



Meegan Fitzharris MLA

Minister for Health and Wellbeing
 Minister for Higher Education
 Minister for Medical and Health Research
 Minister for Transport
 Minister for Vocational Education and Skills

Member for Yerrabi

(INSERT name) from the HCCA, welcomed the release of the new quarterly report saying they would continue to work with the Health Directorate to improve-expand the level of information on health care available to the public.

“We know that data is an important way consumers of health services can be more involved in, and more in control of, their health,” (INSERT name) said.

“HCCA has had good preliminary discussions with ACT Health in the development of this new report and it is good to see the report has a focus on some of the most utilised health services in the ACT, including our Walk-in Centres and Emergency Departments.

“HCCA will work with ACT Health to ensure as quarterly reporting evolves, it is even more useful for the community and that consumers and carers have a voice in what information they want,” (INSERT name) said.

Information reported in the July to September 2018 report provides the most up to date statistics about our health services. However, the real benefit of these reports is to look at them over the longer term and examine the trends across quarters to look at and the impacts of seasonal demands on health services.

To view the July to September 2018 Quarterly Performance Report and the data that is available digitally visit: (INSERT link)

In addition, ACT Health provides data for over 130 publicly reported performance indicators, which are published in a variety of different reports by multiple organisations.

A consolidated list of all publicly reported metrics can also be found on the ACT Health website at <https://www.health.act.gov.au/about-our-health-system/data-and-publications/published-data>

Statement ends

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Talking points

Issue: Release of the new ACT Health Quarterly Performance Report – July to September 2018

High level messages

- Improving the quality of health care across the ACT is a key priority for ACT Health. So is ensuring the care we provide is person-centred.
- Transparency and accountability are key to improving the performance of the health care system and data reporting is integral to informing these improvements in our hospitals and health services.
- This is the first quarterly performance report produced by ACT Health since 2016, and reports will continue to be published every quarter going forward.
- ACT Health has worked to ensure the report is more meaningful and relevant to the community than previous reports, with the Health Care Consumers Association (HCCA) providing advice on the report.
- The new report provides patients, consumers and the ACT community with a summary of the activity and performance across a range of services, including Emergency Departments, Elective Surgery and Walk-in Centres to name a few.
- The report has data from July through to September 2018-19 – the first quarter of this financial year.
- One area of improvement that the report highlights is elective surgery – where the Government is making significant investments.
- The report shows:
 - There has been an increase in the number of elective surgeries performed within clinically recommended timeframes, with 95% of Category 1 patients seen on time (within 30 days) in the first quarter of 2018-19 compared to 91% seen on time in 2017-18; and
 - 80% of Category 2 patients seen on time (within 90 days) in the first quarter of 2018-19 compared to 70% seen on time in 2017-18.
- This statistical information is the most up-to-date on ACT Health services, and at this point in time shows some positive results.
- However, the real benefit of the quarterly reports is getting information about services in time and place over the longer term.
- What will be very useful is to examine the trends across quarters to look at the impacts of seasonal demands on health services.

- The quarterly report will continue to evolve over time and be complemented by data that is available on the ACT Health website.
- As part of this, and to ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is talking with a range of consumer groups to better understand what information health consumers want. There will be broader community consultation on this in 2019.
- As we learn more about what information the ACT community expects, the quarterly performance reports will evolve to meet those expectations.

Background

- Throughout the System-Wide Data Review that I announced in 2017, the publication of quarterly performance reports was put on hold.
- This was done to allow time for ACT Health to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.
- The Review is now complete, and I presented the final Outcomes Report and Implementation Plan to the Legislative Assembly in August 2018.
- For more details about the Review go to: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/published-data>

Retained from previous report, removed, or new indicator	Service Type	Quarterly Report New and Old Performance Indicators	Recs from Ministers meeting 12 November 2018	Included in Qtr 1 - 2018-19	New Repository	LHN Strategic Indicators	Comments / Rationale
Retained	Emergency	All ED presentations		Yes	Yes		These performance indicators are nationally reported and align strongly with all jurisdictional reports.
Retained	Emergency	ED presentations by NSW residents	Include	Yes	Yes		
Retained	Emergency	Admissions to hospitals from Eds		Yes	Yes		
Retained	Emergency	Patients Treated and discharged		Yes	Yes		
Retained	Emergency	Patients starting treatment on time		Headline	Yes		
Retained	Emergency	· Resuscitation		Yes	Yes	LHN Strategic Indicator 2.1 The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes	
Retained	Emergency	· Emergency		Yes	Yes		
Retained	Emergency	· Urgent		Yes	Yes		
Retained	Emergency	· Semi-urgent		Yes	Yes		
Retained	Emergency	· Non-urgent		Yes	Yes		
Retained	Emergency	Patients leaving the ED within 4 hours of presentation		Yes	Yes	LHN Strategic Indicator 2.2 - The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less	
Retained	Emergency	Percentage of patients that did not wait to be seen		Yes	Yes		
Retained	Emergency	Percentage of patients admitted via the ED		Yes	Yes		
Retained	Emergency	Presentations by triage category		Headline	Yes		
	Emergency	· Resuscitation		Yes	Yes		
	Emergency	· Emergency		Yes	Yes		
	Emergency	· Urgent		Yes	Yes		
	Emergency	· Semi-urgent		Yes	Yes		
	Emergency	· Non-urgent		Yes	Yes		
New	Emergency	Arrivals at ED by ambulance		Yes	Yes		This is a new proposed indicator which provides the viewer with an additional insight.
Retained	Emergency	Median Wait time to be seen in an ACT ED by triage category	Include	Headline	Yes		These performance indicators are nationally reported and align strongly with all jurisdictional reports.
Retained	Emergency	· Resuscitation	Include	Yes	Yes		
Retained	Emergency	· Emergency	Include	Yes	Yes		
Retained	Emergency	· Urgent	Include	Yes	Yes		
Retained	Emergency	· Semi-urgent	Include	Yes	Yes		
Retained	Emergency	· Non-urgent	Include	Yes	Yes		
Removed	Emergency	Admissions to Emergency Department observational wards		No	No		Not meaningful and can be confusing to the viewer
Removed	Admitted	Overnight bed occupancy rate	Include	No	No	Strategic Indicator 7 - Percentage of Overnight Hospital Beds in Use	The current definition of this indicator can result in the indicator being misunderstood. The definition is being reviewed.
Removed	Non-Admitted	Non-admitted (outpatient) occasions of service		No	n/a		A count of this data is not seen to be an indicator of performance. The collection is extremely complex and comes from a wide range of sources and therefore recommend more meaningful as an annual statistic.
Retained	Admitted	Total admitted patient episodes of care at ACT public hospitals		Yes	No		New indicators that align with other jurisdictions and provides more insight into the volumes of patients we treat in ACT public hospitals.
Retained	Admitted	· Same day episodes		Yes	No		
Retained	Admitted	· Overnight episodes		Yes	No		
Removed	Admitted	· Same day episodes for dialysis		No	No		Not meaningful and can be confusing to the viewer
Retained	Admitted	Total bed days of care at ACT public hospitals		Yes	No		
Retained	Admitted	· Total overnight bed days of care by care type stream		Yes	No		Continue to report is recommended
New	Admitted	o Acute overnight bed days		Yes	No		New indicators that align with other jurisdictions and provides more insight into the volumes of patients we treat in ACT public hospitals.
New	Admitted	o Sub-acute and non-acute overnight bed days		Yes	No		
New	Admitted	o Mental health overnight bed days		Yes	No		
Retained	Admitted	Total babies born at ACT public hospitals		Yes	No		Continue to report is recommended
Retained	Admitted	Number of babies born by caesarean section		Yes	No		Continue to report is recommended
New	Admitted	Total Average Length of Stay (ALOS) for overnight patients at ACT public hospitals by care type stream (days)		Yes	No		Continue to report is recommended
New	Admitted	· Acute ALOS		Yes	No		Continue to report is recommended
New	Admitted	· Sub-acute and non-acute ALOS		Yes	No		Continue to report is recommended
New	Admitted	· Mental health ALOS		Yes	No		Continue to report is recommended
Retained	ESWL	Total number of elective surgery operations performed by urgency category		Yes	No		Continue to report is recommended
Retained	ESWL	Urgent, Category 1 (within 30 days)		Yes	No		Continue to report is recommended
Retained	ESWL	Semi-urgent, Category 2 (within 90 days)		Yes	No		Continue to report is recommended
Retained	ESWL	Non-urgent, Category 3 (within 365 days)		Yes	No		Continue to report is recommended
Removed	ESWL	Patients who are classified as not ready for care waiting for their elective surgery		No	No		Not meaningful and can be confusing to the viewer. Not reported nationally.
Removed	ESWL	Hospital Initiated Postponements		No	No		Technical issues to be resolved
Retained	ESWL	Number of patients removed from the elective surgery waiting list for reasons other than surgery		Yes	No		Continue to report is recommended
Retained	ESWL	Additions to the elective surgery waiting list		Yes	No		Continue to report is recommended
Retained	ESWL	Patients waiting for their elective surgery		Yes	No		Continue to report is recommended
Retained	ESWL	The number of overdue patients waiting for their elective surgery		Yes	No	Strategic Indicator 1: Reducing the Number of People Waiting Longer than Clinically Recommended Timeframes for Elective Surgery	Continue to report is recommended
Removed	ESWL	Total Emergency surgery operations performed		No	No		Technical issues to be resolved
Retained	ESWL	Percentage of elective surgery operations performed within clinically recommended timeframes:		Headline	No	LHN Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency	
Retained	ESWL	· Urgent, Category One (within 30 days)		Yes	No		
Retained	ESWL	· Semi-urgent, Category Two (within 90 days)		Yes	No		
Retained	ESWL	· Non-urgent, Category Three (within 365 days)		Yes	No		
Removed	ESWL	Overdue patients waiting by surgical specialty	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	ESWL	Median wait time to elective surgery	Include	Headline	No		
Retained	ESWL	Urgent, Category 1 (within 30 days)	Include	Yes	No		
Retained	ESWL	Semi-urgent, Category 2 (within 90 days)	Include	Yes	No		
Retained	ESWL	Non-urgent, Category 3 (within 365 days)	Include	Yes	No		
Retained	ESWL	90th percentile wait time to elective surgery	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Removed	Dental	Mean waiting time in months for persons on the Centralised Waiting and Recall List		No	No		Not meaningful and can be confusing to the viewer
Removed	Dental	Proportion of urgent patients seen within standard waiting times		No	No	Strategic Indicator 2: Percentage of Assessed Emergency Clients Seen within 24 hours	Not meaningful and can be confusing to the viewer
Retained	WIC	All presentations		Yes	Yes		
Retained	WIC	· presentations at Tuggeranong		Yes	Yes		
Retained	WIC	· presentations at Belconnen		Yes	Yes		
New	WIC	· presentations at Gungahlin		Yes	Yes		
New	WIC	Median wait time to treatment (minutes)		Yes	Yes		
New	WIC	· Tuggeranong		Yes	Yes		
New	WIC	· Belconnen		Yes	Yes		
New	WIC	· Gungahlin		Yes	Yes		
New	WIC	Fully treated in the WIC		Headline	Yes		
New	WIC	· Tuggeranong		Yes	Yes		
New	WIC	· Belconnen		Yes	Yes		
New	WIC	· Gungahlin		Yes	Yes		

Retained from previous report, removed, or new indicator	Service Type	Quarterly Report New and Old Performance Indicators	Recs from Ministers meeting 12 November 2018	Included in Qtr 1 - 2018-19	New Repository	LHN Strategic Indicators	Comments / Rationale
New	WIC	Redirected to ED		Headline	Yes		
New	WIC	Tuggeranong		Yes	Yes		
New	WIC	Belconnen		Yes	Yes		
New	WIC	Gungahlin		Yes	Yes		
Removed	WIC	WIC top ten diagnosis presentations	Include	No	Yes		Adds complexity. This indicator will be reviewed for inclusion in future QPRs.
Removed	Mental Health	% of patients contacted within 7 days post-discharge	Include	No	No	LHN Indicator 1.h	Is being reviewed to align with National definitions
Removed	Mental Health	ACT public hospital seclusion rates		No	No	Strategic Indicator 5: Proportion of Clients with a Mental Health Seclusion Episode	Different methodologies to national indicators and are included in the current review of Mental Health indicators
Removed	Mental Health	ACT public hospital 28 day readmissions		No	No	Strategic Indicator 6: Acute Psychiatric Unit Patient 28 Day Readmission Rate	Different methodologies to national indicators and are included in the current review of Mental Health indicators
Removed	Mental Health	Percentage of clients with outcome measures completed	include	No	No	LHN Indicator 1.g	
Removed	Mental Health	ACT wide mental health program community service contacts	include	No	No	Performance Indicator 1.2.c	
Removed	Mental Health	Children and youth mental health program community service contacts	include	No	No	Performance Indicator 1.2.b	Resolve technical issues, these are counts only and do not reflect performance
Removed	Mental Health	Adult mental health program community service contacts	include	No	No	Performance Indicator 1.2.a	
Removed	Mental Health	Justice Health Services community contacts	include	No	No	Performance Indicator 1.2.f	
Removed	Mental Health	Alcohol and Drug Services community contacts	include	No	No	Performance Indicator 1.2.h	
Retained	Safety and Quality	Rate of unplanned hospital readmissions within 28 days	include	Yes	No	LHN Strategic Indicator 3.2 - The proportion of people separated from ACT public hospitals who are readmitted 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)	
Retained	Safety and Quality	Unplanned return to the operating theatre within an episode of care	include	Yes	No	LHN Strategic Indicator 3.1 - The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	
Retained	Safety and Quality	People admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus aureus bacteraemia Infection (SAB infection) during their stay	include	Yes	No	LHN 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	
Retained	Safety and Quality	Hand hygiene audit results	include	Yes	No	LHN Strategic Indicator 3.4 - The Estimated Hand Hygiene Rate	
New	Safety and Quality	Surgical Safety Checklist	include	No	No		Technical issues to be resolved
Retained	Regional Cancer Services	Radiotherapy Waiting times by clinical urgency	include	No	No	Strategic Indicator 3 - Percentage of Radiotherapy Patients who Commence Treatment within Standard Timeframes	Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	% of Women who wait 28 days or less from their appointment date to the date of their breast screen	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	% of Women who receive an assessment within 28 days	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	Total breast screens performed	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	Number of breast screens for women aged 50-69*	include	No	No	Not a SI but relates to Strategic Indicator 4 - Participation Rate for Breast Screening	Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Removed	Regional Cancer Services	Additions to the Cervical Cytology Register		No	No		Technical issues to be resolved
Retained	Rehab and Aged Care	Average length of stay for aged care and rehabilitation patients	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Can be a confusing metric. Sub-acute has been included.
Retained	Rehab and Aged Care	Aged care and rehabilitation non same day bed days	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Rehab and Aged Care	Bed days for nursing home type patients	include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	NSW activity	NSW Emergency Surgery		No	No		Resolve technical issues
Retained	NSW activity	NSW Elective Surgery	include	Yes	No		
Retained	NSW activity	% NSW Elective Surgery	include	Yes	No		
Retained	NSW activity	NSW presentations to ED	include	duplicate - see ED	No		This is presented in ED section above.
Retained	NSW activity	% NSW presentations to ED	include	Yes	No		
Retained	ATSI	Aboriginal and Torres Strait Islander ED presentations	include	No	n/a		Removed at request of MO.
Retained	ATSI	Aboriginal and Torres Strait Islander inpatients episodes of care	include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	ATSI	Aboriginal and Torres Strait Islander elective surgery operations	include	Yes	No		
Retained	ATSI	Aboriginal and Torres Strait Islander immunisation rates in the national schedule for the ACT (by age group)	include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Retained	ATSI	Aboriginal and Torres Strait Islander breast screens for women aged between 50-69 yrs	include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Removed	ATSI	Aboriginal and Torres Strait Islander Mental Health non-admitted community occasions of service		No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Retained	ATSI	Aboriginal and Torres Strait Islander births in ACT public hospitals	include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Removed	Endoscopes	Number of elective endoscopies performed		No	No		
Removed	Endoscopes	Number of patients waiting for an endoscopy procedure		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure		No	No		Technical issues to be resolved
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 1)		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 2)		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 3)		No	No		

Total Indicators Included

73

Quarterly Report New and Old Performance Indicators		Current reporting quarter	Compared to previous corresponding period (pcp)		Compared to Annual report 2017-18	
		Jul 18 to Sep 18	Jul 17 to Sep 17	Variance to pcp	Annual report 2017-18	Variance to Annual report 2017-18
<u>Emergency Department Activity</u>						
All ED presentations		36,852	38,225	-4%	Not available	
Presentations by triage category						
	Category One	186	222	-16%	Not available	
	Category Two	3,953	3880	2%	Not available	
	Category Three	16,213	15682	3%	Not available	
	Category Four	13,727	15274	-10%	Not available	
	Category Five	2,773	3167	-12%	Not available	
Admissions to hospitals from EDs		11,410	11,563	-1%	Not available	
Patients Treated and discharged		23,002	24,157	-5%	Not available	
Arrivals at ED by ambulance		8,014	7,709	4%	Not available	
<u>Performance</u>						
Patients starting treatment on time						
• Resuscitation		100%	100%	0%	100%	0%
• Emergency		77%	75%	2%	77%	0%
• Urgent		33%	36%	-2%	37%	-4%
• Semi-urgent		47%	48%	-1%	49%	-2%
• Non-urgent		83%	81%	2%	82%	1%
Patients leaving the ED within 4 hours of presentation		62%	64%	-3%	Not available	
Percentage of patients that did not wait to be seen		4%	4%	0%	Not available	
Percentage of patients admitted via the ED		31%	30%	1%	Not available	
<u>Admitted Patients</u>						

Activity									
Total admitted patient episodes of care at ACT public hospitals	29,021	29,565	-2%	Not available					
· Same day episodes	14,502	15,395	-6%	Not available					
· Overnight episodes	14,519	14,170	2%	Not available					
Total bed days of care at ACT public hospitals									
· Total overnight bed days of care by care type stream	79,508	80,084	-1%	Not available					
o Acute overnight bed days	55,840	59,129	-6%	Not available					
o Sub-acute and non-acute overnight bed days	15,415	12,818	20%	Not available					
o Mental health overnight bed days	8,253	8,137	1%	Not available					
Total babies born at ACT public hospitals	1,257	1,375	-9%	Not available					
Number of babies born by caesarean section	360	381	-6%	Not available					
Performance									
Total Average Length of Stay (ALOS) for overnight patients at ACT public hospitals by care type stream (days)	5.5	5.7	-3%	Not available					
· Acute ALOS	4.4	4.7	-6%	Not available					
· Sub-acute and non-acute ALOS	13.1	12.7	3%	Not available					
· Mental health ALOS	14.9	17.1	-13%	Not available					
Elective & Emergency Surgery									
Activity									
Total number of elective surgery operations performed and by urgency category	3,582	3,311	8%	Not available					
Cat 1	1,133	1,051	8%	Not available					
Cat 2	1,247	1,227	2%	Not available					
Cat 3	1,202	1,033	16%	Not available					
Number of patients removed from the elective surgery waiting list for reasons other than surgery	3,582	3,311	8%	Not available					
Additions to the elective surgery waiting list	4,304	3,952	9%	Not available					
Patients waiting for their elective surgery	5,026	5,316	-5%	Not available					
The number of overdue patients waiting for their elective surgery	410	506	-19%	399					
Performance									-3%

Percentage of elective surgery operations performed within clinically recommended timeframes:						
Urgent, Category One (within 30 days)	95%	90%	5%	91%	4%	
Semi-urgent, Category Two (within 90 days)	80%	70%	10%	70%	10%	
Non-urgent, Category Three (within 365 days)	79%	81%	-2%	77%	2%	
Walk in Centres						
Activity						
All presentations				Not available		
presentations at Tuggeranong	5,699	5,155	11%	Not available		
presentations at Belconnen	5,809	5,534	5%	Not available		
presentations at Gungahlin	1,182	0		Not available		
Performance						
Median wait time to treatment (minutes)						
Tuggeranong	1	20	-95%	Not available		
Belconnen	22	14	57%	Not available		
Gungahlin	7			Not available		
Fully treated in the WiC						
Tuggeranong	84%	79%	5%	Not available		
Belconnen	86%	8%	78%	Not available		
Gungahlin	83%			Not available		
Redirected to ED						
Tuggeranong	12%	17%	-5%	Not available		
Belconnen	11%	12%	-1%	Not available		
Gungahlin	15%			Not available		

Note: All variances have been calculated using the relative difference with the exception of metrics that are displayed as a percentage where the actual difference has been used

GBC18/821

Portfolio/s: Health & Wellbeing**ISSUE: UPDATE ON QUARTERLY REPORTING****Talking points:**

- With the System-Wide Data Review now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence with the July- September 2018 quarter being made available at the end of November this year.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

Background InformationSystem-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
 - Provide advice on the publication of data for consumers;
 - Ensure consumers can easily understand the information published by ACT Health; and
 - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new

Cleared as complete and accurate: 12/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Jake Fell Ext: 76230
Lead Directorate: Health

TRIM Ref: GBC18/821

QUESTION TIME BRIEF

reporting processes to ensure that all data released has undergone a robust quality assurance process.

- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
 - the key findings and recommendations from the Review;
 - the independent root cause analysis findings; and
 - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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GBC18/580

Portfolio/s: Health & Wellbeing

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Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
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TRIM Ref: GBC18/580

GBC18/554

Portfolio/s: Health & Wellbeing**ISSUE: UPDATE ON QUARTERLY REPORTING****Talking points:**

- With the System-Wide Data Review now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence with the July- September 2018 quarter being made available at the end of October this year.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

Background InformationSystem-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
 - Provide advice on the publication of data for consumers;
 - Ensure consumers can easily understand the information published by ACT Health; and
 - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new

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QUESTION TIME BRIEF

reporting processes to ensure that all data released has undergone a robust quality assurance process.

- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
 - the key findings and recommendations from the Review;
 - the independent root cause analysis findings; and
 - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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MINISTERIAL BRIEF

Health Directorate

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To: Minister for Health and Wellbeing Tracking No.: MIN18/1167
31 JUL 2018

From: Michael De'Ath, Interim Director General

Subject: Update on ACT Quarterly Performance Reports

Critical Date: 25 July 2018

Critical Reason: Meeting with the Minister to discuss the future of the quarterly reports.

• DG *[Signature]*

Recommendation

That you note the proposed approach - process and timeframe - for the development of Quarterly Performance reports from quarter one 2018-19 and proposed reporting of 2016-17 and 2017-18 information.

Noted / Please Discuss

Meegan Fitzharris MLA *[Signature]* 13, 8, 2018

Minister's Office Feedback

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Background

1. ACT Health has not produced nor publically released a quarterly performance report since the last quarter of the 2015-16 financial year.
2. The performance report is developed to ensure transparency and accountability to the public, demonstrating how the funds provided to ACT Health contribute to quality health outcomes.
3. While the System Wide Data Review (SWDR) was being undertaken and given other known data related issues associated with the ACT Health data warehouse, quarterly reporting has not been produced.
4. A commitment has been provided in the context of finalising the Report on the SWDR that quarterly reporting will be re-established from the first quarter of the 2018-19 financial year.
 - a. Earlier in the processes of the SWDR there were also questions raised in relation to publishing of outstanding quarterly reports for the financial years 2016-17 and 2017-18.

Review of Quarterly Performance Reporting Process

5. In the context of the SWDR, a review of information and performance indicators included in the previous published quarterly report has been initiated as part of a broader review of all performance indicators and performance reporting undertaken across ACT Health.
 - a. The intention is to establish a consistent and relevant suite of performance measures through a systemic approach, which will be used for external reporting and internal business purposes.
6. With particular relevance to the published quarterly performance report, this review includes an assessment of the previously reported indicators to consider:
 - potential new indicators and categories that reflect changes in services provision over the preceding two years;
 - indicators that could be modified to improve relevance and usefulness;
 - minor amendments and corrections to indicators;
 - removal of indicators that are no longer relevant where data is less reliable; and
 - review against performance reporting undertaken in other jurisdictions and health services.
7. The quarterly performance report will be focused on:
 - the key objectives and services of ACT Health;
 - being appropriate to and useful for the stakeholders;
 - being balanced and providing a picture of what ACT Health is achieving across the full spectrum of health services;

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- being balanced in providing a level of consistency with previous quarterly performance reporting;
 - being robust to transition readily with upcoming organisational changes; and
 - reporting on outcomes for the quarter against a benchmark(s), with a narrative that will explain variances to established targets.
8. The review process involves consultation with key ACT Health management and stakeholders and final endorsement of the proposed form of Published Quarterly report will be through your office.

Publishing of Quarterly Reports

9. Given progress to date with the review process, ACT Health is confident in being in a position to re-establish regular quarterly performance reporting from the first quarter of 2018-19.
- a. The first report will be for the period June 2018 to September 2018 and will be published by the end of October 2018.
10. Appropriate governance and data assurance arrangements will be in place to ensure the accuracy of the reports. However, the new data warehouse will not be fully operational at this time and so the process for developing the early quarterly reports will be reliant on existing data systems and sources, and more manual extraction processes.
11. It is the intention that, in time, the quarterly reporting will transition to being routinely generated from the new data warehouse. At this time there may be opportunity to produce the report in a shorter elapsed time and to expand the level of reporting provided.
- a. The transition to the new system will be largely transparent to the external stakeholder and will not impact on the earlier produced reports (that is, there will be consistency of information and reporting outputs between the two processes.)
12. In terms of publication of the outstanding 2016-17 and 2017-18 quarterly reports, it is proposed that a single annual performance report be produced for each financial year, providing the annual results. This approach balances the appropriate transparency in disclosing performance information for those financial years, with the benefit and relevance of producing 'historic' performance information on a quarterly basis.
- a. It is expected that the outstanding performance reports for the two financial periods, produced on this basis, would also be available by November 2018.
13. An ongoing review process will become a regular part of performance reporting governance, to ensure that reports remain relevant, both locally, nationally and is meeting the needs of stakeholders, both internal and external. While quarterly performance reporting will be reestablished from the first quarter of 2018-19, this will be on a basis of continual improvement and refinement going forward, as the ongoing implementation of the SWDR recommendations progresses.

agree, but please consider how quarterly data can be expressed in these annual reports.

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Financial Implications

14. Not applicable.

ConsultationInternal

15. Not applicable.

Cross Directorate

16. Not applicable.

External

17. Not applicable.

Work Health and Safety

18. Not applicable.

Benefits/Sensitivities

19. As the new data warehouse is currently being developed, based on internal consultation, it will not be available for the first two quarter performance reports. As such, this data will have to be extracted directly from source systems where known issues for particular data/indicators need to be managed in practice (as is the case for other current data and reporting processes).

Communications, media and engagement implications

20. No media is expected on this issue at this stage.

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