Annual Report 21 22

ACT Government

Canberra Health Services

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Canberra Health Services

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IBSN: 978 0 642 60740 9

First published October 2022

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Freedom of Information

Freedom of information requests can be made by email: HealthFOI@act.gov.au

Acknowledgement of Country

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. We acknowledge and respect their continuing culture and contribution to the life of this city and region.

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A message from our Chief Executive Officer

On behalf of the team at Canberra Health Services (CHS), I am stoked to present our annual report for 2021-22.

While it has been a tough 12 months, it has also been a very rewarding year for Team CHS, with a standout moment that even the Canberra Raiders winning the Premiership couldn't top. CHS received its three-year accreditation status, meeting all 151 actions across eight National Safety and Quality Service standards. The incredible work and dedication of our teams across CHS during this reporting period contributed to this success.

I'm proud to lead a team who can pull out all stops to make things happen for our patients and community, even under such unrelenting times. Of course, I refer to our ongoing response to the COVID-19 pandemic. Since the pandemic began and to this day, I'm witness to the gruelling toll it takes on our team members and yet, despite this, our teams delivered exceptional results to achieve full accreditation status.

When I was appointed as the CEO last July, I was asked whether the organisation's priorities would change. Of course not, because:

- our focus remains on being the safest health service in the county, delivering exceptional health care, especially to our underserved populations
- we deliver a whole of organisation approach to timely care and patient flow
- we continue to make CHS a truly great place to work
- building great digital and physical infrastructure makes us a modern health service
- we offer a leading and high-quality learning environment for future clinicians.

Below are some of our achievements from the last 12 months.

Responding to COVID-19

The COVID-19 pandemic continued to impact all our health services this year, as it did in health services across the country. In August 2021, the ACT went into lockdown to manage COVID-19, and the vaccination program continued to be rolled out. Our COVID-19 testing, pathology, and vaccination teams continued to be under the pump with record numbers of testing and vaccination in often very difficult circumstances. We set up the COVID-19 Mass Vaccination Clinic at the Australian Institute of Sport (AIS) Arena as part of Canberra's marathon effort to be one of the world's most vaccinated cities. We achieved this with the clinic delivering more than 280 000 jabs from September 2021 until it closed in May 2022.

Our COVID Care@Home team were also under pressure with significant daily increases in infections. The team automated some of their processes and, in line with changes in NSW, pivoted to focus their attention on high-risk patients.

COVID-19 case numbers and hospitalisations continued to rise following the emergence of the Omicron variant in late 2021, and again with the arrival of other variants. We opened surge beds across the system and our emergency demand frequently exceeded capacity. The demand for our services was higher than ever and workforce shortages amplified the impact. In the three months to the end of June 2022, we carried thousands of days lost to COVID-19—just COVID-19 (COVID positive team members or those who were in isolation). On top of that were other illnesses and leave. Several initiatives emerged during these difficult times to help ease the burden on the health system. Many of these are outlined in this report, so I'll mention just a couple here.

COVID-19 clinic at Garran Surge Centre

We opened a dedicated COVID-19 walk-in clinic at Garran, which saw over 3400 people during the reporting period. This initiative was a result of large numbers of people with COVID-19 presenting to our Emergency Department (ED) with primary health/non-emergency symptoms. The COVID-19 walk-in clinic provided the opportunity for face-to-face care and support to COVID-positive patients to better manage their symptoms during isolation.

Clinical osteoarthritis program improving standards of living

Osteoarthritis affects one in 11 Australians and triples the likelihood of poor health. Furthermore, direct health care costs for osteoarthritis are estimated to exceed $3 billion by 2030 in Australia. To help counter this, our community-based physiotherapy teams are trained in the Scandinavian program, GLA:D® (Good Life with osteoarthritis: Denmark): an exercise program specifically for people with hip or knee osteoarthritis symptoms. Participants were 'glad' to be a part of this program as it has enhanced their quality of life. International studies show that people who did the GLA:D® program before having a total knee joint replacement, tend to recover more quickly and can delay or even prevent the need for surgery.

Enhanced recovery after surgery

Our Enhanced Recovery After Surgery (ERAS) program has also gone from strength to strength since it started running at Canberra Hospital in 2021. ERAS has helped 577 patients in three key surgical areas: colorectal surgery, elective caesarean birth and hysterectomy. This program aims to optimise a patient's recovery from surgery by partnering with them to prepare for their operation, explaining each step of their stay at hospital, and providing them with the best possible care during and after their operation. There have been some amazing improvements since the program started, including:

- the Intensive Care Unit (ICU) rate falling from 29 per cent to 12 per cent
- medical complications dropping from 31 per cent to 22 per cent
- a decrease in patients staying 14 days or longer from 20 per cent to 6 per cent.

The program's now expanding to include a wide range of major elective surgeries.

Culture survey results

A big part of improving culture is transparency and facing up to the challenges we have. As they say, you don't solve problems by hiding them. And that's why we do internal surveys: to hear from our team members about what's happening in teams and workplaces, and for views on the organisation. Culture is shaped by many things, including how we connect and talk to each other, how manageable our workload is, and the tools available to help us do our job. To turn our culture around requires everyone to play their part in shaping CHS to be a better place to work.

In August 2021, we drew a line in the sand in relation to our culture. Bullying, racism and sexual harassment are behaviours that CHS will not stand for. Everyone in our team deserves to feel safe and valued at work. It doesn't matter where you work, how senior or influential a colleague may be, our culture and standards apply to everyone.

At the end of 2021 the results from our culture survey landed and they were our best results yet. We still have a way to go. We have done a deep dive into the results to look at ways to support the areas struggling. We have also celebrated those teams who are absolutely nailing a positive culture.

CHS is on a journey. We've got some great teams, and some incredible team members. We're headed in the right direction. There's still work to be done to make this a truly great place to work, but it's something for which we are committed whole-heartedly.

New CHS website and how we partnered with our consumers

We met the needs of Canberrans through our new website which also demonstrates the collaboration between CHS and the community we serve. We listened to and worked with consumers from the project's inception right through to user-testing and launch. Every decision was consumer-driven to ensure the website truly reflects what's important to our community.

When asked what consumers thought about our website, Canberrans judged it to be highly useful, credible, trustworthy, and enjoyable to use. The successful collaboration is perhaps best summarised by the Executive Director of the Health Care Consumers Association, who said, 'True consumer/health service partnerships take time, relationship building, two-way communication and feedback, and the ability for consumers to genuinely influence the project outcome. We are pleased to reflect that this collaboration has had all those features and we think the result speaks for itself.'

Research driving better health outcomes

At CHS we're on a mission to create an inclusive research community, and we are doing this through our Research Strategy 2021-2025, launched in December 2021. It's a core strategic aim of our organisation, providing the blueprint to drive impactful research led by Team CHS over the next four years. We'll be collaborating with consumers, carers, partners to deliver exceptional health care. Using this strategy will see more academic partnerships, joint research techniques and, of course, better health outcomes.

While we've been a teaching hospital for quite some time, this new strategy will build on our research work with key academic partners, particularly with the Australian National University and the University of Canberra. We are fortunate to have many brilliant minds in our health service, who are already doing cutting-edge research. Our vision is for that to grow. With the right vehicle—the culture, infrastructure, partners, support, tools, and governance—we can accelerate our research agenda to create a workplace which fosters a strong research culture.

Brief outlook for the year ahead

In the months ahead, we'll be committing our workforce to tens of thousands of hours of training for the new Digital Health Record (DHR), which is about to be introduced at all ACT public health services. This is an exciting initiative that will transform the way health care is provided in the ACT.

The last 12 months validated and strengthened our identity as a health care service that is trusted by our community. Our commitment to ensuring that CHS creates exceptional health care together is exemplified by the information contained within this annual report. It shows an organisation that is kind, respectful, reliable, and progressive – Team CHS.

Dave Peffer
Chief Executive Officer
Canberra Health Services

A

Part A
Transmittal Certificate

ACT Government | Canberra Health Services

Ms Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

2021-22 Canberra Health Services Annual Report

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Report (Government Agencies) Directions 2022*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by Canberra Health Services.

I certify that information in the attached annual report, and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of Canberra Health Services has been included for the period 1 July 2021 to 30 June 2022.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006 (repealed),* Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Dave Peffer
Chief Executive Officer
Canberra Health Services

30 September 2022

ACT Government | Canberra Health Services

Ms Emma Davidson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

2021-22 Canberra Health Services Annual Report

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Report (Government Agencies) Directions 2022*.

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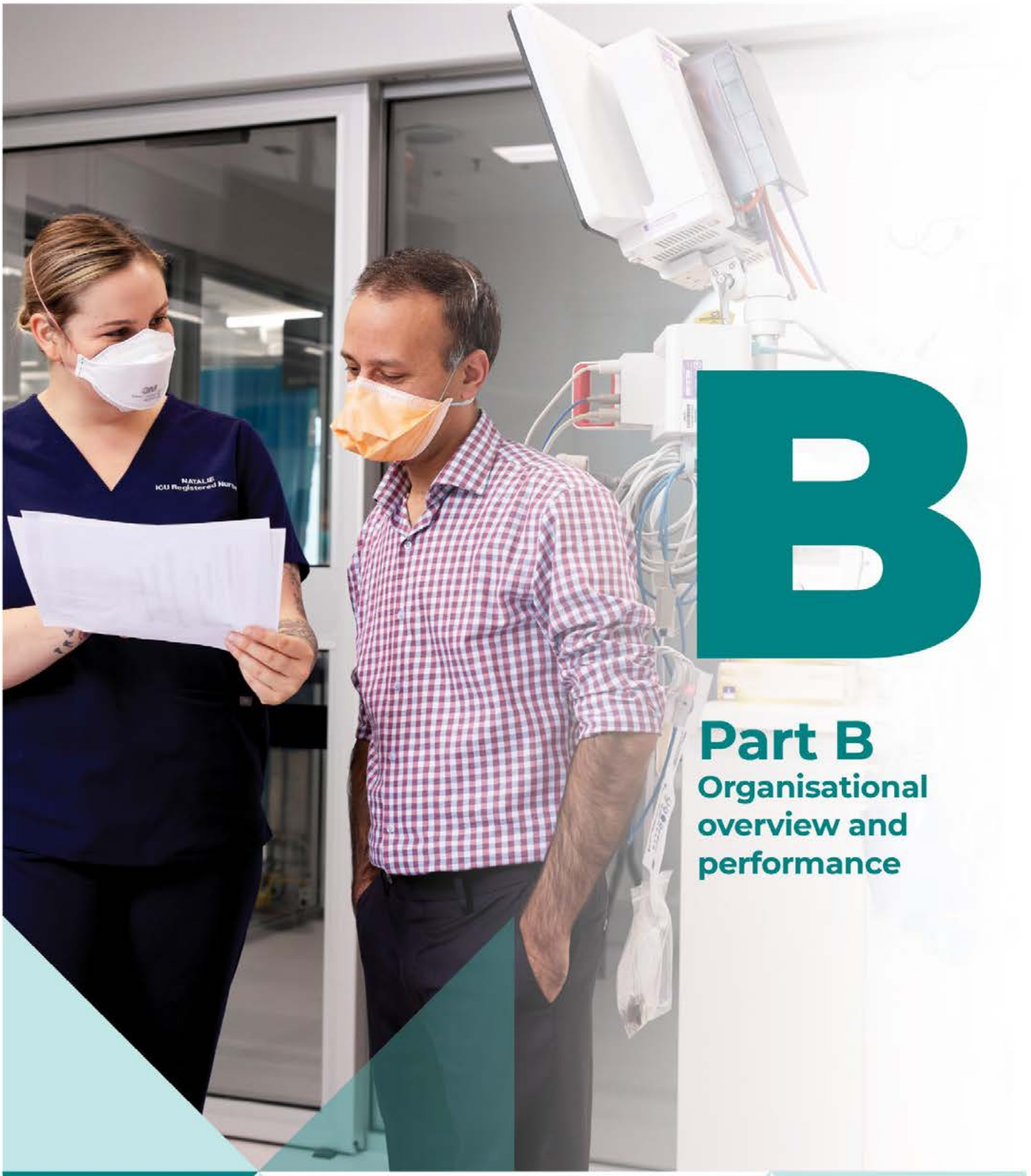
Dave Peffer
Chief Executive Officer
Canberra Health Services

30 September 2022



B

Part B
Organisational overview and performance

Organisational overview

CHS is focused on delivering high-quality, effective, person-centred care. We provide acute, subacute, primary and community-based health services to the ACT, which has a population of approximately 454 000 people. CHS also services the surrounding Southern NSW Local Health District (Southern NSW) of approximately 200 000 people. We administer a range of publicly funded health facilities, programs and services, including but not limited to the following:

- Canberra Hospital: a modern tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research: a dedicated and purpose-built rehabilitation facility with inpatient beds, day places and outpatient services.
- Six community health centres: providing a range of general and specialist health services to people of all ages.
- Five walk-in centres: providing free treatment for minor illness and injury.
- Community-based health services: including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

Vision, role and values

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. Our vision and role are more than just words, they are our promise to each other, to our patients and their families, and to the community. We all have a role to play in delivering on this promise.

Our vision

Creating exceptional health care together

Together we are a caring team. We will be successful when:

- every day, people say, 'I trust you to look after me when I am at my most vulnerable'
- every day, carers and family members say, 'I feel safe to leave my loved one in your care'
- every day, team members and health care partners say, 'I have pride in my work, and I want to help us all improve'.

We celebrate our successes as one community, and we create an environment where people flourish in their best health.

Our role

To be a health service that is trusted by our community

We build trust with our community at all stages of their health journey. We do this when we provide warm, welcoming and high-quality experiences wherever we deliver care. Every day we use our resources wisely and sustainably to reduce waste and improve efficiency. We foster a diverse, safe and happy workplace where we help each other to succeed, improve and innovate. That way our team members are supported to communicate well and deliver safe and reliable services together with our community.

Our values

Our values, together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values generate people and processes that are:

Reliable: We can count on each other. We always do what we say.

By being responsible and dependable team members, we create trust in our work, which leads to the best outcomes for everyone. We do what we say we will do, and we take pride in our work. We always do what is right, even when it is not easy. We give clear and honest answers, and we are responsive to people's needs.

Progressive: We are forward thinking. We embrace innovation.

We work together to find better solutions, and we are inspired when we learn something new. Those improvements can involve the latest technology, better models of care, or more effective ways to do our work. Commitment to our work brings out the best in everyone. We build a workplace that celebrates creative problem solving, teaching and learning.

Respectful: We value everyone. We listen to each other.

We take the time to listen, so that we can understand different points of view, and we communicate clearly and sensitively to acknowledge each other's needs, choices and experiences. Through our thoughtful teamwork we create great partnerships that solve problems to make the most of opportunities.

Kind: We make everyone feel welcome and safe. We care for each other.

We know that small actions can make a huge difference: a friendly smile, a hot cup of tea, a difficult truth told gently, or a moment's peace in a busy place. Our compassion makes sure that everyone's lives are lived with dignity. We go the extra mile to help everyone feel care for and part of the team. We make everyone feel warm, comfortable and safe.

Clients and stakeholders

We value true engagement with our community, stakeholders and academic partners to enable us to deliver patient and family-centred care. We believe:

- patients are the reason we are here, and they are the focus of what we do
- the safety and care of patients and team members is fundamental
- in working together, we all play vital roles in a team that can achieve extraordinary results
- respect, support and compassion are vital.

We engage regularly with other ACT Government directorates, state and territory health services and the Australian Government. We also engage with the community and consumers through various non-government organisations. Our tertiary partners are valuable in training our workforce; developing, collaborating on and conducting research; and delivering health services.

Organisational structure

CHS is an ACT Government Directorate, led by the CEO, who motivates the organisation to deliver its vision and strategic goals, supported by a team of executives. The CEO has overall accountability for both clinical and corporate governance. Our clinical services are led by executives who are supported to deliver exceptional and innovative health outcomes to our diverse and dispersed community. Our corporate services provide strategic business support to inform decision making, ensure compliance and assist in understanding the challenges facing modern health care service delivery. Our clinical leadership plays a key role in developing a collaborative and strategic approach to delivering clinical services, including driving CHS' strategic, professional and workforce-oriented agenda.

Internal accountability

Our senior executives

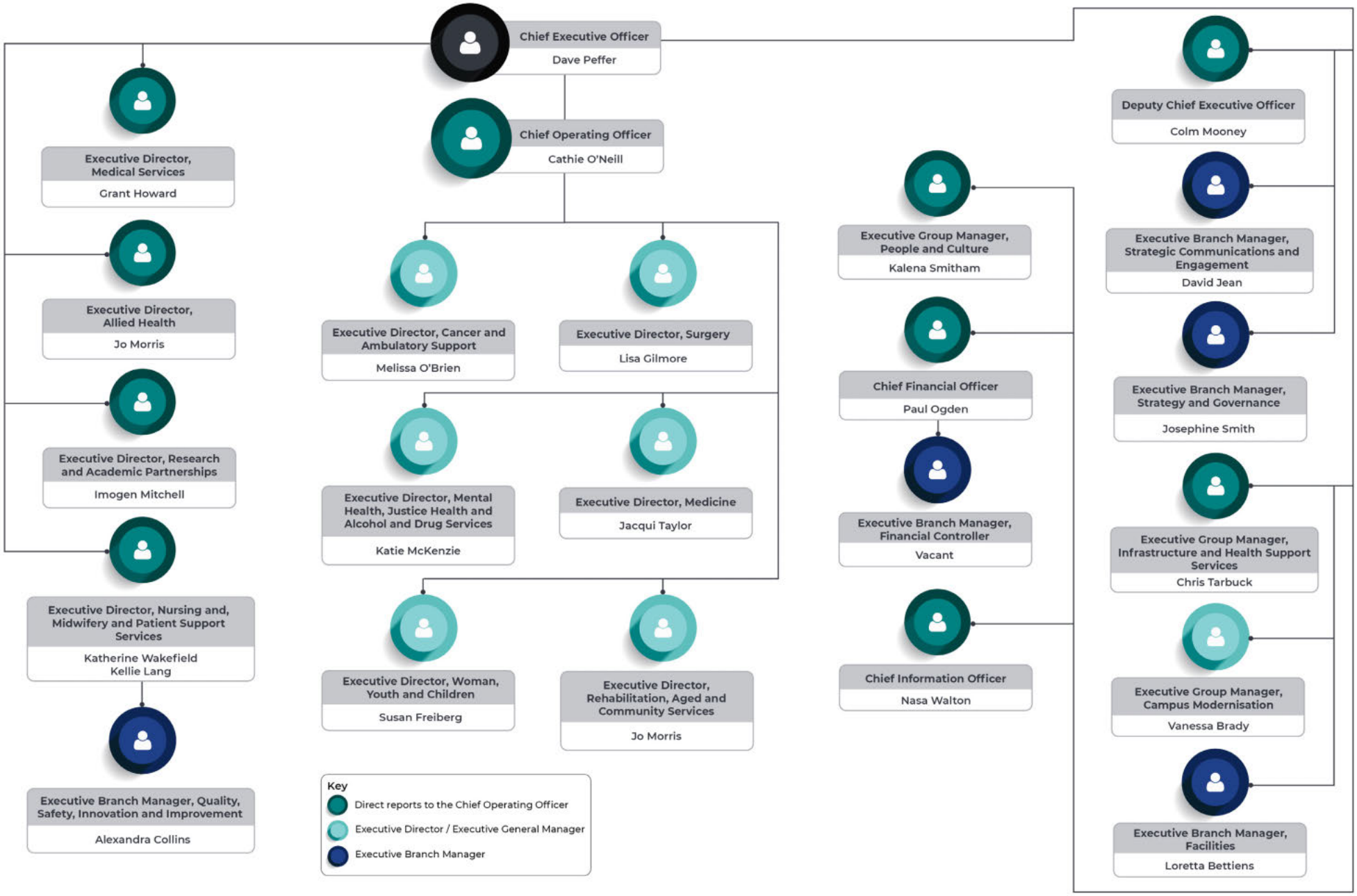
Executives in the public service are engaged under contract for periods of up to five years. Their remuneration is determined by the ACT Remuneration Tribunal.

Table 1: Canberra Health Services Senior Executives as at 30 June 2022

Senior executive	Position
Dave Peffer	Chief Executive Officer
Colm Mooney	Acting Deputy Chief Executive Officer
Cathie O'Neill	Chief Operating Officer
Paul Ogden	Chief Finance Officer
Katherine Wakefield	Acting Executive Director, Nursing and Midwifery and Patient Support Services
Kellie Lang	Acting Executive Director, Nursing and Midwifery
Jo Morris	Executive Director Allied Health Executive Director, Rehabilitation, Aged and Community Services
Chris Tarbuck	Acting Executive Group Manager, Infrastructure and Health Support Services
Vanessa Brady	Executive Group Manager, Program Director, Campus Modernisation
Kalena Smitham	Executive Group Manager, People and Culture
Melissa O'Brien	Acting Executive Director, Cancer and Ambulatory Support
Jacqui Taylor	Executive Director, Medicine
Susan Freiburg	Executive Director, Women, Youth and Children
Katie McKenzie	Acting Executive Director, Mental Health, Justice Health and Alcohol and Drug Services
Lisa Gilmore	Executive Director, Surgery
Alexandra Collins	Executive Branch Manager, Quality, Safety, Innovation and Improvement
David Jean	Executive Branch Manager, Strategic Communication and Engagement
Josephine Smith	Executive Branch Manager, Strategy and Governance
Nasa Walton	Executive Branch Manager, Chief Information Officer
Loretta Bettiens	Acting Executive Branch Manager, Facilities Management

Note: This table includes senior executives who are on executive contracts. It does not include all senior positions across the organisation, as reflected in the organisation chart.

Figure 1: Canberra Health Services Organisation Chart as at 30 June 2022



Governance structure

Governance is about how our organisation is run and decisions are made. Strong governance is what allows us to deliver exceptional health care.

Canberra Health Services Governance Committee

The CHS Governance Committee is the highest level of governance for our organisation and is responsible for ensuring good corporate/clinical governance, accountability for outcomes, performance, and delivery of exceptional health care. The Governance Committee leads our organisation's commitment to a strong culture based on safety and quality.

Membership includes an independent chair, independent members and executives from CHS.

Canberra Health Services Executive Committee

The CHS Executive Committee is responsible for implementing our strategic plan and ensuring we deliver key strategic and accountability indicators and governance frameworks.

Membership includes CHS executives.

Our Care Committee

The Our Care Committee is focussed on the systems, process, and reporting to consistently deliver exceptional care. Members act to improve against key clinical access, safety and consumer experience indicators.

Membership includes CHS senior executives, and representatives from divisional safety and quality committees, the Policy Committee, and the Clinical Ethics Committee.

Our People Committee

The goal of the Our People Committee is to deliver a good culture and create a safe, effective and efficient workforce. It provides oversight, leadership and direction for people management strategies, practices, systems and processes in CHS with the aim of ensuring a skilled, diverse, safe and happy workforce.

Membership includes CHS divisional representatives and executives.

Our Infrastructure Committee

The Our Infrastructure Committee ensures that our buildings and assets provide a safe environment to meet the needs of the community and clinical service delivery.

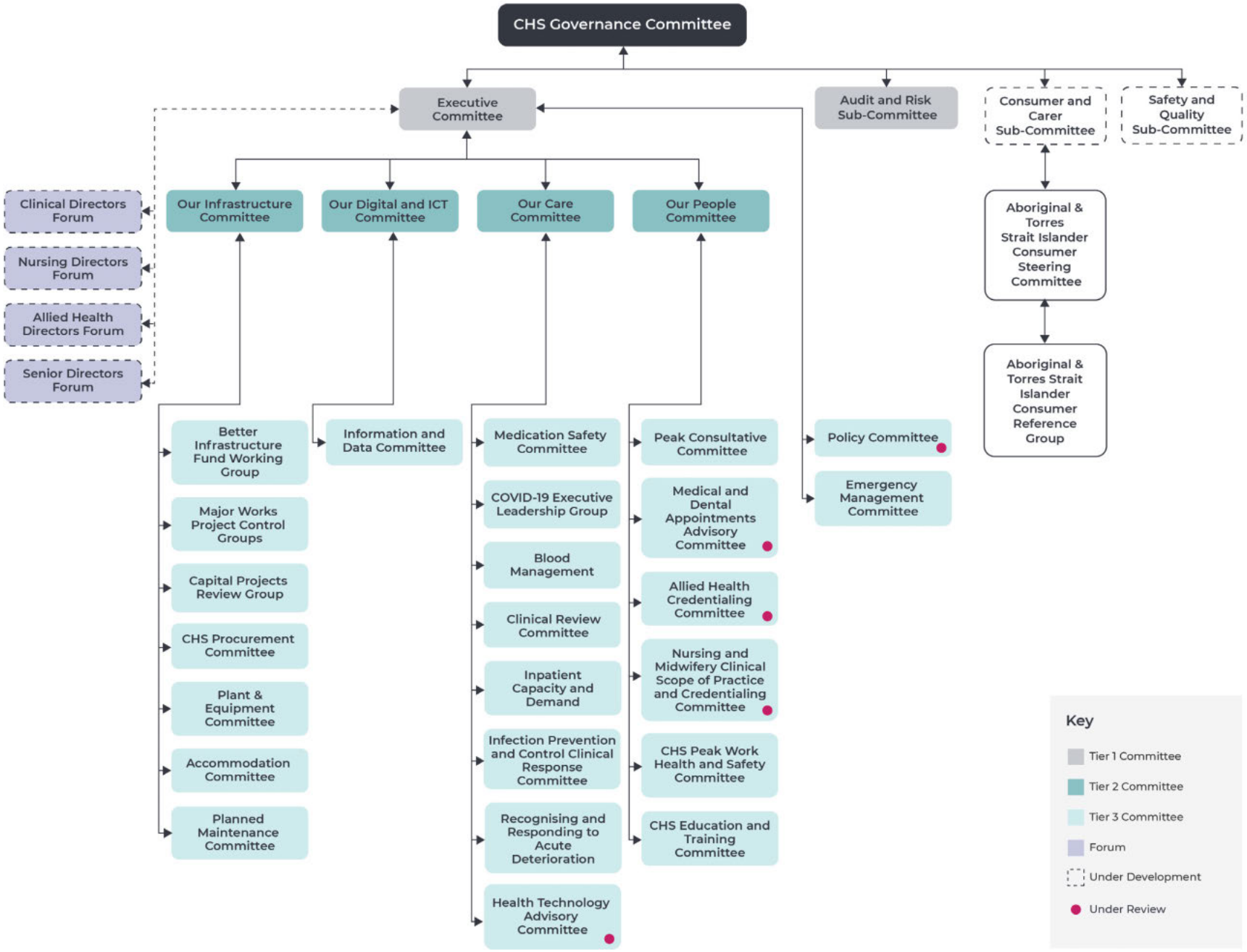
Membership includes CHS senior management and executives, and ACT Health Directorate (ACTHD) and Major Projects Canberra executives. External membership includes representation from the Health Care Consumers Association.

Our Digital and Information and Communications Technology Committee

The Digital and Information and Communications Technology (ICT) Committee ensures good corporate and clinical governance and accountability for outcomes, performance, and delivery of strategic Digital and ICT projects. It is the key contact point for ICT project requests and decisions which impact on CHS.

Membership includes CHS divisional representatives and executives.

Figure 2: Canberra Health Services Governance Structure



CHS Corporate Plan

Our annual Corporate Plan includes key deliverables to ensure we are meeting our goals outlined in our strategic plan. It identifies key actions for focusing our efforts and investment.

CHS delivered on most of our commitments in the CHS Corporate Plan 2021-22. This includes:

- meeting all National Standards at organisation-wide accreditation
- rolling out the Speaking up for Safety program
- improving our Workplace Culture Survey results
- launching the CHS Research Strategy.

We also hit our Centenary Hospital and ICU Expansion, Critical Services Building and DHR milestones.

We developed our Statement of Commitment in collaboration with CHS Aboriginal and Torres Strait Islander Consumer Reference Group members. We are now developing our cultural responsiveness to give life to the statement.

The continued response to the COVID-19 pandemic impacted our ability to deliver on our Timely Care and Patient Flow deliverables, and we are working to meet our Aboriginal and Torres Strait Islander workforce target. These priority actions have been rolled over to our 2022-23 corporate plan.

Future priorities for Canberra Health Services

The CHS Corporate Plan 2022-23 focus areas stem from key operational, quality and safety, and workforce issues within our organisation.

CHS divisions and executives will report quarterly to the CHS Executive Committee, so progress toward delivery of the 2022-23 Corporate Plan can be monitored.

We will:

- continue to respond to the impacts of the COVID-19 pandemic, providing care that is safe and improves outcomes
- ensure our community is accessing the right care, at the right time, in the right place, with the right clinician
- continue to support team members through wellness initiatives and COVID workforce recovery planning
- work in partnership to tackle barriers to health care and provide inclusive, appropriate, psychologically safe, and respectful services
- go live with an integrated DHR system that supports safer patient care and efficiencies in clinical workflows
- support delivery of major infrastructure projects that support team member morale, and improved care and experience for our patients, their families, and carers.

Team Canberra Health Services

Allied Health

The Division of Allied Health brings together Acute Allied Health Services and the Clinical Education Unit. Acute Allied Health Services provides allied health services for inpatients, clients presenting to the ED and outpatients across a range of discipline-led and multidisciplinary clinics mainly at the Canberra Hospital campus.

Cancer and Ambulatory Support

The Division of Cancer and Ambulatory Support provides a comprehensive range of cancer screening, assessment, diagnostic, treatment, and support services. It also provides palliative care, immunology, walk-in centres, COVID-19 testing and ambulatory (outpatient) support.

Chief Operating Officer

The Chief Operating Officer (COO) leads the delivery of a comprehensive range of Clinical Services at CHS. This position plays a critical leadership role and ensures efficient delivery of clinical health services.

eHealth and Informatics

The eHealth and Informatics division provides strategic oversight and governance of the CHS Digital Strategy, information systems operations, ICT projects and analytics, non-clinical digital records, and the ongoing optimisation of clinical and administrative systems.

Finance and Business Intelligence

Finance and Business Intelligence is responsible for developing and maintaining budgets, financial management, and providing strong operational finance and performance reporting analysis across the health service.

Infrastructure and Health Support Services

The Infrastructure and Health Support Services Group is responsible for Facilities Management, Capital Project Delivery, Operational Support Services, Food and Sterilising Services, Contract Management and the Campus Modernisation Program.

Medical Services Group

The Medical Services Group has professional oversight of CHS medical officers and operational oversight of the services ordered in the diagnosis and treatment of patients. It is led by the Executive Director of Medical Services.

Medicine

The Division of Medicine provides adult medicine services to the Canberra community in inpatient and outpatient settings, and in the community.

Mental Health, Justice Health and Alcohol and Drug Services

The Division of Mental Health, Justice Health and Alcohol and Drug Services provides health services directly to, and through partnerships with, community organisations. Their services range from prevention and treatment to recovery, maintenance of wellbeing and harm minimisation.

Nursing, Midwifery and Patient Support Services

The Division of Nursing and Midwifery and Patient Support Services (NMPSS) plays a key role in developing a collaborative and strategic approach to nursing and midwifery and patient support services for CHS.

People and Culture

The Division of People and Culture is responsible for providing strategic leadership, advice and operational implementation of human resource strategies relating to a diverse range of human resource and industrial relations functions across CHS.

Quality, Safety, Innovation and Improvement

The Division of Quality, Safety, Innovation and Improvement (QSII) provides support to deliver strategic priorities at CHS that will improve the safety and quality of care, reduce harm, variation and waste, improve patient experience and ensure the care that the community receives is evidence based and reliable.

Rehabilitation, Aged and Community Services

The Division of Rehabilitation, Aged and Community Services provides integrated services for rehabilitation, aged care, oral health, and community-based supports in the ACT for people with acute, post-acute and long-term illness.

Strategy, Policy and Planning

The Division of Strategy, Policy and Planning oversees strategy, policy and planning for CHS. Our teams include the Office of the Deputy Chief Executive, Strategy and Governance Branch, Strategic Communications and Engagement and Territory Wide Surgical Services.

Surgery

The Division of Surgery delivers emergency and elective surgery and a range of surgical management services at CHS. It also manages pain management services to inpatients and outpatients at CHS, ophthalmology services, the Department of Anaesthesia and the Capital Region Retrieval Service.

Women, Youth and Children

The Division of Women, Youth and Children (WYC) provides a broad range of primary, secondary and tertiary health care services. Service provision is based on a family-centred, interdisciplinary approach to care, in partnership with consumers and other service providers.

Allied Health

Health Practitioner Classification Review

The Division of Allied Health completed the Health Practitioner Classification Review and the Allied Health Assistant Classification Review, which all ACT Government Directorates endorsed.

Allied Health Workforce Review

Allied Health completed project planning to develop a 10-year allied health workforce strategy.

Review of Allied Health Profession Leads

The Allied Health Profession Leads review was completed. It includes recommendations to define role, duties and an allowance structure.

Develop allied health programs within Hospital in the Home (HITH)

Allied Health successfully expanded services to HITH to include Physiotherapy, Occupational Therapy, Social Work, Psychology, Speech Pathology and Nutrition services.

Further achievements for 2021-22

Collaborated with ACT Health to progress a consultation to change the Medicines, Poisons and Therapeutic Goods Act 2008 to authorise allied health professionals to handle medicines within their approved scope of practice.

Outlook for 2022-23

During 2022-23, the Division of Allied Health aims to achieve the following:

- Bargain for inclusion of the endorsed Health Practitioner Classification structure and the Profession Lead Allowance into the next Health Professionals Enterprise Agreement and the Allied Health Assistant Classification structure into the next Support Services Enterprise Agreement.
- Develop and publish the Canberra Health Services 10 year Allied Health Workforce Plan.
- Secondary to the successful 'Integrating allied health to deliver exceptional health care' budget bid, expand the allied health workforce including forming an extended seven-day allied health service.
- Establish a CHS Advocacy Unit to integrate a range of patient support functions including interpreter services, supported decision making, patient advocacy and discharge coordination.

Cancer and Ambulatory Support

Transfer of chemotherapy services

All patients in the ACT receiving cytotoxic treatments through a public health clinic are now being treated at the Canberra Region Cancer Centre (CRCC).

Replacement of the radiation oncology CT (computerised tomography) scanner

The Division replaced the CT scanner in November 2021. It replaced the third of four Linear Accelerators in early 2022. A Surface Guided Radiation Therapy system for this linac was also installed and will allow treatment of stereotactic radiosurgery patients. Patients will begin treatments on this linac in August 2022.

Implement a revised goals of patient care plan and planning tool

The Division implemented the Goals of Patient Care Plan and the End-of-Life Assessment Tool (now called Goals of Care Planning Tool), with the planning tool being built into the DHR. These tools will support appropriate care for patients with a life-limiting illness.

Further achievements for 2021-22

- Introduced Comfort Care Pathways, which showed significant improvements for physical, psychological, social, cultural and spiritual care needs at end of life for our patients.
- The Cancer Outreach Service provided 1527 visits in the community, an increase of almost 50 per cent on the previous year—to provide chemotherapy and other treatments.
- Medical Physicians/Radiation Engineers provided education to team members and assisted with dose audits, resulting in coronary angiography patients receiving less radiation than the national standard.
- Managed the COVID-19 vaccination and testing response with 470 863 swabs and 482 179 vaccinations. We also provided treatment to 3408 COVID-positive patients from 10 January 2022 to the end of the reporting period; at the COVID-19 Walk-in Clinic within the Garran Surge Centre.

Outlook for 2022-23

During 2022-23, the Division of Cancer and Ambulatory Support aims to achieve the following:

- Complete the linear accelerator replacement program and expand the Stereotactic Radiosurgery and Stereotactic Ablative Body Radiation Therapy services.
- Replace existing mammography and ultrasound machines at BreastScreen ACT sites to ensure state-of-the-art equipment and reduce interruptions to service due to outages.
- Recruit and train advanced practice nurses and nurse practitioners to our walk-in centres.

Chief Operating Officer

New bed footprint and reset home wards

In 2021, we completed a hospital-wide footprint analysis, leveraging data to statistically estimate bed base numbers for the future. The Office of the COO reported outcomes of this analysis to the CHS Our Care Committee in February 2022.

These outcomes informed the current bed footprint, plus the future capacity to be achieved in the Canberra Hospital Expansion (CHE) project.

Implementation of the Emergency Department Operating Model

In 2021, we began developing an ED operational model, reviewing how the department operates/interfaces with the community and the hospital.

While a formal operational model has not yet been developed, it has instead focused on a range of targeted activities across the service to improve efficiencies in the ED, divert presentations where possible and reduce unnecessary hospital admissions.

These activities have included:

- Implementing the medical and nurse navigator role to promote flow through the ED; facilitate the patient journey; support team members in providing timely care; and ensure that during a resuscitation, the remainder of the department can continue to flow.
- Establishing the Acute Medical Unit (AMU) to assist ED patient flow by pulling admitted medical patients quickly from the ED to progress their acute multidisciplinary management.
- In June 2022, starting a temporary hospital-based Treat and Go service based on the Walk-in Centre Model of Care. The Treat and Go service was a nurse-led fast track stream within the ED and provided lower acuity patient care to reduce numbers in the wait-room and increase timely throughput and allow ED to concentrate their team in managing more acute presentations. Learnings will inform a nurse-led stream in ED in the future.

Patient flow

We continue to explore ways to improve efficiencies with integration across CHS. With a focus on patient flow, the daily CHS-wide Huddle is now fully embedded as routine practice. This enables us to manage bed capacity across the system on a day-to-day basis to ensure we can continue to deliver quality, safe care.

Patient flow was a key objective in 2021-22 for the Joint Operational Committee, comprising CHS and Southern NSW. Through close collaboration, we have improved timely access across the region, so patients are treated in the most appropriate location. This has included regular joint patient flow meetings, review of patient flow key performance indicators, establishing clear communication and referral pathways between services.

The team reviewed the Capacity Escalation Procedure to ensure it guides the safe and efficient management of hospital capacity and has consulted on the revised procedures to incorporate feedback for finalisation in 2022-23.

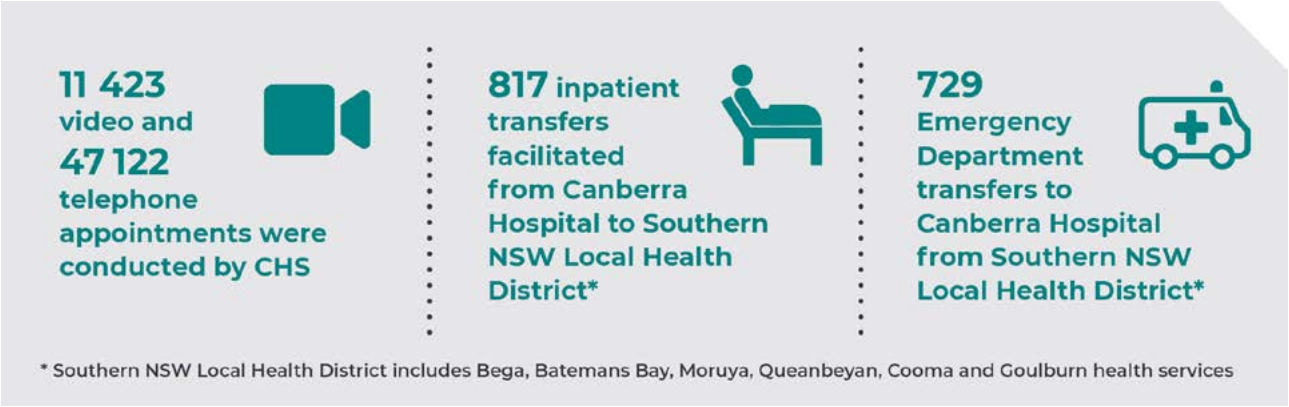
Focus on long stay patient discharges

We have continued to focus on the safe and appropriate discharge of long-stay patients with targeted projects across clinical divisions. The Inpatient Capacity and Demand Working Group and the Our Care Committee oversee these projects.

Working closely with the ACTHD and the Commonwealth to discharge patients who no longer need acute hospital care or had delays in timely discharge. This can be for a range of reasons, such as waiting for home modifications or availability of long-term accommodation options. This enhanced collaboration is seeing improved discharge rates.

Decontamination capacity

The Office of the COO has engaged clinicians, ACT Fire and Rescue, Infrastructure project staff and architects to complete a gap analysis and then design future decontamination requirements for the new CSB. This will enhance our capacity to respond to chemical, biological, radiological and nuclear emergency incidents. Work will be ongoing until we complete the CSB.



Outlook for 2022-23

During 2022-23, the Office of the COO aims to achieve the following:

- We have worked with the Health Care Consumers Association on the consultation and co-design of a new Paediatric Liaison and Navigation Service. This service will focus on providing support for families to navigate the complexities of shared care with interstate hospitals and health services. In 2022-23, the team will implement it.
- Establish a Care Coordination Hub, which brings together all after-hours coordination and management functions. Enhancing after-hours coordination, incident management and capacity for continued patient flow.
- Strengthen the delivery of exceptional health care by coordinating cross-divisional activities, driving improvements in patient flow, supporting new models of care and the workforce to deliver clinical care.
- Work with stakeholders to develop and deliver integrated care solutions that will better coordinate person-centred care in partnership with consumers.
- Facilitate opportunities for people and their families to give the generous gift of organ and tissue donation, providing increased access to life-saving transplants for more Australians.

eHealth and Informatics

Performance reporting capabilities and analytical services

CHS Analytics Hub now provides executives and managers with powerful business intelligence curated dashboards with rich, interactive visuals and drill-down options.

Digital Health Record (DHR)

The CHS DHR Readiness Team continues managing system-wide impacts, workflow changes, clinical services planning and workforce planning changes.

Further achievements for 2021-22

- Led the integration of ICT strategy and governance across CHS.
- Provided data capture, reporting and analysis to support CHS during the COVID-19 public health emergency, including provisioning a data modelling tool to use in house for COVID-19 hospitalisations.
- Welcomed the Business Intelligence function into the division, centralising data and information requests across CHS with an online smart form ensuring a unified service for all CHS team members.
- Led the inaugural data governance maturity framework assessment, setting targets and objectives to increase maturity levels across CHS.
- Developed the organisation's inaugural Corporate Records Management Plan.

Outlook for 2022-23

During 2022-23, the Division of eHealth and Informatics aims to achieve the following:

- Continue to enhance strategic ICT and digital service delivery across CHS.
- Continue to develop, design and deliver data management processes and procedures to support team members.
- Transition CHS from the Digital Health Record Readiness phase to the DHR Consolidation and Enhancement phase.
- Strengthen research insights capacity.
- Continue to support executives with business intelligence and analytics products.
- Launch a range of eLearning modules to support team members with data and information literacy and records management compliance knowledge.
- Investigate more ways to maximise digital forms and automated administrative workflow to support team members in providing patients with the best care possible.

Finance and Business Intelligence

Scan quality auditing program

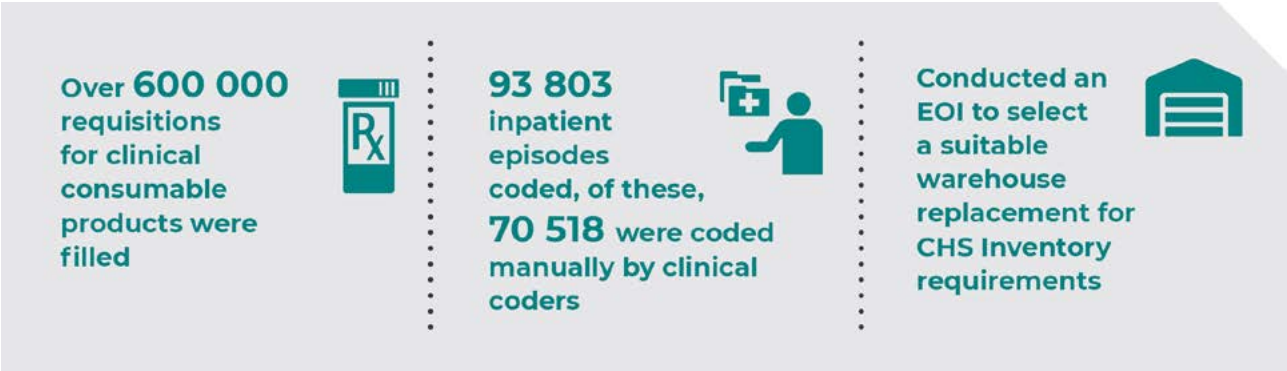
The Division of Finance and Business Intelligence implemented a risk rated scan quality auditing program that saw improvements in the quality of scanned clinical records and a reduction in the volume of scanned batches that needed to be audited. All scanned batches are reviewed via the batch quality assurance module of the Clinical Patient Folder application prior to source record destruction. Work is underway to define appropriate scan quality risk categories to further streamline the quality assurance process.

Clinical record forms review process

The division successfully implemented the clinical record forms review process and identified that seven per cent of the total forms in use were inactive. These 117 forms have now been archived and removed from the Forms Register.

Further achievements for 2021-22

- Scanned 7.4 million pages of clinical records, reviewed 78 000 new patient registrations and merged 3 529 duplicate records. Generated 96 documentation queries resulting in 42 Diagnosis Related Group changes with a potential revenue increase of $288 000.
- Established a monthly benchmarking package for executive and clinical leaders that measures performance against peer hospitals and provides meaningful data to identify clinical and operational improvement decisions.
- Close to 40 million items of personal protective equipment (PPE) were issued to support the Territory's COVID-19 response. Issued 1.2 million PCR and rapid antigen test (RAT) kits in support of the COVID-19 testing requirements and more than 36 000 purchase orders for clinical consumables, were delivered to CHS and Calvary public hospitals.



Outlook for 2022-23

During 2022-23, Finance and Business Intelligence aims to achieve the following:

- Continue to construct a new distribution centre for all clinical consumables to support the health sector, with an anticipated completion date of mid-2023. This new distribution centre will improve efficiency and safe operating practices and increase capacity to hold stock.
- Establish procurement contracts for the CSB medical equipment requirements.
- Establish the key activity, cost and revenue drivers to incorporate into our internal reporting.
- Further refine benchmarking reports for specialised clinical services and develop a clinical costing data framework.

Infrastructure and Health Support Services

Continue to develop, design and deliver critical infrastructure projects

In a challenging environment with the COVID-19 pandemic, including a shutdown of the construction industry in August 2021 and ongoing restrictions, the division delivered some major infrastructure projects:

- Completed the design for the Adolescent Mental Health Unit, expanded Maternity Assessment Unit and Antenatal Ward, with construction of these scope elements in progress.
- The new eight-bed ICU unit opened in March 2022.
- The neurostimulation therapy suite opened in November 2021. Work to provide additional HDU surge beds completed in April 2022.
- ICU expansion at Canberra Hospital with the new 10-bed ward opened in September 2021.

Develop the First Nations Menu

The First Nations Menu team was awarded the 2021 Allied Health Excellence Awards in October 2021. The First Nations Menu launched in December 2021 and was created in partnership with the Aboriginal and Torres Strait Islander Consumer Reference Group.

Handover of 1150 team member parking spaces

The new team member carpark on the former Canberra Institute of Technology (CIT) site has 1161 parking spaces. Along with other changes to parking across the campus to implement the parking strategy, this has improved parking for consumers and our team members.

Outlook for 2022-23

During 2022-23, IHSS aims to achieve the following:

- Mobilise a new security services contract which encompasses guarding, mobile patrols, alarm monitoring and alarm response.
- Continue to develop, design and deliver critical infrastructure projects to improve the level of patient care and comfort. This will include working closely with infrastructure delivery partners, Major Projects Canberra.
- Complete the models of care and models of services development program for the CSB.
- Finish construction of an expanded Maternity Assessment Unit, Gynaecology Procedure Suite, and Early Pregnancy Assessment Unit; and Adolescent Mental Health Unit and Mental Health Day service.

Medical Services Group

Maintaining focus on timeliness in diagnostic reporting

Pharmacy improved their median discharge turnaround time for day surgery patients from 53 minutes (2020-21) to 47 minutes (2021-22) and all discharges from 86 minutes to 75 minutes. ACT Pathology saw surges in testing to over 5000 polymerase chain reaction (PCR) tests per day. Despite this, the Medical Services Group maintained an outstanding turnaround time for all tests. To support patients most in need, Medical Services Group also deployed analysers who could get results in under one hour, which supported clinical decision making and expedited patient flow through hospital.

Micro-credentialling program

Micro-credentialling is in place for some procedures. A pilot program for micro-credentialling in other areas is in the development and research phase, which will inform the pilot rollout, due to commence in 2022-23.

Research

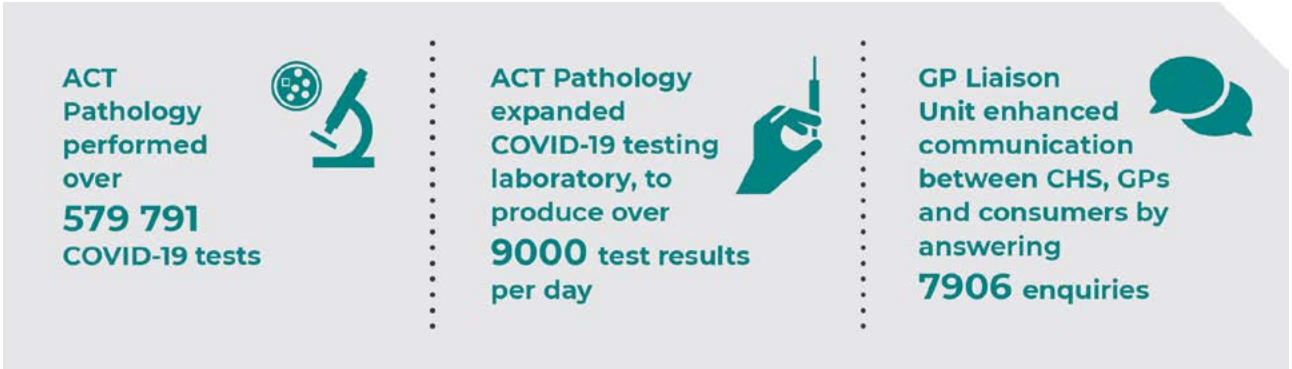
Medical Imaging began monthly research working groups, designed to raise awareness of the CHS Research Strategy and identify appropriate resources and opportunities to contribute in a meaningful way.

Medicines Management

Medicines management will be a crucial component of the DHR. The system's design and build have relied on input from Pharmacy, allowing contribution to decisions about configuration and workflows.

Further achievements for 2021-22

- The CHS Prevocational Medical Education program underwent an accreditation survey and received the highest possible accreditation of four years (with four commendations).
- The GP Liaison Unit embedded five GPs into the COVID Care@Home team and delivered education for ACT GPs, ensuring awareness of community management for COVID-19 infections.
- Continued to deliver an online prevocational education program and ensured Junior Medical Officers (JMOs) had consistent access to education material, career guidance and welfare material.



Outlook for 2022-23

During 2022-23, Medical Services Group aims to achieve the following:

- Begin imaging services at the Weston Creek Walk-In Centre, in February 2023.
- Implement new models of care to improve medicines management at admission and discharge while relieving pressure on JMOs.
- Collect evidence, engage with clients, and grow support to transition CHS Library and Multimedia to become an exemplar provider of modern, digital, client-focused services.

Medicine

Diabetic Ketoacidosis Territory-wide management guideline

The Division of Medicine implemented a Diabetic Ketoacidosis Territory-wide management guideline in December 2021. This aims to improve the clinical outcomes for patients with a potentially life-threatening illness, standardise management across the ACT and improve awareness in managing this condition.

Respiratory and Sleep Medicine

The Department of Respiratory and Sleep Medicine formed a multidisciplinary working group to develop, implement, measure, and evaluate processes to ensure the waitlist initiative is successful.

Acute Medical Unit

The Acute Medical Unit (AMU) commenced operations on 6 December 2021, with 12 beds within the ED footprint. The AMU assists ED patient flow by pulling admitted medical patients quickly from the ED to progress their acute multidisciplinary management. In 2021-22, we will expand the unit to be a functioning 24-bed base (seven days per week) service.

Further achievements for 2021-22

- COVID Care@Home established the ability to prescribe and advocate for high risk patients to access anti-viral therapies. The ACT was the first jurisdiction to utilise Sotrovimab in Australia and the first clinical site to operationalise the new DHR software (Hyperspace) and accompanying MyChart Care at Home app for tracking symptoms via a smart phone.
- Commenced negotiations with Calvary and ACTHD regarding the development of a territory-wide stroke/neurology service. We also continued work with Southern NSW to develop stroke units.

Outlook for 2022-23

During 2022-23, the Division of Medicine aims to achieve the following:

- Progress upgrading the Endoscopy Unit and undertake an additional 900 procedures.
- Initiate a ‘rapid access multi-disciplinary clinic’ combined clinic with Dermatology and Plastics to see high-risk skin cancer patients, ensuring timely access for high-risk individuals.
- Establish a phototherapy service in Dermatology.
- Commence a Memorandum of Understanding with Southern NSW Health, undertaking diabetes high-risk podiatry outreach clinics, as well as improving case management within CHS.
- Establish an adult gender service for patients aged 16 and over, based at the CHS Sexual Health Centre.
- Streamline processes for transitioning patients admitted for alcohol detoxification through to the detox unit after acute general medicine admission.

Mental Health, Justice Health and Alcohol and Drug Services

Increase acute capacity to meet demand for mental health services

We have increased the total acute mental health beds on the Canberra Hospital campus to 56.

Ward 12B

Ward 12B opened in September 2021. It is a light, bright and welcoming space for people needing a mental health inpatient stay. New therapeutic group programs established including:

- Dialectical behaviour therapy skills group
- telehealth
- mood management
- youth group
- open art studio.

Create High Dependency Unit beds

The work to increase the capacity to flex from 10 to 18 High Dependency Unit (HDU) beds is complete. By providing the additional HDU capacity, the unit has the flexibility to match bed availability to patient need.

Neurostimulation Therapy Suite

The Neurostimulation Therapy Suite (NTS) opened in December 2021.The NTS operates three days per week. In 2022 to 2023, the service will look at offering other neurostimulation therapy treatments such as transcranial magnetic stimulation.

New innovative services for people with eating disorders

The STRIDE program and parenting groups utilise supervised final year psychology students from the Australian National University and the University of Canberra. Four intakes of 10 psychology students have enabled timely intervention for moderate eating disorder presentations with very positive feedback from the clients and students.

The four-week parenting groups have resulted in a significant decrease in wait times for Family Based Therapy intervention in the eating disorders program and a reduction in the number of families who would have previously been placed on a waitlist. These interventions have reduced the waitlist time by approximately 90 per cent.

Further achievements for 2021-22

- Completed the Older Persons Mental Health Community Teams Model of Care which supports the Older Persons Mental Health and Wellbeing in the ACT Strategy 2022-2026.
- Alcohol and Drug Services commenced micro-dosing in October 2021, to assist clients who were interested in transitioning from methadone maintenance to buprenorphine maintenance, with minimal or no opioid withdrawal. Seven out of nine clients successfully completed the regime.
- Launched the Adolescent Acute Day Program in June 2022. This is at the Gawanggal Hub for the next 12 months while a new space is being constructed at the Centenary Hospital for Women and Children.
- The Homeless Outreach Service Team pilot continued to operate and help consumers who did not have a permanent residence to access mental health services.

- JHS Primary Health reduced overdose risk in the Alexander Maconochie Centre (AMC) through implementing training for, and access to, intranasal Naloxone for ACT Corrective Services staff.
- In February 2021, the second Police, Ambulance and Clinician Early Response (PACER) team commenced. With the two PACER teams in operation, on average, 51 per cent of consumers were able to stay in the community, reducing pressure on the emergency departments across the ACT.
- The Adult Mental Health Unit Early Discharge Program in partnership with the Mental Health Foundation won a 2021 Mental Health Week award.

Outlook for 2022-23

During 2022-23, the Division of Mental Health, Justice Health and Alcohol & Drug Services aims to achieve the following:

- Develop a plan for responding to people with co-occurring mental health and drug and alcohol conditions.
- Create a new Mental Health Link Team (MH Link Team), which will provide mental health liaison support for clinical subacute, residential and justice housing accommodation and support discharges from inpatient care areas. The MH Link Team will partner with stakeholders to support suicide prevention initiatives and mental health recovery plans.
- In collaboration with the Justice and Safety Directorate, ACTHD and Winnunga, lead the development of a justice health strategy. The strategy will:
  - Guide the planning and direction of Justice Health Services (JHS) to ensure a robust and sustainable governance structure.
  - future direction and service improvements that align to the overall principles of effective and efficient service delivery.
- Establish a skills consolidation pilot to support clients as they step down from Child and Adolescent Mental Health Services (CAMHS) Community Teams. The Skills Consolidation Group will be an eight-week pilot program. Clinicians from CAMHS Adolescent Acute Day Program will support up to eight young people preparing to conclude their engagement with CAMHS. Clinicians will consult and identify participants.
- Commence a CAMHS Specialist Youth Mental Health Outreach (SYMHO) Service/University of Canberra research project about improving the physical health of young Australians living in the community who have experienced early psychosis, or are at ultra-high risk of developing psychosis, through an interdisciplinary co-ordinated lifestyle intervention. This research project is the first of its kind in the ACT and the participants will be young people from SYMHO aged between 14 and 25 years with early onset psychosis or at ultra-high risk of developing psychosis. It will be an interdisciplinary collaboration between the University of Canberra and SYMHO. The trial will quantify whether a combined practical dietary and physical health intervention can improve metabolic and functional markers.

Nursing, Midwifery and Patient Support Services

Nursing and Midwifery Workforce Plan

NMPSS developed the CHS Nursing and Midwifery Workforce Plan 2022-2023 in consultation with nurses and midwives across the service, as well as the Australian Nursing and Midwifery Federation, launching on 12 May 2022. The plan is focussed on meeting the current needs of the community and ensuring we continue to build a sustainable workforce that is future fit and able to handle the changing pressures of health care delivery.

CHS are working to implement a number of initiatives within the Plan. In addition, we are working closely with the Office of the Chief Nursing and Midwifery Officer on Territory wide improvements to the Nursing and Midwifery workforce, these include initiatives to develop a Territory wide recruitment campaign, increases in new graduate placements, increases in scholarship support for staff wishing to take on further post graduate study in key specialties and strengthening the concept of Clinical Supervision.

Implementation of phase 1 of nurse/midwife-to-patient ratios across CHS

The ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework (Ratios Framework) was implemented under a phased approach from 1 February 2022 across CHS in general medical, general surgical, acute aged care and adult mental health inpatient units.

NMPSS introduced a point-in-time manual compliance report to monitor ward compliance and gaps during the amnesty period, before the analytics module within the Proact rostering system went live. NMPSS continues to work with the vendor and the Australian Nursing and Midwifery Federation to ensure all requirements around nurse/midwife-to-patient ratios reporting will be met through this system.

The division completed the recruitment of an additional 55 FTE team members to facilitate the implementation of nurse/midwife-to-patient ratios.

Review of the wardspersons classification and workforce model

The review of the wards persons classification and workforce model is ongoing.

Outlook for 2022-23

During 2022-23, Nursing, Midwifery and Patient Support Services aims to achieve the following:

- Progress further actions outlined in the CHS Nursing and Midwifery Workforce Plan 2022-2023.
- Ongoing planning and implementation of Phase 2 Nurse/Midwife-to-patient ratios across CHS.
- Introduce the Novice Nurse Consolidation Program for novice acute care nurses who want further education and support.
- Develop a training framework for Patient Support Services.

People and Culture

Aboriginal and Torres Strait Islander Workforce Action Plan

People and Culture consulted and developed the Aboriginal and Torres Strait Islander Workforce Action Plan with Aboriginal and Torres Strait Islander stakeholders. The action plan will launch in late 2022.

Develop the (dis)Ability Workforce Action Plan

The (dis)Ability Action Inclusion Plan was finalised in early 2022. In 2022-23 we intend to develop the (dis)Ability Workforce Action Plan.

CHS Leadership Strategy

The draft CHS Leadership Strategy has been developed and will be finalised in 2022-23. In 2021-22, our leaders and managers participated in several development opportunities to build their capabilities.

FOCIS Program

The CHS Fostering Organisational Culture and Improvement Strategy – Strengths, Engagement and Development (FOCIS-SED) approach was launched in November 2021. The FOCIS 2020-2022 is an implementation plan which supports the FOCIS strategy, outlining 29 key culture improvement initiatives. As at 30 June 2022, a total of 24 initiatives were implemented, with the remaining five anticipated to be implemented by the end of the 2022 calendar year.

Further achievements for 2021-22

- In 2021, the Division began to implement the Cognitive Institute's Speaking Up for Safety (SUFS) program. As at 30 June 2022, 6448 team members had attended the program.
- The division developed a streamlined and innovative recruitment process for employing graduate nurses. The new model reduces resources, personnel and administration required for bulk recruitment.
- We implemented the new CHS OV face-to-face training with initial focus on high-risk work areas.

Outlook for 2022-23

During 2022-23, People and Culture aims to achieve the following:

- Rollout a comprehensive Leadership Program aligned to the CHS Leadership Strategy.
- Implement a focused teams-based preceptorship program for nurses and midwives to skill teams to provide work-based support, mentoring, coaching and training to new team members and students to enhance the quality and safety of patient care.
- Develop a renewed orientation education process to enhance the onboarding experience of new team members.
- Streamline recruitment processes and enhance the employee value proposition.

Quality, Safety, Innovation and Improvement

National Safety and Quality Health Service Standards

Accreditation against the National Safety and Quality Health Services (NSQHS) Standards was delayed until June 2022 due to the impact of COVID-19.

On 27 June to 1 July 2022, CHS underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment.

The Australian Council on Healthcare Standards issued a final report confirming full accreditation status until 27 July 2025.

Implement the revised Clinical Incident Management System

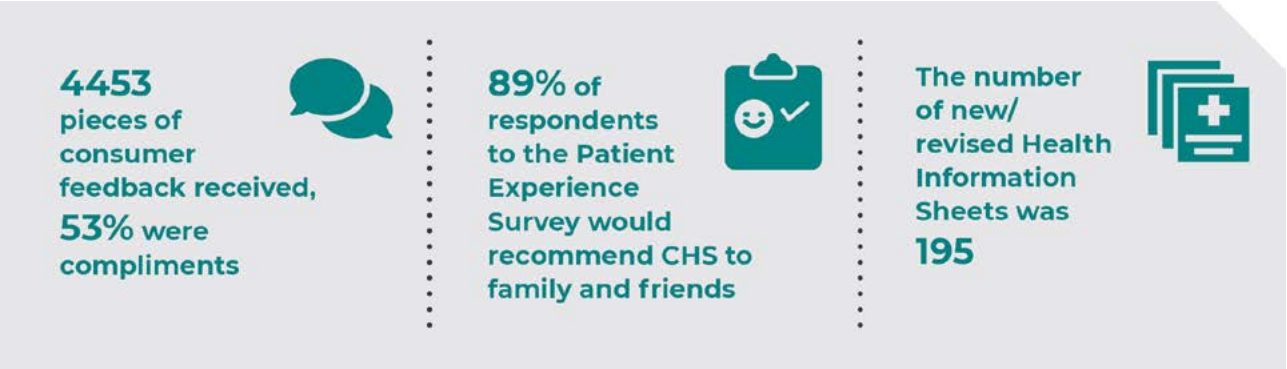
The division implemented the revised Clinical Incident Management System in August 2021.

CHS team members have embraced the improvements made to the system. As a result, identification and investigation of serious clinical incidents has improved and the number of open and overdue recommendations has reduced.

Improve and enhance quality and safety data

We continue to improve access to meaningful quality and safety data through a transition to a clinical audit platform that is readily available at point of care and delivers data directly to dashboards which all staff can access.

QSII continue to review and develop audits that align to the NSQHS Standards and deliver education in accessing relevant data that supports quality improvement activities aimed at excellence in patient care.



Outlook for 2022-23

During 2022-23, QSII aims to achieve the following:

- Partner with peak ACT Consumer and Carer organisations to establish the CHS Consumer and Carer Committee.
- Implement the CHS Paediatrics Patient Experience Survey and the Your Experience of Service Survey for mental health consumers across CHS.
- Implement a refreshed CHS Clinical Audit Program with improved access to audit results.
- Support the organisation to improve Morbidity and Mortality/Quality Assurance Committee processes.
- Lead implementation of the Innovation and Improvement Framework.

Rehabilitation, Aged and Community Services

Continue the Oral Health Services partnership with Justice Health

The Division of Rehabilitation, Aged and Community Services (RACS) continued the Oral Health Services partnership with JHS to achieve compliance with recommendation 53 from the Healthy Prison Review 2019. Significant efforts have been made to ensure service delivery in the Hume Health Centre is consistent with that in the community.

Oral health services governance framework and model of care

The Oral Health Services Reform project is underway and due to be implemented in 2022-23.

The project will deliver a new governance framework and model of care. It is being led by a steering committee of CHS team members, union representatives and consumers.

Further achievements for 2021-22

- Established the first Post-COVID Recovery Clinic in the ACT to support people experiencing long-COVID.
- Conducted a successful pilot of the GLA:D program at the Belconnen Community Health Centre, which has helped participants to manage their osteoarthritis and reduce the need for, or delay, joint surgery.
- Reduced hospital-acquired urinary tract infections (UTI) by implementing a consistent decision aid for junior medical team members and clinical coders to ensure data about UTIs is correct, which has subsequently enabled a reduction in hospital-acquired UTIs for the Acute Care of the Elderly units.
- UCH opened additional beds providing full capacity of 120 beds and increased its range of services, including with the new Post-COVID Recovery Clinic to support people experiencing long-COVID.

Outlook for 2022-23

During 2022-23, the Division of Rehabilitation, Aged and Community Services aims to achieve the following:

- Continue to establish and embed the Post-COVID Recovery Clinic and contribute to research about the prevalence and management of long-COVID in the ACT.
- Expand the GLA:D program to two community health centres to ensure more Canberrans can access non-surgical interventions for osteoarthritis where appropriate.
- Implement the new governance framework and model of care for the Oral Health Services program.
- Continue to work with the National Disability Insurance Agency (NDIA) to streamline the process for National Disability Insurance Scheme participants to leave hospital, and to improve data sharing with the NDIA.

Strategy, Policy and Planning

Disability Action and Inclusion Plan

Strategy, Policy and Planning developed a CHS Disability Action and Inclusion Plan. It guides the way we improve health services for people living with disability and promotes an inclusive workplace that supports and encourages our team members living with disability.

Statement of Commitment

Our Division developed our Statement of Commitment—our pledge to work in partnership with Aboriginal and Torres Strait Islander people to deliver on our vision of 'creating exceptional health care together', which incorporates Aboriginal artwork by Natalie Bateman. We look forward to collaborating to progress its Cultural Responsiveness in Action program of work in 2022-23.

Strategic communications and engagement

This year, we established digital screens on the Canberra Hospital campus. The screens alert the public to approximate ED wait times, including walk-in centres. The division complemented this with a series of social media posts and real-time ED, walk-in centre and COVID-19 clinic waiting time data.

New intranet for our team members

Strategy, Policy and Planning launched a new intranet in August 2021. It was redesigned as a place to get things done, with straightforward access to the information our team members need. It includes improved access to clinical governance information, offers two-way communication, with team members able to comment on news stories, provides a popular, single source of truth for changes, and helped shape our culture.

Territory Wide Surgical Services (TWSS)

TWSS achieved nearly 1800 elective surgeries in private hospitals—the second highest number ever.

Outlook for 2022-23

During 2022-23, Strategy, Policy and Planning aims to achieve the following:

- Strengthen and modernise the CHS brand in anticipation of the transformation of the Canberra Hospital campus. CHS will work with a creative partner to deliver a modern, values-centric brand that puts consumers, team members and stakeholders at the forefront of everything we do.
- Review and update Together, Forward to ensure we continue to improve access and experience of Aboriginal and Torres Strait Islander people interacting with our services.
- Review our CHS Strategic Plan 2020-2023 and develop our plan for 2023 to 2026.

Surgery

Operationalise the model of care for the Intensive Care Unit expansion

The newly expanded ICU opened on 15 March 2022, providing an additional eight beds to the unit. There is a negative pressure room, and the eight beds can be converted to a negative pressure zone.

HOSportal (anaesthetic allocation system)

Following an extensive cyber security clearance process, the Division began using HosPortal to manage the allocation of rostered anaesthetists. This innovation has made anaesthetic resources at CHS more effective and efficient, and supported workforce planning in preparation for expanding services in the future.

ENAP study

The Division obtained ethics and funding approval for the ENAP study, which aims to enhance patient safety and team member wellbeing through protected napping time. The Division purchased two sleep pods. The study was paused due to the COVID-19 pandemic; however, it will be restarted in 2022-23.

Elective surgery target

Even with the difficulties of workforce shortages, the Division of Surgery hit 98 per cent of its target, completing 5925 elective surgeries during the reporting period.

Further achievements for 2021-22

- The Toll-SouthCare Rescue Helicopter completed 394 flights and 137 road retrievals.
- We completed an upgrade of infrastructure in our existing ICU to support COVID-19 services by creating negative pressure zones in the current footprint in a timely manner, without impacting services.

Outlook for 2022-23

During 2022-23, the Division of Surgery aims to achieve the following:

- Increase activity in the Plastics Minor Procedure Room.
- Expand the ERAS program to include patients having major head and neck surgery or lung resection surgery.
- Care for over 600 patients in the ERAS program.
- Achieve a target of 5450 elective surgeries completed by CHS.

Women, Youth and Children

Strengthening Health Response to Family Violence program

We delivered on the ACT Government commitment to train our workforce to respond to family violence, with 88 per cent of team members now having a shared understanding. The Strengthening Health Response to Family Violence program implemented the Clinical Lead—Family Violence initiative in the ED. This is a clinical support role providing advice, consultation, training, and reflective practice to team members to implement a sustained practice change.

Child and Adolescent Immunisation Team

The division established a dedicated Child and Adolescent Immunisation Team, encompassing early childhood immunisation, high school immunisation and the Kindergarten Health Check.

Paediatric services

- Introduced a dedicated <5 years clinic for Community Paediatrics and Child Health Services, providing timely care where there may be concerns about developmental delays or emerging behaviour.
- The Division established a dedicated paediatric fracture clinic to provide a more child-friendly space for fracture assessment and cast removal.
- We made improvements in the way care is provided to paediatrics experiencing mental health challenges, dedicating a behavioural care nurse, implementing a Paediatric Behavioural Assessment/Observation and Management Tool and the introducing a dedicated paediatric assistant in nursing workforce to provide greater observation and engagement for children.

Further achievements for 2021-22

- Successfully decanted the Paediatric High Care ward to ward 8B as part of the Centenary Hospital for Women and Children (CHWC) expansion project to enable the Adolescent Ward to vacate.
- Expansion of psychosocial services for people with variations in sex characteristics.
- Launched the Safer Baby Bundle: a national initiative to reduce stillbirth by 20 per cent by 2025.

Outlook for 2022-23

During 2022-23, WYC aims to achieve the following:

- Finalise a CHS Gender Service Model of Care for children and adults.
- Implement the governance structure and model of care for the Enhanced Child Health Services, as part of the WYC Community Health programs.
- As part of the CHWC expansion project, implement ward moves for Maternity Assessment Unit, Gynaecology Procedure Suite, Adolescent Unit/Adolescent Mental Health Unit, Antenatal Ward, and Early Pregnancy Unit, with associated enhanced model of care.

Performance analysis

The 2021-22 Budget Statement identifies the strategic priorities for CHS. We are responsible for reporting on progress against objectives one to six.

Strategic Objective 1: Maximising the quality of hospital services

Strategic Indicator 1.1: Quality of care provided to patients

This indicator highlights patients' experiences of the effectiveness and quality of care provided within CHS.

Table 2: Overall how would you rate the care you received in hospital

Strategic Indicator	2021-22 Target	2021-22 Outcome
Patient Experience Survey – Proportion of respondents rating their overall care as good or very good.	>85%	85%

Strategic Indicator 1.2: The number of people admitted to hospitals per 10 000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay

This provides an indication of the safety of hospital-based services and is an Australian Commission on Safety and Quality in Health Care national indicator. The national target is <1.0 per 10 000. The CHS target is <2.0 per 10,000 as we collect data for both inpatient and non-inpatient health care associated infections.

Table 3: The number of people admitted to hospitals per 10 000 occupied bed days who acquire a SAB infection during their stay

Strategic Indicator	2021-22 Target	2021-22 Outcome
Number of admitted patients who acquire a SAB infection per 10,000 bed days[1]	<2.0 per 10,000	1.6 per 10,000

1. This is an Australian Commission on Safety and Quality in Health Care national indicator.

Strategic Indicator 1.3: The estimated hand hygiene rate

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

Table 4: Estimated hand hygiene rate

Strategic Indicator	2021-22 Target	2021-22 Outcome
Estimated hand hygiene[1]	80%	84%

1. Hospital targets are based on the national target as per the National Hand Hygiene Initiative of the Australian Commission on Safety and Quality in Health Care.

Strategic Objective 2: Percentage of women in the target age group (50 to 74 years) screened through BreastScreen Australia in a 24-month period

Strategic Indicator 2.1: Participation rate—proportion of women aged 50 to 74 who had a breast screen

Table 5: Participation rate—proportion of women aged 50 to 74 who had a breast screen

Strategic Indicator	2021-22 Target	2021-22 Outcome
Participation rate, proportion of women aged 50 to 74 who had a breast screen[1]	60%	53%

1. This is a National indicator reported on by BreastScreen Australia. The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year.

Strategic Objective 3: Timely access to inpatient beds for mental health consumers

Strategic Indicator 3.1: Proportion of mental health patients whose emergency department length of stay is greater than 24 hours

This indicator measures timely access to inpatient beds for mental health consumers.

Table 6: Proportion of mental health patients whose ED length of stay is greater than 24 hours

Strategic Indicator	2021-22 Target	2021-22 Outcome
Proportion of mental health patients whose emergency department length of stay is greater than 24 hours.	0%	2%

Strategic Objective 4: Reducing the impacts of occupational violence on our staff

Strategic Indicator 4.1: The reduction in occasions of staff absence cause by occupational violence

This indicator details the rate of staff absence due to reported OV incidents (i.e. staff time lost from the workplace).

Table 7: Reduction in occasions of staff absence caused by an OV incident (lost time incident frequency rate due to OV)

Strategic Indicator	2021-22 Target	2021-22 Outcome
Occasions of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence).	5.8 per million hours worked	6.7 per million hours worked

Strategic Objective 5: Improving quality of care for inpatients at CHS for patients 80 years or older

Strategic Indicator 5.1: Proportion of patients 80 years or older at admission for an inpatient episode of care at CHS with 'Goals of Care' registered during admission

This indicator details the quality of care for inpatients at CHS for patients 80 years or older, based on patients admitted with 'Goals of Care' registered during admission.

Table 8: Proportion of patients 80 years or older at admission for an inpatient episode of care at CHS with 'Goals of Care' registered during admission

Strategic Indicator	2021-22 Target	2021-22 Outcome
Proportion of patients 80 years or older at admission for an inpatient episode of care at CHS with "Goals of Care" registered during admission[1]	100%	13%

1. The commissioning of the Digital Health Record will streamline the processes and procedures to assist in patient record access and improve the ability to report against this indicator.

Strategic Objective 6: Improving partnerships with primary health care providers

Strategic Indicator 6.1: Proportion of patients who present to CHS' Emergency Department or a walk-in centre who have a recorded registered primary health care provider

This indicator details the proportion of patients who present to CHS' ED or a walk-in centre who have a record registered to a primary health care provider.

Table 9: Proportion of patients who present to CHS' ED or a walk-in centre who have a recorded registered primary health care provider

Strategic Indicator	2021-22 Target	2021-22 Outcome
Proportion of patients who present to CHS' Emergency Department or a Walk in Centre who have a recorded registered primary health care provider	100%	99%

Scrutiny

We respond to requests from the ACT Legislative Assembly Committees, including reports referred from the ACT Auditor-General's Office, to support proper examination of matters. We also respond to complaints that are referred from the ACT Ombudsman Office. In 2021-22, there were no complaints referred from the ACT Ombudsman Office to CHS.

The list below does not include recommendations where our initial response indicated that the implementation of the recommendation was already complete.

Where input was provided to Territory-wide responses, refer to the ACT Health Directorate Annual Report.

For more information, contact chs.ministerial@act.gov.au

Select Committee on Estimates 2019-2020		
Report Number	Not applicable	
Report Title	Appropriation Bill 2019-2020 and Appropriation (Office of the Legislative Assembly) Bill 2019-2020	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf	
Government Response	nla.gov.au/nla.obj-2438508789/view	
Date Tabled	August 2019	
Recommendation number/summary	**Action**	**Status**
Recommendation 85 The Committee recommends that the ACT Government ensures Canberra Health Services works towards utilising all the beds at the University of Canberra Public Hospital (UCH) to allow more beds to be available at the Canberra Hospital.	In 2022, RACS increased bed numbers at UCH to 120 to support surge activities in response to sustained increased demand on health services. RACS continues to work collaboratively with other Divisions of CHS to identify suitable patients for transfer and admission to RACS wards at UCH. Bed numbers at UCH are continually monitored to ensure the facility is effectively utilised.	Complete
Recommendation 86 The Committee recommends that the ACT Government require the ACT Health Directorate and CHS with the Transport Canberra and City Services Directorate and other relevant Directorates to develop a hospital to Woden public transport and pedestrian plan.	CHS has requested Transport Canberra and City Services (TCCS) undertake enhancements to pedestrian paths and signage between Canberra Hospital and Woden. A whole of campus signage project is underway, noting the complexities make this a very large project. CHS has provided TCCS with a draft Transport Access Guide, incorporating feedback from the Health Care Consumers Association. The CHS website has an interactive map that advises in public transport (buses), CHS buildings and parking.	In progress

Standing Committee on Education, Employment and Youth Affairs		
Report Number	Report 9	
Report Title	Youth Mental Health in the ACT	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0006/1701069/9th-EEYA-09-Inquiry-into-Youth-Mental-Health-in-the-ACT-GR-released-14-Jan-2021-and-tabled-9-February-2021.pdf	
Date Tabled	December 2020	
Recommendation number/summary	**Action**	**Status**
Recommendation 16 The Committee recommends that the ACT Government conduct a formal evaluation of the PACER program with a view to making it a permanent service with expanded coverage and times.	The second PACER team commenced in February 2022. An external independent evaluation is being undertaken on the PACER service to inform strategic planning and future service delivery. The report is expected to be finalised by the end of 2022.	In progress
Recommendation 20 The Committee recommends the ACT Government fund and implement the elements of the Model of Care for the Adolescent Mental Health Unit and Day Service (parts of the day program and the expanded Adolescent Mobile Outreach Service) which can commence prior to the building's completion.	The Adolescent Acute Day Program was operationalised in June 2022. The program is temporarily based at Gawanggal on the Calvary Hospital Campus in Bruce until its permanent premises at Centenary Hospital for Women and Children has been completed. The Adolescent Day Program is a voluntary four-week program that operates three days a week for young people aged 12 to 17 years who have been discharged from hospital following crisis presentation or admission. Participants are primarily referred via the CAMHS Adolescent Intensive Home Treatment Team (AIHTT). The day program aims to promote activities of daily living, psychoeducation, self-awareness, promote help-seeking behaviours within multidisciplinary therapy approaches, including occupational therapy, psychology, art, exercise and music. The AIHTT was operationalised in March 2021 in place of expanding the Adolescent Mobile Outreach Service AIHTT provide short intensive follow up support for children and young people under the age of 18 who have been discharged from Canberra Hospital. AIHTT works collaboratively with the CAMHS Hospital Liaison Team to provide short-term in-home, online and phone follow up and support of young people, not already engaged with other CAMHS teams. The team also provides education, consultancy and collaborates with other services such as the Adolescent Acute Day Program.	Complete
Recommendation 53 The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability.	Currently, CHS have a Mental Health Intellectual Disability team that CAMHS can draw on for advice if required. The CAMHS south-side office is relocating in the first half of 2022-23, which will enable easier access for people with a physical disability. CAMHS is examining ways to strengthening the support provided to young people with a disability within their teams.	In progress

Standing Committee on Health and Community Wellbeing		
Report Number	Report 1	
Report Title	Annual and Financial Reports 2019-2020; Appropriation Bill 2020-2021 and Appropriation (Office of the Legislative Assembly) Bill 2020-2021	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0004/1744816/HCW-01-Annual-Report-2019-20-and-ACT-Budget-2020-21-Govt-Response-on-Budget-tabled-2021-04-20.pdf	
Date Tabled	20 April 2021	
Recommendation	**Update**	**Status**
Recommendation 7 The Committee recommends that the ACT Government build more walk-in health centres across Canberra	The ACT Government provided funding to establish the new CHS at Molonglo centre which opened in April 2022. The ACT Government has also provided funding to undertake a feasibility study into the establishment of a further four centres to provide community-based services located in the Inner South, South Tuggeranong, North Gungahlin and West Belconnen. The feasibility study is expected to be completed in late 2022.	In progress

Standing Committee on Health and Community Wellbeing		
Report Number	Report 3	
Report Title	Appropriation Bill 2021-2022 and Appropriation (Office of the Legislative Assembly) Bill 2021-2022	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0005/1898834/HCW-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0006/1905468/Government-Response-to-Standing-Committee-Reports-on-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf	
Date Tabled	November 2021	
Recommendation	**Update**	**Status**
Recommendation 2 (HCW Section) The Committee recommends that the ACT Government investigate the co-location of sexual health services with walk-in health centres (WIC).	The WICs currently provide asymptomatic screening for chlamydia. The WICs and WIC GP advisor are working to further develop the screening service in partnership with Canberra Sexual Health Service. CHS is working with ACT Health Directorate who has planned consumer engagement activities to identify facilitators and barriers to Sexually Transmitted Infection and Blood Borne Viruses services	In progress

Standing Committee on Health and Community Wellbeing		
Recommendation 13 (HCW Section) The Committee recommends that young detainees at Bimberi Youth Justice Centre receive additional therapeutic supports, including mental health supports and counselling, whenever they are locked down for any reason.	Mental health clinicians are continuing to provide mental health assessments for all young people upon admission and ongoing intervention, including psychiatric care by a consultant child psychiatrist, to young people experiencing significant mental health concerns. If a young person is engaged with mental health services already, or referred to mental health, we will provide whatever mental health support is clinically indicated. During lockdowns, young people do receive daily segregation checks from Custodial Health and can request to see Custodial Mental Health at these; wellbeing support is the responsibility of Bimberi Youth Justice Centre.	Complete

Standing Committee on Planning and Urban Renewal		
Report Number	Report 14	
Report Title	Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre and the Canberra Hospital Campus and Immediate Surrounds	
Link to Report	parliament.act.gov.au/parliamentary-business/in-committees/previous-assemblies/standing-committees-ninth-assembly/standing-committee-on-planning-and-urban-renewal/inquiry-into-planning-for-the-SPIRE-and-the-canberra-hospital-campus-and-immediate-surrounds#tab1456455-5id	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0017/1701071/9th-PUR-14-SPIRE-GR-released-2021-01-04-tabled-2021-02-09.pdf	
Date Tabled	August 2020	
Recommendation	**Update**	**Status**
Recommendation 7 The Committee recommends that the ACT Government ensure the Canberra Hospital provides clear and explicit direction at all entry points for people attempting to access the ED and who are not in an ambulance.	The engagement of community representatives in the development of the new signage and wayfinding package for the new CSB is continuing with good feedback received to date. There are ongoing reviews of wayfinding signage to the ED and feedback from the community is responded to. A resource is about to commence to assist with improving the wayfinding and signage processes at CHS.	In progress
Recommendation 8 The Committee recommends that the ACT Government ensure the Canberra Hospital provides sufficient short-term parking for people attempting to access the emergency department in a private vehicle to ensure that the patients can be safely delivered to the ED.	A drop off and pick up zone, in addition to short-term parking is available adjacent to the current ED entrance.	In progress

Select Committee on the COVID-19 2021 Pandemic Response		
Report Number	1	
Report Title	Inquiry into the COVID-19 2021 Pandemic Response	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0017/1910132/Report-Inquiry-into-the-COVID-19-2021-pandemic-response-.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0004/1973029/COVID-19-Report-on-the-Inquiry-into-the-COVID-19-2021-Pandemic-Response-GR-tabled-22-Mar-2022.pdf	
Date Tabled	March 2022	
Recommendation	**Update**	**Status**
Recommendation 24 The Committee recommends the ACT Government ensure Canberra Health Services clinics are set up physically and technologically for telehealth.	Telehealth continues to be used across a variety of clinical services including the COVID Care@Home program. There are currently over 264 clinics set up to use telehealth across CHS. In 2021-22, 11 423 video and 47 122 telephone appointments were conducted by CHS.	In progress
Recommendation 25 The Committee recommends that the ACT Government support front-line medical professionals, including training, to provide telehealth appointment options.	CHS continues to provide support and training to users of the telehealth service by providing links to the online telehealth page that includes training videos and support documentation. Access to the telehealth service is not limited to the clinical workforce in the COVID Care@Home program. If a cohort of users require further assistance, they can (on request) arrange a demonstration or training session with the System Administrator.	In progress

ACT Human Rights Commission		
Report Number	Not applicable	
Report Title	Review of the Opioid Replacement Treatment Program at the Alexander Maconochie Centre	
Link to Report	parliament.act.gov.au/__data/assets/pdf_file/0009/1185057/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0007/1242916/Alexander-Maconochie-Centre-Review-of-the-Opioid-Replacement-Treatment-Program-Report-of-the-ACT-Health-Services-Commissioner-Government-response.pdf	
Date Tabled	August 2018	
Recommendation	**Update**	**Status**
Recommendation 6 That ACT Health and Corrective Services (ACTCS) make arrangements for Naloxone to be available at the AMC and ensure that it is able to be administered in an emergency situation.	In March 2022, Naloxone nasal spray has been available for ACTCS officers to use as first responders in overdose incidents. Officers have been provided education. Adverse reactions that may be witnessed will be due to an acute withdrawal from opioids. With any adverse event such as an overdose, ACTCS would call ACT Ambulance Service and the Medical Officer on call.	Complete

ACT Auditor-General Report		
Report Number	7/2020	
Report Title	Management of Care for People Living with Serious and Continuing Illness	
Link to Report	audit.act.gov.au/__data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf	
Government Response	parliament.act.gov.au/__data/assets/pdf_file/0004/1710850/Government-Response-to-AG-Report-No.-7-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf	
Date Tabled	December 2020	
Recommendation	**Update**	**Status**
Recommendation 3 CHS should improve the transparency and accountability of the Chronic Disease Management Unit by developing a performance framework for its activities including identified outcomes and associated performance indicators for its services and programs.	The existing Chronic Disease Management Unit has been deployed across CHS in areas of need. Consideration is being given to incorporating the previous functions of the Unit to assist with the broader CHS integrated model of care work underway. A longer-term model of care for this service is being developed, noting individual speciality positions have been unaffected.	In progress
Recommendation 4 CHS should establish how it intends to progress the Chronic Disease Management Unit and the services and programs it currently provides.	CHS is undertaking a program of work through the Office of the COO that will focus on integrating care across the whole health sector within the ACT, establishing partnerships and tackling barriers to health care, with a focus on those with chronic conditions. This work will assist in the development of the model of care for the current Chronic Disease Management Unit moving forward. Review of the unit's programs and services is also underway and will be implemented through performance management cycles in 2022-23.	In progress

Risk management

Risk management is a critical part of our approach to clinical governance. Risk is present in our daily activities. Every day there is a possibility of an event or situation that could impact our ability to deliver health services. Or it could compromise the quality of care we deliver or affect the safety of our consumers, their families and carers, or our team and visitors. Identifying and managing risk is necessary to prevent harm and find opportunities for improvement.

Risk Management Framework

In 2021-22, we reviewed our Risk Management Framework and Policy to reflect the changes to our CHS Governance Committee structure. Our Risk Management Framework and Policy are tailored to CHS, remain compliant with the International Standard for Risk Management 31000:2018 and reference the ACT Government Risk Management Policy. Our framework outlines our risk management governance.

The CHS Governance Committee is responsible for risk management system oversight. The CHS Executive Committee is responsible for risk oversight. The Internal Audit function within our Finance and Business Intelligence Branch, with oversight by our Audit and Risk Management Committee, is responsible for risk assurance. Risk management is everyone's responsibility.

Training

During 2021-22, we strengthened our Risk Management education and training options for our workforce. We reviewed our Risk Management Toolkit for Managers and updated it, making additional tools and templates available to self-assess risk control effectiveness.

In May 2022, our executive team participated in a risk management workshop to integrate risk management into our corporate planning process and review our Strategic Risk Register. Our executive team also completed our annual risk management maturity self-assessment.

Risk management education and training evaluation feedback, workshop feedback and self-assessment outcomes will inform our Risk Management Plan for 2022-23.

Table 10: Risk Course Completions—1 July 2021 to 30 June 2022

Course name	completions
Introduction to Risk in the ACT Government eLearning	1343
Practical Application of Risk Management eLearning	59
Divisional Risk Management Education	105

Recalls, alerts and product corrections

We report quarterly on the management of recalls, hazard alerts and product defect corrections to the Our Care Committee. The quarterly reporting mainly shows Therapeutic Goods Association–initiated notifications that affect CHS and may impact on patient safety through product shortage, defect, or other safety concerns.

Internal audit

CHS engaged an external service provider from the ACT Government Internal Audit Panel to undertake CHS' internal audit function. CHS develops the Internal Audit Program by identifying areas of strategic, operational or fraud risk. The committee reviews this program with endorsement from the CEO and the Chairperson.

Internal audit arrangements

During 2021–22, five strategic internal audits were completed with another four in-progress at year end. Audit findings and recommendations are rated in line with the ACT Government Risk Management Policy. Throughout the year, the Head of Internal Audit reported to the CEO and the committee on:

- matters relating to the Strategic Internal Audit Program
- audit recommendations emerging from audit findings
- any matters of significance as identified during the year.

Audit and Risk Management Committee

The CHS Audit and Risk Management Committee assisted the CEO in fulfilling their oversight and governance responsibilities. The committee's role, composition, authorities, and responsibilities are set out in our Internal Audit Charter and Internal Audit Policy and Procedures. These are based on the ACT Government Framework for Internal Audit Committee and Function.

The committee provides independent assurance and assistance to the CEO on CHS' risk, control and compliance frameworks, and its external accountability responsibilities. The committee also reviews the annual financial statements and advises the CEO on audit outcomes, significant risks and implementation of mitigation strategies.

Representatives from the ACT Audit Office regularly attend and update the committee on the progress of Auditor-General audits and audit matters impacting CHS and the ACT Government. CHS team members regularly attend to present to the committee on internal audit, assurance and governance activities and issues.

Table 11: CHS Audit and Risk Management Committee members and attendances

Name	Position	Duration on the Committee	Meetings attended
Mr Geoff Knuckey	Independent Chairperson	4 years	4
Mr Jeremy Chandler	External member and Deputy Chairperson	4 years	5
Ms Janine McMinn	External member (outgoing)	3 years	3
Ms Christine Pitt	External member (commencing)	3 months	2
Mr David Foot	External member (commencing)	3 months	2
Mr Ben Cooper	Internal member	3 years	5

Fraud prevention

To prevent fraud within CHS, the Fraud and Corruption Policy is supported by the CHS Fraud and Corruption Control Plan. We developed the policy and plan in line with the ACT Public Service (ACTPS) Integrity Policy, ACT Public Sector Management Act 1994, ACT Integrity Commission Act 2018, and the ACT Public Interest Disclosure Act 2012.

We place great importance on maintaining a culture that values integrity and ethical behaviour. Fraud prevention strategies are part of our governance framework and include reporting to the Audit Risk Management Committee.

During 2021-22, we strengthened our approach to fraud prevention through several key activities:

- We reviewed and are implementing the Fraud and Corruption Control Plan.
- The Senior Executive Responsible for Business Integrity Risk (SERBIR) continued to:
  - champion integrity matters through regular updates to team members
  - support CHS compliance with the ACT Integrity Policy
  - oversee processes to detect and investigate fraud and corruption.
- We investigated three cases related to fraud. No cases were referred to Integrity Commission as public interest disclosures.

Risk assessments conducted

The CHS Fraud and Corruption Control Plan identifies fraud- and corruption-related risks. Every year we reassess the fraud and corruption risks using the CHS Risk Management Framework to ensure the risk assessment and treatment plans are up to date and effective. Fraud and corruption risks for CHS are held on the CHS Fraud Risk Assessment Register.

Fraud awareness training

Training and education on fraud prevention and ethical behaviour is included in the Workplace Behaviours eLearning module which is mandatory for all team members. The SERBIR actively promotes the ACTPS Integrity Policy and associated processes to detect and respond to fraud and corruption.

Fraud prevention strategies

In addition to the Fraud and Corruption Control Plan, fraud risk management forms part of the business planning cycle. CHS fraud prevention strategies include:

- additional fraud related training opportunities to raise team member awareness
- regular and ongoing reviews of fraud and corruption controls
- oversight of fraud and corruption control activities by SERBIR and the Audit and Risk Management Committee.

For more information, contact CHS.SEBIR@act.gov.au

Freedom of Information

The *Freedom of Information Act 2016* (FOI Act) provides a right of access to government information unless access to the information would, on balance, be contrary to public interest.

The FOI Act recognises the importance of public access to government information for the proper workings of a representative democracy and ensures that, to the fullest extent possible, government information is freely and publicly available to everyone.

For more information, contact HealthFOI@act.gov.au

Table 12: Canberra Health Services—freedom of information—mandatory statistics 2021-22

Freedom of information: Mandatory statistics		
Access applications: Overall		
Data	**Agency response**	**Notes and explanation**
Number of access applications on hand at the beginning of the reporting period	1	-
Number of access applications received during the reporting period	41	-
Number of access applications transferred to another agency	1	1 partial transfer
Number of access applications finalised	32	5 were withdrawn by applicant and information provided informally to two of those applications.
Number of access applications finalised by not being dealt with after more than 3 months suspended during the reporting period	2	-
Number of access applications on hand at the end of the reporting period	8	-
Timeliness		
Data	**Agency Response**	**Notes and Explanation**
Number of access applications decided within the time to decide under s 40	24	8 applications decided within the extension of time under section 41
Number of access applications **not** decided within the time under ss 40, 41 and 42 (deemed decisions)	0	-
Of the access applications not decided within time (deemed decision), the time taken to finalise those matters		
Within 35 days	0	-
Within 60 days	0	-
Over 60 days	0	-

Freedom of information: Mandatory statistics		
Fees Charged		
Total charges and application fees collected from access applications	$0.00	-
Number of access applications to which a fee or charge was applied	0	-
Outcomes		
Number of access applications with a decision which:		
Gave full access	6	-
Gave partial access	18	-
Refused access	8	5 applications refused as contrary to public interest and 3 technical refusals as the agency did not hold information within the scope of the request.
Ombudsman/ACAT Review		
Data	**Agency Response**	**Notes and Explanation**
Number of applications for Ombudsman review	2	-
Number of applications made to ACAT	0	-
Outcome of Ombudsman Review		
Decisions confirmed through Ombudsman review	1	-
Decisions set aside and substituted through Ombudsman review	1	-
Decisions varied through Ombudsman review	0	-
Outcome of ACAT Review		
ACAT Reference	**Outcome**	**Notes and Explanation**
Not applicable	Not Applicable	-
Open Access		
Decisions to publish open access information	255	-
Decisions not to publish open access information	36	-
Decisions not to publish open access information	0	-
Amending Personal Information		
Data	**Agency Response**	**Notes and Explanation**
Requests made to amend personal information	0	-
Decisions to amend personal information	0	-
Decisions to refuse to amend personal information	0	-

Community engagement and support

The CHS Strategic Communication and Engagement Branch leads and directs communication, marketing and media activities to help us achieve our organisational goals and engage meaningfully with the community.

A new website for our community

We launched our new website in April 2022. The website was a collaboration with our community: every page on the site was designed with consumers, for consumers.

Following on from our foundation research last financial year, this year we engaged the community to help shape the website's structure and navigation through two online tasks. We promoted these through social media, posters in vaccination clinics, by visiting waiting rooms with electronic tablets and via our network of community partners.

The website was consumer-tested prior to launch and received positive feedback, with over 350 000 page views between launch and the end of the reporting period.

We also tested the website with ordinary Canberrans who judged it highly useful, credible, trustworthy and enjoyable to use. It has delivered:

- clear, consistent and consumer-tested information on over 200 services and clinics
- information on what to expect before, during and after care
- details on how to get to and around CHS' 40+ premises
- accessible information, with read-aloud and translate functionality, and consumer-facing PDFs tagged for accessibility.

Social media engagement

We use social media as a valuable communication tool to engage with and educate our community about our health services. This year we focused on:

- information about our COVID-19-related services and changes
- celebrating our team members
- educating the community about where to get the best care for their circumstances.

Our social media strategy is driven by stories focussed on our people and our patients. We have continued to grow our online presence and social media through 2021-22.

During the year:

- we had over 6.5 million impressions
- our average engagement rate (per impression) was over 7 per cent
- our total audience across all platforms grew by more than 25 per cent
- we received over 9000 messages from the community
- we published more than 1000 posts.

Community support initiatives: grants and sponsorships

CHS did not provide any grants or sponsorship in 2021-22.

Aboriginal and Torres Strait Islander reporting

As an organisation, we aim to build an inclusive workforce through employee awareness, understanding and engagement. We endeavour to attract, recruit, develop and retain a workforce that reflects the community we service, including Aboriginal and Torres Strait Islander peoples.

Table 13: Aboriginal and Torres Strait Islander employee numbers in CHS

Year	Number
2020-21	96
2021-22	98

Aboriginal and Torres Strait Islander Steering Group

Supported by the CHS Aboriginal and Torres Strait Islander Consumer Reference Group, the Aboriginal and Torres Strait Islander Steering Group continues to lead and oversee key initiatives which improve access to services, health outcomes and experiences when engaging with CHS. This includes the development and implementation of initiatives aligned with Closing the Gap, the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and National Safety and Quality Health.

Statement of Commitment

The Statement of Commitment is our pledge to work in partnership with Aboriginal and Torres Strait Islander people to deliver on our vision of 'creating exceptional health care together'. We developed the statement in partnership with our CHS Aboriginal and Torres Strait Islander Consumer Reference Group, designed to incorporate Aboriginal artwork by Natalie Bateman. We will support implementation of the statement by undertaking a Cultural Responsiveness in Action program of work in 2022-23.

Together, Forward: Aboriginal and Torres Strait Islander Needs Assessment and Action Plan

Together, Forward ensures we deliver our strategic plan priority to address the health needs of Aboriginal and Torres Strait Islander peoples. It incorporates CHS actions to meet the National Agreement for Closing the Gap, ACT Aboriginal and Torres Strait Islander Agreement and National Safety and Quality in Health Service Standards.

Together, Forward actions completed in 2021-22 include increased access to middle ear examinations and a reduction in wait time for ear nose and throat surgery for Aboriginal and Torres Strait Islander people, especially children. We also commissioned an Aboriginal and Torres Strait Islander artwork by Natalie Bateman. The artwork is on display at Canberra Hospital and will be used for CHS documents and publications, including the Statement of Commitment. In 2022-23, in consultation with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group, we will review and update Together, Forward to reflect and build on the achievements of the first iteration.

Aboriginal and Torres Strait Islander Impact Statement and Declaration

We developed the Aboriginal and Torres Strait Islander Impact Statement and Declaration to ensure team members consider the needs and perspectives of Aboriginal and Torres Strait Islander People when developing policy, plans, strategies, and frameworks. We evaluated the Impact Statement and Declaration in late 2021 resulting in strengthening processes to ensure documents requiring an Impact Statement and Declaration have one completed.

Work health and safety

We are committed to providing a safe and healthy working environment for all team members, patients, contractors, visitors, and others. We have a proactive approach to work health and safety (WHS) with the aim of eliminating workplace injury and illness through effective risk management. This is demonstrated under our two key strategies:

- *CHS WHS Strategy 2018-2022* provides a systematic approach to ensure WHS across CHS through our strategic priorities of Safety in design, Reduce harm, Positive safety leadership and culture.
- *CHS Occupational Violence Strategy (2019-2022)* defines the strategic objectives to prevent and manage OV under eight strategic domains: governance, prevention, training, response, reporting, support, investigation and team member/consumer awareness.

WHS consultation arrangements

CHS has three tiers of WHS committees which meet at least quarterly and include management and employee representatives. The CHS Peak WHS Committee represents all divisions in CHS. Divisional WHS committees and sub-divisional committees represent specific divisions or divisional work units (formed as required for specific work units).

At 30 June 2022, we had 350 elected Health and Safety Representatives (HSR).

Team members elect HSR. They are appointed under the *Work Health and Safety Act 2011* (WHS Act) and represent employees regarding WHS matters in consultation with management.

HSR receive appropriate WHS training as required under the legislation to support them in the duties that they perform.

Staff WHS incidents

Table 14: Staff WHS incidents

Year	Number of personnel WHS incidents
2021-22	2727
2020-21	2574
2019-20	2116

Notifiable injuries, illness and incidents

Reportable incidents and notices under the WHS Act for the 2021-22 financial year were as follows:

- Nine WHS staff incidents were classified as notifiable incidents and reported to WorkSafe ACT.
- WorkSafe on Dhulwa Mental Health Unit issued one prohibition notice to CHS to ensure appropriate controls are in place for high-risk work.
- WorkSafe ACT issued eleven improvement notices for a variety of WHS matters, including lift safety, electrical safety and ensuring safe egress arrangements for team members.

Work health and safety activities

We progressed several WHS improvement activities in 2021-22:

- Introduced comprehensive live dashboard reporting of safety data so valuable safety information is available without delay, allowing WHS issues to be identified and addressed early.
- Introduced Community Duress Devices to improve safety for team members who deliver community health care services. These devices allow team members to discretely raise an alarm to a control centre during an OV incident so that appropriate assistance can be arranged, for example, police attendance.
- Our dedicated staff early intervention physiotherapists delivered 806 physiotherapy clinical appointments and conducted 186 ergonomic assessments to identify, prevent, and manage musculoskeletal injuries.
- Comprehensively reviewed the CHS Work Health Safety Management System which details organisational safety procedures, guidance and direction to ensure effective WHS arrangements in the health care setting.
- Reduced COVID-19 risks including through installing Perspex shielding in higher-risk client-facing reception areas and making posters for correct mask wearing in health care settings.
- Safety in design input for the new CSB and Women Youth and Children expansion and refurbishments through feedback on architectural plans and furniture, and selecting appropriate and safe furniture, fixtures and equipment.
- Achieved full compliance in the two-tier self-insurance audits—one for 'Plant and Equipment – Inspection and Maintenance' and another for 'Communication, Consultation and Reporting'.

Injury prevention programs

We continue to provide free personnel early intervention physiotherapy service. This includes free access to physiotherapy services and provision of ergonomic workstation assessments to prevent, manage and reduce musculoskeletal injuries. This:

- helps in reducing time off work
- facilitates early return to work
- decreases workers compensation claims
- improves personnel morale.

During the 2021-22 financial year, we provided 806 early intervention physiotherapy clinical appointments and 186 workstation ergonomic assessments. These numbers were less than last year and reflect the impact of COVID-19 with more team members working from home.

Injury prevention programs continued to be delivered including manual handling training (for example, to the warehouse team) and ergonomic workstation orientation to team members who occupied new buildings.

Performance against Australian Work Health and Safety Strategy 2022-23 targets

Target 1 - a reduction of a least 30 per cent in the incidence rate of claims resulting in one or more weeks off work: There was an increase in the rate of new claims resulting in one or more weeks off from work to 10.88 per 1000 employees in 2021-22. Headcount figures may be useful in explaining the higher claims numbers where FTE may not fully reflect increased casual or part-time team members. There was a reduction in the number of claims requiring time off work (severe claims) during the reporting year, despite workload pressures and increase in FTE numbers caused by the pandemic. There were 96 claims lodged in 2021-22 and 221 claims lodged in 2020-21. FTE numbers used for the compilation of this data are 7074.

Table 15: Incident rate of claims resulting in one or more weeks off work

Financial year	Number of new 5-day claims	ACT public service number of new 5-day claims	Our rate per 1000 employees	ACT Public Service rate per 1000 employees	CHS target	ACT Public Service target
2012–13	67	274	13.42	13.42	10.46	12.08
2013–14	67	257	12.37	12.20	10.13	11.70
2014–15	68	228	12.11	10.49	9.81	11.33
2015–16	71	205	12.16	9.36	9.49	10.96
2016–17	69	243	11.56	10.91	9.16	10.58
2017–18	47	202	7.65	10.91	8.84	10.21
2018–19	50	201	7.77	8.93	8.52	9.84
2019–20	46	231	6.89	8.50	8.19	9.46
2020–21	74	325	10.74	9.32	7.87	9.09
2021–22	**77**	**375**	**10.88**	**9.50**	**7.54**	**8.72**

Target 2 - A reduction of a least 30 per cent in the incidence rate of claims for musculoskeletal disorders (MSD) resulting in five days off work: CHS has continued to reduce the rate of claims for musculoskeletal disorders resulting in one or more weeks off work from 10.22 per 1000 employees in 2012–13 to 6.22 per 1000 employees in 2021-22.

Table 16: Incident rate of claims for musculoskeletal disorders resulting in five days off work

Financial year	Number of new 5-day MSD claims	ACT public service number of new 5-day MSD claims	Our rate per 1000 employees	ACT Public Service rate per 1000 employees	CHS target	ACT Public Service target
2012-13	51	183	10.22	8.96	7.74	8.29
2013-14	49	175	9.05	8.31	7.50	8.03
2014-15	46	144	8.19	6.63	7.26	7.78
2015-16	57	146	9.76	6.67	7.02	7.52
2016-17	50	150	8.38	6.73	6.78	7.26
2017-18	33	128	5.37	5.66	6.54	7.01
2018-19	27	102	4.19	4.31	6.30	6.75
2019-20	27	126	4.05	5.09	6.06	6.49
2020-21	44	194	6.39	7.44	5.82	6.24
2021-22	**44**	**210**	**6.22**	**8.30**	**5.58**	**5.98**

Human resource management

Improving workplace culture is one of the highest priorities for CHS. We measure our organisational culture through the biannual Workplace Culture Survey. The November 2021 Workplace Culture Survey showed significant improvement in team member engagement and CHS is now well embedded within a culture of consolidation.

We continue to implement the *Fostering Organisational Culture Improvement Strategy 2020-2022*, developed to help address the 2018 Independent Review into the Workplace Culture within ACT Public Health Services. At 30 June 2022, we had implemented 24 of the 29 initiatives. The remaining five initiatives will be implemented by the end of the 2022 calendar year, including finalising the *CHS Leadership Strategy*, and implementing the Promoting Professional Accountability Programme.

Improving team member wellbeing and mental health

Supporting our team member's health and wellbeing continued to be a priority in the 2021-22 financial year. We continued to implement the *MyHealth Staff Health and Wellbeing Strategy 2020-2023* and the *CHS Staff Health and Wellbeing COVID Response Strategy 2021*. Due to COVID-19 restrictions some face-to-face activities, for example, face-to-face workshops, were postponed until March 2022. However, other initiatives were put in place to support our people during this period, including:

- 1712 welfare calls made to CHS team members to check on their wellbeing while quarantining due to COVID-19
- distribution of 6063 Care Packs to team members across CHS—funded by the Canberra Hospital Foundation—including 1331 coffee and muffin vouchers
- onsite Employee Assistance Program support (1:1 counselling appointments) for our teams, three days a week from July to September 2021
- health- and wellbeing-related items and/or services, which went to 32 areas across CHS through the MyHealth staff and wellbeing competition.

Face-to-face health and wellbeing activities started again on 30 March 2022:

- Seven health and wellbeing workshops—291 team members attended.
- 420 people participated in the Harp Care for Staff Program.
- 54 team members were visited by therapy dogs from Paws the Pressure.
- 577 team members received seated massages.

In June 2022, teams shared suggestions and feedback on how we can improve mental health and wellbeing supports through a wellbeing survey. We received suggestions from 331 team members through the survey or via email directly to the CEO. The feedback and participation from team members in further consultation via a virtual forum in August 2022, and the establishment of working groups, will help inform and co-design our *Staff Health and Wellbeing Strategy 2023-2026*.

Respect, Equity and Diversity Framework

CHS continues to grow its RED Contact Officer network following the 2021 comprehensive review and refresh of the network. At 30 June, 81 team members were part of the network with another 14 soon to be trained.

Since the commencement of the RED Contact Officer network, the Executive Sponsor role has been undertaken by various professional leads, including Nursing and Midwifery and Medical Services. In early 2022, we announced a new Executive Sponsor: the Executive Director of Allied Health.

Diversity

The release of the ACTPS Beyond RED report has provided us with the opportunity to review and redirect our approach to diversity and inclusion. As a result, we redesigned the Diversity and Inclusion Manager role currently being recruited.

For the 2022-23 financial year, we will continue to prioritise increasing employment opportunities for:

- Aboriginal and Torres Strait Islander people, through the Aboriginal and Torres Strait Islander Workforce Action Plan
- People with disability through the development of the (dis)Ability Workforce Action Plan.

Table 17: FTE and headcount by division/branch

Canberra Health Services Division	FTE	Headcount
Allied Health	190.8	227
Clinical Services	4952.6	5737
Finance and Business Intelligence	180.6	195
Infrastructure and Health Support Services	350.7	397
Medical Services	799.2	885
Nursing, Midwifery and Patient Support Services	407.3	526
Office of the Chief Executive Officer	69.5	89
Office of the Deputy Chief Executive Officer	45.0	48
People and Culture	78.2	87
Quality, Safety, Innovation and Improvement	33.5	35
Special Purpose Account TCH	1.9	2
Total	**7109.3**	**8228**

Table 18: Headcount by classification and gender

Classification group	Female	Male	Total
Administrative Officers	760	256	1016
Dental	11	5	16
Executive Officers	16	5	21
General Service Officers & Equivalent	196	343	539
Health Assistants	99	20	119
Health Professional Officers	922	234	1156
Medical Officers	508	548	1056
Nursing Staff	3303	539	3842
Professional Officers	6	0	6
Senior Officers	189	78	267
Technical Officers	138	44	182
Trainees and Apprentices	2	1	3
Total	**6150**	**2073**	**8223**

Table 19: FTE and headcount by gender

	Female	Male	Total
FTE by Gender	5244.1	1860.9	7105.0
Headcount by Gender	6150	2073	8223
% of Workforce	74.8%	25.2%	100.0%

Table 20: Headcount by employment category and gender

Employment category	Female	Male	Total
Casual	399	168	567
Permanent Full-time	2681	1060	3741
Permanent Part-time	2020	299	2319
Temporary Full-time	754	474	1228
Temporary Part-time	296	72	368
Total	**6150**	**2073**	**8223**

Table 21: Headcount by age group and gender

Age Group	Female	Male	Total
Under 25	436	117	553
25-34	1909	630	2539
35-44	1601	617	2218
45-54	1251	410	1661
55 and over	953	299	1252

Table 22: Average length of service by gender (headcount)

	Female	Male	Total
Average years of service	7.6	6.5	7.3

Table 23: Headcount by diversity group

	Headcount	% of Total workforce
Aboriginal and/or Torres Strait Islander	98	1.2%
Culturally & Linguistically Diverse	2931	35.6%
People with disability	150	1.8%

Table 24: Recruitment and separation rates

Recruitment rate	Separation rate
14.1%	10.8%

Table 25: Total learning and development participation in CHS programs

	eLearning completions	Number of course attendances	Total participation
Canberra Health Services	136 662	42 416	179 078
Calvary Healthcare (public)	2743	214	2957
External	3637	290	3927
Total	**143 042**	**42 920**	**185 962**

Ecologically sustainable development

Energy

In 2021-22, we reduced electricity consumption by 766 MWh (2.2 per cent) and reduced natural gas consumption by 8.5TJ (6.61 per cent). We continue to reduce our greenhouse gas emissions profile in response to the *ACT Climate Change Strategy*. We reduced electricity consumption by 7.9 per cent from 2019 levels. We also reduced natural gas consumption by 32 per cent from 2019 levels. This represents a significant contribution to meeting our emissions reduction target of 33 per cent of 2019 emissions by 2025.

Heating requirements have been consistent with previous financial years, despite milder minimum temperatures during the winter months in 2021. Stationary diesel use has decreased slightly as we continue to upgrade elements of the underlying electrical infrastructure.

Water

In 2021-22, water consumption across the portfolio reduced by 4.9 per cent. Most reductions were at the Canberra Hospital, Brian Hennessey Rehabilitation Centre and Mitchell Depot, mainly from replacing ageing infrastructure and improved maintenance. The demolition of Building 5 (Residential Accommodation) to construct the CSB, refurbishment of multiple wards at Canberra Hospital and the ongoing improvements in maintenance also contributed to removing inefficient infrastructure and reducing water leaks.

Waste

Our waste to landfill reduced by five per cent when compared to 2020-21.

More than 1 408 234 litres of paper and cardboard was diverted from landfill during the reporting period which equates to a reduction of 352 tonnes of greenhouse gasses. This represents an improvement of 13 per cent more paper and cardboard being diverted from landfill when compared with 2020-21.

Forty-three per cent of CHS' total waste generated in 2021-22 was recycled.

In June 2022, Canberra Hospital for the fifth year in a row, achieved ACTSmart accreditation (for recycling). University of Canberra Hospital achieved ACTSmart accreditation for the second year in a row.

Transport

We replace our fleet vehicles in accordance with the ACT's Transition to Zero Emissions Vehicles Action Plan 2018–21. When it was deemed fit for purpose, 100 per cent of fleet vehicles we ordered in 2020–21 were zero emissions vehicles (ZEV). At the end of 2021-22, we had 31 electric vehicles, 41 plug-in hybrid vehicles (PHEV) and 21 hybrid vehicles.

Planning

We continue to collaborate with the ACTHD on master planning the Territory's health infrastructure.

The Critical Services Building is a significant focus of infrastructure delivery. The building is targeting a certified Green Star rating which ensures the building is at the forefront of the Australian built environment. This recognises the wide-ranging sustainability initiatives adopted in the design that address energy efficiency, water conservation, minimisation of resource depletion.

As well as environmental sustainability, the building is set to become a major part of the ACT's socially-sustainable infrastructure. Central to these strategies is the electrification of the building. When combined with renewable power from the grid, this eliminates fossil fuel consumption in the building's day-to-day operation and contributes to the ACT's carbon neutral commitments.

Commissioner for Sustainability and the Environment

No investigations of CHS by the Office of the Commissioner for Sustainability and the Environment occurred during the reporting year.

Table 26: Sustainable development performance

Indicator as at 30 June	Unit	Current FY	Previous FY	Percentage change
Stationary energy usage				
Electricity use	Kilowatt hours	34 597 070	35 363 466	-2.16%
Natural gas use (non-transport) [1]	Megajoules	120 211 313	128 726 288	-6.61%
Diesel (non-transport)	Kilolitres	27.19	31.99	-15.02%
Transport Fuel Use				
Electric vehicles	Number	31	28	10%
Hybrid vehicles	Number	69	77 [7]	-10%
Plug-In Hybrid Vehicles [5]	Number	42	25 [7]	68%
Hydrogen vehicles	Number	1	1	0%
Total number of vehicles	Number	280	283[7]	-1%
Fuel use—Petrol	Kilolitres	113.10	136.39	-17%
Fuel use—Diesel	Kilolitres	63.50	65.30	-2.7%
Fuel use—Ethanol (E10)	Kilolitres	12.48	16.46	-24.1%
Water Use				
Water use [6]	Kilolitres	226 544	238 291	-4.92%
Resource efficiency and waste				
Reams of paper purchased	Reams	24 980	25 461	-2%
Recycled content of paper purchased	Percentage	20	17	3%
Waste to landfill	Litres	21 388 439	22 435 182	-5%
Co-mingled material recycled	Litres	14 219 095	15 583 865	-9%
Paper & Cardboard recycled (incl. secure paper)	Litres	1 408 234	1 246 971	13%
Organic material recycled	Litres	203 163	132 204	54%
Greenhouse gas emissions				
Emissions from electricity use [4]	Tonnes CO_2-e	0	0	0%
Emissions from natural gas use (non-transport) [2, 3]	Tonnes CO_2-e	6 194	6 633	-6.61%

Indicator as at 30 June	Unit	Current FY	Previous FY	Percentage change
Emissions diesel use (non-transport) [2, 3]	Tonnes CO_2-e	74	87	-15.02%
Emissions from transport fuel use [3]	Tonnes CO_2-e	450	519	-13.29%
Total emissions	Tonnes CO_2-e	6 718	7 239	-7.19%

1. Note that the collapse of Weston Energy as the Territory's Natural Gas retailer has resulted in data from the 23 May through to 30 June not available at the time of reporting. Consequently, estimated data has been substituted constituting 1.2% of total portfolio consumption.
2. Note that some data reported for 2020-21 in the table above may differ slightly from figures reported in the 2020-21 annual report. These are due to updates to agency occupancy and historical consumption data. Where actual data is not available, the Enterprise Sustainability Platform provides estimates using an accrual function. Accruals are calculated from the average annual daily consumption of the most current 12-month period applied for the number of days of missing data.
3. Emissions reported for stationary energy and transport fuels include Scope 1 and Scope 2 emissions only. Scope 1 are direct emissions from sources owned and operated by the government, including emissions from transport fuel and natural gas use. Scope 2 are indirect emissions from mains electricity.
4. Emission factors used to calculate natural gas and fleet fuel are based on the latest National Greenhouse Accounts factors.
5. The ACT met its 100% renewable electricity target in 2019-20. As a result, the ACT Government reports zero greenhouse gas emissions from electricity use. The ACT Government is committed to maintaining 100% renewable electricity supply beyond 2020.
6. A PHEV (also known as a range-extended vehicle) is fuelled by electricity as well as having either a petrol or diesel tank to extend the range of the vehicle for long trips. PHEVs are considered ZEVs under the *ACT Government Fleet Procurement and Management Polic*y and are counted as ZEVs in reporting.
7. Some water consumption data was not available at the time of reporting and consequently estimated data was substituted for missing data. Estimated data constitutes 9.07% of quantities reported.
8. A discrepancy in the number of hybrid vehicles and PHEVs was identified in the 2020-21 report. The above table displays corrected figures.

Part C

Financial management reporting

Financial Management Discussion and Analysis for the year ended 30 June 2022

Risk management

The Directorate maintains a strategic risk profile which identifies key strategic and emerging risks related to organisational objectives. The strategic risk register is supported by operational risk registers, which are managed in accordance with the Directorate's Risk Management Framework and Plan. Risk management practices align with the ISO 31000:2018 Risk Management – Principles and Guidelines standard and the ACT Government Risk Management Policy 2019.

The Directorate has adopted Enterprise-wide Risk Management, as required by the ACT Government Risk Management Policy. This has seen the Directorate revise its risk management tools, including the Framework and Policy. This provides all staff with the foundation of risk management processes within the Directorate to ensure a consistent, effective and efficient approach to the identification, treatment and management of risk.

In accordance with the framework, the Directorate also has in place a Fraud and Corruption Prevention Plan and Business Continuity Plan. Risks are regularly monitored and reported on, with specific action plans in place to mitigate risks. Further information is included in Risk Management section of the Annual Report.

Directorate's operating result

The Directorate has experienced financial impacts because of the COVID-19 pandemic. Given the rapidly changing response to the virus, management expects impacts to continue in future years. In 2021-22, the Directorate incurred additional expenditure related to the COVID-19 pandemic in areas including medical supplies, pathology, personal protective equipment and employee expenses. These costs were largely offset by additional revenue received through the ACT Local Hospital Network (LHN). This additional COVID-19 revenue totalled approximately **$104.3 million** and was made up of 2021-22 Budget, Budget Review initiatives and from the COVID-19 Response Fund recoveries. This funding was allocated to fund additional labour costs (**$45.1 million**) and operating expenses **($59.2 million**).

The Directorate's operating result was a deficit of **$39.1 million** for the 2021-22 financial year. The deficit was **$9.2 million** lower than the original budgeted deficit of **$48.3 million**, and **$6.7 million** lower than the 2020-21 financial year operating deficit of **$45.8 million**. These variances are largely due to the reasons outlined below in relation to the net cost of services.

The following financial information is based on audited financial statements for 2020-21 and 2021-22, and the budget contained in the 2021-22 Canberra Health Services Budget Statements. The Directorate's functions have remained consistent between 2020-21 and 2021-22.

Total Net Cost of Services

The following assessment of the Directorate's financial performance is based on the net cost of services framework. Net cost of services facilitates an assessment of performance by showing the full cost and composition of resources consumed in conducting the operations of the Directorate.

Table 27: Total Net Cost of Services

	Actual 2020-21 $'000	Original Budget 2021-22 $'000	Actual 2021-22 $'000	Forward Estimate 2022-23 $'000	Forward Estimate 2023-24 $'000	Forward Estimate 2024-25 $'000
Total Expenditure	1 472.7	1 550.6	1 614.5	1 580.5	1 604.8	1 624.6
Total Own Source Revenue	1 426.9	1 502.3	1 575.4	1 532.0	1 551.5	1 569.6
Net Cost of Services	**45.8**	**48.3**	**39.1**	**48.5**	**53.4**	**55.0**

Comparison to 2021-22 Original Budget

The Directorate's net cost of services for 2021-22 of **$39.1 million** was **$9.2 million** lower than the Original Budget. This is reflective of a combination of factors including the receipt of additional funding from the Local Health Network (LHN) associated with the COVID-19 pandemic.

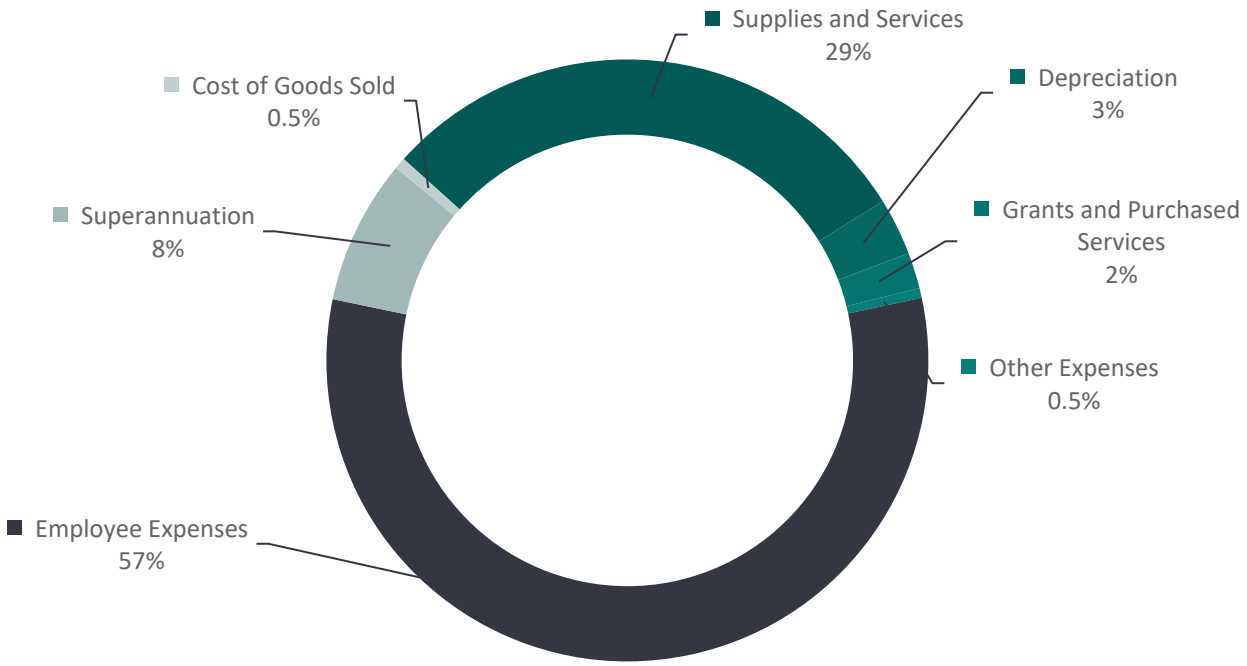
Comparison to 2020-21 Actual

The Directorate's net cost of services in the current year has decreased by **$6.7 million** due to additional own source revenue being received through the LHN to support the ongoing response to the COVID-19 pandemic and the delivery of elective surgeries. These activities were funded by additional contributions from the ACT and Commonwealth Government's through cost sharing arrangements. This was partially offset by higher expenditure relating to the ongoing public health response to COVID-19, including testing and vaccination programs, and employee expenses associated with increased staffing.

Total Expenditure

The Directorate's expenditure for 2021-22 totalled **$1.614 billion**, with a breakdown as shown in Figure 3. The Directorate's main expenditure items were employee expenses representing **$913.8 million** or **57 per cent** and supplies and services representing **$475.8 million** or **29 per cent**, as illustrated in Figure 3.

Figure 3: Components of Expenditure for 2021-22



The Directorate's total expenditure of **$1.614 billion for 2021-22** was **$63.9 million** higher than the Original Budget of **$1.551 billion,** and **$141.8 million** higher than 2020-21 total expenditure of **$1.473 billion**.

Table 28: Line-Item Variations for Expenditure

	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Employee Expense	913 774	907 841	837 373	5 933	76 401
Supplies and Services	475 807	437 444	412 996	38 363	62 811
Superannuation Expense	125 823	129 649	117 456	(3 826)	8 367
Depreciation	49 514	38 220	42 262	11 294	7 252
Purchased Services	31 223	20 598	33 225	10 625	(2 002)
Cost of Goods Sold	9 847	10 377	10 244	(530)	(397)
Other Expenses	8 503	6 489	19 158	2 014	(10 655)
Total Expenditure	**1 614 491**	**1 550 618**	**1 472 714**	**63 873**	**141 777**

Comparison to 2021-22 Original Budget

Total expenses of **$1.614 billion** was higher than the 2021-22 Budget by **$63.9 million** mainly due to the impact of the COVID-19 pandemic related costs and increased employee expenses associated with a higher than budgeted number of staff.

Comparison to 2020-21 Actual

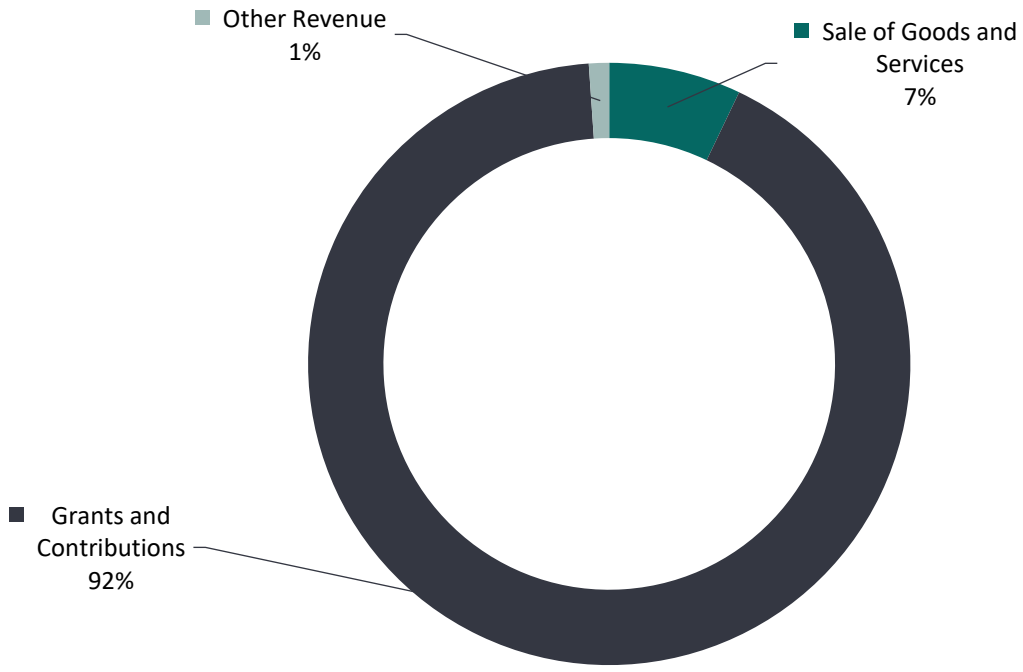
Total expenditure was **$141.8 million** higher than the 2020-21 actual result. Significant increases resulted from:

1. higher employee and superannuation expenses (**$84.8 million**) mainly due to increased staffing levels relating to the ongoing public health response to COVID-19 as well as pay increases; and
2. higher supplies and services (**$62.8 million**) mainly due to:
    a) increased usage and cost of personal protective equipment and other medical supplies for the ongoing public health response to COVID-19
    b) expenditure associated with the upgrade and replacement to facilitate DHR implementation.

Total Own Source Revenue

The Directorate's own source revenue for 2021-22 totalled **$1.575 billion**, with a breakdown as shown in Figure 4. The Directorate received the majority of its total own source revenue from grants and contributions, **$1.446 billion** or **92 per cent** via the LHN, with an additional **$111.9 million** or **7 per cent** in sale of goods and services from contracts with customers and **$17.1 million** from other revenue.

Figure 4: Components of Own Source Revenue



The Directorate's own source revenue for 2021-22 was $1.575 billion. This was $73.1 million higher than the budget of $1.502 billion, and $148.5 million higher than 2020-21 own source revenue of $1.427 billion.

Table 29: Line Item Variations for Own Source Revenue

	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Grants and Contributions Revenue	1 446 387	1 367 477	1 315 537	78 910	130 850
Sales of Goods and Services from Contracts with Customers	111 854	118 555	103 696	(6 701)	8 158
Other Revenue	17 186	16 287	7 687	899	9 499
Total Own Source Revenue	**1 575 426**	**1 502 319**	**1 426 920**	**73 108**	**148 507**

Comparison to 2021-22 Original Budget

Total own source revenue of **$1.575 billion** exceeded the 2020-21 Budget by **$73.1 million** primarily due to higher than budgeted grants and contributions revenue (**$78.9 million**) as a result of additional receipts from the LHN under the terms of the *National Partnership on COVID-19 Response* (NPCR).

Comparison to 2020-21 Actual

Total own source revenue of **$1.575 billion** was **$148.5 million** higher than the 2020-21 actual result of **$1.427 billion**. Significant variances include:

1. higher grants and contributions ($130.9 million) mainly due to an increase in LHN receipts relating to the additional funding for the ongoing public health response for COVID- 19 under the terms of the NPCR
2. higher other revenue ($9.5 million) mainly due to cost recoveries from the ACT Government central COVID-19 Response Fund for the purchase of rapid antigen tests and other support measures.

Directorates financial position

Net Assets

The Directorate's net assets for the financial year ended 30 June 2022 was **$978.9 million**.
This was **$8.1 million** higher than the Original Budget net assets of **$970.8 million**, and **$21.0 million** higher than the 30 June 2021 actual net assets of **$957.9 million**. Reasons for these variations are explained in the following sections.

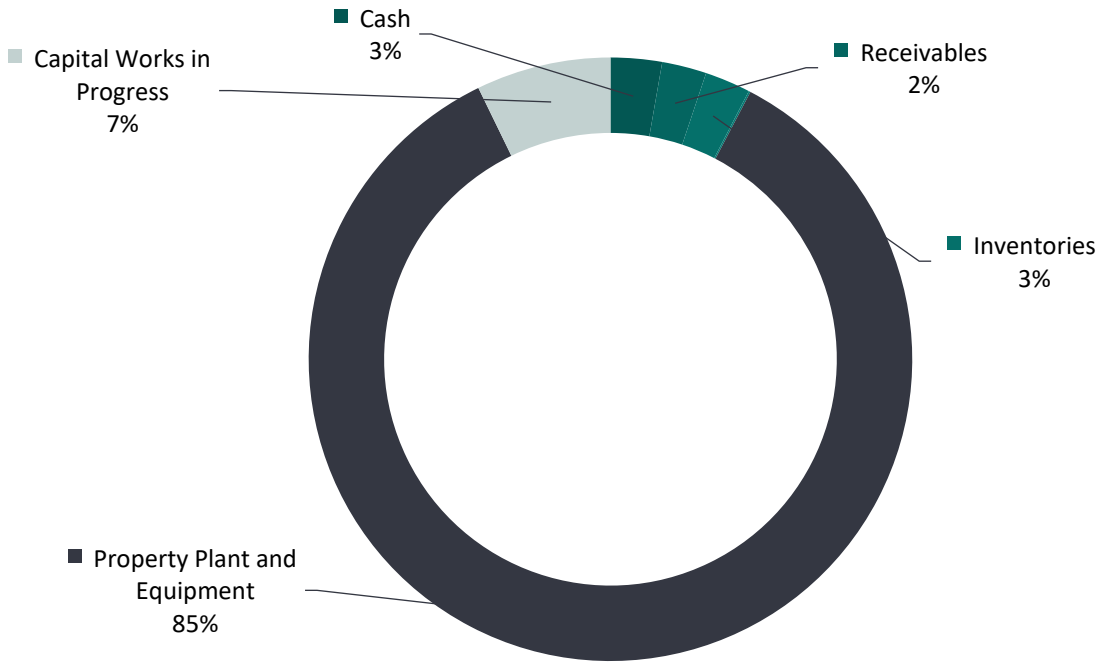
Table 30: Net Assets

	Actual 2020-21 $'000	Original Budget 2021-22 $'000	Actual 2021-22 $'000	Forward Estimate 2022-23 $'000	Forward Estimate 2023-24 $'000	Forward Estimate 2024-25 $'000
Total Assets	1 353 831	1 389 547	1 394 677	1 432 538	1 448 160	1 431 611
Total Liabilities	(395 902)	(418 749)	(415 756)	(442 090)	(465 892)	(490 161)
Net Assets	**957 929**	**970 798**	**978 921**	**990 448**	**982 268**	**941 450**

Total Assets

The Directorate's total asset position as at 30 June 2022 was **$1.395 billion,** with a breakdown shown in Figure 5. The Directorate held **85 per cent** or **$1.187 billion** of its assets in property, plant and equipment and **7 per cent** or **$100.6 million** in capital works in progress as shown in Figure 5

Figure 5: Components of Assets



Total assets as at 30 June 2022 was **$5.1 million** higher than the Original Budget total assets of **$1.390 billion** and **$40.8 million** higher than the balance as at 30 June 2021 of **$1.354 billion.**

Table 31: Line Item Explanation for Assets

	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Property, Plant and Equipment	1 187 004	1 208 874	1 171 983	(21 870)	15 021
Capital Works in Progress	100 590	92 494	96 358	8 096	4 232
Cash	38 310	35 929	34 511	2 381	3 799
Inventories	34 143	16 752	16 552	17 391	17 591
Receivables	33 296	32 806	33 266	490	30
Other Assets	1 334	2 692	1 161	(1 358)	173
Total Assets	**1 394 677**	**1 389 547**	**1 353 831**	**5 130**	**40 846**

Comparison to 2021-22 Original Budget

The total asset position as at 30 June 2022 was **$1.395 billion**. This was **$5.1 million** higher than the 2021-22 Budget of **$1.390 billion** mainly due to higher inventories (**$17.4 million**) associated with COVID-19 response and higher capital works in progress (**$8.1 million**) from delays with COVID-19 lockdowns. This was partially offset by lower than budgeted property, plant and equipment (**$21.8 million**) due to delays completing the capital works program because of COVID-19 lockdowns and materials and workforce supply constraints.

Comparison to 2020-21 Actual

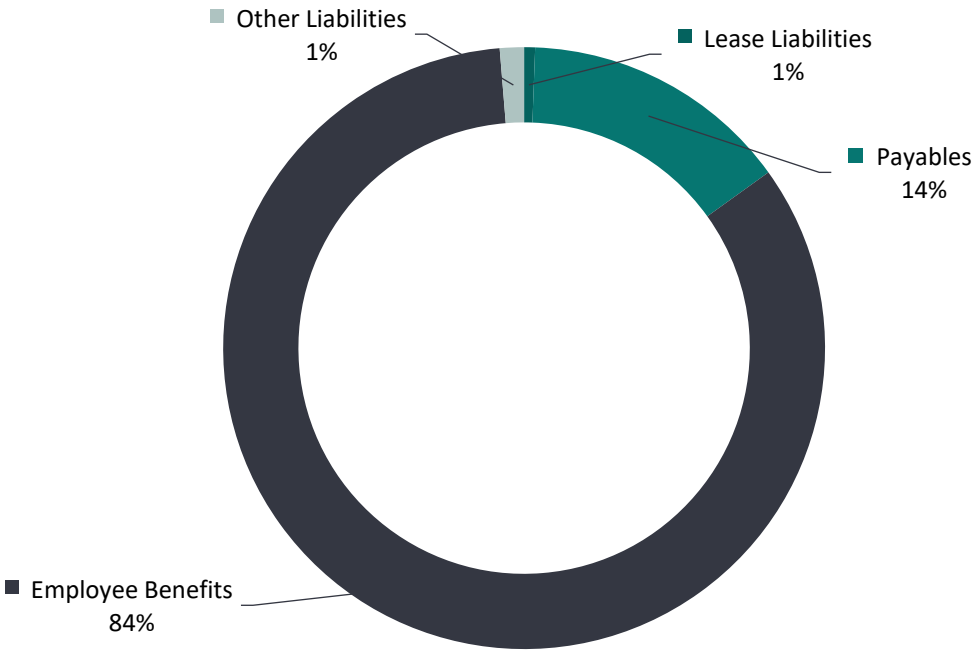
The Directorate's total asset position was $40.8 million higher than the 2020-21 actual result of $1.354 billion mainly due to:

1. increased Inventories (**$17.6 million**) associated with COVID-19 pandemic response and the requirement to maintain additional stock of RATs, masks and other medical supplies
2. higher property, plant and equipment (**$15.0 million**) due to the capitalisation of assets and the transfer of capital assets from Major Projects Canberra, including the Canberra Institute of Technology car park and refurbishment of buildings at the Canberra Hospital Campus
3. more capital works in progress (**$4.2 million**) projects including the CHWC expansion.

Total Liabilities

The Directorate's total liabilities as at 30 June 2022 was **$415.8 million**, with a breakdown as shown in Figure 6. Table 32 shows the majority of the Directorate's liabilities related to employee benefits being **84 per cent** or **$347.7 million** and payables of **14 per cent** or **$60.2 million**.

Figure 6: Components of Liabilities



The Directorate's liabilities for 2021-22 was **$3.0 million** lower than the budget of **$418.7 million** and **$19.9 million** higher than 2020-21 total of **$395.9 million.**

Table 32: Line Item Explanation for Liabilities

	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Employee Benefits	347 689	338 894	333 943	8 795	13 746
Payables	60 241	58 536	55 291	1 705	4 950
Other Liabilities	5 390	17 041	3 441	(11 651)	1 949
Lease Liabilities	2 436	4 278	3 227	(1 842)	(791)
Total Liabilities	**415 756**	**418 749**	**395 902**	**(2 993)**	**19 854**

Comparison to 2021-22 Original Budget

Total liabilities as at 30 June 2022 was **$415.8 million,** and **$3.0 million** lower than the Original Budget of **$418.7 million.** This was mainly due to lower other liabilities (**$11.7 million**), due to a reclassification of a provision to employee benefits. This was partially offset by higher employee benefits (**$8.8 million**) from increased staffing levels.

Comparison to 2020-21 Actual

Total liabilities was higher than the 2020-21 total liabilities by **$19.9 million,** mainly due to higher employee benefits (**$13.7 million**) because of increased staffing numbers to respond to COVID-19 pandemic and underutilisation of leave.

Financial Statements for the Year Ended 30 June 2022

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of Canberra Health Services for the year ended 30 June 2022 which comprise the operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

(i) present fairly, in all material respects, Canberra Health Services' financial position as at 30 June 2022, and its financial performance and cash flows for the year then ended; and

(ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of Canberra Health Services in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Canberra Health Services for the financial statements

The Chief Executive Officer is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of Canberra Health Services to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of Canberra Health Services.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of Canberra Health Services' internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Canberra Health Services;
- conclude on the appropriateness of Canberra Health Services' use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Canberra Health Services' ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause Canberra Health Services to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicated with Chief Executive Officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Ajay Sharma
Assistant Auditor-General, Financial Audit
28 September 2022

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

Statement of Responsibility

In my opinion, the Directorate's financial statements fairly reflect the financial operations for the year ended 30 June 2022 and its financial position on that date.

Dave Peffer

Chief Executive Officer

Canberra Health Services

28 September 2022

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

Statement by the Chief Finance Officer

In my opinion, the Directorate's financial statements have been prepared in accordance with the Australian Accounting Standards, and are in agreement with the Canberra Health Services' accounts and records and fairly reflect its financial operations for the year ended 30 June 2022 and the financial position on that date.

Paul Ogden

Chief Finance Officer

Canberra Health Services

28 September 2022

CANBERRA HEALTH SERVICES
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FOR THE YEAR ENDED 30 JUNE 2022

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CANBERRA HEALTH SERVICES
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2022

	Note No.	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000
Income				
Revenue				
Sales of Goods and Services from Contracts with Customers	4	111 854	118 555	103 696
Grants and Contributions Revenue	5	1 446 387	1 367 477	1 315 537
Other Revenue	6	17 095	16 287	7 388
Total Revenue		**1 575 336**	**1 502 319**	**1 426 621**
Gains				
Gains from Disposal of Assets		90	-	299
Total Gains		**90**	**-**	**299**
Total Income		**1 575 426**	**1 502 319**	**1 426 920**
Expenses				
Employee Expenses	7	913 774	907 841	837 373
Superannuation Expenses	7	125 823	129 649	117 456
Supplies and Services	8	475 807	437 444	412 996
Depreciation	14	49 514	38 220	42 262
Purchased Services	9	31 223	20 598	33 225
Cost of Goods Sold and Distributed		9 847	10 377	10 244
Other Expenses	10	8 503	6 489	19 158
Total Expenses		**1 614 491**	**1 550 618**	**1 472 714**
Operating Result		**(39 065)**	**(48 299)**	**(45 794)**
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
(Decrease) in the Asset Revaluation Surplus		-	-	(381)
Total Other Comprehensive Income		**-**	**-**	**(381)**
Total Comprehensive Deficit		**(39 065)**	**(48 299)**	**(46 175)**

The above Operating Statement is to be read in conjunction with the accompanying notes. The Directorate has only one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the Health and Community Care Output Class.

CANBERRA HEALTH SERVICES
BALANCE SHEET
AS AT 30 JUNE 2022

	Note No.	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000
Current Assets				
Cash	11	38 310	35 929	34 511
Receivables	12	33 296	32 806	33 266
Inventories	13	34 143	16 752	16 552
Other Assets		1 334	2 692	1 161
Total Current Assets		**107 083**	**88 179**	**85 490**
Non-Current Assets				
Property, Plant and Equipment	14	1 187 004	1 208 874	1 171 983
Capital Works in Progress	15	100 590	92 494	96 358
Total Non-Current Assets		**1 287 594**	**1 301 368**	**1 268 341**
Total Assets		**1 394 677**	**1 389 547**	**1 353 831**
Current Liabilities				
Payables	16	60 241	58 536	55 291
Lease Liabilities		1 108	2 265	1 579
Employee Benefits	17	331 047	320 249	317 264
Other Liabilities	18	3 387	14 610	1 010
Total Current Liabilities		**395 783**	**395 660**	**375 144**
Non-Current Liabilities				
Lease Liabilities		1 328	2 013	1 648
Employee Benefits	17	16 642	18 645	16 679
Other Liabilities	18	2 003	2 431	2 431
Total Non-Current Liabilities		**19 973**	**23 089**	**20 758**
Total Liabilities		**415 756**	**418 749**	**395 902**
Net Assets		**978 921**	**970 798**	**957 929**
Equity				
Accumulated Funds		913 385	905 262	892 393
Asset Revaluation Surplus		65 536	65 536	65 536
Total Equity		**978 921**	**970 798**	**957 929**

The above Balance Sheet is to be read in conjunction with the accompanying notes. The Directorate has only one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the Health and Community Care Output Class.

CANBERRA HEALTH SERVICES
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2022

	Note No.	Accumulated Funds Actual 2022 $'000	Asset Revaluation Surplus Actual 2022 $'000	Total Equity Actual 2022 $'000	Original Budget 2022 $'000
Balance at 1 July 2021		**892 393**	**65 536**	**957 929**	**951 250**
Comprehensive Income					
Operating Result		(39 065)	-	(39 065)	(48 299)
Total Comprehensive Result		**(39 065)**	**-**	**(39 065)**	**(48 299)**
Transactions Involving Owners Affecting Funds					
Capital Injections		46 137	-	46 137	67 847
Net Assets transferred out as part of an Restructure[1]		(116)	-	(116)	-
Assets transferred in from Other Agencies[2]		14 036	-	14 036	-
Total Transactions Involving Owners Affecting Accumulated Funds		**60 057**	**-**	**60 057**	**67 847**
Balance at 30 June 2022		**913 385**	**65 536**	**978 921**	**970 798**

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

1. This reflects net assets transferred between the Directorate and ACT Health Directorate.
2. This reflects the transfer of assets from Major Projects Canberra to the Directorate, comprising the CIT temporary car park and refurbishment of buildings at the Canberra Hospital Campus.

CANBERRA HEALTH SERVICES
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2022

	Accumulated Funds Actual 2021 $'000	Asset Revaluation Surplus Actual 2021 $'000	Total Equity Actual 2021 $'000
Balance at 1 July 2020	**842 767**	**65 917**	**908 684**
Comprehensive Income			
Operating Result	(45 794)	-	(45 794)
Increase in the Asset Revaluation Surplus	-	2 803	2 803
Total Comprehensive Income	**(45 794)**	**2 803**	**(42 991)**
Transactions Involving Owners Affecting Funds			
Transfers of the Asset Revaluation Surplus to Accumulated Funds on derecognition of assets	3 184	(3 184)	-
Capital Injections	53 120	-	53 120
Assets transferred in from Other Agencies	41 011	-	41 011
Other Movements	(1 895)	-	(1 895)
Total Transactions Involving Owners Affecting Accumulated Funds	**95 420**	**(3 184)**	**92 236**
Balance at 30 June 2021	**892 393**	**65 536**	**957 929**

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

CANBERRA HEALTH SERVICES
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2022

	Note No.	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000
Cash Flows from Operating Activities				
Receipts				
Sales of Goods and Services from Contracts with Customers		105 024	116 670	92 665
Grants and Contributions		1 360 792	1 290 143	1 222 191
Goods and Services Tax Input Tax Credits from ATO		33 066	-	33 222
Goods and Services Tax Collected from Customers		4 776	-	4 957
Other		28 183	78 202	17 501
Total Receipts from Operating Activities		**1 531 841**	**1 485 015**	**1 370 536**
Payments				
Employee		901 710	891 908	821 963
Superannuation		124 630	125 234	116 570
Supplies and Services		391 279	366 774	332 032
Grants and Purchased Services		30 114	20 723	37 973
Goods and Services Tax Paid to Suppliers		37 964	-	37 414
Related to Cost of Goods Sold		27 663	10 377	19 331
Other		3 099	59 578	1 797
Total Payments from Operating Activities		**1 516 459**	**1 474 594**	**1 367 080**
Net Cash Inflows from Operating Activities	11	**15 382**	**10 421**	**3 456**
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		90	-	299
Total Receipts from Investing Activities		**90**	**-**	**299**
Payments				
Purchase of Property, Plant and Equipment		7 761	76 155	7 882
Capital Works		47 486	-	59 371
Total Payments from Investing Activities		**55 247**	**76 155**	**67 253**
Net Cash (Outflows) from Investing Activities		**(55 157)**	**(76 155)**	**(66 954)**

CANBERRA HEALTH SERVICES
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2022

	Note No.	Actual 2022 $'000	Original Budget 2022 $'000	Actual 2021 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		46 137	67 847	53 120
Total Receipts from Financing Activities		**46 137**	**67 847**	**53 120**
Payments				
Repayment of Lease Liabilities - Principal		1 769	695	2 369
Repayment of Borrowings		794	-	810
Total Payments from Financing Activities		**2 563**	**695**	**3 179**
Net Cash Inflows from Financing Activities		**43 574**	**67 152**	**49 941**
Net Increase/(Decrease) in Cash		**3 799**	**1 418**	**(13 557)**
Cash at the Beginning of the Reporting Period		34 511	34 511	48 068
Cash at the End of the Reporting Period	11	**38 310**	**35 929**	**34 511**

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

CANBERRA HEALTH SERVICES
STATEMENT OF APPROPRIATION
FOR THE YEAR ENDED 30 JUNE 2022

Description and Material Accounting Policies relating to Capital Injections

Capital injection appropriations are not recognised as income, but instead are recognised as equity injections and a cash inflow which is used to purchase/build an asset(s).

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2022 $'000	Total Appropriated 2022 $'000	Appropriation Drawn 2022 $'000	Appropriation Drawn 2021 $'000
Appropriation				
Capital Injections	67 847	67 847	46 137	53 120
Total Appropriation[1]	**67 847**	**67 847**	**46 137**	**53 120**

The above Statement of Appropriation is to be read in conjunction with the accompanying notes.

Capital Injections

Variances between 'Total Appropriated' and 'Appropriation Drawn'

1. The decrease between 'Total Appropriated' and 'Appropriation Drawn' is mainly a result of capital injections for multiple projects being rolled over from 2021-22 into the forward years. The delays in the completion of capital projects were due to workforce and supply chain constraints as a result of COVID-19 lockdowns.

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

Note 1. Objectives of Canberra Health Services

Canberra Health Services is referred to in these statements as Canberra Health Services or the Directorate.

Canberra Health Services delivers clinical and medical services throughout the ACT. Canberra Health Services partners with the community and consumers, creating exceptional health care together, by:

- delivering personal health services;
- working in partnerships to improve people's health;
- improving the experience of our consumers by engaging and listening;
- providing leadership in research, education, and clinical excellence; and
- designing models of care that deliver the highest standards of safety and quality.

The Directorate focuses on people-centred care and improving our performance against key safety and quality performance measures. There is a continued focus on timely care and patient flow to ensure our community is accessing the right care, at the right time, in the right place, with the right clinician.

Canberra Health Services works in partnership to tackle barriers to health care and provide inclusive, appropriate and psychologically safe and respectful services. We continue our commitment to Aboriginal and Torres Strait Islander peoples, commence implementation of our Canberra Health Services Disability Action and Inclusion Plan, and develop a model of care for gender-based health care aligned to ACT Government policy.

We continue to make Canberra Health Services a great place to work and an employer of choice through further investing in our workforce, attraction, recruitment and retention strategies, and continued wellness activities.

Note 2. Basis of Preparation of Financial Statements

Legislative Requirements

The *Financial Management Act 1996* (FMA) requires the preparation of annual financial statements for ACT Government Agencies.

The FMA and the *Financial Management Guidelines* issued under the Act, require Canberra Health Services' (the Directorate's) financial statements to include:

i. an Operating Statement for the reporting period;

ii. a Balance Sheet at the end of the reporting period;

iii. a Statement of Changes in Equity for the reporting period;

iv. a Statement of Cash Flows for the reporting period;

v. a Statement of Appropriation for the reporting period;

vi. the material accounting policies adopted for the reporting period; and

vii. other statements as necessary to fairly reflect the financial operations of the Directorate during the reporting period and its financial position at the end of the reporting period.

These general purpose financial statements have been prepared in accordance with:

i. Australian Accounting Standards (as required by the FMA); and

ii. ACT Accounting and Disclosure Policies.

Accrual Accounting

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to the historical cost convention, except for property, plant and equipment and financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

Currency

These financial statements are presented in Australian dollars, which is the Directorate's functional currency.

Individual Not-for-Profit Reporting Entity

The Directorate is an individual not-for-profit reporting entity.

Reporting Period

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2022 together with the financial position of the Directorate as at 30 June 2022.

Note 2. Basis of Preparation of Financial Statements (Continued)

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2021-22 has been presented in the financial statements. Budget numbers in the financial statements are the Original Budget numbers that appear in the Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars ($'000). Use of "-" represents zero amounts or amounts rounded down to zero.

Going Concern

The 2021-22 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2022-23 Budget via the ACT Local Hospital Network and the Budget Papers include forward estimates for the Directorate.

Note 3. Impact of Accounting Standards Issued But Yet to be Applied

All Australian Accounting Standards and Interpretations issued but yet to be applied are either not relevant or assessed as having an immaterial financial impact on the Directorate.

These standards and interpretations are applicable to future reporting periods. The Directorate does not intend to adopt these standards and interpretations early, with the exception of the change to AASB 101 resulting from AASB 2021/2 *Amendments to Australian Accounting Standards – Disclosure to Accounting Policies and Definitions of Accounting Policies and Definition of Accounting Estimates*. This change requires the Directorate to disclose its material accounting policy information rather than its significant accounting policies. For all other Australian Accounting Standards issued by yet to be applied, they will be adopted from their application date.

Income Notes

Material Accounting Policies – Income

Income Recognition

The following material accounting policies relate to each income note unless stated otherwise in the individual note. Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

AASB 15

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Directorate has any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

AASB 1058

Where revenue streams are in the scope of AASB 1058, the Directorate recognises the asset received (generally cash or other financial asset) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

Where a service concession unearned revenue liability is recognised, revenue will be recognised as the liability unwinds.

Note 4. Sales of Goods and Services from Contracts with Customers

Description and Material Accounting Policies relating to the Sale of Goods and Services

The Directorate earns revenue by providing goods and services to other ACT Government Agencies and to the public. Revenue is legally retained by the Directorate and driven by consumer demand. All revenue recognised in this note is user charges revenue.

Revenue is recognised either over time or at a point in time. Any distinct goods or services are separately identified and any discounts or rebates in the contract price are allocated to the separate elements. Revenue is based on the transfer of promised goods or services to customers at an amount that reflects the consideration in exchange for those goods or services. The timing of the payment for sale of goods and rendering of services largely corresponds with the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability. Where payment is not received at the time of purchase, payments from customers are generally required within 30 days of the provision of services.

The Directorate undertakes an annual review to determine whether the goods and services it provides need to be classified as revenue from contracts with customers in accordance with AASB 15. These reviews involve contacting business units across the Directorate to obtain information primarily regarding any new contracts and other arrangements in order to make an assessment about whether they fall within the scope of AASB 15. The annual reviews also involves an assessment of any changes to existing contracts and other arrangements. The Directorate then assesses its revenue from contracts with customers and uses key judgements in determining the satisfaction of performance obligations. Key judgements are also used in determining the transaction price and the amounts allocated to performance obligations. As a result, the Directorate determined the goods and services to be classified as revenue from contracts with customers which have been included in this note as outlined below.

Services Revenue

Revenue from the rendering of services predominantly relates to the acquisition and delivery of stock service for customers, residence fees and miscellaneous services detailed in the *Health (Fees) Determination*, a disallowable instrument made under the *Health Act 1993*. Revenue is recognised on the provision of the service. The performance obligation is the rendering of the service being provided or delivered to the customer.

Inpatient Fees

Revenue from inpatient fees relates to the hospital treatment of chargeable inpatients as per the *Health (Fees) Determination*, a disallowable instrument made under the *Health Act 1993*. For non-Department of Veterans' Affairs inpatients, revenue is recognised on the provision of service. The performance obligation is the rendering of service being provided or delivered to the patient.

For Department of Veterans' Affairs inpatients, revenue is recognised when the number of patients and complexities of the treatments provided can be measured reliably and the price for such services is agreed with the Department of Veterans' Affairs. Actual patient numbers and services are settled following an acquittal process undertaken in subsequent years and variations to the revenue recognised are accounted for in the year of settlement with the Department of Veterans' Affairs. The performance obligation is the rendering of service being provided or delivered to the patient.

Note 4. Sales of Goods and Services from Contracts with Customers (Continued)

Facilities Fees

Facilities fees are generated from the provision of facilities to enable specialists and senior specialists to exercise rights of private practice in the treatment of chargeable patients at a Canberra Health Services facility. Facilities fees are also generated from the provision of pathology services. Revenue is recognised on the provision of service by the specialists or pathology. The performance obligation is the rendering of service being provided or delivered to the patient by the specialists or senior specialists.

	2022 $'000	2021 $'000
Sales of Goods and Services from Contracts with Customers		
Service Revenue[1]	34 297	29 923
Inpatient Fees	33 646	35 139
Facilities Fees[2]	38 692	33 060
Non-inpatient Fees	1 996	1 928
Accommodation and Meals	3 223	3 646
Total Sales of Goods and Services from Contracts with Customers	**111 854**	**103 696**

1. The increase is mainly due to the provision of higher medical consumables and personal protective equipment related to COVID-19 to third parties compared to the prior year.
2. The increase is primarily due to pathology activity related to the COVID-19 pandemic.

Note 5. Grants and Contributions Revenue

Description and Material Accounting Policies relating to Grants and Contributions Revenue

General Grant and Contributions Accounting Policy

Where the Directorate receives an asset or services for significantly less than fair value, then the transaction is in the scope of AASB 1058 and revenue is recognised on receipt of the asset or services. The related expense is recognised in the line item to which it relates, when services are received.

Goods and services received free of charge from ACT Government Directorates and Agencies are recognised as resources received free of charge, whereas goods and services received free of charge from entities external to the ACT Government are recognised as donations or contributions.

Services that are received free of charge are only recognised in the Operating Statement if they can be reliably measured and would have been purchased if not provided to the Directorate free of charge.

Local Hospital Network Funding

The Directorate receives funding from the ACT Local Hospital Network (LHN) for providing public health and hospital services. The funding received from the LHN is based on the historical costs of the Directorate adjusted for growth in services provided and indexation. Funding from the LHN is recognised as revenue when the Directorate gains control over the funding. Control over LHN funding is obtained on the receipt of cash.

Legal Services

Legal Services were received free of charge from the ACT Government Solicitor's Office (GSO) for legal advice and actions relating to the Directorate. The GSO provides the Directorate with the fair value of the services provided had the Directorate had to pay for these services.

Shared Services Resource Received Free of Charge

The Directorate is required by the ACT Government to use Shared Services for its financial and Human Resources (HR) processing. Given Shared Services is directly appropriated by the ACT Government to provide certain services at a fixed cost to the Directorate, it means that the Directorate does not have to pay for these services. The fixed costs for financial and HR services are known and the Directorate would have had to purchase these services if they were not provided by Shared Services. As such, these amounts have been recognised as resources received free of charge.

ICT Services Resource Received Free of Charge

The Directorate utilises ICT Services provided by the ACT Health Directorate's Digital Solutions Division and the ACT Government Digital, Data and Technology Solutions. Expenses related to these services are paid by the ACT Health Directorate. The ACT Health Directorate provides Canberra Health Services with the fair value of the services provided had the Directorate had to pay for these services.

Note 5. Grants and Contributions Revenue (Continued)

Other Grants and Contributions

The Directorate has determined that the agreements/arrangements relating to 'Other Grants and Contributions' line items included in this note are not enforceable and they do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. This is because none of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 has been applied for recognising this revenue. This revenue is recognised upon receipt of the donation, grant and funding for Highly Specialised Drugs.

	2022 $'000	2021 $'000
Local Hospital Network Funding		
Local Hospital Network Funding[1]	1 333 880	1 215 408
Total Local Hospital Network Funding	**1 333 880**	**1 215 408**
Resources Received Free of Charge		
Legal Services	645	799
Communication Services	998	-
ICT Services[2]	68 357	59 539
Shared Services - Fixed Costs	10 367	9 148
Emergency Services	62	5
Total Resources Received Free of Charge	**80 429**	**69 491**
Other Grants and Contributions		
Grants	9 696	9 041
Donations	214	635
Contributions for Highly Specialised Drugs	22 168	20 962
Total Other Grants and Contributions	**32 078**	**30 638**
Total Grants and Contributions	**1 446 387**	**1 315 537**

1. The increase is mainly due to new budget initiatives that were funded for the 2021-22 financial year and increased funding from the ACT Local Hospital Network to support the COVID-19 pandemic response.
2. The increase is mainly due to additional services provided free of charge by the ACT Health Directorate to address the backlog of system maintenance from the beginning of the year due to COVID-19 restrictions and upgrading systems affected by the Digital Health Record project.

Note 6. Other Revenue

Description and Material Accounting Policies Relating to Other Revenue

Other Revenue

Other Revenue arises from the other core activities of the Directorate. The Directorate receives recoveries from other Government agencies for services provided on their behalf to the general public.

	2022 $'000	2021 $'000
Other Revenue		
COVID-19 Cost Recoveries[1]	10 790	-
NDIS and DVA Recoveries	3 915	5 035
Other Recoveries	1 825	2 133
Miscellaneous	534	190
Interest	31	30
Total Other Revenue	**17 095**	**7 388**

1. This primarily relates to the reimbursement of costs from the central COVID-19 Response Fund provided by the Chief Minister, Treasury and Economic Development Directorate for medical consumables and personal protective equipment (Rapid Antigen Tests and masks). The COVID-19 Response Fund was established in the 2021-22 financial year to enable the Government to respond quickly and flexibly to the public health emergency.

Note 7. Employee and Superannuation Expenses

Description and Material Accounting Policies Relating to Employee and Superannuation Expenses

Employee expenses include:

- short-term employee expenses such as wages and salaries, annual leave loading, non-monetary benefits (e.g. vehicles) and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term expenses such as long service leave and annual leave; and
- termination expenses.

On-costs include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave.

Employees of the Directorate will have different superannuation arrangements due to the type of superannuation schemes available at the time of commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes. For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund. All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

	2022 $'000	2021 $'000
Employee Expenses		
Wages and Salaries[1]	854 796	778 473
Annual Leave Expense	34 606	27 927
Long Service Leave Expense[2]	(3 114)	7 251
Workers' Compensation Insurance Premium	12 838	14 251
Other Employee Benefits and On-Costs	12 544	8 199
Termination Expense	2 104	1 272
Total Employee Expenses	**913 774**	**837 373**
Superannuation Expenses		
Superannuation Contributions to the Territory Banking Account	42 008	38 368
Payments to the CSC for the Superannuation Productivity Benefit	1 133	4 888
Superannuation to External Providers	82 682	74 200
Total Superannuation Expenses	**125 823**	**117 456**
Total Employee and Superannuation Expenses	**1 039 597**	**954 829**

Note 7. Employee and Superannuation Expenses (Continued)

1. The increase is primarily due to increased staffing to support the Directorate's continued response to the COVID-19 pandemic and the impact of new initiatives.
2. The change in the expense is due to the change in the present value discount factor being applied to the long service leave provision. The present value discount factor is derived from the ACT Treasury's actuarial calculations and changed from 108.7 per cent to 95.3 per cent.

Note 8. Supplies and Services

Description and Material Accounting Policies Relating to Supplies and Services

Purchases of Supplies and Services generally represent the running costs incurred in normal operations, recognised in the reporting period in which these expenses are incurred.

Clinical Expenses/Medical Surgical Supplies

Clinical Expenses/Medical Surgical Supplies represent the running costs incurred in normal operations and recognised in the reporting period in which these expenses are incurred.

Audit Fees

Audit fees are included in the Contractors and Consultants line item below. Audit fees consist of financial audit services provided to the Directorate by the ACT Audit Office and any other services provided by a contract auditor engaged by the ACT Audit Office to conduct the financial audit. The Directorate's audit fees for the audit of its 2021-22 financial statements is $209,000 (2020-21: $179,000). No other services were provided by the ACT Audit Office.

Insurance

Major risks are insured through the ACT Insurance Authority. The excess payable, under this arrangement, varies depending on each class of insurance held.

Repairs and Maintenance

Maintenance expenses which do not increase the service potential of an asset are expensed.

Property and Rental Expenses

This covers payments for short-term leases (12-month term or less), and low-value leases and standard non-specialised accommodation leases with ACT Property Group.

Note 8. Supplies and Services (Continued)

	2022 $'000	2021 $'000
Supplies and Services		
Blood Products	11 241	9 967
Clinical Expenses/Medical Surgical Supplies[1]	98 943	83 880
ICT Expense[2]	68 927	60 331
Contractors and Consultants	10 870	9 100
Domestic Services, Food and Utilities	48 127	44 291
General Administration[3]	34 608	24 531
Insurance[4]	30 529	23 708
Non-Contract Services	11 563	13 362
Pharmaceuticals	40 169	37 384
Property and Rental Expenses	17 732	16 414
Repairs and Maintenance[5]	34 152	24 252
Staff Development and Recruitment	7 697	7 986
Visiting Medical Officers	43 310	42 218
Other Supplies and Services	17 939	15 572
Total Supplies and Services	**475 807**	**412 996**

1. The increase is primarily related to the impacts of the continued COVID-19 pandemic including both increased usage and cost for medical supplies.
2. The increase is primarily related to the upgrade and replacement costs associated with the Digital Health Record project and a backlog of system maintenance that was delayed because of COVID-19 lockdowns.
3. The increase is primarily due to higher staffing costs and resources received free of charge associated with the provision of HR and finance services provided by Shared Services.
4. The increase in 2021-22 is mainly due to an increase in the ACT Insurance Authority premiums. ACT Insurance Authority premiums have been impacted by a combination of factors, including increases in claim numbers, lower actuarial discount rates, and significant increases in the cost.
5. The increase primarily relates to the maintenance cost of the AIS mass vaccination centre and the Brindabella COVID-19 testing centre, higher repair cost to the electrical and medical equipment.

Note 9. Purchased Services

Description and Material Accounting Policies Relating to Purchased Services

Purchased Services are amounts paid to obtain services from other ACT Government Agencies and external parties. They may be for capital, current or recurrent purposes and they are usually subject to terms and conditions set out in a contract, agreement, or by legislation.

Private Provider Program

The Private Provider Program and the Elective Joint Replacement Program is mainly for the provision of elective surgery procedures by private hospitals.

Other Services

This includes services that are purchased from other service providers and non-government organisations in a range of areas including Home and Community Care, Alcohol and Drug, and Community Mental Health.

	2022 $'000	2021 $'000
Purchased Services		
Private Provider Program and Elective Joint Replacement Program[1]	29 725	16 631
Reboot Initiative to support Elective Surgery[2]	-	16 381
Other Services[3]	1 498	213
Total Purchased Services	**31 223**	**33 225**

1. The increase is primarily due to the ACT Government's commitment to delivering elective surgeries. Additional funding was provided as part of the 2021-22 Budget and Budget Review.
2. The reboot initiative was implemented in 2020-21 to assist elective surgery recovery efforts associated with the impacts of the COVID-19 pandemic. This initiative ceased in the current financial year.
3. The increase is primarily due to additional research activity funded from the Special Purpose Account.

Note 10. Other Expenses

Description and Material Accounting Policies Relating to Other Expenses

Legal Expense and Settlements

The Directorate has recognised legal expenses related to services received free of charge from the ACT Government Solicitor's Office. The Government Solicitor's Office provided the Directorate with the fair value of the services provided. It also includes payment for legal settlements.

Waivers

A waiver is the relinquishment of a legal claim to a debt. The Treasurer may, in writing, waive the right to payment of an amount owing to the Territory. In the current financial year, the Treasurer has waived $0.321 million owing to the Directorate from third parties. Waivers are expensed during the year in which the right to payment was waived.

Impairment Losses and Write-Offs – Receivables

A matrix is used to calculate the amount of lifetime expected credit loss which factors practical and justifiable forward-looking information, including forecast economic changes expected to impact the Directorate's receivables (See Note 12 Receivables). This method is based on the possibility of default events occurring over the lifetime of the loans.

Impairment Losses – Plant and Equipment

Impairment loss expenses are recognised for both property, plant and equipment, and intangible assets when their carrying amount is higher than their recoverable amount, with the difference between the two being the amount of the impairment loss. Impairment losses for plant and equipment, leasehold improvements and intangibles are recognised as an expense in the Operating Statement. Impairment losses for land, buildings, infrastructure, and community and heritage assets, are only recognised as an expense when the amount of the impairment is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset.

	2022 $'000	2021 $'000
Other Expenses		
Legal Expense and Settlements	3 226	2 330
Losses from the Disposal of Assets[1]	232	14 022
Lease Interest Expense	73	90
Memberships & Associations	492	202
Waivers		
Stimulus Waivers - COVID-19	321	251
Impairment Losses		
Expected Credit Loss - Receivables[2]	3 314	(3 710)
Plant and Equipment	81	-
Write-Offs		
Irrecoverable Debts	508	2 391
Obsolete Stock	228	219
Inventory Write Downs and Stock Losses	-	2 996
Act of Grace Payments	-	125
Other Expenses	28	242
Total Other Expenses	**8 503**	**19 158**

Note 10. Other Expenses (Continued)

	2022		2021	
	No.	$'000	No.	$'000
Breakdown of Waivers				
Stimulus Waivers - COVID-19	2	321	2	251
Total Waivers	**2**	**321**	**2**	**251**
Breakdown of Act of Grace Payments				
Payment relating to special circumstances relating to a Corrections matter	-	-	1	125
Total Act of Grace Payments	**-**	**-**	**1**	**125**

1. The decrease is due to the demolition of buildings in the prior year to support the Canberra Hospital Expansion project.
2. The movement is primarily due to an increase in the provision for expected credit losses as a result of decreased ability of some customers to settle their debts.

Asset Notes

Material Accounting Policies – Assets

Assets – Current and Non-Current

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets which do not fall within the current classification are classified as non-current.

Note 11. Cash

Description and Material Accounting Policies Relating to Cash

The Directorate holds a number of bank accounts with Westpac Bank, as part of the whole-of-government banking arrangements. As part of these arrangements, bank accounts of the Directorate do not receive interest. Cash includes cash at bank and cash on hand. As part of the Directorate's Special Purpose Accounts, there is a bank account that is used to administer this function. This bank account is able to earn interest and is held with Westpac Bank.

(a) Cash Balances

	2022 $'000	2021 $'000
Current Cash		
Cash on Hand	37	38
Cash at Bank	38 273	34 473
Total Current Cash	**38 310**	**34 511**
Total Cash	**38 310**	**34 511**

Note 11. Cash (Continued)

(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet

	2022 $'000	2021 $'000
Cash Disclosed in the Balance Sheet	38 310	34 511
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	**38 310**	**34 511**

(c) Reconciliation of the Operating Result to the Net Cash Inflows from Operating Activities

Operating Result	(39 065)	(45 794)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	49 514	42 262
Losses from the Disposal of Assets	232	14 022
Bad and Doubtful Debts	4 143	(1 068)
Inventory Write Downs and Obsolete Stock	228	3 215
Make Good	-	(1 895)
Add/(Less) Items Classified as Investing or Financing		
Net (Gain) on Disposal of Non-Current Assets	(90)	(299)
Lease Interest Charges	73	90
Assets Impairment Loss	81	-
Capital Works Payables Accruals	773	266
Cash Before Changes in Operating Assets and Liabilities	**15 889**	**10 799**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(4 173)	(4 564)
(Increase) in Inventories	(17 591)	(5 877)
(Increase) in Other Assets	(173)	(136)
Increase/(Decrease) in Payables	4 941	(1 594)
Increase in Employee Benefits	28 563	16 870
(Decrease) in Other Liabilities	(12 074)	(12 042)
Net Changes in Operating Assets and Liabilities	**(507)**	**(7 343)**
Net Cash Inflows from Operating Activities	**15 382**	**3 456**

(d) Reconciliation of liabilities arising from financing activities

Carrying Amount at the Beginning of the Reporting Period	4 079	5 400
Cash Flow Changes:		
Cash Paid	(2 563)	(3 179)
Non-Cash Changes:		
New Leases	885	1 849
Other Movements	461	9
Carrying Amount at the End of the Reporting Period	**2 862**	**4 079**

Note 12. Receivables

Description and Material Accounting Policies Relating to Receivables

Accounts Receivable

Accounts receivable are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement.

Impairment Loss – Accounts Receivable

The allowance for expected credit losses represents the amount of trade and other receivables the Directorate estimates will not be repaid. The allowance for impairment losses is based on objective evidence and a review of overdue balances. The Directorate will measure expected credit losses of a financial instrument in a way that reflects:

(a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;

(b) the time value of money; and

(c) reasonable and supportable information that is available, without undue cost or effort, at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement. Where the Directorate has no reasonable expectation of recovering an amount owed by a debtor and ceases action to collect the debt, as the cost to recover the debt is more than the debt is worth, the debt is written-off by directly reducing the receivable against the loss allowance.

The allowance for expected credit losses for trade receivables is measured at the lifetime expected credit losses at each reporting date. The Directorate has established a provision matrix, based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and economic environment.

Loss rates are calculated separately for groupings of customers with similar loss patterns. The Directorate has determined there are seven material groups for measuring expected credit losses based on the sale of services and the sale of goods reflecting customer profiles for revenue streams. The calculations reflect historical observed default rates calculated using credit losses experienced on past sales transactions during the last three years. The historical default rates are then adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future recovery of those receivables.

Inter-agency receivables between ACT Government Agencies are expected to have low credit risk. Consequently, the ACT Government policy is that receivables internal to the ACT Government are not assessed for credit loss.

Note 12. Receivables (Continued)

	2022 $'000	2021 $'000
Current Receivables		
Trade Receivables		
Trade Receivables - Patient Fees[1]	19 109	13 422
Other Trade Receivables	17 448	20 475
Less: Expected Credit Loss Allowance[2]	(8 559)	(5 244)
Total Trade Receivables	**27 998**	**28 653**
Other Receivables		
Accrued Revenue	3 274	2 710
Net GST Receivable	2 024	1 903
Total Other Receivables	**5 298**	**4 613**
Total Receivables	**33 296**	**33 266**

1. This increase is mainly due to the timing of raising trade receivable invoices.
2. The Directorate's expected credit losses have increased reflecting changes in the ability of customers to settle their debts.

Note 12. Receivables (Continued)

Expected Credit Loss Allowance Provision Matrix
Ageing of Receivables

	Accounts Receivable		
	Estimated total gross carrying amount at default	Expected credit loss Allowance	Expected credit loss rate
	$'000	$'000	%
30 June 2022			
Not Overdue	15 444	(290)	2%
1-30 Days Past Due	2 744	(179)	7%
31-60 Days Past Due	1 851	(363)	20%
61-90 Days Past Due	1 741	(647)	37%
> 91 Days Past Due	9 464	(7 080)	75%
Total[1]	**31 244**	**(8 559)**	
30 June 2021			
Not Overdue	16 656	(270)	2%
1-30 Days Past Due	2 252	(188)	8%
31-60 Days Past Due	1 582	(240)	15%
61-90 Days Past Due	799	(214)	27%
> 91 Days Past Due	6 619	(4 332)	65%
Total[1]	**27 908**	**(5 244)**	

	2022 $'000	2021 $'000
Reconciliation of the Loss Allowance		
Accounts Receivable		
Allowance for Impairment Losses at the Beginning of the Reporting Period	5 244	8 955
Reduction in Allowance from Amounts Recovered During the Reporting Period	(284)	(1 005)
Reduction in Allowance from Amounts Written off During the Reporting Period	(196)	(1 140)
Expected Credit Loss Expense	3 795	(1 566)
Allowance for Impairment Losses at the End of the Reporting Period	**8 559**	**5 244**

The maximum exposure to credit risk at the end of the reporting period for Receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table above.

1. The Trade Receivables related to other ACT Government Agencies are excluded from the credit loss assessment as their impairment risk is considered low.

Note 13. Inventories

Description and Material Accounting Policies Relating to Inventories

The Directorate's inventory consists of pharmaceuticals, medical and surgical supplies, pathology supplies and general consumables. Inventories held for distribution are valued at the lower of cost and net realisable value. Cost comprises the purchase price of inventories as well as transport, handling and other costs directly attributable to the acquisition of inventories. Trade discounts, rebates and similar items are deducted in determining the costs of purchase. The cost of inventories is assigned using the weighted average method. Where applicable the cost is adjusted for any loss of service potential and recorded in the Operating Statement. Net realisable value is determined using the estimated sales proceeds less costs incurred in distribution to customers.

Inventories held for distribution are expensed at the time when they are distributed. An expense is recognised for all losses of inventories, and any write-down of inventories in the period the loss or write-down occurs. The amount of the expense is the difference between the carrying amount of the inventories and its net realisable value. Where there is an increase in net realisable value of inventories that have previously been written down, this increase is recognised as a reduction in the amount of inventories recognised as an expense in the period in which the reversal occurs.

	2022 $'000	2021 $'000
Inventories		
Purchased Items - Cost[1]	34 371	19 768
Less: Obsolete Stock	(228)	(220)
Less: Write-down to realisable value[2]	-	(2 996)
Total Inventories	**34 143**	**16 552**

1. The increase is due to elevated stock requirements related to the ACT Government's continued COVID-19 pandemic response.
2. The decrease is due to inventory balances in the prior year being written-down to net realisable value due to a material difference between purchase price and realisable value for personal protective equipment associated with the impact of the COVID-19 pandemic. In the 2021-22 financial year the purchase price of inventory aligned to the net realisable value.

Note 14. Property, Plant and Equipment

Description and Material Accounting Policies Relating to Property, Plant and Equipment

Property, Plant and Equipment includes the following five classes of assets.

- *Land:* includes leasehold land held by the Directorate.
- *Buildings:* are structures that are separately identifiable from the land they are constructed upon and include hospital buildings, community health centres and siteworks.
- *Leasehold improvements:* are capital expenditure items incurred in relation to leased assets. Leasehold improvement represent fit-outs in leased buildings.
- *Plant and equipment:* includes medical equipment, motor vehicles, mobile plant, air conditioning and heating systems, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment.
- *Right-of-Use assets:* includes leased motor vehicle recognised under AASB 16 *Leases* are disclosed under the relevant class of property, plant and equipment.

Property, Plant and Equipment does not include assets held for sale or investment property.

Acquisition and Recognition of Property, Plant and Equipment

Property, Plant and Equipment is initially recorded at cost. Right-of-use assets are also measured at cost on initial recognition, where cost comprises the initial amount of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

Where Property, Plant and Equipment is acquired at no cost, or minimal cost, cost is its fair value as at the date of acquisition. However, property, plant and equipment acquired at no cost or minimal cost as part of a restructuring of administrative arrangements is measured at the transferor's book value.

Where payment for property, plant and equipment is deferred beyond normal credit terms, the difference between its cash price equivalent and the total payment is measured as interest over the period of credit. The discount rate used to calculate the cash price equivalent is an asset specific rate.

All Property, Plant and Equipment with a value of $5,000 or more is capitalised.

Measurement of Property, Plant and Equipment After Initial Recognition

Property, Plant and Equipment is valued using the cost or revaluation model of valuation. Land, buildings and leasehold improvements are measured at fair value. Plant and equipment is measured at cost.

After the commencement date, right-of-use assets are measured at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of the lease liability.

Valuation of Non-Current Assets

The Directorate has made a significant estimate regarding the fair value of its assets. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less on the market. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Note 14. Property, Plant and Equipment (Continued)

Revaluation

Land, buildings and leasehold improvements are revalued every 3 years. This also includes all right-of-use assets within these asset classes. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings and leasehold improvements at the date of revaluation is written-back against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Aon Valuation Services, an independent valuer, has performed all revaluations of the Directorate's property, plant and equipment assets. Aon Valuation Services hold a recognised and relevant professional qualification and have recent experience in the location and category of the property, plant and equipment involved. The latest valuation of land, buildings and leasehold improvements was performed as at 30 June 2020. The next valuation will be undertaken during 2022-23.

Impairment of Assets

At each reporting date, the Directorate assesses whether there is any indication that property, plant and equipment may be impaired. Property, Plant and Equipment is also reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

Any resulting impairment losses for land, buildings and leasehold improvements are recognised as a decrease in the Asset Revaluation Surplus relating to these classes of assets. This is because these asset classes are measured at fair value and have an Asset Revaluation Surplus attached to them. Where the impairment loss is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset, the difference is expensed in the Operating Statement.

Impairment losses for plant and equipment and leasehold improvements are recognised in the Operating Statement, as plant and equipment is carried at cost, and leasehold improvements are carried at fair value, but do not have an Asset Revaluation Surplus attached to them. The carrying amount of the asset is reduced to its recoverable amount.

Non-financial assets that have previously been impaired are reviewed for possible reversal of impairment at each reporting date.

Note 14. Property, Plant and Equipment (Continued)

Depreciation and Useful Life

Depreciation is the systematic allocation of the cost of an asset less its residual value over its useful life.

Depreciation is applied to physical assets such as buildings and plant and equipment.

Land has an unlimited useful life and is therefore not depreciated.

Right-of-use buildings, leasehold improvements, and plant and equipment are depreciated over the estimated useful life of each asset, or the unexpired period of the relevant lease, whichever is shorter.

All depreciation is calculated after first deducting any residual values, which remain for each asset.

Depreciation-for non-current assets is determined as follows:

Class of Asset	Depreciation	Useful Life (Years)
Buildings	Straight Line	40-80
Leasehold Improvements	Straight Line	2-10
Plant and Equipment	Straight Line	2-20
Right-of-Use Assets – Plant and Equipment	Straight Line	1-5

The Directorate has made a significant estimate in determining the useful lives of its Property, Plant and Equipment. The estimation of useful lives of Property, Plant and Equipment is based on the historical experience of similar assets and in some cases has been based on valuations provided by Aon Valuation Services. The useful lives are assessed on an annual basis and adjustments are made when necessary.

Note 14. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2021-22.

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Right-of-Use Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**64 958**	**1 058 900**	**1 134**	**43 669**	**3 322**	**1 171 983**
Additions	-	45 131	-	19 159	923	**65 213**
Disposals	-	-	-	(3 356)	(115)	**(3 471)**
Depreciation	-	(35 667)	(59)	(12 090)	(1 698)	**(49 514)**
Depreciation Write Back	-	-	-	2 698	95	**2 793**
Carrying Amount at the End of the Reporting Period	**64 958**	**1 068 364**	**1 075**	**50 080**	**2 527**	**1 187 004**
Carrying Amount at the End of the Reporting Period, is represented by:						
Gross Book Value	64 958	1 131 935	1 767	160 843	7 913	**1 367 416**
Accumulated Depreciation	-	(63 571)	(692)	(110 763)	(5 386)	**(180 412)**
Carrying Amount at the End of the Reporting Period	**64 958**	**1 068 364**	**1 075**	**50 080**	**2 527**	**1 187 004**

CANBERRA HEALTH SERVICES
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FOR THE YEAR ENDED 30 JUNE 2022

Note 14. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2020-21.

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Right-of-Use Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**58 280**	**1 028 427**	**86**	**53 480**	**3 713**	**1 143 986**
Additions	-	36 609	1 139	371	1 848	**39 968**
Disposals	-	(16 663)	-	-	(357)	**(17 020)**
Depreciation	-	(29 831)	(91)	(10 182)	(2 158)	**(42 262)**
Acquisition from Transfers	6 678	34 333	-	-	-	**41 011**
Depreciation Write Back for Revaluation	-	4 629	-	-	-	**4 629**
Depreciation Write Back	-	1 397	-	-	276	**1 673**
Carrying Amount at the End of the Reporting Period	**64 958**	**1 058 900**	**1 134**	**43 669**	**3 322**	**1 171 983**
Carrying Amount at the End of the Reporting Period, is represented by:						
Gross Book Value	64 958	1 086 804	2 666	145 041	7 105	**1 306 574**
Accumulated Depreciation	-	(27 904)	(1 532)	(101 372)	(3 783)	**(134 591)**
Carrying Amount at the End of the Reporting Period	**64 958**	**1 058 900**	**1 134**	**43 669**	**3 322**	**1 171 983**

Note 14. Property, Plant and Equipment (Continued)

Fair Value Hierarchy

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities that the Directorate can access at the measurement date;
- Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3: inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June are as follows:

	Classification According to Fair Value Hierarchy		
	Level 2	Level 3	Total
2022	**$'000**	**$'000**	**$'000**
Property, Plant and Equipment at Fair Value			
Land	64 958	-	**64 958**
Buildings	2 987	1 065 377	**1 068 364**
Leasehold Improvements	-	1 075	**1 075**
	67 945	**1 066 452**	**1 134 397**
2021			
Property, Plant and Equipment at Fair Value			
Land	64 958	-	**64 958**
Buildings	3 041	1 055 859	**1 058 900**
Leasehold Improvements	-	1 134	**1 134**
	67 999	**1 056 993**	**1 124 992**

Note 14. Property, Plant and Equipment (Continued)

Transfers between Categories
There have been no transfers between categories during the current and previous reporting periods.

Valuation Techniques, Inputs and Processes

Level 2 Valuation Techniques and Inputs
Valuation Technique: the valuation technique used to value land and buildings is the market approach that reflects recent transaction prices for similar properties and buildings (comparable in location and size).

Inputs: Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Regard was taken of the Crown Lease terms and tenure, the Australian Capital Territory Plan and the National Capital Plan, where applicable, as well as current zoning.

Level 3 Valuation Techniques and Significant Unobservable Inputs

Land
Valuation Technique: Land where there is no active market or significant restrictions is valued through the market approach.

Significant Unobservable Inputs: Selecting land with similar approximate utility. In determining the value of land with similar approximate utility significant adjustment to market based data was required.

Buildings and Leasehold Improvements
Valuation Technique: Buildings and Leasehold Improvements were considered specialised assets by the Valuers and measured using the cost approach to fair value.

Significant Unobservable Inputs: Estimating the cost to a market participant to construct assets of comparable utility adjusted for obsolescence. For Buildings, historical cost per square metre of floor area was also used in measuring fair value. In determining the value of buildings and leasehold improvements assets regard was given to the age and condition of the assets, their estimated replacement cost and current use. This required the use of data internal to the Directorate.

There has been no change to the above valuation techniques during the reporting period.

Note 14. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level

2022	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**1 055 859**	**1 134**
Additions	45 131	-
Depreciation	(35 613)	(59)
Fair Value at the End of the Reporting Period	**1 065 377**	**1 075**

2021	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**1 025 332**	**86**
Additions	70 942	1 139
Depreciation	(29 778)	(91)
(Disposal) through Administrative Restructuring	(16 663)	-
Depreciation Write Back for Revaluation	4 629	-
Depreciation Write Back	1 397	-
Fair Value at the End of the Reporting Period	**1 055 859**	**1 134**

Note 15. Capital Works in Progress

Description and Material Accounting Policies Relating to Capital Works in Progress

Capital Works in Progress include assets being constructed or developed, including buildings, plant and equipment. Capital Works in Progress are recognised at the time the construction activity occurs. These assets are measured at the cost of constructing the asset. The cost includes direct construction costs (e.g. direct materials and direct labour) and 'directly attributable' costs in bringing the asset to a location and condition ready for use, as well as the initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located. Directly attributable costs in Capital Works in Progress for the Directorate may include extensive installation work or integration with other assets.

	2022 $'000	2021 $'000
Building Works in Progress	94 968	78 474
Plant and Equipment Works in Progress	5 622	17 884
Total Capital Works in Progress	**100 590**	**96 358**

Reconciliation of Capital Works in Progress 2021-22	Buildings Works in Progress	Plant and Equipment Works in Progress	Total
	$'000	$'000	$'000
Carrying Amount at the Beginning of the Reporting Period	**78 474**	**17 884**	**96 358**
Additions	46 982	1 898	**48 880**
Completed and Transferred to Property, Plant and Equipment	(30 215)	(13 901)	**(44 116)**
Capital Works Expensed	(273)	(259)	**(532)**
Carrying Amount at the End of the Reporting Period	**94 968**	**5 622**	**100 590**

Note 15. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress 2020-21	Buildings Works in Progress	Plant and Equipment Works in Progress[1]	Total
	$'000	$'000	$'000
Carrying Amount at the Beginning of the Reporting Period	**61 839**	**6 232**	**68 071**
Additions	55 118	14 159	**69 277**
Completed and Transferred to Property, Plant and Equipment	(37 249)	(2 507)	**(39 756)**
Capital Works Expensed	(1 234)	-	**(1 234)**
Carrying Amount at the End of the Reporting Period	**78 474**	**17 884**	**96 358**

1. Computer Software Works in Progress was re-classified to Plant and Equipment Works in Progress.

Liability Notes

Material Accounting Policies – Liabilities

Liabilities – Current and Non-Current

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the Directorate does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities which do not fall within the current classification are classified as non-current.

Note 16. Payables

Description and Material Accounting Policies Relating to Payables

Payables include Trade Payables and Accrued Expenses. Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are now normally settled within 14 days after the invoice date given the ACT Government accelerated the payment of invoices for local enterprises, recognising the importance of cash flow to small and medium enterprises given the COVID-19 pandemic.

	2022 $'000	2021 $'000
Current Payables		
Trade Payables	2 047	1 272
Accrued Expenses	58 194	54 019
Total Current Payables	**60 241**	**55 291**

	2022 $'000	2021 $'000
Payables are aged as followed		
Not Overdue	60 070	54 523
Overdue for Less than 30 Days	63	661
Overdue for 30 to 60 Days	3	68
Overdue for More than 60 Days	105	39
Total Payables	**60 241**	**55 291**

Note 17. Employee Benefits

Description of Material Accounting Policies Relating to Employee Benefits Liabilities

Accrued Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

Annual and Long Service Leave

Annual and long service leave, including applicable on-costs, that are not expected to be wholly settled before twelve months after the end of the reporting period when the employees render the related service are measured at the present value. The present value is determined based on the estimated future payments to be made in respect of services provided by employees up to the end of the reporting period. Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2021-22 the rate used to estimate the present value of future benefits are:

- Annual leave payments is 101.8% (100.2% in 2020-21); and
- Payments for long service leave is 95.3% (108.7% in 2020-21).

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of 7 years of qualifying service, the probability that employees will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

On-costs only become payable if the employee takes annual and long service leave while in-service. The probability that employees will take annual and long service leave while in service has been taken into account in estimating the liability for on-costs.

Significant judgements have been applied in estimating the annual and long service leave liabilities, given that the Directorate uses the Whole-of-Government present value, probability and on-cost factors. These factors are issued by ACT Treasury and apply to all ACT Government Agencies. ACT Treasury organises an actuarial review to be undertaken every three years by the ACT Government Actuary to estimate each of these factors. The latest assessment was undertaken in December 2021, with the next review expected to be undertaken by early 2025.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Note 17. Employee Benefits (Continued)

Description of Material Accounting Policies Relating to Employee Benefits Liabilities (Continued)

Superannuation Liability

The employer superannuation benefits payable to Directorate employees, who are members of the defined benefit CSS or PSS Schemes, are recognised in the financial statements of the Superannuation Provision Account.

	2022 $'000	2021 $'000
Current Employee Benefits		
Annual Leave[1]	159 428	142 631
Long Service Leave[2]	131 005	140 876
Accrued Salaries	24 211	18 940
Other Benefits - Superannuation & Allowances	16 403	14 817
Total Current Employee Benefits	**331 047**	**317 264**
Non-Current Employee Benefits		
Long Service Leave	16 642	16 679
Total Non-Current Employee Benefits	**16 642**	**16 679**
Total Employee Benefits	**347 689**	**333 943**

Estimate of when Leave is Payable

Estimated Amount Payable within 12 months		
Annual Leave	78 548	75 547
Long Service Leave	7 466	9 324
Accrued Salaries	24 211	18 940
Other Benefits	16 403	14 817
Total Employee Benefits Payable within 12 months	**126 628**	**118 628**
Estimated Amount Payable after 12 months		
Annual Leave	80 880	67 084
Long Service Leave	140 181	148 231
Total Employee Benefits Payable after 12 months	**221 061**	**215 315**
Total Employee Benefits	**347 689**	**333 943**

1. Annual leave liabilities have increased because of reduced utilisation of annual leave linked to the impacts of the COVID-19 pandemic.
2. Long service leave liabilities have decreased due to the change in the net present value applied.

At 30 June 2022, the Directorate employed 7,109 Full Time Equivalent (FTE) staff. There were 6,888 FTE staff at 30 June 2021.

Note 18. Other Liabilities

Description of Material Accounting Policies Relating to Other Liabilities

Revenue Received in Advance

Revenue received in advance is recognised as a liability if there is a present obligation to return the funds received, otherwise all is recorded as revenue. Revenue received in advance arises from transactions that are not contracts with customers.

ACT Government Borrowings

Interest-bearing borrowing liabilities comprise short and long-term debt securities issued by the Territory. ACT Government borrowings are financial liabilities and are measured at the fair value of the consideration received when initially recognised and at amortised cost subsequent to initial recognition, with any adjustments to the carrying amount being recorded in the Operating Statement. The associated interest expense is recognised in the reporting period in which it occurs.

Provision for Make Good

On 1 July 2012 the Directorate entered into a lease agreement for office space at 1 Moore Street, City. There were clauses within the lease agreement which required the Directorate, upon cessation of the tenancy, to return the office space to the condition it was in before it was leased (this is referred to as 'make good'). The lease agreement expired in 2017 and has been on a holdover term. The Provision for Make Good is measured at the estimated expenditure required to return the property to its previous condition. The initial estimate of the restoration costs has been capitalised into the leasehold improvement, which has been fully depreciated at the lease expiry date.

	2022 $'000	2021 $'000
Current Other Liabilities		
Revenue Received in Advance[1]	2 977	603
ACT Government Borrowings	410	407
Total Current Other Liabilities	**3 387**	**1 010**
Non-Current Other Liabilities		
ACT Government Borrowings	17	445
Provision for Make Good	1 986	1 986
Total Non-Current Other Liabilities	**2 003**	**2 431**
Total Other Liabilities	**5 390**	**3 441**

1. The increase is primarily due to the grant and contribution revenue received in the Special Purpose Account, to fund research activities in the 2022-23 financial year.

Note 19. Financial Instruments

Material Accounting Policies Relating to Financial Instruments

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability, are disclosed in the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets are subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

(a) the business model for managing the financial assets; and

(b) the contractual cash flow characteristics of the financial assets.

The following are the classification of the Directorate's financial assets under AASB 9:

Items	Business Model Held to collect principal and interest/sell	Solely for payment of Principal and Interest SPPI Test (basic lending characteristics)	Classification
Cash and Cash Equivalents	Held to collect	Yes	Amortised cost
Accounts Receivable	Held to collect	Yes	Amortised cost
Accrued Revenue	Held to collect	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. Further, inter-agency receivables between ACT Government agencies are generally expected to have low credit risks. The Directorate expects to collect all financial assets that are not past due or impaired.

The Directorate's receivables are predominantly from ACT Government, Commonwealth Government, other health facilities, insurance companies for compensable patients and non-eligible Medicare patients. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables. Other health facilities and insurance companies for compensable patients have a low to moderate level of credit risk. Non-eligible Medicare patients have a moderate to high risk of default. This cohort is actively followed up by a debt management team within the Directorate.

There have been no significant changes in credit risk exposure since last reporting period.

Accounts receivable are always measured at lifetime expected credit losses (the simplified approach).

Note 19. Financial Instruments (Continued)

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset. The Directorate's financial obligations relate to the employee expenses and the purchase of supplies and services.

The main source of cash to pay these obligations are contributions from the ACT Local Hospital Network which are paid on a fortnightly basis during the reporting period. The Directorate manages its liquidity risk through forecasting ACT Local Hospital Network funding requirements to enable payment of anticipated obligations. See the maturity analysis provided later in this note for further details of when financial liabilities mature.

The Directorate's exposure to liquidity risk is considered insignificant based on experience from prior reporting periods and the current assessment of risk.

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2022 $'000	2021 $'000
Financial Assets		
Financial Assets Measured at Amortised Cost	**31 272**	**31 363**
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	**63 104**	**59 370**

The Directorate does not have any financial liabilities in the 'Financial Liabilities at Fair Value through Profit and Loss' category and, as such, this category is not included above.

Note 20. Commitments

Capital Commitments

Capital Commitments, contracted at reporting date, that have not been recognised as liabilities are as follows:

	2022 $'000	2021 $'000
Capital Commitments - Property, Plant and Equipment		
Non-cancellable commitments are as follows:		
Payable:		
Within one year	21 061	38 420
Later than one year but not later than five years	10 862	13 611
Total Capital Commitments - Property, Plant and Equipment[1]	**31 923**	**52 031**
Total Capital Commitments	**31 923**	**52 031**

Lease Commitments

Lease commitments are payable as follows:

Non-cancellable commitments are as follows:		
Within one year	5 915	2 033
Later than one year but not later than five years	2 678	3 032
Later than five years	425	581
Total Lease Commitments[2]	**9 018**	**5 646**

1. The decrease in capital commitments is primarily due to the completion and progressing of some major projects in 2021-22.
2. Short-term Lease Commitments for the current reporting period relate to motor vehicles with SG Fleet that have a lease period of less than 12 months. Motor vehicle leases with a lease period greater than 12 months have been accounted for as liabilities upon adoption of AASB 16 Leases. It also includes items such as ICT leases that do not meet the Directorate lease capitalisation threshold of $10,000 and property leases, that are operating on a month-to-month basis, without a formal lease in place.

Other Commitments

Other commitments contracted at reporting date but not recognised as liabilities, are payable as follows:

Payable:		
Non-cancellable other commitments are as follows:		
Within one year	37 480	32 773
Later than one year but not later than five years	55 435	53 542
Later than five years	227 533	239 499
Total Other Commitments[1]	**320 448**	**325 814**

1. Other Commitments have been recognised in the current financial year for the first time, due to a change in processes. Comparative amounts have been disclosed.

Note 20. Commitments (Continued)

All amounts shown in the commitment note are inclusive of GST, except for property and ICT lease Commitments, which are charged by other ACT Government entities.

Note 21. Contingent Liabilities and Contingent Assets

Contingent Liabilities

The Directorate is subject to 172 legal actions (2021: 159 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at $8.191 million at 30 June 2022 (30 June 2021: $7.621 million), which has not been provided for in the financial statements.

Contingent Assets

The Directorate is subject to receive a range of assets and buildings from Major Projects Canberra on completion including the assets associated with the Canberra Hospital Expansion project.

Note 22. Third Party Monies

The Directorate held funds relating to the activities of salaried specialists.

	2022 $'000	2021 $'000
Private Practice Fund		
Balance at the Beginning of the Reporting Period	**60 161**	**53 667**
Cash Receipts	30 940	32 683
Cash Payments	(24 741)	(26 189)
Balance at the End of the Reporting Period	**66 361**	**60 161**

Note 23. Related Party Disclosures

Description and Material Accounting Policies Relating to Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity, and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the Directorate, directly or indirectly.

KMP of the Directorate are the Portfolio Minister, Chief Executive Officer, Deputy Chief Executive Officer, Chief Operating Officer and the Chief Finance Officer.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the Directorate.

This note does not include typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public.

(A) Controlling Entity

Canberra Health Services is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2022.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2022.

Compensation by Canberra Health Services to KMP is set out below.

	2022 $'000	2021 $'000
Short-term employee benefits	1 395	1 144
Post-employment benefits	206	110
Other long-term benefits	33	27
Termination benefits	215	52
Total Compensation to KMP	**1 849**	**1 333**

Note 23. Related Party Disclosures (Continued)

B.2 Transactions with Key Management Personnel

No disclosure is required for typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

There were no transactions with KMP that were material to the financial statements of the Directorate.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the Directorate.

(C) Transactions with other ACT Government Controlled Entities

The Directorate has entered into transactions with other ACT Government Entities in 2021-2022 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities. Below is a summary of the material transactions with Other ACT Government Entities.

Revenue

- Sales of Goods and Services from Contracts with Customers (Note 4) – The Directorate received $2.69 million in revenue from other ACT Government Entities related to acquisition and delivery of stock and miscellaneous services.
- Resources Received Free of Charge (Note 5) – The Directorate received ICT services $68.36 million free of charge from ACT Health Directorate and Finance and Human Resources services $10.37 million free of charge from Shared Services.

Expenses

- Supplies and Services (Note 8) – The Directorate paid insurance premiums of $30.53 million to the ACT Insurance Authority.

Assets

- Inventories (Note 13) - The Directorate provides inventories to other ACT Government Agencies.

Liabilities

- Employee Benefits (Note 17) – Superannuation liabilities of $42 million for Directorate staff that are part of the CSS and PSS are held by the Superannuation Provision Account.

Note 24. Budgetary Reporting

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered 'major variances'. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10 per cent of the relevant associated actual category amount (Income, Expenses, Assets, Liabilities and Equity totals) or more than 10 per cent of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements, or provides additional detail to the reader; and
- The variances (Original Budget to actual) are greater than plus (+) or minus (-) 10 per cent and $15 million for the financial statement line item.

Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note: # in the Line Item Variance % column represents a variance that is greater than 999 percent or less than -999 per cent.

	Variance Explanation	Actual 2022 $'000	Original Budget 2022 $'000	Variance $'000	Variance %
Operating Statement Line Items					
Sales of Goods and Services from Contracts with Customers	1	111 854	118 555	(6 701)	(6)
Grants and Contributions	2	1 446 387	1 367 477	78 910	6
Supplies and Services	3	475 807	437 444	38 363	9
Purchased Services	4	31 223	20 598	10 625	52

Variance Explanations

1. The key driver for the variance is lower than expected revenue from Department of Veterans' Affairs due to a drop in Gold Card members and lower third party revenue due to a reduction in motor accidents.
2. The higher than budget result is mainly due to higher than expected funding from the ACT Local Hospital Network to support the COVID-19 pandemic response.
3. The variance is mainly due to higher than budgeted medical supplies, and staffing costs as part of the continued COVID-19 pandemic response.
4. The key driver for the variance from budget is the ACT Government's commitment to delivering more elective surgeries. Additional funding was received as part of Budget Review to address the continued impact of COVID-19 pandemic.

Note 24. Budgetary Reporting (Continued)

	Variance Explanation	Actual 2022 $'000	Original Budget 2022 $'000	Variance $'000	Variance %
Balance Sheet Line Items					
Inventories	1	34 143	16 752	17 391	104
Capital Works in Progress	2	100 590	92 494	8 096	9

Variance Explanations

1. The variance from budget is due to the requirement to maintain elevated stock requirements related to the Government's continued COVID-19 pandemic response.
2. Completion of capital projects was delayed due to the impacts of the COVID-19 pandemic on the completion of projects mainly related to building works.

Statement of Changes in Equity - these line items are covered in other financial statements.

	Variance Explanation	Actual 2022 $'000	Original Budget 2022 $'000	Variance $'000	Variance %
Statement of Cash Flows Line Items					
Purchased Services	1	30 114	20 723	9 391	45
Capital Injections	2	46 137	67 847	(21 710)	(32)

Variance Explanations

1. The key driver for the variance from budget is the ACT Government's commitment to delivering elective surgeries, and additional funding was received as part of Budget Review to address continued impact of COVID-19 pandemic and cost increases.
2. The decrease compared to budget is mainly due to delays in completion of capital projects as a result of COVID-19 lockdowns.

Capital works

CHS works closely with the ACTHD and infrastructure delivery partners in the feasibility, planning, design, delivery and commissioning of new health initiatives that involve capital works. This is so they align government and clinical service priorities. Our capital works priorities are informed by Strategic Asset Management Plans developed for the built asset portfolio.

The Better Infrastructure Fund is an annual program which supports minor capital works projects. The program aims to maintain and improve our existing infrastructure assets. Minor capital works projects are determined under the following categories:

- building upgrades
- electrical, fire and safety upgrades
- mechanical and services infrastructure.

Completed projects

We completed the following major capital works projects in 2021-22:

- Refurbishment of the Centenary Hospital for Women and Children Paediatric High Care Unit and clinical administration building.
- Construction of a neurostimulation suite and additional HDU inpatient surge beds in the Adult Mental Health Unit at Canberra Hospital to support the complex needs of mental health consumers.
- Construction of a 10-bed mental health low dependency unit (Ward 12B) at Canberra Hospital to meet the growing need for mental health beds.
- Construction of an eight-bed expansion to the ICU at Canberra Hospital to support the growing needs of critical care patients.
- Construction of replacement Building 2 and Building 12 electrical main switchboards and associated emergency backup generators at Canberra Hospital that are at the end of their useful life to support the continuity of clinical services.
- Construction of replacement heating ventilation and air conditioning systems in Building 12 at Canberra Hospital to reflect changing industry standards for operating theatres.
- Construction of a replacement main kitchen industrial dishwasher able to wash, clean and sterilise glasses, plates and cutlery.
- Building fit-out works at the Molonglo Valley Medical Centre to establish the new CHS at Molonglo centre as part of the ACT Government's 'care closer to home' network.

Works in progress

The following major capital works were in progress as at 30 June 2022:

- Construction of the Centenary Hospital for Women and Children expansion to meet the growing needs of birthing women, newborn babies, children and adolescents.
- Construction of an expansion to the pharmaceutical manufacturing suite in the CRCC and refurbishment to the main pharmacy dispensary in Building 1 at Canberra Hospital.
- Design and construction of replacement Building 10 electrical infrastructure at Canberra Hospital that are at the end of their useful life to support continuity of pathology and research services.

- Design and construction of replacement mechanical switchboards at Canberra Hospital that are at the end of their useful life to support the continuity of clinical services.
- Design and construction of replacement linear accelerator equipment in Building 20 at Canberra Hospital to support the treatment of cancer patients.
- Design and construction of replacement sensitive MRI (magnetic resonance imaging) equipment in Building 12 at Canberra Hospital to support the need for additional medical imaging services.
- Design and construction of diagnostic CT, x-ray and ultrasound imaging services at the Weston Creek Walk-in Centre to improve community access to outpatient imaging services.
- Construction of Building 10 steam generator and associated electrical works to support new autoclaves supplying laboratory equipment for clinical research.
- Lift modernisation and upgrade works for seven passenger lifts across four buildings at Canberra Hospital to improve lift reliability and extend their useful life.

There were also feasibility studies in progress as part of early planning and design activities to:

- establish a further four walk-in health centres to provide community-based services located in the Inner South, South Tuggeranong, North Gungahlin and West Belconnen
- upgrade and expand the endoscopy suites to address the growing demand for endoscopy services (gastroscopy and colonoscopy) which continue to increase pressure on the use of operating theatres.

Other capital works projects

Table 33: CHS capital works as at 30 June 2022

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year expenditure $'000	Total expenditure to date $'000
New Capital Works						
Improving Canberra's health infrastructure—Calvary critical infrastructure	Nov-23	10 490	10 490	0	139	139
Improving Canberra's health infrastructure—Canberra Health Services warehouse and logistics facility	Mar-23	1 267	1 267	0	0	0
Improving Canberra's health infrastructure—Cancer Research Centre	Dec-23	7 045	7 045	0	127	127
Investing in public health care—Expanding endoscopy services	Jan-23	6 335	6 335	0	147	147
Better Infrastructure Fund—Improving Health Facilities	Jun-22	4 602	4 602	4 120	4 115	4 115
Works in Progress						
Expanding the Centenary Hospital for Women and Children	Sep-23	47 050	50 050	10 465	13 184	26 689
Better Health Services—Upgrading & Maintaining ACT Health Assets	Dec-23	95 328	97 983	11 221	119	94 114
ACT Health critical assets upgrades	Dec-23	24 880	21 083	3107	6454	14 469

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year expenditure $'000	Total expenditure to date $'000
Expanding pharmacy services at Canberra Hospital	Jun-23	5530	5530	460	69	491
Clinical Services & Inpatient Unit Design & Infrastructure Expansion	Dec-21	40 780	26 886	69	302	26 313
The Canberra Hospital—Essential Infrastructure and Engineering Works	Apr-22	5640	5390	992	995	5742
More public medical imaging services for Canberra Hospital	Dec-23	11 200	5700	9	64	73
Training our future health workforce	Jul-23	1700	1700	600	51	699
New medical imaging equipment	Mar-23	500	500	0	0	0
Physically but not financially complete						
University of Canberra Hospital	Jul-18	172 000	158 262	334	526	157 312
University of Canberra Hospital—Car Park	Jul-18	11 200	14 335	243	21	12 749
Delivering the Weston Creek Walk-in Centre	Mar-20	4445	5045	359	198	5003
Sterilising Services—Relocation and Upgrade	Dec-21	17 290	6152	226	81	5755
More Mental Health Accommodation	Mar-21	12 236	9336	5143	3549	8692
Improved infrastructure for acute aged care and cancer inpatients	Jul-21	17 310	19 810	7188	107	19 560
More mental health services at Canberra Hospital	Dec-21	2520	2520	874	981	2120
ICU Expansion	Jun-22	13 500	13 500	3739	7397	11 136
Mental Health Ward 12B redevelopment	Dec-21	8 100	8 100	2 888	4 488	7 376
Both physically and financially complete						
Clinical Services Redevelopment—Phase 2	Jan-20	15 000	8 625	0	209	8 417
Clinical Services Redevelopment—Phase 3	Jan-20	25 700	16 465	0	236	16 229
Secure Mental Health Unit	Feb-20	43 491	42 568	0	0	42 484
Opioid Treatment services on Canberra's northside	Nov-20	611	611	449	26	611

CHS Reconciliation Schedule: Capital works and capital injection

Table 34: Approved Capital Works Program financing to capital injections as per cash flow statement

Project	Original $'000	Section 16B $'000	Variation $'000	Deferred $'000	Not drawn $'000	Total $'000
Capital Works	65,347	0	0	-15,337	-4,246	45,764
Other Capital Injections	2,500	0	0	-2,127	0	373
Total Departmental	**67,847**	**0**	**0**	**-17,464**	**-4,246**	**46,137**

Asset management

CHS manages assets with a total written down value of $1.187 billion as at 30 June 2022. The estimated replacement value of building assets was $1.132 billion.

Assets managed

CHS' managed assets include:

- Buildings—$1,068.364 million
- Land—$64.958 million
- Plant and equipment including right-of-use—$52.607 million
- Leasehold improvements—$1.075 million

Table 35: CHS property assets

Canberra Hospital campus	Area m^2	Health facilities	Area m^2
Building 1—Tower Block	33 993	Belconnen Walk in Centre/Community Centre	11 260
Building 2—Reception/Administration	5177	Bruce—Brian Hennessy House	3719
Building 3—Oncology/Aged Care/Rehabilitation	16 046	Bruce—Arcadia House	467
Building 4—ANU Medical School	3063	Bruce—Arcadia Meeting Room	54
Building 6—Offices	4369	Inner North Walk in Centre	490
Building 7—Alcohol and Drug	1288	Duffy House—Cancer Patient Accommodation	319
Building 8—Administration/Training	4206	Gungahlin Walk in Centre/Community Centre	2871
Building 9—Accommodation	1290	Phillip Health Centre	3676
Building 10—Pathology	9426	Student Accommodation—Belconnen (2 units)	220
Building 11—Centenary Hospital for Women and Children	22 541	Student Accommodation—Garran (1 unit)	117
Building 12—Diagnostic and Treatment (ED/ICU)	22 806	Student Accommodation—Phillip (3 units)	367
Building 13—Helipad/Northern Car Park	7980	Symonston—Dhulwa Mental Health Unit Facility	7880
Building 15—Outpatient services and administration	4097	Tuggeranong -Walk in Centre/Community Centre	6960
Building 19—Canberra Region Cancer Centre	7731	University of Canberra Hospital	35 498
Building 20—Radiation Oncology	3440	Weston—Walk in Centre/Community Centre	1143
Building 23—Redevelopment Unit offices	2028	Woden Valley Child Care Centre	920
Building 25—Adult Mental Health Unit	9390	Gaunt Place Building 2—RILU	629
Building 26—Southern Car Park	53 000	Gaunt Place Step up Step Down	700
Building 28—Executive Office	989		
Gaunt Place Building 1—Dialysis Unit	1159		
Yamba Drive Car Park (Phillip Block 7, Section 1)	-		
CIT Carpark	-		

Assets added to the asset register

During 2021-22, the following assets were added to the agency's asset register:

- Building 11—Administration Building (Canberra Hospital)
- Building 25—Neuro-stimulation Suite (Canberra Hospital)
- Building 12—ICU Extension (Canberra Hospital)

Assets removed from the asset register

There were no assets removed from the CHS portfolio during 2021-22.

Properties not being utilised by Canberra Health Services

As at 30 June 2022, we did not have any surplus properties.

Asset maintenance and upgrade

Asset upgrades

Infrastructure asset upgrades completed in 2021-22 across our sites included the following:

- Building 3 occupational therapy storage upgrades.
- Building 25 medication room upgrades.
- Canberra Hospital security upgrades.
- Canberra Hospital building management system upgrades.
- Upgrade of analogue phone line infrastructure, Canberra Hospital.
- Height safety upgrades to multiple buildings, Canberra Hospital.
- Boil/chill water unit replacement program.
- Minor heating ventilation air conditioning upgrade to Building 10 mortuary.

Property, plant, and equipment are maintained to a high standard to meet health requirements.

Expenditure on repairs and maintenance was $34.152 million.

Building audits and condition of assets

We conducted building condition assessments and passive fire audits to assess buildings we manage. These audits are used to inform our ongoing asset management program. The condition audits were used to inform the IHSS Risk Register and develop Strategic Asset Management Plans to support the future alignment of capital upgrades activities with our strategic priorities.

Office accommodation

CHS employ 8228 FTE team members, of whom approximately 662 occupy office-style accommodation.

Table 36: Office accommodation (as at 30 June 2022)

Location	Property	Owned/leased	No of staff work points	Approx office area (m^2)	Approx. utilisation rate (%)
Civic	1 Moore Street	Leased	147	1954	13.3
Garran	Canberra Hospital Building 1, Level 10B	Owned	48	295	6.2
Garran	Canberra Hospital Building 3	Owned	11	92	8.4
Garran	Canberra Hospital Building 6	Owned	43	300	6.4
Garran	Canberra Hospital Building 8	Owned	83	563	6.8
Garran	Canberra Hospital Building 12 Medical Records	Owned	71	627	8.8
Garran	Canberra Hospital Building 23	Owned	183	1410	7.7
Garran	Canberra Hospital Building 28	Owned	76	989	13.0

Government contracting

Overview

In 2021–22, we conducted these procurement activities in accordance with the *Government Procurement Act 2001* and the Government Procurement Regulation 2007:

- Consultative processes applied across CHS to deliver our program of procurement in accordance with whole-of-government practice.
- A weekly CHS Procurement Committee which reviews all procurements greater than $100 000 in value and/or where an exemption from the Government Procurement Regulation 2007 is sought.
- Sought advice on government procurement policies and procedures from Procurement ACT.
- Sought legal advice on contract terms and conditions from the ACT Government Solicitor's Office where relevant.
- Notified Procurement ACT of procurements over $200 000 undertaken by CHS.
- Appropriately referred high-risk procurements to Procurement ACT.
- Referred procurements requiring Government Procurement Board consideration and/or approval to Procurement ACT.

We conduct a competitive procurement process wherever possible. However, due to the specialised nature of the health care industry, we may seek approval for exemption to the Government Procurement Regulations and conduct a single select or select tender procurement activity. Justification for these types of procurements include the following:

- The procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting.
- Clinical units are seeking to standardise medical equipment with existing equipment. This mitigation strategy reduces the risk of human error in delivering clinical practice because equipment is familiar—due to established equipment operating procedures.
- A limited number of providers possess the specialised medical knowledge and/or expertise that can fulfil the CHS requirements.

Timing may preclude public tenders being called in situations that could result in disruption to medical services. We complete single select and/or select tender procurement processes in accordance with the provisions of the Government Procurement Regulation 2007. They are approved by the authorised delegate with a statement of justification and a value for money assessment.

We may consider procuring goods or services from suppliers engaged by other state and territory health agencies through a single select or select tender exemption. We would consider this strategy where the procurement activity is assessed as efficient, fit for purpose and provides value for money to the Territory.

External sources of labour and services

To meet the health care needs of our growing city, we will procure labour and services from external sources if our workforce cannot provide them. We procure these contracts in accordance with the *Government Procurement Act 2001* and the Government Procurement Regulation 2007, whole of ACT Government procurement arrangements and the relevant CHS procurement and contracting governance.

We engage consultants for work and expert advice in all areas of health care delivery and planning, including health infrastructure planning and design. These requirements vary from year to year.

A large part of the expenditure for consultants in 2021–22 was associated with major health-related initiatives announced in the 2021–22 Budget.

We engage different types of consultants to provide specialist technical advice on projects. These are examples:

- Cost consultants, including commercial and economic advisers
- Architects
- Master planners
- Health facility planners
- Engineers, including traffic and parking, structural, civil, geotechnical, façade and mechanical/electrical/hydraulic.

The online ACT Government Contracts Register records contracts with suppliers of goods, services and works, with a value of $25 000 or more. Anyone can do a full search of CHS contracts notified with an execution date from 1 July 2021 to 30 June 2022 at tenders.act.gov.au/contract/search

Secure local jobs code

We actively support the Secure Local Jobs Code. In 2021–22, CHS did not apply for a Secure Local Jobs Code exemption.

Aboriginal and Torres Strait Islander Procurement Policy

CHS proudly supports Aboriginal and Torres Strait Islander enterprises and Supply Nation Certified suppliers where possible. This includes through:

- proactively seeking opportunities to procure from relevant suppliers
- engaging in ACT Government Procurement Community of Practise forums
- other opportunity generating activities, such as attendance at ACT Government Aboriginal and Torres Strait Islander enterprise virtual showcases
- events that are delivered in conjunction with Supply Nation.

Our Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2021–22 are in Table 37.

Table 37: ATSIPP performance measures in 2021-22

ATSIPP performance measure	Target	Actual
The number of unique Aboriginal and Torres Strait Islander enterprises that responded to territory tender and quotation opportunities issued from the approved systems.	N/A	3
The number of unique Aboriginal and Torres Strait Islander Enterprises attributed a value of Addressable Spend in the financial year	N/A	15
Percentage of the financial year's Addressable Spend of $278.18 million that is spent with Aboriginal and Torres Strait Islander Enterprises	2.0%	1.49%

Creative Services Panel

The Creative Services Panel is a whole-of-government arrangement for the purchase of creative services including advertising, marketing, communication and engagement, digital, graphic design, photography and video and media buying.

During 2021-22, we spent a total of $320 350 (excluding GST) through the panel for services including project management, marketing and brand, digital material, graphic design, photography and video.

Major purchases through this panel are published online on the ACT Government Contracts Register: procurement.act.gov.au/registers/contracts-register

Visiting Medical Officers

Table 38: Visiting Medical Officers 2021-22

Specialty	ABN/ACN	Total Amount (exclusive of GST)
Acute General Medicine & Gastroenterology	92 434 117 097	212 301
Anaesthesia	25 479 625 632	88 642
Anaesthesia	57 610 306 461	40 651
Anaesthesia	20 188 676 228	130 781
Anaesthesia	80 889 143 956	264 059
Anaesthesia	36 653 093 747	263 370
Anaesthesia	31 458 549 156	200 412
Anaesthesia	82 657 371 677	368 617
Anaesthesia	39 403 184 806	105 721
Anaesthesia	33 844 511 741	36 517
Anaesthesia	29 150 379 948	133 167
Anaesthesia	88 658 634 057	29 627
Anaesthesia	70 198 575 484	583 921
Anaesthesia	79 911 332 541	67 766
Anaesthesia	65 341 633 784	297 376
Anaesthesia	47 812 017 438	73 339
Anaesthesia	25 063 941 910	330 896
Anaesthesia	14 608 534 960	405 844
Anaesthesia	15 338 996 367	66 901
Anaesthesia	97 559 282 214	99 192
Anaesthesia	24 096 283 024	359 824
Anaesthesia	68 202 430 832	43 797
Anaesthesia	99 627 426 702	709 666
Anaesthesia	97 623 716 234	204 542
Anaesthesia	30 617 418 566	299 848
Anaesthesia	66 383 491 943	253 843
Anaesthesia	24 558 943 943	707 356

Specialty	ABN/ACN	Total Amount (exclusive of GST)
Anaesthesia	165 559 811	208 531
Anaesthesia	41 694 630 603	29 455
Anaesthesia	30 704 002 528	145 618
Anaesthesia	169 085 846	41 358
Anaesthesia	25 226 954 069	27 560
Anaesthesia	56 108 008 441	348 663
Anaesthesia	167 111 060	360 726
Anaesthesia	98 147 440 882	134 148
Anaesthesia	21 195 046 305	331 605
Anaesthesia	86 702 687 863	67 583
Anaesthesia	64 035 538 338	45 284
Anaesthesia	46 263 792 483	619 915
Anaesthesia	44 709 055 986	57 876
Anaesthesia	12 726 157 805	143 328
Anaesthesia	45 264 247 132	69 158
BreastScreen	21 637 619 294	128 356
BreastScreen	603 224 004	99 379
BreastScreen	18 487 071 298	31 050
Cardiac Surgery	89 120 265 589	540 392
Cardiology	19 837 066 250	37 500
Cardiology	85 529 476 249	81 950
Clinical Genetics	20 998 480 501	213 962
Dermatology	85 428 893 781	43 178
Dermatology	88 707 824 455	183 512
Emergency Medicine	58 015 862 196	65 803
Ear, Nose & Throat Surgery	87 970 500 447	234 932
Ear, Nose & Throat Surgery	61 261 832 016	111 904
Ear, Nose & Throat Surgery	104 473 627	266 280
Ear, Nose & Throat Surgery	72 498 307 893	283 601
Ear, Nose & Throat Surgery	33 697 597 613	295 276
Forensic Medicine	18 075 363 116	222 349
Gastroenterology	34 657 023 470	62 640
Gastroenterology	18 064 895 734	160 218
Gastroenterology	17 331 430 744	132 586
Gastroenterology	81 912 567 481	192 543
Gastroenterology	25 847 502 899	443 440
Gastroenterology	16 804 274 649	571 932
General Medicine & Gastroenterology	93 111 519 325	50 945

Specialty	ABN/ACN	Total Amount (exclusive of GST)
General Practice	29 832 361 064	60 965
General Practice	116 996 279	42 804
General Practice	75 219 918 990	86 691
General Practice	41 088 300 340	28 000
General Practice	15 990 676 257	232 929
General Practice	89 702 408 335	48 000
general practice	39 220 889 327	148 687
General Practice	13 645 313 972	34 000
General Practice	96 516 772 048	295 647
General Practice	72 196 598 445	26 076
General Practice	48 878 963 187	50 035
General Practice	81 410 248 367	171 141
General Surgery	97 952 248 837	253 070
General Surgery	35 760 285 584	118 592
general surgery	58 509 948 470	95 738
General Surgery	28 641 575 317	119 571
General Surgery	54 458 091 561	180 946
General Surgery	96 572 244 380	77 389
General Surgery	25 451 882 381	63 387
General Surgery	63 594 218 830	124 705
General Surgery - BreastScreen	35 805 200 117	220 695
Infectious Diseases	25 016 737 868	31 082
Intensive Care Unit	42 857 663 875	42 333
Justice Health	73 398 542 072	41 675
Justice Health	65 535 534 236	250 287
Neurology	16 090 615 925	103 680
Neurology	49 952 788 163	90 325
Obstetrics & Gynaecology	22 164 005 138	432 609
Obstetrics & Gynaecology	60 862 483 564	28 594
Obstetrics & Gynaecology	62 614 433 450	190 397
Obstetrics & Gynaecology	23 223 229 739	72 143
Obstetrics & Gynaecology	46 161 465 647	194 060
Ophthalmology	41 120 471 028	80 421
Ophthalmology	65 251 313 930	94 128
Oral Maxillofacial	008 583 408	78 050
Orthopaedic Surgery	65 344 193 994	207 104
Orthopaedic Surgery	39 514 046 040	54 126
Orthopaedic Surgery	68 711 551 893	300 987

Specialty	ABN/ACN	Total Amount (exclusive of GST)
Orthopaedic Surgery	37 801 650 312	261 970
Orthopaedic Surgery	16 930 334 804	448 745
Orthopaedic Surgery	71 816 944 549	879 077
Orthopaedic Surgery	69 071 313 145	1 135 306
Orthopaedic Surgery	71 151 917 410	64 783
Orthopaedic Surgery	93 225 624 501	128 090
Orthopaedic Surgery	11 889 459 552	592 919
Orthopaedic Surgery	634 495 417	106 453
Orthopaedic Surgery	158 846 872	617 729
Orthopaedic Surgery	111 240 021	724 603
Orthopaedic Surgery	43 220 014 469	1 025 883
Orthopaedic Surgery	62 662 993 128	34 622
Orthopaedic Surgery	54 640 245 392	74 187
Orthopaedic Surgery	79 153 124 324	220 436
Paediatric Cardiology	94 035 252 278	185 276
Paediatric Cardiology	54 352 099 761	76 315
Paediatric Cardiology	003 904 621	37 884
Paediatric Medicine	50 784 227 394	80 750
Paediatric Medicine	620 129 526	31 061
Paediatric Medicine	48 631 156 404	86 752
Paediatric Medicine	99 184 710 580	38 200
Paediatric Medicine	41 754 377 595	74 000
Paediatric Medicine	12 826 521 390	312 766
Paediatric Medicine	66 640 125 604	46 169
Paediatric Medicine	69 642 369 846	118 609
Paediatric Neurology	58 964 882 562	33 004
Paediatric Ophthalmologist	48 255 028 643	39 704
Paediatric Ophthalmologist	90 115 249 685	27 733
Paediatric Surgery	82 780 335 547	477 515
Paediatric Surgery	61 935 377 904	759 592
Paediatric Surgery	81 359 026 867	38 000
Pain Management	161 807 905	193 652
Pathology	24 597 921 548	59 967
Plastic Surgery	85 661 258 120	28 619
Plastic Surgery	162 955 900	828 477
Plastic Surgery	72 644 690 370	716 044
Plastic Surgery	85 939 089 351	68 534
Plastic Surgery	14 717 700 156	1 578 194

Specialty	ABN/ACN	Total Amount (exclusive of GST)
Psychiatry	96 680 547 174	378 000
Psychiatry	29 615 38 0613	157 877
Psychiatry	55 670 209 133	140 000
Psychiatry	626 932 045	38 000
Psychiatry	33 461 263 167	83 750
Psychiatry	12 239 168 023	422 000
Psychiatry	45 100 829 674	36 862
Psychiatry	34 608 713 563	78 000
Psychiatry	42 612 768 653	236 000
Psychiatry	91 357 362 929	46 200
Psychiatry	112 244 130	272 558
Psychiatry	609 112 227	150 000
Psychiatry	30 149 184 782	64 000
Psychiatry	640 041 970	365 004
Psychiatry	640 041 970	335 000
Psychiatry	26 193 911 749	108 000
Psychiatry	91 682 618 359	68 052
Radiology	28 914 295 718	95 336
Respiratory & Sleep Medicine Unit	155 561 658	184 876
Thoracic Surgery	27 450 586 249	120 057
Urology	146 964 427	326 722
Urology	20 609 176 863	282 847
Urology	20 741 288 673	162 690
Urology	169 278 148	170 511
Urology	165 726 330	268 376
Urology	60 872 774 657	212 547
Vascular Surgery	631 147 156	985 360
Vascular Surgery	55 989 453 062	209 343
Vascular Surgery	627 741 422	841 768
Vascular Surgery	36 039 236 052	974 140

Statement of Performance

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of Canberra Health Services for the year ended 30 June 2022.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2022 are not in agreement with Canberra Health Services' records or do not fairly reflect, in all material respects, the performance of Canberra Health Services, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements.*

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

Canberra Health Services' responsibilities for the statement of performance

The Chief Executive Officer is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of Canberra Health Services.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with Canberra Health Services' records or do not fairly reflect, in all material respects, the performance of Canberra Health Services, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of Canberra Health Services, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by Canberra Health Services.

Ajay Sharma
Assistant Auditor-General, Financial Audit
28 September 2022

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2022

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with Canberra Health Services' records and fairly reflects the service performance of the Directorate for the year ended 30 June 2022 and also fairly reflects the judgements exercised in preparing it.

Dave Peffer

Chief Executive Officer

Canberra Health Services

28 September 2022

Output Class 1: Health and Community Care

Output 1.1 Acute Services

Canberra Health Services provides a comprehensive range of acute care, including:

- tertiary inpatient, outpatient and ambulatory services to the ACT and surrounding NSW
- emergency department, intensive care unit and retrieval services
- a range of medical specialty services including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology, and renal services
- elective and emergency surgery services
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics, and paediatric surgery.

The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services while responding to the growing demand for services. This means focusing on:

- strategies to improve access to services, including for the emergency department and elective surgery
- continuing to increase the efficiency of acute care services.

Table 39: Output 1.1 Acute Services

		Original Target 2021-22	Actual Result 2021-22	Variance from Original Target	Notes
Total Cost ($000's)		1 038 152	1 073 747	3%	
Accountability Indicators					
a.	Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<=20	11	0%[a)]	
b.	Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<123	92	0%[a)]	
Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency					
c.	Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	98%	(2%)	
d.	Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	80%	49%	(39%)	1
e.	Non-urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction, or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency	93%	64%	(31%)	1
The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes					
f.	One (resuscitation seen immediately)	100%	100%	-	
g.	Two (emergency seen within 10 mins)	80%	77%	(4%)	
h.	Three (urgent seen within 30 mins)	75%	32%	(57%)	2
i.	Four (semi urgent seen within 60 mins)	70%	44%	(37%)	2
j.	Five (non-urgent seen within 120 mins)	70%	73%	4%	
k.	All presentations	70%	48%	(31%)	2
National Weighted Activity Units (NWAU)					
l.	Admitted acute care {NWAU 21}	82 000	79 650	(3%)	
m.	Non-admitted services {NWAU 21}	25 500	20 817	(18%)	3
n.	Emergency services {NWAU 21}	12 500	11 436	(9%)	3

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost measure was not examined by the ACT Audit Office in accordance with the *Financial Management {Statement of Performance Scrutiny) Guidelines 2019*.

a) The variance is 0 percent as the actual result is lower than the target

Explanation of Material Variance (>5 per cent)

1. The percentage of semi urgent and non-urgent elective surgery cases admitted on time by clinical urgency has declined due to suspensions of elective surgeries due to COVID-19, as well as workforce shortages resulting in delays in elective surgery admissions.
2. The Emergency Department (ED) responded to the evolving COVID-19 situation in the ACT, which significantly impacted the flow of patients and availability of staff. Furthermore, the ED continues to experience increases in presentations which exceed the rate of population growth. The reasons for this growth are a rapidly ageing ACT population and increasing prevalence of chronic diseases. The complexity of these presentations requires extensive ED resources which lead to longer times for treatment. Inability to recruit medical and nursing staff due to a decrease in international recruits and an increase in staff absence due to COVID-19 have also impacted performance.
3. The National Weighted Average Units are lower than targets due to the severe impact of COVID-19. In order to protect the essential workforce and decrease the number of people physically on health service campuses, non-urgent and non-essential services were temporarily suspended for periods throughout the year.

Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services

Canberra Health Services provides a range of Mental Health, Justice Health and Alcohol and Drug Services through public and community sectors, adult and youth correctional facilities and people's homes across the Territory. These services work to provide integrated and responsive care to a range of services including hospital-based specialist services, therapeutic rehabilitation, counselling, supported accommodation services and other community-based services.

The key priorities for MHJHADS are ensuring that people's health needs are met in a timely fashion and that care is integrated across hospital, community, and residential support services. This means focusing on:

- ensuring timely access to emergency mental health care
- ensuring that public and community mental health services in the ACT provide people with appropriate assessment, treatment and care that result in improved mental health outcomes
- providing community and hospital-based alcohol and drug services
- providing health assessments and care for people detained in corrective facilities
- engagement and liaison with community sector services, primary care and other government agencies providing support and shared care arrangements.

Table 40: Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services

		Original Target 2021-22	Actual Result 2021-22	Variance from Original Target	Notes
Total Cost ($000's)		209 179	197 633	(6%)	1
Accountability Indicators					
a.	Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
b.	Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
c.	Proportion of current clients on opioid treatment with management plans	98%	97%	(1%)	
d.	Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	75%	0%	
e.	The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days	<7 per 1,000 bed days	1 per 1,000 bed days	0% [a)]	
f.	Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	17%	0%	
National Weighted Activity Units					
g.	Acute admitted mental health services {NWAU 21}	7 300	7 402	1%	

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure was not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

a) The variance is 0 percent as the actual result is lower than the target of 7 per 1,000 bed days.

Explanation of Material Variances (>5 per cent)

1. The actual cost is lower than the target primarily due to staff vacancies as a result of difficulties in recruiting staff and COVID-19 disruption.

Output 1.3 Cancer Services

Canberra Health Services provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services which are provided in inpatient, outpatient and community settings.

The key priorities for cancer care services are early detection and timely access to diagnostic and treatment services. These include ensuring that population screening rates for breast cancer meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks and there is timely access to chemotherapy and haematological treatments.

Table 41: Output 1.3 Cancer Services

	Original Target 2021-22	Actual Result 2021-22	Variance from Original Target	Notes
Total Cost ($000's)	88 497	87 835	(1%)	
Accountability Indicators				
a. Percentage of screened patients who are assessed within 28 days	90%	97%	8%	1
Radiotherapy Treatment Within Standard Timeframes				
b. Emergency – treatment starts within 48 hours	100%	95%	(5%)	2
c. Palliative – treatment starts within 2 weeks	90%	61%	(32%)	2
d. Radical – treatment starts within 4 weeks	90%	66%	(27%)	2

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure was not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

Explanation of Material Variances (>5 per cent)

1. The percentage of screened patients who are assessed within 28 days has continued to improve as a result of having a full establishment of breast radiologists to staff the assessment clinics.
2. There was an inability to increase capacity to match the increased demand due to recruitment/retention and COVID-19 disruptions within the Radiation Therapist staff group.

Output 1.4 Subacute and Community Services

The purpose of these services is the provision of timely and effective, coordinated, and comprehensive services which optimise the functionality and quality of life of adult patients. Following illness, injury or surgery, subacute services enable individuals to safely transition to community living. Community based services sees care delivered safely and close to where people live.

The key priorities for subacute and community services are:

- Ensuring consistent and timely access to appropriate care and services, based on clinical need. This includes the efficient and appropriate transfer of people from acute to subacute settings, and ensuring community-based services are in place to support healthcare needs.
- Ensuring effective planning for discharge and care planning occurs, including comprehensive aged care assessment where necessary, in order to provide appropriate support for independent living and minimise unplanned readmissions to hospital.
- For services that receive Commonwealth aged care funding, complying with the Commonwealth's quality and safety requirements.
- Reduced waiting times for access to emergency dental health services.
- Achieving lower than the Australian Average in the Decayed, Missing or Filled Teeth (DMFT) Index.

Table 42: Output 1.4 Subacute and Community Services

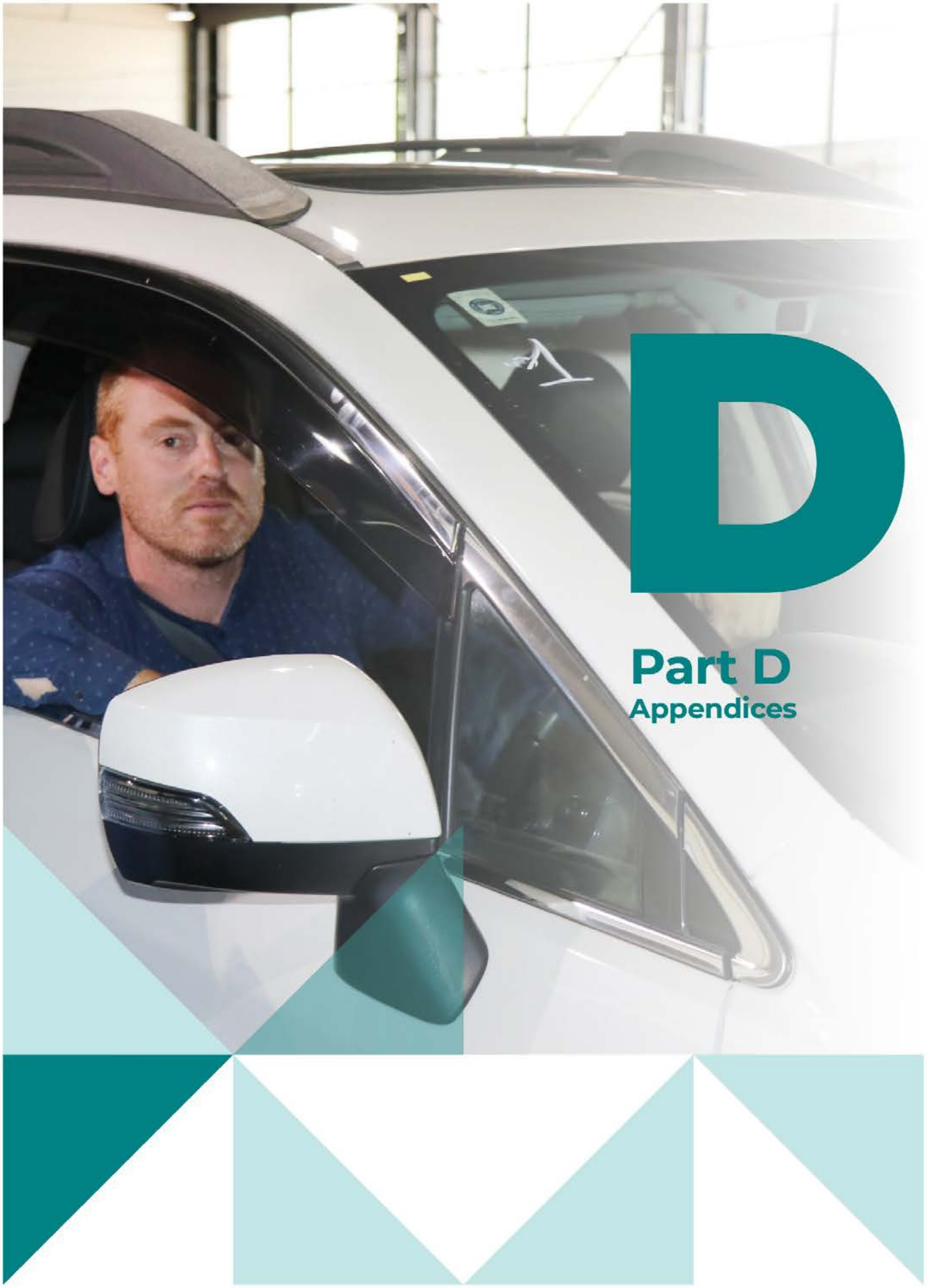
	Original Target 2021-22	Actual Result 2021-22	Variance from Original Target	Notes
Total Cost ($000's)	214 790	255 275	19%	1
Accountability Indicators				
a. Mean waiting time for clients on the dental services waiting list	12 months	12 months	0%	
b. Median wait time to be seen, in minutes (all Walk-in Centre's combined)	<30 minutes	16 minutes	0%[a)]	
National Weighted Activity Units				
c. Sub-Acute services {NWAU 21}	8 700	11 751	35%	2

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure was not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

a) The variance is 0 percent as the actual result is lower than target of 30 minutes.

Explanation of Material Variances (>5 per cent)

1. The actual cost was higher than the target primarily because of the impacts of the continued COVID-19 pandemic including both vaccination programs and increased testing.
2. There has been increased sub-acute activity due to flow on effects from COVID-19, including delayed discharge to residential aged care facilities and increased beds open at the University Canberra Hospital during the year.



D

Part D
Appendices

Compliance Statement

The CHS Annual Report must comply with the Annual Report Directions (the Directions) made under section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to CHS and the location of information that satisfies these requirements.

Part 1 | Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Canberra Health Services Annual Report 2021-22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 feedback, Part 1 of the Directions, contact details for CHS are provided within the Canberra Health Services Annual Report 2021-22, to provide readers with the opportunity to provide feedback.

Part 2 | Reporting entity annual report requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and CHS complies with all subsections. The information that satisfies the requirements of Part 2 is found in the CHS Annual Report 2021-22 as follows:

- Part A - Transmittal Certificates, see pages 9-10
- Part B - Organisational Overview and Performance, inclusive of all subsections, see pages 11-64
- Part C - Financial Management Reporting, inclusive of all subsections, see pages 65-151.

Part 3 | Reporting by exception

CHS has nil information to report by exception under Part 3 of the Directions for 2021-22 reporting.

Part 4 | Directorate and Public Sector Body specific

No subsections of Part 4 of the Directions are applicable to CHS.

Part 5 | Whole of Government annual reporting

All subsections of Part 5 of the Directions apply to CHS. Consistent with the Directions, the information satisfying these requirements is reported in one place for all ACTPS Directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACTPS Directorate annual reports are found at the following web address:
http://www.cmd.act.gov.au/open_government/report/annual_reports

Abbreviations and acronyms

Abbreviation/Acronym	Meaning
ACAT	ACT Civil & Administrative Tribunal
ACTCS	ACT Corrective Services
ACTHD	ACT Health Directorate
ACTPS	ACT Public Service
AIHTT	Adolescent Intensive Home Treatment Team
AMC	Alexander Maconochie Centre
ARMC	Audit and Risk Management Committee
AIS	Australian Institute of Sport
AMU	Acute Medical Unit
ANU	Australian National University
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
BIF	Better Infrastructure Fund
CAMHS	Child and Adolescent Mental Health Services
CEO	Chief Executive Officer
CHE	Canberra Hospital Expansion
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
CIT	Canberra Institute of Technology
COO	Chief Operating Officer
CRCC	Canberra Region Cancer Centre
CSB	Critical Services Building
CT	Computerised Tomography
DHR	Digital Health Record
ED	Emergency Department
EMP	Emerging Manager Program
ERAS	Enhanced Recovery After Surgery
FOCIS	Fostering Organisational Culture and Improvement Strategy
FOI	Freedom of Information
FTE	Full Time Equivalent
FY	Financial Year
GL:AD	Good Life with osteoarthritis: Denmark
HDU	High Dependency Unit
HITH	Hospital in the Home
HRIMS	Human Resources Information Management Solution
HSR	Health and Safety Representative

Abbreviation/Acronym	Meaning
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IHSS	Infrastructure and Health Support Services
IV	Intravenous
JHS	Justice Health Services
KPI	Key Performance Indicator
LHN	Local Health Network
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MPC	Major Projects Canberra
MRI	Magnetic Resonance Imaging
NDIA	National Disability Insurance Agency
NMPSS	Nursing, Midwifery and Patient Support Services
NPCR	National Partnership on COVID-19 Response
NSQHS	National Safety and Quality Health Services
NTS	Neurostimulation Therapy Suite
OV	Occupational Violence
PACER	Police, Ambulance and Clinician Early Response
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
QSII	Quality, Safety, Innovation and Improvement
RACS	Rehabilitation, Aged and Community Services
RAT	Rapid Antigen Test
RED	Respect, Equity and Diversity
SCORE	Strengthening a Culture of Respect and Engagement
SERBIR	Senior Executive Responsible for Business Integrity Risk
SUFS	Speaking Up for Safety
SYMHO	Specialist Youth Mental Health Outreach
TCCS	Transport Canberra and City Services
TWSS	Territory Wide Surgical Services
UCH	University of Canberra Hospital
UTI	Urinary Tract Infection
WHS	Work Health and Safety
WIC	Walk-in Centre
WYC	Women, Youth and Children
ZER	Zero Emissions Vehicle

Glossary of technical terms

Term	Meaning
Acute Care	An episode of acute care for an admitted patient is one in which the principal clinical intent is to provide short term hospital admission acute care focused on the treatment of emergency conditions or the conduct of an elective procedure.
Occasions of Service	A measure of services provided to patients—usually used in the outpatient of community health setting.
Public Health Officers	Public health officers provide a range of services to the community, including communicable disease control, pharmaceutical services, environmental health and scientific services and have certain powers enshrined in legislation.
Subacute	Intermediate care provided between acute care and community-based care. Subacute care includes services such as rehabilitation that subacute can be provided in a less invasive environment than an acute hospital environment.

Other sources of information

Copies of the Canberra Health Services 2021-22 Annual Report are available at the CHS library or online, health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports.

Information can also be accessed through the:

- Canberra Health Services website: health.act.gov.au
- Access Canberra website: accesscanberra.act.gov.au
- ACT Government website: act.gov.au

Information can also be obtained by contacting CHS through the following contact points:

Canberra Health Services
PO Box 11
Garran ACT 2605

Patient inquiries: (02) 5124 2613 (International +61 (2) 5124 0000), switchboard: (02) 5124 0000.

Name	Address
ACT Health Directorate	Health.act.gov.au
ACT Legislation Register	Legislation.act.gov.au
ACT Public Service Directorate annual reports	cmtedd.act.gov.au/open_government/report/annual_reports
Australian Institute of Health and Welfare	Aihw.gov.au

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