

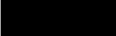


**ACT**  
Government

**ACT Health**

FOI18-118



Dear 

### **Freedom of information request - FOI18-118**

I refer to your application received by ACT Health on 20 November 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the Act).

In your application you requested:

*"...final briefing notes and documents prepared for the 2017-18 Annual Report Hearing".*

As the Principle Officer of ACT Health, I am authorised to make a decision on access or amendment to government information in the possession or control of ACT Health.

ACT Health was required to provide a decision on your access application by 18 December 2018. On 17 December 2018 you agreed to an extension of time for ACT Health to provide you with a response to your application. The revised due date was 21 December 2018.

#### Decision on access

Searches were completed for relevant documents and 150 documents were identified that fall within the scope of your request. I have decided to grant full access to the relevant documents.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

The documents released to you are provided as Attachment B to this letter.

#### Charges

Processing charges are not applicable to this request.

#### Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health

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 Your personal contact details will not be published.

You may view ACT Health's disclosure log at <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 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 on 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  
CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto: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/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Michael De'Ath  
**Director-General**

19 December 2018

## FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	Final briefing notes and documents prepared for the 2017-18 Annual Report Hearing.	FOI18-118

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
<b>2017-2018 Annual Report Hearing Briefs – Minister for Health and Wellbeing</b>						
1.	1-3	GBC18/688 – 1 Strategic Objectives 1 – Reducing the Waiting List for Elective Surgery	12/11/2018	Full release		Yes
2.	4	GBC18/688 – 2 Strategic Objectives 2 – No Waiting for Access to Emergency Dental Serv	29/10/2018	Full release		Yes
3.	5-6	GBC18/688 – 3 Strategic Objectives 3 – Improving Timeliness of Access to Radiotherapy Services	5/11/2018	Full release		Yes

4.	7	GBC18/688 – 4 Strategic Objectives 4 – Improving Breast Screen Participation Rate for Women aged 50 to 69 years	10/01/2018	Full release		Yes
5.	8-9	GBC18/688 – 5 Strategic Objectives 7 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds	12/11/2018	Full release		Yes
6.	10	GBC18/688 – 6 Strategic Objectives 8 – Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia	23/10/2018	Full release		Yes
7.	11-12	GBC18/688 – 7 Strategic Objectives 9 – Lower Prevalence of Circulatory Disease than the National Average	23/10/2018	Full release		Yes
8.	13	GBC18/688 – 8 Strategic Objectives 10 – Lower prevalent of overweight and obese people	23/10/2018	Full release		Yes
9.	14-15	GBC18/688 – 9 Strategic Objectives 11 – Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status	23/10/2018	Full release		Yes
10.	16	GBC18/688 – 10 Strategic Objectives 12 – Higher Participation Rate in the Cervical Screening Program than the National Average	23/10/2018	Full release		Yes
11.	17	GBC18/688 – 11 Strategic Objectives 13 – Achieve Lower than the Australian Average in the Decayed, Missing or Filled Teeth (DMFT) Index	29/10/2018	Full release		Yes
12.	18-19	GBC18/688 – 12 Strategic Objectives 14 – Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years	23/10/2018	Full release		Yes

13.	20	GBC18/688 – 13 Strategic Objectives 15 – Reduction in the Youth Smoking Rate	23/10/2018	Full release		Yes
14.	21-22	GBC18/688 – 14 Emergency Department Performance	29/10/2018	Full release		Yes
15.	23	GBC18/688 – 15 Dental Health	29/10/2018	Full release		Yes
16.	24	GBC18/688 – 16 Obesity Management Service	29/10/2018	Full release		Yes
17.	25-26	GBC18/688 – 17 Patient Flow	18/01/2018	Full release		Yes
18.	27-28	GBC18/688 – 18 Elective and Emergency Management	29/10/2018	Full release		Yes
19.	29	GBC18/688 – 19 Increasing Access to Elective Surgery	29/10/2018	Full release		Yes
20.	30	GBC18/688 – 20 Hip Fracture Clinical Framework	29/10/2018	Full release		Yes
21.	31	GBC18/688 – 21 Publically Funded Home Birth Program	25/10/2018	Full release		Yes
22.	32	GBC18/688 – 22 Endoscopy Waiting Times	18/01/2018	Full release		Yes
23.	33	GBC18/688 – 23 Outpatient Services	18/01/2018	Full release		Yes
24.	34-35	GBC18/688 – 24 Walk-in Centres	26/10/2018	Full release		Yes
25.	36-41	GBC18/688 – 25 Performance Accountability Indicators – NWAUs, Output Class 1.1A-F – national Weighted Activity Units	26/10/2018	Full release		Yes
26.	42-43	GBC18/688 – 26 Strategic Objectives 1 – Percentage of elective surgery cases admitted on time by clinical urgency	30/10/2018	Full release		Yes

27.	44	GBC18/688 – 27 Strategic Objective 2.1 – The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes	30/10/2018	Full release		Yes
28.	45	GBC18/688 – 28 Strategic Objective 2.2 – Proportion of ED presentations whose length of stay in four hours or	30/10/2018	Full release		Yes
29.	46-47	GBC18/688 – 29 Strategic Objective 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 18/01/2018condition	30/10/2018	Full release		Yes
30.	48	GBC18/688 – 30 Strategic Objective 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	18/01/2018	Full release		Yes
31.	49	GBC18/688 – 31 Strategic Objective 3.3 – The number of people admitted to hospitals per 10,000 occupied bed days who acquire Staphylococcus Aureus Bacteraemia Infection (SAB infection)	30/10/2018	Full release		Yes
32.	50	GBC18/688 – 32 Strategic Objective 3.4 - The estimated hand hygiene rate	30/10/2018	Full release		Yes
33.	51	GBC18/688 – 33 Output 1.a – Admitted Services	26/10/2018	Full release		Yes
34.	52	GBC18/688 – 34 Output 1.b – Non Admitted Services	26/10/2018	Full release		Yes

35.	53	GBC18/688 – 35 Output 1.c – Emergency Services	26/10/2018	Full release		Yes
36.	54	GBC18/688 – 36 Output 1.d – Acute Mental Health Services	26/10/2018	Full release		Yes
37.	55	GBC18/688 – 37 Output 1.e – Subacute Services	26/10/2018	Full release		Yes
38.	56	GBC18/688 – 38 Output 1.f – Total in-scope Services	26/10/2018	Full release		Yes
39.	57	GBC18/688 – 39 Output 1.g – Percentage of mental health clients with outcome measures completed	24/10/2018	Full release		Yes
40.	58	GBC18/688 – 40 Output 1.h – Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	30/10/2018	Full release		Yes
41.	59-60	GBC18/688 – 41 Calvary Health Care ACT Performance Statement 2017-18	24/10/2018	Full release		Yes
42.	61-62	GBC18/688 – 42 Minister’s Fact Sheet	30/10/2018	Full release		Yes
43.	63-66	GBC18/688 – 43 Independent Review into ACT Health’s Culture	7/10/2018	Full release		Yes
44.	67-68	GBC18/688 – 44 Health Leadership events on 14 August 2018 and 13 September 2008	15/10/2018	Full release		Yes
45.	69-71	GBC18/688 – 45 ACT Health Organisational Reform		Full release		Yes
46.	72-73	GBC18/688 – 46/47 Agency Staffing Profiles – Medical, Nursing and Midwifery, Administrative	30/10/2018	Full release		Yes

<b>47.</b>	<b>74-75</b>	GBC18/688 – 48 Radiology Accreditation	30/10/2018	Full release		Yes
<b>48.</b>	<b>76-78</b>	GBC18/688 – 49 ACT Health Accreditation	30/10/2018	Full release		Yes
<b>49.</b>	<b>79-80</b>	GBC18/688 – 50 ACT Health Publication of Data for Consumers	25/10/2018	Full release		Yes
<b>50.</b>	<b>81-82</b>	GBC18/688 – 51 Update on Quarterly Reporting	30/10/2018	Full release		Yes
<b>51.</b>	<b>83-85</b>	GBC18/688 – 52 ACT Health System Wide Data Review	26/10/2018	Full release		Yes
<b>52.</b>	<b>86</b>	GBC18/688 – 53 Bed Numbers and Bed Occupancy	29/10/2018	Full release		Yes
<b>53.</b>	<b>87-88</b>	GBC18/688 – 54 Emergency Department Demand	29/10/2018	Full release		Yes
<b>54.</b>	<b>89-90</b>	GBC18/688 – 55 Maternity Services at Centenary Hospital at Capacity	26/10/2018	Full release		Yes
<b>55.</b>	<b>91-92</b>	GBC18/688 – 56 Clinical Culture Committee	26/10/2018	Full release		Yes
<b>56.</b>	<b>93-96</b>	GBC18/688 – 57 Infrastructure (including SPIRE)	30/10/2018	Full release		Yes
<b>57.</b>	<b>97-99</b>	GBC18/688 – 58 Hydrotherapy Pool	30/10/2018	Full release		Yes
<b>58.</b>	<b>100-101</b>	GBC18/688 – 59 Canberra Hospital – Continuity of Services Essential Infrastructure	30/10/2018	Full release		Yes
<b>59.</b>	<b>102-103</b>	GBC18/688 – 60 Canberra Hospital – Essential Works – Infrastructure and Engineering	30/10/2018	Full release		Yes
<b>60.</b>	<b>104-105</b>	GBC18/688 – 61 Staging and Decanting Bundle Package at Canberra Hospital	30/10/2018	Full release		Yes



<b>61.</b>	<b>106-107</b>	GBC18/688 – 62 Cladding – Centenary Hospital for Women and Children	18/01/2018	Full release		Yes
<b>62.</b>	<b>108-109</b>	GBC18/688 – 63 Water leaks in Centenary Hospital for Women and Children	30/10/2018	Full release		Yes
<b>63.</b>	<b>110</b>	GBC18/688 – 64 Theatre 14 Air Filter	30/10/2018	Full release		Yes
<b>64.</b>	<b>111-112</b>	GBC18/688 – 65 Walk-in-Centres (Gungahlin WiC opening and plans for Weston Creek WiC	30/10/2018	Full release		Yes
<b>65.</b>	<b>113-114</b>	GBC18/688 – 66 Better Infrastructure Fund	18/01/2018	Full release		Yes
<b>66.</b>	<b>115-117</b>	GBC18/688 – 67 UMAHA	25/10/2018	Full release		Yes
<b>67.</b>	<b>118-119</b>	GBC18/688 – 68 University of Canberra Hospital	30/10/2018	Full release		Yes
<b>68.</b>	<b>120-121</b>	GBC18/688 – 69 Abortion	24/10/2018	Full release		Yes
<b>69.</b>	<b>122-124</b>	GBC18/688 – 70 End of Life	24/10/2018	Full release		Yes
<b>70.</b>	<b>125-126</b>	GBC18/688 – 71 Epilepsy	24/10/2018	Full release		Yes
<b>71.</b>	<b>127-128</b>	GBC18/688 – 72 Cannabis Legalisation	17/10/2018	Full release		Yes
<b>72.</b>	<b>129-130</b>	GBC18/688 – 73 Gay Conversion Therapy	24/10/2018	Full release		Yes
<b>73.</b>	<b>131-132</b>	GBC18/688 – 74 Healthy and Active Living and Preventative Health	6/11/2018	Full release		Yes
<b>74.</b>	<b>133</b>	GBC18/688 – 75 Drug Strategy Action Plan	11/10/2018	Full release		Yes
<b>75.</b>	<b>134-136</b>	GBC18/688 – 76 MyHealth Record	26/10/2018	Full release		Yes
<b>76.</b>	<b>137-138</b>	GBC18/688 – 77 National Partnerships Agreement	24/10/2018	Full release		Yes

<b>77.</b>	<b>139-140</b>	GBC18/688 – 78 Ngunnawal Bush Healing Farm	29/10/2018	Full release		Yes
<b>78.</b>	<b>141-144</b>	GBC18/688 – 79 Palliative Care and CHHS Capacity	24/10/2018	Full release		Yes
<b>79.</b>	<b>145-148</b>	GBC18/688 – 80 Food Regulation	12/10/2018	Full release		Yes
<b>80.</b>	<b>149-151</b>	GBC18/688 – 81 Pill Testing	8/11/2018	Full release		Yes
<b>81.</b>	<b>152</b>	GBC18/688 – 82 QEII (Mothercraft Matter)	12/11/2018	Full release		Yes
<b>82.</b>	<b>153-156</b>	GBC18/688 – 83 Per- and Poly-fluoroalkyl substances (PFAS)		Full release		Yes
<b>83.</b>	<b>157-159</b>	GBC18/688 – 84 Support for Bulk Billing GPs	24/10/2018	Full release		Yes
<b>84.</b>	<b>160-161</b>	GBC18/688 – 85 Territory-Wide Health Services Framework	5/11/2018	Full release		Yes
<b>85.</b>	<b>162-164</b>	GBC18/688 – 86 National Code of Conduct for Health Care Workers	23/10/2018	Full release		Yes
<b>86.</b>	<b>165</b>	GBC18/688 – 87 Procurement of services from the community sector	29/10/2018	Full release		Yes
<b>87.</b>	<b>166-168</b>	GBC18/688 – 88 Canberra Region Medical Education Council	7/11/2018	Full release		Yes
<b>88.</b>	<b>169-171</b>	GBC18/688 – 89 Workforce Strategies (ATSI/Disability/Apprenticeships/Traineeships)	8/11/2018	Full release		Yes
<b>89.</b>	<b>172-173</b>	GBC18/688 – 90 Fraud Prevention Matters and Public Interest Disclosures	30/10/2018	Full release		Yes
<b>90.</b>	<b>174-176</b>	GBC18/688 – 91 Workplace Bullying and Harassment	1/11/2018	Full release		Yes

<b>91.</b>	<b>177-178</b>	GBC18/688 – 92 Workplace Health and Safety	1/11/2018	Full release		Yes
<b>92.</b>	<b>179-181</b>	GBC18/688 – 93 Auditor General Report No. 9/2018 - ACT Health's management of allegations of misconduct and complaints about inappropriate workplace behaviour	31/10/2018	Full release		Yes
<b>93.</b>	<b>182</b>	GBC18/688 – 94 ACT Health Staff ARIns and SEAs	30/10/2018	Full release		Yes
<b>94.</b>	<b>183-184</b>	GBC18/688 – 95 Nurses and Midwives: Towards a Safer Culture	6/11/2018	Full release		Yes
<b>95.</b>	<b>185</b>	GBC18/688 – 96 Senior management changes at Calvary	24/10/2018	Full release		Yes
<b>96.</b>	<b>186</b>	GBC18/688 – 97 Visiting Medical Officer – Contract Negotiations	30/10/2018	Full release		Yes
<b>97.</b>	<b>187</b>	GBC18/688 – 98 ACT Health Budget – Challenges	30/10/2018	Full release		Yes
<b>98.</b>	<b>188</b>	GBC18/688 – 99 Cross Border Revenue	30/10/2018	Full release		Yes
<b>99.</b>	<b>189-192</b>	GBC18/688 – 100 Financial Statement Analysis	25/10/2018	Full release		Yes
<b>100.</b>	<b>193-194</b>	GBC18/688 – 101 Local Hospital Network - Financial Statement Analysis	26/10/2018	Full release		Yes
<b>101.</b>	<b>195</b>	GBC18/688 – 102 Growth Funding for ACT Public Hospitals	30/10/2018	Full release		Yes
<b>102.</b>	<b>196</b>	GBC18/688 – 103 Consultancy Contracts Led By ACT Health	30/10/2018	Full release		Yes
<b>103.</b>	<b>197-198</b>	GBC18/688 – 104 ICU	15/11/2018	Full release		Yes
<b>104.</b>	<b>199-200</b>	GBC18/688 – 105 Elective Surgery Waiting List	16/10/2018	Full release		Yes

105.	201-203	GBC18/688 – 106 Workforce Composition	18/01/2018	Full release		Yes
106.	204-207	GBC18/688 – 107 Emergency Codes	Undated	Full release		Yes
107.	208-210	GBC18/688 – 108 Whooping Cough Cluster at UC High School in Kaleen		Full release	Document not in folder	Yes
108.	211-212	GBC18/688 – 109 Management of Health Frameworks and Plans	15/11/2018	Full release		Yes
109.	213-216	GBC18/688 – 110 Clinical Leadership Roles and the recruitment of a Chief Medical Officer	15/11/2018	Full release		Yes
110.	217-218	GBC18/688 – 111 Chemotherapy Co-Payments	30/10/2018	Full release		Yes
<b>2017-2018 Annual report hearing Briefs – Minister for Mental Health</b>						
112	219-220	GBC18/689 - 1 Strategic Indicator 5 – Reducing the Usage of Seclusion in Mental Health Episodes	31/10/18	Full release		Yes
113	221	GBC18/689 - 2 Strategic Indicator 6 – Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit	26/10/2018	Full release		Yes
114	222	GBC18/689 - 3 Output 1.2a – Adult mental health program community service contracts	26/10/2018	Full release		Yes
115	223	GBC18/689 - 4 Output 1.2b – Children and youth mental health program community service contacts	26/10/2018	Full release		Yes
116	224	GBC18/689 - 5 Output 1.2c – Mental Health Rehabilitation and Speciality Services	26/10/2018	Full release		Yes
117	225	GBC18/689 - 6 Output 1.2d – Proportion of detainees at the Alexander Maconochie	26/10/2018	Full release		Yes

		Centre with a completed mental health assessment within 24 hours of detention				
<b>118</b>	<b>226</b>	GBC18/689 - 7 Output 1.2e – Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	26/10/2018	Full release		Yes
<b>119</b>	<b>227</b>	GBC18/689 - 8 Output 1.2f – Justice Health Services community contacts	26/10/2018	Full release		Yes
<b>120</b>	<b>228</b>	GBC18/689 - 9 Output 1.2g – Percentage of current clients on opioid treatment with management plans	26/10/2018	Full release		Yes
<b>121</b>	<b>229</b>	GBC18/689 - 10 Output 1.2h – Alcohol and Drug Services community contacts	26/10/2018	Full release		Yes
<b>122</b>	<b>230-232</b>	GBC18/689 - 12 ACT Health Organisational Reform	7/11/2018	Full release		Yes
<b>123</b>	<b>233</b>	GBC18/689 - 14 Territory-wide Health Services Framework	5/11/2018	Full release		Yes
<b>124</b>	<b>234-235</b>	GBC18/689 - 15 Agency Staffing Profiles – Mental Health, Justice Health Services Workforce	13/11/2018	Full release		Yes
<b>125</b>	<b>236-239</b>	GBC18/689 - 16 ACT Health System Wide Data Review	26/10/2018	Full release		Yes
<b>126</b>	<b>240</b>	GBC18/689 - 17 Bed Numbers and Bed Occupancy – Mental Health	26/10/2018	Full release		Yes
<b>127</b>	<b>241-244</b>	GBC18/689 - 18 ACT Health Accreditation	30/10/2018	Full release		Yes
<b>128</b>	<b>245-246</b>	GBC18/689 - 19 Workforce shortages	13/11/2018	Full release		Yes

<b>129</b>	<b>247</b>	GBC18/689 - 20 Coronial Inquest into Suicides at Canberra Hospital	26/10/2018	Full release		Yes
<b>130</b>	<b>248-249</b>	GBC18/689 - 21 CHWC Infrastructure Expansion Timeframes – Adolescent Mental Health section	30/10/2018	Full release		Yes
<b>131</b>	<b>250-252</b>	GBC18/689 - 22 Coronial Findings Into the Death of Steven Freeman	26/10/2018	Full release		Yes
<b>132</b>	<b>253-255</b>	GBC18/689 - 23 Phillip Moss Review and Health- Services Commissioner – Initiated Review into Health Services at the AMC	13/11/2018	Full release		Yes
<b>133</b>	<b>256-257</b>	GBC18/689 - 24 Winnunga delivering healthcare at AMC (new MOU)	26/10/2018	Full release		Yes
<b>134</b>	<b>258</b>	GBC18/689 - 25 Needle and Syringe Program	26/10/2018	Full release		Yes
<b>135</b>	<b>259-260</b>	GBC18/689 - 26 Establishment of Office for Mental Health and Wellbeing	30/10/2018	Full release		Yes
<b>136</b>	<b>261-263</b>	GBC18/689 - 27 Impact of NDIS in Mental Health Community	29/10/2018	Full release		Yes
<b>137</b>	<b>264-265</b>	GBC18/689 - 28 Eating Disorder Services in ACT	29/10/2018	Full release		Yes
<b>138</b>	<b>266-267</b>	GBC18/689 - 29 Adult Community Mental Health Services	26/10/2018	Full release		Yes
<b>139</b>	<b>268-269</b>	GBC18/689 - 30 Brian Hennessy Rehabilitation Centre - Future use and Supported Accommodation	26/10/2018	Full release		Yes
<b>140</b>	<b>270-273</b>	GBC18/689 - 31 Adolescent Mental Health Services in ACT	26/10/2018	Full release		Yes

<b>141</b>	<b>274-275</b>	GBC18/689 - 32 Incidents at Dhulwa Adult Mental Health Unit	26/10/2018	Full release		Yes
<b>142</b>	<b>276-279</b>	GBC18/689 - 33 Suicide Prevention	24/10/2018	Full release		Yes
<b>143</b>	<b>280-281</b>	GBC18/689 - 34 ACT Regional Mental Health and Suicide Prevention Plan	29/10/2018	Full release		Yes
<b>144</b>	<b>282-284</b>	GBC18/689 - 35 Auditor-General Report No. 9/2018 - ACT Health's management of allegations of misconduct and complaints about inappropriate workplace behaviour	31/10/2018	Full release		Yes
<b>145</b>	<b>285-287</b>	GBC18/689 - 36 Mental Health Act 2015 – Overview of operation since commencement	26/10/2018	Full release		Yes
<b>146</b>	<b>288-292</b>	GBC18/689 - 37 Recommendations from Estimates Committee Report – 2017-18 – Mental Health Funding – Status	29/10/2018	Full release		Yes
<b>147</b>	<b>293</b>	GBC18/689 - 38 Mental Health - Funding and Expenditure as a % of total health expenditure	30/10/2018	Full release		Yes
<b>148</b>	<b>294-297</b>	GBC18/689 - 39 Financial Statement Analysis	25/10/2018	Full release		Yes
<b>149</b>	<b>298</b>	GBC18/689 - 41 Growth in Budget and Efficiency Target	30/10/2018	Full release		Yes
<b>150</b>	<b>299-301</b>	GBC18/689 - 42 Workforce Composition	18/01/2018	Full release		Yes
<b>150</b>						

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 1

Portfolio/s: Health and Wellbeing

## ISSUE: STRATEGIC OBJECTIVE 1 - REDUCING THE WAITING LIST FOR ELECTIVE SURGERY

(Page 49)

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

### Talking Points

- In 2017-18 the target for the number of patients waiting longer than clinically recommended on the waitlist for elective surgery was not achieved.
- The 399 patients waiting times longer than clinically recommended was an improvement on the previous years figure of 424 patients.
- Reasons for not meeting the target include a significant increase in 2017 of additions to the waitlist beyond normal trends. This created a 'surge' in operations needing to be done against available capacity.
- Although the Government committed extra funding to meet this surge in demand, due to time constraints the accumulated longwaits, although being able to be brought down, could not meet the target set at the start of the financial year.

Additions to the waitlist at 30 June 2017 were 15571 as compared to 15324 till 30 June 2018. Category 2 and 3 waitlisted patients additions will flow into 2017-18 to need to be completed.

Cleared as complete and accurate: 12/11/2018  
 Cleared by: Deputy Director-General Ext: 42728  
 Information Officer name: Chris Bone  
 Contact Officer name: Mark Dykgraaf Ext: 43125  
 Lead Directorate: Health

TRIM Ref: GBC18/688



- Long wait patients: time course 2017-18

Census Date Longwait patients on that date

30/06/2017	424
30/09/2017	506
31/12/2017	587
31/03/2018	596
30/09/2018	399

In addition, admissions for procedures for elective surgery needing to be done was above expectations at 3.2 per cent per annum as against a norm of less than three per cent per annum.

This was nearly twice the national average for 2017-18 of 1.7 per cent per annum growth in admissions for procedures for elective surgery.

- Available theatre and anaesthetic workforce became a major constraint to bring the number of long wait patients down further than 399 in the time available; despite moneys made available by the Government.
- Improving access to elective surgery in 2017-18 for paediatric patients was achieved with zero long waits being recorded at the end of 2017-18 financial year.
- The demand from emergency surgery has impacted on the ability to maintain a reduction in incidences waiting longer than clinically recommended. This is because they compete for similar resources of beds, theatre time, and workforce.
- Emergency surgery has grown at a rate of six percent which has meant that capacity within the Canberra Hospital theatre complex is close to full.
- The Government is committed to providing additional funding to increase elective surgery number to around 14,000 per annum from 2018-19.
- Modelling has indicated that ACT Health will need to perform in the order of 14,000 surgical procedures in the 2018-19 financial year in order to reduce the percent of the patients waiting longer than clinically indicated towards five percent of the number of waitlisted patients. This calculation is subject to actual additions to the waitlist that occur through the course of this year; which may impact actual procedures needing to be completed.

Cleared as complete and accurate: 12/11/2018  
 Cleared by: Deputy Director-General Ext: 42728  
 Information Officer name: Chris Bone  
 Contact Officer name: Mark Dykgraaf Ext: 43125  
 Lead Directorate: Health

# ANNUAL REPORT HEARING BRIEF

## Key Information

- In 2017-18, 13,340 elective surgical procedures were completed across the ACT. This was achieved through collaborative partnerships across the public and private sectors and was an increase from 2016-17.
- The results achieved in the urgent category for the 2017-18 year are similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timeframes.
- Performance decreased across the other two categories, with 70 per cent of patients in the semi-urgent category and 77 per cent of patients in the non-urgent category having surgery on time. This is compared to 81 per cent and 88 per cent respectively in the previous year. This is because the percentage of long wait patient done brings down the percentage on time mathematically.

Cleared as complete and accurate: 12/11/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Mark Dykgraaf Ext: 43125  
Lead Directorate: Health

TRIM Ref: GBC18/688

**ANNUAL REPORT HEARING BRIEF**

GBC18/688 - 2

**Portfolio/s:** Health and Wellbeing**ISSUE: STRATEGIC OBJECTIVES 2 - NO WAITING FOR ACCESS TO  
EMERGENCY DENTAL HEALTH SERVICES**

(Page 49)

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

**Talking Points**

- During 2017-18 the Dental Health Program (DHP) achieved 100 per cent compliance against the strategic objective of assessed emergency clients to be seen within 24 hours

**Key Information**

- Health Directorate strategic objective 2 focused on ensuring there was no wait for access to emergency dental health services.
- To achieve this, the DHP were required to assess 100 per cent of emergency dental clients offered an appointment within 24 hours.
- The DHP achieved full compliance with the target of assessing 100 per cent of emergency dental clients offered an appointment within 24 hours throughout the 2017-18 financial year.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Deputy Director-General Ext: 42728  
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Lead Directorate: Health

TRIM Ref: GBC16/688

GBC18/688 - 3

**Portfolio:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 3 – IMPROVING TIMELINESS OF ACCESS TO RADIOTHERAPY SERVICES**

(Page 49)

	2017-18 target	2017-18 result
Emergency – treatment starts within 48 hours	100%	100%
Palliative – treatment starts within 2 weeks	90%	58%
Radical – treatment starts within 4 weeks	90%	53%

### Talking Points

- 100 per cent of patients requiring emergency treatment continue to be seen within the target of 48 hours.
- During 2017-18 overall activity and the number of patients treated by radiotherapy services increased. The service did not meet the target wait times for palliative and radical treatments.
- The performance in radiotherapy wait times is impacted by the increase in number of referrals, increasingly complex treatment techniques and treatment delivery time, and workforce shortages.
- Two machines are end of life and not suitable for some of the new techniques. This leads to further delays for some patients. Replacement of these machines is on track for 2019.
- The service continues to identify and implement improvements in service efficiency to reduce wait times and this has seen considerable reduction in wait times over the last three months.
- The opening of a private radiation therapy service in Canberra in late 2018 is expected to achieve further reductions in wait times for first treatments.

Cleared as complete and accurate: 05/11/2018  
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 Lead Directorate: Health

TRIM Ref: GBC18/688

# ANNUAL REPORT HEARING BRIEF

## Key Information

- Waiting time is defined as the time elapsed between the radiation oncologists decision that treatment should commence (ready for care) to the first treatment being delivered.
- Triage categories are defined as:
  - Radical – when treatment is given for control of the disease with curative intent.
  - Palliative – when treatment is given primarily for the purpose of symptom relief in patients with incurable cancer.
  - Emergency – used for acute, potentially morbid or life-threatening events related to a patients cancer.

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Cleared by: Deputy Director-General Ext: 42728  
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Lead Directorate: Health

TRIM Ref: GBC18/688

GBC18/688 - 4

**Portfolio:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 4 – IMPROVING BREASTSCREEN PARTICIPATION RATE FOR WOMEN AGED 50 TO 69 YEARS**

(Page 50)

	2017-18 target	2017-18 result
Proportion of women aged 50 to 69 years who have a breast screen	60%	55%

### Talking Points

- Overall number of screens completed in 2017-18 increased compared to 2016-17 and ACT is three per cent above the national average. The total number of screens for 2017-18 was 18,123.
- The population of women aged 50 to 69 years in the ACT has increased resulting in an overall reduction in the participation rate in this age group.
- The total number of breast screens performed are impacted by mamographer staffing. National recruitment campaigns have continued, however, there remains a national shortage of mamographers.
- BreastScreen ACT continues to implement initiatives to improve participation rates in women aged 50 to 69 years including making phone calls to lapsed attendees, calling women who do not attend their appointment and inviting women who are in the target age group but have not attended BreastScreen previously.
- BreastScreen also continues to actively promote the program through General Practitioner surgeries, at community events and through media opportunities.

Cleared as complete and accurate: 18/01/2018  
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 Lead Directorate: Health

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GBC18/688 - 5

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 7 - REACHING THE MAXIMUM OCCUPANCY RATE FOR ALL OVERNIGHT HOSPITAL BEDS**

(Page 51)

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

### Talking Points

- Bed occupancy is an measure of the efficient use of resources available for hospital services. It is calculated on the availability of beds at Canberra’s public hospitals to receive admissions, in total minutes per day.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation care). ‘Separation’ also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.
- A same-day separation occurs when a patient is admitted to and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.

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 Cleared by: Deputy Director-General Ext: 42728  
 Information Officer name: Chris Bone  
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 Lead Directorate: Health

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## ANNUAL REPORT HEARING BRIEF

- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent, which is considered the best level to achieve maximum efficiency.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in Canberra Hospital was 5.6 days, and Calvary Hospital 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.
- The territory wide health services strategy will contribute to balancing out availability across the ACT which would more efficiently use all Health resources.

Cleared as complete and accurate:	12/11/2018	
Cleared by:	Deputy Director-General	Ext: 42728
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Contact Officer name:	Mark Dykgraaf	Ext: 43125
Lead Directorate:	Health	

TRIM Ref:	GBC16/688
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 6

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 8 – MANAGEMENT OF CHRONIC DISEASE: MAINTENANCE OF THE HIGHEST LIFE EXPECTANCY AT BIRTH IN AUSTRALIA (PAGE 51)**

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

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

### Talking points:

- Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services such as economic and environmental factors. The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the Government aims to maintain this result.
- Between 2000 and 2014–2016, life expectancy in the ACT increased by 3 years for males and 2.9 years for females.

### Key Information

- Australians are living longer and gains in life expectancy are continuing. It is not just life expectancy that is important, health-adjusted life expectancy is a measure of the years that a population, on average, can expect to live in good health. According to the Australian Burden of Disease Study, in 2001 ACT males could expect to live 72.3 years in good health, while ACT females could expect to live 74.6 years in good health. The percentage of life lived in full health in the ACT is similar to that of the rest of Australia. Population health initiatives aim to ensure that the period lived in good health is as long as possible.

Cleared as complete and accurate: 23/10/2018  
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 7

**Portfolio/s:** Health and Wellbeing

### **ISSUE: STRATEGIC OBJECTIVE 9 – LOWER PREVALENCE OF CIRCULATORY DISEASE THAN THE NATIONAL AVERAGE (PAGE 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 <sup>1</sup>	3.9%	4.7%

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

#### **Talking points:**

- The proportion of the ACT population with some form of cardiovascular disease is 3.9 per cent, lower than the national proportion of 4.7 per cent.
- While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.
- Risk factors for circulatory disease include high blood pressure, overweight and obesity, high cholesterol, poor diet, insufficient physical activity and smoking. With increasing prevalence of some of these risk factors in younger cohorts, such as high obesity rates, it is likely that chronic diseases will occur at younger ages.
- As overweight and obesity is a major, modifiable risk factor for a variety of chronic conditions such as heart, stroke or vascular disease, the ACT government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on,

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## ANNUAL REPORT HEARING BRIEF

productivity, and in the long-term reduce the burden of chronic disease and demand on health services.

- In a continuation of these efforts, the ACT government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions.

### Key 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:	23/10/2018	
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 8

**Portfolio/s:** Health and Wellbeing

### ISSUE: STRATEGIC OBJECTIVE 10 – LOWER PREVALENCE OF OVERWEIGHT AND OBESE PEOPLE (PAGE 52)

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

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

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

#### Talking points:

- Based on data from the National Health Survey, overweight and obesity rates 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.
- In 2013, the ACT Government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on waistlines, productivity, and in the long-term reduce the burden of chronic disease and demand on health services.
- In a continuation of these efforts, the ACT government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions, including overweight and obesity.

#### Key Information

- Excess weight, especially obesity, is a major risk factor for many chronic conditions, including cardiovascular disease, type 2 diabetes, some musculoskeletal conditions and some cancers. As the level of excess weight increases, so does the risk of developing these conditions.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 9

**Portfolio/s:** Health and Wellbeing Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 11 – ADDRESSING GAPS IN ABORIGINAL AND TORRES STRAIT ISLANDER IMMUNISATION STATUS (PAGE 52)**

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

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

**Note:**

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

**Talking points:**

- The very low numbers of children identified as Aboriginal and 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.
- The 2017-18 rates are the average coverage rates for the September 2017, December 2017, March 2018 and June 2018 quarters. These are taken from the quarterly assessment reports from the [Australian Immunisation Register \(AIR\)](#).
- The 2017-18 coverage rates show that immunisation coverage rate for Aboriginal and Torres Strait Islander children in the ACT are maintained or increasing in all cohorts, despite some fluctuation in the quarterly rates.

Cleared as complete and accurate: 23/10/2018  
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 Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

- For the June 2018 quarter, the ACT achieved excellent coverage rates in all three cohorts for Aboriginal and Torres Strait Islander children. The results were well above the Australian rates as shown in the table:

June 2018	Coverage rates for Aboriginal and Torres Strait Islander children	
	ACT	Australia
<b>Cohort one</b> (12-15 months of age)	97.70%	92.00%
<b>Cohort two</b> (24-27 months of age)	100.00%	88.00%
<b>Cohort three</b> (60-63 months of age)	100.00%	96.80%

- 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 Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. Promotional campaigns were introduced during 2015/16 as a strategy to increase immunisation numbers. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due and indigenous specific promotional campaigns.

### Key Information

- Immunisation coverage rates are measured at three milestones, cohort one (12 to 15 months of age), cohort two (24 to 27 months of age) and cohort three (60 to 63 months). Reports of immunisation rates on the above three cohorts are released by the AIR quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.

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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 10

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 12 - HIGHER PARTICIPATION RATE IN THE CERVICAL SCREENING PROGRAM THAN THE NATIONAL AVERAGE (PAGE 53)**

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

Strategic indicator	ACT rate	National rate
Two-year participation rate <sup>1</sup>	56.2%	56.0%

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

**Note:**

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

### Talking points:

- The ACT's two-year participation rate in the Cervical Screening Program is 56.2 per cent, slightly higher than the national rate.

### Key Information

- On 1 December 2017, the renewal of the National Cervical Screening Program (NCSP) commenced. The two yearly pap test for people aged 18 to 69 has been replaced by a five yearly Human Papilloma Virus (HPV) test for people aged 25 to 74.
- Following the transition of the ACT Cervical Cytology Register to the National Cancer Screening Register (NCSR) on 1 July 2018, participation data is now captured by the NCSR.
- The NCSR will create a single national record for participants of the new NCSP rather than the old State/Territory-based registers.
- ACT Health continues to promote screening in the community and to vulnerable groups through community radio stations and translating the screening message to 21 different languages.

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Lead Directorate:	Health	

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 11

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 13 - ACHIEVE LOWER THAN THE AUSTRALIAN AVERAGE IN THE DECAYED, MISSING OR FILLED TEETH (DMFT) INDEX**

(Page 53)

Strategic indicator	ACT rate <sup>1</sup>	National rate
dmft index at 6 years (indicates deciduous teeth)	0.90	1.30
DMFT index at 12 years	0.30	0.90

## Talking Points

- In 2017-18, the Dental Health Program achieved lower than the Australian Average in the Decayed, Missing or Filled Teeth (dmft/DMFT) Index, indicative of the effectiveness of dental prevention, early intervention and treatment services in the ACT.

## Key Information

- 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.

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 Lead Directorate: Health

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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 12

Portfolio/s: Health and Wellbeing

### ISSUE: STRATEGIC OBJECTIVE 14 – REDUCING THE RISK OF FRACTURED FEMURS IN ACT RESIDENTS AGED OVER 75 YEARS (54)

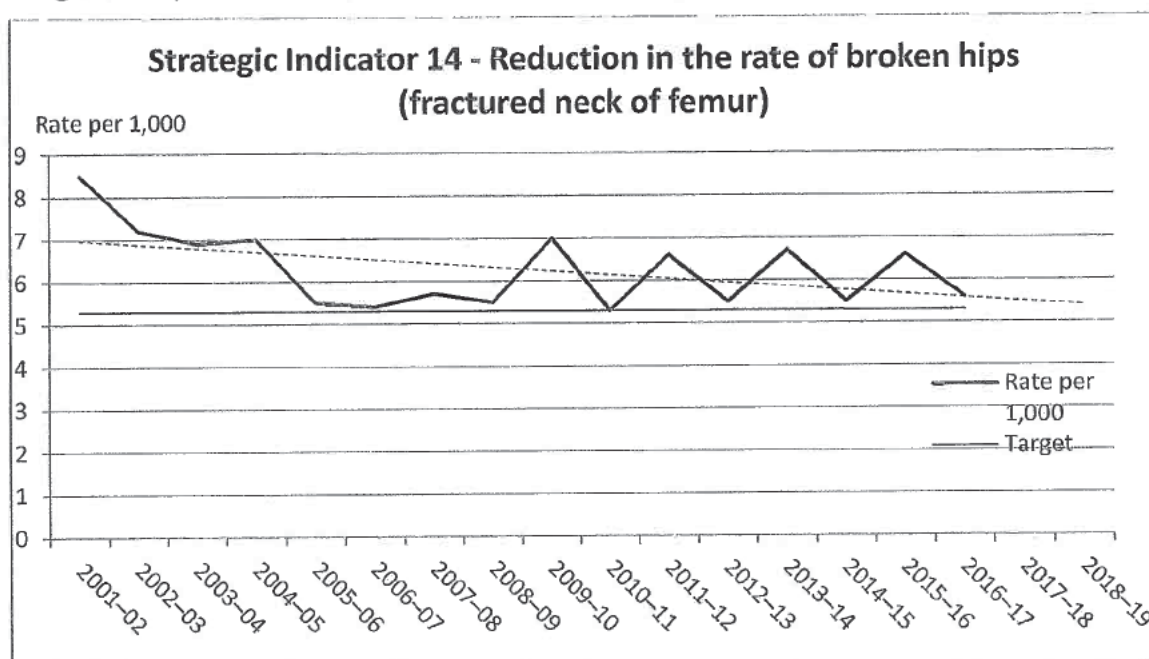
**Strategic Indicator 14:** Reduction in the Rate of Broken Hips (Fractured Neck of Femur)

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

Source: ACT Admitted Patient Care data.

#### Talking points:

- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2016–17, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per 1,000 persons in the ACT population. This is slightly above the long term target and follows a generally decreasing trend over a ten year period.



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 Cleared by: Director Ext: 78634  
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 Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

### Key Information

- 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, hence the need for policies to address their causes and outcomes.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

Cleared as complete and accurate:	23/10/2018	
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 13

Portfolio/s: Health and Wellbeing

### ISSUE: STRATEGIC OBJECTIVES 15 – REDUCTION IN THE YOUTH SMOKING RATE (PAGE 54)

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

Strategic indicator	2014 ACT rate	2014 National rate	Long-term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

#### Talking points:

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- Results from the 2014 Australian Secondary School Alcohol and Drug (ASSAD) Survey show that 5.2 per cent of students in the ACT were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2002, 6.7 per cent in 2008 and 5.8 per cent in 2011.
- The national rate for current smoking in youths in 2014 was 5.1 per cent.

#### Key Information

- While it is good news that smoking rates among ACT youths has fallen, we can't be complacent. There are still sections of the community with high smoking rates, while electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge. 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.
- Results from the 2017 Australian Secondary School Alcohol and Drug (ASSAD) will be available in November 2018.

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 Lead Directorate: Health

GBC18/688 - 14

**Portfolio/s:** Health and Wellbeing**ISSUE:           OUTPUT 1.1 ACUTE SERVICES - EMERGENCY DEPARTMENT  
PERFORMANCE**

(Page 64)

**Talking points:**

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- The challenges in managing the demand for emergency services in the last 12 months, include an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the 'seen on time' target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved due to the increase in demand for emergency department services and unprecedented seasonal demand, the higher number of more clinically urgent and complex patient presentations, and workforce issues. This will continue to be a focus going forward.

**Key Information**

- Funding announced in the 2018-19 budget has provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the Emergency Department and the alternative services available if clinically appropriate.

Cleared as complete and accurate: 29/10/2018  
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TRIM Ref: GBC16/688

## ANNUAL REPORT HEARING BRIEF

- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

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Cleared by: Deputy Director-General Ext: 42728  
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GBC18/688 - 15

**Portfolio/s:** Health and Wellbeing

**ISSUE:        OUTPUT 1.1 ACUTE SERVICES – DENTAL HEALTH**

(Page 64)

**Talking points:**

- ACT Health has been working to deliver initiatives to increase access to clients eligible to access the Dental Health Program (DHP).

**Key Information**

- The DHP has maintained the organisational mean waiting time target of six months for adults on the routine dental services waiting list, in the context of rising demand. There continues to be no waiting lists for children to receive routine dental care in Community Health Centres.
- The DHP will deliver additional mobile dental clinics to increase access to dental care for schools and low-income or disadvantaged Canberrans, which will include further development in the Models of Care for this program to ensure that it is effective in reaching susceptible clients with a low Index of Community and Socio-economic Advantage.
- The DHP implemented increased operating hours of dental clinics at two of the five community centres (Belconnen and Tuggeranong Community Health Centres), in response to feedback from staff and clients that better before and after school access to appointments was needed.

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Cleared by:	Deputy Director-General	Ext: 42728
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Lead Directorate:	Health	

TRIM Ref: GBC16/688



## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 16

**Portfolio/s:** Health and Wellbeing

### **ISSUE: OUTPUT 1.1 ACUTE SERVICES OBESITY MANAGEMENT SERVICE**

(Page 65)

#### **Talking points:**

- Canberra Hospital began delivering public bariatric surgery in late 2017.
- Clinical eligibility for this surgery is currently focussing on patients with Class 3 Obesity (BMI more than 40). These patients will also be required to meet the eligibility assessments made by doctors in the Obesity Management Services (OMS) and a further assessment by a general surgeon.
- The OMS Model of Care was revised in 2017 to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.
- Dedicated theatre sessions are being made available at Calvary Health Care Bruce to allow bariatric surgeries to be completed.

#### **Key Information**

- To achieve a sustainable public service, a general surgeon employed by Canberra Health Services is undertaking additional training in the specialist field of bariatric surgery.

Cleared as complete and accurate:	29/10/2018	
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TRIM Ref: GBC16/688

GBC18/688 - 17

**Portfolio/s:** Health and Wellbeing

**ISSUE:           OUTPUT 1.1 ACUTE SERVICES - PATIENT FLOW**

(Page 64)

**Talking points:**

- The focus on patient flow at Canberra Hospital is a whole of organisation effort led by the Chief of Clinical Operations and the Patient Flow Unit.
- The Chief of Clinical Operations has increased communications across Canberra Health Services to broaden visibility and share the responsibility of bed demand.
- This includes daily messaging to inform key staff of certain critical performance metrics at the commencement of each day.
- This information is used to inform daily operations, including the safe and timely discharge of patients.

**Key Information**

- Relative Stay Index (RSI) is an indicator of a hospital's length of stay (LOS) compared to other hospitals, after adjustment for patient case mix and age. Numbers over 100 per cent indicate a LOS higher than average, while a number lower than 100 per cent means the LOS is lower than average. Canberra Hospital RSI remained relatively stable at 98 per cent for the most recent report, in April 2018. In conjunction with a low unplanned readmission rate, this outcome signals efficient and effective patient flow.
- Pressure from admission streams outside of the Emergency Department played a significant role in overall demand on inpatient beds. Other sources of unplanned admissions include:
  - the Intensive Care Unit
  - non-tertiary facilities in the ACT and surrounding NSW
  - outpatient clinics.

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- The Electronic Patient Journey Board (EPJB) project continued throughout the 2017–18 financial year. The EPJB supports digital bed management and patient flow across ACT Health by providing clinicians with real-time information and displaying data from multiple clinical systems on one screen. When fully implemented, the EPJB will feature a tasking tool allowing clinical and non-clinical tasks to be requested and actioned from admission to discharge, from any location.
- To help interstate patient flow, Key Performance Indicators (KPIs) have been developed to measure patient movement between the ACT and neighbouring hospitals in the surrounding NSW region, in towns such as Young, Orange and Boorowa. This is being done to substantiate actual activity, identify areas of congestion that contribute to capacity issues, and allow potential solutions to be identified.
- In 2018-19, CHS is progressing a series of projects to improve performance against the National Emergency Access Targets (NEAT). These include:
  - communications strategies to the public, to increase awareness of appropriate ED use and the suitable alternatives in the community;
  - implementation of a High Demand Procedure, to guide action at times of peak demand;
  - enhanced seasonal planning, staff engagement projects and logistical improvements around weekend bed management and bed-cleaning turnaround.

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**Portfolio/s:** Health and Wellbeing**ISSUE:           OUTPUT 1.1 ACUTE SERVICES – ELECTIVE AND EMERGENCY  
SURGERY MANAGEMENT**

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**Talking points:**

- ACT Health and Canberra Health Services have a sustained focus on delivering elective surgery within the recommended timeframes to as many people as possible, while also reducing the number of elective surgery patients waiting longer than clinically recommended.
- Overall, there have been challenges in managing demand for elective surgery in the last 12 months, with more people being added to the waiting list than removed from it.
- The system has been under significant pressure from an increase in emergency surgery activity, which is competing for the same resources as elective surgery.
- The increased demand for both elective and emergency surgery time has limited the capacity to reduce the number of people waiting longer than clinically recommended for elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialties where waiting times are longer.
- Canberra Hospital is the major territory referral hospital for the Southern NSW region.

**Key Information**

- To build on the good work that has been done in recent years, the Government announced it would fund more elective and emergency surgery in 2017–18. As a result, ACT Health delivered over 18,500 surgeries in the period, including both elective and emergency procedures, which is an increase of approximately four per cent in the number of procedures performed, compared to the previous financial year.

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## ANNUAL REPORT HEARING BRIEF

- This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.
- With the certainty of additional funding in 2018-19, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year, growing elective surgeries by about 4,000 over the next four years.
- This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.

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**Portfolio/s:** Health and Wellbeing**ISSUE:        OUTPUT 1.1 ACUTE SERVICES – INCREASING ACCESS TO ELECTIVE SURGERY**

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**Talking points:**

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

**Key Information**

- A current lack of workforce in some critical areas is impacting on the capacity to reduce the number of people waiting longer the clinically recommended. Anaesthesia, ENT, Vascular and Plastic Surgery are the most critical specialties, as well as surgically trained nurses and other support staff.
- Health is progressing a workforce strategy to attempt recruitment in these areas.
- The TWSMC plans and monitors elective surgery waiting list performance across the Territory.
- The TWSMC has adopted strategies to manage this increasing demand, including conducting additional surgeries, partnerships with the private hospital sector and reviewing current infrastructure.

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**Portfolio/s:** Health and Wellbeing

**ISSUE:           OUTPUT 1.1 ACUTE SERVICES – HIP FRACTURE CLINICAL  
FRAMEWORK**

(Page 67)

**Talking Points:**

- Following the implementation of the Fractured Hip Clinical Pathway in 2017, the median acute length of stay for fractured hip patients decreased from 10.1 days to below the median baseline of 9.19 days.
- Acute readmissions reduced from an average of 8.57 per cent 12 months prior to implementation, to seven per cent for the nine months post implementation.

**Key Information**

- The shared care model for elderly patients admitted with hip fractures focuses on delivering collaborative Orthopaedic and Geriatric care.
- In addition, the hip fracture clinical pathway for the management of patients with hip fracture has also been implemented.
- This enables a standardised coordinated approach to care, resulting in reduced length of stay and a decrease in readmissions for hip fracture patients.

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GBC18/688 - 21

**Portfolio/s:** Health and Wellbeing

**ISSUE:        OUTPUT 1.1 ACUTE SERVICES - PUBLICLY FUNDED  
                  HOMEBIRTH PROGRAM**

(Page 67)

**Talking Points**

- A trial of the publicly funded homebirth program commenced in early 2017 for women at low risk of obstetric complications.
- The three-year trial is being delivered through the Canberra Midwifery Program (CMP) and is available to eligible women who reside within a 30 minute roundtrip to the Centenary Hospital for Women and Children (CHWC), as defined by the ACT Ambulance service.
- The eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessments conducted throughout the pregnancy and labour.
- As of 24 October 2018, Canberra Health Service has seen 17 homebirths for our publicly funded homebirth trial since commencement.
- The trial will provide one or two homebirths a month over the three-year period, up to 24 births per year however the eligibility criteria may impact on achieving these numbers.
- An interim report will be produced at 20 births with a final evaluation planned for late 2019.

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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 22

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT 1.1 ACUTE SERVICES - ENDOSCOPY WAITING TIMES**

(Page 67)

**Talking points:**

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand.
- There has been a significant increase in referrals from the National Bowel Cancer Screen Program over the last two years.
- Canberra Health Services continues to work to improve access to and management of endoscopy services provided by GEHU. Some of the work being completed includes; increasing utilisation of available endoscopy sessions; actively contacting each patient three days prior to the procedure to ensure they are attending. If patients advise they need to cancel the appointment, last minute appointments can be filled, and the transfer of suitable patients to Southern NSW Local Health District where appropriate for their procedure.
- This work has seen a steady decline in Endoscopy Waitlist entries from January 2018, specifically for Category 1 patients.

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**Portfolio:** Health and Wellbeing

**ISSUE:        OUTPUT 1.1 – ACUTE SERVICES – OUTPATIENT SERVICES**

(Page 68)

**Talking points:**

- Demand for outpatient services continues to be greater than the capacity to deliver services in a number of specialities.
- There have been reductions in patients waiting outside clinically recommended timeframes for outpatient appointments; 90 per cent reduction for gynaecology, 50 per cent reduction for neurosurgery and 30 per cent for vascular surgery.
- The three key priorities for improvement include; reducing did not attends, reducing review appointments and reducing inappropriate referrals.

**Key information**

- Work is underway with Canberra Health Services Walk-in Centres to manage some conditions to reduce demand on outpatients.
- Planning is underway to develop a fracture clinic at University of Canberra Hospital by the end of 2018. A second paediatric fracture clinic will commence at the Centenary hospital for Women and Children at Canberra Hospital in 2018.
- Additional resources to clear the backlog of Category 1 and 2 patients waiting outside clinically recommended timeframes will be considered in 2019-20 budget allocation.
- Individual specialties are working to increase the number of appointments available through restructuring clinics and adding additional sessions where possible.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 24

**Portfolio:** Health and Wellbeing

**ISSUE: OUTPUT 1.1 – ACUTE SERVICES – WALK-IN CENTRES –**

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**Talking points:**

- Presentations to the Walk-in Centres (WiCs) continue to increase annually.
- Presentations to the Belconnen and Tuggeranong WiCs are as follows:

Financial Year	Total Presentations	Comment
16/17	36,767	Average of 100 presentations per day
17/18	41,544	Average of 114 presentations per day.

Source: Distinct appointments from data repository

- The number of clients who did not wait remains very low at 1.3 per cent.
- The median waiting time for clients at Belconnen and Tuggeranong WiCs for the 2017-18 financial year was 15 minutes.
- The top presentations for the Belconnen and Tuggeranong WiCs were:
  - Upper Respiratory Tract Infections (URTI) – common colds
  - Wound dressing
  - Musculoskeletal conditions
  - Gastroenteritis diarrhoea
  - Ear nose and throat conditions
- Consumer feedback remained positive with 84 per cent of feedback received being compliments.

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### Key Information

- Since receiving consumers from 4 September 2018 the Gungahlin WiC has averaged 314 presentations per week with 28 per cent of those presentations being children between two to 15 years of age as at 21 October 2018.
- Since the opening of the Gungahlin WiC, presentations to the Belconnen WiC have remained steady.

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**Portfolio/s:** Health and Wellbeing

**ISSUE:        OUTPUT CLASS 1.1A ADMITTED SERVICES – NATIONAL WEIGHTED  
ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Admitted NWAU{17}	82,273	78,482

**Talking Points:**

- The performance outcome for 2017-18 is 78,482 National Weighted Activity Units (NWAUs).
- This performance is approximately five per cent below the target of 82,273 NWAUs set for the year.
- Acute admitted activity is below the target due to lower activity reported for public hospital elective surgery contracted patients treated in the ACT private hospital sector.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted patients (excludes acute mental health and sub-acute patients). These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 25

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.1B NON-ADMITTED SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Non-Admitted NWAU{17}	24,110	23,978

**Talking points:**

- The performance outcome for 2017-18 is 23,978 National Weighted Activity Units (NWAUs).
- This performance is approximately one per cent below the target of 24,110 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to non-admitted patients. These patients are treated in outpatient clinics or in a community setting (excludes Community mental health services).
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 25

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.1C EMERGENCY SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Emergency Services NWAU{17}	11,634	11,664

**Talking points:**

- The performance outcome for 2017-18 is 11,664 National Weighted Activity Units (NWAUs).
- This performance is less than one per cent above the target of 11,634 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to Emergency Department patients belonging to Canberra Health Services.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 25

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.1D ACUTE ADMITTED MENTAL HEALTH SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (Page 280)**

	Original Target 2017-18	Actual Result 2017-18
Acute Admitted Mental Health NWAU{17}	5,148	5,678

**Talking points:**

- The performance outcome for 2017-18 is 5,678 National Weighted Activity Units (NWAUs).
- This performance is approximately 10 per cent above the target of 5,148 NWAUs set for the year.
- This result is higher than target mainly due to a 14 per cent increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence, and childhood mental disorders.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted mental health patients belonging to Canberra Health Services. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 25

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.1E SUB ACUTE SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (PAGE 280)**

	Original Target 2017-18	Actual Result 2017-18
Sub-Acute NWAU{17}	6,417	7,141

**Talking points:**

- The performance outcome for 2017-18 is 7,141 National Weighted Activity Units (NWAUs).
- This performance is approximately 11 per cent above the target of 6,417 NWAUs set for the year.
- This result is higher than targeted mainly due to a 12 per cent increase in patient volume in rehabilitation and palliative care.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to sub-acute admitted patients belonging to Canberra Health Services. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 25

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.1F CALVARY SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (PAGE 280)**

	Original Target 2017-18	Actual Result 2017-18
Calvary Services NWAU{17}	1,427	1,379

**Talking points:**

- The performance outcome for 2017-18 is 1,379 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 1,427 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Calvary Public Hospital out-of-scope services. These services are provided to, for example, compensable (Compulsory Third Party or worker compensation insurance claims in most cases) and DVA patients, and are therefore outside of the national activity based funding system.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to all admitted, non-admitted and emergency department out-of-scope patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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GBC18/688 - 26

**Portfolio/s:** Health and Wellbeing

## ISSUE: STRATEGIC OBJECTIVE 1: PERCENTAGE OF ELECTIVE SURGERY CASES ADMITTED ON TIME BY CLINICAL URGENCY

Strategic Indicator 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

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

### Talking points:

- In 2017–18, 13,340 elective surgical procedures were completed across the ACT. This was achieved through collaborative partnerships across the public and private sectors and was an increase from 2016–17.
- The results achieved in the urgent category for the 2017–18 year are similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timeframes.
- Performance decreased across the other two categories, with 70 per cent of patients in the semiurgent category, and 77 per cent of patients in the non-urgent category having surgery on time, compared to 81 per cent and 88 per cent respectively, in the previous year.

### Key Information

- The increased demand for both elective and emergency surgery has limited the capacity to reduce the number of people waiting longer than clinically recommended for elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialties where waiting times are longer.
- With the certainty of additional funding in 2018-19, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year, growing elective surgeries by about 4,000 over the next four years.

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## ANNUAL REPORT HEARING BRIEF

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

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 27

**Portfolio/s:** Health and Wellbeing

## ISSUE: STRATEGIC OBJECTIVE 2: IMPROVED EMERGENCY DEPARTMENT TIMELINESS

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

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

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

### Talking points:

- ACT EDs achieved the target for 'seen on time' in category one and category five patients during the 2017 –18 year.
- ACT EDs did not meet the target for categories two, three and four, due to growth in the number of hospital admissions and unprecedented seasonal demand with the severe influenza incidence in winter 2017.
- These impacts were compounded by an increase in the complexity of patient presentations, as demonstrated by higher numbers of categories one, two and three presentations and lower numbers of category four and five presentations.

### Key Information

- Pressure from admission streams outside of the Emergency Department played a significant role in overall demand on inpatient beds. Other sources of unplanned admissions include the Intensive Care Unit, non-tertiary facilities in the ACT and surrounding NSW, and Canberra Hospital outpatient clinics.

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 28

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 2.2: IMPROVED EMERGENCY DEPARTMENT TIMELINESS**

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

**Strategic Indicator 2.2:** The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less

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

**Talking points:**

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

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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 29

**Portfolio/s:** Health and Wellbeing

**ISSUE: LOCAL HOSPITAL NETWORK**
**STRATEGIC OBJECTIVE 3 – MAXIMISING THE QUALITY OF HOSPITAL SERVICES (Page 58)**

**Strategic Objective 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.

	<b>2017-18 target</b>	<b>2017-18 result</b>
Canberra Hospital	<1.0%	0.5%
Calvary Public Hospital	<0.5%	0.3%

**Talking points:**

- This strategic indicator represents the quality of theatre and post-operative care for patients at both public hospitals.
- The unplanned return to theatre within care episode indicator, for both Canberra and Calvary Public Hospitals continued to perform better than the target rate.
- Canberra Hospital reported a 2017-18 result of 0.5 per cent against its target of 1.0 per cent or less.
- Calvary Public Hospital Bruce reported a result of 0.3 per cent against its target of 0.5 per cent or less.
- Minor changes between years can be expected, as small changes to numbers can skew results and therefore trends over time are more meaningful. Canberra Hospital reported a downward trajectory over the last few years (2015-16, 0.67 per cent and 2016-17, 0.63 per cent).
- The targets for each hospital are different due to Canberra Hospital being a major trauma and teaching hospital for the region treating higher levels of complexity than Calvary Public Hospital Bruce.
- Therefore, it is more likely for patients who have treatment at Canberra Hospital to return for surgery rather than Calvary Hospital.

Cleared as complete and accurate: 30/10/2018  
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 Lead Directorate: Health

TRIM Ref: COR18/23526



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**Portfolio/s:** Health and Wellbeing

**ISSUE: LOCAL HOSPITAL NETWORK**
**STRATEGIC OBJECTIVE 3 – MAXIMISING THE QUALITY OF HOSPITAL SERVICES (Page 58)**

**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).

	<b>2017-18 target</b>	<b>2017-18 result</b>
Canberra Hospital	<2.0%	1.3%
Calvary Public Hospital	<1.0%	0.5%

### Talking Points

- Both public hospitals achieved their targets for unplanned re-admissions to hospital for 2017-18.
- Canberra Hospital reported a full year 2017-18 result of 1.3 per cent against its target of 2.0 per cent or less.
- Calvary Public Hospital Bruce reported result of 0.5 per cent against its target of 1.0 per cent or less.
- The targets for each hospital are different due to Canberra Hospital being a major trauma and teaching hospital for the region treating higher levels of complexity than Calvary Public Hospital Bruce.

### Key Information

- Canberra Health Services continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase quality and safety of care for all patients.
- All patients re-admitted within 28 days of discharge are screened by Quality, Safety and Governance to determine if the re-admission is linked to a previous admission to hospital.

Cleared as complete and accurate: 30/10/2018  
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TRIM Ref:

GBC18/688 - 31

**Portfolio/s:** Health and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 3.3: MAXIMISING THE QUALITY OF HOSPITAL SERVICES**

**Strategic Indicator 3.3:** The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay

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

**Talking points:**

- This provides an indication of the safety of hospital-based services. This indicator measures the number of people admitted to hospitals who acquire a SAB infection during their hospital stay per 10,000 occupied bed days.
- As shown in the table above, both Canberra and Calvary Public Hospitals recorded rates well below the 2017–18 targets. ACT Health infection control officers continue to develop and implement programs to limit the transfer of infections within public hospitals.
- This includes education programs for clinicians, patients, general staff and visitors.

Cleared as complete and accurate: 30/10/2018  
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**ANNUAL REPORT HEARING BRIEF**

GBC18/688 - 32

**Portfolio/s:** Health and Wellbeing**ISSUE: STRATEGIC OBJECTIVE 3.4: MAXIMISING THE QUALITY OF HOSPITAL SERVICES****Strategic Indicator 3.4:** The Estimated Hand Hygiene Rate

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

**Talking points:**

- The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
- It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced during an audit period, by the total number of observed hand hygiene 'moments' (where hand hygiene should be practiced) in the same audit period.

**Key Information**

- Canberra Hospital exceeded the target for this measure in the reporting period.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 33

**Portfolio/s:** Health and Wellbeing

**ISSUE: OUTPUT CLASS 1.A ADMITTED SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
Admitted NWAU{17}	99,535	96,200

**Talking points:**

- The performance outcome for 2017-18 is 96,200 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 99,535 NWAUs set for the year.
- This variance is partly attributable to lower activity reported for public hospital elective surgery contracted patients treated in the ACT private hospital sector.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted patients (excludes acute mental health and sub-acute patients). These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
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 Lead Directorate: Health

**ISSUE: OUTPUT CLASS 1.B NON-ADMITTED SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	18,411	16,570

**Talking points:**

- The performance outcome for 2017-18 is 16,570 National Weighted Activity Units (NWAUs).
- This performance is approximately 10 per cent below the target of 18,411 NWAUs set for the year.
- This result was lower than target due to lower activity in Cancer, Sexual Health and Palliative Care services.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to non-admitted patients. These patients are treated in outpatient clinics or in a community setting (excludes Community mental health services).
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE: OUTPUT CLASS 1.C EMERGENCY SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	18,456	18,415

**Talking points:**

- The performance outcome for 2017-18 is 18,415 National Weighted Activity Units (NWAUs).
- This performance is less than one per cent below the target of 18,456 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to Emergency Department patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
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 Lead Directorate: Health

**ISSUE:     OUTPUT CLASS 1.D ACUTE ADMITTED MENTAL HEALTH SERVICES  
(PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	7,956	8,427

**Talking points:**

- The performance outcome for 2017-18 is 8,427 National Weighted Activity Units (NWAUs).
- This performance is approximately six per cent above the target of 7,956 NWAUs set for the year.
- This result is higher than target mainly due to a nine per cent increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence and childhood mental disorders.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted mental health patients. These patients undergo a formal hospital admission and discharge process.
- **Note:** Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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**Portfolio/s:** Health and Wellbeing**ISSUE: OUTPUT CLASS 1.E SUB ACUTE SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	9,291	9,446

**Talking points:**

- The performance outcome for 2017-18 is 9,446 National Weighted Activity Units (NWAUs).
- This performance is approximately two per cent above the target of 9,291 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to sub-acute admitted patients. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
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Lead Directorate: Health

GBC18/688 - 38

**Portfolio/s:** Health and Wellbeing**ISSUE: OUTPUT CLASS 1.F TOTAL IN SCOPE SERVICES (PAGE 350)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	153,649	149,058

**Talking points:**

- The total in-scope performance outcome for 2017-18 is 149,058 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 153,649 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network Directory and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to all in-scope admitted, non-admitted and emergency department patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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Lead Directorate: Health

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**Portfolio/s:** Health and Wellbeing**ISSUE:           OUTPUT 1.G PERCENTAGE OF MENTAL HEALTH CLIENTS WITH  
OUTCOME MEASURES COMPLETED (PAGE 350)**

This accountability indicator is an ACT Local Hospital Network indicator from the 2017-18 Budget Papers. It reports the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. It includes mental health care delivered in admitted patient, community and residential care settings.

**Talking points:**

- The percentage of mental health clients with clinical outcomes measures completed in 2017-18 is 73 per cent.
- This is a 12 per cent increase on the 2017-18 target of 65 per cent, as published in the 2017-18 Budget Papers.
- The increase is due to service managers having a focus on monitoring completion rates with front line staff.
- This year's result is also represents a 3 per cent improvement on the 2016-17 financial year, where 70 per cent of mental health clients had clinical outcomes measures completed.

**Key Information**

- This accountability indicator is reported for all age groups.
- Eligible clients are people receiving public mental health services on an ongoing basis, have a case manager assigned, and are in contact with public mental health services in the reference period (i.e. 2017-18).
- Outcome measures are completed three-monthly and provide a clinical picture of the client's mental health functioning at key points during the delivery of care over time.
- They provide useful clinical information information about the impact of mental ill health and consumers' responses to treatment.
- The information collected is also incorporated into a consumer's ongoing treatment plan.

Cleared as complete and  
accurate:

24/10/2018

Cleared by:

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Information Officer name:

Paul Mayers

Contact Officer name:

Karen Chudleigh           Ext: 72324

Lead Directorate:

Health



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**Portfolio/s:** Health and Wellbeing

**ISSUE: ACCOUNTABILITY INDICATOR 1.H - PROPORTION OF MENTAL HEALTH CLIENTS CONTACTED BY COMMUNITY MENTAL HEALTH FACILITY WITHIN SEVEN DAYS POST DISCHARGE FROM ACUTE MENTAL HEALTH INPATIENT SERVICES (PAGE 350)**

**Talking points:**

- This indicator is included in the ACT Annual Report as a measure of the follow-up contact by community mental health services within the first seven days post discharge from an overnight acute inpatient admission in the reference year, 2017-18.
- The percentage of overnight acute mental health inpatient admissions that receive a community follow-up contact within seven days of discharge in 2017-18 is 77 per cent.
- This is a 2.7 per cent increase on the base target of 75 per cent set in the 2017-18 budget paper.
- This is also an improvement on the 2016-17 result of 74 per cent.
- Follow-up contact of consumers discharged from an acute inpatient admission continues to improve.
- This is an important aspect of clinical care provision during a person's higher acuity of mental ill health and transition back to their home.

**Key Information**

- Follow-up contact in the community within the first seven days of an acute inpatient admission has demonstrated to be a key factor in supporting a person's recovery and the prevention of relapse.
- This measure only includes follow-up by ACT Health public mental health services. Consumers may seek alternative supports privately or by community sector organisations or from primary health services such their General Practitioner.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

GBC18/688 - 41

**Portfolio/s:** Health and Wellbeing**ISSUE: CALVARY HEALTH CARE ACT PERFORMANCE STATEMENT 2017-18****Talking points:**

- Calvary Health Care ACT Limited (Calvary) delivers public health and hospital services from its Bruce campus and from Clare Holland House in Barton.
- Each year Calvary submits its statement of performance for inclusion in the ACT Health Directorate Annual Report.
- Calvary key activity achievements during 2017-18 include:
  - Calvary Public Hospital Bruce inpatient admissions: 29,935
  - Clare Holland admissions: 417
  - Emergency Department presentations: 59,573
  - Elective surgery procedures: 5,446
  - Non-elective surgery procedures: 2,091
  - Babies born: 1,570
- Other achievements include:
  - In September 2017, the stand-alone Calvary Bruce Private Hospital opened, with the hospital leaving its former location on Level 6 of the Xavier Building.
  - In February 2018, I announced \$2.6m funding for the expansion and refurbishment of the Calvary Public Hospital Maternity Unit. The project commenced in March 2018 and building works were completed at the end of June 2018. The first patients were admitted to the unit in July 2018. The project expanded capacity from 15 beds to 18 beds, and included cosmetic upgrades to birth suites and patient rooms. The project was an important first initiative in enhancing maternity services for women in North Canberra.

Cleared as complete and accurate: 24/10/2018  
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## ANNUAL REPORT HEARING BRIEF

- Also nearing completion in June 2018 were major enhancements to the:
  - Calvary Public Hospital Operating Theatre Suite; and
  - Medical Imaging Unit.
- Towards the end of 2017-18, work had commenced on planning and designing the refurbishment and expansion of the Calvary Emergency Department. The redesign will:
  - Create additional treatment spaces;
  - Improve triage and waiting areas; and
  - Enable the introduction of new models of care to improve patient flow.
- Through the reporting period, the arrangements for the transfer of Calvary's Public Aged Care and Rehabilitation Services (ACRS) Unit to the University of Canberra Hospital were finalised.
- The area formerly used for the 24 bed ACRS Unit will be recommissioned as the Calvary Public Hospital Mental Health Inpatient Unit. This unit is currently located on Level 2 of the Marian Building and is known as ward 2N – Acute Adult Mental Health. In its new location it will offer significantly improved amenity for patients.
- In May 2018, along with the Chair of LCM, Mr John Watkins, I announced a new agreement would be negotiated to ensure that the partnership of ACT Health and Calvary Public Hospital continues into the future. The focus of a new agreement with Calvary Public Hospital will be more modern health services on the northside of Canberra to:
  - Improve access for our growing community; and
  - Ensure a truly Territory-wide health system.

### Key Information

- ACT Health and Calvary agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.

Cleared as complete and accurate:	24/10/2018	
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# ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Health and Wellbeing

**ISSUE: MINISTER'S FACT SHEET – AS AT 30 JUNE 2018**

## Key Information

	2016–17	2017-18	% change
<b>Walk-in Centres</b>			
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%
<b>Emergency department</b>			
<i>Number of presentations by hospital</i>			
Canberra Hospital	85,093	88,661	4%
Calvary Public Hospital	58,767	59,117	1%
Total	143,860	147,778	3%
<i>Number of presentations by category</i>			
1—Resuscitation	642	752	17%
2—Emergency	14,694	14,737	0%
3—Urgent	55,380	62,106	12%
4—Semi-urgent	58,524	57,999	-1%
5—Non-urgent	14,620	12,184	-17%
Total	143,860	147,778	3%
<i>Percentage of patients seen on time<sup>1</sup></i>			
1—Resuscitation	99%	100%	1%
2—Emergency	77%	77%	0%
3—Urgent	50%	37%	-13%
4—Semi-urgent	64%	49%	-15%
5—Non-urgent	92%	82%	-10%
Total	63%	50%	-13%
<i>Proportion of presentations with a length of stay of 4 hours or less<sup>2</sup></i>			
Canberra Hospital	71%	59%	-12%
Calvary Public Hospital	76%	72%	-4%
Total	73%	64%	-9%

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

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

2. The performance benchmark for the National Emergency Access Target (NEAT) is 90% of all emergency department presentations with a length of stay of 4 hours or less.

	2016–17	2017-18	% change
<b>Elective surgery waiting lists</b>			
Cleared as complete and accurate:	30/10/2018		
Cleared by:	Deputy Director-General	Ext:52248	
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Lead Directorate:	Health		

## ANNUAL REPORT HEARING BRIEF

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

Urgency 1 (see within 30 days)	8	8	0%
Urgency 2 (see within 90 days)	227	104	-54%
Urgency 3 (see within 365 days)	200	287	43%
Total	435	399	-8%

<i>Number of removals for surgery</i>	12,826	13,340	4%
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*Proportion of removals for surgery that were within clinically recommended timeframes*

Urgency 1 (see within 30 days)	92%	91%	-1%
Urgency 2 (see within 90 days)	81%	70%	-11%
Urgency 3 (see within 365 days)	88%	77%	-11%

### Separations from public hospitals

*Number of inpatient separations*

Same day	60,487	60,052	-1%
Overnight	54,431	55,369	2%
Total	114,918	115,421	0%

### Breast screens

<i>Number of breast screens performed</i>	17,176	18,123	6%
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Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext:52248  
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 Lead Directorate: Health

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 43

Portfolio/s Health &amp; Wellbeing

## ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE

### Talking points:

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Building on these achievements, I have made the decision to put in place several processes to assist in further improving culture within ACT Health. This has included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health, aimed at further improving the workplace culture within ACT Health and Canberra Health Services.
- I am aware of the calls by Australian Salaried Medical Officers (ASMOF) and Australian Medical Association (AMA) to establish a formal Board of Inquiry. These views were carefully considered by me prior to announcing the Review, and I do not believe that a Board of Inquiry is the right mechanism to be used.

Cleared as complete and accurate: 07/11/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- The Independent Review will be about the entire ACT Health workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Terms of Reference for the Independent Review were released on 21 September 2018, together with the details of the Review Panel members appointed to conduct the Review.
- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters.
  - Mr Reid has undertaken many roles in the Australian health system, spanning four decades. He has been a bureaucrat, consultant and academic which gives him a breadth of experience and depth of knowledge of the Australian health care system.
  - Ms Fiona Brew has a nursing background. She is a senior health executive with more than 10 years experience in managing public health services and aged care in various senior roles. She is a values based leader and an expert in reforming culture in health services.
  - Professor Watters was president of the RACS from 2015 to 2016. During this time he established an expert group to combat bullying, harassment and discrimination in the health sector. This included looking at how RACS could lead the elimination of bullying and harassment from hospitals and health departments. He has a strong interest in workplace culture and professional issues across the health sector. Professor Watters is Professor of Surgery at Deakin University, working at Barwon Health and the University Hospital Geelong.
- The Review panel has a mandate to undertake extensive engagement and consultation and to seek input from relevant experts where this is required.
- The Panel has been asked to determine how best to undertake this engagement, whilst ensuring the upmost protection and privacy is afforded to all individuals.
- To this end, the Review Panel issued a call for submissions on 15 October 2018. Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.

Cleared as complete and accurate: 07/11/2018  
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 Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

- I have stated from the very outset that we will ensure that the processes established to conduct the Review are safe so that people are encouraged and confident to come forward. The Panel has also publicly stated that the protection of people's confidentiality and privacy is of the utmost importance to the Review.
- A Secretariat for the Review has also been established. The Secretariat is independent of ACT Health, and no permanent Health staff members will be involved with the Secretariat for the Review.
- The Review has been asked to produce an interim report by 17 December 2018, with a final report provided to me by the end of March 2019.
- I will subsequently table and publicly release these reports at the earliest opportunity.

*[If questioned about the need for a Board of Inquiry]*

- In my view, holding an expensive Board of Inquiry has the potential to be incredibly divisive for the workforce. It could be an extended and protracted process, distracting our health professionals from the very important work they do to deliver quality and safe healthcare to our community.
- A Board of Inquiry would see witnesses being cross examined by the independent legal teams of staff. This could have a significant personal impact on staff who need to be focused on providing care to patients.
- I do not believe that an Inquiry will be beneficial for our health system at this critical point in time. The significant funds that would be required to support a Board of Inquiry would be better spent on providing critical health services to our community.
- The Independent Review will be one of learning and healing, and looking at how we can address any systemic issues in a meaningful way. This should not be a witchhunt or a mechanism for publicly scrutinising a small portion of the workforce within the Directorate, as the AMA and ASMOF suggest.
- Can I also say that I have received representations from a variety of important professional associations and prominent individuals from within our healthcare system who have told me that they are highly opposed to a Board of Inquiry approach.

Cleared as complete and accurate:	07/11/2018	
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Information Officer name:		
Contact Officer name:	Vanessa Dal Molin	Ext: 79532
Lead Directorate:	Health	



## ANNUAL REPORT HEARING BRIEF

- I have received strong support for the independent review process I have announced.

### Clinical Leadership Forum

- I also intend to finalise terms of reference for a Clinical Leadership Forum over the coming weeks.
- This is a high level forum that will report directly to me.
- The Forum will include a range of stakeholders from across Canberra Hospital, Calvary Public Hospital and the broader ACT health services sector.
- The Forum will provide an important mechanism for clinical leaders to advise on health services planning and infrastructure, clinical culture and training and education.
- I expect that the Forum will be in place before the end of this year.

### **Key Issues:**

- On 10 September 2018 you issued a statement on ACT Health culture. As part of this statement you announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and the ACT Visiting Medical Officers Association have called for the establishment of a Board of Inquiry.

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**ISSUE: HEALTH LEADERSHIP EVENTS ON 14 AUGUST 2018 AND  
13 SEPTEMBER 2018****Talking points:**

- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, leadership engagement and collaboration is critical.
- Building an environment where collaboration between leaders across the two organisations thrives is intergral to positive workplace culture as we move through the organisational transition.
- The Collaborative Leadership Events held on 14 August 2018 and 13 September 2018 provided ACT Health senior leaders with an opportunity to engage directly with the Director-General and Senior Executives and consider key issues relating to leadership, transition and managing change.
- The Interim Director-General officially opened both events. On 14 August 2018, the Interim Director-General emphasised the priorities of organisational values and their importance in guiding behaviours, decision making and leadership more generally.
- On 13 September 2018, the Interim Director-General's opening remarks focussed on acknowledging ACT Health's numerous successes since March 2018. The hard work undertaken by staff to accomplish these and his faith in ACT Health to continue to provide high quality health services in Canberra and surrounding region.
- The media attended the event on 13 September 2018, filming the Interim Director-General's opening remarks.
- Attendees contributed to the future state of the two organisations through a number of activities focussing on breaking down silos and consultation on

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## ANNUAL REPORT HEARING BRIEF

a number of key issues specifically related to the organisational transition, including governance, functional alignment and collaboration.

### Key Issues:

- 139 leaders from across the organisation attended on 14 August 2018.
- 128 leaders from across the organisation attended on 13 September 2018.
- The Transition Office provided leaders with an update on the organisational transition and sought feedback from attendees about the transition to date.
- On 14 August 2018, futurist guest speaker, Bruce McCabe discussed research, innovation and technology developments that will impact healthcare and the broader community. Attendees were encouraged to consider future innovation and strategic thinking when completing Transition related activities during the event.
- On 13 September 2018, guest speaker, Abby Rees presented a session on Conscious Leadership – the leadership attributes needed to lead and collaborate in times of change. Attendees participated in a number of self reflective activities and table discussions to help embed the learnings of the session.

### Background

- Costing for the leadership workshop held on 14 August 2018:

Venue	\$850
Catering	\$13,600
Speaker	\$11,500

- Costing for the leadership workshop held on 13 September 2018:

Venue	\$1,873
Catering	\$12,160
Speaker	\$3,630

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**Portfolios:** Health and Wellbeing**ISSUE: ACT HEALTH ORGANISATIONAL REFORM****Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, the decision to create two health organisations with clear scope and accountabilities was announced. On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations, and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change is an essential evolution for our growing population and expanding health system, and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

**Key Information**

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