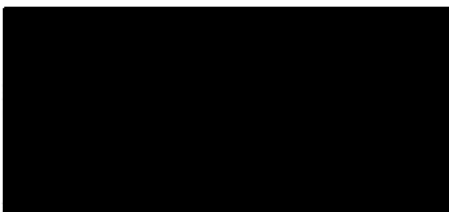




ACT
Government

ACT Health

FOI19-55



Dear 

Freedom of Information (FOI) Request: FOI19/55

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health Directorate on 21 August 2019 in which you sought access to:

“Copies of the incoming Ministers brief prepared in 2016 for the Minister for Health and Wellbeing, the Minister for Mental Health and a prospective Liberal Minister for Health.”

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act. ACT Health Directorate was required to provide a decision on your access application by **18 September 2019**.

Decision on access

Searches were completed and 12 relevant documents were identified that fall within the scope of your request.

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

I have decided to grant access in full to 8 documents relevant to your request. I have decided to grant access, under section 50 of the Act, to a copy of 4 documents with deletions applied to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

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

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

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

Documents 1, 4-5 and 9 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

The information that has been redacted from these documents contain personal contact details about individuals. On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

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. The scope of your 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.

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 in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

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

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

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning ACT Health Directorate's processing of your request, or would like further information, please contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



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

18 September 2019

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]		"Copies of the incoming Ministers brief prepared in 2016 for the Minister for Health and Wellbeing, the Minister for Mental Health and a prospective Liberal Minister for Health."				FOI19/55
Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
Incoming Minister briefings – Minister for Health						
1.	1 - 8	Directorate Brief – Minister for Health	October 2016	Partial Release	Schedule 2.2 (a) (ii)	YES
2.	9 - 15	Portfolio Brief – Minister for Health	October 2016	Full Release		YES
3.	16 - 77	Key Issues Briefs – Minister for Health	October 2016	Full Release		YES
4.	78 - 182	Election Commitment Briefs – Minister for Health	October 2016	Partial Release	Schedule 2.2 (a) (ii)	YES

Incoming Minister briefings – Minister for Mental Health						
5.	183 - 191	Directorate Brief – Minister for Mental Health	October 2016	Partial Release	Schedule 2.2 (a) (ii)	YES
6.	192 - 197	Portfolio Brief – Minister for Mental Health	October 2016	Full Release		YES
7.	198 - 213	Key Issues Briefs – Minister for Mental Health	October 2016	Full Release		YES
8.	214 - 228	Election Commitment Briefs – Minister for Mental Health	October 2016	Full Release		YES
Prospective Liberal - Minister for Health						
9.	229 - 237	Directorate Brief - Minister for Health	October 2016	Partial Release	Schedule 2.2 (a) (ii)	YES
10.	238 - 244	Portfolio Brief - Minister for Health	October 2016	Full Release		YES
Prospective Liberal - Minister for Mental Health						
11.	245 - 250	Portfolio Brief – Minister for Mental Health	October 2016	Full Release		YES
12.	251 - 295	Election Commitment Briefs – Minister for Mental Health	October 2016	Full Release		YES
Total No of Docs						
12						



DIRECTORATE BRIEF FOR INCOMING MINISTER

HEALTH DIRECTORATE

DIRECTORATE BRIEF FOR INCOMING MINISTER
OCTOBER 2016

SENSITIVE - CABINET



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DIRECTORATE OVERVIEW

ACT Health's purpose is to deliver safe, quality healthcare services that meet the needs of the Canberra community and surrounding region. The strategic goals are:

- Strategic Goal 1 – Putting patients at the centre of everything we do;
- Strategic Goal 2 – Building a sustainable health system, driven by innovation;
- Strategic Goal 3 – Developing the workforce of the future, starting now.

These three goals can be summarised by ACT Health's focus on ensuring we provide the community with a service that is Accessible, Sustainable and Accountable.

In order to create the health system of the future, ACT Health has also developed seven key areas of focus, which sit under the Strategic Goals – Access; Quality; Mental Health; Sustainability and Innovation; Infrastructure; Strategic Partnerships, and Workforce/Culture.

The Services provided by ACT Health include:

- Acute health services;
- Aged Care and rehabilitation services;
- Cancer services;
- Child health development;
- Health policy;
- Local hospital network;
- Mental health services;
- Community health services;
- Population health; and
- Public health protection policy.

ACT Health is led by the Director-General to deliver its vision of '**Your Health – Our Priority**'. The organisation has recently undergone a realignment of current functions to provide greater prominence to reform and innovation, and elevate the profile of quality and governance issues. There are five Divisions within the organisation, each led by a Deputy Director-General.

- **Canberra Hospital and Health Services (CHHS)** – provides acute, subacute, primary and community based health services to the ACT and surrounding region through key service divisions.
- **Corporate** – provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance Information.



- **Innovation** – a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation.
- **Quality, Governance and Risk** – provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division.
- **Population Health Division** – provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services through **Calvary Public Hospital**, under a contractual agreement with ACT Health.


SENIOR STAFF AND CONTACT DETAILS

NAME	DIVISION	PHONE	MOBILE	EMAIL
Director-General				
Ms Nicole Feely (EA Ms Gabrielle Sek)	ACT Health	620 50825		nicole.feely@act.gov.au
Deputy Directors-General				
Mr Shaun Strachan	Corporate	620 52248		shaun.strachan@act.gov.au
Mr Ian Thompson	Canberra Hospital and Health Services	624 42728		ian.thompson@act.gov.au
Dr Paul Kelly	Population Health	620 52108		paul.kelly@act.gov.au

DIRECTORATE FINANCIAL OVERVIEW

	Total Cost	FTE
Agency	2016-17 Forecast (\$'000)	2016-17 Forecast
ACT Health (Departmental)	1,320,305	6,572
Acute Services	817,353	4,122
Rehabilitation, Aged and Community Care	143,947	658
Other Health Services	359,005	1,792
• Mental Health, Justice Health and Alcohol and Drug Services	151,779	
• Public Health Services	36,644	
• Cancer Services	76,960	
• Early Intervention and Prevention	93,622	



STRATEGIC PRIORITIES

ACT Health has been engaged in a comprehensive System Innovation Program (SIP) to strengthen the delivery of health care by focusing on patient centred care and enriching the patient experience. The SIP objectives include:

- improving access to services; and
- increasing efficiency and freeing up hospital capacity through contemporary service delivery solutions and models of care.

SIP commenced in November 2015 and is currently planned to run to the end of 2019-20. The SIP objectives include improving access to services, increasing efficiency and freeing up hospital capacity by implementing contemporary service delivery solutions and models of care.

As part of this work, ACT Health is updating its Clinical Services Framework (CSF) to define health services for the next decade. The CSF will take an ACT wide view of our provision of health services. It will be patient-focussed and multi-disciplinary, have safety and quality as its driving forces and take into account community and primary care sectors. Extensive consultation with ACT Health staff, external health stakeholders and members of the community will take place in early to mid 2017.

More specifically the SIP is focusing on:

- Improving efficiency for reinvestment in growth and activity by:
 - achieving savings totalling \$97.2m between 2016–17 and 2019–20 which includes increasing the bed efficiency equivalent to 50 overnight beds by 2018–19;
- Progressively improving ACT Health's performance against the National Emergency Access Target (NEAT), by the achieving the following targets:
 - 69 per cent of the national performance target by 30 June 2016;
 - 77 per cent of the national performance target by 30 August 2016; and
 - 90 per cent of the national performance target by June 2017;
- Improving our performance against the National Elective Surgery Target (NEST) by:
 - reducing the number of paediatric patients classified as 'long wait' to zero; and
 - reducing the remaining 'long wait' list by 90 per cent; and
- Reducing the need for category 4 and 5 presentations to attend the ED.

The following operational initiatives were funding in the 2016-17 budget:

- Delivering the \$5 million Acute Ischaemic Stroke Unit, the \$4.6 million intensive care bed and the \$5.3 million expansion of trauma services at Canberra Hospital.
- Providing almost \$29 million to employ a further 54 staff in the recently expanded Canberra Hospital Emergency Department and \$2 million for a new Emergency Department physician at Calvary Hospital.



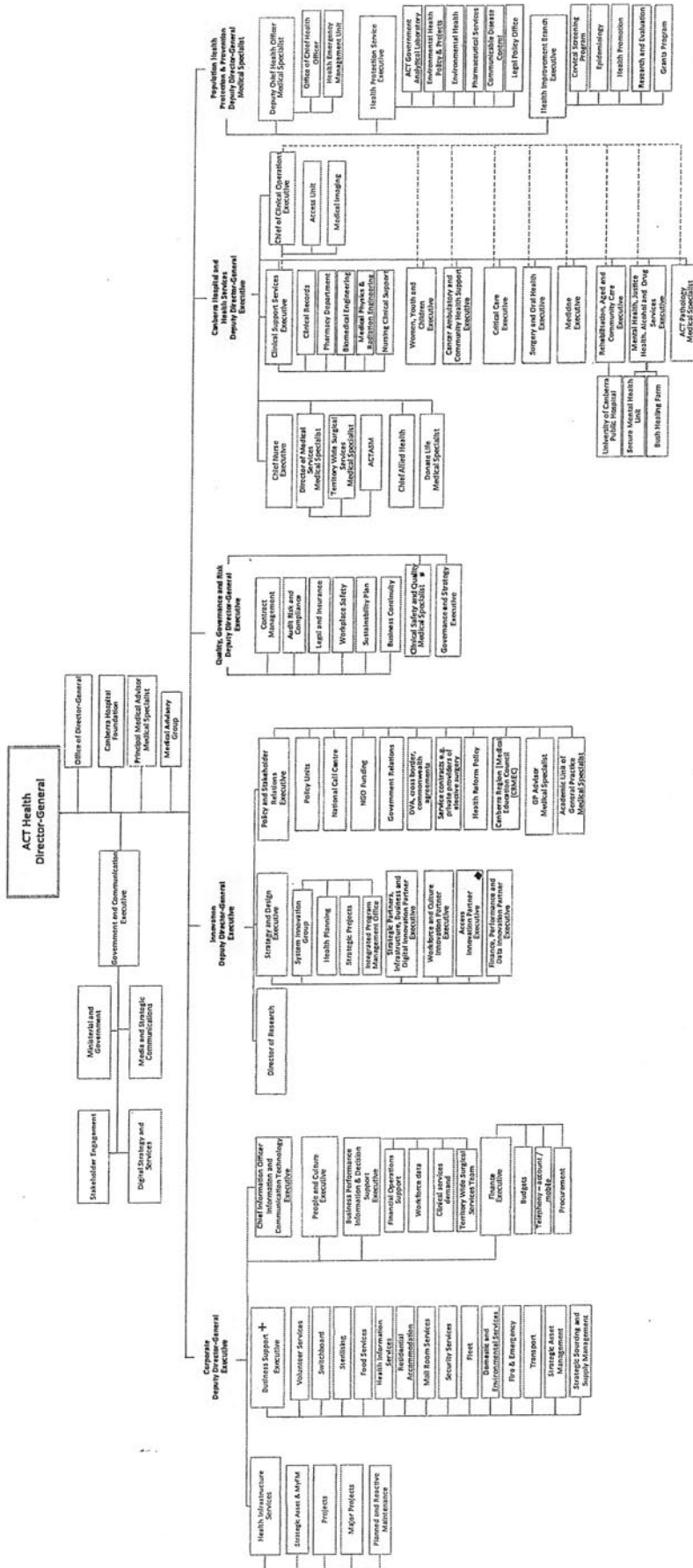
- Funding \$1.3 million for an additional 300 endoscopy services to further reduce elective surgery waiting lists.
- Investing in new projects and improving health infrastructure - \$2.4 million supported accommodation for people with mental health conditions and \$95.3 million infrastructure maintenance package.
- Continuing to strengthen mental health services by providing \$2.7 million for two more beds at the Adult Mental Health Unit, \$3.9 million for three targeted mental health programs and \$43.4 million for the operation of the Dhulwa Mental Health Unit.
- Strengthening non government organisations to deliver tailored health programs and care to clients including \$1.3 million for Aboriginal and Torres Strait Islander services and \$176,000 for the Early Morning Centre.
- Researching, developing and delivering new and innovative techniques to improve care for patients through the establishment of a \$7.3 million genomic service and \$1.3 million for deep brain stimulation for people with Parkinson's Disease.
- Addressing the increased demand for drug treatment by providing \$8 million to increase the capacity of front line services, including \$2 million to specifically address family violence issues.
- More funding for prevention and detection services, such as the \$1.3 million sexual health expansion, \$507,000 for forensic chemistry and \$4.2 million for growth in outpatient services.

The following major Health Infrastructure projects are programmed to be completed in 2016-17:

- the Emergency Department Expansion Project;
- Ngunnawal Bush Healing Farm;
- Dhulwa Mental Health Unit;
- Calvary Hospital – Operating Theatre Upgrade and Medical Imaging Department Upgrade;
- Hospital Road upgrades to provide additional capacity to Canberra Hospital; and
- Installation of internal signage across Canberra Hospital campus.

The University of Canberra Public Hospital will continue construction throughout 2016–17. Work on the Southern Car Park Solar Panel Project and the Electrical Main Switchboard Replacement at Canberra Hospital has also commenced and will continue throughout 2016-17.

ACT Health will also support the ACT Government to progress its key policy reforms announced during the election. Briefings have been prepared on all election commitments, and also on time critical matters. Additional briefings will follow in due course.



Formerly known as Healthcare and Innovation Division
 * The section refers with the CEO & CHRO

15/08/2016



PORTFOLIO BRIEF FOR INCOMING MINISTER

MINISTER FOR HEALTH

PORTFOLIO BRIEF FOR INCOMING MINISTER
OCTOBER 2016

SENSITIVE - CABINET



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PORTFOLIO OVERVIEW

ACT Health's vision is '**Your Health – Our Priority**'. Our vision is to provide a world-class, patient centred, evidence-based health system that provides access to services when and where they are needed, with safety and quality as our driving forces.

ACT Health's values - **Care, Excellence, Collaboration and Integrity** - underpin how we work and how we treat each other.

The Health Portfolio comprises:

- **Canberra Hospital and Health Services (CHHS)**, which provides acute, subacute, primary and community based health services to the ACT and surrounding region.
- **Corporate**, which provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance information.
- **Innovation**, a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation.
- **Quality, Governance and Risk**, which provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division.
- **Population Health Protection and Prevention**, which provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services through Calvary Public Hospital, under a contractual agreement with ACT Health.

The **ACT Local Hospital Network Directorate (ACT LHN)** is established under the *Health Act 1953* and is administered by the Director-General of ACT Health. The ACT LHN receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:

- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.



ACT
Government

SENSITIVE - CABINET

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

The ACT LHN has an annual *Service Level Agreement (SLA)* which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the ACT LHN. This SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets. The ACT Government manages system-wide public hospital service delivery, planning and performance, including the purchasing of public hospital services and capital planning, and is responsible for the management of the ACT LHN.

.PORTFOLIO FINANCIAL OVERVIEW

	Total Cost	FTE
	2016-17 Forecast (\$'000)	2016-17 Forecast
Health (Departmental)	1,320,305	6,572
Health (Territorial)	22,745	nil
Local Hospital Network (LHN)	1,064,691	nil

Note 1: The LHN makes payments to the Health Directorate worth \$853.405m in 2016-17. Therefore if you add the three figures above to get a total Health spend, you must subtract \$853.405m to get a true Health expenses figure (\$1,554.336m).

Note 2: Territorial expenses comprise of grant payments to Calvary Public Hospital and the University of Canberra (in connection with the hospital car park) and the on-passing of regulatory fee revenue collected by ACT Health to consolidated revenue.



SENSITIVE - CABINET

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

LEGISLATIVE RESPONSIBILITIES

- Blood Donation (Transmittable Diseases) Act 1985
- Health Act 1993
- Health (National Health Funding Pool and Administration) Act 2013
- Health Practitioner Regulation National Law (ACT) Act 2010
- Health Professionals (Special Events Exemptions) Act 2000
- Health Records (Privacy and Access) Act 1997
- Human Cloning and Embryo Research Act 2004
- Intoxicated People (Care and Protection) Act 1994
- Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269
- Mental Health (Secure Facilities) Act 2016
- Drugs of Dependence Act 1989
- Epidemiological Studies (Confidentiality) Act 1992
- Food Act 2001
- Gene Technology Act 2003
- Gene Technology (GM Crop Moratorium) Act 2004
- Medicines, Poisons and Therapeutic Goods Act 2008
- Public Health Act 1997
- Radiation Protection Act 2006
- Smoke-Free Public Places Act 2003
- Smoking in Cars with Children (Prohibition) Act 2011
- Supervised Injecting Place Trial Act 1999, except sections 7, 8 and 13
- Tobacco and other Smoking Products Act 1927
- Transplantation and Anatomy Act 1978



SENSITIVE - CABINET

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

KEY APPOINTMENTS

Statutory Appointments

- Radiation Council
- Medicines Advisory Committee
- Mental Health Advisory Council
- ACT Gene Technology Advisory Council

Non-Statutory Appointments

- ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD)
- Canberra Region Medical Education Council

MINISTERIAL COUNCILS AND CONSULTATIVE BODIES

- **COAG Health Council (CHC)** – The CHC and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, New Zealand Government and state and territories to discuss matters of mutual interest concerning health policy, services and programs. The CHC meets three to four times each year.
 - *The last CHC meeting for 2016 was held on 7 October 2016. It is expected that a 2017 meeting schedule will be distributed shortly.*
- **Australia and New Zealand Ministerial Forum on Food Regulation (Forum)** - The Forum is primarily responsible for the development of domestic food regulatory policy and the development of policy guidelines for setting domestic food standards. Membership comprises a Minister from New Zealand and the Health Ministers from the Australian Government, states and territories. The Forum is required to meet at least once per year, and out of session papers are distributed regularly.
 - *The next Forum meeting is scheduled for 25 November 2016 (Brisbane).*
 - *The 2017 meeting schedule will be considered at the 25 November meeting. There are two meetings planned for 2017:*
 - *28 April 2017 (Adelaide)*
 - *24 November 2017 (Perth).*



**ATTACHMENT - KEY ISSUES BRIEFS FOR
INCOMING MINISTER**

MINISTER FOR HEALTH

KEY ISSUES BRIEFS FOR INCOMING MINISTER
OCTOBER 2016

SENSITIVE - CABINET



LISTING OF KEY ISSUES

Incoming Government

Strategic

1. System Innovation Program
2. Clinical Services Framework – Implementation
3. Emergency Department Demand and Patient Flow Canberra Hospital
4. Activity Based Funding (ABF) and Activity Based Management (ABM) in ACT Health
5. Health Infrastructure – Status of Current Projects
6. Ngunnawal Bush Healing Farm project
7. Winnunga Nimmityjah Aboriginal Health Service expansion plans
8. Aged Care Reforms
9. Canberra Hospital Foundation – change of corporate status
10. Capital Health Network – Partnership
11. National Disability Insurance Scheme - Health Interface
12. National Disability Insurance Scheme and long stay patients
13. Organ and Tissue Donation Policy Reform (national agenda)
14. Prevention programs tackling increasing chronic disease burden (including the Healthy Weight Initiative)

Urgent/Priority Matters

15. ACT Health Data and Reporting
16. Elective Surgery Performance
17. Emergency Department Performance
18. Calvary Public Hospital - Performance Plan 2016-17
19. Commonwealth Child and Adult Public Dental Scheme
20. Dhulwa Mental Health Unit
21. Medicinal Cannabis Scheme – Implementation

Sensitive Issues

22. Calvary Public Hospital – Financial and Performance Reporting and Management
23. Non Government Organisation (NGO) Service Funding Agreement Review
24. Cleaning Contract – ACT Health
25. Maternity Services at Canberra Hospital
26. ACT Asbestos Health Study
27. Needle and Syringe Program
28. Inanna Inc. – Transition of care to new service provider for existing mental health clients

Other

29. Key Dates (October 2016 – December 2016)



1. ACT Health System Innovation Program

Portfolio and function

Health Portfolio, ACT Health Directorate, System Innovation

Issue

The System Innovation Program (SIP) was established in late 2015 to take forward the recommendations of the ACT Health Future Taskforce and to provide a coordinated approach to health reform and efficiency.

The SIP is administered by the System Innovation Group and a consultant led Integrated Program Management Office (IPMO), the SIP is focused on the three organizational goals:

- Putting patients at the centre of everything we do;
- Building a sustainable health system, driven by innovation; and
- Building the workforce of the future, starting now.

And seven reform themes:

- Access;
- Quality;
- Mental Health;
- Innovation and Sustainability;
- Strategic Partners;
- Infrastructure; and
- Culture.

Further, through the SIP, ACT Health has committed to a series of targets, including improved performance against the National Emergency Access Target (NEAT) and the National Elective Surgery Target (NEST) and a significant efficiency target (which is to be reinvested into the system).

Current status

Through the first 6 months of the SIP:

- ACT Health achieved a daily average for the month of June 2016 of 72.7% of patients being seen within four hours (a 14.5% increase over June 2015);
- a total of 893 additional elective surgeries were undertaken above the planned 12,500 for 2015-16, with 36 paediatric and 343 over the age of 16 remaining on the long-waits list at 30 June 2016;
- in addition to the successes above, achievements have been made at Canberra Hospital including a reduction in outpatient imaging waitlists, with outpatient Computed Tomography (CT) down from 550 patients to zero waiting, Magnetic Resonance Imaging (MRI) down from 1000 to 315 and ultrasounds down from 1100 to 500;



The SIP is being rolled out in phases with an initial emphasis being placed on projects impacting ACT Health's 'front door' – the Emergency Department, Critical Care and patient flow projects. A second phase which includes a business efficiency review and the staged implementation of Activity Based Funding is currently getting underway.

Critical dates and reasons

Aside from regular Ministerial reporting and 6 monthly updates to Cabinet, ACT Health will provide a mid-program review at the 18 month point of the three year program.

Financial considerations

The SIP is funded through a reinvestment of proposed savings – a total saving over the program has been identified at \$97.2 million, this will be reinvested in a number of areas including the administration of the program.

Recommended approach and timing

ACT Health recommends the continuation of the System Innovation Program consistent with the recommendations of the Health Future Taskforce and subsequent reviews.

ACT Health will provide a comprehensive briefing on the System Innovation Program following the conclusion of the election.

Contact Officer: Brad Burch
Telephone: 6207 2385
Directorate: ACT Health

ACT Health Clinical Services Framework

Portfolio and function

Health Directorate, Planning function

Issue

ACT Health is currently engaged in developing a Clinical Services Framework (CSF), which will replace the current Framework. It will provide an ACT-wide strategic direction for health over the next ten years and beyond, incorporating primary, secondary and tertiary healthcare delivery settings, and utilising evidence-based models of care.

Current status

Preliminary work on demand modeling has been completed; this estimates demand for services based on population projections over the next ten years. Included are some assumptions about increased efficiencies to be gained particularly in management of elective surgical patients.

Work is currently under way on the first phase of the CSF, which is being done in consultation with two external consultancies, and consists of three workstreams:

- Review of current clinical services (partnership with Ernst Young). This work will describe the current service delivery model for each clinical service, including a review of current and projected demand and affordability within an Activity-Based funding environment. It will also describe the mix of tertiary, secondary and community activities and make recommendations about potential improvements in service delivery models;
- Review of community services (partnership with Ernst Young). This work will examine the range of services delivered in a community or primary care setting to inform the development of services which are integrated across primary, secondary and tertiary sectors; and
- Review of models of care evidence (partnership with Health Policy Analysis Australia). HPA has been engaged to perform a review of the literature on models of care for each specialty with the aim of incorporating best evidence-based practice into future models of service delivery.

The second phase of the CSF development will be the consultation phase. Once all the data described above is assimilated, each specialty service will be provided with the data and asked to provide input into the design of the future service. Stakeholders consulted will include staff in ACT Health facilities and also external stakeholders in primary care or community settings. It is required that the design of each service will include considerations of the following underlying principles:

- All services are patient-centric
- Access to care is equitable and as close to a patient's home as possible as long as this is compatible with the delivery of safe care
- Services must be ACT-wide including consideration of patient flow to and from NSW
- Services should be integrated across all health sectors, and alternatives to inpatient care must be considered



- Services must incorporate evidence-based models of care
- Services must meet projected demand
- Services must be affordable within an ABF environment
- Workforce, infrastructure and technology requirements must be described

Each specialty will deliver a Specialty Service Plan, which describes delivery of that service across all health sectors and with an ACT-wide perspective. Taken together, these Specialty Service Plans will provide the strategic direction required from the CSF.

Critical dates and reasons

The first phase of the CSF work is to be completed by December 30, 2016 to allow time for the Director-General to review the document before implementation of the second phase in the New Year.

The second phase of the CSF work is to be completed by June 30, 2017 for implementation in the 2017-18 financial year.

Financial considerations

ACT Health staff currently working on the initial phase of the CSF are employed within existing budget. The external consultancies are funded through the System Innovation Program.

Costs are:

- Ernst Young Community Services Review – 6 weeks, \$225,500
- Ernst Young Clinical Services Review – 12 weeks, \$489,480
- HPA Models of Care Review – 6 weeks, \$138,713

Recommended approach and timing

That you progress the CSF development through ACT Health. Implementation of new service delivery models will be developed in phase 2, and rolled out in the 2017-18 financial year.

Contact Officer: David Blythe, Chris Bone
Telephone: 61745470 (DB) or 61747354 (CB)
Directorate: ACT Health



Emergency Department demand management and patient flow - Canberra Hospital

Portfolio and function

Health - ACT Health, Canberra Hospital and Health Services

Issue

There has been public demand for improvement to Emergency Department (ED) waiting times and patient flow at Canberra Hospital. ACT Health is committed to and is delivering:

- Improved models of care in the ED, \$23 million in capital works to expand and refurbish the facility, and \$27 million staged over four years to 2019-20, for 54 additional medical, nursing, allied health and administrative staff, consistent with the expanded capacity.
- A series of ED reform and patient flow projects to improve patient flow from presentation to admission to discharge, within the ED and across the whole hospital.

Current status

Emergency Department Expansion and Rebuild

- The \$23 million expansion will add 1000 square metres to the ED, including 3 more ambulance bays and 21 additional treatment spaces (a 30 per cent increase in treatment spaces)
- As at 31 August 2016, an Emergency Medicine Unit, a Mental Health Short Stay Unit, a Clinical Forensic Medical Service, a dedicated paediatrics waiting area and treatment space, a Fast Track pathway for lower acuity presentations, and part of the adult acute area are complete and functional.
- Some of the new ambulance bays will be complete in September 2016 and further bays will come online in November 2016.
- The new resuscitation bays will be ready in September 2016.
- Areas still under construction include the waiting room, parts of the ambulance bay, an additional staff station and nurse call upgrades in adult acute.
- When complete, the refurbished ambulance bay will be able to accommodate up to seven ambulances at any time.
- The building works commenced in April 2015 will be completed by the end of 2016.
- The ED has remained functional throughout the build, which has entailed a carefully managed staging process. Expression of dissatisfaction from consumers accessing the ED during this time, due to issues arising from active construction, impacts on space and increased noise, have been very minimal.
- \$27 million has been committed for 54 additional medical, nursing, allied health and administrative staff, consistent with the expanded capacity, to be staged over four years to 2019-20. It should be noted that this is subject to recruitment, which is not without difficulty in this space, particularly around recruitment of Emergency Medicine consultants, registrars and some nursing positions.



Patient Flow and ED Reform projects

- The Director of Operations (DoO) was appointed in 2016. All facets of patient flow are aligned under the DoO, including the Patient Flow Unit, Medical Imaging, and a suite of reform projects to improve patient flow in the hospital.
- Operational dashboards have been created to inform managers of the performance of processes which impact patient flow, including ED flow and admit to ward processes.
- There has been a focus on patient discharge, particularly on timeliness of discharge by 10.00am and 12.00noon daily, so that capacity is created to accommodate admissions through ED, outpatient clinics and other hospitals.
- Twice daily patient flow meetings have been implemented, which focus on predictive and proactive planning for capacity management and patient flow requirements.
- An ED Navigator role was appointed in January 2016. This role is operational 24/7 and works collaboratively with senior ED staff, the Patient Flow Unit, hospital managers and wards to promote patient flow through ED.
- Team based care was implemented in March 2016. This model provides medical assessment of patients as soon as possible after triage and makes high-level treatment plans, with the goal of earlier discharge planning and bed booking for admitted patients. The model also supports improved supervision of junior doctors and clarifies responsibility lines.

Critical dates and reasons

-

Financial considerations

- \$23 million in capital works to expand and refurbish the facility, consistent with the expanded capacity.
- \$27 million for 54 additional staff staged over four years to 2019-20.

Recommended approach and timing

- The capital works are underway and scheduled to be complete by the end of 2016.
- The funding to provide additional staff consistent with the expanded capacity should proceed in the staged approach as planned, noting the aforementioned advice about recruitment.
- Strategies to improve patient flow and performance are underway and ongoing.

Contact Officer: Mark Dykgraaf
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Directorate: Health



ACTIVITY BASED FUNDING AND ACTIVITY BASED MANAGEMENT IN ACT HEALTH

Portfolio and function

ACT Health – Corporate - Finance

Issue

Introduction of Activity Based Funding (ABF) and Activity Based Management (ABM) in ACT Health.

ACT Health’s financial performance for cost of health services has been reported by multiple sources as being notably higher than national performance. The recent Independent Hospital Pricing Authority’s (IHPA) National Hospital Cost Data Collection, Australian Public Hospital Cost Report 2013–14, (Round 18 reports) again reports higher costs for the ACT.

This report shows the ACT’s average cost of service (which includes both Canberra and Calvary Public Hospitals) is significantly higher than the national average. For example, weighted acute separations – the ACT had the highest average cost nationally at \$6,872 per weighted acute separations compared to the national average of \$4,966 – a variance of \$1906 (38 per cent). Note that the National Efficient Price (NEP) per weighted separation for 2016–17 is \$4,883

Current status

The ABF budget allocation model is replacing a system of historical allocation with incremental growth budgeting previously undertaken by ACT Health. ABF has been introduced into ACT Health for the 2016-17 year.

The Council of Australian Governments (COAG) agreed to the introduction and phased implementation of ABF as part of the 2011 National Health Reform Agreement (NHRA).

ACT Health is adopting a strategic management approach leveraging on patient-level data through ABF and ABM to inform local strategic decision making, improve operational efficiency and system effectiveness, and commission major new services from an efficient operating base.

ACT Health is providing transitional funding from within the existing budget envelope to Canberra Hospital and Health Services and Calvary Public Hospital Bruce to acknowledge the challenge of reducing their cost profiles over the next 4 years. The current target is to reduce the gap between the national average cost of health services and ACT’s average cost by 50% between 2016-17 and 2019-20.

Critical dates and reasons

1/7/2016 – introduction of Activity Based Funding for ACT Health.

Reduce the gap between ACT Health’s average service cost and the national average by 50% by 2019-20.



Financial considerations

No additional funding is required.

ABF and ABM supports ACT Health's strategic drive to increase efficiency whilst continuing to deliver safe, high quality health care to the ACT. ACT Health is reinvesting savings generated into system and process innovation to ensure a sustainable future.

Recommended approach and timing

That ACT Health continues the further development of ABF and ABM in 2016-17 and out years as a key element in supporting innovation in health to deliver safe, effective and efficient health care to the ACT.

Contact Officer: Trevor Vivian
Telephone: 6244 3142
Directorate: Health

Health Infrastructure projects – current status

Portfolio and function

Health - Corporate

Issue

There are currently a number of major capital works projects occurring in Health, including:

- University of Canberra Public Hospital
- Dhulwa Mental Health Unity, formerly known as Secure Mental Health Unit
- Ngunnawal Bush Healing Farm
- Emergency Department Expansion project
- Upgrading and Maintaining ACT Health Assets

Current status

University of Canberra Public Hospital

- The University of Canberra Public Hospital (UCPH) will provide capacity for future growth of both inpatient, day service and outpatient services. The hospital will comprise 140 overnight inpatient beds made up of 20 mental health rehabilitation and 120 rehabilitation, aged and community care beds. In addition to the overnight beds, the hospital will comprise 75 day service places made up of 25 mental health, 25 rehabilitation and 25 aged care places.
- One part of a network of health services, the transfer of sub-acute services from Canberra and Calvary Hospitals to UCPH will free infrastructure for acute services and provide for a centre of excellence for sub-acute services. Services will include a range of allied health services such as physiotherapy, speech pathology and psychological therapies. In addition, a range of community and outpatient services will be provided including falls injury prevention, memory assessment, continence services, and driver and vocational rehabilitation services.
- The Head Contractor is Brookfield Multiplex.
- As at 31 August 2016, construction of the UCPH is progressing on schedule.

Dhulwa Mental Health Unity, formerly known as Secure Mental Health Unit (see also Key Issues Brief No. 20)

- The purpose of the Dhulwa Mental Health Unit (DMHU) is to provide specialised mental health care in a secure inpatient environment. This facility will respond to the mental health needs of those who are likely to, or have become, involved with the criminal justice system and for those people who cannot be treated in a less restrictive environment, as well as civil consumers of general mental health services. Treatment will take a therapeutic and recovery-based approach, rather than a correctional approach, to improve the chances of recovery for each individual.
- The purpose built secure 25 bed mental health facility includes 15 rehabilitation and 10 acute beds. It will provide individually tailored treatment with programs that seek to maximise individual functioning, and will be an integral part of health services provided by ACT Health.



- Richard Crookes Constructions is the appointed Head Contractor.
- As at 31 August 2016, construction of the DMHU is on program for construction completion by 30 September 2016, with the facility expected to be operational in late 2016.

Ngunnawal Bush Healing Farm (NBHF) (see also Key Issues Brief No. 6)

- The NBHF project will provide a culturally appropriate alcohol and other drug residential rehabilitation facility for adult Aboriginal and Torres Strait Islander people in the ACT. It will be an eight bed facility located in a rural area close to Namadgi National Park and the Tidbinbilla Nature Reserve, both of which contain important Aboriginal cultural sites. While the initial service will be an eight bed facility, the master plan shows room for a 16 bed facility, subject to future available funding for expansion.
- The Head Contractor is St Hilliers Property Pty Ltd.
- Construction completion has been delayed from June 2016 to end September 2016 following joinery subcontractor issues, which are now resolved.
- The Model of Care, Service Funding Agreements and Licence Agreement will be finalized ahead of a prospective date for opening of the Service in early 2017.

Emergency Department Expansion project (see also Key Issues Brief No. 3)

- The Emergency Department (ED) Expansion project will deliver an extra 1000 square metres of floor area, and a total of three more ambulance bays and 21 additional treatment spaces, including:
 - up to nine more acute spaces for patients with severe conditions
 - three more treatment spaces for patients with less severe problems
 - three more spaces in the Emergency Medicine Unit, which provides care for short-term patients
 - two designated paediatric consultation rooms
 - two more resuscitation bays
 - a new Mental Health Short Stay Unit, with two more spaces.
 - a Clinical Forensic Medical Service with a designated consult room.
- In total, there are five stages of the project, allowing the ED to continue operating while works are progressed:
 - Stage 1 – External works and construction of Emergency Medicine Unit and Mental Health Short Stay Unit (now complete)
 - Stage 2 – Paediatric Unit and Clinical Forensic Medical Service (now complete)
 - Stage 3 – Sub-Acute areas (now complete)
 - Stage 4 – Acute areas (now complete)
 - Stage 5 – Triage, X-Ray room and Resuscitation Bays
 - Work on resuscitation areas will occur throughout Stages 2 to 5
- The Head Contractor is Shape Australia.
- As at 31 August 2016, stages 1-4 have been completed. The remaining stages are programmed to be completed by end November 2016.



Upgrading and Maintaining ACT Health Assets

- The Canberra Hospital is a campus that has been developed and redeveloped over approximately 50 years and the associated precinct infrastructure has been developed and extended accordingly. To ensure reliability, quality, and functionality of current and developing infrastructure assets, ACT Health has assembled a dedicated working team that is primarily focused on the delivery of Upgrading and Maintaining ACT Health Assets (UMAHA).
- The first major work that is funded by UMAHA is the Main Electrical Switchboard Replacement (MESR) project. As at 31 August 2016, the tender for the Head Contractor for the MESR project is due to close on 9 September 2016.

Critical dates and reasons

UCPH is programmed to be complete and operational in 2018.

The DMHU, formerly known as Secure Mental Health Unit, is programmed for construction completion in September 2016, and is expected to be operational by late 2016.

NBHF is programmed for construction completion in September 2016 and is expected to be operational in early 2017.

ED Expansion project is programmed for completion in November 2016.

UMAHA – work is currently underway to determine the three year packages of work.

Financial considerations

These major Health Infrastructure projects are funded as follows:

UCPH

- Total Budget: \$212.252 million
- Funded over 2011/12 (\$4 million – Northside hospital specification and documentation), 2013/14 (\$8.252 million – forward design), and 2016/17 (\$200 million – construction)
- Territorial Grant to University of Canberra for car parking – provided for in 2016/17.

DMHU

- Total Budget - \$46.691 million
- Funded over 2007/08 (\$1.2 million – forward design), 2012/13 (\$2 million – finalising design) and 2014/15 (\$43.491 million – construction)

NBHF

- The overall Territory funding for the NBHF is \$10.731 million, (provided over 2008/09, 2012/13 and 2014/15) with a further \$1 million from the Commonwealth used towards the purchase of the land.



ED Expansion project

- Funded from 2013/14 Clinical Services and Inpatient Unit Design and Infrastructure Expansion appropriation.
- \$5 million was provided by the Commonwealth towards the Paediatric Streaming Unit.

UMAHA

- 2016/17 Budget provided \$95.3 million.

Recommended approach and timing

Not applicable.

Contact Officer: Colm Mooney
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Directorate: Health



Ngunnawal Bush Healing Farm (NBHF) project

Portfolio and function

Health Portfolio, Policy & Stakeholder Relations, Aboriginal & Torres Strait Islander Health Unit

Issue

The NBHF project will provide a culturally appropriate alcohol and other drug residential rehabilitation facility for adult Aboriginal and Torres Strait Islander people in the ACT. Construction is nearing completion.

A Request for Proposal (RFP) to procure the NBHF service provider was posted on the Tenders ACT website in October 2015, however no responses were received. Feedback from the procurement process resulted in disengaging the management of the Service from that of the farm management, which will continue to be managed by ACT Health in the short to medium term.

The failure of the tender process enabled direct negotiation with potential service providers.

In June 2016 ACT Health finalised an agreement with the Alcohol, Tobacco and Other Drug Association ACT (ATODA) to carry out three discrete but related pieces of work to assist in preparing the service over the six months to December 2016. This includes supporting the development of a response to provide the service and a final Model of Care, with the proposed lead agency (Winnunga) working in primary partnership with an ACT-based adult specialist residential alcohol and other drug (AOD) rehabilitation service (Karralika Programs Inc.). This approach to the NBHF service supports a concept for the service that exceeds existing service delivery offerings available in the ACT. It is intended to bring a range of expertise to bear and to ensure that clear pathways to the service are available for all clients in the ACT.

The United Ngunnawal Elders Council (UNEC) has been advocating for the establishment of the ACT's first dedicated rehabilitation facility for Aboriginal and Torres Strait Islander people for over a decade. It is intended that the Service Funding Agreement for the NBHF will contain provisions requiring consultation with UNEC and inclusion of the Living Web concept, developed by UNEC, to underpin the service model.

Current status

The final Model of Care is due for completion by 30 October 2016. Interim funding by means of an Establishment Service Funding Agreement until 31 December 2016 is under negotiation.

A separate Service Funding Agreement will be developed for the delivery of the Service, including a recurrent budget. A Licence Agreement is also in development.

ACT Health will continue to provide the farm management.



Critical dates and reasons

Finalisation of the Model of Care, Service Funding Agreements and the Licence Agreement ahead of a prospective date for opening the service in early 2017.

Financial considerations

The total investment in the construction of the NBHF is \$11.731 million, inclusive of \$1 million from the Commonwealth used towards the purchase of the property 'Miowera', and \$10.731 million from the Territory.

Recurrent funds available for the NBHF are in the order of \$2 million for 2016/17 indexed since the 2007-08 appropriation. One-off funding has been provided to Winnunga (\$75,000) and to Karralika (\$20,000), covering the period 20 July to 31 August 2016 and reflecting the respective lead and partner roles of the organisations. Residual costs in respect of the ATODA agreement to be met in 2016-17 are \$188,399.

Recurrent funding will be developed in light of the final MoC and costing work that will become available in October 2016.

Should there be a delay between completion of construction and ACT Health engaging a service provider, ACT Health will maintain responsibility for the facility in the interim. Arrangements have been put in place for this contingency. It is anticipated that this will require engagement of a 24 hour security service at a cost of approximately \$30,000 per month.

Recommended approach and timing

That you note the above information.

Contact Officer: Denise Ryan
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Directorate: ACT Health

Winnunga Nimmityjah Aboriginal Health Service (Winnunga) expansion plans

Portfolio and function

Health Portfolio, Policy & Stakeholder Relations, Aboriginal & Torres Strait Islander Health Unit

Issue

During 2016, Winnunga and ACT Health have held discussions about the adequacy of the current building at Narrabundah in which the Winnunga health service is located and a staged approach to determining whether a complete new Health building is needed.

Current status

A functionality analysis of the Narrabundah site was completed in conjunction with an asset condition analysis on 11 August 2016. This confirms that, compared to industry benchmarks, there is a lot more activity happening given the available floor space than what would be normally occurring for the size of facility – that is the spaces (clinic rooms, associated support spaces and administration areas) are smaller than benchmark. It also confirms the dysfunctional layout of the building. It does not, however, look at actual current demand for services and the numbers of clinics and associated support spaces required to meet the current demand for the current services offered. To complete the gap analysis, a further piece of work needs to be undertaken which will involve assessing current demand for services against current available clinic space to determine whether there is gap in actual capacity to provide the service relative to demand. This will require an understanding of how clients flow through the health centre for each of the services offered.

Critical dates and reasons

N/A

Financial considerations

Funding for the program has not been allocated and would be put forward as part of a Budget process. Funding required is estimated at \$10 million, based on Winnunga's estimates. A \$1.3million capital grant was provided by ACT Health to Winnunga in 2015 to expand the number of clinical rooms and the waiting area at Winnunga to better meet service demand. This funding has not yet been expended, pending a decision on a new building, and Winnunga has requested permission to redeploy or partially redeploy this money for a feasibility and design study for the proposed new Health facility.

Recommended approach and timing

That you approve continuation of the work to determine whether ACT Health should fund a new Health facility for Winnunga.



Stages in the process should include seeking a business case from Winnunga that clearly identifies: need and proposed scope of services to be provide, building on the functionality analysis and any further infrastructure gap analysis should this be undertaken; the staffing profile required to deliver these services; and implications for recurrent costings for service provision for ACT Health funded services.

The development of a business case could be undertaken within 3- 6 months, with a view to seeking funding for the capital works through the 2017-18 budget process.

Contact Officer: Denise Ryan
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Directorate: ACT Health



AGED CARE REFORMS

Portfolio and function

ACT Health –Policy and Stakeholder Relations

Issue

There has been significant reform to the way aged care is delivered including: the introduction of My Aged Care; migration to the Consumer Directed Care (CDC) model; removal of the distinction between high-level and low-level residential care; introduction of the new Home Care Packages Programme; from 1 July 2015, the introduction of the Commonwealth Home Support Programme (including the introduction of a national fee framework); and, in the ACT, the impending extension of the current Aged Care Assessment Agreement Program to 30 June 2018.

The Commonwealth Government’s 2016-17 Budget announced further Aged Care measures, including:

- Changing the Aged Care Funding Instrument (ACFI) scoring matrix Instrument that determines the level of funding paid to aged-care providers;
- Boosting the capacity of the My Aged Care contact centre which is the main entry point to the aged care system in Australia;
- Improving funding for aged care services in rural and remote areas; and
- Funding the Australian Aged Care Quality Agency to continue unannounced visits to aged care providers.

The adjustments to ACFI are matters for concern to the aged care sector, particularly providers. Under the current model, ACFI funding is provided to aged care providers in three streams: behavioural assistance, physical assistance and complex care needs.

The Federal Department of Health has reassessed funding for the complex care needs category. The budget changes involve an adjustment to the formula that determines which patients are assessed as having funding complex care needs and a 50% reduction in the rate of indexation of the Complex Health Care Supplement in 2016-17.

In essence, these changes make it harder for providers to claim for complex health care and also reduce the level of funding allocated to this category in the long term. This may result in a reduction in aged care places for patients with complex care needs.

As the aged care sector derives 70% of its revenue from Commonwealth Government funding, these changes to ACFI are likely to increase pressure on aged care providers, especially the smaller operators, to find ways of maintaining their viability. In so far as these measures increase financial risk in the industry, this may lead to further consolidation and a shift in the ownership and operation of aged care facilities.

The three other Aged Care budget measures are positive and have been welcomed by the aged care sector, both consumers and providers.



Current status

Aged care reforms were first introduced by the Commonwealth Government in 2012-13 and are expected to be progressively implemented in three phases over 10 years. ACT Health will continue to represent the ACT Government on the Aged and Community Care Officials and advocate for the ACT as issues arise.

Critical dates and reasons

As the Aged Care Reform agenda is ongoing there are no critical dates.

Financial considerations

It is currently unclear what the financial impact will be for the aged care sector in the ACT. However, there is already anecdotal evidence that residential aged care providers are selectively choosing clients and it is expected that there will be a higher incident of older clients with complex health conditions presenting to public hospitals in the ACT. This may exacerbate issues in relation to 'long stay' older patients in public hospitals.

Recommended approach and timing

The Health Directorate will continue to work with the Commonwealth Government as it seeks to reform the Aged Care sector.

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Directorate: Health

Canberra Hospital Foundation

Portfolio and function

Health Portfolio, Health Directorate – Canberra Hospital Foundation

Issue

The Canberra Hospital Foundation (CHF) establishing as a separate legal status to create the best possible future options in regard to fundraising and philanthropic support for Canberra Hospital and Health Services.

Current status

Structurally, the CHF is currently limited to an administrative unit within ACT Health and is not a separate legal entity.

The CHF is restricted in fundraising activity under the current structure and the limitations under the Charitable Collections Act and does not have a Charitable Collections License. The CHF does not satisfy the definition of a 'charity' under the Charities Act. Community members supporting the CHF who raise more than \$15,000 in a 12 month period must apply for their own Charitable Collections License. This is a major deterrent to donors and reduces the level of credibility of the CHF.

Legal advice has previously been obtained from the ACT Government Solicitor's Office around the possible governance arrangements for the CHF to enable 'active fundraising'. This particularly focused on the possibility of the CHF becoming an independent legal entity separate from ACT Government.

If the CHF were to achieve its own legal entity, it would succeed in holding its own deductible gift recipient status, be registered with the Australian Charities and Not-for Profits Commission (ACNC) and hold a Charitable Collections License allowing pro active fundraising and substantial continual growth in funds received.

The CHF is therefore moving forward to a new legal status which meets Australian Taxation Office (ATO), ACNC as well as Charitable Collections Act requirements.

CHF is currently investigating registering as a Public Ancillary Fund, either as an Incorporated Association or Company limited by guarantee; applying through ASIC for an ABN; registering as a charity with the ACNC which will afford CHF ATO tax concession certificates and Deductible Gift Recipient status.

Critical dates and reasons

Not applicable.



Financial considerations

The financial relationship between the CHF and ACT Health will be negotiated as planning progresses.

Recommended approach and timing

That you note the Canberra Hospital Foundation is progressing to become a legal entity.

Contact Officer: Helen Falla
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Directorate: Health



PARTNERSHIP WITH THE CAPITAL HEALTH NETWORK

Portfolio and function

Health Directorate

Issue

The Capital Health Network (CHN) is the successor body to the ACT Medicare Local. It is one of 31 Primary Health Networks (PHNs) that have been mandated by the Australian Government to pursue the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

The Australian Government has agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

PHNs have been initiated with a clear direction of developing into commissioning organisations, that assess need in their given locality and plan and purchase services accordingly, as opposed to direct service delivery organisations.

ACT Health has a clear and demonstrable interest in the CHN succeeding in delivering on its purposes. Most significantly, this would result in an ACT wide health system, where care is delivered as close to home as possible, people are kept as well as possible, and only those requiring the services of an acute hospital receive their care there. Moving towards a single healthcare system where transitions of care are well managed is the key strategic aim of the partnership.

ACT Health currently has an officer, housed in Policy & Stakeholder Relations, acting in a liaison role between the two organisations, assisting in the development of joint priority projects and building relationships.

Current status

The relationship between ACT Health and the CHN continues to develop and more areas of joint interest and joint work are being identified as that relationship deepens. ACT Health is currently involved with the CHN in considering a single regional mental health services plan, comprehensive mental health community needs assessments, as well as a number of projects aimed at understanding and improving after hours primary care, chronic care co-ordination, and discharge.

Critical dates and reasons

There are no critical dates associated with this brief.



Financial considerations

There are no financial implications pertaining to this paper. Maintaining relations with the CHN and discussing areas of joint interest and priority is part of our key business and met by existing allocations.

There may be service based initiatives that ACT Health and the CHN would like to pursue and require funds to do so. This would be progressed through normal budgetary processes.

Recommended approach and timing

The recommended approach is for ACT Health to continue as it is in currently working with the CHN. There are no specific timing issues related to this brief.

Contact Officer: Jon Ord
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Directorate: Health



National Disability Insurance Scheme (NDIS) Health Interface

Portfolio and function

Health Directorate, Community Services Directorate, Education Directorate - Health supports for people who require specialist disability support services under the National Disability Insurance Scheme (NDIS).

Issue

The NDIS is responsible for supports required due to the impact of a person's disability on their functional capacity and their ability to undertake activities of daily living. This includes "maintenance" supports delivered or supervised by qualified health professionals (where the person has reached a point of stability in regard to functional capacity, prior to medical discharge) and integrally linked to the care and support a person requires to live and participate in the community.

The health system remains responsible for the diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions.

The NDIS and the health system work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both may be required at the same time, or that there is a need to ensure a smooth transition from one to the other.

Current status

The NDIS trial commenced in the ACT in July 2014 and it was expected to be completed by 30 September 2016 followed by the full implementation of the scheme in the ACT. However, the transition of some eligible clients is currently delayed for a variety of reasons, not least technical problems with the NDIS provider portal. In addition, the national rollout of the NDIS is only just beginning and as a result the processes, pathways and relationships between the sectors and providers are still being developed.

The Health Directorate continues to be involved in local and inter-jurisdictional discussions regarding the interface between the health system and the NDIS.

Critical dates and reasons

As the NDIS rollout is ongoing there is no critical date.

Financial considerations

There is a financial impact on ACT Health if clients eligible for support through the NDIS continue to be supported through the health system beyond the time when they should.

There are also financial costs to ACT Health in relation to updating patient information and billing systems to ensure that they are able to 'communicate' with the NDIS provider portal.



Recommended approach and timing

The national rollout of the NDIS is expected to be completed by 2020. ACT Health will continue to participate in local and inter-jurisdictional discussions regarding the NDIS, along with the Community Services Directorate and the Education Directorate to raise issues of concern to the Territory.

Contact Officer: Ross O'Donoghue
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Directorate: Health



National Disability Insurance Scheme and the impact on Canberra Hospital and Health Services long stay patients

Portfolio and function

Health Directorate – Canberra Hospital and Health Services

Issue

There are several divisions within Canberra Hospital and Health Services (CHHS) with inpatients who are eligible for and dependent upon the National Disability Insurance Scheme (NDIS) to enable them to be discharged.

As the ACT is a trial site for the full implementation of the NDIS, the processes, pathways and relationships between the sectors and providers are still being developed.

There are complex challenges associated with discharge planning for many long stay inpatients due to their requirements for high levels of care, equipment, substantial home modifications or new housing options to facilitate a safe discharge from hospital. Some of these inpatients remain in acute care wards of CHHS as they are unsuitable for rehabilitation.

The process has been lengthy for some inpatients as a result of delays with commencement of planning and awaiting plan approval through the NDIS. Once NDIS plans have been approved it is often a lengthy process for commencement of home modifications and the sourcing of suitable housing options. For one participant the process of accessing the scheme commenced in June 2015 and more than one year on is still waiting for completion of major home modifications. There are limited NDIS providers for home modifications in the ACT and this is a contributing factor.

There are a range of factors that impact on timeliness to discharge:

- The patient and/or family may not be ready to engage in the process with the NDIS as they may be coming to terms with significant disability or an unknown level of disability. Timing of these discussions cannot be pre-determined.
- Medical, and other staff involved in the new scheme, have been reluctant to document the permanency of a disability in the acute stage and this has added to the delay in the commencement of the process.
- Significant time taken for accessing the scheme and then moving through the planning and approval processes.
- Delays in process for home modifications because of wait times for NDIA approved builders.
- Difficulty in finding carers funded by the NDIS for tracheostomy patients who require individualised care and support needs.
- To date within the agency different National Disability Insurance Agency (NDIA) teams and planners have been involved in the process, and with changes to key personnel, relationships have had to be re-established.



The NDIA have developed specialised teams to facilitate linking inpatients to the scheme and a better system for progression of the planning process. The Co-ordinated Response Team (CRT) and the Local Area Co-ordinator (LAC) assist with educating staff and potential participants about the scheme, and to fulfil the role of smoothing transitions and building relationships within the community.

Staff within the Division of Rehabilitation, Aged and Community Care (RACC) along with members of the LAC teams has held in-services with Canberra Hospital staff to give an overview of the processes as well as outlining the roles of the new teams. This included an explanation of the role of Co-ordinator of Supports who will assist individuals with complex transition needs and to facilitate progressing housing options.

The NDIA and Community Connections have also run a Homeshare forum in the ACT in July 2016 to raise awareness of Homeshare and explore how it operates and the benefits for people with disabilities. Homeshare is an effective way of supporting people with disabilities to live independently and is one of the innovative approaches to housing solutions that the NDIA are pursuing. Community Connections have been operating a Homeshare service for three years and the service is now available for people under the NDIS.

Current status

As of 4 October 2016 there are 19 inpatients within CHHS which are impacted on delays in the NDIS. Discharge planning for the majority of these patients is impacted upon the inability to find them suitable housing or delays related to home modifications.

The need for streamlined, co-ordinated processes has been identified and Health staff have met with the NDIA to discuss the management of complex and long stay inpatients, with the aim of developing a systemic approach to this issue.

CHHS is awaiting advice from the Local Area Co-ordinator in regards to when the next education session will be undertaken, to improve awareness of the scheme and the planning process. These sessions will be open for all potential participants in the acute and rehabilitation wards. Work is also continuing to establish agreed processes and pathways for the in-patient staff to follow and to ensure consistency across all sectors of the service.

Critical dates and reasons

As this is an ongoing issue for CHHS, there are no critical dates or deadlines.

Financial considerations

There is a significant financial impact to CHHS if patients are not discharged in a timely manner.



Recommended approach and timing

The Executive Director of RACC can raise issues and concerns relating to timely discharge of patients at the monthly NDIA Operational Working Group Meeting. Representatives from ACT NDIS Taskforce and the Regional Manager South NSW and ACT both attend this meeting.

Contact Officer: Linda Kohlhagen, Executive Director, RACC
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Directorate: Health

Future of organ and tissue donation policy and programs beyond 2018

Portfolio and function

ACT Health – Population Health Protection and Prevention (lead Division), DonateLife ACT (program delivery)

Issue

In 2008 the Australian Government announced a national reform program to implement a world's best practice approach to organ and tissue donation for transplantation, which was endorsed by the Council of Australian Governments in July 2008.

A key outcome of this was the development and implementation of funding agreements between the Commonwealth Organ and Tissue Authority and jurisdictional governments (primarily administered through the DonateLife Network). The funding agreements and associated performance indicators expire in 2018, and it is not clear to what extent the Commonwealth Government will continue to support the implementation of programs and policies to support organ and tissue donation activities.

Current status

Discussions are being held at a national and interjurisdictional level (primarily through the Jurisdictional Advisory Group) as to the formation of advice to Governments at all levels regarding the future of the national reform agenda, targets, programs and proposed investment in the system beyond 2018.

These discussions are being held at a time of significant change within the Organ and Tissue Authority, which is undergoing a restructure process.

Critical dates and reasons

2017 – to ensure that the ACT Government is able to consider options and advocate as required at a national level prior to the 2018-19 budget processes, thereby ensuring continuity in service provision.

Financial considerations

It is not yet clear what the specific financial implications for the ACT Government will be as a result of this process. Further advice will be provided as discussions and consultation between all Australian governments continues.

It is anticipated that the Commonwealth would likely continue to contribute some funding to support the organ and tissue donation sector beyond 2018, however it is not clear to what extent jurisdictional governments will be asked to contribute.



Recommended approach and timing

It is anticipated that further clarity regarding the future of organ and tissue donation policy and programs beyond 2018 will be made clearer over the remainder of 2016 and early to mid 2017. Regular briefing and updates regarding this issue will be provided as relevant information becomes available.

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Directorate: ACT Health

Prevention programs tackling increasing chronic disease burden including the Healthy Weight Initiative

Portfolio and function

Health – ACT Health - Population Health Protection and Prevention: Prevention programs to reduce increasing chronic disease burden and reduce service pressure (including the Healthy Weight Initiative) (Health, CMTEDD, TCCS, ED, EPD).

Issue

Prevention programs aiming to reduce the increasing chronic disease burden and reduce service pressure and associated costs.

Decisions required:

1. ACT Health Budget Initiative 2015/16 – 2018/19 *Healthier Lifestyles*, committed to an interactive web based data platform to increase access and use of population health data.

Updates to be provided via follow up briefs:

2. Healthy Weight Initiative (HWI) Budget initiative 2016/17 – 2018/19 *Healthy Canberra*, the HWI is a whole-of-government approach to halt the rising rates and associated health care costs of overweight and obesity across the ACT population. The *Healthy Weight Initiative: Progress Report to June 2016* is available online at www.act.gov.au/healthyliving. It reports strong community support for the initiative and good progress being made with 6 out of fourteen indicators showing early signs of progress towards the targets including zero growth in obesity and overweight in ACT children.

After extensive community consultation, several announcements were made on 8 September 2016 related to the food environment part of the initiative including; a Ministerial letter to ICON water to invite them to partner with Government to install additional drinking fountains and develop a water friendly cafe campaign; a brokerage service for 'healthy' sponsorships for sporting organisations; a partnership with the Canberra Business Chamber to work with local business to promote 'choose healthier' options; reviewing the costs and benefits of promoting healthy food and drink at ACT venues, events and including Government infrastructure; engaging with children and young people to get their views on strategies to reduce unhealthy marketing and increase healthier choices.

3. The ACT Health Promotion Grants Program (ACTHPGP) provides around \$2 million annually to support ACT community organisations to reduce the burden and associated costs of chronic disease. A report card is available on line highlighting key success of the ACTHPGP.
<http://health.act.gov.au/sites/default/files//ACTHealth-Report-Card-FINAL-web.pdf>



On 6 September 2016 the Assistant Minister for Health, announced the recipients of \$1.48 million in grants to tackle chronic disease risk factors.

\$670,000 in funding to support healthy ageing with a focus on reducing chronic disease lifestyle risk factors, was also announced. Applications for this funding close on 18 October 2016.

Current status

1. Healthstats web platform is developed, <http://stats.health.act.gov.au/>, in use and ready to receive routine updates in the future.
2. HWI Food Environment Initiatives - briefs on the progress of these initiatives will follow.
3. Grants deeds are in the process of being signed for the announced \$1.48 million.

Applications for the \$670 000 healthy ageing funding round close on 18 October 2016 and will be assessed by a panel. A brief will follow.

Critical dates and reasons

1. HWI Food Environment: To be advised as contracts are negotiated.
2. Grants: 18 December 2016 – for successful grant applicants to be notified to enable sufficient time for the organisations to spend the money in the current financial year.

Financial considerations

Funding has been committed through two Budget proposals:

- Healthy Weight Initiative Budget Proposal/Bid 2016/17 - Healthy Canberra
- ACT Health Budget Proposal/Bid 2015/16 – 2018/19 – HWI Healthier Lifestyles

Recommended approach and timing

1. Continue to update *Healthstats* website with aggregate population health data to meet the legislative requirements of the Chief Health Officer to report on the health of the population.
2. HWI Food Environment projects to continue as per brief MIN 2016/4313 noting there will be opportunity for positive media stories as contracts are finalised.
3. Minister to announce successful grants applicants by 18 December 2016.

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1. ACT Health data and reporting

Portfolio and function

Health - ACT Health, Corporate – Business Performance Information and Decision Support (BPIDS)

Issue

ACT Health Quarterly Performance Reports 2015-16

- In 2012 anomalies were identified in ACT Health Emergency Department (ED) data.
- The findings of investigations were that unauthorised changes had been made to ED patients wait times and length of stay which represented deliberate manipulation of data.
- The ACT Auditor-General (AG) conducted an audit and made a number of recommendations in the Auditor-General's Report No. 6/2012: Emergency Department Performance Information and ACT Health developed an implementation plan to address the AG's recommendations.
- In 2015 the AG also provided Report No. 5/2015: Integrity of Data in the Health Directorate to provide an independent opinion to the Legislative Assembly on the integrity of Activity Based Funding data reported by the Health Directorate to the Independent Hospital Pricing Authority, and to report on the effectiveness of the management of the data. In May 2016, errors were identified in the ACT Health December 2015-16 Quarterly Performance Report, which had been published on the ACT Health public website.
- These errors were corrected and the ACT Health Director-General and Minister for Health were advised that the errors were confined to that report only and were due to a breakdown in following the processes for generation of that report.
- The former Performance Information Branch (now BPIDS) delayed release of the 2015-16 Quarter 3 ACT Public Health Services Quarterly Performance Report (Q3 report) advising additional assurance checks were being put in place after errors were found in the second quarter (Q2) 2015-16 report. These errors were assessed as related to poor practice rather than deliberate manipulation of the data.
- Once the Q3 report was prepared, the Director-General and Acting Deputy Director-General Corporate requested additional reviews of the report. Through these reviews it was discovered that standards were not used to guide consistent data extraction, reporting or data assurance processes. Through this process errors were identified in the report.
- ACT Health is currently undertaking significant data assurance work which has identified further errors in both the 2015-16 data and in data for prior years reported in the 2015-16 quarterly reports.
- ACT Health is also undertaking an independent review of implementation of prior recommendations on data governance made by the ACT Auditor-General and through consultancies that occurred around the time of identification of the 2012 ED data issues.
- The 2015-16 Q3 and Q4 reports have not yet been released – release is scheduled for 26 October 2016. Revised 2015-16 quarters 1 and 2 reports are also planned for release at this time.



Current status

Data assurance and approach to controlled release of data to national bodies

- Since August 2016, PricewaterhouseCoopers (PwC) has been working with ACT Health on data governance and assurance activities. PwC has provided data assurance for the 2015-16 ACT Health Annual Report and is providing assurance for all four 2015-16 ACT Health quarterly performance reports.
- In addition, PwC is working with BPIDS on a governance assurance framework for the Branch and development of an implementation plan.
- PwC provided an interim report in the week commencing 10 October 2016.
- The final PwC report will provide consolidated advice on:
 - a. Findings and recommendations covering PwC’s initial engagement and overall findings for all elements of their work program;
 - b. Data assurance for the 2015-16 Annual Report (Noting that PwC provided the data on 22 September to allow completion of the Annual Report);
 - c. Data assurance for the quarterly performance reports (Noting PwC provided data for the first three quarters on 22 Sep 2016 to allow commencement of preparation of those quarterly reports and will provide data for the quarter four report and assurance of the production processes by 20 October 2016 to enable release of all four quarter reports on 26 October);
 - d. Procedures for preparation of both the Annual Report and quarterly performance reports;
 - e. A data governance assurance framework for the Business Performance Information and Decision Support Branch and the associated implementation plan; and
 - f. A table top assessment of the status of implementation of the recommendations in the ACT Auditor-General’s Report No. 5/2015: Integrity of Data in the Health Directorate.

The decision on whether to publically release the report will be made by the incoming Government.

- The enormity of the work undertaken by PwC, and the need to ensure absolute integrity of data, is necessitating controlled release of data taking into consideration timing of:
 - a. completion of the PwC assurance activities for release of the Annual Report (completed);
 - b. completion of the PwC assurance activities for release of the 2015-16 quarterly reports;
 - c. receipt of comprehensive advice from PwC including findings and recommendations in the final report.
- The data release schedule is:

<i>Provision of data assurance for the Annual Report</i>	<i>22 September 2016</i>
<i>Release of 2015-16 Annual Report</i>	<i>Delivered to the Minister for Health on 6 October 2016</i>
<i>Provision of an interim report from PwC covering early findings, recommendations and assurance for the 2015-16 ACT Health Annual Report.</i>	<i>11 October 2016</i>
<i>Provision of assurance for the 2015-16 ACT Health quarterly performance reports (data and process)</i>	<i>20 October 2016</i>
<i>Provision of the final PwC report</i>	<i>24 October 2016 (date to be confirmed)</i>
<i>Release of 2015-16 quarterly performance reports</i>	<i>26 October 2016</i>

Elective Surgery Performance

Portfolio and function

ACT Health - Business Performance Information and Decision Support

Issue

Over the 2015-16 financial year there were 13,396 elective surgeries provided in the ACT, up from 11,875 in 2014-15. This is the highest level of elective surgery on record.

In many specialties there are now very few long wait patients, with orthopaedics, and ear, nose and throat surgery having the largest number of long wait patients.

ACT Health has continued to provide additional elective surgery over the first three months of the 2016-17 financial year and reduced the long wait patients from 403 as at 30 June 2016 to 133 by 30 September 2016.

The ACT Health Clinical Services Framework is being developed during 2016 and will provide the strategic framework for the delivery of ACT Health services. The Clinical Services Framework will be supported by more detailed clinical services plans and models of care for specific service areas including elective surgery. This will support better matching of demand with capacity to provide elective surgery.

ACT Health is continuing to deliver its commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery and is working on further system improvements to manage elective surgery demand.

Current status

The 2016-17 Territory wide elective surgery plan is in development and is expected to be finalised by the end of October 2016. ACT Health continues to partner with private hospitals and Southern NSW for the provision of elective surgery for public patients.

The plan will include activity at ACT public hospitals, contracting with private providers and continuing the strategy of reverse flow of elective surgery patients from NSW which will allow them to receive care closer to home where feasible.

The 2016-17 target for elective surgery removals is 13,300. This is a reduction from the prior year outcome due to the Elective Surgery Blitz program that was undertaken during 2015-16.

Both public hospitals are intensely focusing on providing surgery for patients within clinically recommended timeframes, in particular for the most urgent patients.

It should be noted that a possible change in the definition of elective and emergency surgeries may see a change to the target and in the way elective surgery is reported. The work to understand the impact of any change to definitions on elective surgery performance is currently being undertaken.



Critical dates and reasons

Not applicable.

Financial considerations

Not applicable.

Recommended approach and timing

Not applicable.

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Emergency Department Performance

Portfolio and function

ACT Health – Emergency Department Performance

Issue

There was a total of 135,441 presentations to ACT Emergency Departments (ED) in 2015-16, the highest number of ED presentations on record. Of these presentations, 77,747 (57 per cent) were to Canberra Hospital, and 57,694 (43 per cent) were to Calvary Public Hospital.

The increase in ED presentations equates to a 14.3 per cent increase on the 118,420 recorded for 2011-12. Canberra Hospital presentations increased by 20.2 per cent whereas presentations to Calvary Public Hospital increased by only 7.3 per cent

Timeliness of treatment measured against agreed recommended timeframes for five triage categories has remained static in recent years. The figures for 2015-16 show that 59 per cent of all ED presentations across the ACT were seen on time. The result for 2014-15 was the same at 59 per cent.

At the Canberra Hospital, 52 per cent of patients were seen on time in 2015-16, unchanged from the result in 2011-12.

At the end of 2015-16, Calvary reported 69 per cent of ED presentations were seen on time, an improvement on the 59 per cent reported for the 2011-12 financial year.

Despite the significant rise in presentations, there has been a decrease in the number of presentations who did not wait for care. In 2015-16, 6,300 of the total 135,441 presentations did not wait for treatment (4.7 per cent), compared with 6,724 of the total 129,963 presentations (5.2 per cent) who did not wait in 2014-15.

For Canberra Hospital, this represents a decrease from 8.9 per cent of presentations who did not wait in 2011-12, to 4.7 per cent who did not wait in 2015-16.

Over the same period, Calvary Public Hospital ED maintained the proportion of presentations that did not wait to commence treatment at 4.6 per cent for both 2014-15 and 2015-16.

In 2015-16, ACT public hospitals achieved a result of 65 per cent against the National Emergency Access Target (NEAT or ACT Four Hour Rule). This is an improvement of 2 per cent when compared with the NEAT result of 63 per cent for 2014-15.

Current status

The ACT Government's \$909 million Health Infrastructure Program is changing the way health services are delivered in the territory.



An expansion of the Canberra Hospital ED, currently underway, will increase its capacity by more than a third. The ACT Government is making this significant investment to ensure Canberra Hospital can deliver targeted and timely clinical services now and into the future.

This year we have seen the opening of two key areas of the ED expansion. The \$10 million first phase, which opened in January 2016 included the new Mental Health Short Stay Unit, which now has six new single patient bedrooms with staff nearby, an overall increase of two beds.

Paediatric Streaming at the Canberra Hospital ED commenced on 10 May 2016. This new specialty stream, delivered with a \$5 million contribution from the Australian Government, is improving the ED patient journey for Canberra's youngest patients and their families.

The new area provides greater capacity with six patient beds, two consultation rooms and a private sub-waiting area, which is separate to the ED main waiting area.

There is also a dedicated space with a play area for younger patients and their siblings, a beverage bay for refreshments and toilet facilities with change tables, so parents and carers won't have the need to leave the area until their child is discharged.

The third phase of the rebuilding programme has opened. This programme includes the new Fast Track area which will now have ten-bed spaces and three procedure rooms. This area, immediately behind the main reception, with a dedicated waiting area, will be utilised to treat patients with less acute conditions and be instrumental in continuing to see improvement in the timeliness of care through the ED.

The development of an area to provide care for patients who will discharge home has improved the flow of patients through the ED.

The extra Emergency Medicine Unit (EMU) beds have also opened. These three extra beds increase the capacity of EMU to 12 beds. The EMU provides care to patients who require care for less than 24 hours.

The implementation of the ED Nurse Navigator role in January 2016 and Team-Based Care in March 2016 have further improved the time patients spend in the ED, with an overall improvement of 10 per cent over the last three months to 30 June 2016.

The improvement of patient flow in the hospital through the introduction of the Patient Flow Unit and improved early discharge planning have seen improved rates of bed occupancy and decreased bed blockages each day.

For the current Financial Year to date (as at 30 August 2016) Canberra Hospital has achieved a NEAT result of 70.2 per cent. This is a significant improvement on the NEAT result for the same period last year which was 51.7 per cent. This improvement has been achieved while managing an increase of 1,476 (11 per cent) in presentations from 12,665 to 14,141.

Calvary Hospital, however, achieved a NEAT performance of 72.4 per cent for the period 1 March 2015 to 28 August 2015. The result has not improved in the same period in 2016 with Calvary Public Hospital achieving a NEAT result of 71.7 per cent.



Critical dates and reasons

Canberra Hospital was required by Cabinet to achieve a NEAT result of 77 per cent by the end of August 2016 and 90 per cent by June 2017. This has not yet been achieved.

Financial considerations

Not applicable.

Recommended approach and timing

Not applicable.

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Calvary Performance Plan 2016-17

Portfolio and function

ACT Health - Business Performance Information and Decision Support Branch

Issue

Every year ACT Health and Calvary Public Hospital Bruce (Calvary) negotiate an annual Performance Plan.

ACT Health received the first draft of the 2016-17 Performance Plan on 30 March 2016 and provided an updated version on 30 June 2016. The ACT Health response draft Performance Plan includes provision for improved governance and financial practices, defines the performance standards for Calvary for 2016-17 and includes implementation of the new funding model which incorporates Activity Based Funding (ABF) as required under the Calvary Network Agreement Section 9.

A number of areas in the performance plan have been the topic of recent discussions with Calvary and are outlined below.

Current status

New Funding model

ACT Health has introduced a new funding model, which incorporates ABF, as part of the System Innovation Program. The new funding model is being applied equitably across both the Territory's public hospitals.

ACT Health's position is that we have ceased the interim funding model as described under Section 8 of the CNA and are now in the new funding model stage, and is committed to continuing to work with Calvary Executive on clarifying any technical concerns associated with the new model.

To assist both public hospitals to transition to deliver more efficient services, ACT Health is providing support in the form of transitional funding. This sees Calvary receiving an annual funding amount equivalent to the amount that would have been received under the old funding arrangements, less savings.

The main savings have been quarantined for reinvestment in agreement with ACT Health by Calvary in health services. Calvary's share of whole of government savings are not available to ACT Health so are not available for reinvestment.

It is envisaged that in this first year the savings may be reinvested in activities to support Calvary's transition to more efficient services (similar to the System Innovation Program being undertaken by ACT Health).

- Future reinvestment decisions will be informed by the ACT Health Clinical Services Framework and clinical services plans.