prevalence of overweight and obesity among adults in the ACT and nationally have stabilised.
However, these figures may be masking more subtle changes as people move from being classified as overweight to obese.

Background Information

- The 2017-18 National Health Survey is the most recent in a series of Australia-wide health surveys conducted by the Australian Bureau of Statistics. The survey was designed to collect a range of information about the health of Australians, including:
 - prevalence of long-term health conditions;
 - health risk factors such as smoking, overweight and obesity, alcohol consumption and physical activity; and
 - demographic and socioeconomic characteristics.
- The survey was conducted in all states and territories and across urban, rural and remote areas of Australia (excluding very remote areas) from July 2017 to June 2018. The survey included around 21,000 people in over 16,000 private dwellings.
- The ACT Government has committed to build on the Healthy Weight Initiative through the release of a new ACT Preventive Health Plan.
- The Plan, to be released in the coming months, will include a focus on prevention through actions to increase active living and increase healthy eating.

Cleared as complete and accurate:

24/10/2019

Cleared by:

Executive Group Manager

Ext: 51854

Contact Officer name:

Alan Philp

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597

GBC19/597

Portfolio: Health

HEADING: ACT Health Directorate**ISSUE: Addressing Gaps in Aboriginal and Torres Strait Islander
Immunisation Coverage**

ANNUAL REPORT PAGE NUMBER: 53

Talking points:

- The Aboriginal and Torres Strait Islander population is at higher risk of vaccine preventable diseases and associated complications. The immunisation coverage rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable diseases.
- Rolling annualised data indicates that coverage between October 2018 and June 2019 exceeded 97 per cent for children aged 12–15 months and 60–63 months and has remained stable since 2017–18 at 90 per cent for children aged 24–27 months.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due, letters to parents whose children are overdue for immunisation and culturally appropriate promotional materials.

Key Information

- The immunisation coverage rate achieved for Aboriginal and Torres Strait Islander children at 12-15 months and 60-63 months was greater than the coverage rates for the non-Indigenous population.
- Strategies implemented in 2015–16 to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children continue.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name:

Deputy Director-General

Ext:49656

Lead Directorate:

Kerryn Coleman

Ext: 49853

Cleared for release

Yes

Information Officer name:

Kerryn Coleman

TRIM Ref:

GBC19/597

- Coverage rates for Aboriginal and Torres Strait Islander children and the non-Indigenous population are below.*

Assessment age	Coverage rate Aboriginal and Torres Strait Islander children	Coverage rate non-Indigenous children
12-15 months of age	98%	96%
24-27 months of age	90%	93%
60-63 months of age	97%	95%

*Data obtained from <https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage> Accessed 22 October 2019

Background Information

- Immunisation coverage rates are measured at three milestones, 12 to 15 months of age cohort one (cohort one), 24 to 27 months of age (cohort two) and 60 to 63 months (cohort three). Reports of immunisation rates for all three cohorts are released by the Australian Immunisation Register (AIR) quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.
- Immunisation coverage data is reliant on immunisation providers entering data on vaccines administered to a patient onto the AIR. Inconsistencies or lack of data entry can therefore skew results.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters. One child missing one vaccine can make a difference of up to six percent in terms of overall coverage for the cohort.
- Immunisation rates for Aboriginal and Torres Strait Islander children in cohorts two and three decreased dramatically in December 2014 and March 2016 respectively. This was primarily due to the change in definition of fully immunised which occurred in December 2014. Strategies implemented by HPS since 2015-16 have led to the immunisation coverage rates for these cohorts increasing and are now on par or exceed the national average.

Cleared as complete and accurate:

25/10/2019

Cleared by:

Deputy Director-General

Ext:49656

Contact Officer name:

Kerryn Coleman

Ext: 49853

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Kerryn Coleman

TRIM Ref:

GBC19/597



GBC19/597

Portfolio: Health

HEADING: *Preventive and Population Health Strategic Objective 12*

ISSUE: TWO-YEAR PARTICPATION IN THE CERVICAL SCREENING PROGRAM - HIGHER PARTICIPATION RATE IN THE ACT THAN THE NATIONAL AVERAGE

ANNUAL REPORT PAGE NUMBER: 54

Strategic Objective 12

Higher Participation Rate in the Cervical Screening Program than the National Average

The two-year participation rate provides an indication of the effectiveness of early intervention health messages. The ACT aims to exceed the national average for this indicator. The most recently available data on the Cervical Screening Program released by the Australian Institute of Health and Welfare covers only an 18-month period (January 2016 to June 2017), but provides more timely information about the effectiveness of this program.

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

Strategic Indicator	ACT Rate	National Rate
Two year participation rate ¹	58.5%	56.9%

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

Note:

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

Talking points:

- The ACT cervical screening participation rates reported in the ACT Health Annual Report 2018-2019 are higher than the Australian average, and participation rates in the ACT remained stable during the transition from the Pap Test to the new 5-yearly Cervical Screening Test.
- The most recently available data on the Cervical Screening Program released by the Australian Institute of Health and Welfare covers an 18 month period (January 2016 to June 2017) and reports the number of women participating in Pap Test screening.

Cleared as complete and accurate: 24/10/2019

Cleared by:

Contact Officer name: Deputy Director-General

Lead Directorate: Alan Philip

Cleared for release: ACT Health Directorate

Information Officer name: Yes

TRIM Ref: Erica Nixon

GBC19/597

Ext: 59656

Ext: 51854

ANNUAL REPORT HEARING BRIEF

- The two year participation rate for the ACT was 58.5 per cent compared to the national average participation rate of 56.9 per cent (age-standardised rate for women aged between 20 and 69 years).
- The ACT successfully transitioned to the renewed National Cervical Screening Program.
- The ACT Cervical Cytology Register (CCR) ceased receiving cervical cytology (Pap test) results from pathology laboratories, and completed migration of all ACT data to the new National Cancer Screening Register (NCSR) in December 2017.
- ACT Health Directorate has direct access to ACT cervical screening data in the NCSR.
- Future participation reports will relate to the new 5-yearly HPV (Human Papillomavirus) Cervical Screening Test.

Key Information

- During the 2018-2019 reporting period, ACT Health Directorate conducted a range of cervical screening promotion and recruitment activities with a priority focus on vulnerable women who are at risk of never or under-screening.

Background Information

- Cervical cancer is one of the most preventable cancers.
- The National Cervical Screening Program undertook a renewal Program, commencing in 2016 which included (i) transition to a new 5 yearly Cervical Screening Test which detects HPV (Human Papillomavirus); and (ii) transition of cervical screening data in jurisdictional cytology registers to a new centralised National Cancer Screening Register which is managed by Telstra Health under contract to the Commonwealth Department of Health.
- The NCSR sends cervical screening reminder letters to women in the ACT unless the woman has opted out of participation in the register.
- Women at risk of never- or under-screening include: Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds including refugees, women with a disability, women who have experienced violence, and LGBTIQ women.

Cleared as complete and accurate:

24/10/2019

Cleared by:

Deputy Director-General

Ext: 59656

Contact Officer name:

Alan Philip

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597

GBC19/597

Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 13
ACHIEVE LOWER THAN THE AUSTRALIAN AVERAGE IN THE
DECAYED, MISSING OF FILLED TEETH (dmft/DMTF) INDEX**

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

Strategic Indicator	ACT Rate	National Rate
DMFT Index at 5–6 years	0.90	1.30
DMFT Index at 12–14 years	0.30	0.90

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

Talking Points

- The Dental Health Program achieved lower than the Australian Average in the Decayed, Missing or Filled Teeth (dmft/DMFT) Index as per the *Oral Health of Australian Children – The National Child Oral Health Study 2012–14*. This is indicative of the effectiveness of dental prevention, early intervention and treatment services in the ACT.

Key Information

- This Strategic Indicator provides an indication of the effectiveness of dental prevention, early intervention and treatment services in the ACT.
- Based on the last nationally published data from the National Child Oral Health Study, the index at six years for decayed, missing or filled deciduous teeth (dmft) in the ACT was 0.90 compared with the national average for the same period being 1.30.
- Based on the last nationally published data from the National Child Oral Health Study, the index at 12 years for decayed, missing or filled teeth (DMFT) in the ACT was 0.30 compared with the national average for the same period being 0.90. The ACT rate is the lowest nationally.

Cleared as complete and accurate: 28/10/2019
Cleared by:
Contact Officer name:
Lead Directorate:
Cleared for release
Information Officer name:

Chief Executive Officer
Linda Kohlhagen
Canberra Health Services
Ext: 44700
Ext: 48173
Yes
Michael Keen

GBC19/597
Portfolio/s: Health

HEADING: *Preventive and Population Health Strategic Objective 14*

ISSUE: **REDUCING THE RISK OF FRACTURED FEMURS IN ACT RESIDENTS AGED OVER 75 YEARS**

ANNUAL REPORT PAGE NUMBER: 55

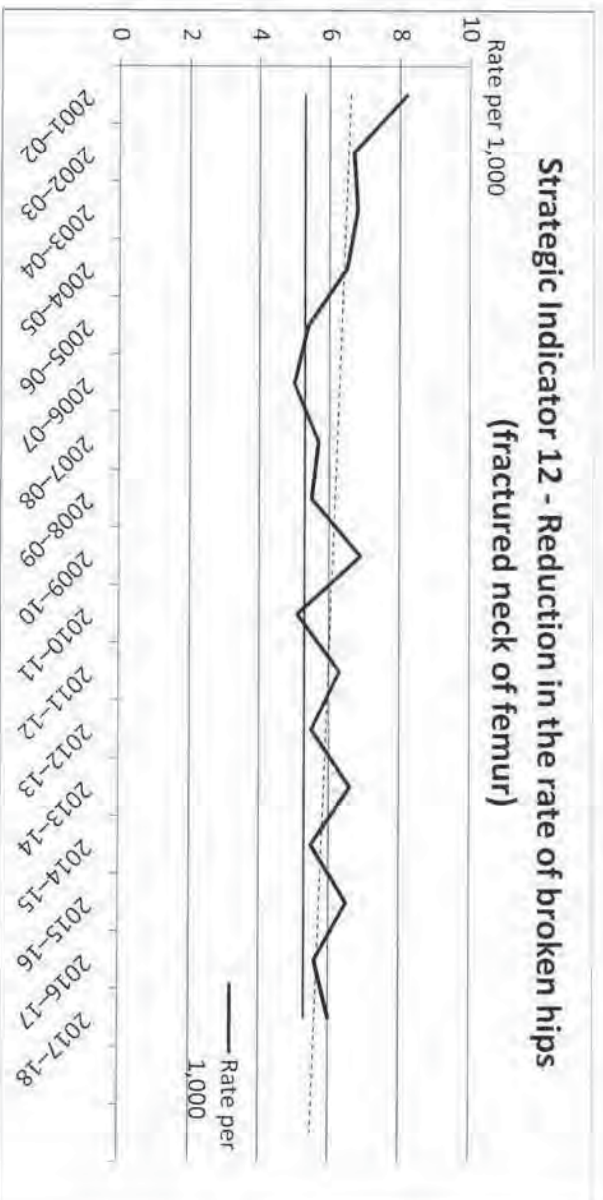
Strategic Indicator	2017-18 ACT Rate
Rate per 1,000 people	6.0

Source: ACT Admitted Patient Care data.

Note:

1. Includes only public hospital data.

Talking points:



- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2017-18, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.0 per 1,000 persons in the ACT population. This is not significantly different to the long term target of 5.3 per 1,000 persons and follows a generally decreasing trend over a 10 year period.

Cleared as complete and accurate: 248/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Executive Group Manager

Alan Philip

ACT Health Directorate

Yes

Erica Nixon

GBC19/597

Ext: 51854
Ext: 51854



- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

Key Information

- Continuing its commitment to support good ealth across all stages of life, the ACT Government will shortly realise a new ACT Preventive Helath Plan.
- The Plan will include a focus on healthy ageing.

Cleared as complete and accurate:

248/10/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Alan Philp

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597

Ext: 51854
Ext: 51854

GBC19/597

Portfolio: Health

HEADING: *Preventive and Population Health Strategic Objective 15*

ISSUE: **REDUCTION IN YOUTH SMOKING**

ANNUAL REPORT PAGE NUMBER: 55

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

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

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

Note:

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

Talking points:

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- Results from the 2017 Australian Secondary School Alcohol and Drug (ASSAD) Survey show that 2.9 per cent of students in the ACT were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2002, 6.7 per cent in 2008, 5.8 per cent in 2011 and 5.2 per cent in 2014.
- The national rate for current smoking in youths in 2017 was 4.9 per cent.

Key Information

- While it is good news that the proportion of smoking in ACT adolescents has fallen, we cannot be complacent.
- There are still sections of the community with high smoking rates and electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge.

Cleared as complete and accurate: 24/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Executive Group Manager

Alan Philip

ACT Health Directorate

Yes

Erica Nixon

GBC19/597

Ext: 51854

Ext: 51854



ANNUAL REPORT HEARING BRIEF

- Currently, e-cigarettes are being marketed as a method to assist smokers to quit, or as a safer alternative to conventional cigarettes. However there is currently insufficient evidence to support these claims and growing concern about potential toxic effects and long-term health impacts.
- The Australian Secondary Students' Alcohol & Drug (ASSAD) survey commenced in 1984 and has been conducted every three years in the ACT since 1996. The ASSAD survey was designed to provide estimates of the current prevalence of tobacco, alcohol and illicit substance use among Australian secondary school students (aged 12 to 17 years of age) and to examine trends in their use over time.
- The survey is coordinated nationally by the Cancer Council Victoria, with each of the states and territories managing the data collection within their own jurisdiction. A standard sampling procedure, administration method and core questionnaire is used throughout all states and territories of Australia.
- The next ASSAD survey is scheduled for 2020 and the results will be available towards mid-late 2021.
- The ACT Government will shortly release a new ACT Preventive Health Plan.
- The Plan will include a focus on reducing the harms associate with tobacco smoking through actions to prevent uptake and reduce smoking rates among high risk population groups.

Cleared as complete and accurate:

24/10/2019

Cleared by:

Executive Group Manager

Ext: 51854

Contact Officer name:

Alan Philp

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBC19/597



ANNUAL REPORT HEARING BRIEF

GBC19/597

Portfolio: Health

HEADING: Output 1.1 – Health Directorate Accountability Indicators
(for 1 October 2018 – 30 June 2019) 1.1 a, b and e

ISSUE: ACT Health performance against accountability indicators

ANNUAL REPORT PAGE NUMBER: 56 and 273

Output 1.1: Health Directorate - Accountability Indicators

	2018-19 targets	2018-19 actual from 1 October 2018
a. Samples analysed	8,625	8,123
b. Total number of inspections and proactive site visits of food business	1,875	2,092
c. Number of teachers who complete Food&ME training	300	323
d. Number of It's Your Move schools recruited to the Program	12	21
e. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%

Talking points:

Output 1.1a

- The indicator demonstrates that the ACT Government Analytical Laboratory (ACTGAL) fell short of the pro rata target for samples analysed for the period October 2018 to June 2019 by around six percent.
- The lower than target result is due to a higher proportion of samples analysed occurring in the first quarter of the financial year which are not included in this report period.
- Overall for the full financial year the target was exceeded by 3 per cent.
- The number of samples submitted for analysis is driven by multiple external variables, such as seasonal variation, changes in the population, agency specific targeting practices, emergency management and reaction to community expectations, and fluctuates throughout the year.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Deputy Director-General Ext: 49656

Dr Kerryn Coleman Ext:49853

ACT Health Directorate

Yes

Dr Kerryn Coleman

GBC19/597



Output 1.1b

- In the period 1 October 2018 to 30 June 2019 Public Health Officers' conducted 2,092 inspections of food businesses, including business operating at Declared Events.
- HPS exceeded the pro-rata target of 1,875 food inspections for the reporting period.
- The variance may be attributed to efficiencies gained through recent changes to administrative procedures and practices in the HPS, the implementation of a new food inspection database and complimentary workforce management system.
- Overall for the full financial year the target was exceeded by 2 per cent.

Output 1.1e

- In the ACT, for the reporting period 1 October 2018 to 30 June 2019, 96 per cent of 1 year-olds were fully immunised based on data provided by the Australian Immunisation Register.
- The ACT has exceeded the aspirational target of 95%. High coverage rates for 1 year-old children in the ACT have consistently been achieved by working collaboratively with over 200 immunisation providers in the community.
- In support of achieving this outcome, the directorate provides information and promotional material, sends postcard reminders and overdue letters to families, assists with transcribing overseas immunisation records and develops catch-up plans for children with delayed vaccination schedules.

Key Information

Output 1.1e

- Data on immunisation coverage for the primary immunisation schedule are extracted from the Australian Immunisation Register. For the purpose of immunisation reporting, a child aged 12 months to less than 15 months is regarded as 1 year-old.
- To be considered fully immunised at 1 year of age, a child should have completed their primary immunisation series with three vaccinations against diphtheria, tetanus and pertussis, three against poliomyelitis, either two or three against Haemophilus type B and Pneumococcal and three vaccinations against Hepatitis B.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Deputy Director-General

Dr Kerry Coleman

ACT Health Directorate

Yes

Dr Kerry Coleman

GBCL19/597

Ext: 49656

Ext:49853



Background Information

Output 1.1a

- The ACT Government Analytical Laboratory (ACTGAL), Health Protection Service (HPS) provides services in the fields of microbiology, environmental chemistry, forensic chemistry and toxicology.

Output 1.1b

- The HPS conducts inspections of food businesses to identify potential food safety issues and ensure compliance with the requirements of the Food Act 2001 and the Australia New Zealand Food Standards Code.
- The number of inspections does not reflect the number of businesses inspected as a business may be inspected more than once, particularly where enforcement action occurs.

Output 1.1e

- In the ACT, for the reporting period 1 October 2018 to 30 June 2019, 96 per cent of one year olds were fully immunised based on data provided by the Australian Immunisation Register. The ACT has exceeded the aspirational target of 95 per cent.

Cleared as complete and accurate:

25/10/2019

Cleared by:

Deputy Director-General

Ext: 49656

Contact Officer name:

Dr Kerryn Coleman

Ext:49853

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Dr Kerryn Coleman

TRIM Ref:

GBCL19/597

GBC19/597

Portfolio: Health

HEADING: Preventive and Population Health Output 1.1 c

ISSUE: Number of teachers who complete Food&ME training

ANNUAL REPORT PAGE NUMBER: 273

	Original Target 2019	Amended target 1/10/18-30/6/19	Actual Result 1/10/18-30/6/19	Variance from Amended Target %	Notes
Total Cost (\$000's)	-	-	231,984	100	1
Controlled Recurrent Payments (CRP) (\$000's)	-	-	193,643	100	1
Accountability Indicators					
a. Samples analysed	-	6,625	8,123	(6)	2
b. Total number of inspections and proactive site visits of food business	-	1,875	2,092	12	3
c. Number of teachers who complete Food & Me training	-	225	206	(8)	4
d. Number of It's Your Move schools recruited to the Program	-	9	5	(44)	5

c. *Food & Me* training provides teachers with the necessary tools to teach nutrition within the ACT School Curriculum Framework.

Talking points:

- 1,531 preschool and primary school educators have attended Food&ME training since 2014.
- The target for this indicator was 225 teachers. The lower than target result is due to a higher proportion of training occurring during the first quarter of the financial year. Combining the annual activity, the overall result is 8% above the target.
- 206 ACT teachers completed the Food&ME training from 1 October 2018 to 30 June 2019.
- Food&ME is a suite of nutrition education resources offered as part of the ACT Government's Fresh Tastes service.
- Preschool and primary school educators can access face-to-face Food&ME training delivered by Nutrition Australia ACT or an online course for free.

Cleared as complete and accurate: 24/10/2019

Cleared by: Executive Group Manager

Contact Officer name: Alan Philip Ext: 51854

Lead Directorate: ACT Health Directorate

Cleared for release Yes

Information Officer name: Erica Nixon

TRIM Ref: GBC19/597

- The training supports teachers to apply the suite of Food&ME curriculum materials to deliver nutrition education to students.
- Food&ME training will continue to be offered to educators in 2019/20.

Background Information

- Food&ME courses have been promoted to educators via: Fresh Tastes website, EDU School Bulletin (targeted to Principals), school workshops, targeted e-newsletters, third party social media and e-newsletters, educator events, meetings with Principals, TQI website and universities who offer undergraduate teaching courses.
- Food&ME resources link to the Australian Curriculum and the Early Years Learning Framework.
- Food&ME courses are accredited with the ACT Teacher Quality Institute (TQI).
- Fresh Tastes supports ACT primary schools to provide a healthy food and drink environment and culture, and implement relevant policies. As of 3 June 2019, 94 primary schools (86%) are involved in Fresh Tastes, reaching 39,000 students.

Cleared as complete and accurate:	24/10/2019
Cleared by:	Executive Group Manager
Contact Officer name:	Alan Philip
Lead Directorate:	ACT Health Directorate
Cleared for release	Yes
Information Officer name:	Erica Nixon
TRIM Ref:	GBC19/597
	Ext: 51854
	Ext:51854



ANNUAL REPORT HEARING BRIEF

GBCC19/597

Portfolio: Health

HEADING: *Preventive and Population Health Output 1.1 d*

ISSUE: Number of It's Your Move schools recruited to the program

ANNUAL REPORT PAGE NUMBER: 273

Output 1.1: Health Directorate – accountability indicators *

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

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

Talking points:

- 13 schools participated in the It's Your Move program during the 2018 -2019 Financial year. Of the 13 schools 5 were recruited during the 1 October to 30 June 2019 period. The first 8 schools were reported in the Canberra Health Services Annual report.

Key Information

- It's Your Move focuses on student led health promotion innovation in ACT high schools. Twenty-one high schools have participated in It's Your Move since 2012, reaching more than 12,000 students. Many schools have participated in the program over multiple years.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Executive Group Manager

Ext: 51854

Contact Officer name:

Alan Philp

Ext: 51854

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Erica Nixon

TRIM Ref:

GBCC19/597

GBC19/597

Portfolio: Health

HEADING: Accountability Indicator 1.1.f – Calvary Services (Out of Scope)
(Output Class 1: Health Directorate – Output 1.1 Health Directorate)

ISSUE: Services provided by Calvary Public Hospital that are out-of-scope of the national Activity Based Funding (ABF) system. This indicator has been discontinued in 2019-20 as it lacks relevance as a measure of performance.

ANNUAL REPORT PAGE NUMBER: 273

1 July 2018 to 30 September 2018 <i>Canberra Health Services (Page 288)</i>	Target NWAU {18}	Result NWAU {18}	Variance (%)
<i>Output 1.1 Acute Care – Accountability Indicator 1.1.f Calvary Services (Out of Scope)</i>	359	328	-9%
1 October 2018 to 30 June 2019 <i>ACT Health Directorate (Page 273)</i>	Target NWAU {18}	Result NWAU {18}	Variance (%)
<i>Output 1.1 Health Directorate – Accountability Indicator 1.1.f Calvary Services (Out of Scope)</i>	1,075	908	-16%
2018-19 Full Year <i>Health Directorate 2018-19 Budget Statement C (Page 15)</i>	Target NWAU {18}	Result NWAU {18}	Variance (%)
<i>Output 1.1 Acute Care – Accountability Indicator 1.1.f Calvary Services (Out of Scope)</i>	1,434	1,236	-14%

Talking points:

- No issues expected.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to all admitted, non-admitted and emergency department ‘out-of-scope’ patients. Out-of-scope patients include compensable and Department of Veteran’s Affairs (DVA) patients, and those utilising the Medical Benefits Scheme.
- This activity has a separate funding source to the National Health Reform Agreement (NHRA) funding payments to state and territory governments. This does not have an impact on Commonwealth funding to the ACT.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

Background Information

- This Accountability Indicator (1.1.f) was originally included in the former ACT Health entity under Output Class 1: Health and Community Care – *Output 1.1: Acute Services*.
- Following the separation into two organisations, this Accountability Indicator (1.1.f) was assigned to the new ACT Health Directorate entity under 'Output Class 1: Health Directorate – *Output 1.1 Health Directorate*'.
 - The period 1 July 2018 to 30 September 2018 is reported in the Canberra Health Services 2018-19 Annual Report (Page 288).
 - The period 1 October 2018 to 30 June 2019 is reported in the ACT Health Directorate 2018-19 Annual Report (Page 273).
 - The remaining Accountability Indicators 1.1.a to 1.1.e under *Output 1.1. Health Directorate* are Population Health activity indicators and not measured in NWAU.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate:

30/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/597

ANNUAL REPORT HEARING BRIEF

GBCC19/597

Portfolio: Health

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

ISSUE: Closing the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians

ANNUAL REPORT PAGE NUMBER: 51

Talking points:

- Health and Wellbeing is a significant focus area of the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (Agreement).
- The overarching life outcome statement is that 'Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community'.
- Through the Agreement, the ACT Government is committed to the Council of Australian Government's (COAG) target of closing the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians within a generation (by 2031).
- This is addressed through funding of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to deliver a range of primary health services focusing on the clinical, cultural and spiritual needs of Aboriginal and Torres Strait Islander clients.
- Services offered by Winnunga include immunisations, health checks, chronic disease management, cervical screening, hearing tests, dental checks, and information and support about diet.
- The ACT Health Directorate recently provided grant funding totalling \$12 million to Winnunga for their new capital build. This funding arrangement represented a national first for how a government supports an Aboriginal Community Controlled Health Organisation. By ACT Health providing a grant, it enables Winnunga to determine how they spend the money, to best fit the needs of the community.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name: Deputy Director-General

Ext: 49786

Lead Directorate:

ACT Health Directorate

Ext: 49180

Cleared for release

Yes

Information Officer name:

Jon Ord

TRIM Ref:

GBCC19/597



- The new fit for purpose build received tripartisan support and recognises the experience and expertise within the Aboriginal and Torres Strait Islander community to manage their services. This allows the ACT Government to provide a more supportive advisory role.
- In addition, funding is provided by the Commonwealth for Winnunga to deliver the Australian Nurse-Family Partnership Program (ANFPP).
- The ANFPP engages mothers as early as possible (from 16-28 weeks of pregnancy) and aims to improve the health, well-being and self-sufficiency of mothers and their children using a client-centered, strengths-based, solution-focused approach.

Key Information

- Nationally, the life expectancy at birth for Aboriginal and Torres Strait Islander Australians in 2015-2017 was 71.6 years for men and 75.6 years for women.
- The life expectancy at birth for Aboriginal and Torres Strait Islander men in 2015-2017 was 8.6 years lower than for non-Indigenous men, while that of Aboriginal and Torres Strait Islander women was 7.8 years lower than that of non-Indigenous women (ABS 2018).
- Aboriginal and Torres Strait Islander estimates of life expectancy are not produced for the Australian Capital Territory due to the small number of Aboriginal and Torres Strait Islander deaths reported in this jurisdiction.

Background Information

- The Agreement builds on the strength of the previous Agreement (2015-2018) and sets the long-term (10 year) direction in Aboriginal and Torres Strait Islander Affairs in the ACT.
- It outlines how the ACT Government, the Aboriginal and Torres Strait Islander community and our community partners will work together to meet the social, cultural and economic needs of Aboriginal and Torres Strait Islander peoples.
- The Agreement was developed in parallel with the COAG Closing the Gap Refresh.
- The COAG Closing the Gap refresh and the renewal of the ACT Aboriginal and Torres Strait Islander Agreement occurring in parallel, provided an unprecedented opportunity to listen to a range of Aboriginal and Torres Strait Islander people in the community.

Cleared as complete and accurate: 25/10/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

25/10/2019

Deputy Director-General

Michael Culhane

ACT Health Directorate

Yes

Jon Ord

GBCL19/597

Ext: 49786

Ext: 49180

GBC19/597

Portfolio: Health

HEADING: Health Sustainability

ISSUE: Health Sustainability

ANNUAL REPORT PAGE NUMBER: n/a

City News article extract: *The ACT government has, in reality, for years been actively pumping money out of acute health care. Data from the Australian Bureau of Statistics, supplied by the ACT government, reveals that following a period of adequate growth funding, there has been severe constraint on funding growth for health care since 2012-13. The ABS data shows that in the ACT between 2007-08 and 2011-12 nominal health growth was an average of 10.3 per cent a year while between 2012-13 and 2016-17 this was slashed to just 4.1 per cent. When adjusted for population, inflation and utilisation growth the nominal growth rate in the first period is 5.6 per cent and in the second it is -1 per cent.*

Talking points:

- It is unclear what the City News article references in terms of ABS data or the math applied by Mr Stanhope.
- Under the *National Health Reform Agreement (NHRA)*, the Commonwealth is committed to fund 45 per cent, capped at 6.5 per cent per annum nationally for efficient growth in hospital activity. The ACT Government contributes the remaining 55 per cent of the efficient growth in hospital activity.
- Treasury Budget rules apply what is known as the Health Funding Envelope (HFE), which is capped at a growth rate of 4.15 per cent per annum.
- The current Budget year and prior year revenue figures include indexation, HFE and technical adjustments. The forward estimates contain only indexation and technical adjustments, future Budget rounds and decisions by Government will impact the ongoing forward estimates.

Cleared as complete and accurate:

08/11/2019

Cleared by:

Chief Finance Officer

Contact Officer name:

Kate Chambers

Lead Directorate:

Canberra Health Services

Ext: 24428

Cleared for release:

Yes

Information Officer name:

Kate Chambers

Inquiry into ACT Health Annual and Financial Report 2018-19

Minister for Mental Health

ACT Health Directorate

11 November 2019

Item	Issue	Directorate
1.	Minister's Fact Sheet (Mental Health specific)	DSD
2.	Mental Health Act 2015 – Overview of operation since commencement	HSPR
3.	Financial Statement Analysis - including Funding and Expenditure as a % of total health expenditure	C&G
Local Hospital Network		
1.	Output 1.c – Emergency Services (page 335)	Commissioning
2.	Output 1.d – Acute Admitted Mental Health Services (page 335)	Commissioning
3.	Output 1.g – Percentage of mental health clients with outcome measures completed (page 335)	Commissioning
4.	Output 1.h – Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services (page 335)	Commissioning
Annexed Reports		
5.	Chief Psychiatrist Annual Report 2018-19 (page 286)	HSPR
6.	Office for Mental Health and Wellbeing Annual Report 2018-19 (page 295)	OMH&W

ANNUAL REPORT HEARING BRIEF

GBC19/598

Portfolio/s: Mental Health

HEADING: Minister's Fact Sheet

	2017-18	2018-19	% change	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19
	Walk-in Centres						
<i>Number of presentations to Walk-in Centres</i>	41,551	61,216	47%	12,690	15,947	15,679	16,900
Emergency department							
<i>Number of presentations by hospital</i>							
Canberra Hospital	88,661	90,819	2%	n/a	n/a	n/a	n/a
Calvary Public Hospital Bruce	59,117	58,454	-1%	n/a	n/a	n/a	n/a
Total	147,778	149,273	1%	36,844	37,065	37,107	38,257

Number of presentations by triage category

1—Resuscitation	752	814	8%	187	192	207	228
2—Emergency	14,737	16,238	10%	3,960	3,748	4,267	4,263
3—Urgent	62,106	64,890	4%	16,201	15,915	16,013	16,761
4—Semi-urgent	57,999	56,400	-3%	13,718	14,358	13,993	14,331
5—Non-urgent	12,184	10,931	-10%	2,778	2,852	2,627	2,674
Total	147,778	149,273	1%	36,844	37,065	37,107	38,257

Percentage of patients seen on time by triage category¹

1—Resuscitation	100%	100%	0%	100%	100%	100%	100%
2—Emergency	77%	74%	-3%	77%	76%	72%	71%
3—Urgent	37%	32%	-5%	33%	36%	30%	28%
4—Semi-urgent	49%	47%	-2%	47%	51%	46%	44%
5—Non-urgent	82%	83%	1%	84%	86%	82%	80%

Proportion of presentations with a length of stay of 4 hours or less²

Canberra Hospital	59%	55%	-4%	n/a	n/a	n/a	n/a
Calvary Public Hospital Bruce	72%	66%	-6%	n/a	n/a	n/a	n/a
Total	64%	60%	-4%	61%	62%	58%	57%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage categories 4, 5 and overall—70%

2. The performance benchmark for emergency department presentations with a length of stay of 4 hours or less is 90%.

Cleared as complete and accurate: 28/10/2019

Cleared by: A/g Chief Information Officer

Ext: 49129

Contact Officer name:

Sean Winefield

Ext: 49114

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Gilbert de Ruijter

TRIM Ref:

GBC19/598

ANNUAL REPORT HEARING BRIEF

Elective surgery waiting lists

Number of patients waiting longer than clinically recommended at end of period

Urgency 1 (see within 30 days)
 Urgency 2 (see within 90 days)
 Urgency 3 (see within 365 days)
 Total

	2017-18	2018-19	% change	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19
Urgency 1 (see within 30 days)	8	2	-75%	n/a	n/a	n/a	n/a
Urgency 2 (see within 90 days)	104	274	21%	n/a	n/a	n/a	n/a
Urgency 3 (see within 365 days)	287	357	79%	n/a	n/a	n/a	n/a
Total	399	633	46%	410	516	699	635

Proportion of removals for surgery that were within clinically recommended timeframes

Urgency 1 (see within 30 days)
 Urgency 2 (see within 90 days)
 Urgency 3 (see within 365 days)

Urgency 1 (see within 30 days)	91%	96%	4%	95%	96%	97%	97%
Urgency 2 (see within 90 days)	70%	75%	-6%	80%	79%	71%	71%
Urgency 3 (see within 365 days)	77%	78%	-10%	79%	80%	79%	75%

Separations from public hospitals

Number of inpatient separations

Same day
 Overnight
 Total

Same day	60,052	58,369	-1%	14,482	14,579	14,502	14,806
Overnight	55,369	56,620	2%	14,377	13,965	13,937	14,341
Total	115,421	114,989	0%	28,859	28,544	28,439	29,147

Cleared as complete and accurate:

28/10/2019

Cleared by:

A/g Chief Information
 Officer

Ext: 49129

Contact Officer name:

Sean Winefield

Ext: 49114

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Gilbert de Ruijter

TRIM Ref:

GBCL19/598

ANNUAL REPORT HEARING BRIEF

GBC19/598

Portfolio: Mental Health

ISSUE: MENTAL HEALTH ACT 2015 – OVERVIEW OF OPERATION SINCE COMMENCEMENT

ANNUAL REPORT PAGE NUMBER:

Talking points:

- ACT Health Directorate has undertaken two mandated legislative reviews, as required by section 271 of the *Mental Health Act 2015* (the Act):
 1. A review on section 85(3) maximum period of further involuntary detention; and
 2. A review of the operation of mental health orders and forensic mental health orders.
- On 30 July 2019, the report of the review of section 85(3) maximum period for further involuntary detention, was tabled in the Legislative Assembly. This fulfilled the Minister for Mental Health’s mandated legislative obligations in relation to the review of section 85 (3) of the Act.
- The purpose of the section 85(3) review was to observe positive or negative outcomes from the change in duration of emergency detention between the previous mental health legislation and section 85 (3) of the Act.
- The report concludes that the change in the maximum period of further detention from seven days under the previous legislation, to eleven days under the current Act, has had a predominately positive effect and no detrimental impact. The report recommends that the maximum period of further detention defined in section 85 (3) of the Act remain unchanged.

Cleared as complete and accurate: 23/10/2019

Cleared by:

Deputy Director-General

Ext: x49656

Contact Officer name:

Michael Culhane

Ext: x49392

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Kylie Jonanson

TRIM Ref:

GBC19/598

- Analysis of data shows a large decrease in Community Care Orders (CCOs) and Psychiatric Treatment Orders (PTOs), -42.2 per cent and -24.5 per cent respectively, following the commencement of the Act with the increased maximum permissible period of emergency detention of 11 days.
- However, the data also demonstrates a 140 per cent increase in the number of persons readmitted within 28 days of discharge after a period of involuntary detention that was not followed by a PTO or CCO (26 people in the two year period before the commencement of the Act, compared to 63 people in the two year period after the commencement of the Act.
- This increase is an unexpected result and the directorate is making further enquiries in to why this is the case.
- The report of the review of the involuntary mental health orders and forensic orders provisions of the Act is scheduled to be tabled in the Legislative assembly in February 2020. The tabling of this report will finalise the mandated legislative review requirements under the Act.

Key Information

- The finding of the review of 85(3) maximum period for further involuntary detention is that the section is working as intended and that the section remain unchanged.
- The report of the review of the orders provisions is scheduled for tabling in the Legislative Assembly in February 2020.

Background Information

- The Act came into effect on 1 March 2016. The Act seeks to promote a renewed recover-orientated approach to mental health service delivery and aligns the ACT's mental health legislation with human rights laws.
- As part of the consultation process undertaken in both reviews, public submissions were also sought for the general operation of the Act. The report of findings in relation to the general operation of the Act will be made publicly available at a later date.
- A first tranche of amendments arising from the review will be detailed and progressed through the Mental Health Amendment Bill 2020 – Policy Approval, scheduled for policy consideration by Cabinet on 3 March 2020.

Cleared as complete and accurate: 23/10/2019

Cleared by:

Deputy Director-General

Ext: x49656

Contact Officer name:

Michael Culhane

Ext: x49392

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Kylie Jonanson

TRIM Ref:

GBC19/598

GBC19/597

Portfolio: Mental Health

HEADING: *ACT Health Directorate*

ISSUE: **MENTAL HEALTH - FUNDING AND EXPENDITURE AS A % OF
TOTAL HEALTH EXPENDITURE**

ANNUAL REPORT PAGE NUMBER:

Talking points:

- Total Mental Health expenses in 2018-19 are estimated to be \$186.7 million or 10.6% of the total Health portfolio spending (\$1.861 billion) in 2018-19.

Note: These figures are not reported anywhere in isolation in the Annual Reports.

- This figure includes mental health community funding, Office for mental health and wellbeing, mental health policy, clinical services, Canberra Health Services and Calvary funded services (funded through the Local Hospital Network) and any associated overheads.
- Overhead costs include Finance, People and Culture, Quality Safety, Innovation and Improvement, Sterilising, Medical Imaging, Pharmacy and Pathology.

Cleared as complete and accurate:

31/10/2019

Cleared by:

Chief Finance Officer

Contact Officer name:

Mary Milin

Ext: 49428

Lead Directorate:

ACT Health Directorate

Ext: 49659

Cleared for release

Yes

Information Officer name:

John Fletcher

TRIM Ref:

GBC19/597

GBC19/598

Portfolio: Mental Health

HEADING: Accountability Indicator 1.1.c – Emergency Services
(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.c – Emergency Services	19,389	18,835	-3%

Talking points:

- No questions are anticipated.

Key Information

- The NWAU target for this accountability indicator applies to Emergency Department patients.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority’s (IHPA’s) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Background

- The Statement of Performance refers to the results column as ‘Actual Result’. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis.
- NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.

Cleared as complete and accurate: 30/10/2019

Cleared by:

Executive Group Manager

Ext: 49699

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598

GBC19/598

Portfolio/s: Mental Health

HEADING: Accountability Indicator 1.d – Acute Admitted Mental Health Services

(Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network)

ISSUE: National Weighted Activity Unit (NWAU) results for the ACT Local Hospital Network. Significant (positive) variance from target.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 NWAU {18}	Estimated Outcome 2018-19 NWAU {18}	Variance %
Accountability Indicator 1.1.d – Acute Admitted Mental Health Services	8,433	9,262	10%

Talking points:

- The NWAU target for this accountability indicator applies to acute admitted mental health service patients. These patients undergo a formal hospital admission and discharge process.
- This target was increased by 3 per cent for 2018-19 following the increase in volume of admissions seen in 2017-18.
- The result is again higher than the target for 2018-19 due to an increase in average complexity per separation.
- Separations associated with Anxiety Disorders, Major Affective Disorders and Schizophrenia Disorders were the main services associated with higher complexity.

Key Information:

- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all providers.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 496599

Lead Directorate:

ACT Health Directorate

Cleared for release

Choose an item

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598



ANNUAL REPORT HEARING BRIEF

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are still subject to change through national submission processes.
- NWAU is the currency that is used to express price weights for all services that are funded on an activity basis. NWAU{18} is the 2018-19 currency as determined by the Independent Hospital Pricing Authority (IHPA) in the National Efficient Price (NEP) Determination 2018-19.
- Changes in NWAU results can be affected both by changes in levels of activity as well as changes in the degree of acuity:-
- NWAU figures can change as a result of changes to levels of activity as well as changes in levels of acuity associated with individual services.
- NWAU targets for the service streams (admitted acute, non-admitted etc) are of the nature of projected levels of outcomes. Variations from target within individual service streams need also to be viewed alongside the outcome for the total NWAU delivery, which in 2018-19 recorded a nil variance from target (p335 of ACTHD Annual Report).

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Choose an item

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598

GBC19/598

Portfolio: Mental Health

HEADING: Accountability Indicator 1.1.g – Percentage of mental health clients with outcome measures completed
(*Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network*)

ISSUE: This indicator represents the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measure completed. These measures were completed three-monthly. Performance has exceeded target.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 %	Result 2018-19 %	Variance %
Accountability Indicator 1.1.g – Percentage of mental health clients with outcome measures completed	65%	69%	6%

Talking points:

- The result of this indicator is a demonstration of an increased engagement by front line staff, across inpatient, community and residential care in the ACT, to monitor the percentage of mental health clients with outcome measures completed.
- The ACT Government is committed to supporting mental health services in the ACT to improve patient outcomes.
- This commitment has included investment in successive ACT Budgets to expand the capacity of mental health services in the ACT. For example, in the 2019-20 Budget we are providing nearly \$7 million over four years to boost the allied health and nursing staffing in the Adult Mental Health Unit, which will help to ensure inpatients are receiving comprehensive psychosocial care.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Ext: 49699

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598

- In the 2019-20 Budget, we have also furthered our support for community mental health care services by committing \$4.5 million to the Mental Health Consultation Service over four years to expand their operation to seven days a week.

Key Information

- This indicator represents the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed.

Background Information

- Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
- Service settings included are inpatient, community and residential care. All age groups are included.
- The result is higher than the target due to service managers having a focus on monitoring completion rates with front line staff.

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598

Ext: 49699

GBC19/598

Portfolio: Health

HEADING: Accountability Indicator 1.h – Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services
(*Output Class 1: ACT Local Hospital Network – Output 1.1 ACT Local Hospital Network*)

ISSUE: This indicator represents the proportion of clients admitted to a public mental health inpatient facility within the ACT Local Hospital Network and having direct contact with mental health services within seven days post discharge. Performance in 2018-19 is below target and decreased from 2017-18.

ANNUAL REPORT PAGE NUMBER: 335

Output 1.1 ACT Local Hospital Network	Target 2018-19 %	Result 2018-19 %
Accountability Indicator 1.1.h – Percentage of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	71%

Talking points:

- The result is lower than target due to a higher proportion of interstate resident inpatient admissions who were subsequently discharged or transferred interstate and hence did not receive a 7 day follow up from ACT based community mental health services.
- The ACT Government is committed to providing effective follow-up by community mental health care services. According to the latest *Mental Health Services in Australia* report, produced by the Australian Institute of Health and Welfare (AIHW), the ACT has consistently reported a rate of community mental health care service contacts that is nearly twice the national average (from 2013-14 to 2017-18)¹.

¹ Rate is measured as per 1,000 population.

Cleared as complete and accurate: 01/11/2019

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Executive Group Manager

Jacinta George

ACT Health Directorate

Yes

Margaret Stewart

GBC19/598

Ext: 49699

- The ACT Government furthered its support for community mental health care services in the 2019-20 budget, which committed \$4.5 million to the Mental Health Consultation Liaison Service over four years to expand its operation to seven days a week.

Key Information

- Day of discharge is not included as part of the 7 days. Same day admissions are excluded.
- This Accountability Indicator has been discontinued from the ACT Local Hospital Network and will be reported by CHS from 2019-20.

Cleared as complete and accurate:

01/11/2019

Cleared by:

Executive Group Manager

Contact Officer name:

Jacinta George

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Margaret Stewart

TRIM Ref:

GBC19/598

Ext: 49699

GBC19/598

Portfolio: Mental Health

HEADING: Chief Psychiatrist Annual Report 2018-19

ISSUE: Briefing on Chief Psychiatrist Annual Report 2018-19 to be tabled in the Legislative Assembly

ANNUAL REPORT PAGE NUMBER: Page 286

Talking points:

Emergency Apprehensions under the *Mental Health Act 2015*

- There has been a 14.2 per cent decrease in the number of apprehensions by police over the past five years.
- This coincides with the extension of the emergency detention powers and responsibilities for involuntary transport of persons with a lived experience of mental illness to Authorised Paramedics (*Mental Health Act 2015*).
- The intent of this change was to treat mental illness as a health condition, as opposed to dealing with it in a criminal domain.
- There has been a 62 per cent increase in the number of Emergency Apprehensions, largely attributable to the increase in Apprehensions by Authorised Ambulances Paramedics.
- When examined by a Doctor, 78 per cent of the people apprehended and transported on an Emergency Apprehensions did not require emergency Detention.

Increase in ECT Orders made by ACAT

- There was almost a 30 per cent increase in the number of ECT orders made by ACAT.
- Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention.
- Six emergency ECT Orders were made by ACAT during the reporting period.

Cleared as complete and accurate:

Cleared by:

Contact Officer name:

Lead Directorate:

Cleared for release

Information Officer name:

TRIM Ref:

Deputy Director-General

Dr Denise Riordan

ACT Health Directorate

Yes

Johann Sheehan

GBC19/598

Ext: 49786

Ext: 53588

Key Information

Emergency Apprehensions under the *Mental Health Act 2015*

- Between 2017-18 and 2018-19, there was a 328.9 per cent increase in the number of people apprehended and transported by an Authorised Ambulance Paramedic.
 - This increase coincided with a directive issued by the Chief Ambulance Officer to all ACT Paramedics that s. 80 provisions of the *Mental Health Act 2015* was to be applied to any person meeting criteria under the Act, regardless of their cooperation or compliance with requests of attending paramedics.
 - All people subject to Emergency Detention under the Act must be transported to Canberra Hospital Emergency Department for assessment by a Medical Officer. This assessment must take place within four hours of arrival.
 - The unprecedented numbers of presentations to the Emergency Department has at times overwhelmed services capability to carry out the assessment in the timeframe. It has resulted in significant impact on both inpatient units and the community mental health services responsible for post discharge follow-up.
 - At times voluntary consumers, who may be more unwell than those transported on an Emergency Department, may have to wait longer for assessment, because of the need to assess those on an Emergency Department within 4 hours.
 - Staff from ACT Health and Canberra Health Services have been in discussions with ACT Ambulance Service (ACTAS) endeavouring to resolve this issue.
 - The Chief Psychiatrist wrote to the Chief Ambulance Officer in October 2018 expressing concern that the directive did not reflect least restrictive practice.
 - The Chief Psychiatrist and Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) executive met with ACTAS executive on 10 December 2018.
 - It is envisaged that the PACER program (a tri-service mental health co-response capability for the ACT, including Police, Ambulance and Clinician Early Response), which is yet to be funded in the 2019 budget, could alleviate many of these pressures.
 - PACER will provide a front-line, first-response capability to incidents of acute mental health episodes for the provision of in-situ mental health assessment, treatment and care and is anticipated to have a significant impact of reducing front-line service demands the hospital emergency department.
- Increase in ECT Orders made by ACAI
- Thirty five orders were made in 2018-19, compared to 27 in 2017-18.
 - These data reflect the increasing acuity of consumers, i.e. people who are psychotic and/or for whom medication has not worked.

Cleared as complete and accurate:

Cleared by:	Deputy Director-General	Ext: 49786
Contact Officer name:	Dr Denise Riordan	Ext: 53588
Lead Directorate:	ACT Health Directorate	
Cleared for release	Yes	
Information Officer name:	Johann Sheehan	
TRIM Ref:	GBC19/598	

Background Information

Emergency Apprehensions under the *Mental Health Act 2015*

- Under the Act, a person who is experiencing a mental health emergency may be taken to an approved mental health facility (Canberra Hospital):
 - For assessment
 - To decide whether further treatment, care or support is necessary, and if so,
 - Whether this can only be provided on an involuntary basis.
 - This process of taking someone for an assessment is known as an emergency apprehension.
- Increase in ECT Orders made by ACAT
- The Act provides for ACAT to authorise involuntary electroconvulsive therapy (ECT), including emergency ECT. There are also provisions for the interstate application of mental health laws, including to transfer people to and from the ACT.

Cleared as complete and accurate:

Cleared by:
Contact Officer name:
Lead Directorate:
Cleared for release
Information Officer name:
TRIM Ref:

Deputy Director-General
Dr Denise Riordan
ACT Health Directorate
Yes
Johann Sheehan
GBCT19/598

Ext: 49786
Ext: 53588

GBC19/598

Portfolio/s: Mental Health

ISSUE: Office for Mental Health and Wellbeing

ANNUAL REPORT PAGE NUMBER: 295

Talking points:

- The Office for Mental Health and Wellbeing (the Office) was established to partner with government and non-government agencies and work with the community to lead necessary changes required to enhance the mental health and wellbeing across the ACT.
- Dr Elizabeth Moore commenced in the position of Coordinator-General in December 2018 and reports directly to the Minister for Mental Health.
- Within the 100 days from the commencement of the Coordinator-General, the Office developed the office work plan, including the territory-wide vision for mental health and wellbeing:
 - A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.
- The work plan contributes to this vision through actions under three key themes for change:
 - Mentally healthy communities and workplaces;
 - Individuals, families and carers; and
 - System capacity and workforce.
- The work plan is underpinned by research, evaluation and quality improvement, and is supported by the Mental Health and Wellbeing Inter-Directorate Committee.
- Key activities delivered under the plan this year included a Community Engagement Commitment, an Evaluation Framework for the Office, implementation of the Lifespan suicide prevention strategy, a review of Children and Young People's Mental Health and Wellbeing (the Review), and the Youth Mental Health and Suicide Prevention Project.

Cleared as complete and accurate: 18/10/2019

Cleared by:

Coordinator-General

Ext: 49273

Contact Officer name:

Natalie Johnson

Ext: 49860

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Dr Elizabeth Moore

TRIM Ref:

GBC19/598



Key Information

- Within the 100 days from the commencement of the Coordinator-General, the Office for Mental Health and Wellbeing has undertaken a process of co-design in conjunction with the peak non-government organisations to create a territory-wide vision for mental health and wellbeing and to inform the development of the Office Work Plan. The Workplan was launched on 30 April 2019 and is available on the Office website.
- The Mental Health and Wellbeing Inter-Directorate Committee (previously called the Agency Stewardship Group) continues to hold regular meetings to oversee the development of the work plan and to provide a whole of government response to enhance mental health and wellbeing in the ACT.
- The Office has developed a Community Engagement Commitment that is available on the website. This was developed in partnership with the sector and the community through the peak mental health non-government organisations.
- The review of children and young people has involved co-designed online surveys, facilitated workshops, and targeted focus groups with children, young people and their families, as well as service providers. It builds on existing information and informs other work being undertaken in the ACT. Over 700 responses have been received, with over 300 from young people under the age of 25 years. The report with recommendations will be prepared to meet the timeline of December 2019.
- The Youth Mental Health and Suicide Prevention Project involves the implementation of the Youth Aware of Mental Health Program (YAM) and an Online Youth Navigation Portal.
- YAM was officially launched on 23 October 2019 and will be implemented in 2020 with five schools initially from term 1 and will continue to be rolled out across all year 9 classes in the ACT.
- The Online Youth Navigation Portal will provide individualised online support for young people, their friends and family, or other professionals seeking access and support in relation to mental health concerns. This project is currently in the early planning phase.

Background Information

- The Office was formally launched on 14 June 2018 following cabinet endorsement of the model for the Office.
- The Coordinator-General reports directly to the Minister for Mental Health and the Office has a mandate to work across all Government agencies. The Office sits within ACT Health and retains a level of independence from the day-to-day running of ACT Health and has authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.

Cleared as complete and accurate: 18/10/2019

Cleared by:

Coordinator-General

Ext: 49273

Contact Officer name:

Natalie Johnson

Ext: 49860

Lead Directorate:

ACT Health Directorate

Cleared for release

Yes

Information Officer name:

Dr Elizabeth Moore

TRIM Ref:

GBC19/598

**Minister for Health
ACT Health Directorate
26-28 November 2019
Question Time Briefs**

Hot Issues		
A	Final Report on the Independent Review into ACT Health's Culture	Workplace Culture
B	Hydrotherapy Pool	HSPR
C	New Cannabis Bill / Medicinal Cannabis including access	HSPR
D	2019-20 Budget Summary (including summary of initiatives)	C&G
E	Minister's Fact Sheet	DSD
F	Update on Quarterly Reporting and ACT Health Publication of Data for Consumers	DSD
G	Ngunnawal Bush Healing Farm (including Postponement of Program 5)	HSPR
H	SPiRE – Progress Update (MPC)	MPC
H1	SPiRE/MPC Staff Transition	MPC
H2	SPiRE Tenders	MPC
H3	SPiRE Community Engagement	MPC
H4	Overview – Major Projects Canberra	MPC
I	ICU Bed Capacity	SID
J	Influenza Season	HSPR
K	ACT System-wide Data Review (and Auditor General's Report)	DSD
L	'Dance for Wellbeing' Belconnen Arts Centre	HSPR
M	Physical Activity Foundation	HSPR
N	ACT Health Directorate Strategic Plan	ODG
O	ACT Health Directorate Organisation Structure Changes (as announced on 4 October 2019)	ODG
	Women Youth and Children	
P	ACT Maternity Services Inquiry	HSPR
Q	Calvary Bruce (Public) – Women's Health Services	HSPR/ Commiss
	<i>(title updated)</i>	
	Health Performance	
1	Bed Numbers and Bed Occupancy	DSD
2	Emergency Department Demand (including bypass issue – ACT wide processes and procedures)	HSPR (Commiss)
3	Half Yearly Performance Report	C&G
4	Elective Surgery Wait Times	HSPR (Commiss)
	Framework and Data	

Hospital Infrastructure		
5	Canberra Hospital Master Plan	SID
6	Territory Wide Public Health Infrastructure	SID
Clinical Issues		
7	Public Hospital Pharmaceutical Reform Agreement	HSPR
8	Future Planning for Health Services across the ACT <i>(was Territory-Wide Health Strategies)</i>	HSPR
Health Policy		
9	Drug and Alcohol Policy	HSPR
10	ACT Health Hoarding Management	HSPR
11	Pill testing	HSPR
12	Nurse Practitioner – Health Amendment Bill 2019 (NEW)	HSPR
13	National Code of Conduct for unregistered healthcare workers	HSPR
14	Real Time Prescription Monitoring	HSPR
15	Year 7 Health check (include update on listening report following consultation)	HSPR
16	Nurses and Midwives: Towards a safer culture	HSPR
17	QELL (<i>Canberra Mothercraft Society</i>)	HSPR
18	Salmonella and CORE powerfoods	HSPR
People and Culture		
Funding		
Other		

Minister for Mental Health
ACT Health Directorate
Question Time Briefs
22-24 October 2019

Hot Issues		
1	Independent Review into ACT Health's Culture Framework and Data	Culture
2	Territory-Wide Health Services Framework (MH focus)	HSPR
3	ACT Health System-Wide Data Review	DSD
Mental Health in the Community		
4	Office of Mental Health and Wellbeing - Update	OMH&W
5	Impact of NDIS in Mental Health Community	HSPR
6	Deaf and Blind People Mental Health Services	HSPR
7	Services for Hoarding Tendencies	HSPR
8	(NEW) Eating Disorder Services	HSPR
Suicide Related Issues		
9	Suicide Prevention Programs	HSPR
10	ACT Regional Mental Health and Suicide Prevention Plan	HSPR
People and Culture		
11	Nurses and Midwives: Towards a Safer Culture Infrastructure	HSPR
Other		
12	Mental Health Budget Initiatives	C&G
13	Cannabis, Alcohol & Drug Programs and Mental Health	HSPR