ACT Government

Annual Report 2020-2021

Canberra Health Services

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Canberra Health Services

Acknowledgement of Country

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and/or Torres Strait Islander peoples who are part of the community we serve.

Contact for this report

General enquiries about this report should be directed to: CEOHealth@act.gov.au.

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Information about the directorate and an electronic version of this annual report can be found on the website: https://www.health.act.gov.au/about-our-health-system/canberra-health-services.

Contents

About this report

Our report is separated into four sections:

- Part A contains our transmittal certificates.
- Part B provides an overview of our organisation, including details of our leadership team. It also describes our performance including activities and achievements throughout the year. These cover both clinical and corporate services. In addition, it summarises our outlook for next year.
- Part C provides details about our financial management including a statement of performance against our indicators for the year.
- Part D contains appendices that provides aids for readers, including a list of abbreviations and acronyms, a glossary of terms and an alphabetical index.

Part A

Transmittal Certificates

ACT Government | Canberra Health Services

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

Dear Minister

2020-21 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 Reports (Government Agencies) Directions 2021*.

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

I certify that the information in the attached 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 2020 to 30 June 2021.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006,* 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 Annual Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely

Dave Peffer
Chief Executive Officer
Canberra Health Services

5 November 2021

GPO Box 825 Canberra ACT 2601 | phone: 132281 | www.act.gov.au

ACT Government | Canberra Health Services

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

Dear Minister

2020-21 Canberra Health Services Annual Report

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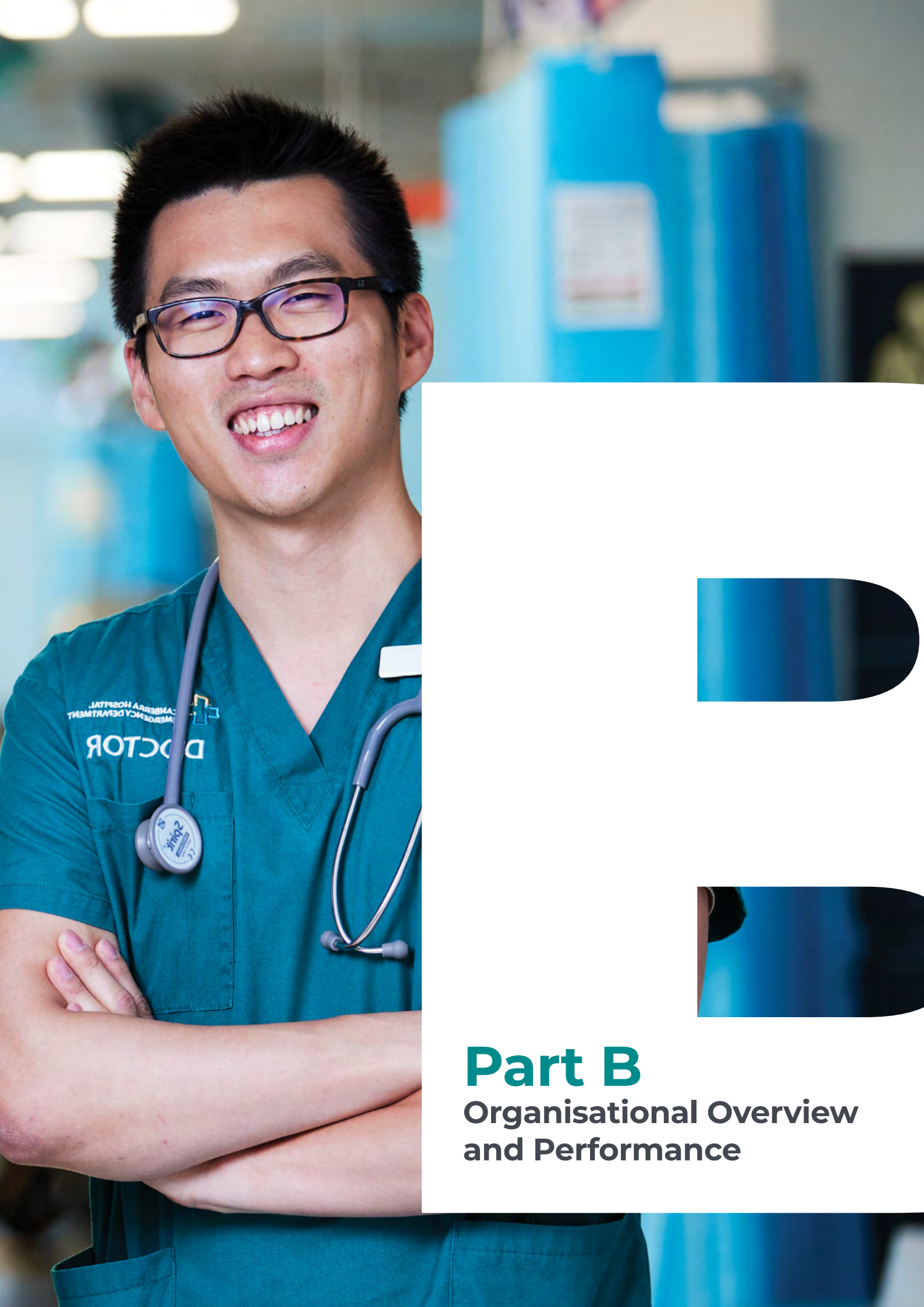


Part B

Organisational Overview and Performance

Interim Chief Executive Officer Foreword

Our organisation has gone from strength to strength over the past financial year. From responding to a global pandemic, to dealing with the unique and rewarding challenges day-to-day life in a large health care service throws our way, I can honestly say Team Canberra Health Services is diligent, brave and a true reflection of our core values – reliable, progressive, respectful, and kind.

These are just some of our success stories from 2020-21.

Responding to COVID-19

We know now what was yet to strike the ACT, but the numbers don't lie, and we can still say financial year 2020-21 was defining for our COVID-19 response.

CHS led the operational delivery of a world-leading mass vaccination program on behalf of the ACT Government.

Team members were rapidly deployed to the Garran Surge Centre in February to commence vaccinating our community. Among the first to receive the vaccine were Canberra's frontline health care workers, who so often put their own personal safety behind that of the community they serve.

By the third week of the COVID-19 vaccine program rollout in the ACT, more than 5,000 appointments were booked through our clinics, and we administered close to 3,000 doses. By the beginning of June, we reached 50,000 COVID-19 vaccines administered at ACT Government run clinics. As more supply became available, demand continued to grow during the phased rollout. More than 18,000 Canberrans booked in for their COVID-19 vaccination at one of our clinics in the seven days to 9 June 2021.

By the time the Brindabella Park COVID-19 vaccination clinic at the Canberra Airport precinct opened in late June, Canberrans had already booked tens of thousands of vaccination appointments. In all, our ACT Government COVID-19 vaccination clinics administered 85,105 doses to 30 June 2021, a fine effort given initial supply constraints nationally.

Our teams supporting COVID-19 testing were certainly kept busy. We conducted more than 160,000 swabs at CHS-run testing clinics, while ACT Pathology processed more than 200,855 swabs. A combination of dedication and innovation meant we saw quick turnarounds, with over 90 per cent of test results reported within 24 hours.

Rebooting our services

On top of delivering the business-as-usual services of a large public health care organisation, and responding to a pandemic, our team delivered a highly successful program to catch up on the many elective surgeries, outpatient appointments and medical procedures impacted by the early stages of the COVID-19 pandemic in 2020.

As part of this we completed a record number of publicly-funded elective surgeries territory-wide – 15,324 in the financial year to June 30, 2021. This made a positive difference to the lives of many Canberrans and is well above the 14,015 elective surgeries the territory achieved in 2018-19, the previous record year.

We improved access to *Ear, Nose and Throat (ENT) surgery* for Aboriginal and Torres Strait Islander Peoples – an initiative of which I am most proud. Of the 55 Aboriginal and Torres Strait Islander identified patients on the ENT waitlist prior to the initiative, only three remained and none of them were children.

Boosting surgery numbers required extensive negotiations, including across organisations and down to the individual clinical level. This took place in a challenging COVID-19 environment, both in terms of infection control and with some patients' surgeries delayed due to outbreaks in the region.

This achievement has been made despite the fact we continue to perform a record amount of emergency surgeries across the Territory. At Canberra Hospital, we performed more than 12,369 emergency surgeries to the end of June 2021, up from 11,905 to the same period the previous year. An enormous effort by the team, and one they should be proud of.

A health service for everyone

At CHS, we strive to be inclusive, and to provide a more culturally safe environment for everyone. For our Aboriginal and Torres Strait Islander patients and families, this is paramount.

In 2020-21, the Aboriginal and Torres Strait Islander Consumer Reference Group was established, to offer greater consumer insight into our health care services. We partnered with our Consumer Reference Group to develop Together, Forward – which documents how we will continue to improve access to services and health outcomes for Aboriginal and/or Torres Strait Islander peoples in Canberra and the surrounding region.

We will soon use Aboriginal art to help provide a culturally welcoming environment for Aboriginal and Torres Strait Islander peoples. A specially commissioned piece by Aboriginal artist, Natalie Bateman, will be used throughout our public health facilities in Canberra, and aims to create a feeling of acceptance and safety within our facilities.

Speaking up for Safety

Our patients and their families depend on us to deliver quality health care outcomes, and we're committed to preventing potential accidents. That's why, in early 2021, we introduced the 'Speaking up for Safety' (SUFS) program, developed by the Cognitive Institute. SUFS training supports our goal of making CHS a great place to work and deliver quality care. It teaches our team members how to raise safety concerns in a respectful, yet clear manner, and as the situation unfolds. And because this is such an important initiative, June saw us categorise the SUFS program as mandatory training for everyone. By the end of that month almost 1,370 team members had completed the training.

Reducing and minimising the risk of occupational violence

Finally, I'd like to mention the work we have done to reduce and minimise the risks of occupational violence in our work environment. The safety of our team members and our patients is, and always will be, our number one priority. A target was set in 2021-21 to reduce lost time incidents involving occupational violence by 5 per cent. This target was exceeded and there was a 26 per cent reduction in lost time incidents.

Some amazing design work was completed by our teams to make the new Mental Health Low Dependency Ward (12B) safer for everyone. Supporting the development of 'relational security', the new design encourages building an empathetic and professional relationship between patients and team members by getting to know each other as people. There's an open-plan nurses' station on the main floor which encourages consumers to engage with our team members and fosters two-way communication. This, in turn, helps to reduce negative behaviours including occupational violence. Essentially, people are less likely to injure someone they have a connection with. This work supports our goals under the CHS WHS Strategy, and the Occupational Violence Strategy.

This foreword is getting long, so I'll wrap it up here. I just want to end by saying that despite any challenges we may face, CHS as an organisation (and as a team) will find open and honest solutions. Our courage and commitment are reflected in the facts and figures contained within this report. I'm delighted to present this Annual Report and hope you find the information within it valuable.

Dave Peffer
Interim Chief Executive Officer
Canberra Health Services

Organisational Overview

Canberra Health Services is focused on delivering high quality, effective, person-centred care. We provide acute, subacute, primary and community-based health services to the ACT, a population of approximately 420,000 people. CHS also services the surrounding Southern NSW region. We administer a range of publicly funded health facilities, programs and services, including but not limited to:

- **Canberra Hospital**: a modern 600-bed 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 140 inpatient beds, 75 day places and additional 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.
- **A range of 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 everyday, people say, 'I trust you to look after me when I am at my most vulnerable', when everyday, carers and family members say, 'I feel safe to leave my loved one in your care', and when everyday, staff 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 a world 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 staff 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 who 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 where creative problem solving, teaching and learning are celebrated.

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 experience. 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 cared for and part of the team. We make everyone feel warm, comfortable and safe.

Clients and Stakeholders

Canberra Health Services values true engagement with our community, stakeholders and academic partners to enable us to deliver patient and family-centred care. We are focused on the quality and safety of our care and understand the importance of consultation and engagement in decision making and change. We believe:

- Patients are the reason we are here; 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, including:

- ACT Health Directorate
- All hospitals in the ACT
- Chief Minister, Treasury and Economic Development Directorate
- Community Services Directorate
- Justice and Community Safety Directorate
- Education Directorate
- Environment, Planning and Sustainable Development Directorate
- Transport Canberra
- Major Projects Canberra
- NSW Department of Health
- Southern NSW Local Health District.

CHS engages with the community and consumers through various non-government organisations, including but not limited to:

- Health Care Consumers' Association
- Capital Health Network
- Aboriginal and Torres Strait Islander organisations
- Carers ACT
- ACT Mental Health Consumer Network.

Four of these organisations are currently represented on our CHS Governance Committee.

Our tertiary partners are valuable in training our workforce, conducting research collaboration and in the development and delivery health services. We partner with:

- Australian National University
- University of Canberra
- Canberra Institute of Technology
- Australian Catholic University.

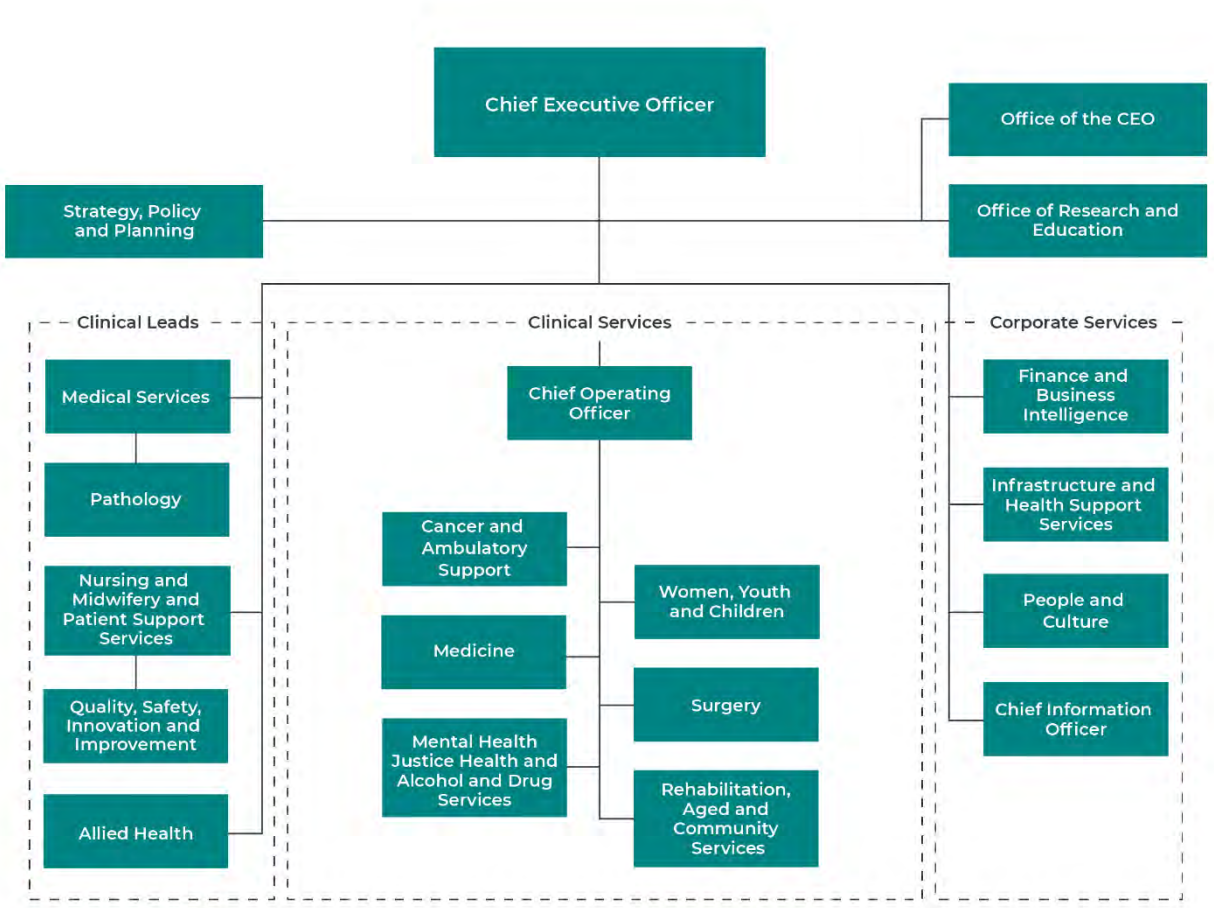
Organisational Structure

CHS is an ACT Government Directorate and is led by the Chief Executive Officer.

The Chief Executive Officer leads Canberra Health Services in the delivery of our vision and strategic goals and is supported by a team of executives to lead each division within the three major service areas of the organisation. The Chief Executive Officer has overall accountability for both clinical and corporate governance and is responsible for overseeing progress against strategic objectives.

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. In addition, our clinical leadership plays a key role in developing a collaborative and strategic approach to the delivery of clinical services for Canberra Health Services, including driving the strategic, professional and workforce-oriented agenda.

Figure 1: Canberra Health Services Organisation Chart as at 30 June 2021



Environment and the Planning Framework

During 2020-21 we have continued important work on developing our suite of foundational governance frameworks. The following frameworks have been completed and will be rolled out to ensure all team members are aware of their obligations under each.

- **Planning Framework** – the way we align our strategy and operational improvement planning.
- **People Framework** – the way we behave, cultivate our leadership, nurture our people, and keep them safe, creating a great place to work.
- **Risk Management Framework** – how we identify and manage risk to prevent harm and identify opportunities for improvement.

Additional governance frameworks will be finalised during the 2021-22 year, which will complete our foundational governance frameworks. These frameworks along with our Strategic Plan, Corporate Plan and Division Business Plans assist us in translating our vision into everyday actions.

The Canberra Health Services Clinical Services Plan (CSP) 2021-31 was finalised at the end of June 2021. The CSP articulates our strategic priorities and enablers for the provision of services for the next ten years. It does so within the known context of the challenges and opportunities within our organisation.

The Plan was developed in consultation with CHS and ACT health system stakeholders. It accounts for known demographic and service data at the time of development and includes the impact of the COVID-19 pandemic on CHS services.

Canberra Health Services Outlook for 2021-22

Personal health services

People Centred Care - We'll improve our performance against key safety and quality performance measures to achieve our aim of being the safest health services in the nation.

Timely care and patient flow - We'll ensure there are systems, processes, and standards in place to enable consistent, high-quality care.

A great place to work

Culture and leadership - We'll implement our Fostering Organisational Culture Improvement Strategy (FOCIS) to provide a safe, supportive and positive workplace.

A leading specialist provider

Grow and embed research - We'll foster a culture of research with a focus on translating research into practice, engaging partners and attracting funding.

A partner to improve people's health

Integrated care - With the support of primary care providers, we'll co-design and implement services that help address the challenges of preventing and managing.

Committed to Aboriginal and Torres Strait Islander peoples - We'll deliver on our Together, Forward: Aboriginal and Torres Strait Islander Needs Assessment and Action Plan to improve care, access and health outcomes.

Enabler

Technology - We'll support and facilitate delivery of an integrated digital health record system that supports safer patient care and efficiencies in clinical workflows.

Sustainability - We'll support delivery of major infrastructure projects that support staff morale, and improved care and experience for our patients, their families, and carers.

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.

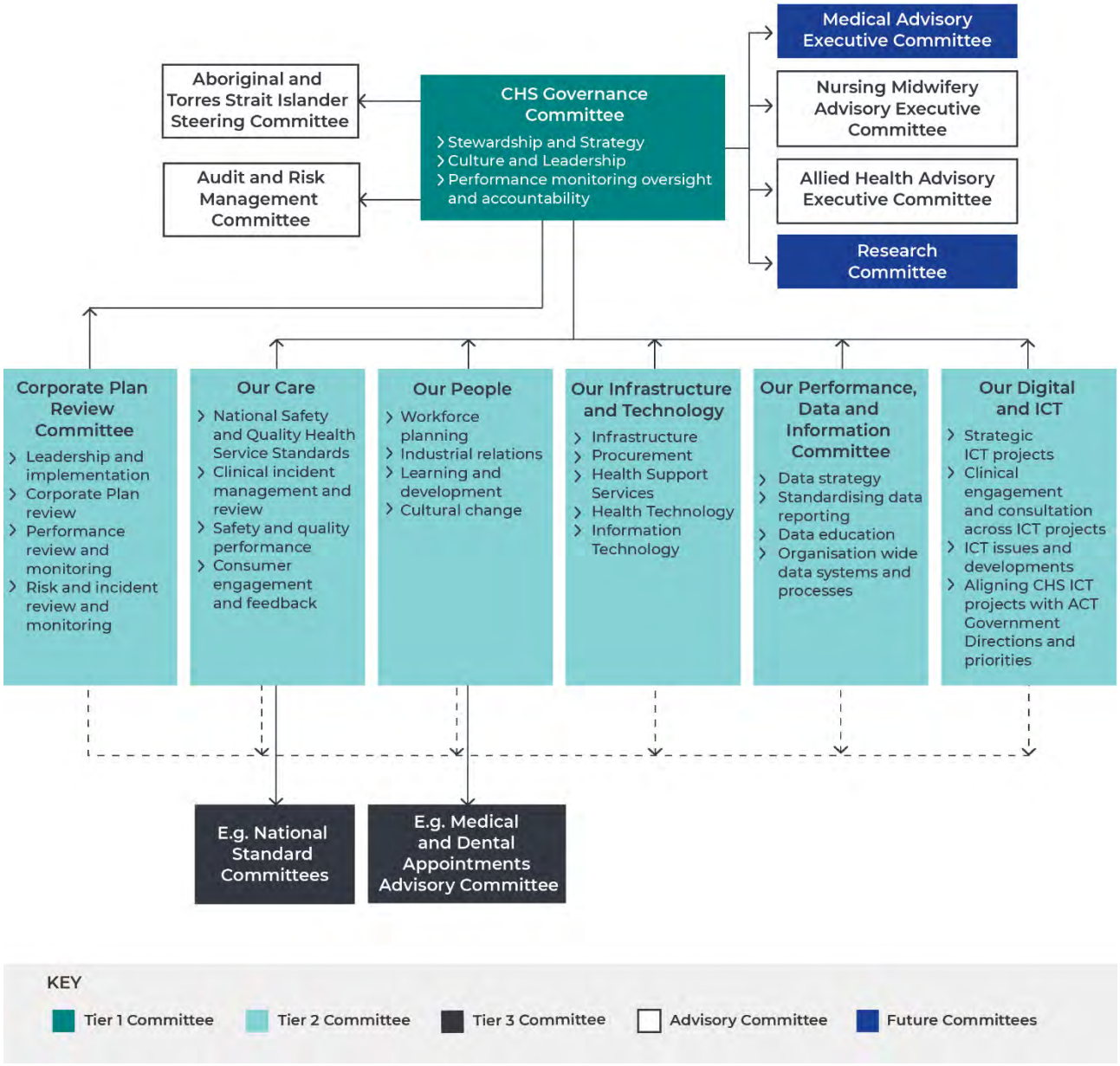
Table 1: Canberra Health Services Senior Executives, as at 30 June 2021

Senior executive	Position
Bernadette McDonald	Chief Executive Officer
Dave Peffer	Deputy Chief Executive Officer
Cathie O'Neill	Acting Chief Operating Officer
Daniel Wood	Executive Director, Nursing and Midwifery and Patient Support Services
Jo Morris	Executive Director, Allied Health
Paul Ogden	Acting Executive Group Manager, Chief Finance Officer
Colm Mooney	Executive Group Manager, Infrastructure and Health Support Services
Vanessa Brady	Executive Group Manager, Program Director, Campus Modernisation
Raelene Burke	Acting Executive Group Manager, People and Culture
Katherine Wakefield	Acting Executive Director, Cancer and Ambulatory Support
Jacqui Taylor	Executive Director, Medicine
Karen Grace	Executive Director, Mental Health, Justice Health, Alcohol and Drug Services
Jo Morris	Acting Executive Director, Rehabilitation, Aged and Community Services
Lisa Gilmore	Executive Director, Surgery
Kellie Lang	Acting Executive Branch Manager, Quality, Safety, Innovation and Improvement
David Jean	Executive Branch Manager, Strategic Communication and Engagement
Catherine Shadbolt	Executive Branch Manager, Reform
Josephine Smith	Executive Branch Manager, Strategy and Governance
Nasa Walton	Executive Branch Manager, Chief Information Officer

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.

Governance Structure

Figure 2: Canberra Health Services Governance Structure



Canberra Health Services Governance Committee

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

The CHSGC ensures accountability for regulatory, legislative, and licensing arrangements, performance agreements and reporting requirements, including Government Commitments.

Membership includes senior executives from CHS, a representative from the Aboriginal and Torres Strait Islander Elected Body and key consumer and carer organisations.

Corporate Plan Review Committee

The Corporate Plan Review (CPR) Committee provides leadership to deliver on the CHS vision, role and values, and drives implementation of strategic plans. The CPR Committee is responsible for identifying and mitigating any risks or barriers that may impede CHS's ability to deliver on annual Corporate Plans.

The CPR Committee ensures organisational implementation of National Safety and Quality Health Service Standard actions to deliver safe, reliable and high-quality care in partnership with consumers and the community.
It also monitors, analyses and reports on all aspects of performance data to ensure a focus on continuous improvement activity.

Membership includes all executives from CHS and Clinical Directors from each division.

Our Care Committee

The Our Care Committee (OCC) is responsible for monitoring and ensuring safe, high-quality care delivered in partnership with consumers, their families and/or carers. The OCC ensures effective and accountable systems are in place to monitor, analyse and improve the organisation's safety and quality performance. The OCC monitors the implementation of the CHS clinical incident management policy and procedure inclusive of the recommendations register.

Membership includes senior executives, and representatives from Divisional Safety and Quality Committees, National Standards Governance Committee, Policy Committee and Clinical Ethics Committee.

Our People Committee

The Our People Committee (OPC) provides oversight, leadership and direction for people management strategies, practices, systems and processes in CHS with the aim of ensuring that we have a skilled, diverse, safe and happy workforce.

Functions of the OPC include but are not limited to: overseeing performance against workforce indicators to address areas for improvement and ensuring high performance is sustained; promoting leadership excellence and capability, ensuring the health and safety of our people, implementing a planned approach to our workforce aligned with demographic and activity projects into the future and developing and implementing policies and practices that facilitate exceptional performance and ensuring that CHS is compliant with legislative and statutory requirements.

Membership includes divisional representatives and executives from CHS.

Our Infrastructure and Technology Committee

The Our Infrastructure and Technology Committee (OITC) provides oversight and leadership in relation to CHS property portfolio, major and minor medical equipment, procurement, information and communication technology (ICT) and associated non-clinical client support services.

The OITC is responsible for providing executive direction on all CHS infrastructure and non-clinical support services policies and strategies, establishment of infrastructure and technology priorities and decisions relating to CHS responsibilities as required.

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

Our Performance Committee

The Our Performance, Data and Information Committee (OPDIC) provides leadership and direction towards becoming a data insight driven organisation. In conjunction with the Performance Reporting and Monitoring Framework, this Committee supports teams to provide consistency in reporting and data governance, to ensure data integrity and monitoring of organisational performance which contributes to the delivery of safe, high-quality care to consumers, their families and/or carers and the achievement of CHS strategic priorities.

The OPDIC reports to the CHS Governance Committee and has delegated decision making capacity as per the Canberra Health Services Clinical Governance Framework. It must escalate matters of significant organisation wide relevance, risk, impact and financial implication to the CHS Governance Committee.

The Our Performance, Data and Information Committee receives information, recommendations, issues and risks for escalation from the following Committees:

- CHS ICT Governance Committee
- CHS Our Care Committee
- CHS Our People Committee

Membership includes divisional representatives and executives from CHS.

Clinical Services

The Chief Operating Officer leads the delivery of a comprehensive range of clinical services at Canberra Health Services.

Office of the Chief Operating Officer

Patient Flow Unit

The Patient Flow Unit facilitates the patient journey across CHS from admission through to discharge. It works collaboratively with other hospitals and health services to ensure timely transfer of care.

Timely Care Program

The Timely Care and Patient Flow Initiative is aligned with the 2020-21 Canberra Health Services' Strategic Priorities - Personal Health Services. It aims to improve flow in, through and out of Canberra Health Services. To develop a comprehensive and effective program, CHS undertook a series of diagnostics in late 2020 and early 2021. This has informed the development of the Timely Care Program redesign groups and projects. Work will continue over the next year and will include realignment of the bed footprint to match demand across specialities, improve flow out of the Emergency Department and the introduction of an Acute Medical Unit and Acute Surgical Unit.

The Chief Operating Officer also has a key role in facilitating cross-border initiatives with key NSW Health stakeholders to ensure patients in regions surrounding the ACT also have equitable access to tertiary services.

The ACT and Southern NSW Joint Operations Committee (JOC) has evolved to provide a forum for operational and strategic planning, collaboration and direction regarding partnership and joint health services operations throughout ACT and Southern NSW. This structure has been pivotal to our work as a region in pandemic preparedness.

The JOC works with the ACT–NSW Senior Official Working Group that was established at the request of ACT Minister for Health, Rachel Stephen-Smith MLA and NSW Minister for Health and Medical Research, The Hon Brad Hazzard MP, to progress and coordinate a new ACT–NSW cross-border health partnership agreement that is to redefine funding arrangements between the two jurisdictions and enhance the strategic and collaborative partnerships.

DonateLife ACT

DonateLife ACT delivers organ and tissue donation services to the ACT and surrounds. The team promotes awareness and urges Canberrans to join the Australian Organ Donor Register. DonateLife ACT also coordinates donor retrievals for the ACT.

Emergency Management and Business Continuity Management

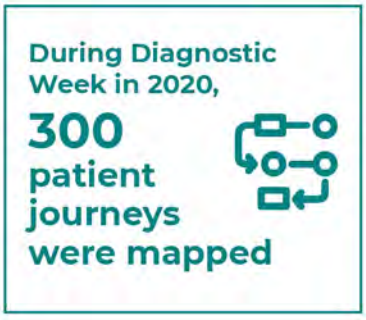
This team works collaboratively to ensure Canberra Health Services can prepare, respond in a timely manner, and recover from emergency incidents. The team works closely with infrastructure management to ensure clinical staff are consulted in preparation for any planned/unplanned infrastructure outages.

Robust consultation with team members occurs, to provide guidance and clear direction in the management of emergency incidents.

Achievements

Throughout 2020-21, the Office of the Chief Operating Officer achieved the following:

- Continued to enhance Canberra Health Services' emergency management capabilities through a revision and enhancement of a number of emergency management and business continuity plans.
- Successfully responded to several emergency and business interruption incidents across CHS, adapting practices to meet the challenges of COVID-19.
- Refreshed the Timely Care Program and achievements include:
    - Change in admission processes from the Emergency Department to the wards to improve patient flow; and
    - Diagnostic Week in 2020 which included:
        - Patient journey timeline observation where 300 patient journeys were mapped from Emergency Department presentation through to discharge or admission; and
        - Why am I still here? - a daily audit of adult inpatient beds at Canberra Hospital and University of Canberra Hospital (excluding Mental Health and Women, Youth and Children), to identify bed status and capacity, reasons for delays and barriers to progressing patient care and discharge.
- Commenced a Canberra Health Services wide huddle, including a weekend huddle/patient flow meeting which is attended by senior clinical team members and enables a shared responsibility and understanding of the clinical and operational demand on services with collaborative problem solving.



Outlook for 2021-22

During 2021-22, the Office of the Chief Operating Officer will:

- Establish a new bed footprint and reset home wards for Canberra Health Services.
- Implement the Emergency Department Operating Model that aims to deliver consistent operation and function within the ED so it can provide timely and safe care to patients.
- Implement the Patient Flow Framework and Capacity Escalation Process/Tool.
- Finalise the Long Stay Patient Project to assist the number of patients who account for a large number of bed days and who are waiting for a discharge destination such as aged or disability care.
- Continue to provide input/consultation to the Critical Service Building project.
- Review the decontamination capacity for Chemical, Biological, Radiologic and Nuclear emergency incidents.

Cancer and Ambulatory Support

The Division of Cancer and Ambulatory Support provides a comprehensive range of cancer screening, assessment, diagnostic, treatment and support services. We also provide palliative care, immunology, Walk-in Centres, COVID-19 Testing and Vaccination Centres and ambulatory (outpatient) support.

Achievements

Throughout 2020-21, the Division of Cancer and Ambulatory Support:

- Completed the refurbishment of Ward 14B for oncology patients, providing 28 beds in single and double rooms and an additional four bed bay.
- Delivered ACT's fifth Walk-in-Centre, located within the Dickson Community Health Centre on 25 August 2020.
- Achieved 100 per cent compliance with standard commencement timeframes for radiation therapy.
- Facilitated over 160,000 presentations for COVID-19 testing at ACT Government Testing Centres and provided over 85,000 COVID-19 vaccinations.
- Presentations at the Walk-in Centres increased from the previous year by over 8 per cent, with a median wait time of 13 minutes, down from 19 minutes the previous year.
- Commenced the Cancer Consumer Reference Group which aims to increase consumer, carer and community participation in the planning and delivery of cancer services at Canberra Hospital.
- Implemented a patient centred Comfort Care Pathway and improved bereavement support information.
- The Day Treatment Unit provided 30,130 episodes of care, an increase from the previous year by over 17 per cent. The Canberra Region Cancer Centre also saw an increase in individual patients by over 760 when compared to the previous year.

Outlook for 2021-22

During 2021-22, the Division of Cancer and Ambulatory Support will:

- Transfer chemotherapy services from the Zita Mary Clinic at Calvary Public Hospital Bruce to the Canberra Region Cancer Centre at Canberra Hospital.
- Replace the Radiation Oncology Computerised Tomography scanner and continue the Linear Accelerator replacement program.
- Implement a revised Goals of Patient Care Plan and End of Life Assessment Tool across CHS. These documents will support appropriate care for patients with a life limiting illness by enabling the wishes of patients and their families to be incorporated in their care, communicated to team members providing care, and ensuring end of life clinical care and treatment decisions are appropriate.

Medicine

The Division of Medicine provides adult medicine services to the Canberra community in inpatient, outpatient and community settings, as well as emergency services. An emphasis is placed on accessible, timely and integrated care, which is delivered to a high standard of safety and quality.

Achievements

Throughout 2020-21, the Division of Medicine achieved the following:

- In response to the pandemic, the General Medicine Unit developed and implemented a new Respiratory Assessment Unit (RAU) that provides a dedicated unit for patients with confirmed/suspected COVID-19.
- The Clinical Forensic Medical team maintained services during COVID-19 by providing screening in the Regional Watch House, established a rapid response system for potential increase in deaths in the community and introduced evidence collection for those experiencing family and sexual violence associated with COVID-19.
- The Canberra Sexual Health Centre established a nurse triage system with allocated appointments, supporting safe services to continue during COVID-19 and reduce clinic waiting times.
- The Diabetes and Endocrine team established a Hypophysitis (inflammation of the pituitary gland) clinic for patients who develop acute endocrine complications resulting from cancer treatment. This included a rapid referral pathway to ensure timely treatment for a potentially life-threatening treatment complication.
- An integrated care pilot was introduced with GP practices with multidisciplinary case conference clinics being established at Gungahlin Medical Practice to support the localised care of patients with type two diabetes.
- Hospital in the Home (HITH) continued to extend its multi-disciplinary team with the introduction of medical and allied health teams supporting holistic care of patients and allowing a wider range of patients to be referred. The target of 1000 separations during 2020-21 was achieved with the HITH service reaching 1219 separations.
- The Rheumatology Department initiated nurse and physiotherapy led clinics and developed new referral pathways which has significantly reduced outpatients' waiting times.
- Renal Services successfully enhanced telemedicine equipment to support home monitoring.
- The Emergency Department has implemented a series of initiatives to improve patient flow and continues to work with the hospital-wide system to meet the National Emergency Access Target.
- Gastroenterology established an active working group to improve access for endoscopy procedures and is currently working with the GP Liaison Unit to update referral pathways.
- Waiting times for endoscopy continue to be a challenge for all jurisdictions. However, through 2020-21, CHS commenced several initiatives to address this issue in the ACT including:
    - An increase of medical, nursing and administration support to specifically focus on complex and high-risk outpatients. This will improve access and efficiency within the service and ensure patients are triaged and seen in a more timely manner.
    - Visiting Medical Officers have also been recruited to assist with additional capacity within the Endoscopy Suite.
    - A comprehensive audit of all patients on the waiting list commenced and as of 30 June 2021, has had a removal rate of 68 per cent.

- The Chronic Disease Management Department reviewed the Auditor General's report on chronic disease management, have undertaken an internal consultation and are now in the process of developing a new Model of Care which will incorporate identified outcomes and associated performance indicators for the service.
- Neurology continues to review ongoing data investigating the possibility of developing a cross-territory neurology/stroke service by pooling resources at Calvary Public Hospital Bruce and CHS. This includes providing input to the planning of the Critical Services Building due to be completed in 2024.

Outlook for 2021-22

During 2021-22, the Division of Medicine will:

- Continue with the development of a Diabetic Ketoacidosis (Diabetes complications) Territory-wide management guideline, which aims to improve the clinical outcomes for patients with a potentially life-threatening illness, standardise management across the ACT, and improve junior medical officer and nursing awareness of management of this condition.
- Continue a key focus on the Rheumatology Rapid Access Clinic service which aims to limit preventable admissions, facilitate early discharges and provide rapid access for urgent patient referrals from General Practice.
- Commence an initiative within Respiratory and Sleep medicine for open access to help with decreasing the wait list for a sleep study. This allows patients quicker access to a sleep study following the initial referral.
- Progress upgrading the Endoscopy Unit.
- Improve patient flow by introducing a new Acute Medical Unit.

Mental Health, Justice Health and Drug and Alcohol Services

Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) provide health services directly and through partnerships with community organisations. The services provided range from prevention and treatment to recovery, maintenance of wellbeing and harm minimisation. The participation of people accessing our services, their families and carers is encouraged in all aspects of service planning and delivery. The Division works in partnership with a range of government and non-government service providers to ensure the best possible outcomes for clients.

The Division delivers services at several locations, including hospital inpatient and outpatient settings, community health centres, detention centres and other community settings including people's homes.

Achievements

Throughout 2020-21, the Division of Mental Health, Justice Health and Alcohol & Drug Services achieved the following:

- Commenced the North Side Dosing Service in December 2020, providing an opioid maintenance therapy service on the north side of Canberra. North side clients no longer need to travel to Canberra Hospital for daily doses.
- In March 2021, CHS completed the refurbishment of Gawanggal, a 10-bed extended care unit completed on the site of the old Brian Hennessy Rehabilitation Centre.
- In May 2021, a six-bed Step-Up-Step Down facility on the south side of Canberra opened. The facility is operated by STRIDE, a non-government Organisation with clinical support from CHS' Mental Health services.
- In October 2020, the Child and Adolescent Mental Health Services**Error! Bookmark not defined.** Hospital Liaison team and the existing Adolescent Mobile Outreach Service (AMOS) team were expanded six months earlier than planned to support service demand.
- A Homeless Outreach Team pilot program was implemented, providing care and support to people experiencing mental health crises and illness, or who are at risk of homelessness.

Outlook for 2021-22

During 2021-22, MHJHADS will:

- Increase acute capacity to meet demand for mental health services.
- Open the Mental Health Unit, 12B. The unit will be a dedicated 10-bed inpatient acute mental health inpatient facility located on the Canberra Hospital campus. 12B will provide inpatient assessment, treatment and therapeutic interventions for people experiencing moderate to severe mental illness.
- Create the capacity to flex to 18 High Dependency Unit (HDU) beds within the existing Adult Mental Health Unit footprint.
- Open a dedicated Neurostimulation Therapy Suite (NTS), on the site of the Adult Mental Health Unit at Canberra Hospital. The NTS will improve the availability of therapeutic interventions for people with treatment resistant mental illness. The NTS will provide emergency and maintenance Electroconvulsive Therapy (ECT) for people who are experiencing severe depression, thoughts of suicide as well as other severe and treatment resistant mental health conditions.
- Introduce new innovative services for people with eating disorders. They are the Short-term Recovery Intervention for Disordered Eating (STRIDE) Program, and a Parenting Group for parents and carers who have a loved one who is under the age of 18, waiting for therapy within the Eating Disorders Program.

Rehabilitation, Aged and Community Services

The Division of Rehabilitation, Aged and Community Services (RACS) provides integrated services for rehabilitation, aged care, and a range of community-based supports in the ACT for people with acute, post-acute and long-term illnesses. A range of subacute inpatient rehabilitation services for adults are provided at the University of Canberra Hospital, including aged care inpatients in the older persons rehabilitation ward, general rehabilitation ward and the neurological rehabilitation ward.

Oral Health Services is a multi-disciplinary program within the division, which offers a range of dental services to eligible ACT residents including diagnostic, preventative, restorative, oral surgery and dentures. These services are provided from Community Health Centres across Canberra as well as the Hume Health Centre at the Alexander Maconochie Centre, Bimberi Youth Justice Centre, Dhulwa Mental Health Unit and three mobile dental clinics.

Achievements

Throughout 2020-21, the Division of Rehabilitation, Aged and Community Services achieved the following:

- Partnered with Uniting Care to continue to provide an eight-bed specialist dementia care unit (Uniting Eabrai-Commonwealth funded project) to ensure people with significant behavioural issues associated with dementia are provided care in the appropriate environment. Eabrai Lodge has been able to transition six people to stepped-down aged care facilities, four within the ACT and two interstate.
- 2021 Nursing and Midwifery Awards – Team of the Year Ward 11B. Ward 11B was acknowledged for their dedication to providing positive end of life care, building meaningful relationships with patients and their families, and excellence in compassionate communication and understanding of how confronting and stressful hospital admission can be. In 2020, the Clinical Nurse Consultant of Ward 11B won the Excellence in Management category.
- Nicole Shiels from RACS Phillip Community Nursing Team won the 2021 award for Clinical Excellence.
- Frank Hubner from the Clinical Technology Workshop won the CEO Values in Action award for Reliable.

Outlook for 2021-22

During 2021-22 the Division of RACS will:

- Continue the Oral Health Services partnership with Justice Health to achieve compliance with recommendation 53 from the Healthy Prison Review 2019.
- Commence the implementation of work from the Oral Health Services Governance Framework and Model of Care Review. This reform will aim to optimise and achieve a contemporary clinical service and business model for Oral Health Services.

Surgery

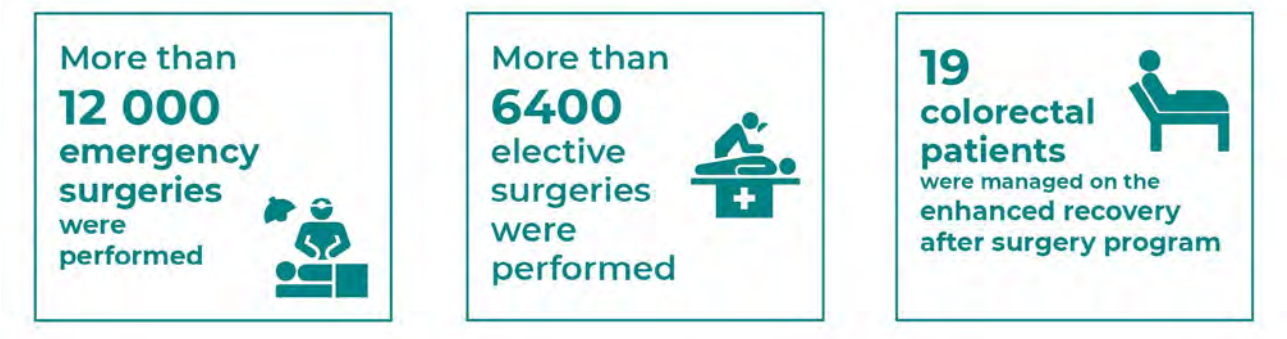
The Division of Surgery is responsible for delivering emergency and elective surgery and a range of surgical management services at CHS. The division also manages the chronic and acute pain management services to inpatients and outpatients at CHS, ophthalmology services through the Canberra Hospital Eye Clinic, as well as the Intensive Care Unit, Department of Anaesthesia and the Capital Region Retrieval Service.

Throughout the reporting period, the division continued to contribute to achieving the CHS Corporate Plan through the delivery of the Division's Business Plan 2020–21. This included increased access to emergency surgery, use of a surgical procedure room, and piloting an Enhanced Recovery After Surgery Model of Care. The division continued to support timely elective surgery access, with a target of all Category 1 procedures scheduled within the clinically recommended timeframe and improved timely access for Category 2 and Category 3 procedures.

Achievements

Throughout 2020-21, the Division of Surgery also noted the following achievements:

- The Toll-SouthCare Rescue Helicopter completed 438 flight retrievals and attended 98 road retrievals.
- CHS commenced an Enhanced Recovery after Surgery (ERAS) pilot for adult elective surgery in February 2021. ERAS programs are used internationally and are strongly associated with improved patient experience and clinical outcomes. Currently, the ERAS program at CHS includes colorectal, hysterectomy, and elective caesarean surgeries. The ERAS program aims to reduce postoperative complications and align length of inpatient stay with predicted benchmarks. Early data demonstrates the success of the program, and the Division will look to expand the program in the next reporting period.
- The Department of Anaesthesia introduced standardised central line insertion techniques and management, which has reduced the incidence of central line associated bacterial infections to almost zero.



Outlook for 2021-22

During 2021-22 the Division of Surgery will:

- Operationalise the model of care for the ICU 8 bed expansion.
- Introduce HOSportal (anaesthetic allocation system) to streamline anaesthetic allocation management.
- Enhance patient safety and team member wellbeing through protected napping time, which will be captured and reported through the ENAP Study. The ENAP study will aim to learn of the impact of a short nap during a scheduled break on night duty in a purpose-built sleep pod.
- Meet our elective surgery target of 6050 for the reporting period.

Women, Youth and Children

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

The service is strongly committed to providing care that is child, family and woman centred. It is staffed by a highly qualified team of medical, nursing and midwifery and allied health practitioners, supported by administrative and other services. The service supports a significant teaching, training and research program and has strong clinical and professional governance structures and processes to ensure delivery of safe, high quality health care.

Achievements

Throughout 2020-21, the Division of Women, Youth and Children achieved the following:

- Opened the Paediatric High Care Ward in October 2020.
- Opened a new unit for the Child Health Targeted Support Service on the Canberra Hospital campus in April 2021. This special purpose-built facility supports the delivery of targeted medical, nursing and allied health services to vulnerable children and families.
- Lead work to help lessen the effects of family violence through the delivery of a training package to implement the 'Strengthening Health Responses to Family Violence' program. Over the past twelve months, approximately two thirds of our workforce have completed an online e-learning package, raising awareness of family violence and increasing staff capacity to identify and respond.
- Undertook the ACT Public Maternity Services Project, as part of the ACT Government's commitment to deliver an implementation plan for Woman-centred care: *Strategic directions for Australian maternity services (National Maternity Strategy).* The Project completed a mapping exercise, capturing recommendations from a number of reports to find synergies, key themes and actions for future implementation. The Priority Action Map was endorsed in December 2020 and informed the ACT Joint Maternity Project.
- Supported the inaugural Masters of Midwifery partnership with the University of Canberra. This is facilitated by the ACT Chief Nursing Midwifery Officer and assists Master of Midwifery students during their studies in an employment model.
- Continued:
    - work on the Adolescent Unit and construction of the Clinical Administration Building which is in its final stages;
    - discussions with Sydney Children's Hospital Network. A Heads of Service Agreement is in its final stages;
    - work on the implementation of the publicly funded homebirth evaluation recommendations. The Homebirth Service is now part of the Continuity Midwifery Program at the Centenary Hospital for Women and Children, and the adoption of these recommendations will further enhance the service; and
    - work with the ACT Health Directorate to conduct an External Evaluation of the Canberra Maternity Options Service.

Outlook for 2021-22

During 2021-22 the Division of WYC will:

- Implement the recommendations from the Paediatric Organisational and Service Plan.
- Review the clinical leadership structure within Child Health Targeted Support Services.
- Appoint the new Clinical Director Paediatrics.
- Appoint the new Executive Director, Women Youth and Children.

Clinical Leads

Clinical Leads play a key role in developing a collaborative and strategic approach to the delivery of clinical services for Canberra Health Services, including setting the strategic, professional and workforce-oriented agenda.

The clinical leads comprise of the following:

- Medical Services Group
- Nursing and Midwifery and Patient Support Services
- Allied Health.

Medical Services Group

The Medical Services Group (MSG) draws together professional oversight of Canberra Health Services medical officers. MSG has operational oversight of the services ordered in the diagnosis and treatment of patients and is under the leadership of the Executive Director of Medical Services.

Achievements

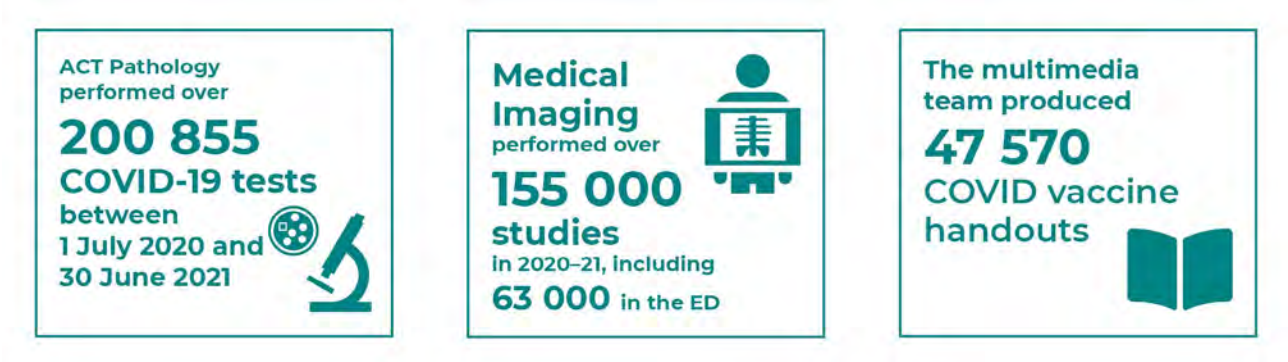
Throughout 2020-21, the Medical Services Group achievements included:

- A focus on response times in diagnostic services delivered by ACT Pathology and Medical Imaging, and in discharge medications from Pharmacy:
    - Medical Imaging provided a high quality and consistent service to the CHS ED throughout the year;
    - ACT Pathology maintained excellent turnaround times for urgent ED and inpatient testing, while concurrently supporting the bulk of COVID-19 testing for the ACT region; and
    - Despite continually increasing work volume, the Pharmacy dispensary improved its turn-around-times on discharge medicines. Pharmacy was also able to provide more clinical areas with pharmacists to work as part of the clinical team, enabling an increase in medication reconciliation rates to over 90 per cent.

- ACT Pathology COVID-19 test result turnaround times were unmatched in Australian public hospitals and community testing:
    - More than 95 per cent of community patient results within 24 hours; and
    - More than 90 per cent of inpatient and ED patient results within three hours.

- The CHS Pharmacy played an instrumental role in the Territory's COVID-19 vaccination program. Using its experience and expertise in cold-chain management and the compounding of complex medicines, Pharmacy provided advice, oversight, and hands on assistance in the storage, transport and preparation of vaccines.
- The Executive Director for MSG facilitated engagement with the medical team throughout the year in the Medical Officer Webinar and Q&A series, and with medical team leaders through the Clinical Directors Forum. Both series covered a wide range of topics including CHS and medical workforce policy and procedure, culture improvement initiatives, and COVID-19 specific information.

- The new Library website launched in October 2020, providing a modern, intuitive interface with expanded information for clients developed by the CHS Library and Multimedia teams. Remote access to the library's electronic data was expanded, becoming available to all Canberra Health Service and ACT Health and some of our government and research partners.
- Medical Services also had a role in two major infrastructure projects:
    - The refurbished library opened in late September 2020, delivering a new state of the art space for team members to access the CHS print and electronic collections and facilities for collaboration and study; and
    - works in Medical Imaging to deliver new technology Magnetic Resonance Imaging. This project is slated for completion at the end of 2022.



Outlook for 2021-22

During 2021-22 we will:

- Maintaining our focus on timeliness in diagnostics reporting and discharge medications.
- Developing and piloting a micro-credentialing program for the senior medical workforce. This will enhance our current credentialing requirements so that medical team members are deemed competent not just for their speciality, but for the specific procedures they perform.
- Increasing the rate of referral to CHS diagnostic services based in the community.
- Embedding research in practice, aligned with the CHS Research Strategy.
- Ensuring the division is ready for the implementation of the integrated Digital Health Record system and the delivery of the Clinical Services Building.

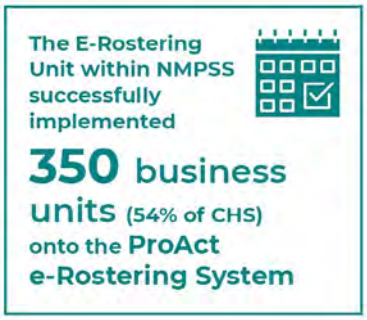
Nursing and Midwifery and Patient Support Services

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.

Achievements

Throughout 2020-21, the Division of Nursing and Midwifery and Patient Support Services:

- Provided leadership in the development and implementation of strategic projects including nurse/midwife patient ratios and Towards a Safer Culture Project, across CHS.
- Supported the implementation of the CHS OV Strategy. The result recognised a 23 per cent reduction in reported Occupational Violence incidents within the Division of Nursing and Midwifery and Patient Support Services from the 2019-20 financial year to the 2020-21 financial year.
- 75 newly qualified Registered Nurses (RNs)and 46 newly qualified Enrolled Nurses commenced employment with CHS through the Transition to Practice Program (TTPP). A second round of TTPP participants resulted in an additional 35 team members to support the COVID-19 workforce response. Additionally, 22 RNs commenced employment through the rolling recruitment to the Nursing and Midwifery relief pool also provided services to the COVID-19 clinics.



Outlook for 2021-22

During 2021-22 we will:

- Develop a Nursing and Midwifery Workforce plan for CHS which will:
  - Support planning for workforce requirements related to growth over the coming years including the implementation of Nurse/Midwife to patient ratios and infrastructure expansions;
  - Provide a flexible workforce to manage both planned and unplanned shortfalls across the service;
  - Provide a supportive education, training and professional framework for nurses and midwives; and
  - Provide a positive and supportive work environment for nurses and midwives.
- Focus on implementing strategies to support a reduction in rates for nurse sensitive Quality and Safety performance indicators including pressure injuries and falls.
- Lead the implementation phase 1 of nurse/midwife to patient ratios across CHS in partnership with the Office of the Chief Nursing and Midwifery Officer (ACTHD) and the Australian Nursing and Midwifery Federation (ANMF).
- Progress the review of the Wardspersons classification and workforce model in partnership with the Health Services Union (HSU).

Allied Health

The Division of Allied Health brings together Acute Allied Health Services and the Clinical Education Unit. These departments include health professionals, allied health assistants, administration and support staff. The Executive Director of Allied Health has operational responsibility for the division and professional accountability for CHS allied health. 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, predominately at the Canberra Hospital campus. Physiotherapy, Social Work and Nutrition teams provide services seven days a week. The Allied Health Clinical Education Unit provides support, education and training opportunities for students, new graduates and allied health staff across CHS.

Achievements

Throughout 2020-21, the Division of Allied Health:

- Integrated into the Hospital in the Home (HITH) Model of Care. This resulted in improved patient flow with the number of patients accessing allied health in HITH doubling over the year, with 696 occasions of service provided during 2020-2021.
- Significantly reduced waiting times for Orthopaedic Screening, Women's Health and Gastroenterology by implementing allied health led interventions.
- Commenced the move to an electronic credentialling system for Allied Health. eCredential was chosen as the preferred system to align with medical officers, nurse practitioners and endorsed midwives, who are already being electronically credentialed.
- Provided 105,000 allied health placement hours across 21 allied health professions, and adapted to COVID-19 restrictions quickly, providing 152 Professional Development courses to 1592 team members.
- Led the review of Health Professional and Allied Health Assistant Classifications, consulting broadly across stakeholders including Unions and Health Professional across the Territory.

Outlook for 2021-22

During 2021-22 Allied Health will:

- Finalise consultation on the Health Practitioner Classification Review and complete the Allied Health Assistant Classification Review.
- Continue the Allied Health Workforce Review.
- Complete the review of the Allied Health Profession Lead role across CHS.
- Develop allied health programs in the HITH program to target and expand the role of allied health.

Corporate Services

Our Corporate Services, led by divisional executives, provide strategic business support to inform decision making, ensure compliance and assist in understanding the challenges facing modern health care service delivery.

Corporate Services includes the following divisions:

- Strategy, Policy and Planning
- Quality, Safety, Innovation and Improvement
- Infrastructure and Health Support Services
- People and Culture
- Finance and Business Intelligence.

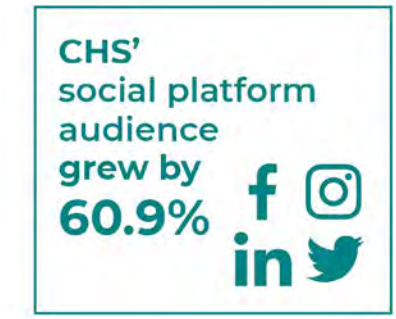
Strategy, Policy and Planning

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

Achievements

Throughout 2020-21, the division of Strategy, Policy and Planning:

- Delivered on key strategic priorities, including:
  - The first four of our suite of Governance Frameworks, including our Exceptional Care, Clinical Governance, Partnering with Consumers and Risk Management Frameworks; and
  - Our Disability Needs Assessment in consultation with the ACT Disability Reference Group.
- Canberra Health Services' online presence and social media following continued to grow significantly through the year. Our total audience across all social platforms grew by 60.9 per cent, and the number of times that users clicked on links from our posts grew by 355 per cent to 28,591.
- We strengthened both the process for implementation and evaluation of policy and guidance documents. Between July 2020 and June 2021, we reduced our overdue policy and clinical guidance documents by 56 per cent. Significant work continues and we'll hit our <10 per cent overdue target in the first half of 2021-22.
- We strengthened the availability of risk management educational material available to the workforce through the implementation of a Risk Management Toolkit for Managers and Risk Management eLearning packages.
- Territory Wide Surgical Services, in conjunction with private providers, delivered over 590 primary joint replacement surgeries and over 1,300 surgical procedures covering a broad cross-section of clinical specialties This program saw over 50 Aboriginal and Torres Strait Islander people gain access to what has the potential to be life changing surgery.



Outlook for 2021-22

During 2021-22 the Strategy, Policy and Planning Division will:

- Build on our Disability Needs Assessment. We will develop a Disability Access and Inclusion Plan to improve how Canberra Health Services provides care for people with disability and their family/carers.
- Deliver a new website for Canberra Health Services that meets consumer needs and expectations and is aligned to the organisation's strategic priorities and that of the ACT Government.
- Continue to work with our Aboriginal and Torres Strait Islander consumers, community and team members to improve access and experience of individuals interacting with our services. This includes launching our Statement of Commitment and our Measurement Dashboard completed in 2020-21 and developing our Cultural Responsiveness Framework.
- Improve integration of the risk management process into business processes to strengthen organisational decision making.
- Develop strategies to improve access to elective surgery across the ACT, through the work Territory Wide Surgical Services continues with key stakeholders.

Quality, Safety, Innovation and Improvement

The Division of Quality, Safety, Innovation and Improvement (QSII) promotes, facilitates and enables patient safety, quality improvement and innovation. This is achieved through safeguarding the high standards of care through the development of supporting policies, procedures, consumer engagement strategies, reporting and investigating reported incidents and communicating themed patient safety issues and risks to the organisation. It is also achieved through continuous improvement to the quality of the services through active teaching, coaching, facilitation of improvement and quality assurance programs, as well as the provision of information for service improvement.

Achievements

Throughout 2020-21, the Division of Quality, Safety, Innovation and Improvement:

- Implemented a new discharged inpatient survey and outpatient survey, which aligns with the Australian Hospital Patient Experience Question Set and the National Standards (Second Edition).
- Facilitated activity across the organisation to progress implementation of the National Standards (Second Edition).
- Developed and implemented a National Standards education and Training Plan. This includes preparing team members on what to expect at an accreditation assessment as well as training team members to undertake National Standards accreditation assessment.

- Conducted Internal and external mock assessments to assess accreditation readiness, with outcomes utilised to focus on improvement activity.
- Collaborated with Finance and Business Intelligence to develop the CHS Performance and Monitoring Framework.
- Continued development/refinement of audits for the Clinical Audit Program to monitor risks to patient care.
- Reviewed the clinical incident management system, to ensure a system which supports continuous improvement in the safety and quality of patient care.
- Continued the Quality and Safety Business Partner model. Exceptional Care Conversations have recommenced, and Divisions are supported to achieve quality and safety priorities detailed in the Strategic, Corporate and Divisional business plans.

Outlook for 2021-22

During 2021-22, the Division of Quality, Safety, Innovation and Improvement will:

- Coordinate preparation and readiness for accreditation to the National Safety and Quality Health Service Standards in March 2022.
- Evaluate the newly implemented discharged inpatient survey and outpatient survey, which aligns with the Australian Hospital Patient Experience Question Set and the National Standards (Second Edition).
- Lead implementation of the Innovation and Improvement Framework.
- Implement the revised Clinical Incident Management System.
- Improve and enhance the availability, presentation and value of relevant and meaningful Quality and Safety data at all levels of the organisation.

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.

During the financial year, Infrastructure and Health Support Services delivered a range of important initiatives:

- Major capital infrastructure works that support the ability to provide patients and consumers with safe and timely access to health services.

- Security infrastructure upgrades, which included the installation of additional safety cameras and duress points throughout Canberra Hospital's carparks and major thoroughfares.
- Supported the COVID-19 vaccination program through implementation of security support services and infrastructure at pop-up testing and vaccination sites.
- Amalgamated the Residential Accommodation and Patient Enquiries teams for the formation of the Information Hub, providing a consolidated service to Canberra Hospital's team members, patients and their families and carers.

Achievements

Throughout 2020-21, the Infrastructure and Health Support Services Group:

- Established temporary infrastructure and operational support to meet the ACT Government's COVID-19 pandemic response requirements for facility screening services, testing and vaccination facilities.
- Accredited ISO 9001:2015 Quality Management System (QMS). CHS Sterilising Services is the only Australian public hospital accredited to this ISO standard to date.
- Undertook consultation on parking strategies for the Canberra Hospital campus to improve parking for patients, visitors and team members working long after-hours shifts. This parking strategy was led by the development of a new temporary surface car park adjacent Canberra Hospital. The carpark delivered over 1100 spaces for use exclusively by Canberra Hospital campus team members and alleviate the parking pressures on campus for patients, carers and visitors. A total of 750 staff parking spaces were delivered in the new carpark in June 2021.
- The interim onsite accommodation solution for interstate patient and carers attending clinical appointments at Canberra Hospital was launched in May 2021. This solution relocates the Residential Accommodation Service from Building 5 to newly refurbished units in Building 9.
- Canberra Hospital and the University of Canberra Hospital were re-accredited in 2021 by ACTsmart, continuously maintaining the requirements of the Business Recycling Program since 2019.
- Completion of the refurbishment of the Paediatric High Care Ward in October 2020, which was the first delivery stage in the Centenary Hospital for Women & Children Expansion Project.
- The early works program for the Canberra Hospital Expansion Project including the refurbishment of Building 9 for short-term family and carer accommodation, refurbishment of the new Child at Risk Health Unit, and construction of a new Building 8 for the Staff Development Unit, the Surgical Training Unit and administration.
- Schematic Design for the new Emergency, Surgical and Critical Healthcare building was completed in December 2020.
- Completion of Asset Management plans for infrastructure assets across the Canberra Hospital campus.
- Completion of artwork under the Arts in Health program, in cooperation with the Canberra Hospital Foundation, and installed as part of the construction of the:
    - Inner North Walk-in Centre at Dickson;
    - Child at Risk Health Unit (CARHU) at Canberra Hospital;
    - Medical Oncology and Radiation Oncology Ward 14B at Canberra Hospital;
    - Paediatric High Care Ward in the Centenary Hospital for Women and Children;
    - North Side Opioid Treatment Service in the Belconnen Community Health Centre;

- Extended Care Unit (renamed to Gawanggal) at the Brian Hennessy Rehabilitation Centre; and
- Completion of office accommodation relocations in response to changing clinical requirements to enable the efficient delivery of health services.

Outlook for 2021-22

During 2021-22, the Infrastructure and Health Support Services Group will:

- 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, to deliver major infrastructure projects, including the:
  - Centenary Hospital for Women and Children expansion, involving a new Adolescent Mental Health Unit, expanded Maternity Assessment Unit and Antenatal Ward;
  - Intensive Care Unit expansion at Canberra Hospital;
  - Neurostimulation suite and additional high dependency unit in-patient surge beds in the Adult Mental Health Unit at Canberra Hospital;
  - Mental health low dependency unit (Ward 12B) at Canberra Hospital; and
  - Completion of the detailed design for the new Emergency, Surgical and Critical Healthcare building.
- Develop the First Nation Menu which will be implemented in mid-August 2021.
- Conduct final handover of the 1150 staff parking spaces at the former CIT site in Phillip in late August 2021. Implementation of the Parking Strategy brings about changes to carparking to ensure our patients and their families and carers continue to be able to park as close as possible to where they receive treatment.
- Complete transition to Zero Emissions Vehicles under the ACT Government's Transition to Zero Emissions Vehicles Action Plan 2018-21.

People and Culture

The People and Culture Division 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.

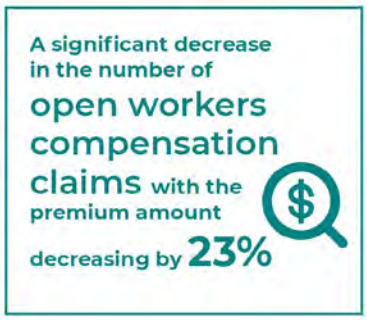
Working closely with divisions across CHS, People and Culture delivers strategically aligned workforce solutions in areas including people policy and strategies, change management, human resource management, organisational development, diversity and inclusion, general clinical and leadership training, workforce planning, industrial and employee relations, pay and benefits, rewards and recruitment.

Achievements

Throughout 2020-21, People and Culture Division:

- Developed Occupational Violence (OV) face to face education which will be tailored to the needs of clinical areas with high rates of OV incidents. This aligns with the OV strategy and training includes four modules – Awareness, De-escalation, Protect and Restraint. This is currently being trialled with a roll out in August 2021.
- Commenced Diversity Training and Partnering with Consumers. Our teams now have access to three updated eLearning packages:
  - Working with Aboriginal and Torres Strait Islander patients and families;
  - Cultural Diversity and Inclusion; and
  - Working with Interpreters.
- Developed a face-to-face Diversity and Inclusion Day to complement the packages stated above. It was successfully trialled and will run twice per year. Diversity Day enables participants to explore options and solutions in relation to the experiences of diverse consumers and team members accessing and working within CHS. The next course is scheduled for November 2021.
- Developed a three-month work trial for job seekers with disabilities, placed four Work Experience and Support Program (WESP) participants and established a 23-volunteer strong LGBTIQ+ Ally Network.
- Developed an Awards and Recognition Framework that encompassed local level recognition awards and the CHS CEO Awards, which were held in November 2020. This program recognises the outstanding contributions of team members who have embodied our Vision and Values. Collegiate recognition and appreciation is invited from team members across all levels of experience and responsibility.
- Developed the Fostering Organisational Culture Improvement Strategy 2020-2022 (FOCIS), our roadmap for creating a positive workplace. The FOCIS strategy addresses five key priorities for culture transformation including Organisational Trust, Psychological Safety, Civility, Leadership and Team Effectiveness.
- Commenced a review of the Performance Framework in October 2020 with a consultation process attended by 94 leaders and 73 employees.
- Endorsed and implemented the MyHealth Strategy 2020-23. The Strategy provides a holistic model for supporting our team members by recognising that staff physical and mental health and wellbeing is critical to delivering the highest standards of safety and quality to our patients.
- Developed several resources for the benefit of managers to enable them to better look after our injured/ill employees - these include Managing injured/ill employees' factsheet, a quick guide toolkit for managers and process flows for compensable/non-compensable processes. Our team continues to provide timely and accurate advice to Managers to support early return to work for injured/ill employees and thereby improve return to work outcomes.
- Continued to provide face to face, eLearning and interactive online education, utilising the latest technology. New training facilities were opened and over 50 programs were refreshed to meet National Safety and Quality Health Service Standards, encourage positive workplace behaviours and deliver exceptional, evidenced based care.
- Developed operational workforce plans for various areas of workforce needs. Work has commenced on strategic workforce plans for Medical, Nursing and Allied Health.

- Continued to support our team members' physical and mental health and wellbeing during COVID-19 by developing the CHS Staff Health and Wellbeing COVID-19 Strategy and Supporting Staff during the COVID Pandemic Framework.



Outlook for 2021-22

During 2021-22 the People and Culture Division will:

- Develop and implement the Aboriginal and Torres Strait Islander Workforce Action Plan.
- Conduct forums and workshops to develop the (dis)Ability Workforce Action Plan.
- Develop a diversity and inclusion communication strategy. The strategy will be an effective mechanism to bring diversity and inclusion into the mainstream.
- Finalise and implement the CHS Leadership Strategy to build upon well-established research linking leadership and organisational performance in health care and provide a three-year road map tailored for our CHS workforce.
- Implement further cultural improvement initiatives in the FOCIS program.
- Conduct the next Workplace Culture Survey towards the end of 2021. This will enable evaluation of our progress over the past two years and provide current insight as to how our team members are experiencing our organisational environment, including our engagement culture, perceptions of leadership, organisational change, demonstration of values and safety culture.
- The launch of a new performance development approach and accompanying resources and training is scheduled to commence in the first quarter of the 2021-2022 financial year.

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.

Further, the division includes Health Information Services which, in addition to managing CHS clinical records, completes the clinical coding of all CHS inpatient separations for activity based funding and mandatory submission of data for the Admitted Patient Data Collection. It also oversees access to records and personal health information for patient care, research, and medicolegal purposes.

The Procurement and Supply branch provides direction and governance of all CHS procurement activity, plant and equipment funding requests and manages the supply chain for all inventory requirements. This includes all warehouse and logistic activity, purchasing and invoice management, sales of clinical inventory requirements to ACT Government Directorates and external customers.

Achievements

Throughout 2020-21, Finance and Business Intelligence:

- Reviewed 65,649 new patient registrations across CHS and merged 3,278 duplicate records.
- Coded a total of 93,797 separations: 70,019 coded manually by clinical coders and 23,778 dialysis same-day visits were auto-coded in bulk.
- Scaled up the scanning and registry teams to cope with additional workload in line with the ACT COVID-19 response.
- Supported the implementation of a new billing and revenue collection system to support patient billing and meet legislative requirements.
- Commissioned an enterprise data warehouse to support data needs within CHS in addition to building a range of dashboards to support critical decision support.
- Streamlined processes to ensure COVID-19 expenditure is appropriately recorded and prepared reports to the Local Hospital Network to feed into Commonwealth funding submission processes.

Outlook for 2021-22

During 2021-22 the Division of Finance and Business Intelligence will:

- Implement a risk rated scan quality auditing program that should see improvement in the quality of the scanned record and a reduction in the volume of scanned batches that need to be audited.
- Continue to develop and enhance performance reporting capabilities and analytical services for executive governance and strategy.
- Implement a clinical record forms review process to review and rationalise the number of approved clinical record forms in use.
- Work collaboratively with ACT Health Directorate to implement the Digital Health Record Project in late 2022.
- Support our clinical partners through our dedicated Financial Business Partners program, to ensure timely and accurate data reporting, which enhances critical decision support.
- Continue to provide high quality procurement and supply services to meet the needs of our clinical partners.
- Support enhanced governance through our strategic internal audit and compliance control programs.

Performance Analysis

The 2020-21 Budget Statement identifies the strategic priorities for Canberra Health Services. CHS is responsible for reporting on progress against objectives one to six.

Strategic Objective 1

Reducing the Usage of Seclusion in Mental Health Episodes

This measures the effectiveness of public mental health services in the ACT over time in providing services that minimise the need for seclusion. In 2019-20, Canberra Health Services adopted the national standard and counting methodology for this indicator which is reported as a rate per 1,000 bed days. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.

Table 2: The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days.	10.8 per 1,000 bed days[1]	<7 per 1,000 bed days	9.6 per 1,000 bed day

1. During 2019–20, a small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate.

Strategic Objective 2

Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit

This indicator reflects the quality of care provided to acute mental health patients. It is intended to indicate the proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit following an acute episode of care. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.

Our desired target was met during 2020-21.

Table 3: The proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care[1]

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	14%	<17%	15%

1. The methodology for this measure in 2019-20 changed to reflect the national counting methodology which now incorporates all Mental Health inpatient readmissions as opposed to the previous measure of unplanned readmissions only. The Strategic Objective measures Canberra Health Services performance only.

Strategic Objective 3

Maximising the Quality of Hospital Services

This indicator highlights patients' experiences of the effectiveness and quality of care provided within Canberra Health Services. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this Strategic Indicator has been amended. The previous score of positive patient experiences lacked clarity and was not informative for the community.

To provide a more meaningful measure and provide greater clarity over measurement. In 2021-22, this will be reported as proportion of respondents rating their care as good or very good, instead of positive patient experience responses.

In 2020-21, CHS exceeded the desired target by 6 per cent.

Table 4: Overall how would you rate the care you received in hospital

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Patient Experience Survey – score of positive patient experience responses	86%	>80%	86%

Strategic Objective 4

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 CHS collects data for both inpatient and non-inpatient healthcare associated infections, which other jurisdictions do not routinely include in their figures.

Table 5: 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[1]

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Number of admitted patients who acquire a SAB infection per 10,000 bed days	0.90 per 10,000	<2.0 per 10,000	1.28 per 10,000

1. Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

Strategic Objective 5

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. 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.

Table 6: Estimated Hand Hygiene Rate

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Canberra Hospital	87%	80%	83%

Strategic Objective 6

Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this Strategic Indicator will not be reported on in 2021-22. The mean occupancy rate for overnight hospital beds is not informative for the community as there are many reasons why bed availability and use can fluctuate within a hospital. Striving to have high bed occupancy rates may be associated with greater risks of access block, increased length of stay and hospital acquired infection.

This can have flow on effects for our teams in relation to pressures and resourcing. This indicator does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

Table 7: The mean percentage of overnight hospital beds in use

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Mean percentage of overnight hospital beds in use	88%	90%	88%

Scrutiny

CHS respond to requests from the ACT Legislative Assembly Committees, including reports automatically referred from the ACT Auditor-General's Office, to help ensure proper examination of matters. We also respond to complaints that are referred from the ACT Ombudsman's Office.

In 2020-21 there was one complaint referred from the ACT Ombudsman's Office to Canberra Health Services. Some matters that are referred to the ACT Ombudsman regarding Canberra Health Services are not within the Ombudsman's jurisdiction and are referred to the Health Services Commissioner within the Human Rights Commission, or back to us.

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

Where input has been provided to territory-wide responses, please refer to the ACT Health Directorate Annual Report.

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

Table 8: Government Responses to Inquiries/Reports

Reporting Entity	**Select Committee on Estimates 2017-18**		
Report Number	Not Applicable		
Report Title	Appropriation Bill 2017-2018 and Appropriation (Office of the Legislative Assembly) Bill 2017-2018		
Link to Report	Report on the Inquiry into the Appropriation Bill 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18		
Government Response	Government Response		
Dates Tabled	August 2017		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 64 The Committee recommends that the ACT Government review the accountability indicators for Output 1.4 (Cancer Services) to cover more services than breast screening services alone, and that they include more meaningful background information and longer-term targets	**Agreed** The ACT Government routinely reviews its accountability indicators to ensure they remain relevant. It should be noted that Breast Screen activity targets are set nationally so it is difficult to provide longer term targets. The National Cancer Expert Reference Group has developed a number of Optimal Care Pathways for cancer care. This group plans to develop a number of	Canberra Health Services maintains breast screening and radiotherapy indicators to ensure accountability with its function as a service delivery organisation. Canberra Health Services remains committed to working with National Committees and Bodies to provide meaningful indicators which reflect the accountabilities and strategic intent of Cancer Services.	**Complete**

Reporting Entity	Select Committee on Estimates 2017-18		
	indicators based on these pathways. As these are developed and implemented, ACT Health will consider the value of their inclusion in Output 1.4.	CHS also awaits the implementation of the Digital Health Record (DHR) in 2022-23, which will provide an integrated health record. The DHR will empower CHS to measure patient outcomes and be able to further develop indicators that will align to be more meaningful with our service goals.	

Reporting Entity	Select Committee on Estimates 2018-19		
Report Number	Not Applicable		
Report Title	Appropriation Bill 2018-2019 and Appropriation (Office of the Legislative Assembly) Bill 2018-2019		
Link to Report	Report on the Inquiry into the Appropriation Bill 2018-2019 and Appropriation (Office of the Legislative Assembly) Bill 2018-2019		
Government Response	Government Response		
Dates Tabled	August 2018		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 56 The Committee recommends that the Minister for Health and Wellbeing report to the Assembly on the implementation of the 'single point of entry' for maternity services	**Agreed** Information will be provided to the Assembly when practicable	Update provided in the Assembly on 27 August 2020	**Complete**
Recommendation 63 The Committee recommends the ACT Government undertake work to consider the viability of moving cystic fibrosis clinic to Canberra Hospital to ensure Canberrans with cystic fibrosis are able to access the full suite of tests and allied health professionals they require.	**Agreed** The Division of Medicine within the ACT Government has reviewed this issue previously and does not currently have the clinical space to run such a clinic at The Canberra Hospital Campus. However, this arrangement in no way impacts on patient access to a range of health professionals required to	The Adult Cystic Fibrosis Clinic moved to Department of Respiratory and Sleep Medicine, Building 1, Level 8 clinic rooms in August 2020. Allied health teams involved in the clinic were all consulted on the process and clients notified of the move.	**Complete**

Reporting Entity	Select Committee on Estimates 2018-19		
	manage their condition. ACT Health will continue to review opportunities to relocate the current clinic at Canberra Hospital and Health Services.		

Reporting Entity	Standing Committee on Health, Ageing and Community Services		
Report Number	6		
Report Title	Report on Annual and Financial Reports 2017-2018		
Link to Report	Report on Annual and Financial Reports 2017-2018		
Government Response	Government Response		
Dates Tabled	March 2019		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 16 The Committee recommends that the ACT Health Directorate take all possible measures to ensure patients are not discharged into homelessness.	**Agreed** CHS and Calvary staff such as discharge planners, social workers and psychology teams work closely with vulnerable patients to ensure safe discharges from Canberra Hospital and Calvary Public Hospital Bruce. This includes referral to appropriate community services, and discharges are planned to coincide with the operating hours of those services. CHS also continues to work with a range of Government and non-Government service providers to link people with the appropriate services, outside the hospital setting, that are tailored for each individual's case and circumstances.	CHS recognises that some people require time to secure stable housing once they are well enough to be discharged from an acute mental health setting. In July 2020, ACT Health established a Mental Health Discharge Support Program (MHDSP) delivered by the ACT Mental Health Foundation. The MHDSP initiative has been established to enable people who experience moderate to severe mental illness, whose barrier to discharge is accommodation, to move back into the community following discharge from the ACT Public mental health inpatient units. The initiative provides short term, transitional accommodation, and recovery-focused support for people for up to 14 days.	**Complete**

Reporting Entity	Standing Committee on Health, Ageing and Community Services		
		The City Community Recovery Service (City CRS) mental health team is currently operating a pilot program to meet the needs of people experiencing mental illness and homelessness in the City catchment area. People who are experiencing both mental illness and homelessness require significant care coordination with the aim of providing holistic support services and interventions that will assist them to find secure accommodation longer-term. The Pilot Homelessness Outreach Team aims to provide people with an assertive, mobile response from a designated sub-team to meet their short-term needs and then step them down to City CRS standard clinical management for ongoing and more longitudinal care.	

Reporting Entity	Select Committee on Estimates 2019-20		
Report Number	Not Applicable		
Report Title	Appropriation Bill 2019-2020 and Appropriation (Office of the Legislative Assembly) Bill 2019-2020		
Link to Report	Report on the Inquiry into the Appropriation Bill 2019-2020 and Appropriation (Office of the Legislative Assembly) Bill 2019-2020		
Government Response	Government Response		
Dates Tabled	August 2019		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 85 The Committee recommends that the ACT Government ensures Canberra Health Services	**Agreed in principle** There has been an incremental increase in bed numbers on Rehabilitation, Aged and	As part of CHS' Timely Care Project, work is being undertaken on the CHS bed footprint, a	**Ongoing**

Reporting Entity	Select Committee on Estimates 2019-20		
works towards utilising all the beds at the University of Canberra Public Hospital to allow more beds to be available at the Canberra Hospital.	Community Services (RACS) wards at University of Canberra Hospital (UCH) since its opening in July 2018. The June to July 2019 period saw a further 12 beds opened on RACS wards enabling and supporting increased access to acute beds at Canberra Hospital. RACS will continue to work collaboratively with other Divisions CHS to identify suitable patients for transfer and admission to RACS wards at UCH. Further increases to bed numbers on the RACS wards at UCH will be considered more broadly as part of other CHS initiatives.	consideration in this work is to further increase the number of funded beds at University of Canberra Hospital. It is expected that this will be completed in the first quarter of 2021-22.	
Recommendation 86 The Committee recommends that the ACT Government require the ACT Health Directorate and Canberra Health Services work with the Transport Canberra and City Services Directorate and other relevant Directorates to develop a hospital to Woden public transport and pedestrian plan.	**Agreed** CHS is currently progressing recent enhancement to pedestrian paths and signage between Canberra Hospital and Woden. Further discussions with Transport Canberra and City Services (TCCS) will take place to develop a customer guide for accessing services. Canberra Hospital is currently serviced by the Rapid 6 (R6) route which runs frequently through Hospital Road.	A draft customer Transport Guide has been developed in consultation with key stakeholders including consumer representatives. The Guide is expected to be published digitally in the first quarter of 2021/22.	**Ongoing**

Reporting Entity	Legislative Assembly for the Australian Capital Territory		
Report Number	Not Applicable		
Report Title	Independent Review into Workplace Culture within ACT Public Health Services		
Link to Report	Report on Independent Review into Workplace Culture within ACT Public Health Services		
Government Response	Government Response		
Dates Tabled	16 May 2019		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 5 The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.	**Agreed** This work has commenced to better integrate the clinical streams of the community health services. This is reflected in the new organisational structure of Canberra Health Services.	Work continues on better alignment of community health services within clinical streams. Several pieces of work continue such as review of the community model of care, review of allied health profession lead roles and reporting line changes within the Rehabilitation, Aged and Community Services community allied health and nursing teams.	**Complete**
Recommendation 12 That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.	**Agreed** The restructure of Canberra Health Services Divisions is complete. The progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management will be piloted from May 2019.	All CHS Divisional Directors are clinically qualified. The Business Manager support model has been implemented in the Division of Medicine and the model continues to be progressively trialled in other areas.	**Complete**

Reporting Entity	Standing Committee on Education, Employment and Youth Affairs		
Report Number	9		
Report Title	Youth Mental Health in the ACT		
Link to Report	Report on Inquiry into Youth Mental Health in the ACT		
Government Response	Government Response		
Dates Tabled	December 2020		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 15 The Committee recommends that CAMHS, and Children and Youth Protection Services (CYPS) where relevant, always encourage young people who leave the Supporting young people Through Early intervention and Prevention Strategies (STEPS) program to return to the program in future.	**Agreed** Young people who have not completed the STEPs program and are being case managed by CAMHS are encouraged to return to the program. This option forms part of the discussion with the young person on discharge from the program and throughout their CAMHS episode of care.	CAMHS Clinicians refer young people to the STEP's program where appropriate including, referrals after an incomplete conclusion of the program.	**Complete**
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.	**Agreed** The Police, Ambulance and Clinician Early Response (PACER) program in the ACT is an integrated intervention model where a team of a police officer, paramedic and a mental health clinician jointly attend mental health emergencies to support the safe assessment and treatment of people experiencing mental health crises in the community. Internal informal evaluations of the PACER Proof-of-Concept are currently being completed. Performance reporting of Phase I has already demonstrated that a lower proportion of people being seen by the PACER team are being transported to hospital under Emergency Detention and, of those	PACER Proof-of-Concept has been completed. The Phase 2 internal evaluation of the PACER program over a six-month period has been completed. The Phase 3 Internal evaluation of the PACER program over a 12-month period is pending final consultation and endorsement.	**Ongoing**

Reporting Entity	Standing Committee on Education, Employment and Youth Affairs		
	who are transported, a higher proportion are being admitted to hospital than were being otherwise admitted under Emergency Detention. As part of the model for implementation, a final performance report is already planned at the completion of the PACER Proof-of-Concept in order to formally evaluate it. The ACT Government looks forward to the results of this evaluation. The ACT Government has also committed to continuing PACER in the Parliamentary and Governing Agreement for the 10th Legislative Assembly of the ACT (the Parliamentary and Governing Agreement) with intention to expand to allow for two teams to service the North and South of Canberra, 7 days a week subject to funding. This expansion will be negotiated with all PACER stakeholders.		
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.	**Agreed** Planning is underway to facilitate early implementation of these components of the Centenary Hospital expansion.	In March 2021 the Child and Adolescent Mental Health Services, Adolescent Intensive Home Treatment Team was operationalised. This team provides intensive outreach support for children and adolescents discharged from the hospital, or to those who have presented to the Emergency Department. An Adolescent Day Program will commence some service in August 2021, once recruitment is finalised. The Day Program will provide a series of tailored therapeutic	**Ongoing**

Reporting Entity	Standing Committee on Education, Employment and Youth Affairs		
		programs aimed at promoting recovery and support of the adolescents and members of their support system following discharge from the mental health inpatient setting. The Day Service will provide a therapeutic program for the continued recovery of adolescents and members of their support system who have been discharged from the hospital. Activities will range from individual therapy, to larger group programs involving adolescents and members of their support system.	
Recommendation 41 The Committee recommends that the ACT Government investigate implementing evidence-based CBT (cognitive behavioural therapy) online programs.	**Agreed** The Commonwealth Government, through its digital strategy, has committed and developed online mental health programs that are accessible for youth. These programs or similar can be a supplement or complement to therapy and at times with appropriate guidance a substitute for face-to-face interventions. CBT programs require in situ practice to gain effective skill development and use as a standalone modality needs to be accessed. The ACT Government agrees with the recommendation and the findings of the Commonwealth that online CBT programs would be beneficial for young people. The MOST program outlined above includes CBT components in its therapies. Based on the	CAMHS utilises the online resource THE BRAVE Program, programs for young people.	**Complete**

Reporting Entity	Standing Committee on Education, Employment and Youth Affairs		
	outcomes of this program, the ACT Government will investigate further online CBT programs.		
Recommendation 53	**Agreed**		**Ongoing**
The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability.	As noted in Recommendation 51, the ACT Government is currently developing a position statement on mental health services for people with intellectual disability, which will have an important role in providing recommendations around the mental health services available for this cohort, and opportunities for future service system improvement. The ACT Government also agrees that it is important to explore the appropriateness of mental health services for people with physical disability in the ACT. This will occur within existing ACTHD resources.	The position statement on mental health services for people with intellectual disability is still in progress due to the need for further development and consultation. There is also work occurring at the National level – National Roadmap on Health Services for People with Intellectual Disability and the National Agreement on Mental health and Suicide Prevention (currently being developed) which will be incorporated into this work. At the Territory level, the Disability Health Strategy (also being developed) will inform the work around mental health services and disability more broadly.	

Reporting Entity	Standing Committee on Health and Community Wellbeing		
Report Number	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	Report Inquiry into Annual Reports 2019-20; Appropriation Bill 2020-21 and Appropriation (OLA) 2020-21		
Government Response	Government Response		
Dates Tabled	20 April 2021		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 7	**Agreed**		**Ongoing**
The Committee recommends that the ACT Government build more walk-in health centres across Canberra	Through the 2020-21 Budget, the ACT Government committed just over $750,000 to open the first new walk-in	The Canberra Health Services (CHS) Coombs Health Centre was to be co-located with the National Health Co-Op	

Reporting Entity	Standing Committee on Health and Community Wellbeing		
	health centre in Coombs, to open in July 2021, and $2 million to undertake feasibility for a further four walk-in health centres over 2020-21 and 2021-22. This funding will help build on the Government's commitment to providing health care for Canberrans closer to home, when and where they need it.	(NHC), with a focus on women, children and family health care. On 21 June 2021, NHC entered voluntary administration. Consequently, CHS could not enter the planned sublease and therefore could undertake the required fit-out and ICT upgrades required for a 1 July 2021 opening. The centre is now expected to open in late 2021 The $2 million invested to undertake a feasibility study for an additional four 'Walk-in Health Centres' will assess which services are best suited to be located at each of the new centres. An engagement process with key stakeholders is currently underway.	

Reporting Entity	Standing Committee on Planning and Urban Renewal		
Report Number	14		
Report Title	Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and the Canberra Hospital Campus and Immediate Surrounds		
Link to Report	Report 14 Inquiry into the Planning for the Surgical Procedures Interventional Radiology and Emergency Centre SPIRE and The Canberra Hospital		
Government Response	Government Response		
Dates Tabled	January 2021		
Recommendation	**Government Response**	**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 emergency department	**Agreed** Staff, visitor and consumer wayfinding to provide clear guidance on emergency department location, from all campus entrance points, will be a key element of the Canberra Hospital Expansion design and also	The Critical Services Building (CSB) design considers consumer access to the emergency department as a key priority. Until the CSB building is complete, CHS has installed several consumer	**Ongoing**

Reporting Entity	Standing Committee on Planning and Urban Renewal		
and who are not in an ambulance	considered as part of the Canberra Hospital Master Plan. The delivery of the new critical services building will be coordinated closely with the developing Master Plan to ensure appropriate wayfinding and signage exists for people attempting to access the emergency department and who are not in an ambulance.	focussed wayfinding signs throughout the campus that direct persons to the existing emergency department. A Wayfinding Working Group, that includes consumer representatives, has also been established to implement other wayfinding activities to assist consumers access CHS services.	
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 emergency department.	**Agreed** Short term parking for patient drop off at the emergency department will be a key design consideration for the Canberra Hospital Expansion project. The provision of short-term parking accessing the emergency department will be provided in a dedicated drop off/pick up area immediately adjacent the new emergency department. Parking more broadly across the campus will be considered as part of the Canberra Hospital car parking strategy, in the context of the Canberra Hospital Master Plan and in alignment with the ACT Government Parking and Vehicular Access General Code. The Code specifies vehicular access and parking requirements for development, including general requirements for the location and physical characteristics of parking and parking provision rates.	The CSB design includes short term parking for patient drop off at the Emergency Department (ED). This parking will be supported by wayfinding, lighting, seating, level access etc. To assist with access to the existing ED, the closest parking area to the ED has had its parking times adjusted to assist consumers in accessing the ED. The existing parking exemption scheme is also being extensively promoted to assist with consumer parking.	**Ongoing**
Recommendation 19 The Committee recommends that the ACT Government ensures that	**Agreed** Canberra Health Services will incorporate Local Community Reference	The Local Community Reference Group is currently managed by	**Complete**

Reporting Entity	Standing Committee on Planning and Urban Renewal		
the Local Community Reference Group continues after the completion of SPIRE; as an ongoing forum for consultation on smaller operational changes that will occur following development of the master plan	Group input into future campus projects as part of project specific stakeholder mapping and engagement plans, noting that this group may evolve over time.	Major Projects Canberra to support the CSB. CHS will take over the management of this forum to maintain the value of this engagement for major strategic capital works projects and the implementation of the Master Plan.	
Reporting Entity	**Standing Committee on Health and Community Services**		
Report Number	10		
Report Title	Report on Inquiry into Maternity Services in the ACT		
Link to Report	Report on Inquiry into Maternity Services in the ACT		
Government Response	Government Response		
Dates Tabled	13 August 2020		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 3 The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2020 on the implementation of Canberra Maternity Options and its effectiveness in making it easier for women to learn about and access Canberra's public maternity system. This should include: (i) detail on the implementation plan and phases; and (ii) the design of an evaluation framework that encompasses process, impact and outcome evaluation parameters.	**Agreed** Canberra Health Services (CHS) has undertaken an internal implementation review of Canberra Maternity Options, including a four-month implementation evaluation and the design of an evaluation framework, which will be provided to the Assembly by the last sitting day in August 2020.	Tabled - 27 August 2021	**Complete**
Recommendation 29 The Committee recommends that the ACT Government update its Canberra Maternity Options with accessible	**Agreed** Canberra Maternity Options currently provides the person and their family with information related to different	Canberra Maternity Options Service provides a single point of access to public maternity services within the ACT. Following	**Complete**

Reporting Entity	Standing Committee on Planning and Urban Renewal		
evidence-based information about the: (i) options, outcomes, and implications of choices regarding models of care; and (ii) benefits for women, their babies and families and health professionals of planning, designing and delivering maternity services that are underpinned by the concept of continuity of care and continuity of carer	models of care available in the ACT, with a focus on continuity of care. As part of the planned evaluation of this program, Canberra Health Services will increase the provision of evidence-based information to support an informed choice of maternity care to suit individual needs. The evaluation will include evidence-based options, outcomes, and implications of choices regarding models of care, and benefits for persons, their babies and families and health professionals of planning, designing and delivering maternity services that are underpinned by the concept of continuity of care and continuity of carer.	an assessment, the woman is allocated to a care model appropriate to her health needs, preference and availability of the model of care and hospital of care. This promotes women's access to the 'right care at the right time in the right place', within their local community. Early pregnancy information sessions are held in the community health centres, and via WebEx to provide contemporary, evidence-based information regarding early pregnancy care, and options for maternity care in the ACT. Canberra Maternity Options has also worked with GP's to improve information about the 'GP shared care' continuity model. An Implementation report has been completed and was tabled in the ACT Legislative Assembly in August 2020. Work has commenced for the external evaluation of Canberra Maternity Options.	
Recommendation 52 The Committee recommends that the ACT Government take appropriate steps to ensure that the Canberra Maternity Options Program can focus on individual women's needs or choices when they choose where to birth.	**Agreed** Canberra Maternity Options currently provides persons and families with information related to different models of care available in the ACT, with a focus on continuity of care. As part of the planned evaluation of this program, Canberra Health Services will increase the provision of evidence-based information to support an informed choice of maternity care	Canberra Maternity Options allocates a care model appropriate to a woman's health needs, preference and availability of the model of care; also establishing that this allocation is within service capacity and capability of each of the public maternity services.	**Complete**

Reporting Entity	Standing Committee on Planning and Urban Renewal		
	to suit individual needs. The evaluation will include a focus on an individual's needs or choices when they chose where to birth.		
Recommendation 58	**Agree**		**Complete**
The Committee recommends that the ACT Government establish planned home birth as an ongoing birth option (model of care) for women in the ACT.	In June 2020, the ACT Government agreed to offer the home birth program on a permanent basis for Canberra families. A review of eligibility criteria, geographic boundaries, and training and credentialing will be undertaken in response to the recommendations of the Home Birth Trial evaluation report.	The Homebirth Service is now part of Continuity Midwifery Program at Centenary Hospital for Women and Children, Canberra Health Services.	

Reporting Entity	Select Committee on the COVID-19 Pandemic Response		
Report Number	Final Report		
Report Title	Select Committee on the COVID-19 pandemic response – Final Report		
Link to Report	Select Committee on the COVID-19 pandemic response – Final Report		
Government Response	Government Response to Interim Report 4 and Final Report		
Dates Tabled	9 February 2021		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 2	**Agreed**		**Complete**
The Committee recommends that the Minister for Health and their successor, regularly update the Assembly and the community on the progress of Canberra Health Services in addressing the backlog of elective surgery.	On 1 July 2020, the ACT Government announced a funding boost to deliver up to 2,000 additional elective surgeries, resulting in more than 16,000 surgeries planned in 2020-21. The ACT Government publishes quarterly performance reports, which detail activity in the Territory's public hospital system, including information regarding the number of elective surgeries delivered in the period, and the number of	Provided as part of the Government Response.	

Reporting Entity	Select Committee on the COVID-19 Pandemic Response		
	patients on the elective surgery wait list. The Assembly also receives six-monthly Statement of Performance reports which include information regarding elective surgery timeliness performance. The Annual Report includes information on elective surgery activity in the ACT.		
Recommendation 3 The Committee recommends that Canberra Health Services as a matter of priority complete and circulate the COVID-safe advice to elective surgery patients.	**Agreed** On 1 September 2020, all patients on the elective surgery waiting list were provided with advice regarding the screening processes for COVID-19 and a copy of the screening tool.	Elective surgery patients continue to receive an advice letter regarding the screening processes.	**Complete**
Recommendation 4 The Committee recommends that Canberra Health Services provide that advice to the Committee or its successor as soon as it becomes available.	**Agreed** A copy of the letter sent to patients, including a copy of the screening tool, is provided at Appendix B.	Provided as part of the Government Response.	**Complete**
Recommendation 5 The Committee recommends that the Minister for Health and Canberra Health Services explore with Royal Australasian College of Surgeons and the Australian Society of Anaesthetists further timely and effective COVID-19 screening for pre-operative patients.	**Agreed** Preoperative screening and testing processes were explored with the Royal Australasian College of Surgeons and the Australian Society of Anaesthetists. Following discussions, it was decided to continue with the current pre-operative screening process prior to admission. If positive COVID-19 numbers increased in the ACT these processes would be reviewed.	Provided as part of the Government Response	**Complete**

Auditor General Reports

Table 9: Government Responses to Inquiries/Reports – Auditor General Reports

Reporting Entity	Auditor General Reports		
Report Number	7/2020		
Report Title	Management of Care for People Living with Serious and Continuing Illness		
Link to Report	Report No 7 of 2020 Management of Care for People Living with Serious and Continuing Illness		
Government Response	Government Response		
Dates Tabled	December 2020		
Recommendation	**Government Response**	**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.	**Agreed** CHS will improve transparency and accountability by developing a clear, measurable performance framework for the Chronic Disease Management Unit. It will be framed on the broader strategic work being undertaken in partnership between the ACTHD and CHS and will ensure that the metrics used to measure performance are meaningful to consumers accessing the service.	A consultation process is in progress for the review of the internal service for patients with chronic condition within Canberra Health Service. Consultation period ends 3 August 2021. This body of work will be finalised after this process	**Ongoing**
Recommendation 4 CHS should establish how it intends to progress the Chronic Disease Management Unit and the services and programs it currently provides. This should include: • examining and re-articulating the principal purpose of the Unit, and the models of care it supports. • identifying how each service or program improves the integration of chronic care provision in hospital, community	**Agreed** In reviewing its services and programs as recommended by the Auditor General, CHS will draw on its work on a major strategic priority under the Canberra Health Services Strategic Plan 2020–2023 - to be 'a partner to improve people's health'. To implement this, CHS is currently undertaking a program of work with the key focus of integrating care across the whole health sector within the ACT, establishing partnerships and tackling	A consultation process is in progress for the review of the internal service for patients with chronic condition within Canberra Health Service. Consultation period ends 3 August 2021. The team will support the Timely Care Strategy aim by delivering a new Model of Care to support early discharge and prevention of admission to hospital.	**Ongoing**

Reporting Entity	Auditor General Reports
and primary care settings across the ACT; • identifying how each service or program contributes to the overarching vision and strategic direction for the management of chronic conditions in the ACT, in the light of the ACT Government's response to the National Strategic Framework for Chronic Conditions (2017); and • particular attention being paid to the Chronic Care Program.	barriers to health care, with a focus on those with chronic conditions. The Chronic Disease Management Unit, under the supervision of the Division of Medicine and Emergency Executive Team, will be a part of the next step in this program of work, reviewing its services and programs as recommended by the Auditor General's report, and implementing the agreed directions through the Division's performance management cycle in 2020-21.

Human Rights Commission

Table 10: Government Responses to Inquiries/Reports – Human Rights Commission

Reporting Entity	Report of the ACT Health Services Commissioner		
Report Number	Not Applicable		
Report Title	Review of the Opioid Replacement Treatment Program at the Alexander Maconochie Centre		
Link to Report	Review of the Opioid Replacement Treatment Program at the Alexander Maconochie Centre		
Government Response	Government Response		
Dates Tabled	23 August 2018		
Recommendation	**Government Response**	**Update**	**Status**
Recommendation 3 That all Aboriginal and Torres Strait Islander detainees be offered annual Aboriginal Health Assessments, and that ACT Health continue to seek an exemption to allow a Medicare rebate for these assessments occurring at the AMC. In the meantime, funding for these assessments should be considered in	**Agreed in principle** The Aboriginal Health Assessment is a specific Federal Government initiative that is available and funded for Aboriginal and Torres Strait Islander people in the community. Unfortunately to date, Aboriginal and Torres Strait Islander people in custody are not eligible under Medicare. However, this fact has not stopped	Winnunga commenced providing health services at the AMC in January 2019. Detainees request transfer to Winnunga health services and are then assessed for suitability, then handover is provided by Justice Health Services. ACT Health has continued funding Winnunga Nimmityjah to provide	**Complete**

Reporting Entity	Report of the ACT Health Services Commissioner		
arrangements made between ACT Health and Winnunga Nimmityjah Aboriginal Health Service to implement recommendation 5 of the Moss Report.	health assessments being undertaken and or appropriate care being provided to Aboriginal and Torres Strait Islander detainees at AMC. Furthermore, ACT Health is working with the federal Health Minister regarding the exemption to allow for Medicare rebate for annual Aboriginal Health Assessments for Aboriginal and Torres Strait Islander people in detention. The Moss Review also recognised the significant proportion of Aboriginal and Torres Strait Islander detainees at the AMC and concluded there is a need to better integrate Winnunga Nimmityjah Aboriginal Health and Community Service to provide a holistic approach to health care at the AMC in a culturally safe way. In support of Recommendation 5 of the Moss Review, ACT Health and ACT Corrective Services have been working collaboratively with Winnunga to develop and agree to a best practice model of Aboriginal and Torres Strait Islander Health Service Delivery at the AMC.	health services for detainees at the AMC and will work with Winnunga, Justice Health and Justice and Community Safety Directorate to further support the model of care at the AMC.	
Recommendation 6 That ACT Health and Corrective Services make arrangements for Naloxone to be available at the AMC and ensure that it is able to be administered in an emergency situation, including an emergency occurring after-hours.	**Agreed in principle** ACT Health and Corrective Services both acknowledge the benefits of naloxone in response to emergency situations to prevent the loss of life and agree with the intention of this recommendation. Naloxone is currently available at the AMC and	Justice Health Services and ACT Corrective Services have been progressing work towards the implementation of naloxone at the AMC. Investigations are currently underway as to the education and training	**Ongoing**

Reporting Entity	Report of the ACT Health Services Commissioner		
	is administered by medical staff only. When an emergency such as a suspected overdose is detected at the AMC, ACTCS contact medical staff to attend as soon as possible. All Corrections Officers have a duty of care to provide first aid until medical staff arrive. The Code Pink policy is followed for all emergency situations, and if an emergency occurs after hours, ACT Ambulance Service is called to transport the detainee to Canberra Hospital. In order for naloxone to be available over a 24-hour period at the AMC, processes, logistics and budget will need to be evaluated prior to any implementation. This recommendation will need to be implemented collaboratively between ACT Health and ACTCS.	required for the implementation. Advice is being sought from the Chief Pharmacist regarding the legal requirements for prescription, supply, storage and administration of naloxone by trained Correctional Officers in the absence of medical professionals. Naloxone is being provided by JHS to detainees who are on the Opiate Replacement Therapy program upon release from the AMC.	
Recommendation 16 That the Justice and Community Safety Directorate, Corrective Services and ACT Health undertake further work to progress the implementation of the ACT Government policy of a needle syringe program in the AMC, consistent with services available in the ACT community, to reduce risks of blood borne virus transmission.	**Agreed in principle** This recommendation is agreed in principle, however, it is not achievable at the moment. In September 2016, ACT Corrective Service Officers voted overwhelmingly against the introduction of a Needle and Syringe Program (NSP) at the AMC. The process for considering the NSP was set out in the former Justice and Community Safety Directorate's Enterprise Agreement 2011–2013 and in a subsequent Deed of Agreement between the ACT Government and Community and Public Sector Union. The current	Justice Health Services has continued to prescribe Buvidal for those that require opioid replacement. Buvidal is a safer form of opioid replacement and improves abstinence.	**Complete**

Reporting Entity	Report of the ACT Health Services Commissioner
	Enterprise Agreement expired on 30 June 2017. Negotiations for the agreement are underway and progress on the NSP is subject to the Enterprise Bargaining Agreement. ACTCS in consultation with ACT Health have developing a drug strategy to address alcohol and other drug issues and the transmission of blood borne viruses at the AMC. The strategy will focus on harm minimisation in a correctional setting, including activities to support demand reduction, supply reduction and harm reduction. This strategy will align with national and ACT drug policy frameworks and is anticipated to be finalised late 2018. Upon release, sentenced clients are provided with information regarding community NSP locations.

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 occurring that has the potential to impact our ability to deliver health services and/or compromise the quality of care we deliver or the safety of our consumers, their families and carers or our team and visitors. Engaging with risk, by identifying and managing it, is necessary to prevent harm and identify opportunities for improvement.

Risk Management Framework

In 2020-21, we reviewed our Risk Management Framework to align with a newly developed suite of Frameworks, including the Clinical Governance and Exceptional Care Frameworks. Our Risk Management Framework remains compliant with the International Standard for Risk Management 31000:2018 and references the ACT Government Risk Management Policy. Our Framework outlines our Risk Management Governance. Our CHS Governance Committee is responsible for Risk Management system oversight, and the Corporate Plan Review 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 2020-21, our Risk Management education and training options for our workforce were strengthened. We developed and implemented a Risk Management Toolkit for Managers and two eLearning packages (an introductory package and a package to assist the workforce with the practical application of risk management) were made available to all team members.

In June 2020, our executive team undertook a CHS Risk Management maturity self-assessment and participated in a Risk Management workshop to review our Strategic Risk Register. The self-assessment and workshop outcomes will inform the Risk Management Plan for 2021-22.

Recalls, alerts and product corrections

We report quarterly on the management of recalls, alerts and product corrections to the Our Care Committee. This quarterly reporting provides awareness of predominantly TGA initiated notifications that affect our organisation and may impact on patient safety through product shortage or other safety concerns.

Internal Audit

The ACT Government Framework for Internal Audit Committee and Function provides guidance to all internal audit functions within the ACT Government. CHS' Internal Audit Charter and Internal Audit Policy and Procedures are based on this framework and guide the work performed by the Finance and Business Intelligence Division through its Internal Audit Unit.

Internal audit arrangements

During 2020–21, three 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 Chief Executive Officer, and the Audit and Risk Management Committee on matters relating to the Strategic Internal Audit Program, audit recommendations emerging from audit findings; and any matters of significance as identified during the year.

The Audit and Risk Management Committee was also kept informed of finance and performance audits undertaken by the ACT Auditor-General's Office, and any subsequent recommendations and actions as they apply to CHS.

Audit and Risk Management Committee

The CHS Audit and Risk Management Committee met five times during the financial year. There is a standing invitation for the ACT Auditor-General's Office to attend all meetings of the Audit and Risk Management Committee. External members of the Audit and Risk Management Committee are renumerated for their contribution to the work of the Committee through a formal Short Form Contract, which specifies the contractual obligation and service fees.

Table 11: Canberra Health Services Audit and Risk Management Committee Members and Attendances

Name	Position	Duration on the Committee	Meetings attended
Mr Geoff Knuckey	Independent Chairperson	3 years	4
Mr Jeremy Chandler	External member and Deputy Chairperson	3 years	5
Ms Janine McMinn	External member	3 years	5
Mr Ben Cooper	Internal member	2 years	4
Dr Nicholas Coatsworth	Internal member	2 years	1
Ms Bernadette McDonald	Observer	N/A	3
Mr Dave Peffer	Observer	N/A	4
Mr Andrew Gay	Observer	N/A	3
Mr Paul Ogden	Observer	N/A	1
Mr Ian Turnbull	Observer	N/A	5
ACT Auditor-General's Office	Observer	N/A	5

Fraud Prevention

CHS is committed to being a health service that is trusted by our community. To aid in fraud prevention within CHS, the Fraud and Corruption Policy is supported by the CHS Fraud and Corruption Control Plan (FCC Plan) and was developed 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.

CHS places great importance on maintaining a culture that values integrity and ethical behaviour. Fraud prevention strategies are part of the CHS governance framework and include reporting to the Audit and Risk Management Committee (ARMC).

During 2020–21, CHS strengthened its approach to fraud prevention through several key activities including:

- Ongoing implementation of 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 ACTPS Integrity Policy; and
    - oversee processes to detect and investigate fraud and corruption.
- Investigation of seven cases related to fraud and referral of two cases to the Integrity Commission as public interest disclosures.

Risk assessments conducted

In 2020, the Integrity Commission conducted an audit of matters referred to the Commission. CHS has begun to implement and address the actions highlighted by this report and these actions will help inform the review of the current Fraud and Control Plan.

Fraud awareness training

Training and education on fraud prevention and ethical behaviours is now included in the Workplace Behaviours e-learning which is mandatory for all team members. The SERBIR actively promotes awareness of 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 staff awareness;
- Regular and ongoing reviews of fraud and corruption controls; and
- Oversight of fraud and corruption control activities by the SERBIR and the ARMC.

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

Freedom of Information

The Freedom of Information Act 2016 (the Act) provides a right of access to government information unless access to the information would, on balance, be contrary to the public interest. The Act recognises the importance of public access to government information for the proper workings of a representative democracy. The Act ensures that, to the fullest extent possible, government information is freely and publicly available to everyone and ensures that personal information held by the Territory is accurate, complete, up-to-date and not misleading.

Freedom of Information applications can be made using the application form at: https://www.health.act.gov.au/about-our-health-system/freedom-information

Table 12: Canberra Health Services – Freedom of Information – Mandatory Statistics 2020-21

Mandatory Statistics		
Access Applications - Overall		
Data	**Agency Response**	**Notes and Explanation**
Number of access applications on hand at the beginning of the reporting period	5	All five applications were decided
Number of access applications received during the reporting period	28	-
Number of access applications transferred to another agency	1	One in full
Number of access applications finalised	25	five were also 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	1	-
Number of access applications on hand at the end of the reporting period	1	-
Timeliness		
Data	**Agency Response**	**Notes and Explanation**
Number of access applications decided within the time to decide under section 40 of the Act	24	1 application was decided within the extension of time under section 41
Number of access applications not decided within the time under sections 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	-

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:		
	Agency Response	**Notes and Explanation**
Gave full access	5	-
Gave partial access	13	-
Refused access	7	Three refused as contrary to the public interest and four technical refusals as the agency held no documents within the scope of the request.
Ombudsman/ACAT Review		
Data	**Agency Response**	**Notes and Explanation**
Number of applications for Ombudsman review	3	-
Number of applications made to ACAT	0	-
Outcome of Ombudsman Review		
Number of decisions confirmed through Ombudsman review	2	-
Number of decisions set aside and substituted through Ombudsman review	1	-
Number of decisions varied through Ombudsman review	0	-
Outcome of ACAT Review		
ACAT Reference	**Outcome**	**Notes and Explanation**
Not applicable	Not Applicable	-
Open Access		
Number of decisions to publish open access information	248	This includes 228 decisions to publish policy documents.
Number of decisions not to publish open access information	8	-
Number of decisions not to publish open access information	0	-

Mandatory Statistics		
Amending Personal Information		
Data	**Agency Response**	**Notes and Explanation**
Requests made to amend personal information	0	-
Number of decisions to amend the personal information	0	-
Number of 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 Communication and Engagement team has been embedded into the Infrastructure and Health Support Services Group and is primarily responsible for major infrastructure and operational communication and engagement activities. This is to ensure communication activities for the range of major infrastructure projects is coordinated and delivered with clear linkages to the rest of CHS and government.

Developing a new website for our community

CHS has shared a website with ACT Health since becoming a separate organisation in October 2018. We are one of very few public hospitals or health services without a dedicated website. We know that online information is an important tool in navigating the health care system – second only to advice from a GP. In many cases, the current website is not meeting consumer needs. In 2020, we initiated a project to develop a new website for CHS that meets consumer expectations and is aligned with the strategic priorities of CHS and the ACT Government.

We engaged with consumers to get an understanding of their needs and frustrations. Specifically, we conducted:

- A quantitative survey with 1000+ Canberrans and those from surrounding regions to understand the behaviours, needs and attitudes of consumers about our website.
- Qualitative research (focus groups) to examine the issues raised during the survey in more depth.
- Nearly 20 x 1:1 or small group interviews with consumer groups to understand their needs and expectations.

This research and engagement provided us with a very clear roadmap for delivering a new website that meets consumer needs and expectations. The website is expected to be operational in 2021-22.

Inner North (Dickson) Walk-in Centre opens

A fifth Walk-in Centre opened its doors in late August 2020, to provide Canberra's northside community with access to high quality, extended hours health care services closer to where they live.

CHS engaged North Canberra residential groups and community peak bodies throughout the development and opening of the new centre. A multi-faceted communication approach, which included residential letterbox drops to more than 19,350 inner north residents and a social media advertising campaign was used to promote the opening of the new Walk-in Centre as part of the refurbishment of the Dickson Community Health Centre.

Advertising campaign results:

- The two video advertisements on Facebook and Instagram reached more than 64,160 people over a two-week period.
- The six second video was played 131,600 times and drove the largest volume of people to the website, with a strong click rate of 0.46 per cent (significantly above the platform benchmark of 0.02 per cent).
- There were just over 8,700 website page views in the two-week campaign period (25 August to 9 September 2020).

Supporting Canberra mums and mums-to-be

The Canberra Maternity Options campaign, launched in 2019, was designed to help people find the best public maternity care for them. It promoted a single-entry point for consumers wanting to learn about and access public maternity services.

The final six months of the campaign ran in the first half of 2021, after it was suspended in March 2020 due to the COVID-19 public health emergency. Key digital and social campaign achievements in the final six months included:

- Online search - we achieved 4,700 clicks through to the Canberra Maternity Options website (at a cost of $1.24 per click), performing well against the government benchmark ($3.00 per click).
- Social advertising - had a reach of more than 31,000 people in the target audience (parents with young children and pregnant women); with women aged 25-34 years in our target audience receiving our messages regularly.
- Our advertising also played more than 944,500 times on digital screens and panels across 42 different GP and pharmacy sites across the ACT, reaching approximately 460,000 people.
- Post campaign research conducted in May and June 2021. This found that three in five women surveyed (62 per cent) recalled hearing or seeing messages from the Canberra Maternity Options campaign.

Changes to Canberra Hospital carparking

In February and March 2021, we engaged with key stakeholders as part of our planning for carparking at Canberra Hospital campus.

Due to the construction of new facilities, CHS took the opportunity to review carparking arrangements to balance the availability of safe parking for patients, visitors, and our team whilst enabling the delivery of exceptional health care.

We consulted with consumers, team members, unions, and colleagues across government and the private sector. Their feedback was considered in the final arrangements.

Social media engagement

CHS uses social media as a valuable communication tool to engage with and educate our community about our hospital and health services. This year we focussed on supporting the recruitment of high calibre team members and promoting our services to the community.

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 following significantly through 2020-21.

During the year:

- Across all platforms (LinkedIn, Facebook, Twitter, YouTube and Instagram) the number of post link clicks (the number of times that users clicked on links from our posts) grew by 354.8 per cent to 28,591 and our total audience grew by 60.9 per cent.
- On LinkedIn, our net following organically grew by 510.3 per cent to 1,538.
- Our impressions on LinkedIn grew by 2,090 per cent to 348,573, and the number of user engagements grew by 2,476.9 per cent.
- On Facebook, our number of fans grew by 23.43 per cent to 18,331, in line with a 53 per cent increase in the number of posts published by CHS.
- Our Twitter account following more than doubled, from 400 to 896 followers.
- Our Instagram following grew from 1,300 to more than 1900 with our impression count growing by 212.2 per cent to 437,214. We also saw a 167.3 per cent growth in the total number of engagements with our content.

Community Support Initiatives: Grants and Sponsorship

Canberra Health Services did not provide any grants or sponsorship in 2020-21.

Aboriginal and Torres Strait Islander Reporting

As an organisation, CHS aims to build an inclusive workforce through employee awareness, understanding and engagement. CHS endeavours to attract, recruit, develop and retain a workforce that reflects the community we serve, including Aboriginal and Torres Strait Islander peoples.

CHS seeks to increase the number of Aboriginal and Torres Strait Islander people employed in our workforce by investing in recruitment and retention initiatives. These initiatives are focused on our ability to provide an effective, responsive and culturally safe health system capable of providing culturally responsible and conscious care to our patients and team members.

Table 13: Canberra Health Services - Aboriginal and Torres Strait Islander Employee Numbers

	30 June 2020	30 June 2021
Number of Aboriginal and Torres Strait Islander Staff	82	96

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, ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and National Safety and Quality Health Service Standards.

CHS Statement of Commitment

In partnership with, and in line with the wishes of our CHS Aboriginal and Torres Strait Islander Consumer Reference Group, we developed a Statement of Commitment in place of a Reconciliation Action Plan. To fully embed this across the organisation, CHS is developing a cultural responsiveness framework.

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

Together, Forward ensures CHS delivers on our Strategic Plan priority to address the health needs of Aboriginal and Torres Strait Islander peoples. The plan also contains CHS priorities to meet the outcomes of the ACT Aboriginal and Torres Strait Islander Agreement. In collaboration with our Consumer Reference Group, we've developed a community facing version of the document outlining achievements to date and actions we are undertaking to improve access to and experiences of health services for Aboriginal and Torres Strait Islander peoples in the ACT.

Aboriginal and Torres Strait Islander Impact Statement and Declaration

The Aboriginal and Torres Strait Islander Impact Statement and Declaration was launched in October 2020 and ensures CHS considers the needs and perspectives of Aboriginal and Torres Strait Islander people when developing policies, plans, strategies, and frameworks.

Work Health and Safety

CHS is 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 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 the foundation for positive cultural change in CHS and a strategic approach to manage WHS risks. It promotes a strategic approach to WHS risk management and collaborative efforts across CHS to achieve our strategic priorities of: Safety in design, Reduce harm and Positive safety leadership and culture.
- CHS Occupational Violence (OV) Strategy - defines the strategic objectives to prevent and manage OV under eight strategic domains: governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness. This holistic approach is essential to ensure that all of the key aspects of OV are considered and effectively managed.

In addition, the CHS Work Health Safety Management System (WHSMS) helps management and team members:

- Comply with the Work Health and Safety Act 2011;
- Report and investigate WHS incidents and hazards;
- Identify, assess and manage WHS risks; and
- Ensure appropriate consultation occurs for issues and matters that impact WHS.

WHS consultation arrangements

CHS has three tiers of WHS Committees, which meet at least quarterly and include both management and employee representatives:

- The CHS Peak WHS Committee is the peak organisational body for WHS. The Committee is chaired by the Executive Group Manager, People and Culture, and represents all divisions in CHS.
- The CHS Divisional WHS Committees are chaired by an Executive Director, Executive Group Manager or Senior Manager and represents a specific CHS division.
- The CHS Sub Divisional WHS Committees are chaired by managers and represent localised work areas or groups of employees (formed as required, usually for larger divisions).

As of 30 June 2021, CHS had 327 elected Health and Safety Representatives (HSRs). HSRs are appointed under the Work Health and Safety Act 2011 and represent employees regarding WHS matters in consultation with management. HSRs receive appropriate WHS training as required under the legislation to support them in the duties that they perform.

Staff Work Health Safety incidents

Table 14: Staff Work Health Safety Incidents 2018-2021

Year	No of Personnel WHS Incidents
2020-21	2,555
2019-20	2,116
2018-19	1,972

Notifiable injuries, illness and incidents

Reportable incidents and notices under the Work Health and Safety Act 2011 for the 2020-2021 financial year were as follows:

- 13 WHS staff incidents were classified as notifiable incidents and reported to WorkSafe ACT.
- 1 Prohibition Notice was issued on 1 June 2021, for a blood warming machine that overheated. It was removed from use. The prohibition notice was satisfied and closed on 21 July 2021.
- 1 WHS Improvement Notice was issued to CHS by WorkSafe ACT on 30 September 2020 to update procedures and processes for the psychological support for team members. The notice was satisfied and lifted on 12 October 2020.
- No Provisional Improvement Notice was issued to CHS by an appointed HSR in 2020-2021.

Work Health Safety activities

CHS progressed several WHS improvement activities in 2020-2021, including:

- The CHS WHSMS was reviewed to ensure that WHS information and guidance was contemporary and the document more user friendly to navigate.
- Development of live dashboard reporting to monitor WHS and OV incidents and to provide statistical data and trends at the organisational, divisional and work unit level.
- Development of WHS policies, procedures, and e-learning packages to ensure compliance with legislation, including the following examples:
    - Asbestos Management and Control Policy and Procedure;
    - The Electrical Safety Procedure that ensures compliance with the Electrical Safety Code of Practice; and
    - The Tag and Lockout procedure that ensures compliance with the Code of Practice for Managing the Risks of Plant in the Workplace.
- Introduction of mandatory awareness level eLearning training in occupational violence to ensure all team members have a basic knowledge of how to manage and report occupational violence incidents.
- Development of eLearning training in ergonomic workstation setup including tips.
- Development and rollout of an occupational violence screening tool to identify and manage occupational violence risks for all client facing work units in CHS.
- Development of a patient risk screening tool that identifies early indicators of potential violence and actions to address these risks.

Injury prevention programs

CHS provides a 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, facilitating early return to work, decreasing workers compensation claims and improving personnel morale.

During 2020-2021, a total of 1834 physiotherapy clinical appointments were provided, and 574 workstation ergonomic assessments were conducted for CHS and ACT Health personnel.

Injury prevention programs were delivered throughout 2020-21 including manual handling training (e.g. to warehouse team) and ergonomic workstation orientation to team members who occupy new buildings.

Performance against Australian Work Health and Safety Strategy 2021-22 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

As shown in Table 15, CHS has continued to reduce the incidence rate of new claims resulting in one or more weeks off work from 13.42 per 1,000 employees in 2012–13 to 6.89 per 1,000 employees in 2020–21.

Table 15: Incident Rate of Claims Resulting in one or more weeks off work

Financial year	Our 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	Our target	ACT public service target
Avg 2009–10 to 2011–12	50.00	243.33	7.79	12.45	7.79	12.45
2012–13	67	274	10.43	13.42	7.55	12.08
2013–14	67	257	10.43	12.20	7.32	11.70
2014–15	68	228	10.59	10.49	7.08	11.33
2015–16	71	205	11.06	9.36	6.85	10.96
2016–17	69	243	10.74	10.91	6.62	10.58
2017–18	47	202	11.56	10.91	6.38	10.21
2018–19	50	201	7.65	8.93	6.15	9.84
2019–20	46	231	7.77	8.50	5.91	9.46
2020–21	74	325	6.89	9.32	5.68	9.09
2021–22	-	-	-	-	5.45	8.72

Target 2: a reduction of a least 30 per cent in the incidence rate of claims for musculoskeletal disorders resulting in five days off work.

As shown in Table 16, CHS has seen an increase in the incidence rate for this year but the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work is still less from 7.94 per 1,000 employees in 2012–13 to 6.39 per 1,000 employees in 2020–21.

Table 16: Incident Rate of Claims for Musculoskeletal Disorders Resulting in Five Days off Work

Financial year	Our 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	Our target	ACT public service target
Avg 2009–10 to 2011–12	37.00	167.00	5.76	8.55	5.76	8.55
2012–13	51	183	7.94	8.96	5.53	8.29
2013–14	49	175	7.63	8.31	5.29	8.03
2014–15	46	144	7.16	6.63	5.06	7.78
2015–16	57	146	8.88	6.67	4.83	7.52
2016–17	50	150	7.79	6.73	4.59	7.26
2017–18	33	128	5.14	5.66	4.36	7.01
2018–19	27	102	4.20	4.31	4.12	6.75
2019–20	27	126	4.05	5.09	3.89	6.49
2020–21	44	194	6.39	7.44	3.66	6.24
2021–22	-	-	-	-	3.45	5.98

For more information, contact CHS Injury Management: CHS.injurymanagement@act.gov.au

Human Resource Management

Improving Staff Wellbeing and Mental Health

A Staff Health and Wellbeing Strategy 2020-2023 was developed to provide a strategic and holistic approach in supporting the physical and mental health and wellbeing of team members at Canberra Health Services. This is critical to delivering the highest standards of safety and quality to patients. The Strategy highlights the broad range of initiatives CHS offer to promote and support the health and wellbeing of staff including Physical, Social, Environmental, Financial, Spiritual, Safety, Education and Emotional.

To outline additional supports provided to team members during the COVID-19 pandemic, the Staff Health and Wellbeing COVID Response Strategy 2021 was developed to outline how basic needs as well as the psychosocial needs of staff will be addressed.

To mitigate the psychological impact on team members, in response to the pandemic, CHS developed a comprehensive framework (Supporting CHS Staff during the COVID-19 Pandemic Framework) to understand and respond to the sources of anxiety among team members. Key messages of the Framework are: We hear you; We will support you; We will care for you; We will continue to prepare you and We will continue to protect you. The Framework includes a COVID-19 Manager Toolkit, a Checklist for Managers and communications resources. Psychologists were deployed to frontline areas to help team members deal with the stress and anxiety of caring for patients with COVID-19.

The B4 Home Checklist was developed to remind team members to check in on themselves and each other before they finish each shift. The Taking Time for You Tips and Techniques provides information to team members on what they can do to practice self-care.

Respect, Equity and Diversity (RED) Framework

Since the RED Framework was introduced in 2010, CHS has had an active RED Contact Officer (REDCO) network with over 100 REDCO's. In late 2020, it was decided to 'refresh' the REDCO network requiring existing REDCOs and other employees the opportunity to apply through an EOI process. The purpose of the 'refresh' was to equip REDCO's with current resources and options to share with contacts to help resolve unreasonable behaviours in the workplace.

In early 2021 CHS refreshed the REDCO network, commencing with the announcement of a new RED Executive Sponsor and, to date, training 56 new REDCOs with another 30 still to be trained. CHS seeks to continue growing the RED network through increasing the promotion, visibility and benefits of the REDCO network.

Diversity and Culture

In 2020, CHS completed a completed a Disability Needs Assessment to inform development of a specific and measurable Disability Action and Inclusion Plan (DAIP) for the organisation reflective of the needs of the community. The Needs Assessment reviewed local and national reports and available CHS data, including consumer feedback, to identify the key issues and themes relevant to people with disability, their families, and carers. We are currently in the consultation phase prior to developing a specific and measurable Disability Access and Inclusion Plan, intended for launch in first quarter, 2022.

As a result of recent disability initiatives implemented in CHS, we have seen 3.4 per cent increase in the number of team members who identify as people with a disability.

CHS has employed Australian Network on Disability to engage with the community and team members. Consultation on what should be included in the plan will close at the end of October. The consultation will be used to inform the detail of the plan. The Plan will be launched in first quarter 2022.

CHS takes pride in providing an inclusive and positive workplace culture to each of its diversity groups. As a result of this, we have seen 16.5 per cent increase in the number of culturally and linguistically diverse team members at CHS.

CHS has developed a CHS Workforce Inclusion roadmap to focus on five priority areas. Team members who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer or Questioning (LGBTIQ) are one of the priority areas. CHS has linked in with the ACT Health Directorate LGBTIQ+ network to provide support to CHS team members who identify as LGBTIQ+. This network provides support for CHS team members and a way of providing feedback to the health service on issue that are important to them.

In response to ACTPS identifying veterans as targeted inclusion group in 2019, CHS has also identified veterans as one of the key inclusion groups in CHS Workforce Inclusion Roadmap with an increased focus on recruitment of veterans by becoming a veteran-friendly employer. CHS is in process of becoming a Gold Pledge Partner of Solider On as a part of veterans' inclusion program to give veterans and their families better visibility to job opportunities at CHS and to recruit veterans from the highly skilled Soldier On candidate pool.

Table 17: Workforce Profile 2020-21 – Full Time Equivalent and Headcount by Division/Branch

Canberra Health Service Division	FTE	Headcount
Allied Health	181.6	214
Clinical Services	4,716.7	5,484
Finance and Business Intelligence	179.5	189
Infrastructure and Health Support Services	335.2	367
Medical Services	813.3	895
Nursing and Midwifery and Patient Support Services	452.7	543
Office of the Chief Executive Officer	39.0	46
Office of the Deputy Chief Executive Officer	53.3	55
People and Culture	81.0	90
Quality, Safety, Innovation and Improvement	32.7	34
Special Purpose Account TCH	2.6	4
Total	6887.7	7,921

Table 18: Workforce Profile 2020-21 – Full Time Equivalent and Headcount by Gender

	Female	Male	Total
FTE by Gender	5,102.3	1,780.8	6,8831.1
Headcount by Gender	5,953	1,963	7,916
% of Workforce	75.2	24.8	100

Note: As the number of Canberra Health Services staff represented in the intersex/indeterminant/unspecified group are low, the workforce profile tables supplied for the annual report only represent the male/female gender groups for privacy reasons as outlined in the Annual Report Directions.

Table 19: Workforce Profile 2020-21 – Headcount by Classification and Gender

Classification group	Female	Male	Total
Administration Officers	797	245	1,042
Dental	13	4	17
Executive Officers	14	5	19
General Services & Equivalent	194	319	513
Health Assistants	97	22	119
Health Professional Officers	901	232	1,133
Medical Officers	522	532	1,054
Nursing staff	3,092	489	3,581
Professional Officers	7	0	7
Senior Officers	181	76	257
Technical Officers	134	38	172
Trainees and Apprentices	1	1	2
Total	5,953	1,963	7,916

Table 20: Workforce Profile 2020-21 – Headcount by Employment Category and Gender

Employment category	Female	Male	Total
Casual	327	167	494
Permanent Full-time	2,698	1,048	3,746
Permanent Part-time	1,965	281	2,246
Temporary Full-time	685	420	1,105
Temporary Part-time	278	47	325
Total	5,953	1,963	7,916

Table 21: Workforce Profile 2020-21 – Headcount by Aged Group and Gender

Age group	Female	Male	Total
Under 25	386	88	474
25-34	1,765	615	2,380
35-44	1,553	542	2,095
45-54	1,257	421	1,678
55 and over	992	297	1,289

Table 22: Workforce Profile 2020-21 – Average Length of Service by Gender (Headcount)

	Female	Male	Total
Average years of service	7.9	6.7	7.6

Table 23: Workforce Profile 2020-21 – Headcount by Diversity Group

	Headcount	% of Total Staff
Aboriginal and/or Torres Strait Islander	97	1.2
Culturally & Linguistically Diverse	2,523	31.9
People with disability	146	1.8

Note: Employees may identify with more than one of the diversity groups.

Table 24: Workforce Profile 2020-21 – Recruitment and Separation Rates

Recruitment rate	Separation rate
12.0%	7.5%

Table 25: Total learning and development participation in CHS programs

	E-learning completions	Number of course attendances	Total participation
Canberra Health Services	128,239	52,681	180,920
Calvary Healthcare (public)	3,370	249	3,619
External	2,317	454	2,771
Total	133,937	133,937	187,321

Ecologically Sustainable Development

Energy

Built environment infrastructure is continually improved through Canberra Health Services' asset management program delivered by Infrastructure and Health Support Services (IHSS) Capital Project Delivery (CPD) and Facilities Management (FM) teams. Canberra Health Services reduced electricity consumption by 1.2 GWh (3.4 per cent) and reduced natural gas consumption by 42TJ (24.6 per cent). These reductions have been driven by works undertaken by the capital works budgets, including: Upgrading and Maintaining ACT Health Assets (UMAHA); Critical Asset Upgrades (CAU); Better Infrastructure Fund; and project specific funding and the ongoing repairs and maintenance. All works are guided by the Strategic Asset Management Plan, and emerging master planning activities.

Upgrade and optimisation of Chillers on the Canberra Hospital campus have continued. The central chiller plant located in Building 1, upgraded in the financial year 2019-20 has completed the 12 months of intensive tuning with ongoing refinement. This installation achieves world best practise efficiencies. Interconnection of the Building 1 chillers to building 20 has been completed, the less efficient Building 20 chiller to operate when backup capability is applied. Lessons learnt from the upgrade of the Building 1 chiller plant are being applied to the Building 12 chiller plant, the second largest chiller on campus. While the Building 12 chillers will not be replaced, as they are mid lifetime, the chiller plant control system and control valves of connected equipment will be upgraded to the same technology used in Building 1 Chiller water system. This initiative will continue to provide electricity savings in future years. Building 12 MRI chillers are being upgraded to improve efficacy and robustness of the chilled water provision, also supporting the upcoming medical imaging upgrade.

Optimisation of the air handling systems has continued with efficiency gains due to UVC irradiation of cooling coils in building 3 and 12 and improved air handling of refurbished ward areas.

Chiller and air handling upgrades have been sufficiently effective that although a milder summer than the previous year was experienced, the Canberra Hospital campus did not have an increased electricity consumption over the summer for the first time in the utility consumption history of the campus.

Building 8 was redeveloped and utilises heat pumps and active chilled beams for efficient space conditioning in accordance with the transition away from natural gas as part of the Zero Emissions Government initiatives. Tuning of Building 8 is assisted by the first implementation of Building Analytics in the CHS portfolio, enabling early detection and resolution of inefficient operation.

Significant decrease in CHS natural gas consumption (42TJ) was driven primarily by the Canberra Hospital (39.6TJ), Mitchel Depot (1.7TJ) with reduction of approximately 4 per cent across the rest of the portfolio. Key factors were decommissioning of the CH campus hydrotherapy pool; UMAHA Hydraulics works package completion; maintenance works enabled by the UMAHA Hydraulics package; Boiler upgrades in Buildings 4 and 25; and reduced operational intensity of Mitchell Depot. Gas consumption is actively managed via the daily gas consumption forecasting process required by the large market gas contract.

Natural gas consumption at Mitchel Depot is driven by a steam generation plant shared by Capital Linen (TCCS) and Sterilising (CHS). Steam usage is not measured with allocation between Capital Linen and Sterilising being based on a mutually agreed estimation of usage. Consequently, the reduced consumption at the Mitchell Depot, contributing 1.7TJ is most likely dominated by reduced throughput at Capital Linen due to a COVID-19 driven reduction in demand.

Heating requirements have been consistent with previous financial years despite milder minimum temperatures during the 2021 winter. Consequently, CHS is expecting a majority of the reported annual reduction to persist.

Stationary diesel use has increased as the generator augmentation works, conducted as part of the Electrical Main Switchboard Replacement project, has increased the amount of generator backed electrical load at the CH. Monthly testing of generators on full building load has consequently increased fuel use.

Water

Water consumption across the portfolio reduced by 4.5 per cent with approximately 35 per cent of the reduction occurring in Mitchell Depot. This is most likely an artefact of a fixed utility allocation between Capital Linen and Sterilising reflecting the reduced commercial sector demand for Capital Linen due to COVID-19.

Reduction was also significant at the Canberra Hospital as a consequence of ongoing works on the hydraulic infrastructure as part of the UMAHA and CAU programs of works in addition to ongoing maintenance:

- Implementation of chlorine dosing plants to reduce legionella risk;
- Reduced the loss of water within the system due to leaks;
- Improved the ability to isolate specific sections of the hydraulic infrastructure to enable maintenance and capital works;
- Improved temperature regulation throughout the campus;
- Simplified maintenance through standardising system components improved accessibility and identification of specific elements through the CHS asset naming convention; and
- Improved robustness through upgrading pumps and related infrastructure.

Waste

The total amount of Canberra Health Services waste that was recycled increased by 17 per cent when compared to 2019-2020.

More than 130 tonnes of organic waste were diverted from landfill during the reporting period, which is an increase of more than 16 per cent when compared with 2019-20.

Forty-three per cent of the total waste generated by Canberra Health Services in 2020-2021 was recycled.

In May 2021, CHS for the fourth year in a row achieved ACTSmart accreditation (for recycling) with UCH achieving ACTSmart accreditation in June 2021.

Transport

CHS replaced its 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 vehicles ordered in 2020–21 were zero emissions vehicles. At the end of 2020-21, CHS had 28 Electric Vehicles, 26 Plug in Hybrid Vehicles and 57 Hybrid Vehicles.

Planning

Canberra Health Services and the ACT Health Directorate continue to collaborate on master planning of the Territory's health infrastructure, to enable effective delivery of the infrastructure requirements to provide the health service required by the ACT and broader regional community.

The Emergency, Surgical and Critical Healthcare Centre is currently a significant focus of infrastructure planning. The building is targeting a certified Green Star rating which ensures that 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 which, when combined with renewable power from the grid, sees the elimination of fossil fuel consumption in the day-to-day operation of the building and allows the building to play a key part in facilitating 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 previous financial year.

There were no requests for Canberra Health Services to assist in the preparation of the *State of the Environment Report*.

Table 26: Sustainable Development Performance – 2019-20 and 2020-21

Indicator as at 30 June	Unit	2020-21	2019-20	Percentage change
Stationary energy usage				
Electricity use	Kilowatt hours	35,388,246	36,639,428	-3.41
Natural gas use (non-transport)	Megajoules	128,696,526	170,758,715	-24.63
Diesel (non-transport)	Kilolitres	10.80	21.19	96.09
Transport Fuel Use				
Electric vehicles	Number	28	21	33
Hybrid vehicles	Number	57	78	-26.9
Plug In Hybrid Vehicles	Number	26	13	100
Hydrogen vehicles	Number	1	0	100
Total number of vehicles	Number	281	290	-3.1
Fuel use – Petrol	Kilolitres	136.39	152.67	-10.6
Fuel use – Diesel	Kilolitres	65.30	70.37	-7.2
Fuel use – Ethanol (E10)	Kilolitres	16.46	13.20	24.6
Water Usage				
Water use	Kilolitres	239,999	251,226	-4.46

Indicator as at 30 June	Unit	2020-21	2019-20	Percentage change
Resource efficiency and waste				
Reams of paper purchased	Reams	25461	24271	4.9
Recycled content of paper purchased	Percentage	17	19	-10
Waste to landfill	Litres	22,435,182	21,880,205	3
Co-mingled material recycled	Litres	15,583,865	13,007,720	20
Paper & Cardboard recycled (incl. secure paper)	Litres	1,246,971	1,397,628	-11
Organic material recycled	Litres	132,204	113,645	16
Greenhouse gas emissions				
Emissions from electricity use +	Tonnes CO2-e	0	0	0
Emissions from natural gas use (non-transport) * **	Tonnes CO2-e	6,632	8,799	-24.63
Emissions diesel use (non-transport) * **	Tonnes CO2-e	57.58	29.35	96.20
Emissions from transport fuel use **	Tonnes CO2-e	537	583	-7.81
Total emissions	Tonnes CO2-e	7227	9411	-23.21

*Please note that some data reported for FY 2019-20 in the table above may differ slightly from figures reported in the 2019-20 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 estimations 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.

**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. Emission factors used to calculate natural gas and fleet fuel are based on the latest National Greenhouse Accounts factors.

+ The ACT met it's 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.

Part C
Financial Management

Financial Management Discussion and Analysis for the year ended 30 June 2021

Risk Management

Canberra Health Services' leadership has identified the following potential risks that may influence the future financial position of the Directorate. Strategies to lessen these risks are also identified:

COVID-19 Pandemic

- CHS is a major provider of services in the ongoing response to the COVID-19 virus within the ACT. We provide access to testing facilities for the population and our pathology operations are the main provider of test results. Our Emergency, Intensive Care Unit, Surgical and Inpatient services have a range of people and equipment resources ready to respond to COVID-19 positive patients requiring care
- A range of action plans, reporting, reviews and quick response processes are in place across these areas to ensure that CHS can respond to the changing circumstances of the COVID-19 pandemic.
- The ACT Government has provided additional funding to support the COVID-19 response, but significant uncertainty remains as to ongoing costs.

The ability to attract and retain health professionals

- CHS has implemented a range of strategies for the retention and recruitment of doctors, nurses, midwives and allied health professionals.
- Improvements to the culture of the organisation continue.
- CHS also uses the liveability of Canberra and the ACT in its marketing materials to attract talent from other states and territories and overseas.

Demands on replacing systems, equipment and infrastructure

- The ACT Government and CHS continues to make a significant investment in infrastructure replacement and new facilities.
- Key internal service ACT Government providers to CHS including ACT Shared Services and ACT Health Directorate Digital Services Division are also investing in cross service and clinical specific systems to improve functionality and quality of processes utilised in CHS.

Growth in demand for services

- CHS continues to experience growth in demand for services, driven by an expanding and aging population, and the presentation of consumers with more complex illnesses.
- In combination with the ongoing investments in infrastructure, systems and process, CHS regularly reviews the type and regularity of services both it, and its partners provide in response to this demand.

The above risks are monitored regularly throughout the year.

Financial Performance

The following financial information is based on audited financial statements for 2019-20 and 2020-21, and the 2020-21 CHS Budget Papers.

The Directorate has experienced financial impacts as a result of the COVID-19 pandemic. Given the rapidly changing response to the virus, management expect impacts to continue to occur in future years.
In 2020-21, the Directorate incurred additional expenditure of approximately $29.7 million 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 through the Local Hospital Network.

Total Net Cost of Services

Table 27: Total Net Cost of Services

	Actual 2019-20 $m	Actual 2020-21 $m	Budget 2020-21 $m	Forward Estimate 2021-22 $m	Forward Estimate 2022-23 $m	Forward Estimate 2023-24 $m
Total Expenditure	1 419.7	1 472.7	1 407.7	1 539.2	1 536.6	1 574.5
Total Own Source Revenue	1 355.2	1 426.6	1 359.7	1 490.9	1 485.8	1 522.7
Net Cost of Services	64.5	46.1	48.0	48.3	50.8	51.8

Comparison to 2020-21 Revised Budget

The net cost of CHS services for 2020-21 of $46.1 million was $2.1 million or 4.2 per cent lower than the 2020-21 Budget. This was mainly due to the receipt of additional funding from the ACT Local Hospital Network (LHN) associated with COVID-19 pandemic.

Included in the Directorate's 2020-21 Expenditure and Own Source Revenue is $61.1 million associated with the response to COVID-19 within the ACT. These costs have been funded by additional contributions from the ACT Government and the Commonwealth Government's COVID response package through the LHN.

Refer to Table 27 for detailed comparison of net cost of services to budget 2020-21.

Comparison to 2019-20 Actual Net Cost of Services

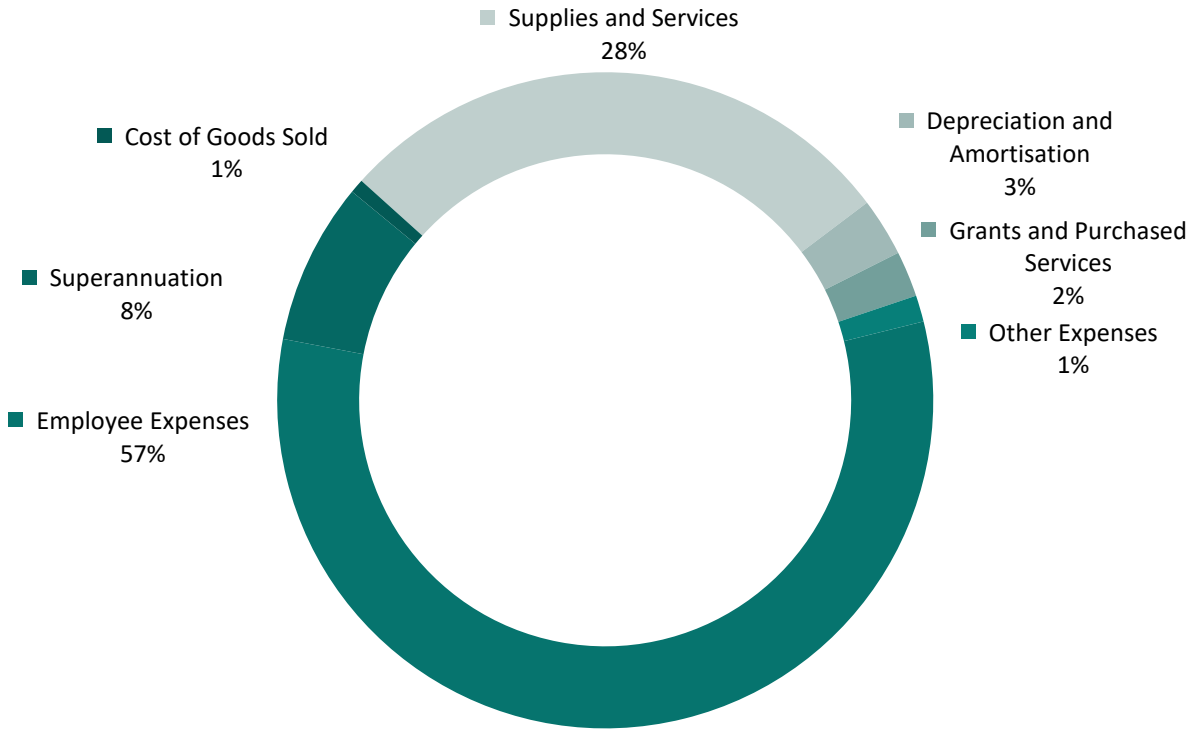
There was an $18.4 million decrease in net cost of services compared to the 2019-20 actual cost of $64.5 million. This was largely due to the recognition of revenue associated with the COVID-19 pandemic received in the 2019-20 financial year that was not recognised until 2020-21.

The increase in expenditure from 2019-20 to 2020-21 was mainly driven by the additional COVID-19 pandemic costs, a reduction in employees taking annual leave, an increase in employee costs due to enterprise agreements and an accounting loss associated with the demolition of building assets to support the Canberra Hospital Expansion Project.

Total Expenditure

Components of Expenditure

Figure 3: Components of expenditure



This figure indicates actual expenditure for 2020-21. Employee expenses ($837.4 million), supplies and services ($413.0 million) and superannuation expenses ($117.5 million) represent the majority of expenses.

Comparison to 2020-21 Budget

Total expenses of $1 472.7 million were higher than the 2020-21 Budget by $65.0 million or 4.6 per cent due mainly to the additional COVID-19 pandemic related costs, not considered during the budget process, along with higher employee expenses. In addition, a loss of $14 million was incurred on the demolition of buildings associated with the Canberra Hospital Expansion Project.

Comparison to 2019-20 Actual Expenses

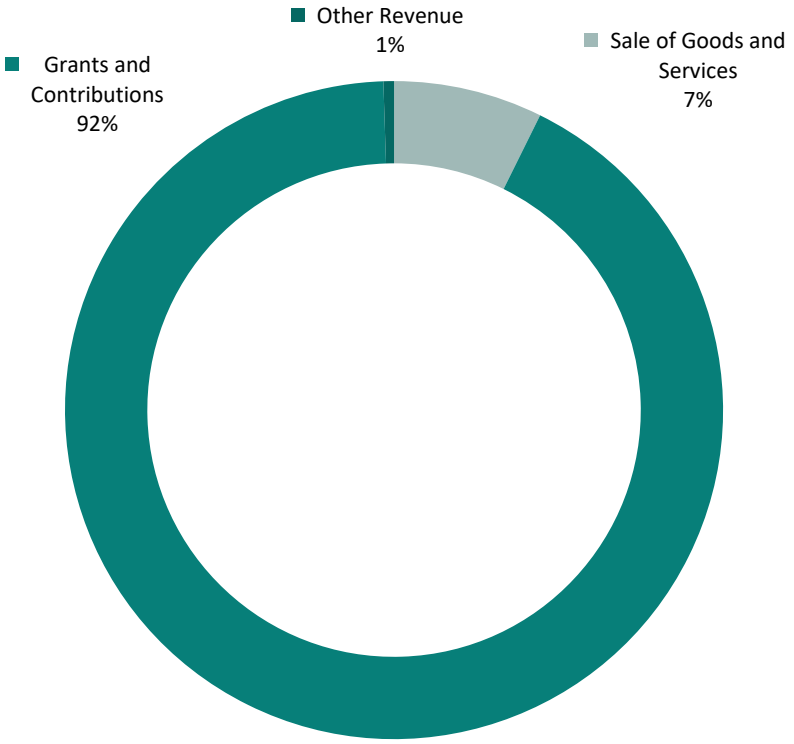
Total expenses were $53.0 million or 3.7 per cent higher than the 2019-20 actual result.

The increase was mainly due to the impact of COVID-19 pandemic related costs, and increased employee expenses associated with a higher number of team members and a loss on the demolition of buildings associated with the Canberra Hospital Expansion Project.

Total Own Source Revenue

Components of Own Source Revenue

Figure 4: Components of own source revenue



This figure indicates that for the financial year ended 30 June 2021, CHS received 93.0 per cent of its total own source revenue from Grants and Contributions via the ACT Government Local Hospital Network funding ($1,315.5 million), with an additional $103.7 million from Service Revenue, and Inpatient Fees included in Sale of Goods and Services from Contracts with Customers.

Comparison to 2020-21 Budget

Total own source revenue of $1 426.6 million exceeded the 2019-20 Budget by 66.9 million or 4.9 per cent primarily due to the additional funding provided for COVID-19 related actions such as testing, medical supplies and vaccinations.

Comparison to 2019-20 Actual Revenue

Total own source revenue of $1 426.6 million is $71.3 million or 5.3 per cent higher than the 2019-20 actual result of $1 355.5 million.

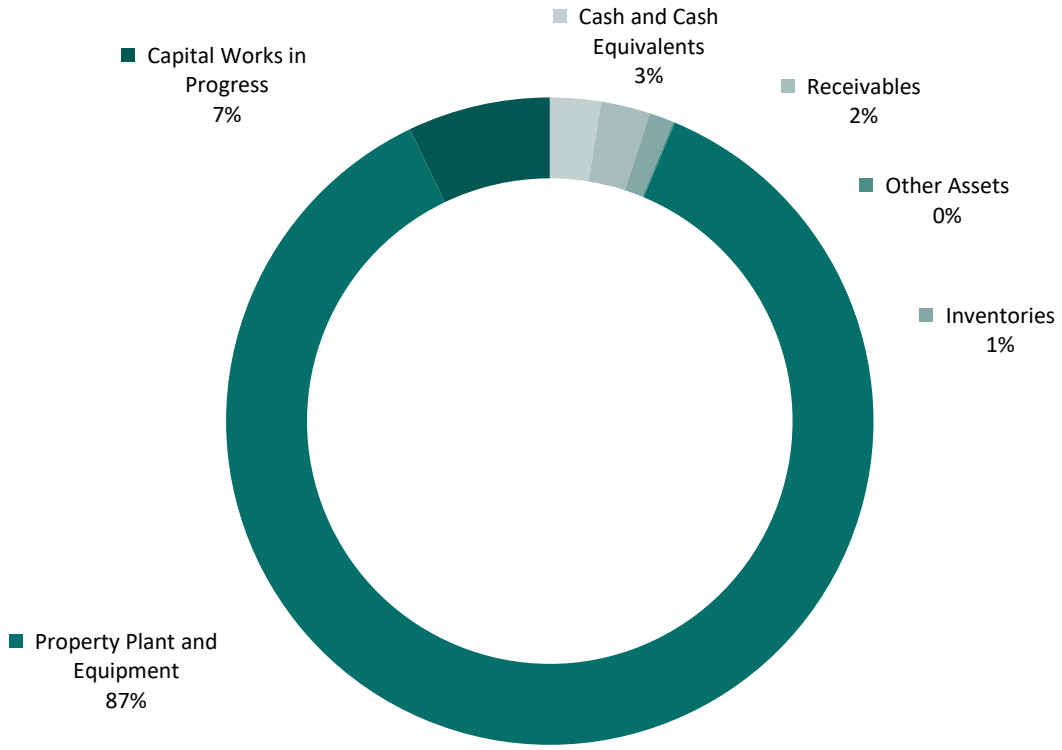
The increase compared to last financial year is mainly due to additional funding in response to COVID-19 activities $61.0 million and the recognition of revenue received in 2019-20 related to COVID-19.

Financial Position

Total Assets

Components of Total Assets

Figure 5: Total assets



This figure shows total assets at 30 June of $1,353.8 million mainly comprised of property, plant and equipment, and capital works in progress.

Comparison to 2020-21 Budget

The total asset position at 30 June 2021 is $1 353.8 million, $1.2 million lower than the 2020-21 Budget of $1 355.0 million mainly due to delays in capital work programs associated with COVID-19.

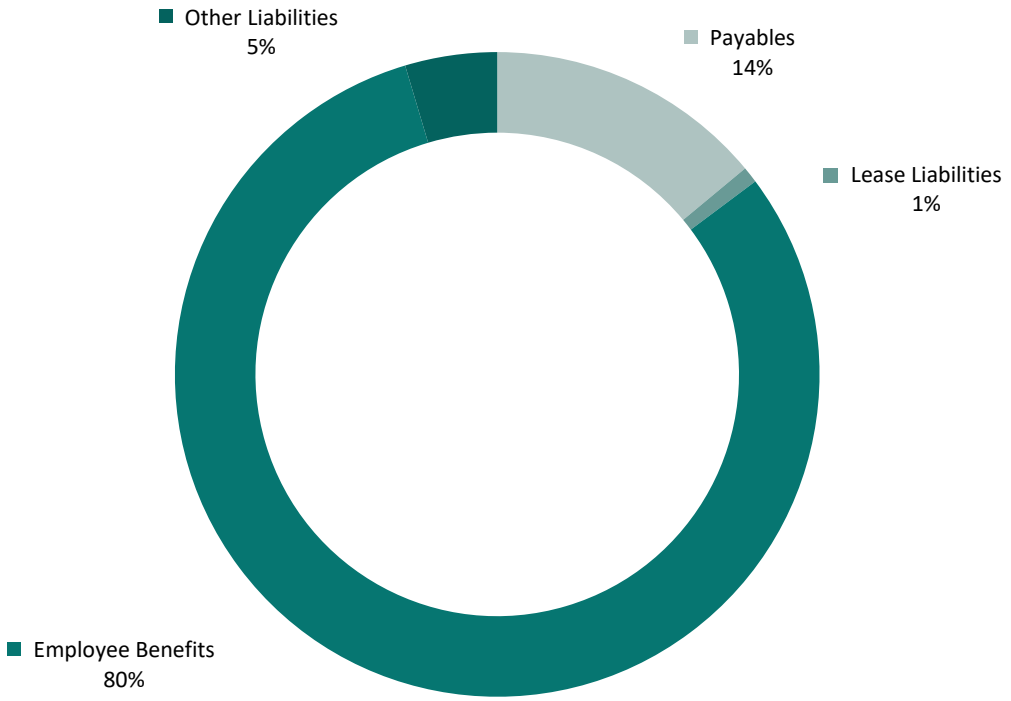
Comparison to 2019-20 Actual

The Directorate's total asset position is $54.3 million higher than the 2019-20 actual result of $1 299.5 million mainly due to higher receivables, additional inventory (also COVID-19 related) and capital works project delivery.

Total Liabilities

Components of Total Liabilities

Figure 6: Total Liabilities at 30 June 2021



This figure shows that total liabilities mainly comprise of employee benefits, 80.0 per cent.

Comparison to 2020-21 Budget

CHS liabilities for the year ended 30 June 2021 of $395.9 million, are $14.7 million lower than the budget of $410.6 million, mainly due to a reduction of other liabilities, in particular revenue received in advance.

Comparison to 2019-20 Actual

2020-21 Total liabilities are $5.1 million higher than the actual results at 30 June 2020 of $390.8 million. This is caused by higher employee benefits due to limited utilisation of leave in the 2020-21 financial year.

Table 28: Comparison of Net Cost of Services to Budget 2020-21

	Budget 2020-21 $m	Actual 2020-21 $m	Variance $m	Variance %
Expenses				
Employee Expense & Superannuation	926.5	954.8	28.3	3.1
Supplies and Services	413.5	413.0	(0.5)	-0.1
Depreciation	33.2	42.3	9.1	27.3
Grants and Purchased Services	17.9	33.2	15.3	85.7
Cost of Goods Sold	10.1	10.2	0.1	1.0
Other Expenses	6.3	19.2	12.9	204.7
Total Expenses	**1 407.6**	**1 472.7**	**65.1**	**4.6**
Own Source Revenue				
Sale of Goods and Services	116.8	103.7	(13.1)	-11.2
Grants and Contributions	1 227.0	1 315.5	88.5	7.2
Gains	0	0.2	0.2	100.0
Other Revenue	16.0	7.4	(8.6)	-53.7
Total Own Source Revenue	1 359.8	1 426.6	67.2	4.9
Total Net Cost of Services[1]	47.8	46.1	(1.7)	-3.5

Note: The Total Net Cost of Services is subject to the impact of line item rounding therefore immaterial differences may exist between Canberra Health Services Financial Statements and Budget Papers.

Canberra Health Services
Financial statements for the year ended 30 June 2021

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 2021 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 2021, 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.

Level 7, 5 Constitution Avenue Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 F 02 6207 0826 E actauditorgeneral@act.gov.au W www.audit.act.gov.au

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 Canberra Health Services 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
22 September 2021

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Statement of Responsibility

In my opinion, the financial statements are in agreement with the Canberra Health Services' accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2021 and the financial position of the Directorate on that date.

Dave Peffer

Acting Chief Executive Officer

Canberra Health Services

17 September 2021

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Statement by the Chief Finance Officer

In my opinion, the 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 the financial operations of the Directorate for the year ended 30 June 2021 and the financial position of the Directorate on that date.

Paul Ogden

Acting Chief Finance Officer

Canberra Health Services

17 September 2021

CANBERRA HEALTH SERVICES
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2021

	Note No.	Actual 2021 $'000	Original Budget 2021 $'000	Actual 2020 $'000
Income				
Revenue				
Sales of Goods and Services from Contracts with Customers	3	103 696	116 787	101 420
Grants and Contributions	4	1 315 537	1 226 980	1 243 509
Other Revenue		7 388	15 959	10 353
Total Revenue		**1 426 621**	**1 359 726**	**1 355 282**
Gains				
Gains from Disposal of Assets		299	-	191
Total Gains		299	-	191
Total Income		**1 426 920**	**1 359 726**	**1 355 473**
Expenses				
Employee Expenses	5	837 373	813 133	823 416
Superannuation Expenses	6	117 456	113 413	108 530
Supplies and Services	7	412 996	413 517	407 814
Depreciation	8	42 262	33 247	31 975
Purchased Services	9	33 225	17 934	20 843
Cost of Goods Sold	10	10 244	10 125	19 341
Other Expenses	11	19 158	6 329	7 774
Total Expenses		**1 472 714**	**1 407 698**	**1 419 693**
Operating (Deficit)		**(45 794)**	**(47 972)**	**(64 220)**
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
(Decrease) in the Asset Revaluation Surplus	22	(381)	-	(58 520)
Total Other Comprehensive Income		**(381)**	**-**	**(58 520)**
Total Comprehensive (Deficit)		**(46 175)**	**(47 972)**	**(122 740)**

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 2021

	Note No.	Actual 2021 $'000	Original Budget 2021 $'000	Actual 2020 $'000
Current Assets				
Cash and Cash Equivalents	14	34 511	41 778	48 068
Receivables	15	33 266	28 644	27 634
Inventories	16	16 552	10 874	10 674
Other Assets		1 161	1 091	1 026
Total Current Assets		**85 490**	**82 387**	**87 402**
Non-Current Assets				
Property, Plant and Equipment	17	1 171 983	1 229 267	1 143 986
Capital Works in Progress	18	96 358	43 352	68 071
Total Non-Current Assets		**1 268 341**	**1 272 619**	**1 212 057**
Total Assets		**1 353 831**	**1 355 006**	**1 299 459**
Current Liabilities				
Payables	19	55 291	54 949	53 669
Lease Liabilities		1 579	2 590	1 904
Employee Benefits	20	302 447	302 241	287 324
Other Liabilities	21	15 827	28 777	28 038
Total Current Liabilities		**375 144**	**388 557**	**370 935**
Non-Current Liabilities				
Lease Liabilities		1 648	2 200	1 835
Employee Benefits	20	16 679	18 629	16 828
Other Liabilities	21	2 431	1 177	1 177
Total Non-Current Liabilities		**20 758**	**22 006**	**19 840**
Total Liabilities		**395 902**	**410 563**	**390 775**
Net Assets		**957 929**	**944 443**	**908 684**
Equity				
Accumulated Funds		892 393	878 526	842 767
Asset Revaluation Surplus		65 536	65 917	65 917
Total Equity		**957 929**	**944 443**	**908 684**

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 2021

	Note No.	Accumulated Funds Actual 2021 $'000	Asset Revaluation Surplus Actual 2021 $'000	Total Equity Actual 2021 $'000	Original Budget 2021 $'000
Balance at 1 July 2020		**842 767**	**65 917**	**908 684**	**908 684**
Comprehensive Income					
Operating (Deficit)		(45 794)	-	(45 794)	(47 972)
Increase in the Asset Revaluation Surplus	22	-	2 803	2 803	-
Total Comprehensive (Deficit)/Surplus		**(45 794)**	**2 803**	**(42 991)**	**(47 972)**
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	83 731
Net Assets transferred in from Other Agencies[a]		41 011	-	41 011	-
Other Movements		(1 895)	-	(1 895)	-
Total Transactions Involving Owners Affecting Accumulated Funds		**95 420**	**(3 184)**	**92 236**	**83 731**
Balance at 30 June 2021		**892 393**	**65 536**	**957 929**	**944 443**

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

a) This reflects the transfer of assets from Major Projects Canberra (MPC) and a transfer of land from the Canberra Institute of Technology to Canberra Health Services.

CANBERRA HEALTH SERVICES
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021

	Accumulated Funds Actual 2020 $'000	Asset Revaluation Surplus Actual 2020 $'000	Total Equity Actual 2020 $'000
Balance at 1 July 2019	**835 165**	**124 438**	**959 603**
Comprehensive Income			
Operating (Deficit)	(64 220)	-	(64 220)
(Decrease) in the Asset Revaluation Surplus	-	(58 520)	(58 520)
Total Comprehensive (Deficit)	**(64 220)**	**(58 520)**	**(122 740)**
Transactions Involving Owners Affecting Funds			
Capital Injections	66 375	-	66 375
Assets transferred in as part of an Administrative Restructure	5 447	-	5 447
Total Transactions Involving Owners Affecting Accumulated Funds	**71 822**	**-**	**71 822**
Balance at 30 June 2020	**842 767**	**65 917**	**908 684**

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 2021

	Note No.	Actual 2021 $'000	Original Budget 2021 $'000	Actual 2020 $'000
Cash Flows from Operating Activities				
Receipts				
Sales of Goods and Services from Contracts with Customers		92 665	1 260 622	110 210
Grants and Contributions		1 222 191	4 775	1 191 699
Interest Received		30	199	90
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		33 222	-	34 666
Goods and Services Tax Collected from Customers		4 957	-	5 801
Other		17 471	76 244	16 026
Total Receipts from Operating Activities		**1 370 536**	**1 341 840**	**1 358 492**
Payments				
Employee		821 963	800 261	778 572
Superannuation		116 570	108 998	107 131
Supplies and Services		332 032	343 566	343 150
Grants and Purchased Services		37 973	18 036	20 595
Goods and Services Tax Paid to Suppliers		37 414	-	41 379
Related to Cost of Goods Sold		19 331	10 125	22 578
Interest Expenses		-	504	-
Other		1 797	57 614	1 506
Total Payments from Operating Activities		**1 367 080**	**1 339 104**	**1 314 911**
Net Cash Inflows from Operating Activities	26	**3 456**	**2 736**	**43 581**
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		299	-	192
Total Receipts from Investing Activities		**299**	**-**	**192**
Payments				
Purchase of Property, Plant and Equipment		7 882	92 062	12 601
Capital Works		59 371	-	84 163
Total Payments from Investing Activities		**67 253**	**92 062**	**96 764**
Net Cash (Outflows) from Investing Activities		**(66 954)**	**(92 062)**	**(96 572)**

CANBERRA HEALTH SERVICES
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021

	Note No.	Actual 2021 $'000	Original Budget 2021 $'000	Actual 2020 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		53 120	83 731	66 375
Total Receipts from Financing Activities		**53 120**	**83 731**	**66 375**
Payments				
Repayment of Lease Liabilities - Principal		2 369	695	1 939
Repayment of Borrowings		810	-	386
Total Payments from Financing Activities		**3 179**	**695**	**2 325**
Net Cash Inflows from Financing Activities		**49 941**	**83 036**	**64 050**
Net (Decrease)/Increase in Cash and Cash Equivalents		**(13 557)**	**(6 290)**	**11 059**
Cash and Cash Equivalents at the Beginning of the Reporting Period		48 068	48 068	37 009
Cash and Cash Equivalents at the End of the Reporting Period	26	**34 511**	**41 778**	**48 068**

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 2021

	Original Budget 2021 $'000	Total Appropriated 2021 $'000	Appropriation Drawn 2021 $'000	Appropriation Drawn 2020 $'000
Appropriation				
Capital Injections	83 731	83 731	53 120	66 375
Total Appropriation	**83 731**	**83 731**	**53 120**	**66 375**

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

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.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.

Reconciliation of Appropriation for 2020-21	Capital Injections $'000
Original Appropriation	83 731
Total Appropriated	83 731
Appropriation Drawn[a]	**53 120**

a) Appropriation Drawn was lower than budget by $30.6m due to delays in the completion of capital works projects partially attributed to the impacts of the COVID-19 pandemic.

CANBERRA HEALTH SERVICES
NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2021

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 1. Objectives of Canberra Health Services

(a) Name

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

(b) Operations and Principal Activities

Canberra Health Services is a not-for-profit ACT Government entity (as profit is not its principal objective) that delivers clinical and medical services throughout the ACT and surrounding regions. Canberra Health Services partners with the community and consumers for better health outcomes 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.

Canberra Health Services aims for sustainability and improved efficiency in the use of resources by designing sustainable services to deliver outcomes efficiently and embedding a culture of research and innovation.

Canberra Health Services continues to strengthen clinical governance of its processes and strives to be accountable to both the government and the community.

Canberra Health Services aims to support our people and strengthen teams by helping staff to reach their potential, promoting a learning culture and providing high-level leadership.

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of Financial Statements

LEGISLATIVE REQUIREMENT

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 significant 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 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 2021 together with the financial position of the Directorate as at 30 June 2021.

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 2020-21 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2020-21 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

As at 30 June 2021, the Directorate's current assets are insufficient to meet its current liabilities. The Balance Sheet shows that the Directorate's current liabilities of $375.14 million exceed its current assets of $85.49 million by $289.65 million. However, this is not considered a liquidity risk as its cash needs are funded through contributions from the ACT Government via the Local Hospital Network on a cash-needs basis. The Directorate has had operating deficits for the current and comparative years.

The Directorate's 2020-21 financial statements have been prepared on a going concern basis as the ongoing functions and activities of the Directorate have been funded in 2021-22 via the Local Hospital Network in 2021-22 under section 7 of the *Financial Management Act 1996*. The 2021-22 Budget, including forward estimates, was presented in the Legislative Assembly on 6 October 2021 and will be debated subsequent to the certification of these financial statements.

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.

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.

IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

Refer to Appendix A – Impact of Accounting Standards Issued but Yet to be Applied.

Note 3. Sales of Goods and Services from Contracts with Customers

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.

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.

Sales of Goods and Services from Contracts with Customers is derived 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.

Service 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.

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 Directorate facility. Facilities fees are also generated from the provision of pathology services. Revenue is recognised on the provision of

Note 3. Sales of Goods and Services from Contracts with Customers (Continued)

Facilities Fees (Continued)

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.

Non-Inpatient Fees

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

Accommodation and Meals

Revenue from accommodation and meals relates to the provision of accommodation to patients, families, students and doctors and the provision of meals in the staff cafeteria and to external parties e.g. National Capital Private Hospital. Revenue is recognised on the provision of the service. The performance obligation is the rendering of service being provided to patients, families, students, doctors, staff and external parties.

	2021 $'000	2020 $'000
ACT Government Customers		
Service Revenue[a]	3 279	12 012
Total Sales of Goods and Services from ACT Government Customers	**3 279**	**12 012**
Non-ACT Government Customers		
Service Revenue	26 644	25 724
Inpatient Fees	35 139	35 654
Facilities Fees[b]	33 060	22 289
Non-inpatient Fees	1 928	1 808
Accommodation and Meals	3 646	3 933
Total Sales of Goods and Services from Non-ACT Government Customers	**100 417**	**89 408**
Total Sales of Goods and Services from Contracts with Customers	**103 696**	**101 420**

a) Service Revenue from ACT Government customers has decreased from 2019-20, as there has been a reduced requirement for the acquisition and delivery services to third parties of medical consumables and personal protective equipment related to COVID-19.

b) Facilities Fees have increased from 2019-20 primarily due to a higher level of pathology activity related to COVID-19.

Note 4. Grants and Contributions

Local Hospital Network Funding

The Directorate receives funding from the ACT Local Hospital Network Directorate (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 inflation. 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.

Resources Received Free of Charge

Contributions of services are recognised only if their fair value can be measured reliably, and the services would have been purchased if they had not been donated.

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 provided the Directorate with the fair value of the services provided and the Directorate would have had to pay for these services had they not been provided free of charge.

The Directorate is required by the ACT Government to use Shared Services for its financial and Human Resources processing and records services. Given Shared Services is directly appropriated by the ACT Government to provide certain services to the Directorate, it means that the Directorate does not have to pay for these services. As such, these amounts have been recognised as resources received free of charge.

The Directorate utilises Information, Communication and Technology (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 provided the Directorate with the fair value of the services provided and the Directorate would have had to pay for these services had they not been provided free of charge.

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. 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.

Note 4. Grants and Contributions (Continued)

	2021 $'000	2020 $'000
Local Hospital Network Funding		
Local Hospital Network Funding	1 215 408	1 142 665
Total Local Hospital Network Funding[a]	**1 215 408**	**1 142 665**
Resources Received Free of Charge from ACT Government Entities		
Legal Services	804	1 018
ICT Services	59 539	58 117
Shared Services Finance	3 049	2 544
Shared Services Human Resources	6 026	6 320
Shared Services Records Services	73	186
Total Resources Received Free of Charge	**69 491**	**68 185**
Other Grants and Contributions		
Grants without Sufficient Performance Obligations[b]	9 041	15 845
Donations[c]	635	(2 741)
Amounts Received for Highly Specialised Drugs	20 962	19 555
Total Other Grants and Contributions	**30 638**	**32 659**
Total Grants and Contributions	**1 315 537**	**1 243 509**

a) The movement between 2020 and 2021 is primarily related to new budget initiatives that were funded for the 2021 financial year and increased funding from the Local Hospital Network to support the COVID-19 pandemic response.

b) In 2019-20, the Directorate received grant funding in relation to Linear Accelerator (LINAC) equipment replacement totalling $8.250m. In 2020-21 the Directorate did not need to replace LINAC equipment contributing to a reduction in Grants.

c) Following the establishment of the Canberra Hospital Foundation as a separate entity in February 2020, funds that were previously non-allocated or allocated to projects by the Canberra Hospital Foundation, but were yet to be acquitted, were transferred to the new Canberra Hospital Foundation entity. This resulted in a negative value for donations in 2019-20.

Note 5. Employee Expenses

Employee expenses include:

- short-term employee expenses such as wages and salaries, annual leave loading, 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.

	2021 $'000	2020 $'000
Wages and Salaries Expense[a]	778 473	754 009
Annual Leave Expense[b]	27 927	21 471
Long Service Leave Expense[c]	7 251	21 744
Workers' Compensation Insurance Premium	14 251	14 479
Termination Expense	1 272	1 719
Other Employee Expenses and On-Costs	8 199	9 994
Total Employee Expenses	**837 373**	**823 416**

a) At 30 June 2021, the Directorate employed 6,888 Full Time Equivalent (FTE) staff. There were 6,672 FTE staff at 30 June 2020.

b) Annual Leave Expense increased due to higher FTE staff, reduced utilisation of annual leave associated with the COVID-19 pandemic and enterprise agreement pay increases to staff.

c) In 2019-20 the Long Service Leave Expense was impacted by a significant increase in the present value factor representing approximately $16.5m of the expense. The 2020-21 Long Service Leave Expense is lower than the prior year primarily due to a reduction in the present value factor used in the calculation for 2020-21 ($7m) and a reduction due to terminations or transfer of employees ($5.3m).

Note 6. Superannuation Expenses

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.

SUPERANNUATION LIABILITY RECOGNITION

For Directorate employees who are members of the defined benefit CSS or PSS the employer superannuation liabilities for superannuation benefits payable upon retirement are recognised in the financial statements of the Superannuation Provision Account.

	2021 $'000	2020 $'000
Superannuation Contributions to the Territory Banking Account	38 368	37 956
Productivity Benefit	4 888	3 895
Superannuation to External Providers	73 000	65 480
Superannuation Other	1 200	1 199
Total Superannuation Expenses	**117 456**	**108 530**

Note 7. Supplies and Services

	2021 $'000	2020 $'000
Auditor's Remuneration	179	156
Blood Products	9 967	8 251
Clinical Expenses/Medical Surgical Supplies[a]	83 880	74 772
Computer Expenses	60 331	58 932
Contractors and Consultants	8 921	11 806
Domestic Services, Food and Utilities	44 291	44 376
General Administration	24 531	24 404
Insurance	23 708	23 281
Non-Contract Services	13 362	14 588
Pharmaceuticals	37 384	36 373
Property and Rental Expenses[b]	16 414	8 090
Repairs and Maintenance[c]	24 252	37 166
Staff Development and Recruitment	7 986	7 656
Visiting Medical Officers	42 218	39 981
Other Supplies and Services	15 572	17 982
Total Supplies and Services	**412 996**	**407 814**

a) Clinical Expenses / Medical Surgical Supplies increased in 2020-21 primarily related to the impacts of the COVID-19 pandemic including both increased usage and cost for medical supplies.

b) Property and Rental Expenses increased in 2020-21 primarily related to the establishment of COVID-19 testing centres to support the Directorate's pandemic response.

c) The Directorate expensed costs associated with the COVID-19 Surge Centre, totalling $11.5m in 2019-20. This expense was one-off in nature.

Note 8. Depreciation

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

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

Leasehold improvements and Right-of-Use Assets are depreciated over the estimated useful life of each asset improvement, 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.

The basis and useful lives used for depreciation for non-current assets has not changed from the prior year and is determined as follows:

Class of Asset	Depreciation Method	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

Land improvements are included with buildings.

The useful lives of all major assets held are reassessed on an annual basis.

	2021 $'000	2020 $'000
Depreciation		
Buildings[a]	29 831	20 361
Plant and Equipment	10 182	9 713
Right-of-Use Assets Plant and Equipment	2 158	1 901
Leasehold Improvements	91	-
Total Depreciation	**42 262**	**31 975**

a) The increase in Depreciation for Buildings related primarily to adjustments to useful-life for some building assets.

Note 9. 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.

- The Private Provider Program (PPP) and the Elective Joint Replacement Program is mainly for the provision of elective surgery procedures by private hospitals.
- The Reboot Initiative was implemented in 2020-21 to assist recovery efforts associated with the impacts of the COVID-19 pandemic.
- Services are purchased from other service providers and non-government organisations in a range of areas including Home and Community Care, Alcohol and Drug, Community Mental Health, Women's Health, Aged Care and Aboriginal and Torres Strait Islander Health.

	2021 $'000	2020 $'000
Purchased Services		
Private Provider Program and Elective Joint Replacement Program	16 631	19 788
Reboot Initiative to support Elective Surgery	16 381	-
Other Service Providers	213	1 055
Total Purchased Services	**33 225**	**20 843**

Note 10. Cost of Goods Sold

Cost of goods sold represents hospital supplies sold to private hospitals and other government agencies.

	2021 $'000	2020 $'000
Cost of Goods Sold[a]	10 244	19 341
Total Cost of Goods Sold	**10 244**	**19 341**

a) The decrease in Cost of Goods Sold is linked to the COVID-19 pandemic and the reduced requirement from ACT Government clients for medical consumables and personal protective equipment following increased demand in late 2019-20.

Note 11. Other Expenses

	2021 $'000	2020 $'000
Miscellaneous Expenses	444	529
Legal Settlements	2 455	2 257
Waivers, Impairment Losses and Write-offs (see Note 12)	2 147	4 907
Losses from the Disposal of Assets[a]	14 022	18
Lease Interest Expense	90	63
Total Other Expenses	**19 158**	**7 774**

a) The increase in Losses from the Disposal of Assets relates to the demolition of buildings to support the Canberra Hospital Expansion project.

Note 12. Waivers, Impairment Losses and Write-Offs

Under Section 131 of the *Financial Management Act 1996* the Treasurer may, in writing, waive the right to payment of an amount payable to the Territory.

Waivers

Debts are expensed during the year in which the right to payment was waived.

Impairment Losses and Write-Offs - Receivables

Information on the allowance for impairment of receivables can be found in Note 15 Receivables.

The waivers, impairment losses and write-offs listed below have occurred during the reporting period for the Directorate.

	2021		2020	
	No.	$'000	No.	$'000
Waivers				
Stimulus Waivers - COVID-19	2	251	1	195
Total Waivers	**2**	**251**	**1**	**195**
Impairment Losses				
Impairment Loss from Receivables				
Expected Credit Loss Expense		(3 710)		(830)
Total Impairment Loss from Receivables		**(3 710)**		**(830)**
Total Impairment Losses		**(3 710)**		**(830)**
Write-Offs				
Irrecoverable Debts	3 827	2 391	3 743	5 233
Obsolete Stock	312	220	316	309
Inventory Write Downs and Stock Losses[a]	7	2 996	-	-
Total Write-Offs	**4 146**	**5 607**	**4 059**	**5 542**
Total Waivers, Impairment Losses and Write-Offs	**4 148**	**2 148**	**4 060**	**4 907**

a) The increase mainly relates to write-down of personal protective equipment stock values to realisable value. These items were purchased during the response to the COVID-19 pandemic where global demand resulted in significantly higher unit costs compared to current market value.

Note 13. Act of Grace Payments

Under Section 130 of the *Financial Management Act 1996* the Treasurer may, in writing, authorise Act of Grace Payments be made by the Directorate.

	2021 $'000	2020 $'000
Act of Grace Payments		
Payment relating to advocacy work at the Alexander Maconochie Centre	-	25
Payment relating to special circumstances relating to a Corrections matter	125	-
Total Act of Grace Payments	**125**	**25**

Note 14. Cash and Cash Equivalents

Cash includes cash at bank and cash on hand. Bank overdrafts are included in cash and cash equivalents in the Statement of Cash Flows but not in the cash and cash equivalents line on the Balance Sheet.

The Directorate holds a number of bank accounts with the Westpac Bank, as part of the whole-of-government banking arrangements, which do not earn interest. The Directorate holds one bank account with the Westpac Bank that does earn interest. These funds may be withdrawn upon request.

	2021 $'000	2020 $'000
Cash on Hand	38	45
Cash at Bank[a]	34 473	48 023
Total Cash and Cash Equivalents	**34 511**	**48 068**

a) The decrease in Cash at Bank relates primarily to funding received in June 2020 for the COVID-19 pandemic that was not expended until the 2020-21 financial year.

Note 15. Receivables

ACCOUNTS RECEIVABLE

Accounts receivable (including trade receivables and other trade receivables) are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement (see Note 12 Waivers, Impairment Losses and Write-Offs).

IMPAIRMENT LOSSES - RECEIVABLES

The allowance for expected credit losses represents the amount of trade receivables and other trade 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 (see Note 12 Waivers, Impairment Losses and Write-Offs). The allowance for impairment losses is written off against the allowance account when the Directorate ceases action to collect the debt when the cost to recover debt is more than the debt is worth.

For trade receivables the Directorate applied the simplified approach under AASB 9, which uses a lifetime expected loss for all trade receivables.

A provision matrix is used to calculate the expected credit loss.

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.

Inter-agency receivables between 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.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – ALLOWANCE FOR IMPAIRMENT LOSSES

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Financial Statements. This significant estimate is based on a number of categorisations of receivables and the use of an expected credit loss provision matrix. These categorisations are considered by management to be appropriate and accurate, based upon the pattern demonstrated in collecting receivables in the past financial years, general economic conditions and an assessment of both the current and the forecast direction of conditions at the reporting date.

Note 15. Receivables (Continued)

	2021 $'000	2020 $'000
Current Receivables		
Trade Receivables	2 897	1 591
Trade Receivables - Patient Fees	13 423	12 129
	16 320	**13 720**
Less: Expected Credit Loss Allowance	(3 584)	(4 099)
	12 736	**9 621**
Other Trade Receivables	17 577	16 976
Less: Expected Credit Loss Allowance[a]	(1 660)	(4 856)
	15 917	**12 120**
Accrued Revenue	2 710	3 249
Net GST Receivable	1 903	2 644
Total Current Receivables	**33 266**	**27 634**
Total Receivables	**33 266**	**27 634**

a) The decrease in the Expected Credit Loss Allowance is primarily related to the payment of significant long-term outstanding debts by a debtor.

Note 15. Receivables (Continued)

Ageing of Receivables		Days Past Due				
	Total	Not Overdue	1-30 Days	31-60 Days	61-90 Days	>91 Days
	$'000					
30 June 2021						
Expected credit loss rate						
Compensable Patients		1%	2%	2%	3%	20%
Defence Force Patients		0%	0%	0%	0%	1%
Medicare Ineligible Patients		2%	13%	25%	56%	95%
Medicare Nursing Home Patients		5%	6%	12%	57%	100%
Department of Veterans' Affairs Patients		0%	0%	0%	0%	1%
Private Inpatients/NDIS		4%	13%	23%	29%	96%
Other Trade Receivables		3%	7%	16%	26%	93%
Estimated total gross carrying amount at default ($'000)	27 908	16 656	2 252	1 582	799	6 619
Expected credit loss allowance ($'000)	(5 244)	(270)	(188)	(240)	(214)	(4 332)
30 June 2020						
Expected credit loss rate						
Compensable Patients		1%	2%	2%	3%	20%
Defence Force Patients		0%	0%	0%	0%	1%
Medicare Ineligible Patients		2%	13%	25%	56%	95%
Medicare Nursing Home Patients		5%	6%	12%	57%	100%
Department of Veterans' Affairs Patients		0%	0%	0%	0%	1%
Private Inpatients/NDIS		4%	13%	23%	29%	96%
Other Trade Receivables		3%	7%	16%	26%	93%
Estimated total gross carrying amount at default ($'000)	25 130	8 710	3 911	1 105	1 122	10 282
Expected credit loss allowance ($'000)	(8 955)	(178)	(184)	(94)	(106)	(8 393)

The allowance for expected credit losses of 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 the 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.

Note 15. Receivables (Continued)

	2021 $'000	2020 $'000
Reconciliation of the Loss Allowance for Receivables		
Allowance at the Beginning of the Reporting Period	8 955	9 785
Reduction in Allowance from Amounts Recovered During the Reporting Period	(1 005)	(1 110)
Reduction in Allowance from Amounts Written off During the Reporting Period	(1 140)	(4 123)
Expected Credit Loss Expense	(1 566)	4 403
Allowance for Impairment Losses at the End of the Reporting Period	**5 244**	**8 955**
Classification of ACT Government/Non-ACT Government Receivables		
Receivables from ACT Government Entities		
Net Trade Receivables	388	898
Net Other Trade Receivables	4 881	1 606
Accrued Revenue	89	-
Total Receivables from ACT Government Entities	**5 358**	**2 504**
Receivables from Non-ACT Government Entities		
Net Trade Receivables	8 224	2 163
Net Other Trade Receivables	15 160	17 074
Accrued Revenue	2 621	3 249
Net Goods and Services Tax Receivable	1 903	2 644
Total Receivables from Non-ACT Government Entities	**27 908**	**25 130**
Total Receivables	**33 266**	**27 634**

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.

Note 16. Inventories

The Directorate's inventory consists of pharmaceuticals, medical and surgical supplies, pathology supplies and general consumables.

Inventories held for sale and 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.

	2021 $'000	2020 $'000
Inventory		
Purchased Items - Cost[a]	19 768	10 983
Less: Obsolete Stock	(220)	(309)
Less: Write-down to realisable value[b]	(2 996)	-
Total Inventory	**16 552**	**10 674**

a) Inventory increased in 2020-21 due to elevated stock requirements related to the ACT Government COVID-19 Pandemic Response.

b) In 2020-21 a write-down of stock to realisable value was undertaken as there was a material difference between purchase price and realisable value for personal protective equipment e.g. masks and gowns, associated with the impact of the COVID-19 pandemic.

Note 17. Property, Plant and Equipment

Property, plant and equipment includes the following classes of assets. ACT Disclosure Policy is that Right-of-Use (ROU) assets recognised under AASB 16 Leases are disclosed under the relevant class of property, plant and equipment.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include hospital buildings, community health centres and siteworks.
- *Leasehold improvements* 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.

ACQUISITION AND RECOGNITION OF PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment is initially recorded at cost.

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.

Property, plant and equipment where the acquisition cost is equal to or exceeds $5,000 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. The Directorate measures its plant and equipment at cost.

Land and buildings are revalued every 3 years. 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.

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

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – USEFUL LIVES OF PROPERTY PLANT AND EQUIPMENT

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.

For disclosures concerning the useful lives of assets see Note 8 Depreciation and Amortisation.

Note 17. Property, Plant and Equipment (Continued)

VALUATION OF NON-CURRENT ASSETS

Certified practising registered valuers Aon Valuation Services (Aon) performed an independent valuation of the Directorate's Land, Buildings and Leasehold Improvements as at 30 June 2020.

The next valuation will be undertaken during 2022-23.

IMPAIRMENT OF ASSETS

The Directorate assesses, at each reporting date, whether there is any indication that an asset may be impaired. Assets are 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. 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 are recognised in the Operating Statement, as plant and equipment are carried at cost. 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.

	2021 $'000	2020 $'000
Land and Buildings		
Land at Fair Value	64 958	58 280
Total Land Assets at Fair Value	**64 958**	**58 280**
Buildings at Fair Value	1 086 804	1 030 897
Less: Accumulated Depreciation	(27 904)	(2 470)
Total Buildings at Fair Value	**1 058 900**	**1 028 427**
Total Land and Written Down Value of Buildings	**1 123 858**	**1 086 707**
Leasehold Improvements		
Leasehold Improvements at Fair Value	2 666	1 528
Less: Accumulated Depreciation	(1 532)	(1 442)
Total Leasehold Improvements at Fair Value	**1 134**	**86**
Plant and Equipment		
Plant and Equipment at Cost	145 041	144 670
Less: Accumulated Depreciation	(101 372)	(91 190)
Total Plant and Equipment at Cost	**43 669**	**53 480**
Right-of-Use Plant and Equipment		
Right-of-Use Plant and Equipment at Cost	7 105	5 614
Less: Accumulated Depreciation Right-of-Use Plant and Equipment	(3 783)	(1 901)
Total Right-of-Use Plant and Equipment at Cost	**3 322**	**3 713**
Total Written Down Value of Property, Plant and Equipment	**1 171 983**	**1 143 986**

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 17. 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	**39 967**
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**

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Note 17. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2019-20.

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	Land	Buildings	Leasehold Improvements	Plant and Equipment	Right-of-Use Plant and Equipment	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Carrying Amount at the Beginning of the Reporting Period	**35 120**	**1 047 155**	**86**	**44 029**	**-**	**1 126 391**
Recognition of Right-of-Use Assets on initial application of AASB 16	-	-	-	-	5 635	**5 635**
Adjusted Carrying Amount Beginning of Reporting Period	**35 120**	**1 047 155**	**86**	**44 029**	**5 635**	**1 132 026**
Additions	-	83 313	-	19 164	-	**102 477**
Revaluation Increment/(Decrement)	23 160	(142 184)	-	-	-	**(119 024)**
Disposals	-	-	-	(3 632)	-	**(3 632)**
Depreciation	-	(20 361)	-	(9 713)	(1 901)	**(31 975)**
Disposal from Transfers	-	-	-	-	(22)	**(22)**
Depreciation Write Back for Revaluation	-	60 504	-	-	-	**60 504**
Depreciation Write Back	-	-	-	3 632	-	**3 632**
Carrying Amount at the End of the Reporting Period	**58 280**	**1 028 427**	**86**	**53 480**	**3 713**	**1 143 986**

Note 17. 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 2021 are as follows:

Classification According to Fair Value Hierarchy at 30 June 2021

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
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**

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June 2020 is as follows:

Classification According to Fair Value Hierarchy at 30 June 2020

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Property, Plant and Equipment at Fair Value				
Land	-	58 280	-	58 280
Buildings	-	3 095	1 025 332	1 028 427
Leasehold Improvements	-	-	86	86
	-	**61 375**	**1 025 418**	**1 086 793**

Note 17. Property, Plant and Equipment (Continued)

Transfers between Categories

No transfers between categories occurred during the 2020-21 financial year.

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

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.

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

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 17. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

At 30 June 2021	Land $'000	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	-	(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**

At 30 June 2020	Land $'000	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**34 720**	**1 043 827**	**86**
Additions	-	83 313	-
Revaluation (decrements) Recorded in Other Comprehensive Income	-	(141 935)	-
Depreciation	-	(20 240)	-
Depreciation Write Back for Revaluation	-	60 367	-
Other Movements	(34 720)	-	-
Fair Value at the End of the Reporting Period	**-**	**1 025 332**	**86**

Note 18. Capital Works in Progress

Capital Works in Progress are assets being constructed or developed, including property, software and plant and equipment, over periods of time in excess of the present reporting period. The assets often require extensive installation work or integration with other assets, and contract with simpler assets that are ready for use when acquired, such as equipment. Capital Works in Progress are not depreciated as the Directorate is not currently deriving any economic benefit from them.

	2021 $'000	2020 $'000
Building Works in Progress	78 474	61 839
Plant and Equipment Works in Progress	17 828	6 167
Computer Software Works in Progress	56	65
Total Capital Works in Progress[a]	**96 358**	**68 071**

a) Capital Works in Progress has increased primarily due to the impacts of the COVID-19 pandemic delaying the completion of works.

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2020-21.

	Buildings Works in Progress	Plant and Equipment Works in Progress	Computer Software Works in Progress	Total
	$'000	$'000	$'000	$'000
Carrying Amount at the Beginning of the Reporting Period	**61 839**	**6 167**	**65**	**68 071**
Additions	55 118	14 159	-	**69 277**
Capital Works in Progress Completed and Transferred to Property, Plant and Equipment	(37 249)	(2 498)	(9)	**(39 756)**
Capital Works Expensed	(1 234)	-	-	**(1 234)**
Carrying Amount at the End of the Reporting Period	**78 474**	**17 828**	**56**	**96 358**

Note 18. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2019-20.

	Buildings Works in Progress	Plant and Equipment Works in Progress	Computer Software Works in Progress	Total
	$'000	$'000	$'000	$'000
Carrying Amount at the Beginning of the Reporting Period	**77 002**	**6 875**	**71**	**83 948**
Additions	63 704	3 472	-	**67 176**
Capital Works in Progress Transferred Through Administrative Restructuring	149	-	-	**149**
Capital Works in Progress Completed and Transferred to Property, Plant and Equipment	(78 837)	(4 179)	(6)	**(83 022)**
Capital Works Expensed	(179)	(1)	-	**(180)**
Carrying Amount at the End of the Reporting Period	**61 839**	**6 167**	**65**	**68 071**

Note 19. Payables

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.

Payables include Trade Payables and Accrued Expenses.

	2021 $'000	2020 $'000
Current Payables		
Trade Payables	1 272	35
Accrued Expenses	54 019	53 634
Total Payables	**55 291**	**53 669**

	2021 $'000	2020 $'000
Payables are aged as followed		
Not Overdue	54 523	53 600
Overdue for Less than 30 Days	661	44
Overdue for 30 to 60 Days	68	25
Overdue for More than 60 Days	39	-
Total Payables	**55 291**	**53 669**

Note 19. Payables (Continued)

	2021 $'000	2020 $'000
Classification of ACT Government/Non-ACT Government Payables		
Payables with ACT Government Entities		
Trade Payables	12	6
Accrued Expenses	7 930	18 675
Total Payables with ACT Government Entities	**7 942**	**18 681**
Payables with Non-ACT Government Entities		
Trade Payables	1 260	29
Accrued Expenses	46 089	34 959
Total Payables with Non-ACT Government Entities	**47 349**	**34 988**
Total Payables	**55 291**	**53 669**

Note 20. Employee Benefits

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 of 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 2020-21 the rate used to estimate the present value of future benefits is:

- Annual leave payments is 100.2% (100.9% in 2019-20);
- Payments for long service leave is 108.7% (113.6% in 2019-20).

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.

The provision for annual leave and long service leave includes estimated on-costs. As these 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.

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.

Significant Accounting Judgements and Estimates – Employee Benefits

Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for annual and long service leave requires a consideration of the future wage and salary levels, experience of employee departures, probability that leave will be taken in service and periods of service. The estimate also includes an assessment of the probability that employees will meet the minimum service period required to qualify for long service leave and that on-costs will become payable.

The significant judgements and assumptions included in the estimation of annual and long service leave liabilities include an assessment by an actuary. The Australian Government Actuary performed this assessment in April 2019. The next actuarial review is expected to be undertaken by early 2023.

Note 20. Employee Benefits (Continued)

	2021 $'000	2020 $'000
Current Employee Benefits		
Annual Leave[a]	142 631	129 036
Long Service Leave	140 876	138 559
Accrued Salaries	18 940	19 729
Total Current Employee Benefits	**302 447**	**287 324**
Non-Current Employee Benefits		
Long Service Leave	16 679	16 828
Total Non-Current Employee Benefits	**16 679**	**16 828**
Total Employee Benefits	**319 126**	**304 152**

At 30 June 2021, the Directorate employed 6,888 Full Time Equivalent (FTE) staff. There were 6,672 FTE staff at 30 June 2020.

a) Annual leave liabilities have increased due to higher leave balances because of reduced utilisation of annual leave linked to the impacts of the COVID-19 pandemic and pay increases for staff that occurred during the year consistent with enterprise agreements.

Estimate of when Leave is Payable	2021 $'000	2020 $'000
Estimated Amount Payable within 12 months		
Annual Leave	75 547	72 980
Long Service Leave	9 324	10 342
Accrued Salaries	18 940	19 729
Total Employee Benefits Payable within 12 months	**103 811**	**103 051**
Estimated Amount Payable after 12 months		
Annual Leave	67 084	56 056
Long Service Leave	148 231	145 045
Total Employee Benefits Payable after 12 months	**215 315**	**201 101**
Total Employee Benefits	**319 126**	**304 152**

Note 21. Other Liabilities

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.

	2021 $'000	2020 $'000
Current Other Liabilities		
Revenue Received in Advance[a]	603	13 995
ACT Government Borrowings[b]	407	576
Other Provisions	14 817	13 467
Total Current Other Liabilities	**15 827**	**28 038**
Non-Current Other Liabilities		
ACT Government Borrowings[b]	445	1 086
Provision for Make Good[c]	1 986	91
Total Non-Current Other Liabilities	**2 431**	**1 177**
Total Other Liabilities	**18 258**	**29 215**

a) In 2020, Revenue Received in Advance primarily related to COVID-19 funding received but not expended at 30 June 2020.

b) The decrease in ACT Government Borrowings relates to the ongoing repayment of a loan from the Carbon Neutral Government Loan Fund.

c) Provision for Make Good has been increased to recognise contractual make good responsibilities for Directorate leased properties.

Note 22. Equity

EQUITY CONTRIBUTED BY THE ACT GOVERNMENT

Contributions made by the ACT Government, through its role as owner of the Directorate, are treated as contributions of equity.

Increases or decreases in net assets as a result of Administrative Restructures are also recognised in equity.

Asset Revaluation Surplus

The Asset Revaluation Surplus is used to record the increments and decrements in the value of property, plant and equipment.

	2021 $'000	2020 $'000
Land Revaluation Surplus		
Balance at the Beginning of the Reporting Period	44 407	21 248
Increment in Land due to Revaluation	-	23 160
Balance at the End of the Reporting Period	**44 407**	**44 407**
Buildings Revaluation Surplus		
Balance at the Beginning of the Reporting Period	17 917	99 597
Decrement in Asset Revaluation Surplus due to derecognition of assets	(3 183)	-
Increment/(Decrement) in Buildings due to Revaluation	2 802	(81 680)
Balance at the End of the Reporting Period	**17 536**	**17 917**
Leasehold Improvements Revaluation Surplus		
Balance at the Beginning of the Reporting Period	3 593	3 593
Balance at the End of the Reporting Period	**3 593**	**3 593**
Total Asset Revaluation Surplus Balance at the Beginning of the Reporting Period	**65 917**	**124 438**
Total Decrement in Asset Revaluation Surplus due to derecognition of assets	(3 183)	-
Total Increment/(Decrement) due to Revaluation	2 802	(58 520)
Total Asset Revaluation Surplus Balance at the End of the Reporting Period	**65 536**	**65 917**

Note 23. Financial Instruments

Financial assets are classified as 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
Trade Receivables	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. The Directorate expects to collect all financial assets that are not past due or impaired.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA- issuer credit rating with Standard and Poors. An AA- credit rating is defined as 'very strong capacity to meet financial commitments'.

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.

Trade receivables are always measured at lifetime expected credit losses (the simplified approach).

Note 23. 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 Directorate 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 assets and 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 and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2021 $'000	Fair Value Amount 2021 $'000	Carrying Amount 2020 $'000	Fair Value Amount 2020 $'000
Financial Assets					
Cash and Cash Equivalents	14	34 511	34 511	48 068	48 068
Receivables	15	31 363	31 363	24 990	24 990
Total Financial Assets		**65 874**	**65 874**	**73 058**	**73 058**
Financial Liabilities					
Payables	19	55 291	55 291	53 669	53 669
ACT Government Borrowings	21	852	852	1 662	1 662
Lease Liabilities		3 227	3 227	3 739	3 739
Total Financial Liabilities		**59 370**	**59 370**	**59 070**	**59 070**

Note that the GST Receivable/Payable and the FBT Payable have not been included in the Receivables and Payables line items above, given they are statutory assets/liabilities.

In 2021, all financial assets and liabilities of the Canberra Health Services are shown on an undiscounted Cash Flow basis.

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Note 23. Financial Instruments (Continued)

The following table sets out the Directorate's analysis for financial assets and liabilities. All amounts appearing in the following analysis are shown on an undiscounted cash flow basis.

		2021			2020		
	Note No.	Average Interest Rate	Interest Bearing $'000	Non-Interest Bearing $'000	Total $'000	Average Interest Rate	Interest Bearing $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments									
Financial Assets									
Cash and Cash Equivalents	14	0.97%	3 000	31 511	34 511	1.47%	3 000	45 068	48 068
Receivables	15		-	31 363	31 363		-	24 990	24 990
Total Financial Assets			**3 000**	**62 874**	**65 874**		**3 000**	**70 058**	**73 058**
Financial Liabilities									
Payables	19		-	55 291	55 291		-	53 669	53 669
Borrowings	21		-	852	852		-	1 662	1 662
Lease Liabilities			-	3 227	3 227		-	3 739	3 739
Total Financial Liabilities			**-**	**59 370**	**59 370**		**-**	**59 070**	**59 070**
Net Financial Assets			**3 000**	**3 504**	**6 504**		**3 000**	**10 988**	**13 988**

Note 23. Financial Instruments (Continued)

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2021 $'000	2020 $'000
Financial Assets		
Financial Assets Measured at Amortised Cost	31 363	24 962
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	59 370	59 070

Note 24. Capital Commitments

Capital Commitments

Capital Commitments, contracted at reporting date, include the construction of new buildings and upgrading current buildings.

	2021 $'000	2020 $'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year	38 420	32 109
Later than one year but not later than five years[a]	13 611	2 394
Total Capital Commitments - Property, Plant and Equipment	**52 031**	**34 503**
Total Capital Commitments	**52 031**	**34 503**

a) Commitment is based on actual contractual commitments at 30 June 2021. PP&E commitments are higher than prior year due to commencement of building works related to Hospital Expansion projects across The Canberra Hospital Campus, which where initially delayed due to the impacts of the COVID-19 pandemic.

Note 25. Contingent Liabilities and Contingent Assets

Contingent Liabilities

The Directorate is subject to 159 legal actions (2020 – 143 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at $7,620,870 at 30 June 2021 (30 June 2020 - $6,395,000), 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 26. Cash Flow Reconciliation

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

	2021 $'000	2020 $'000
Cash and Cash Equivalents Disclosed in the Balance Sheet	34 511	48 068
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Statement of Cash Flows	**34 511**	**48 068**

(b) Reconciliation of the Operating (Deficit) to the Net Cash from Operating Activities

Operating (Deficit)	(45 794)	(64 220)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	42 262	31 975
Losses from the Disposal of Assets	14 022	10
Bad and Doubtful Debts	(1 068)	4 598
Inventory Write Downs and Obsolete Stock	3 215	309
Make Good	(1 895)	-
Assets Transferred to Other ACT Government Entities	-	9
Add/(Less) Items Classified as Investing or Financing		
Net (Gain) on Disposal of Non-Current Assets	(299)	(191)
Lease charges	90	63
Capital Works Payables Accruals	266	15 668
Cash Before Changes in Operating Assets and Liabilities	**10 799**	**(11 780)**
Changes in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(4 564)	13 499
(Increase) in Inventories	(5 877)	(3 257)
Decrease/(Increase) in Other Assets	(136)	220
(Decrease) in Payables	(1 594)	(15 303)
Increase in Employee Benefits	16 870	45 776
(Decrease)/Increase in Other Liabilities	(12 042)	14 426
Net Changes in Operating Assets and Liabilities	**(7 343)**	**55 361**
Net Cash Inflows from Operating Activities	**3 456**	**43 581**

Note 26. Cash Flow Reconciliation (Continued)

(c) Reconciliation of liabilities arising from financing activities

	2020	Cash Flows	Non-cash changes		2021
	$'000	$'000	$'000	$'000	$'000
			New Leases	Other	
ACT Government Borrowing	1 662	(810)	-	-	852
Lease Liabilities	3 738	(2 369)	1 849	9	3 227
Debt	**5 400**	**(3 179)**	**1 849**	**9**	**4 079**

Note 27. Events after the Reporting Period

There were no events occurring after the reporting period which would affect the financial statements at 30 June 2021.

Note 28. Third Party Monies

The Directorate held funds in trust relating to residents of its Mental Health Facilities.

	2021	2020
	$'000	$'000
Mental Health Account		
Balance at the Beginning of the Reporting Period	**19**	**6**
Cash Receipts	22	25
Cash Payments	(41)	(12)
Balance at the End of the Reporting Period[a]	**-**	**19**

a) The Mental Health Account was closed in the 2020-21 financial year.

The Directorate held funds relating to the activities of Salaried Specialists.

	2021	2020
	$'000	$'000
Private Practice Fund		
Balance at the Beginning of the Reporting Period	**53 667**	**50 191**
Cash Receipts	32 683	32 313
Cash Payments	(26 189)	(28 837)
Balance at the End of the Reporting Period	**60 161**	**53 667**

Note 29. 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 and the Chief Operating 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 2021.

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 2021.

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

	2021 $'000	2020 $'000
Short-term employee benefits	1 144	971
Post-employment benefits	110	91
Other long-term benefits	27	23
Termination benefits	52	-
Total Compensation by the Directorate to KMP	**1 333**	**1 085**

The total average Full Time Equivalent of Key Management Personnel (KMP) that are included in the above table is 3 (3 in 2019-20).

Note 29. Related Party Disclosures (Continued)

B.2 Transactions with Key Management Personnel

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

There were no transactions with other ACT Government controlled entities that were material to the financial statements of the Directorate.

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Note 30. 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% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

Operating Statement Line Items

	Actual 2020-21 $'000	Original Budget[1] 2020-21 $'000	Variance $'000	Variance %	Variance Explanations
Sales of Goods and Services from Contracts with Customers	103 696	116 787	(13 091)	(11)	The decrease is due to lower ACT Government Directorates' demand for medical consumables and personal protective equipment from Canberra Health Services.
Depreciation	42 262	33 247	9 015	27	The major driver for the increase in depreciation related to the change of some asset useful lives.
Purchased Services	33 225	17 934	15 291	85	The key driver for the variance is unbudgeted funds received under Reboot Funding to support elective surgery.

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 30. Budgetary Reporting (Continued)

Balance Sheet Line Items

	Actual 2020-21 $'000	Original Budget[1] 2020-21 $'000	Variance $'000	Variance %	Variance Explanation
Cash and Cash Equivalents	34 511	41 778	(7 267)	(17)	The variance is due to timing issues associated with the receipt of payments from debtors and the use of funds recorded as revenue received in advance in 2019-20.
Receivables	33 266	28 644	4 622	16	The variance relates to timing issues as a number of invoices were raised in late June 2021.
Inventories	16 552	10 874	5 678	52	Inventory build to support ACT Government response to the COVID-19 pandemic.
Capital Works in Progress	96 358	43 352	53 006	122	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.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2020-21 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

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

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 30. Budgetary Reporting (Continued)

Statement of Cash Flows Line Items

	Actual 2020-21 $'000	Original Budget[1] 2020-21 $'000	Variance $'000	Variance %	Variance Explanation
Sales of Goods and Services from Contracts with Customers	92 665	1 260 622	(1 167 957)	(93)	The 2020-21 budget did not reflect accounting for the changes in revenue recognition. Revenue received from the ACT Local Hospital Network has been reclassified as grants and contributions for Actual reporting.
Grants and Contributions	1 222 191	4 775	1 217 416	25 496	The 2020-21 budget did not reflect accounting for the changes in revenue recognition. Revenue received from the ACT Local Hospital Network has been reclassified as grants and contributions for Actual reporting.
Purchase of Property, Plant and Equipment and Purchase of Capital Works	67 253	92 062	(24 809)	(27)	Lower expenditure associated with COVID-19 pandemic delays.
Capital Injections	53 120	83 731	(30 611)	(37)	Lower capital injections required to fund the lower expenditure associated with COVID-19 pandemic delays.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2020-21 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

CANBERRA HEALTH SERVICES
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

APPENDIX A – 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 to the Directorate or have been 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. Where applicable, these Australian Accounting Standards will be adopted from their application date.

Capital Works

Within Canberra Health Services, delivery of capital works occurs under the administration of the Infrastructure and Health Support Services (IHSS) Division.

Canberra Health Services works closely with ACT Health Directorate and infrastructure delivery partners in the feasibility, planning, design, delivery and commissioning of new health initiatives that involve capital works to ensure alignment with government and clinical service priorities. This includes ensuring capital works priorities are informed by Strategic Asset Management Plans (SAMPs) developed for the built asset portfolio.

The Better Infrastructure Fund (BIF) is an annual program in support of minor capital works projects. The program aims to maintain and improve Canberra Health Service's existing infrastructure assets. Minor capital works projects are determined under the following categories:

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

Completed projects

The following major capital works projects were completed in 2020-21:

- Refurbishment of the Inner North Walk-in Centre and Community Health Centre in Dickson to provide the Canberra community with access to high quality, extended hours health care services;
- Construction of a 6-bed Southside Community Step-Up Step-Down facility at Gaunt Place in Garran to provide short-term intensive and structured recovery oriented mental health care;
- Construction of a 10-bed Extended Care Unit (renamed to Gawanggal) at the Brian Hennessy Rehabilitation Centre to provide a secure facility for people to transition back into the community from the Dhulwa Mental Health facility;
- Construction of a 28-bed Medical Oncology and Radiation Oncology unit at Canberra Hospital to provide assessment, diagnosis, treatment and management of patients with cancer;
- Construction of a Northside Opioid Treatment Service in the Belconnen Community Health Centre to address barriers of access to treatment for people with complex opioid addiction; and
- Construction of lift modernisation and upgrade works for passenger lifts at Phillip Health Centre, Building 3 and Building 10 at Canberra Hospital to improve lift reliability and extend their useful life.

A number of asset replacement/upgrade projects were completed in 2020-21 that are included at page 156, Asset Management.

Works in progress

The following major capital works were in progress at 30 June 2021:

- Construction of an expansion to the Centenary Hospital for Women and Children to meet the growing needs of birthing women, newborn babies, children and adolescents;
- Construction of a neurostimulation suite and additional high dependency unit in-patient 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 8-bed expansion to the Intensive Care Unit at Canberra Hospital to support the growing needs of critical care patients;
- Construction of an expansion to the pharmaceutical manufacturing suite in the Canberra Region Cancer Centre and refurbishment to the main pharmacy dispensary in Building 1 at Canberra Hospital to support the expansion of pharmacy services;
- Construction of replacement of 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;
- Design and construction of replacement Building 10 electrical infrastructure at Canberra Hospital that is at the end of its 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;
- Construction of replacement heating ventilation and air conditioning systems in Building 12 at Canberra Hospital to reflect changing industry standards for operating theatres;
- 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 Magnetic Resonance Imaging (MRI) equipment in Building 12 at Canberra Hospital to support the need for additional medical imaging services;
- Design and construction of diagnostic Computed Tomography (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 used for clinical research;
- Construction of lift modernisation and upgrade works for seven passenger lifts (across 4 buildings) at Canberra Hospital to improve lift reliability and extend their useful life; and
- Construction of a replacement of main kitchen warewasher industrial dishwasher able to wash, clean and sterilise glasses, plates and cutlery.

Table 29: Canberra Health Services Capital Works as at 30 June 2021

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 Works						
Building 10 Electrical Upgrade	Jul-22	17,763	17,763	-	1,834	1,834
Imaging Services at Weston Creek Walk-in Centre	Oct-22	5,670	5,670	-	26	26
Walk-in Health Centre – Coombs Pilot	Jun-21	250	250		4	4
Walk-in Health Centres – Planning and Feasibility	Jun-22	2,000	2,000	-	-	-
Better Infrastructure Fund						
Improving Health Facilities - Departmental	Jun-21	4,115	4,115	-	4,115	4,115
Works in Progress						
Expanding the Centenary Hospital for Women and Children	Sept-23	47,050	50,050	3,040	10,465	13,505
Improved infrastructure for acute aged care and cancer inpatients	Jul-21	17,310	19,810	12,266	7,188	19,454
Better Health Services - Upgrading & Maintaining ACT Health Assets	Dec-21	95,328	97,983	82,975	11,221	94,196
ACT Health critical assets upgrades	Dec-22	24,880	21,083	4,908	3,107	8,015
Expanding pharmacy services at Canberra Hospital	Apr-22	5,530	5,530	100	460	560
More mental health services at Canberra Hospital	Sept-21	2,520	2,520	265	874	1,139
Intensive care unit expansion	Nov-21	13,500	13,500	-	3,739	3,739
Mental Health Ward 12B redevelopment	Aug-21	8,100	8,100		2,888	2,888
Clinical Services & Inpatient Unit Design & Infrastructure Expansion	Dec-21	40,780	26,886	25,941	69	26,010
The Canberra Hospital – Essential Infrastructure and Engineering Works	Apr-22	5,640	5,390	3,754	992	4,746
More public medical imaging services for Canberra Hospital	Dec-22	11,200	5,700	9		9

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
Training our future health workforce	Jul-22	1,700	1,700	48	600	648
New medical imaging equipment	Dec-21	500	500	-	-	-
Physically but not financially complete						
University of Canberra Hospital	Jul-18	172,000	157,419	156,152	334	156,486
University of Canberra Hospital – Car Park	Jul-18	11,200	14,335	12,485	243	12,728
Clinical Services Redevelopment – Phase 2	Jan-20	15,000	8,625	8,417		8,417
Clinical Services Redevelopment – Phase 3	Jan-20	25,700	16,465	16,229		16,229
Secure Mental Health Unit	Feb-20	43,491	42,568	42,484		42,484
Delivering the Weston Creek Walk-in Centre	Mar-20	4,445	5,045	4,446	359	4,805
Sterilising Services – Relocation and Upgrade	Jun-20	17,290	6,152	5,448	226	5,674
Opioid Treatment services on Canberra's northside	Nov-20	611	611	135	449	585
More Mental Health Accommodation	Mar-21	12,236	9,336	5,143	3,549	8,692

CHS Reconciliation Schedule – Capital works and capital injection

Table 30: Approved Capital Works Program Financing to Capital Injection as per Cash Flow Statement

Project	Original $'000	Section 16B $'000	Variation $'000	Deferred $'000	Not drawn $'000	Total $'000
Capital Works	71,508	12,880	1,209	12,015	27,582	46,000
ICT Capital Injections	-	-	-	-	-	-
Other Capital Injections	8,017	2,132	-	-	3,029	7,120
Total Departmental	79,525	15,012	1,209	12,015	30,611	53,120
Total Territorial	-	-	-	-	-	-

Assets Management

Overview

Canberra Health Services managed assets with a total written down value of $1.172 billion at 30 June 2021.

Assets managed

Canberra Health Services' managed assets include:

- **Built property assets -** $1,058.900 million.
- **Land -** $64.958 million.
- **Plant and equipment** - $46.991 million.
- **Leasehold improvements**: $1.134 million.

The estimated replacement value of building assets was $1.772 billion.

Table 31: Canberra Health Services' Property Assets

Canberra Hospital campus	Area m2	Health facilities	Area m2
Building 1 – Tower Block	37,560	Belconnen Walk in Centre/Community Centre	11,260
Building 2 – Reception / Administration	5,950	Bruce – Brian Hennessy House	3,719
Building 3 – Oncology / Aged Care / Rehabilitation	17,390	Bruce – Arcadia House	467
Building 4 – ANU Medical School	4,115	Bruce – Arcadia Meeting Room	54
Building 5 – Staff Training / Accommodation	8,230	Dickson Health Centre	490
Building 6 – Offices	4,710	Duffy – Cancer Patient Accommodation	319
Building 7 – Alcohol and Drug	1,260	Gungahlin Walk in Centre/Community Centre	2,871
Building 8 – Administration/Staff Training	4,206	Phillip Health Centre	3,676
Building 9 – Accommodation	740	Student Accommodation – Belconnen (2units)	220
Building 10 – Pathology	10,250	Student Accommodation – Garran (1 unit)	117
Building 11 – Centenary Hospital for Women and Children	19,200	Student Accommodation – Phillip (3 units)	367

Canberra Hospital campus	Area m2	Health facilities	Area m2
Building 12 – Diagnostic and Treatment (including Emergency Department / Intensive Care Unit	20,510	Symonston – Dhulwa Mental Health Unit Facility	7,880
Building 13 – Helipad/Northern Car Park	7,980	Tuggeranong -Walk in Centre/Community Centre	6,960
Building 15 – Outpatient services and administration	4,130	University of Canberra Hospital	35,498
Building 19 – Canberra Region Cancer Centre	7,980	Weston –Walk in Centre/Community Centre	1,143
Building 20 – Radiation Oncology	1,650	Woden Valley Child Care Centre	920
Building 23 – Redevelopment Unit offices	1,810		
Building 24 – Health Administration offices	1,332		
Building 25 – Adult Mental Health Unit	5,436		
Building 26 – Southern Car Park	53,000		
Building 28 – Executive Office	989		
Gaunt Place Building 1 – Dialysis Unit	1355		
Gaunt Place Building 2 – RILU	1130		
Gaunt Place Step up Step Down	700		
Yamba Drive Car Park (Phillip Block 7, Section 1)			

Assets added to the asset register

During 2020-21, the following assets were added to the agency's asset register:

- Building 8 – Administration Building (Canberra Hospital)
- Gaunt Place Step up Step Down

Assets removed from the asset register

During 2020-21, the following assets were removed from the agency's asset register as part of the Canberra Hospital Expansion:

- Building 5 – Residences (Canberra Hospital)
- Building 8 – Pain Management (Canberra Hospital)
- Building 24 – Administration Building (Canberra Hospital)

Properties not being utilised by Canberra Health Services

As at 30 June 2021, Canberra Health Services did not have any surplus properties.

Assets maintenance and upgrade

Asset upgrades

Infrastructure asset upgrades completed in 2020-21 across Canberra Health Services sites included:

- Upgrades to the main patient and consumer bathrooms in the Building 2 Main Foyer at Canberra Hospital;
- Upgrades to the staff end of trip facilities in Building 3 at Canberra Hospital;
- Infrastructure upgrades to assist in the delivery of new sterilising machines;
- Security upgrades at the Health Centre at 1 Moore Street to improve the safety for our team and consumers;
- Upgrades to drainage at the Woden Child Care facility;
- Upgrades to the height safety systems across multiple buildings on the Canberra Hospital Campus to ensure compliance with current codes and safe access for staff and contractors;
- Building and services infrastructure upgrades at Philip Health Centre, including installation of compliant Thermostatic Mixing Valves (TMV's) and fire dampers and installation of a new boiler;
- Upgrades to the Security Operations Centre at Canberra Hospital, including provision of upgraded lighting, electrical infrastructure and Heating, Ventilation and Air-Conditioning (HVAC) infrastructure;
- Upgrades to the Digital Addressable Lighting Interface (DALI) system across multiple buildings on the Canberra Hospital campus;
- Upgrades to the security infrastructure at the Village Creek health facility to improve the safety for our team and consumers and provide better support to the CHS Security operations team;
- Upgrade of the Building 25 Boiler at Canberra Hospital;

- Upgrades to the security infrastructure in multiple buildings across the Canberra Hospital campus, including the provision of additional Closed-Circuit Television (CCTV) cameras to monitor the safety of consumers and team, and the provision of new security access controls to prevent non-CHS personnel accessing critical back of house service areas;
- Building upgrades to multiple patient areas across the Canberra Hospital campus to improve consumer safety and provide additional support to mental health patients;
- Upgrades to the medical air plant at Canberra Hospital to provide redundancy for this critical infrastructure;
- Installation of chlorination water treatment plant in Buildings 3 and 11 at the Canberra Hospital;
- Installation of new Digital Patient Journey Boards at Canberra Hospital; and
- Upgrades to the Building 3 and 12 Heating Ventilation and Airconditioning (HVAC) Systems, including the installation of Ultraviolet C (UVC) lights.

Works in progress

Infrastructure asset upgrades in progress as at 30 June 2021 are:

- Upgrades to the Building 4 plantroom to improve access and ensure maintenance activities can be undertaken safely by team members and contractors;
- Construction of a new Aboriginal and Torres Strait Islander Welcome Centre at the Canberra Hospital;
- Upgrades to some bathroom facilities across the Canberra Hospital campus;
- Upgrades to security infrastructure across the Canberra Hospital campus to better support the Security Operations team, and increase the safety for consumers, patients and team members;
- Upgrades to the Building Management System (BMS) across multiple buildings on the Canberra Hospital campus;
- Upgrades to Medical Suction Plant filters in Building 1 at the Canberra Hospital;
- Upgrades to the Building 12 chillers and the controls system to increase performance and efficiency;
- Upgrades to HVAC infrastructure across multiple buildings at the Canberra Hospital;
- Upgrades to the fire damper actuators in Buildings 1 and 3 at the Canberra Hospital; and
- Upgrades to hydraulic systems across multiple buildings at the Canberra Hospital campus.

Details relating to the capital works program are included at page 152, Capital Works.

Property, plant and equipment are maintained to a high standard to meet health requirements. Expenditure on repairs and maintenance, excluding salaries, was $24.252 million.

Building audits and condition of assets

Building condition assessments, fire reports, heating ventilation air-conditioning (HVAC) and refrigeration audits were undertaken to assess buildings managed by Canberra Health Services. These audits are used to inform the Directorate's ongoing asset management program.

The condition audits were used to inform the Infrastructure and Health Support Services Risk Register and develop Asset Management Plans (AMPs) to support the future alignment of capital upgrades activities with Canberra Health Services strategic priorities.

Office accommodation

The agency employs 7,921 staff, of whom approximately 621 occupy office-style accommodation in the sites listed in Table 32. Approximately, a further 7,300 staff are employed in non-office environments within acute and non-acute health facilities.

Table 32: Office Accommodation as at 30 June 2021

Location	Property	Owned/leased	No of staff work points	Approx. office area (m2)	Approx. utilisation rate %
Civic	1 Moore Street	Leased	144	1,954	13.57
Garran	TCH Building 1, Level 10B	Owned	52	429	8.25
Garran	TCH Building 3	Owned	11	92	8.4
Garran	TCH Building 6	Owned	47	300	6.4
Garran	TCH Building 8	Owned	51	296	5.8
Garran	TCH Building 12 Medical Records	Owned	61	627	10.3
Garran	TCH Building 23	Owned	179	1,410	7.87
Garran	TCH Building 28	Owned	76	989	13.01

Government Contracting

Overview

In 2020–21, Canberra Health Services conducted its procurement activities in accordance with the Government Procurement Act 2001 and the Government Procurement Regulation 2007. To ensure procurement and contract compliance with ACT Government procurement legislation, CHS conducted the following activities:

- Completed a consultative process across CHS to deliver its Annual Procurement Plan 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 Solicitors Office where relevant.
- Notified Procurement ACT of procurements over $25,000 undertaken by CHS.
- Appropriately referred high risk procurements to Procurement ACT.
- Referred all procurements requiring Government Procurement Board (GPB) consideration and/or approval to Procurement ACT.

A competitive procurement process is conducted wherever possible. However, due to the specialised nature of the healthcare industry, CHS 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 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 the delivery of 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's requirements.

Timing may preclude public tenders being called in situations that could result in disruption to medical services. Single select and/or select tender procurement processes are completed in accordance with the provisions of the Government Procurement Regulation 2007 and are approved by the Chief Executive Officer with a statement of justification. CHS may consider procuring goods or services from suppliers engaged by other state and territory health agencies through a single select or select tender exemption. This strategy would be considered where the procurement activity is assessed as efficient, fit for purpose and provides value for money to the Territory.

External sources of goods, labour and services

To meet the health care needs of our growing city, where requirements cannot be insourced, CHS will procure goods, labour and services for external sources. These contracts are procured 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.

CHS engages consultants regularly to undertake work and provide 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 2020–21 was associated with major health-related initiatives announced in the 2020–21 Budget.

CHS engages a number of different types of consultants to provide specialist technical advice on projects, including:

- 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. A full search of Canberra Health Services' contracts notified with an execution date from 1 July 2020 to 30 June 2021 can be made at https://www.tenders.act.gov.au/contract/search.

Secure local jobs code

CHS is actively supportive of the Secure Local Jobs Code. In 2020–21, 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 proactively seeking opportunities to procure from relevant suppliers, engaging in ACT Government Procurement Community of Practise forums and other opportunity generating activities, such as attendance at the ACT Government's Aboriginal and Torres Strait Islander Enterprise Virtual Showcase in June 2021 that was delivered in conjunction with Supply Nation.

CHS has performed strongly against the Whole of Government Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in 2020-21. This is highlighted by CHS meeting and exceeding its performance target for addressable spend, a vital contribution which supported the Territory to meet its 1.5 per cent target spend across government.

CHS Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2020–21 are as follows:

Table 33: Aboriginal and Torres Strait Islander Procurement Policy Performance Measures 2020-21

ATSIPP Performance Measure	Target	Result
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	2
The number of unique Aboriginal and Torres Strait Islander Enterprises attributed a value of Addressable Spend in the financial year.	N/A	7
Percentage of the financial year's Addressable Spend of $253.79 million that is spent with Aboriginal and Torres Strait Islander Enterprises	1.50%	3.17%

Creative services panel

The Creative Services Panel is a whole of government arrangement for the purchase of creative services, including:

- Advertising
- Marketing
- Communications and engagement
- Digital
- Graphic Design
- Photography and video
- Media buying.

During 2020-21, Canberra Health Services spent a total of $317,427.74 (excluding GST) through the panel for service including project management, marketing, digital material, graphic design, photography, and video.

Major purchases through this panel are published online on the ACT Government Contracts Register.

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 2021.

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 2021 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*.

Level 7, 5 Constitution Avenue Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 F 02 6207 0826 E actauditorgeneral@act.gov.au W www.audit.act.gov.au

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
23 September 2021

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2021

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the Canberra Health Services' records and fairly reflects the service performance of the Directorate for the year ended 30 June 2021 and also fairly reflects the judgements exercised in preparing it.

Dave Peffer

Acting Chief Executive Officer

Canberra Health Services

23 September 2021

Output Class 1: Health and Community Care

Output 1.1 Acute Services

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 of services.

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

Table 34: Output 1.1 Acute Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	905,136	982,301	9%	1
Accountability Indicators				
Percentage of elective surgery cases admitted on time by clinical urgency				
a) 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%)	
b) Semi-urgent - 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%	54%	(32%)	2
c) 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%	49%	(47%)	2
Proportion of emergency department presentations that are treated within clinically appropriate timeframes				
d) One (resuscitation, seen immediately)	100%	100%	-	
e) Two (emergency, seen within 10 minutes)	80%	78%	(2%)	
f) Three (urgent, seen within 30 minutes)	75%	29%	(61%)	3
g) Four (semi-urgent, seen within 60 minutes)	70%	43%	(38%)	3
h) Five (non-urgent, seen within 120 minutes)	70%	77%	10%	4
i) All presentations	70%	46%	(34%)	3

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

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 Accountability Indicators

a) Percentage of elective surgery cases admitted on time by clinical urgency-urgent (within 30 days of listing).

b) Percentage of elective surgery cases admitted on time by clinical urgency-semi-urgent (within 90 days of listing).

c) Percentage of elective surgery cases admitted on time by clinical urgency-non-urgent (within 365 days of listing).

d) The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes-triage category one (immediately).

e) The proportion of triage category two Emergency Department presentations that were treated within clinically appropriate timeframes (10 minutes).

f) The proportion of triage category three Emergency Department presentations that were treated within clinically appropriate timeframes (30 minutes).

g) The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes-triage category four (60 minutes).

h) The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes-triage category five (120 minutes).

i) The proportion of all Emergency Department presentations that were treated within clinically appropriate timeframes.

Explanation of Material Variance (>5 per cent)

1. Total Cost exceeded budgeted cost for this Output which was largely due to expenses associated with the COVID-19 pandemic response and the ACT Government's Reboot initiative.
2. Timeliness measures whether you were in time or overdue at time of surgery. The suspension to non- essential elective surgeries in March 2020, due to the COVID-19 response, led to many category 2 and 3 patients becoming overdue for surgery, totalling over 1,500 overdue patients at 30 June 2020 representing 25% of the waitlist. Given the large number of overdue patients in category 2 and 3 on the waitlist due to the cessation of non-essential surgery the timeliness percentage consequently dropped.
3. The Canberra Health Services Emergency Department continues to experience increases in presentations which exceed the rate of population growth. The reasons for this growth are a rapidly aging ACT population and increasing prevalence of chronic diseases. The complexity of these presentations requires extensive Emergency Department resources which requires longer times in emergency department for treatment. Higher demand and longer treatment times will result in longer waiting times.
4. Patients presenting who are categorised as triage category five usually have the shortest treatment times with the longest waiting time targets. The combination of these factors led to the target for triage category five patients being exceeded.

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

CHS provides a range of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) through public and community sectors, adult and youth correctional facilities and people's homes. 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; and
- engagement and liaison with community sector services, primary care and other government agencies providing support and shared care arrangements.

Table 35: Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	195,546	192,474	(2%)	
Accountability Indicators				
a) Adult mental health program community service contacts	198,000	213,771	8%	1
b) Children and youth mental health program community service contacts	72,000	109,356	52%	2
c) Mental health rehabilitation and specialty services	26,250	35,496	35%	3
d) Alcohol and drug services community contacts	70,000	53,048	(24%)	4
e) Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
f) Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	99%	(1%)	
g) Justice health services community contacts	150,000	114,717	(24%)	5
h) Percentage of current clients on opioid treatment with management plans	98%	97%	(2%)	
i) Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	70%	(6%)	6

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

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 Accountability Indicators

a) The number of adult mental health program community service contacts completed in the period.
b) The number of children and youth mental health program community service contacts completed in the period.
c) The number of community contacts for Mental Health Rehabilitation and Specialty Services completed in the period.
d) The number of patient service events completed by Alcohol and Drug Services.
e) The proportion of detainees at the Alexander Maconochie Centre who have a health assessment completed within 24 hours of detention.
f) The proportion of detainees in Bimberi Youth Detention Centre who have a health assessment completed within 24 hours of detention.
g) The number of community contacts completed in the period by Justice Health Services.
h) Percentage of current clients on opioid treatment who have management plans.
i) Proportion of mental health clients contacted by a Canberra Health Services and or a Health Directorate community facility within 7 days of discharge from inpatient services.

Explanation of Material Variances (>5 per cent)

1. Adult mental health programs being over target on occasions-of-service is attributed to increased service demand.
2. Children and youth mental health programs have exceeded the target due to the new Adolescent Intensive Home treatment team and the extension of the Hospital Liaison Teams hours. COVID-19 has also contributed to a sustained increase in occasions-of-service.
3. This increase outcome reflects the increase in service demand.
4. The reduced occasions-of-service for Alcohol & Drug Services is due to health professional vacancies and the challenges in backfilling these vacancies. The introduction of Buvidal, a treatment for opioid dependence, which has facilitated a shift from daily dosing to, in most cases, monthly dosing for many clients, would also reduce the occasions-of-service.
5. The reduction in community contacts is associated with the introduction of Buvidal which has facilitated a shift from daily dosing to, in most cases, monthly dosing for many clients. There has also been a reduction in the number of people in custody over the reporting period.
6. In the ACT, a proportion of inpatient admissions include interstate residents who are transferred or do not require 7-day follow up from an ACT community mental health service. Additionally, a proportion of consumers may have preference not to engage with community follow-up.

Output 1.3 Cancer Services

CHS 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 36: Output 1.3 Cancer Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	84,683	89,661	6%	1
Accountability Indicators				
Breast screening				
a) Participation rate, proportion of women aged 50 to 74 who had a breast screen	60%	56%	{7%)	2
b) Total breast screens	19,500	19,595	0%	
c) Percentage screened patients who are assessed within 28 days	90%	96%	6%	3
Radiotherapy treatment within standard timeframes				
d) Emergency-treatment starts within 48 hours	100%	100%	0%	
e) Palliative-treatment starts within 2 weeks	90%	95%	6%	4
f) Radical-treatment starts within 4 weeks	90%	97%	8%	4

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

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 Accountability Indicators

a) 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 period which report within a single financial year.

b) Total number of breast screens completed in the period.

c) The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.

d) The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.

e) The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.

f) The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.

Explanation of Material Variances (>5 per cent)

1. The variance between Total cost and budgeted cost relates primarily to the reallocation of corporate overheads.
2. Screening attendance, and therefore the participation rate, has remained consistent despite the lack of promotional activity due to COVID-19 pandemic.
3. Timeliness to assessment has continued to improve through continuous improvement and having a full establishment of breast radiologists to staff the assessment clinics.
4. Due to COVID-19 pandemic, patient's treatments were hypofractionated to keep them safe and out of hospital. This means patients had less treatments per course and this allowed Canberra Health Services to treat more patients and commence treatment within the target. The radiation oncology department has also operated longer working hours from 7:30am to 6pm.

Output 1.4 Subacute and Community Services

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 closely 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; and
- Achieving lower than the Australian Average in the Decayed, Missing or Filled Teeth (DMTF) Index.

Table 37: Output 1.4 Subacute and Community Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	215,603	208,280	{3%)	
Accountability Indicators				
a) Mean waiting time for clients on the dental services waiting list	12 months	13.5 months	12%	1
b) Sub-acute bed days of care at University of Canberra Hospital	27,600	37,550	36%	2
c) Walk-in Centre presentations to Gungahlin	20,000	16,608	(17%)	3
d) Walk-in Centre presentations to Belconnen	24,000	19,614	(18%)	3
e) Walk-in Centre presentations to Tuggeranong	24,000	18,741	{22%)	3
f) Median wait time to be seen, in minutes (all Walk-in Centres combined)	<30 minutes	11 minutes	0%	

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

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 Accountability Indicators

a) Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
b) Sub-acute bed days of care at University of Canberra Hospital in the period.
c) Total patient presentations in the period to the Gungahlin Walk in Centre.
d) Total patient presentations in the period to the Belconnen Walk in Centre.
e) Total patient presentations in the period to the Tuggeranong Walk in Centre.
f) Median wait time to be seen for client at all Walk in Centres.

Explanation of Material Variances (>5 per cent)

1. Due to the COVID-19 pandemic the mean waiting time for the period was 1.5 months over target due to the availability of dental services appointments.
2. Additional unfunded beds opened at University of Canberra Hospital in March 2020 to assist with the CHS COVID-19 pandemic response, resulting in continued additional sub-acute bed days during 2020-21.
3. Presentations declined during the COVID-19 period leading to the under achievement against target.

Part D
Appendices

Compliance Statement

The Canberra Health Services 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: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to Canberra Health Services 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 2020-21,* complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for Canberra Health Services are provided within the *Canberra Health Services Annual Report 2020-21,* 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 Canberra Health Services complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Canberra Health Services Annual Report 2020-21 as follows:

- A. Transmittal Certificates, see pages 3 and 4
- B. Organisational Overview and Performance, inclusive of all subsections, see pages 5 - 85
- C. Financial Management Reporting, inclusive of all subsections, see pages 86 – 174

Part 3 Reporting by Exception

Canberra Health Services has nil information to report by exception under Part 3 of the Directions for the 2020-21 reporting year.

Part 4 Directorate and Public Sector Body Specific

No subsections of Part 4 of the Directions are applicable to Canberra Health Services.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to Canberra Health Services. Consistent with the Directions, the information satisfying these requirements is reported in one place for all ACT Public Service 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; and
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

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

As required by Australian Auditing Standards, the ACT Audit Office checks financial statements included in annual reports (and information accompanying financial statements) for consistency with previously audited financial statements. This includes checking the consistency of statements of performance with those statements previously reviewed (where a statement of performance is required by legislation).

Abbreviations and acronyms

Abbreviation/acronym	Meaning
ACT	Australian Capital Territory
ACAT	ACT Civil & Administrative Tribunal
ACTHD	ACT Health Directorate
ACTPS	ACT Public Sector
AMC	Alexander Maconochie Centre
AMOS	Adolescent Mobile Outreach Service
AMP	Asset Management Plans
ANMF	Australian Nursing and Midwifery Federation
ARMC	Audit and Risk Management Committee
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
BIF	Better Infrastructure Fund
CAMHS	Child and Adolescent Mental Health Services
CARHU	Child at Risk Health Unit
CAU	Critical Asset Upgrades
CBT	Cognitive behavioural therapy
CEO	Chief Executive Officer
CHS	Canberra Health Services
CHSGC	Canberra Health Services Governance Committee
CPD	Capital Project Delivery
CPR	Corporate Plan Review
CRS	Community Recovery Service
CSB	Critical Services Building
CSP	Clinical Services Plan
CT	Computerised Tomography
CYPS	Children and Youth Protection Services
DAIP	Disability Action and Inclusion Plan
DHR	Digital Heath Record
ECT	Electroconvulsive Therapy
ED	Emergency Department
EN	Enrolled Nurse
ENT	Ear, Nose and Throat
ERAS	Enhanced Recovery after Surgery
FCC	Fraud and Corruption Control
FOCIS	Fostering Organisational Culture Improvement Strategy
FOI	Freedom of Information
FTE	Full Time Equivalent
FY	Financial Year

Abbreviation/acronym	Meaning
GP	General Practitioner
HDU	High Dependency Unit
HITH	Hospital in the Home
HSU	Health Services Union
HVAC	Heating Ventilation and Airconditioning
ICT	Information and Communication technology
ICU	Intensive Care Unit
IHSS	Infrastructure and Health Support Services
JOC	Joint Operations Committee
LHN	Local Health Network
MHDSP	Mental Health Discharge Support Program
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MLA	Member of the Legislative Assembly
MRI	Magnetic Resonance Imaging
NHC	National Health Co-Op
NMPSS	Nursing Midwifery and Patient Support Services
NSP	Needle and Syringe Program
NSW	New South Wales
NTS	Neurostimulation Therapy Suite
OCC	Our Care Committee
OITC	Our Infrastructure and Technology Committee
OPC	Our People Committee
OPDIC	Our Performance, Data and Information Committee
OV	Occupational Violence
PACER	Police, Ambulance and Clinician Early Response
QMS	Quality Management System
QSII	Quality, Safety, Innovation and Improvement
RACS	Rehabilitation, Aged and Community Services
RED	Respect, Equity and Diversity
REDCO	RED Contact Officer
RN	Registered Nurse
SAMPs	Strategic Asset Management Plans
SERBIR	Senior Executive Responsible for Business Integrity and Risk
STEPS	Supporting young people Through Early intervention and Prevention Strategies
STRIDE	Short-term Recovery Intervention for Disordered Eating
SUFS	Speaking up for Safety
TCCS	Transport Canberra and City Services

Abbreviation/acronym	Meaning
TGA	Therapeutic Goods Administration
TTPP	Transition to Practice Program
UCH	University of Canberra Hospital
UMAHA	Upgrading and Maintaining ACT Health Assets
UVC	Ultraviolet C
WHS	Work Health Safety
WHSMS	Work Health Safety Management System
WYC	Women, Youth and Children

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 2020-21 Annual Report are available at the library located at CHS or online, https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports.

Information can also be access through the:

- ACT Canberra Health Services website – https://www.health.act.gov.au
- Access Canberra website – www.accesscanberra.act.gov.au
- ACT Government website – www.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	https://www.legislation.act.gov.au/
ACT Public Service Directorate annual reports	https://www.cmtedd.act.gov.au/open_government/report/annual_reports
Australian Institute of Health and Welfare	https://www.aihw.gov.au/

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