Annual Report 2022–23

Canberra Health Services

Canberra Health Services acknowledges the Ngunnawal people as Traditional Custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We acknowledge and respect their continuing culture and contribution to the life of this region.

Contact for this report

General enquiries about this report should be directed to the Office of the Chief Executive Officer by emailing: CEOHealth@act.gov.au

Freedom of information

Freedom of information requests can be made by emailing: HealthFOI@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: www.canberrahealthservices.act.gov.au

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A message from our Chief Executive Officer

It was another big year for Canberra Health Services (CHS). I am so proud of the many achievements the team have delivered. Together, we have shown we are effervescent, strong and resilient. Here are some of the key highlights across our services over 2022–23.

Digital Health Record

With tens of thousands of hours going into design, workflow builds, testing, training, governance, policy infrastructure, data conversion, scheduling, abstraction and cutover, we successfully transitioned to the Digital Health Record (DHR) on 12 November 2022.

Go-Live week saw teams working together to ensure continuity of care arrangements to our patients and great stories shared of collaborative efforts to ensure minimal disruption to services. Our first baby born into the DHR system was Willow at a healthy 3.3kg and 49cm and our Oral Health Services became the first public dental health service in Australia to use Wisdom on the EPIC platform. Within days of going live, a patient told us the DHR had 'made a drastic difference' because their care team had access to their medical history.

While our teams and patients benefit from the many positive aspects of a digital health record system, we have some work to do over the next reporting period to realise the great benefits from the data and reporting capabilities.

Campus modernisation and facility improvements

- Building 5 Operational Commissioning

We are working with Major Projects Canberra to design and construct a new 44,000m^2, nine -storey building specifically designed to deliver state-of-the-art acute clinical services. This transformational project creates the foundation of a major infrastructure reform program. We anticipate future development stages to be delivered as part of the Canberra Hospital Master Plan.

We are well advanced on the operational aspects of preparing the workforce, service providers and community for the commencement and opening of this new infrastructure. The operational commissioning program impacts 2162 CHS clinical and operational staff; including 10 clinical service departments; 16 operational service departments; and specialist service providers contractors, including security, linen, cleaning and waste management. The building reached its highest point in May 2023, and we held a topping out ceremony on the roof of the new building at 40.35m.

- Centenary Hospital for Women and Children Expansion Project

The $50.05 million Centenary Hospital for Women and Children Expansion Project has delivered a range of enhanced and new services this year including the following:

  - Refurbished Maternity Assessment Unit with eight treatment bays which doubles the capacity of the previous unit and integrates with the Birthing Unit. This expanded midwifery-led unit improves service access for women who need pregnancy-related assessments.

- A gynaecology outpatient procedure room, inclusive of a recovery bay and patient change facilities for adolescent and adult women requiring gynaecological treatment.
- New three bed inpatient unit for the Early Pregnancy Service, providing a dedicated in-patient facility to care for people experiencing early pregnancy complications, including early pregnancy loss. This service opened March 2023 in response to recommendations from the Report of the Inquiry into Maternity Services in the ACT and offers a therapeutic and healing environment, staffed by a skilled, multidisciplinary team.
- Refurbished 15 bed Antenatal and Gynaecology Ward which also enabled the opening of an additional Postnatal Ward, doubling postnatal bed capacity at the hospital.

- Medical Imaging facility improvements and service enhancements

In our Medical Imaging services, we introduced a new diagnostic CT (Computed Tomography), X-ray and ultrasound imaging service at the Weston Creek Community Health Centre, co-located with the walk-in centre (WiC). Establishment of this new imaging service in the community health setting has improved access to imaging services for our outpatients with 509 scans performed in the first month.

We also installed a new CT scanner, fluoroscopy and mammography equipment in Building 12 at Canberra Hospital as part of the replacing aging medical imaging equipment project. These improvements have provided staff and patients access to the latest diagnostic imaging technology and techniques.

Northside Hospital Project

Towards the latter part of the year, much of our focus was on preparing to welcome more than 1900 new team members to CHS from Calvary Public Hospital Bruce (CPHB) and Clare Holland House. The opportunities and benefits from a single service provider model for public hospital and health services in the Territory are many and I look forward to working with the teams to see these realised over the coming years.

Statement of Commitment

In August 2022 we launched the CHS Statement of Commitment in partnership with our Aboriginal and Torres Strait Islander Consumer Reference Group. This is our pledge to work in partnership with Aboriginal and Torres Strait Islander people to improve health and wellbeing; respect and recognise their approach to holistic health and wellbeing; and create exceptional healthcare together. It communicates that CHS is working towards creating a place of cultural safety and responding to the needs of Aboriginal and Torres Strait Islander people in a culturally informed way.

Team member wellbeing and culture improvements

We engaged extensively with team members to find out from them what we could be doing better to support their health and wellbeing after several challenging years due to the COVID-19 pandemic. More than 700 team members responded to our call out through a wellbeing survey, focus group sessions and working groups. We listened and implemented several additional wellbeing initiatives including, introducing the CHS Wellbeing Peer Support Officers Program, establishing three restorative wellness spaces at our hospital campuses and providing access to the Wellbeing Index App.

An important initiative that is contributing to improvement in our organisational culture is the Speaking up for Safety (SUFS) Program. CHS reached a significant milestone this year with more than 80 per cent of our team members undertaking the SUFS Program. This program equips team members with a common language and skills to speak up if they observe or experience unprofessional and unsafe behaviours.

Workplace culture continues to improve with the December 2022 pulse survey recording the highest 'engagement' score since the organisation started measuring this through workplace culture surveys in 2005. CHS returned a 46 per cent engagement score for the survey, up by 2 per cent since the last workplace culture survey in November 2021. This was a particularly positive result given the ongoing impacts of the COVID-19 pandemic on the health service, as well as implementation of the single biggest organisation-wide change in its history, the DHR in late 2022. While the results are very encouraging, great culture is a journey, not a destination and we continue to use the results of our surveys to strive for improvement.

Brief outlook for the year ahead

Like the Canberra Raiders, the year ahead will see our team running for the try line for a big win on a few other important goals.

The Canberra Hospital Campus Modernisation Project will undertake operational commissioning of Building 5, including completion of the construction and commencement of fit out. We will finalise the Centenary Hospital for Women and Children Expansion Project with the opening of the Child and Adolescent Mental Health Services Adolescent Unit (CAU). The CAU will have six dedicated mental health beds and eight medical beds, located in a new dedicated adolescent health-focused 'wing'. We will also expand pharmacy services in the forward year by refurbishing the main pharmacy dispensary, as well as expanding our pharmaceutical suite at the Canberra Region Cancer Centre.

In partnership with the North Canberra Hospital (NCH) Executive team, the broader CHS Executive and key personnel and members from other ACT Government Directorates, the Northside Transition team will lead the work to ensure we optimise the single service model in the coming years and continue planning for the new Northside Hospital.

With the support of our consumer reference groups and other important stakeholders we are implementing improvements to the way we deliver some of our services and models of care. Together, we will improve health access, patient experience and outcomes.

We will encourage education and growth amongst our team. We will integrate learning, teaching and research supported by partnerships with educational institutions, industry, consumers and our community. We will launch a recruitment campaign to encourage the best clinicians and support staff to join us and continue to support team wellbeing by providing a safe and nurturing work environment.

There is no denying this is a busy time for Team CHS, and I am confident you will find the information within this annual report reflects our continued commitment to deliver exceptional health care together. I hope you find it useful and affirming.

Dave Peffer
Chief Executive Officer
Canberra Health Services

Part A

Transmittal Certificate

ACT Government | Canberra Health Services

Ms Rachel Stephen-Smith MLA

Minister for Health

ACT Legislative Assembly

London Circuit

Canberra ACT 2601

Dear Minister

2022–23 Canberra Health Services Annual Report

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

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

I certify that information in the attached annual report, and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of Canberra Health Services has been included for the period 1 July 2022 to 30 June 2023.

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

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

Dave Peffer
Chief Executive Officer
Canberra Health Services

28 September 2023

ACT Government | Canberra Health Services

Ms Emma Davidson MLA

Minister for Mental Health

ACT Legislative Assembly

London Circuit

Canberra ACT 2601

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Dave Peffer
Chief Executive Officer
Canberra Health Services

28 September 2023

Part B

Organisational overview and performance

Organisational overview

CHS is focused on delivering high-quality, effective, person-centred care. We provide acute, subacute, primary and community-based health services to the ACT, which has a population of approximately 454 000 people. CHS also services the surrounding Southern NSW Local Health District of approximately 200 000 people. We administer a range of publicly funded health facilities, programs and services, such as:

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

Vision, role and values

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

Our vision

Creating exceptional health care together

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

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

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

Our role

To be a health care service that is trusted by our community

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

Our values

Our values, together with our vision and role, tell the world what we stand for as an organisation. Our values generate people and processes that are: reliable, progressive, respectful and kind.

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. Those improvements can involve the latest technology, better models of care, or more effective ways to do our work. We build a workplace that celebrates creative problem solving, teaching and learning.

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

We take the time to listen, so that we can understand different points of view, and we communicate clearly and sensitively to acknowledge each other's needs, choices and experiences.

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.

Clients and stakeholders

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

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

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

Organisational structure

CHS is an ACT Government Directorate, led by the Chief Executive Officer (CEO). The CEO has overall accountability for both clinical and corporate governance.

Our clinical services are led by executives who we support to deliver exceptional and innovative health outcomes to our diverse and dispersed community. Our clinical leadership also play a key role in developing a collaborative and strategic approach to delivering clinical services, which includes driving CHS' strategic, professional and workforce-oriented agenda.

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.

Internal accountability

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 2023

Senior Executive	Position
Dave Peffer	Chief Executive Officer
Janet Zagari	Deputy Chief Executive Officer
Paul Ogden	Chief Financial Officer
Florence Young	Executive Branch Manager, Financial Controller
Cathie O'Neill	Deputy Director General, Northside Hospital Transition Team
Susan Freiberg	Executive Group Manager, Northside Hospital Team – Operations
Katherine Wakefield	Executive Group Manager, Northside Hospital Team – Governance
Kellie Lang	Executive Director, Nursing and Midwifery and Patient Support Services
Jo Morris	Executive Director, Allied Health, Community and Rehabilitation
Melissa O'Brien	Acting Executive Director, Cancer and Ambulatory Support
Brendan Docherty	Executive Director, Medicine
Suzanne Pilkington	Acting Executive Director, Women, Youth and Children
Katie McKenzie	Executive Director, Mental Health, Justice Health and Alcohol and Drug Services
Lisa Gilmore	Executive Director, Surgery
Vanessa Brady	Executive Group Manager, Campus Modernisation
Colm Mooney	Executive Group Manager, Infrastructure and Health Support Services
Chris Tarbuck	Executive Branch Manager, Facilities Management
Kalena Smitham	Executive Group Manager, People and Culture
Janette Coulton	Executive Branch Manager, Talent Acquisition and Employee Experience
Sarah Mogford	Executive Branch Manager, Medical Services
Helen Milne	Executive Branch Manager, Quality, Safety, Innovation and Improvement
David Jean	Executive Branch Manager, Strategic Communication and Engagement
Josephine Smith	Executive Branch Manager, Strategy and Governance
Nasa Walton	Executive Branch Manager, Chief Information Officer

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

Governance is about how we run our organisation and make decisions. Strong governance is what allows us to deliver exceptional health care. In early 2023–24, CHS will commence a review of the committee governance structure. The review will consider feedback from relevant stakeholders including chairs of current committees and consumer organisations.

Canberra Health Services Governance Committee

The CHS Governance Committee is responsible for ensuring good corporate and clinical governance, accountability for outcomes, performance, and delivery of exceptional health care. The CHS Governance Committee leads our organisation's commitment to a strong culture based on safety and quality. Membership includes an independent chair, independent member, including a consumer representative and CHS executives.

Canberra Health Services Executive Committee

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

Our Care Committee

The Our Care Committee focuses on the systems, process and reporting to consistently deliver exceptional care. Members act to improve against clinical access, safety and consumer experience indicators. Membership includes senior executives, representatives from divisional safety and quality committees, the Policy Committee, and Clinical Ethics Committee.

Our People Committee

The Our People Committee's aim is to deliver a good culture and create a safe, effective and efficient workforce. It provides oversight, leadership and direction for people management strategies, practices, systems and processes with the aim of ensuring a skilled, diverse, safe and happy workforce. Membership includes divisional representatives and executives.

Our Infrastructure Committee

The Our Infrastructure Committee ensures that our buildings and assets provide a safe environment to meet the needs of the community and clinical service delivery. Membership includes senior management and executives, ACT Health Directorate (ACTHD) and Major Projects Canberra executives. External membership includes representation from the Health Care Consumers Association (HCCA).

Our Digital and Information and Communications Technology Committee

The Digital and Information and Communications Technology (ICT) Committee ensures good corporate and clinical governance and accountability for outcomes, performance, and delivery of strategic Digital and ICT projects. Membership includes divisional representatives and executives.

Team Canberra Health Services

Allied Health

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

Cancer and Ambulatory Support

The Division of Cancer and Ambulatory Support provides a comprehensive range of cancer screening, assessment, diagnostic, treatment and support services. It also provides palliative care, immunology, rheumatology, dermatology, WiCs and ambulatory (outpatient) support.

Chief Operating Officer

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

eHealth and Informatics

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

Finance and Business Intelligence

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

Infrastructure and Health Support Services

The Infrastructure and Health Support Services Group is responsible for facilities management, capital project delivery, operational support services, food and sterilising services, contract management and the campus modernisation program.

Medical Services Group

The Medical Services Group has professional oversight of medical officers and operational oversight of the services ordered in the diagnosis and treatment of patients.

Medicine

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

Mental Health, Justice Health and Alcohol and Drug Services

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

Northside Hospital Project Transition Team

To support the prospective acquisition of CPHB, CHS stood up a Northside Hospital Project Transition Team in early April 2023, responsible for the service continuity program. The team worked collaboratively with the ACTHD who had been working on planning for the new northside hospital and the Calvary Network Agreement for some time. With the passing of the *Health Infrastructure Enabling Act 2023*, the team undertook a significant amount of work to prepare systems, processes and the workforce for acquisition on 3 July 2023. The primary focus of this work was to ensure safe service continuity and maintain access and confidence in services provided.

Nursing, Midwifery and Patient Support Services

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

Office of Research and Education

The Office of Research and Education is responsible for implementation of the *CHS Research Strategy*. The team focuses on key initiatives around research governance, research workforce and supports, partnerships with academia, industry and consumers, and research communication.

People and Culture

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

Quality, Safety, Innovation and Improvement

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

Rehabilitation, Aged and Community Services

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

Strategy, Policy and Planning

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

Surgery

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

Women, Youth and Children

The Division of Women, Youth and Children provides a broad range of primary, secondary and tertiary health care services. Services are provided based on a family-centred, interdisciplinary approach to care, in partnership with consumers and other service providers.

Strategic Plan 2020–23

The CHS Strategic Plan sets a clear path forward for our organisation to deliver against our vision. We developed the Strategic Plan in consultation with a wide range of partners, including consumer organisations, other service providers, and universities. The four priorities described under the Strategic Plan are actionable under the annual Corporate Plan.

Corporate Plan

The Corporate Plan is our annual plan to step towards achieving the priorities outlined in the Strategic Plan. It identifies key actions for focusing our efforts and investment.

The 2022–23 Corporate Plan had nine initiatives, with deliverables associated with each. Below are some of the highlights of what our teams have achieved over the reporting period.

People centred care	
Deliverable	Achievements
We will continue to respond to the impacts of the COVID pandemic, providing care that is safe and improves outcomes	• We established the safety and benefit of a comprehensive post-COVID-19 recovery program, with improved wait times for category 1 patients. We also collaborated with the University of Canberra on post-COVID-19 recovery research.

Timely care and patient flow	
Deliverable	Achievements
We will ensure our community is accessing the right care, at the right time, in the right place, with the right clinician	• Implementation of the DHR has allowed us the opportunity to implement a single intake model of care (MoC), with a consistent and standardised approach to management of referrals, irrespective of service type or location. • We improved consumer interaction and engagement in their care with access to MyDHR, a consumer-based application offering personalised and secure online access to their medical records. • We integrated Health Link Smart Forms for GPs to get instant notification of the status of a referral and introduced DHR Link, a pilot for GPs to access their patient's CHS medical record for timely and holistic view to treatment. • Expansion of the Integrated MoC for Type 2 Diabetes in General Practice to four GP Clinics. This service, which includes an endocrinologist and diabetes educator, provides specialist case conference care in the primary care setting. • Introduction of Multi-Agency Discharge Events (MADEs) to support and navigate complex discharge planning. The MADE events bring together a range of stakeholders to support improved patient flow through CHS and minimise delays in discharge or transfer. • The Advanced Practise Gastroenterology Dietitian service provides gastroenterology patients with access to a timely, tailored and evidence based specialist dietetic service. The service provides nutritional support to ~50+ patients per month and supports other dietitians across the ACT in the nutritional management of their gastroenterology patients.

Culture and leadership

Deliverable	Achievements
We will continue to support team members through wellness initiatives and COVID workforce recovery planning	• We implemented several team member wellbeing priority initiatives including the Wellbeing Peer Support Officer Program, wellness rooms and onsite Employee Assistance Program. • We had a focus on preventing and minimising occupational violence (OV) and associated harm. This saw CHS exceed a target of a reduction in OV Lost Time to Injury Frequency Rate of 5%, with a 27% reduction from baseline. This reduction has been supported by an updated *Occupational Violence Strategy*. • Our 2022 Pulse Survey results showed a 2% improvement in staff engagement scores compared to the 2021 Workplace Culture Survey and a 10% improvement in responses to the question 'Is CHS a truly great place to work' when compared to the 2019 Workplace Culture Survey — the last time we asked this question.

Attraction, recruitment and retention

Deliverable	Achievements
We will improve attraction to CHS as a workplace of choice, and people's recruitment experience by speeding up time to hire	• The Novice Nurse Consolidation Program (NNCP) commenced in August with 76 nurses enrolled. NNCP has provided a pathway for staff with little or no acute care skills or hospital experience. The program also allows staff on visas to be provided with a workforce entry program. • We reduced red tape, implemented system changes including a new on-line on-boarding platform, and restructured the talent acquisition team to streamline processing time and improve the hiring manager and candidate experience. Changes were implemented across March- May 2023 with significant improvements in prior time-to-fill outcomes witnessed by end June.

Grow and embed research

Deliverable	Achievements
We will foster a culture of research with a focus on translating research into practice, engaging partners and attracting funding	• We conducted an organisation-wide Research Strategy Implementation workshop to progress divisional planning around key research priorities. • We implemented the *CHS Learning and Teaching Strategy*, and developed the *CHS Research Strategy Implementation and Evaluation Plan*, which will inform and support establishment of a centre for exceptional care.

Inclusive health

Deliverable	Achievements
We will work in partnership to tackle barriers to health care and provide inclusive, appropriate, psychologically safe, and respectful services	• We launched the Disability Action and Inclusion Plan (DAIP) 2022–25 and engaged in a co-design process with people with disability to undertake an accessibility audit of all facilities. • We commenced an Access and Sensory service at the Weston Creek Pathology Collection Centre, using feedback and consultation with the disability community and consumers from the COVID-19 Access and Sensory Testing service. • Endorsement of the Gender Service MoC in February 2023 and the *Variation in Sex Characteristics (Restricted Medical Treatment) Bill 2023* passed on 8 June. • We commissioned new artwork from local LGBTIQ artists to support the creation of an inclusive and respective environment for the Canberra Sexual Health Centre.

Committed to Aboriginal and Torres Strait Islander peoples

Deliverable	Achievements
We will deliver on our Together, Forward Aboriginal and Torres Strait Islander action plan to improve care, access, and health outcomes	• We partnered with the Aboriginal and Torres Strait Islander Consumer Reference Group in: – developing and launching the *Statement of Commitment* (2022) that requires CHS to undertake an ongoing journey of recognising and respecting Aboriginal and Torres Strait Islander ways of working and approaches to holistic health and wellbeing, including transforming the way we work in genuine partnership with Aboriginal and Torres Strait Islander people in the ACT and surrounding region – implementing Together, Forward: Aboriginal and Torres Strait Islander Needs Assessment and Action Plan (2020–22) – introducing an additional First Nations menu offering four new, culturally familiar main meals and sides. • We improved access for Aboriginal and Torres Strait Islander children on outpatient wait lists with 101 children provided an appointment with a specialist. • Our executive team completed Indigenous Allied Health Australia's (IAHA) Cultural Responsiveness in Action training program and participated in related workshops. • We led a pilot project with the National Aboriginal and Torres Strait Islander Health Academy where Aboriginal and Torres Strait Islander students undertook culturally safe placements. • We commissioned new artwork from local First Nations artists, including major artwork for the Adolescent Mental Health Unit and Maternity Assessment Unit and wrapped a new CT scanner in artwork from a First Nations artist.

Our Statement of Commitment

Natalie Bateman (Walbanja-Yuin), *Monga Waratah* 2021, acrylic on canvas, photograph by RLDI

Aboriginal and Torres Strait Islander Consumer Reference Group partnered with CHS to develop this statement to deliver on our vision of 'Creating exceptional health care together'.

Achieving this vision requires our commitment to undertaking an ongoing journey of recognising and respecting Aboriginal and Torres Strait Islander ways of working and approaches to holistic health and wellbeing. This includes transforming the way we work in genuine partnership with Aboriginal and Torres Strait Islander peoples in the ACT and surrounding region.

We will demonstrate our commitment through action, including by:

- Undertaking an ongoing and action orientated journey of cultural safety and responsiveness, responding to the needs and aspirations of Aboriginal and Torres Strait Islander people, families, and the community in a strengths-based and culturally informed way.
- Strengthening relationships by working with and being open, transparent, and accountable to the Aboriginal and Torres Strait Islander community.
- Investing in Aboriginal and Torres Strait Islander leadership, at all levels, to drive and embed transformational and positive change across our services.

Natalie Bateman is a proud Walbanja-Yuin artist on the NSW South Coast. Her cultural heritage, kinship and connection to the land and sea are at the heart of her very successful practice as an artist.

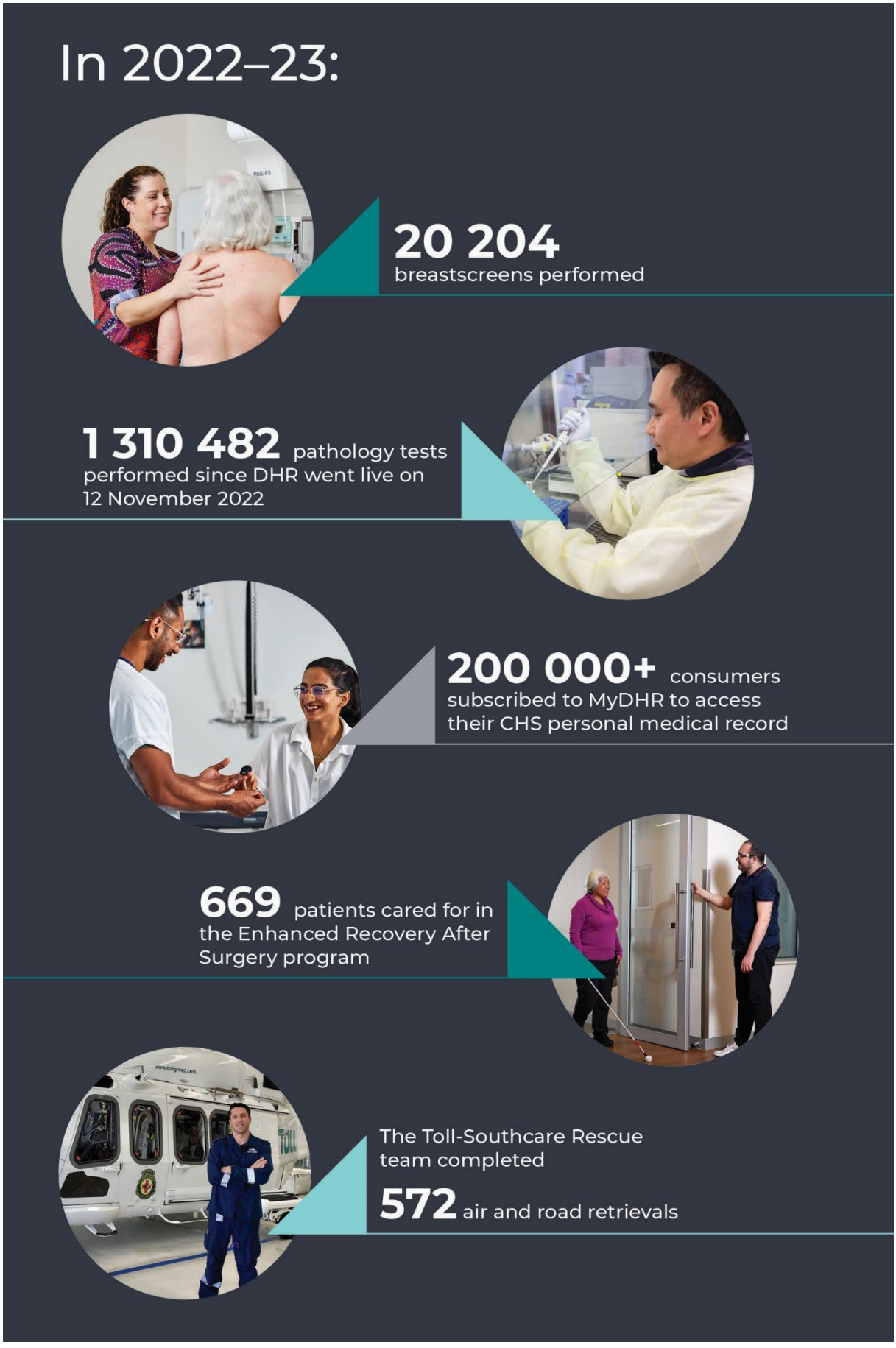
Technology

Deliverable	Achievements
We will support and facilitate delivery of an integrated digital health record system that supports safer patient care and efficiencies in clinical workflows	• The DHR went live on 12 November 2022, at three public hospitals, five WiCs, 44 community services, oral health centres and Justice Health Clinics. This achieved the integrated medical record for the public health system. We supported training for over 11 000 people before go live, and implemented a wellbeing and readiness program to support team members through this significant achievement.

Sustainability

Deliverable	Achievements
We will support delivery of major infrastructure projects that support staff morale, and improved care and experience for our patients, their families, and carers.	• We completed a detailed design of the Critical Services Building procured major medical equipment. • We completion construction of the Centenary Hospital for Women and Children's Expansion—Adolescent Mental Health Unit with six dedicated mental health beds and eight medical beds, located in a new dedicated adolescent health-focused 'wing'. • We established the Weston Creek Imaging Service at the Weston Creek Community Health Centre. The service is Canberra's first public medical imaging service outside of the hospital setting and provides low-risk ambulatory diagnostic imaging services for CT, X-ray and ultrasound in the community. • We completed the installation of the fourth and final new linear accelerator (linac) at the Canberra Region Cancer Centre. The new linac provides patients with better access to the latest technological advances in radiation therapy, including shorter courses of radiation therapy treatment to treat some cancers.

A year in review



299 nurse and midwife postgraduate scholarships supported

141 nurse and **18** midwife graduates started with Team CHS

106 546 hours of student placements across 25 allied health professions

312 000+ staff and contractor training sessions held

11 000+ CHS team members completed DHR training

106 new research projects registered across 39 clinical areas

The year ahead

Organisational planning

The adoption of activity-based funding (ABF) and activity-based management by ACTHD and CHS requires a focus on operational planning. ABF is a fundamental shift in funding models from paying for inputs, such as people and material, via block funding, to payment for outputs specified as a range of funded services on a per-patient episode. This requires a paired change in planning to a practice that starts with the type, quantity, and quality of the service required, then transposes that into the capacity to deliver that service and the staffing profile to support it.

In preparation for operational planning, senior management are orientating to operational planning and activity-based management as the basis for management of the health service moving forward. This change in focus depends heavily on the ability of the health service to describe and count patient care episodes in a particular way and reliably so, which in turn heavily depends on refinement of reporting out of the DHR.

Organisational profile

The organisational profile is a way of synthesising a range of management information on structure, function, and reporting, to undertake basic management tasks. The profile assists our organisation, as part of continually refocussing on what we are trying to do, to then make sure we are organised appropriately to do those things. The profile then supports the appropriate application of available resource to the work that we need to do, and the ability to report on how the health service is doing against what it says it will do. In simple terms identifying where our people are, what teams and functions we support, and the support of those people and teams with information and reporting.

We have undertaken the first version of the profile in 2022–23 and will continue to develop the skills to create the profile and refine the content in it to increase management capability and focus on the important matters before us into the future.

An organisational profile detailing the operational structure of CHS and contracted full-time equivalent (FTE) position holders by division will inform activity-based management and resourcing decisions. We will finalise the organisational profile during the first quarter of the 2023–24 financial year. The People and Culture Division will maintain it via position management approval processes. Human Resource Information Systems and reporting portals will hold the organisational profile.

Other 2023–24 priorities

In 2023–24, CHS will continue to focus on performance and improving timely access to health services through improving ED treatment times, reducing outpatient waitlists, and delivering 60 000 elective surgeries over four years.

Following the acquisition of CPHB (NCH) from 3 July 2023, we will safely transition services in a staged and consultative approach across the Territory. The ACTHD Annual report has more information about the transition: https://health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports.

We will engage and support our new teams at NCH and ensure our consumers also experience a seamless transition. We will provide enhanced care for some of our vulnerable consumers by opening the Adolescent Health Unit at Centenary Hospital for Women and Children and delivery of programs to support those who require dementia care.

We will work in partnership to deliver inclusive and culturally appropriate services through the implementation of the DAIP and Together, Forward–our commitment to Aboriginal and Torres Strait Islander people.

Performance analysis

The 2022–23 Budget Statement identifies the strategic priorities for CHS. We are responsible for reporting on progress against objectives one to six. An estimated outcome to report against some of these objectives was not available at the time of publication of this CHS Annual Report.

Following the implementation of the DHR in early November 2022, we are still developing processes for the collection and collation of health service data. The ACTHD and CHS have agreed that further refinement and quality assurance is required prior to releasing this data.

With the wealth of additional data provided by the new DHR, it is imperative to have additional quality assurance and validation on this data before publication. This will ensure our public hospital data provide trustworthy information and evidence about the health and welfare of all ACT residents.

Strategic Objective 1: Maximising the quality of hospital services

Strategic Indicator 1.1: Quality of care provided to patients

This indicator highlights the effectiveness and quality of care provided within CHS from a patient's perspective.

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Patient Experience Survey – Proportion of respondents rating their overall care as good or very good.	>85%	86%

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

This provides an indication of the safety of hospital–based services and is an Australian Commission on Safety and Quality in Health Care national indicator. The national target is <1 per 10 000.

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Number of admitted patients who acquire a SAB infection per 10 000 bed days	<1.0 per 10,000	N/A per 10,000

Strategic Indicator 1.3: The estimated hand hygiene rate

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

Table 4: Estimated hand hygiene rate

Strategic Indicator	2022–23 Target	2022–23 Outcome
Estimated hand hygiene[1]	80%	86.1%

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

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

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

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Participation rate, proportion of women aged 50 to 74 who had a breast screen[2]	60%	57%

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

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

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

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

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Proportion of mental health patients whose ED length of stay is greater than 24 hours.	0%	N/A

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

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

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

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Occasions of staff absence caused by an OV incident (lost time incident frequency rate due to OV).	5.8 per million hours worked	4.5 per million hours worked

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

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

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

Table 8: Proportion of patients 80 years or older at admission with Goals of Care registered during admission

Strategic Indicator	2022–23 Target	2022–23 Outcome
Proportion of patients 80 years or older at admission for an inpatient episode of care at CHS with 'Goals of Care' registered during admission[3]	100%	N/A

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

Strategic Objective 6: Improving partnerships with primary health care providers

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

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

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

Strategic Indicator	2022–23 Target	2022–23 Outcome
Proportion of patients who present to ED or a WiC who have a recorded registered primary health care provider	100%	N/A

Scrutiny

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

In 2022–23, the ACT Ombudsman Office referred four complaints to CHS. Some matters referred to the Ombudsman regarding CHS are not within the Ombudsman's jurisdiction. The Ombudsman refers these to the Health Services Commission within the Human Rights Commission, or back to CHS.

The list below does not include recommendations where our initial response indicated that the implementation of the recommendation was already complete. Where we provided input to the Territory-wide responses, refer to the ACTHD Annual Report.

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

Select Committee on Estimates 2019–20		
Report number	Not applicable	
Report title	Appropriation Bill 2019–2020 and Appropriation (Office of the Legislative Assembly) Bill 20192020	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf	
Government response	nla.gov.au/nla.obj-2438508789/view	
Date tabled	August 2019	
Recommendation number/summary	Action	Status
Recommendation 85 The Committee recommends that the ACT Government ensures CHS works towards utilising all the beds at the UCH to allow more beds to be available at Canberra Hospital.	To meet increased community demand, UCH expanded services in July 2022 to scale up to 120 inpatient rehabilitation beds to support improved timely care and patient flow across the health system. UCH is currently at 100% occupancy for inpatient rehabilitation beds and continues to work collaboratively across CHS to identify suitable patients for transfer and admission to UCH.	Complete
Recommendation 86 The Committee recommends that the ACT Government require the ACTHD and CHS work with the Transport Canberra and City Services Directorate and other relevant Directorates to	CHS has been working in partnership with the ACT Disability Reference Group, the HCCA and Transport Canberra to improve bus stops and footpaths for all users, and specifically access for people with disability. CHS has enhanced its website with a focus on providing patients, visitors	Ongoing

Select Committee on Estimates 2019–20		
develop a hospital to Woden public transport and pedestrian plan.	and carers with up-to-date access information that allows consumers to make informed decisions on how to access the Canberra Hospital campus. This includes access to the Transport Canberra journey planner.	

ACT Auditor-General Report		
Report number	7/2020	
Report title	Management of care for people living with serious and continuing illness	
Link to report	audit.act.gov.au/__data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0004/1710850/Government-Response-to-AG-Report-No.-7-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf	
Date tabled	December 2020	
Recommendation number/summary	Action	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.	Speciality services exist for providing care to people living with serious and continuing illness. The Obesity Management Service provides intensive case management for people with high Body Mass Index, and bariatric surgery. We have increased funding to expand bariatric surgery and we are undertaking a review of the current MoC.	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 rearticulating the principal purpose of the Unit and the MoCs it supports • identifying how each service or program improves the integration of chronic care provision in hospital, community and primary care settings across the ACT.	The Integrated Care Unit replaced the Chronic Disease Management Unit as the appropriate MoC.	Complete

ACT Auditor-General Report		
• 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) • particular attention being paid to the Chronic Care Program.		

Standing Committee on Education, Employment and Youth Affairs		
Report number	Report 9	
Report title	Youth Mental Health in the ACT	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0006/1701069/9th-EEYA-09-Inquiry-into-Youth-Mental-Health-in-the-ACT-GR-released-14-Jan-2021-and-tabled-9-February-2021.pdf	
Date tabled	December 2020	
Recommendation number/summary	Action	Status
Recommendation 16 The Committee recommends that the ACT Government conduct a formal evaluation of the PACER (Police Ambulance Clinician Early Response) program with a view to making it a permanent service with expanded coverage and times.	We engaged KPMG in September 2022 in partnership with ACT Policing and ACT Ambulance Services (ACTAS) to evaluate the PACER service. KPMG conducted a formal evaluation of the PACER program and released the final report to CHS, ACTAS and ACT Policing in April 2023. The report indicated we implemented PACER as intended, it is providing an effective response to people in mental health crisis and it has led to efficiency gains in general duties of police time and cost of ED presentations.	Complete
Recommendation 53 The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability.	We have realigned the Mental Health Intellectual Disability team in the 2022–23 financial year into the Child and Adolescent Mental Health Services (CAMHS) portfolio, to strengthen the support provided to young people with a disability.	Complete

Standing Committee on Planning and Urban Renewal		
Report number	Report 14	
Report title	Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and the Canberra Hospital Campus and Immediate Surrounds	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0007/1616056/9th-PUR-Report-14-Inquiry-into-Planning-for-the-Surgical-Procedures,-Interventional-Radiology-and-Emergency-Centre-SPIRE-and-The-Canberra-Hospital.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0017/1701071/9th-PUR-14-SPIRE-GR-released-2021-01-04-tabled-2021-02-09.pdf	
Date tabled	August 2020	
Recommendation number/summary	Action	Status
Recommendation 7 The Committee recommends that the ACT Government ensure the Canberra Hospital provides clear and explicit direction at all entry points for people attempting to access the ED and who are not in an ambulance	An effective wayfinding system is integral to a positive consumer experience and is essential in providing an accessible facility for a diverse range of needs for our consumers, staff, carers and visitors. CHS has developed a way finding and signage project with the immediate program targeting a review of external wayfinding systems, with the focus on directing consumers from primary external hospital campus locations to building entrances. We have completed an audit of external signage on the hospital campus and finalised tender documentation inclusive of a Statement of Requirements. We are procuring a package of works.	Ongoing
Recommendation 8 The Committee recommends that the ACT Government ensure the Canberra Hospital provides sufficient short-term parking for people attempting to access the ED in a private vehicle to ensure that the patients can be safely delivered to the ED.	CHS currently provides short-term parking and mobility spaces within proximity to the current ED. As a part of the new Building 5 project, short-term parking, mobility spaces, as well as dedicated pick-up and set-down spaces will be within proximity to the new ED. Persons coming to Canberra Hospital will also have access to parking within the multistorey carpark which has a more direct route to the new ED.	Complete

Standing Committee on Health and Community Wellbeing	
Report number	Report 1

Standing Committee on Health and Community Wellbeing		
Report title	Annual and Financial Reports 2019–2020; Appropriation Bill 2020–2021 and Appropriation (Office of the Legislative Assembly) Bill 2020–2021	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0004/1744816/HCW-01-Annual-Report-2019-20-and-ACT-Budget-2020-21-Govt-Response-on-Budget-tabled-2021-04-20.pdf	
Date tabled	April 2021	
Recommendation number/summary	Action	Status
Recommendation 7 The Committee recommends that the ACT Government build more walk-in health centres across Canberra.	In April 2022, CHS opened a new health centre in Molonglo Valley providing access to free healthcare for families in the growing Molonglo region as part of the ACT Labor 2020 election commitment. In the 2023–24 Budget, the ACT Government committed additional funding to improve Canberra's health infrastructure by expanding health centres across the city. This funding will enable the construction of a new health centre in South Tuggeranong, and site planning and early design of additional health centres in the Inner South and North Gungahlin.	Ongoing

Standing Committee on Health and Community Wellbeing		
Report number	Report 3	
Report title	Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022	
Link to report	HCW-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf	
Government response	Government-Response-to-Standing-Committee-Reports-on-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf	
Date tabled	November 2021	
Recommendation number/summary	Action	Status
Recommendation 2 (HCW Section)	The WiCs currently provide asymptomatic screening for chlamydia. In the past year	Ongoing

Standing Committee on Health and Community Wellbeing		
The Committee recommends that the ACT Government investigate the co-location of sexual health services with walk-in health centres.	we have expanded this to provide screening for contacts of positive patients. The WiCs also provide emergency contraception, pregnancy testing and referral services to sexual health clinic, GPs and Sexual Health and Family Planning ACT as necessary. In the past 12 months the WiCs have updated Clinical Treatment Protocols to include removal of vaginal foreign bodies. CHS continues working with ACTHD's Public Health Regulation and Projects Health Protection Service who have planned consumer engagement activities to identify facilitators and barriers to sexually transmitted infection and blood borne viruses services.	

Select Committee on the COVID-19 2021 pandemic response		
Report number	1	
Report title	Enquiry into the COVID-19 2021 pandemic response	
Link to report	Report-Inquiry-into-the-COVID-19-2021-pandemic-response-.pdf	
Government response	COVID-19-Report-on-the-Inquiry-into-the-COVID-19-2021-Pandemic-Response-GR-tabled-22-Mar-2022.pdf	
Date tabled	March 2022	
Recommendation number/summary	Action	Status
Recommendation 24 The Committee recommends that the ACT Government ensure CHS clinics are set up physically and technologically for telehealth.	We launched new telehealth functionality including integrated booking services within the DHR on 12 November 2022. This ensures any clinic suitable for virtual appointments is now even easier to select and book for patients.	Complete
Recommendation 25 The Committee recommends that the ACT Government support front-line medical professionals, including training, to provide telehealth appointment options.	All frontline medical staff were trained in the use of the new telehealth functionality as part of their DHR training, help guides are available within DHR, and training guides exists on the intranet for additional assistance.	Complete

ACT Auditor-General Report		
Report number	1/2022	
Report title	Management of Detainee Mental Health Services in the Alexander Maconochie Centre	
Link to report	audit.act.gov.au/__data/assets/pdf_file/0004/1958575/Report-No.1-of-2022-Management-of-Detainee-Mental-Health-Services-in-the-Alexander-Maconochie-Centre.pdf	
Government response	Auditor-General-Report-No.-1-Management-of-Detainee-Mental-Health-Services-in-the-Alexander-Maconochie-Centre-Government-Response.pdf	
Date tabled	August 2022	
Recommendation number/summary	Action	Status
Recommendation 1—Strategic Planning CHS should, in conjunction with the ACTHD, develop a Clinical Services Plan for the delivery of mental health services in the Alexander Maconochie Centre. This plan, developed in partnership with Winnunga Nimmityjah Aboriginal Health and Community Services, and other relevant stakeholders, should include explicit embedding of culturally responsive services for Aboriginal and Torres Strait Islander peoples.	CHS is progressing work with key interagency stakeholders, including ACT Corrective Services and Winnunga Nimmityjah Aboriginal Health Service and Community Services, to ensure that the delivery of mental health services in the Alexander Maconochie Centre is clearly outlined. We expect to finalise this work before the end of 2023.	Ongoing
Recommendation 2—Record Keeping System CHS should ensure its record keeping system provides the functionality to extract key information, such as demographic and service need data, that supports effective resource planning.	The implementation of the DHR has allowed users to extract specific key information and data from the system. We are generating reports that support effective resource planning at the AMC and staff have trained in the use of the system.	Complete
Recommendation 5—Establishment of Shared Services Arrangements CHS and the Justice and Community Safety Directorate should jointly: a) establish and document the shared care arrangements for detainees with mental health conditions b) develop a Service Level Agreement.	We have developed shared care arrangements for detainees with mental health conditions and finalised the Service Level Agreement.	Complete

ACT Auditor-General Report		
Recommendation 7—Custodial Mental Health Services Operational Guide CHS should finalise the draft Custodial Mental Health Services Operational Guide.	We endorsed the Custodial Mental Health – Adult Operational Guideline and we have uploaded it to the CHS Policy Register.	Complete
Recommendation 8—Health Advisory Group Terms of Reference CHS and ACT Corrective Services should review and update the Health Advisory Group Terms of Reference.	We have re-established the Health Advisory Group as the Detainee Health and Wellbeing Oversight Committee. The first meeting took place on 23 November 2022 and we have reviewed the Terms of Reference.	Complete
Recommendation 10—Key Performance Indicators CHS and ACT Corrective Services (ACTCS) should develop, and report against, key performance indicators that measure: a) access to mental health treatment options b) the delivery of mental health services within AMC. Additionally, CHS should report against a performance measure that relates to the development of release plans.	CHS and ACTCS have developed key performance indicators which the ACTCS/JHS/WNAHCS Governance Committee endorsed at their meeting in April 2023. We presented the KPIs to the Detainee Health and Wellbeing Oversight Committee in July 2023 which the committee endorsed.	Complete
Recommendation 14—Collaborative Care Plans CHS should improve the comprehensiveness of Collaborative Care Plans for all detainees with psychiatric risk ratings.	We undertook an initial audit of completed care plans in November 2022. We submitted a Statement of Assurance and supporting evidence to the CHS Audit and Risk Committee which the committee endorsed.	Complete
Recommendation 15—High-Risk Assessment Team Meetings CHS and ACT Corrective Services should ensure that: a) sufficient detail is recorded in meeting minutes of the High-Risk Assessment Team to support subsequent decisions and actions b) a process is established and documented that ensures advice is sought from an Aboriginal or Torres Strait Islander health professional regarding at-risk Aboriginal and Torres Strait Islander detainees.	CHS and ACTCS continue to progress. This work will include review of the detail outlined in meeting minutes of the High-Risk Assessment Team and establishing and documenting a process that ensures advice is sought from an Aboriginal or Torres Strait Islander health professional regarding at-risk Aboriginal and Torres Strait Islander detainees.	Ongoing

ACT Auditor-General Report		
Recommendation 16—Operational Guide for Delivery of Treatment Outside Custodial Mental Health CHS should develop an operational guide that details the operational and clinical procedures to be undertaken for detainees who fall outside the criteria for treatment by the Custodial Mental Health team.	The endorsed Custodial Mental Health - Adult Operational Guideline incorporates referral pathways for people who fall outside the criteria for treatment by the Custodial Mental Health team. We submitted a Statement of Assurance and supporting evidence to the CHS Audit and Risk Committee for consideration in May 2023 which the committee endorsed.	Complete
Recommendation 17—Aboriginal Liaison Officer Numbers CHS should undertake an assessment of the number of Aboriginal Liaison Officers required to meet service needs, including support during the induction process, of Aboriginal and Torres Strait Islander detainees and recruit to this number.	CHS continues to progress work in relation to Recommendation 17. We have completed initial consultation and we are due to complete this recommendation by the end of 2023.	Ongoing
Recommendation 18—Trauma Informed Care CHS should introduce trauma informed frameworks to inform governance, clinical, and operational processes. This should include the development and implementation of trauma-informed care training for delivery to all clinical staff within Forensic Mental Health Services and Custodial Officers within ACT Corrective Services.	Staff attended Trauma Informed Care training with the Blue Knot Foundation in April 2023. We have incorporated 1-day training into the Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) essential education program for all clinical staff which was recently endorsed by the MHJHADS Workforce Development Committee. We submitted a Statement of Assurance and supporting evidence to the CHS Audit and Risk Committee for consideration in May 2023 which the committee endorsed.	Complete
Recommendation 19—Release Planning CHS should develop release planning guidance material that covers all detainees with mental health care plans that: a) describes the process for release planning b) details what information should be contained in a release plan c) establishes a consultation process with ACT Corrective Services when planning release for those detainees receiving mental health treatment from ACT Corrective Services clinical staff	CHS continues to progress work in relation to Recommendation 19. We have developed a Release Planning Guideline for Custodial Mental Health and commenced internal consultation.	Ongoing

ACT Auditor-General Report		
d) establishes a consultation process with Winnunga Nimmityjah Aboriginal Health Service and Community Services (or other service providers where necessary) when planning the release of Aboriginal and Torres Strait Islander detainees.		

Standing Committee on Health and Community Wellbeing		
Report number	Report 5	
Report title	Review of ACT Health Programs—Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0009/1998153/HCW-Committee-report-V5-Tabling-3-May-2022.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0008/2075921/HCW-05-Children-and-young-people-and-responses-to-FASD-released-16-Sept-2022.pdf	
Date tabled	September 2022	
Recommendation number/summary	Action	Status
Recommendation 3 The Committee recommends that the ACT Government prioritise recruitment of paediatricians.	CHS has established a Talent Acquisition team which focuses on proactive talent attraction and engagement. It is a team dedicated to engaging local, national and international medical talent. This team has succeeded in engaging medical staff into paediatric medicine. We are preparing to launch a Recruitment Attraction Campaign in August 2023, targeting various roles and including paediatricians and related positions. The campaign will be a national campaign and will include international advertising reach inviting suitably experienced and qualified professional to visit open vacancies as well register interest in future opportunities. We will review registered interest parties and if deemed suitable, add them to a talent register for regular engagement until an appropriate vacancy becomes available and we invite them to apply.	Ongoing
Recommendation 4 The Committee recommends that GPs, paediatricians, and non-	CHS continues ongoing education activities with private and allied health partners ahead of FASD awareness month in	Ongoing

Standing Committee on Health and Community Wellbeing		
paediatrician specialists be upskilled to improve outcomes for young people accessing their services.	September 2023. Establishment of an integrated multidisciplinary paediatric developmental service for the assessment, diagnosis and management of children and young people with neuro-developmental disorders and disabilities will benefit not only those with FASD, but many others with differential diagnoses including Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and developmental trauma.	
Recommendation 10 The Committee recommends that the ACT Government ensures continuity of health care for patients across jurisdictions and provides related support for their families.	The Paediatric Liaison and Navigation Service (PLaNS), commenced in September 2022 and has had more than 100 referrals with around 95 children and their families and care supports enrolled in the program. PLaNS is a multi-disciplinary team of allied Health and Nursing Care Navigators. The service places children with complex health needs and their families at the centre of their own care, listening to children and families and acknowledging that they are experts in their own health. The service involves families and children in care planning, removes barriers to care, and assists families to make durable connections to the services and supports they need. PLaNS is fully recruited and is actively developing strategies to ensure sustainability and capability into the future within the current budget and FTE.	Complete
Recommendation 14 The Committee recommends that the ACT review and improve the hospital and health care experience and processes for young people and their families, focusing on a family centred care model.	A key focus for CHS has been embedding integrated care as a normal way of working to provide person-centred, responsive, effective, navigable system of care utilising the most appropriate service provider/s and targeted support for people with chronic and complex conditions. Current activities with CHS include development and implementation of liaison and navigation services across adult and paediatric populations and the opportunity to innovate with the model in partnership with Capital Health Network and ACTHD within a Commonwealth-funded Primary Care Pilot project. To ensure provision of healthcare closer to where people live and reduce the burden on acute hospital services, the Integrated	Ongoing

Standing Committee on Health and Community Wellbeing		
	Care Program continues to work on the development and understanding of community-based services planning and facilities with consideration of geographical distribution, capacity, resourcing and community requirements, and understanding the alignment and requirement of territory needs, future priorities and recommendations as outlined in the CHS Clinical Service Plan, ACT Health Services Plan and ACT Child and Adolescent Clinical Service Plan. The Integrated Care team and working groups remain focused on the established aims of optimising innovative and alternative MoCs that involve multidisciplinary teams. This includes partnering with primary health providers, specialists, nursing, allied health and community care providers, other directorates and non-government organisations with a focus on supporting system-wide improvements to enable care for the right person, at the right time, in the right location.	

Select Committee on Estimates 2022–23		
Report number	Not applicable	
Report title	Inquiry into the Appropriation Bill 2022-2023 and Appropriation (Office of the Legislative Assembly) Bill 2022–2023	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0007/2082625/Report-Inquiry-into-Appropriation-Bill-2022-2023-and-Approporiation-OLA-Bill-2022-2023.pdf	
Government response	Estimates-2022-2023-Government-Responses-tabled-11-October-2022.pdf	
Date tabled	October 2022	
Recommendation number/summary	Action	Status
Recommendation 103 The Committee recommends that the ACT Government publish bi-annual statements of CHS compliance with nurse-to-patient ratios.	Canberra Hospital reports compliance with nurse-to-patient ratios through the monthly Reasonable Workload Committee which two representatives from the Australian Nursing and Midwifery Foundation attend.	Complete

Select Committee on Estimates 2022–23		
	Canberra Hospital also reports compliance monthly to the ACTHD through the Ratio Implementation Steering Committee. The nurse-to-patient ratio compliance data is also publicly available on the ACTHD website.	
Recommendation 104 The Committee recommends that the ACT Government report to the Legislative Assembly on progress to increase elective surgery capacity.	Theatre complex fires in December 2022 and the need to shift activity normally delivered at CPHB into private facilities impacted 2022–23 activity at the former CPHB. The Minister for Health provided the Assembly with a statement regarding the theatre fire impacts in February 2023. Theatre remediation works are underway and once completed, will bring capacity online. We are establishing options to deliver additional activity in private facilities. We will also expand theatre capacity elsewhere including through the commissioning of Building 5 in 2024, increased utilisation of theatres at NCH and the new Northside Hospital. We will provide a further update as activities progress.	Ongoing

Legislative Assembly for the Australian Capital Territory		
Report number	Not applicable	
Report title	Inquiry into the Legislative, Workplace Governance and Clinical Frameworks of Dhulwa Secure Mental Health Unit	
Link to report	List_Inquiry-into-the-Legislative,-Workplace-Governance-and-Clinical-Framework-of-Dhulwa-Secure-Mental-Health-Unit-Final-Report.pdf	
Government response	11_Inquiry-into-Legislative,-Workplace-Governance-Dhulwa-Secure-MHU-Final-Report-Govt-Response.pdf	
Date tabled	December 2022	
Recommendation number/summary	Action	Status
Recommendation 1: Independent oversight There should be independent oversight of the implementation of the recommendations to ensure that change occurs at Dhulwa, and that the change is affected as soon as reasonably practicable.	The Independent Oversight Board has convened and is meeting quarterly to address the implementation of the recommendations outlined in the final report.	Complete
Recommendation 2: Model of Care The MoC for Dhulwa should be clarified to confirm that its primary purpose is the provision of forensic mental health services, which in turn will inform the therapeutic and work health and safety (WHS) management of the unit.	The Independent Oversight Board considered Sub Recommendation 2.1 on 19 April 2023 and endorsed it. The Independent Oversight Board considered Sub Recommendation on 19 July 2023 and endorsed it. The Dhulwa Working Group is progressing work in relation to Sub Recommendations 2.2, 2.3 and 2.5. This work will include review of the 2016 MoC and ensuring that all staff have the awareness, understanding and skills to deliver the MoC, as well as improving the physical environment of Dhulwa to make it more homely and conducive to social integration.	Ongoing
Recommendation 3: Information for consumers The Dhulwa Consumer and Visitor Handbooks should be updated and disseminated to clearly communicate the MoC for Dhulwa and operational procedures to all stakeholders.	The Dhulwa Working Group is progressing work relating to Recommendation 3. As outlined in the Government Response, the content of these resources will be informed by the MoC once finalised.	Ongoing
Recommendation 4: Policies and procedures	The Independent Oversight Board considered Sub Recommendations 4.2, 4.3	Ongoing

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Following confirmation of the MoC, to ensure consistency, the policies and procedures relating to clinical and WHS management at Dhulwa should be reviewed.	and 4.4 on 19 July 2023 and endorsed them. The Dhulwa Working Group is progressing work in relation to Sub Recommendation 4.1. This work will include review of all clinical and operational policies and procedures to ensure alignment with the MoC.	
Recommendation 5: Policies and procedures—Leave Management Where legally required, matters for external leave (leave from the unit) for consumers should be considered by the ACT Civil and Administrative Tribunal, and in all other cases leave should be a matter for clinical decision at an appropriately senior level on an individual consumer basis.	The Dhulwa Working Group is progressing work in relation to Recommendation 5. This work will include review of the Leave Management Procedure.	Ongoing
Recommendation 6: Staffing profile The staffing model for Dhulwa should be restructured to provide clear leadership and an appropriate skill-mix on every shift. Emphasis should be given to the provision of therapeutic, occupational, vocational, educational and social activities for consumers through the recruitment and retention of allied health staff.	The Independent Oversight Board considered Sub Recommendation 6.3 on 19 July 2023 and endorsed it. The Dhulwa Working Group is progressing work in relation to Sub Recommendation 6.1 and 6.2. This work will include review of the staffing profile and rostering arrangements to ensure there is an appropriate skill-mix on every shift, and ensuring the full complement of allied health positions are recruited and actions are in place to promote retention.	Ongoing
Recommendation 7: The inclusion of the lived experience workforce Dhulwa should ensure there is representation from the lived experience workforce in the multidisciplinary team.	The Dhulwa Working Group is progressing work in relation to Recommendation 7. This work will include the lived experience workforce at Dhulwa and ensuring there is representation from the lived experience workforce in the multidisciplinary team.	Ongoing
Recommendation 8: Implementation of Safewards The Safewards model should be fully implemented at Dhulwa and once embedded, consideration given to the implementation of the Safewards Secure model.	The Dhulwa Working Group is progressing work in relation to Recommendation 8. This work will ensure full implementation of the Safewards model at Dhulwa and, once embedded, the group will consider the implementation of the Safewards Secure model.	Ongoing
Recommendation 9: Reducing the use of restrictive practices	The Dhulwa Working Group is progressing work in relation to Recommendation 9. A framework to reduce occurrence of	Ongoing

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A framework to reduce the occurrence of restrictive practices at Dhulwa including seclusion and restraint should be implemented.	restrictive practices at Dhulwa will support this work.	
Recommendation 10: Governance arrangements The governance arrangements for management at Dhulwa should be re-affirmed to ensure that those who have the ultimate responsibility for quality and safety at the unit have the appropriate delegations and reporting lines to be able to manage effectively.	The Independent Oversight Board considered Sub Recommendations 10.1, 10.2 and 10.4 on 19 July 2023 and endorsed them. The Dhulwa Working Group is progressing work in relation to Sub Recommendation 10.3. This work will include defining expectations for clinical safety performance at Dhulwa and communication of expectations to staff.	Ongoing
Recommendation 11 Clinical oversight and leadership To improve accountability and consistency of clinical care at Dhulwa, enhanced clinical oversight arrangements should be established. These include: • a designated nursing team leader position for each shift • an after-hours clinical support position • the institution of a Primary Nurse model • and the provision of specialist psychiatric support for Dhulwa at all times.	The Independent Oversight Board considered Sub Recommendations 11.2 and 11.5 on 19 April 2023 and endorsed them. The Board endorsed Sub Recommendation 11.5 and carried over 11.2 to the 19 July 2023 meeting and endorsed both. The Dhulwa Working Group is progressing work in relation to Sub recommendations 11.1, 11.3 and 11.4. This work will include a restructure of the staffing model to align with the MoC to deliver the appropriate skill-mix, establishment of a dedicated after-hours operational and clinical support position, and institution of a Primary Nurse Model to ensure continuity and accountability for patient care.	Ongoing
Recommendation 12: Integration of security into clinical and therapeutic practice Practices at Dhulwa should be revised to ensure that personal safety of staff is improved through relational security becoming an integral part of clinical and therapeutic practice, and that clinical care is not delivered in a custodial manner.	The Dhulwa Working Group is progressing work in relation to Recommendation 12. This work will include integration of security into clinical and therapeutic practice and, as outlined in the government response, the finalised MoC will inform this work.	Ongoing
Recommendation 13: Role of security staff The role of the security staff at Dhulwa should be clarified to ensure that it is consistent with the MoC and	We have not yet commenced work in relation to Recommendation 13. As outlined in the government response, we will factor key considerations into the implementation of this recommendation including adequate consultation, approval	Ongoing

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that the role is limited to the provision of perimeter security.	of policy changes, and provision of education.	
Recommendation 14: Best practice use of security cameras The use of security cameras at Dhulwa should be reviewed and best practice use of security cameras in a forensic mental health facility adopted.	The Dhulwa Working Group is progressing work in relation to Recommendation 14 to ensure best practice use of security cameras at Dhulwa.	Ongoing
Recommendation 15: Consultation and communication arrangements To establish a strong safety culture at Dhulwa, existing consultation and communication arrangements should be reviewed, having regard to CHS work, health and safety management system requirements and working with staff to identify an approach that aligns with the organisational requirements and is fit for purpose for the unit.	The Independent Oversight Board considered Recommendation 15 and all Sub Recommendations on 19 July 2023 and endorsed them.	Complete
Recommendation 16: Resources to manage change Appropriate resources should be allocated to support change management at Dhulwa to ensure there are proper processes in place for communication, engagement and implementation of the Inquiry's recommendations, and to embed effective change management practice for the future.	The Independent Oversight Board considered Sub Recommendation 16.1 on 19 April 2023 and endorsed it. The Dhulwa Working Group is progressing work in relation to Sub Recommendation 16.2. This work will be informed by the change management plan developed in response to Sub Recommendation 16.1.	Ongoing
Recommendation 17: Documenting risk Dhulwa should have a risk register that is monitored and reviewed and that captures work, health and safety risks within the unit, including the psychosocial safety of workers.	The Independent Oversight Board considered Recommendation 17 on 19 April 2023 and endorsed it. As outlined in the government response, we held a risk workshop in December 2022 with Dhulwa team members and identified risks and issues which we captured on Dhulwa's risk register. We identified this recommendation as complete.	Complete
Recommendation 18: Use of the Dynamic Appraisal of Situational Aggression (DASA) risk assessment instrument Dhulwa staff should be retrained in the use of the DASA risk assessment instrument and its application should	The Independent Oversight Board considered Sub Recommendations 18.1 and 18.2 on 19 July 2023 and endorsed them. The Dhulwa Working Group is progressing work relating to Sub Recommendation 18.3. The actions we take in relation to Sub	Ongoing

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be continuously monitored to ensure appropriate use.	Recommendation 18.1 and 18.2, including provision of training for all nursing staff at Dhulwa on the DASA and provision of education to the consumer cohort at Dhulwa on the use of the DASA will inform this work. We will establish a process to audit the use of the DASA and incorporate the findings into ongoing refresher training for staff.	
Recommendation 19: Risk mitigations following risk assessment Consideration should be given to the use of a framework such as the Aggression Prevention Protocol to ensure that appropriate risk mitigation interventions are put in place after risk is identified.	The Independent Oversight Board considered Sub Recommendation 19.1 on 19 July 2023 and endorsed it. The Dhulwa Working Group is progressing work relating to implementation of a framework to guide intervention following risk assessment, as outlined in Sub Recommendation 19.2.	Ongoing
Recommendation 20: Incident management process An incident management process should be implemented at Dhulwa to ensure immediate review involving all relevant staff, and timely remedial action.	The Dhulwa Working Group is progressing work in relation to Recommendation 20. This will include review of the CHS Incident Management framework and implementation of a specific process for Dhulwa to ensure a best practice approach.	Ongoing
Recommendation 21: Competencies and training Clinical competencies should be mapped for all levels of staff at Dhulwa to ensure the effective delivery of the MoC, and training requirements should align with the clinical competencies and address any risks raised by the workforce.	The Independent Oversight Board considered Sub Recommendation 21.2 on 19 July 2023 and endorsed it. The Dhulwa Working Group is progressing work in relation to Sub Recommendation 21.1. This will include mapping workforce competencies and review of training provision.	Ongoing
Recommendation 22: Ethics, human rights, confidentiality and privacy training Training should be provided for existing Dhulwa staff and all new recruits on the legislative and other requirements and obligations relating to ethics, human rights and in particular, the rights of consumers to both confidentiality and privacy.	The Dhulwa Working Group is progressing work in relation to Sub Recommendation 22. We will provide training for existing and new Dhulwa staff in relation to legislative requirements and obligations relating to ethics, human rights and in particular, the rights of consumers to both confidentiality and privacy.	Ongoing
Recommendation 23: Improve nursing staff capabilities	The Dhulwa Working Group is progressing work in relation to Recommendation 23. This will include rotation of nursing staff through other mental health facilities,	Ongoing

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Nursing staff should be rotated through other mental health facilities, including forensic mental health facilities, to gain greater experience and to improve clinical capability.	inclusive of forensic facilities, to enable greater experience and to improve clinical capability of staff.	
Recommendation 24: Leadership external support The leadership team at Dhulwa should develop contacts with forensic mental health professionals in other jurisdictions to assist in the maintenance of contemporary practice.	The Dhulwa Working Group is progressing work in relation to Recommendation 24. The leadership team at Dhulwa is actively developing contacts with other forensic mental health professionals in other jurisdictions to assist in the maintenance of contemporary practice.	Ongoing
Recommendation 25: Trauma Informed Care Dhulwa should adopt a Trauma Informed Care approach and all staff should be trained in Trauma Informed Care.	The Dhulwa Working Group is progressing work in relation to Recommendation 25. This will include implementation of a trauma informed care approach at Dhulwa and training provision for staff.	Ongoing

ACT Auditor-General's Report		
Report number	7/2022	
Report title	ACT Childhood Healthy Eating and Active Living Programs	
Link to report	audit.act.gov.au/__data/assets/pdf_file/0015/2104008/Report-No.-7-of-2022-ACT-Childhood-HEAL-Programs.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0007/2249863/2023-Government-response-to-AG-Report-No.7-Childhood-Healthy-Eating-Active-Living-tabled-21-March-2023.pdf	
Date tabled	March 2023	
Recommendation number/summary	Action	Status
Recommendation 8 Evaluating Community Need for Treatment Services	The Healthy Eating and Living report indicated that the existing Community Nutrition and Paediatric Obesity Management programs at CHS are under resourced and cannot adequately support children with atypical eating behaviours and atypical weight gain. The Committee recommended that CHS address these gaps in service delivery through investment in the development of a new MoC providing services for pregnant women and their children through education, early	Ongoing

ACT Auditor-General's Report

	intervention and prevention. We included expansion of the existing paediatric weight management program in the Paediatric Services Expansion 2023-2023 business case. Recent funding obtained will provide an expansion of the existing paediatric weight management program, SKIP for the 4 to 12-year-old cohort.	

Standing Committee on Public Accounts

Report number	Report 14	
Report title	Inquiry into Auditor-General's Performance Audit Reports January 2022 – June 2022	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0005/2186573/Report-14-Auditor-Generals-performance-report-January-2022-June-2022-FINAL.pdf	
Government response	PAC-14-Inquiry-into-AG-Reports-Jan-June-2022-Govt-Response-28-June-2023.pdf	
Date tabled	June 2023	
Recommendation number/summary	Action	Status
Recommendation 1: The Committee recommends that the ACT Government meet the mental health needs of all detainees.	Work in relation to Recommendation 1 is complete and a Statement of Assurance has been prepared for endorsement by the CHS Audit & Risk Committee.	Complete
Recommendation 4: The Committee recommends that the ACT Government agree to all of the recommendations of the Auditor-General's Report No 1/2022.	The Auditor General's Report No 1/2022 outlined a total of 19 recommendations. We agreed to 10, we agreed to eight in principle and noted one recommendation. We provide a progress update on the individual recommendations and the work underway and/or complete in the CHS Annual Report (Scrutiny).	Complete

ACT Magistrates Court		
Report number	Not applicable	
Report title	Inquest into the death of Joshua	
Link to report	courts.act.gov.au/magistrates/decisions/inquest-into-the-death-of-joshua	
Government response	3_Inquest-into-the-death-of-Joshua-Government-Response.pdf	
Date tabled	June 2023	
Recommendation number/summary	Action	Status
Recommendation 3: It is recommended that ACT Mental Health Services (ACTMHS) provide guidance to ACTMHS practitioners and carers as to the circumstances that would justify the disclosure of personal health information pursuant to Principle 10 of the *Health Records (Privacy and Access) Act 1997*. That guidance would apply generally and not just to the disclosure of information about patients who are subject to mental health orders.	Recruitment of the Lived Experience Director is underway, and we expect that a suitable candidate will commence within the next three months. Following their commencement, we will begin the planned work.	Ongoing
Recommendation 5: It is recommended that the Memorandum of Understanding (MoU) between the ANU and ACTMHS, which deals with co-operation between those agencies concerning students with mental health challenges, be re-visited and updated by both the ANU and ACTMHS, informed by Joshua's experiences and the findings in this inquest.	We have commenced preliminary meetings with the ANU and the Executive Director MHJHADS and Director of Clinical Services MHJHADS. We are actively reviewing the MoU and deciding if it is required.	Ongoing

Standing Committee on Education and Community Inclusion		
Report number	Report 7	
Report title	Inquiry into access to services and information in Auslan	
Link to report	parliament.act.gov.au/__data/assets/pdf_file/0010/2174950/Report-Inquiry-into-access-to-services-and-information-in-Auslan.pdf	
Government response	parliament.act.gov.au/__data/assets/pdf_file/0003/2234784/Government-Response-Inquiry-into-access-to-services-and-information-in-Auslan-7-June-2023.pdf	
Date tabled	February 2023	
Recommendation number/summary	Action	Status
Recommendation 22 That CHS provide Deaf awareness training and equipment/resources to hospital staff, which include: • the right to an interpreter in EDs and during mental health emergencies • the communication needs of Deaf patients • access to face-to-face and on-call telephone and remote Auslan interpreting services • information about Auslan to families, immediately after newborn hearing screening.	CHS continues to provide Deaf Awareness Training as routine learning programs. We provide training to all staff through two eLearning programs: Culture Diversity and Inclusion, Working with Interpreters. CHS also provides face-to-face training through the Diversity and Inclusion Training Day which invites external experts to speak to staff on topics such as 'Working with Interpreters', and 'Understand Hearing Loss'. Staff can also access additional resources via the intranet which includes language translating and interpreting services. The ED and other clinical areas within CHS display information and signage on how to access an interpreter. We provide information on accessing hearing/speech impairment support through the infant Personal Health Record (blue book). The Maternal and Child Health program will schedule additional time in clinics or home visits to allow for interpreter services' involvement.	Complete

Risk management

Risk management is a critical part of our approach to corporate and clinical governance. Every day there is a possibility of an event or situation that could impact our ability to deliver services. This includes the possibility of compromise to the quality of care we deliver, to the safety of our consumers, their families and carers, or our team and visitors. Identifying and managing risk is necessary to prevent or reduce harm and find opportunities to improve.

Risk Management Framework

In 2022–23 we refined our Risk Management Framework and Policy to reflect changes to our CHS Governance Committee structure. We tailored our Risk Management Framework and Policy to CHS. They remain compliant with the International Standard for Risk Management 31000:2018 and reference the ACT Government Risk Management Policy. Our framework outlines our risk management governance. We also finalised a Risk Management education series targeted at divisional senior leadership teams. We also reviewed several Risk Management resources and created resources to better support the workforce.

Managing and monitoring risks

Our Risk Management Policy describes the 'Three Lines' model used within CHS for managing risk, and the expectation for at least quarterly risk monitoring and review.

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

Each division has a peak committee for the monitoring and management of divisional risk. We escalate risks that are high level and/or where divisions cannot manage adequately to the Executive Committee.

Identifying and responding to emerging risks

Risk management is not a stand-alone process, rather we integrate it into existing business processes. We identify risks through, for example, business planning, internal and external audit activity, WHS reporting, incident reporting and investigation and legislative compliance monitoring. We report the outcomes of these business processes into and monitored them through our governance committee structure.

Internal audit

Internal audit arrangements

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

Audit and Risk Management Committee

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

Representatives from the ACT Audit Office regularly attend and update the Audit and Risk Committee on the progress of Auditor-General audits and audit matters impacting CHS and the ACT Government. Staff regularly attend to present to the Audit and Risk Committee on internal audit, assurance and governance activities and issues. The committee met five times during the financial year.

Table 10: CHS Audit and Risk Management Committee members and attendances

Name	Position	Duration on Committee	Meetings attended
Mr Geoff Knuckey	Independent Chairperson	5 years	5
Mr Jeremy Chandler	External member and Deputy Chairperson	5 years	5
Ms Christine Pitt	External member	1 year	5
Mr David Foot	External member	1 year	4
Mr Ben Cooper	Internal member	4 years	4

Internal audits

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

During 2022–23, we completed five strategic internal audits with another five in-progress at year end. Audit findings and recommendations rate in line with the ACT Government Risk Management Policy. Throughout the year, the Head of Internal Audit reported to the CEO, and the committee on matters relating to the Strategic Internal Audit Program, audit recommendations emerging from audit findings, and any matters of significance as identified during the year.

Fraud prevention

The CHS Fraud and Corruption Control Plan supports the Fraud and Corruption Policy to prevent fraud within CHS. We developed the policy and plan in line with the ACT Public Service (ACTPS) Integrity Policy, *ACT Public Sector Management Act 1994*, *ACT Integrity Commission Act 2018*, and the *ACT Public Interest Disclosure Act 2012*. We place great importance on maintaining a culture that values integrity and ethical behaviour.

Risk assessments conducted

The CHS Fraud and Corruption Control Plan identifies fraud and corruption-related risks. We reassess these regularly using the CHS Risk Management Framework to ensure that the risk assessment and treatment plans are up to date.

Fraud control plans

We reinforce fraud controls messaging regularly using a variety of communication channels, including Senior Executive Responsible for Business Integrity Risk (SERBIR) all-staff email notifications. We include fraud control expectations in the new staff induction process, and contain responsibilities for fraud control in role descriptions, where appropriate.

Fraud awareness training

The Workplace Behaviours eLearning module includes training and education on fraud prevention and ethical behaviours. This is mandatory for all team members.

Fraud prevention strategies

All business processes at CHS are subject to a rigorous system of internal controls which we document and update regularly, and which all team members understand. These include SERBIR-led controls, management-led controls, staff awareness and training, risk assessments, and supplier controls.

Fraud detection strategies

We have effective accounting and system controls in place to detect fraud by recognising variations from standard practice. These include fraud and corruption signals, financial reporting and data analysis, and internal and external audit, including oversight by the independent Audit and Risk Management Committee.

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

Freedom of information

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

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

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

Table 11: CHS—Freedom of information—mandatory statistics 2022–23

Freedom of information: Mandatory statistics		
Access applications: Overall		
Data	Agency response	Notes and explanation
Number of access applications on hand at the beginning of the reporting period	8	-
Number of access applications received during the reporting period	72	-
Number of access applications transferred to another agency	0	-
Number of access applications finalised	61	9 applications withdrawn by applicant
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	9	-
Timeliness		
Data	Agency Response	Notes and Explanation
Number of access applications decided within the time to decide under s 40	61	-
Number of access applications not decided within the time under ss 40, 41 and 42 (deemed decisions)	0	-
Of the access applications not decided within time (deemed decision), the time taken to finalise those matters		

Freedom of information: Mandatory statistics		
Within 35 days	0	-
Within 60 days	0	-
Over 60 days	0	-
Fees charged		
Total charges and application fees collected from access applications	$0.00	-
Number of access applications to which a fee or charge was applied	0	-
Outcomes		
Number of access applications with a decision which:		
Gave full access	11	-
Gave partial access	37	-
Information not held	5	-
Refused access	3	-
Refused to deal with the application	5	-
Ombudsman/ ACT Civil & Administrative Tribunal (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		
Decisions confirmed through Ombudsman review	0	-
Decisions set aside and substituted through Ombudsman review	0	-
Decisions varied through Ombudsman review	0	-
Outcome of ACAT review		
ACAT reference	Outcome	Notes and Explanation
Not applicable	Not applicable	-
Open access		
Decisions to publish open access information	176	-
Decisions not to publish open access information	3	-

Freedom of information: Mandatory statistics		
Decisions not to publish open access information	0	-
Amending personal information		
Data	Agency Response	Notes and Explanation
Requests made to amend personal information	0	-
Decisions to amend personal information	0	-
Decisions to refuse to amend personal information	0	-

Community engagement and support

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

Over the year we worked with consumers and our community partners to help inform and educate the community about a wide range of topics including:

- where they can access the right care, at the right time at the right place as we navigated our way out of the COVID-19 pandemic
- the introduction of new services and facilities such as the Maternity Assessment Unit and Gynaecological Day Unit
- harm minimisation through promotion of the role and work of the ACT Trauma Service and the importance of rural road safety
- the implementation of new equipment/processes including the arrival of new linear accelerators.

Embedding the Statement of Commitment 'Monga Waratah' artwork into the CHS brand

We continued telling the story of our commitment to Aboriginal and Torres Strait Islander peoples. We worked with Aboriginal artist Natalie Bateman to bring the CHS' Statement of Commitment—our pledge to work in partnership with Aboriginal and Torres Strait Islander people to deliver on our vision of 'creating exceptional health care to life through her artwork 'Monga Waratah'. We partnered with Natalie to develop a guide to embed the Monga Waratah artwork further into the CHS brand and created communication assets and merchandise for Team CHS to display this commitment through email signatures, templates and lapel pins.

Social media engagement

We use social media as a valuable communication tool to engage with and educate our community about our health services. Stories focused on our people and our patients drive our social media strategy. We have continued to grow our online presence and social media through 2022–23. This year we focused on:

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

Community support initiatives: grants and sponsorships

CHS did not provide any grants or sponsorship in 2022–23.

Carer and carer support—reporting under the *Carers Recognition Regulation 2021*

The following table shows how CHS demonstrates the obligations of the *Carers Recognition Regulation 2021*:

Table 12: CHS reporting obligations under the *Carers Recognition Regulation 2021*

Annual reporting obligation	Supporting evidence/examples
Raising awareness about and promoting the care relationship principles	CHS raises awareness and promotes care relationship principles by ensuring carers are appropriately engaged and supported during treatment and care of patients normally in their care. This support extends to engaging in providing support to carers through both CHS internal and external support systems.
Upholding the care relationship principles	CHS is finalising a Health Information Sheet to inform carers about how they can expect CHS to support them, and ways to involve themselves in the inpatient treatment/care of the person who they ordinarily provide care for.
Consulting with carers	CHS commits to consulting with consumers and carers in the policy governance process. CHS seeks CHS seeks targeted input through consultation with carer organisations, including Carers ACT, during the review and development of relevant policy documents.
Human resources policy development	CHS developed a launch plan with staff members with lived experience for the CHS Disability and Carers Staff Network to create a safe and inclusive space for connection, support, and advocacy. CHS provides the following support for team members: • Option to apply for flexible working arrangements which includes 'parental or caring responsibilities' as a reason to apply • Availability of a range of leave for carers including personal leave, adoption or permanent care leave and foster and short-term care leave.

Aboriginal and Torres Strait Islander reporting

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

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

30 June 2022	30 June 2023
98	88

Aboriginal and Torres Strait Islander Steering Group

The CHS Aboriginal and Torres Strait Islander Steering Committee continues to lead and oversee key initiatives to improve health service access, experience, and outcomes for Aboriginal and Torres Strait Islander people in the ACT and surrounding region. In undertaking this work, the partnership with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group supports the Aboriginal and Torres Strait Islander Steering Committee.

Aboriginal and Torres Strait Islander Consumer Reference Group

The CHS Aboriginal and Torres Strait Islander Consumer Reference Group comprises members from the ACT and NSW who have lived experience with CHS, either as patients or carers, and work in partnership with CHS towards improving health service access and experience for Aboriginal and Torres Strait Islander people.

The CHS Aboriginal and Torres Strait Islander Consumer Reference Group won the 2023 ACT NAIDOC Award for Non-Indigenous Contribution. A testament to the important and great work they have done while supporting CHS.

CHS Statement of Commitment

The CHS Aboriginal and Torres Strait Islander Consumer Reference Group was instrumental in the development of the Statement of Commitment (2022). This requires CHS to undertake an ongoing journey of recognising and respecting Aboriginal and Torres Strait Islander ways of working and approaches to holistic health and wellbeing, including the way CHS works in genuine partnership with Aboriginal and Torres Strait Islander people.

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

Together, Forward: Aboriginal and Torres Strait Islander Needs Assessment and Action Plan outlines the way in which CHS delivers on the Statement of Commitment and the ACT Aboriginal and Torres Strait Islander Agreement. This includes regularly undertaking an Aboriginal and Torres Strait Islander health service needs assessment thereby identifying and taking meaningful action to improve the health and wellbeing of Aboriginal and Torres Strait Islander people receiving care with CHS. Following the implementation of Together,

Forward 2020–22, we commenced the development of Together, Forward 2023–25 focusing on ongoing and new actions to deliver on the Statement of Commitment.

Aboriginal and Torres Strait Islander Impact Statement and Declaration

CHS maintains the Aboriginal and Torres Strait Islander Impact Statement and Declaration to ensure that the development of organisational policies considers the needs and perspectives of Aboriginal and Torres Strait Islander people.

Work health and safety

We commit to providing a safe and healthy working environment for all team members, patients, contractors, visitors, and others. We have a proactive approach to WHS with the aim of eliminating workplace injury and illness through effective risk management.

Work health and safety consultation arrangements

CHS values the benefits of consultation with staff and stakeholders to improve WHS.

As at 30 June 2023:

- CHS had 344 Health and Safety Representatives (HSR). We appoint HSR's under the *Work Health and Safety Act 2011* (WHS Act) to represent employees regarding WHS matters in consultation with management.
- CHS has three tiers of WHS committees which meet at least quarterly and include management and employee representatives.
- The CHS Peak WHS Committee represents all divisions across CHS. Divisional WHS committees and sub-divisional committees represent specific divisions or divisional work units (formed as required for specific work units).

Staff WHS incidents

Table 14: Staff WHS incidents

Year	Number of personnel WHS incidents
2022–23	2717
2021–22	2731
2020–21	2577

Notifiable injuries, illness and incidents

Reportable incidents and notices under the WHS Act for the 2022–23 financial year:

- We classified 13 WHS incidents as notifiable incidents and reported them to WorkSafe ACT.
- 20 improvement notices were issued for a variety of WHS matters. Of these notices, Worksafe ACT subsequently lifted 19 following CHS action to address the risks and the matters identified as requiring improvement. Examples of the actions taken include:
  - ensuring up to date WHS risk registers are in place for specific work units / work areas
  - ensuring that up-to-date communication and consultation arrangements for WHS matters are in place for specific work units / work areas
  - the development of psychosocial safety awareness resources and workshops for staff and managers, review of electrical testing and tagging procedures and targeted facilities management activities.

- One improvement notice related to managing fatigue remains outstanding. We have almost completed a review of the CHS Fatigue Management guidance documents including communication and consultation with CHS staff regarding fatigue management.

In addition to the above notices placed on CHS, in December 2022 we subsequently finalised a Prohibition Notice placed on CHS in April 2022 and reported in the CHS Annual Report 2021-22. This was in relation to Safe Work Practices at Dhulwa Secure Mental Health unit.

In 2022–23, CHS received no Dangerous Substances Improvement Notices.

Work health and safety activities

We progressed several WHS improvement activities in 2022–23:

- Initiatives to increase awareness of psychosocial risks included the development of a comprehensive factsheet and several forums involving staff, HSRs and unions.
- Weekly OV roadshow is a structured, one-hour talk led by WHS, with local line managers to cultivate healthy attitudes towards OV, negate the 'part-of-the-job' narrative, encourage people to report OV, establish low tolerance to OV, set a consistent approach to OV and show support for staff.
- Implementation of the OV Safety Management Plan and evaluation of the *CHS Occupational Violence Strategy 2020–2023*.
- Achieved full compliance in the tier-two self-insurance audits—one for 'WHS Risk Management' and one for 'Incident Investigation and Preventative and Corrective Actions'.

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

Target 1: A reduction of at least 30 per cent in the incidence rate of claims resulting in one or more weeks off work

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 6.41 per 1,000 employees in 2022–23.

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

Financial year	CHS number of new 5-day claims	ACTPS number of new 5-day claims	CHS rate per 1000 employees	ACTPS rate per 1000 employees	CHS target	ACTPS target
2012–13	67	274	13.42	13.42	10.46	12.08
2013–14	67	257	12.37	12.20	10.13	11.70
2014–15	68	228	12.11	10.49	9.81	11.33
2015–16	71	205	12.16	9.36	9.49	10.96
2016–17	69	243	11.56	10.91	9.16	10.58
2017–18	47	202	7.65	10.91	8.84	10.21
2018–19	50	201	7.77	8.93	8.52	9.84

Financial year	CHS number of new 5-day claims	ACTPS number of new 5-day claims	CHS rate per 1000 employees	ACTPS rate per 1000 employees	CHS target	ACTPS target
2019–20	46	231	6.89	8.50	8.19	9.46
2020–21	74	325	10.74	9.32	7.87	9.09
2021–22	77	375	10.88	9.50	7.54	8.72
2022–23	48	255	6.41	8.98	7.54	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.

CHS has continued to reduce the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work from 10.22 in 2012–13 to 3.61 in per 1,000 employees in 2022–23.

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

Financial year	CHS number of new 5-day claims	ACTPS number of new 5-day claims	CHS rate per 1000 employees	ACTPS rate per 1000 employees	CHS target	ACTPS target
2012–13	51	183	10.22	8.96	7.74	8.29
2013–14	49	175	9.05	8.31	7.50	8.03
2014–15	46	144	8.19	6.63	7.26	7.78
2015–16	57	146	9.76	6.67	7.02	7.52
2016–17	50	150	8.38	6.73	6.78	7.26
2017–18	33	128	5.37	5.66	6.54	7.01
2018–19	27	102	4.19	4.31	6.30	6.75
2019–20	27	126	4.05	5.09	6.06	6.49
2020–21	44	194	6.39	7.44	5.82	6.27
2021–22	44	210	6.22	8.30	5.58	5.98
2022–23	27	106	3.61	3.73	5.58	5.98

Human resource management

Workforce planning and talent acquisition

Our Talent Acquisition team has a view to reduce time to hire by building talent communities and pools through proactive search and candidate attraction. The team configured into professional streams to enable tailored support to hiring managers across medical, allied health, nursing and midwifery, corporate and administration.

The Talent Acquisition team has worked on reconfiguration of the e-recruitment platform to simplify workflows and improve the hiring manager experience. We have launched a new e-onboarding platform that delivered a more professional and streamline experience for candidates and improved process governance.

Improving team member wellbeing and mental health

Supporting the wellbeing of our team members continued to be a priority for CHS during the 2022–23 financial year. We continued to implement the *MyHealth Staff Health and Wellbeing Strategy 2020–2023* and regularly promoted it to ensure our team members had access to all available health and wellbeing supports. In 2022–23, 460 team members attended various workshops, such as:

- Accidental Counsellor
- Compassion Fatigue
- Managing Distress
- Managing Fatigue for Leaders
- Managing Mental Health in the Workplace
- Operational Debrief
- Psychological First Aid
- Psychological Support for Staff
- Self-Care/ Wellbeing at CHS.

In 2022–23, 4604 team members participated in other health and wellbeing initiatives:

- 2978 received CareShare gifts from the Canberra Hospital Foundation including coffee vouchers or tickets to local events.
- 706 received seated massages.
- 326 participated in the Harp Care for Staff program.
- 159 received CHS Breastfeeding Friendly Workplace return-to-work packs.
- 130 volunteered as MyHealth Champions to promote health and wellbeing in their own work area.
- 126 participated in LifeBlood donations.
- 33 attended frontline yoga sessions
- 26 completed online health checks with the OzHelp Foundation.
- 20 team members entered the Wellbeing Space photo competition.
- 7 work areas received visits by the Paws the Pressure Therapy Dogs.

Respect, Equity and Diversity Framework

The CHS Respect, Equity and Diversity (RED) Contact Officer Network grew to 102 team members in the 2022–23 financial year. CHS team members and colleagues from other ACTPS Directorates, including Justice and Community Safety, ACT Health, Community Services, Canberra Institute of Technology, WorkSafe ACT and Transport Canberra and City Services attended our highly regarded RED Contact Officer Training Program. CHS conducted three RED Contact Officer Training Programs during this period, training an additional 28 CHS Red Contact Officers and 16 RED Contact Officers from the other ACTPS Directorates. In addition, 488 CHS team members attended the Respect at Work e-learning and face to face workshop.

Diversity

CHS commits to providing a safe and welcoming work environment that is free from discrimination and promotes diversity, inclusion and belonging. To ensure we reflect the community we serve, CHS works to attract, recruit, retain and develop staff from a range of backgrounds, experiences and identities.

Increasing the diversity of our people

CHS is proud to continue as an employment partner with the IAHA Academy. The program provides Year 11 and Year 12 students with a fully supported school-based traineeship while they complete school and undertake a Certificate III in Allied Health Assistance. In 2022, CHS supported four students with work placements. The 2023 cohort has 14 students (10 new and four continuing), with seven students completing placements with CHS. CHS has also arranged for roles for three IAHA Academy 2022 graduates to stay at CHS and continue to grow their careers in health.

CHS is participating in the 2023–24 ACTPS Vocational Employment Program and nominated three positions to the program. People with disability filled two positions. A person with a culturally and linguistically diverse background filled one position. CHS also participated in the 2023 ACTPS Work Experience and Support Program and hosted two volunteers with culturally and linguistically diverse backgrounds.

Building inclusion

CHS celebrated and recognised a range of significant events in 2022–23 to help staff feel welcomed and connected in the workplace.

We started the year by celebrating the Lunar New Year, sharing information with staff and organising a lion dance at the Canberra Hospital which staff and consumers enjoyed. We followed this with recognising Ramadan and Eid in March and April. One of our staff members shared what these events means to them, and we organised a special lunch and delivered sweets for our staff to celebrate Eid.

Our active Pride Network designed easy-to-share information to use during staff meetings and handovers for International Day Against Homophobia, Biphobia, Interphobia and Transphobia. The network also organised a photo competition which received 17 submissions featuring more than 250 staff members.

As part of our Statement of Commitment, CHS commits to strengthening relationships, understanding and respect for Aboriginal and Torres Strait Islander people.
For Reconciliation Week, we organised a guest speech from Dr Cammi Murrup-Stewart from Monash University and a panel discussion featuring Dr Murrup-Stewart, an Aboriginal CHS staff member, a non-Indigenous CHS staff member and an Aboriginal community member. More than 100 CHS staff members attended the event, and staff shared that it stimulated their thinking and created space for new conversations.

Gender Action Plan and Gender Impact Assessment Reporting

CHS commits to gender equality. As part of this commitment, CHS will undertake a gender impact assessment and develop a gender equity action plan to align with the *ACTPS Gender Equity Strategy*, once released.

One of the policies CHS has in place to support gender equality is the CHS Breastfeeding Friendly Workplace Policy. CHS maintains annual accreditation with the Australian Breastfeeding Association and maintains a breastfeeding friendly workplace. This includes providing CHS Breastfeeding Friendly Workplace return-to-work packs and breastfeeding rooms for staff to access across CHS.

Learning and development

CHS continued to provide flexible and blended training delivery options including access to more than 120 eLearning courses, face-to-face classroom programs and interactive simulated team-based learning and competency assessments to meet National Safety and Quality Health Service Standards.

The Transition to Practice Programs for enrolled nurses and registered nurse graduates focuses on the graduate learning experience by providing a high level of clinical and professional support, education, feedback, and guidance during the transition year. In 2022–23, 19 enrolled nurses and 112 registered nurses commenced the program.

We rolled out OV face-to-face training with initial focus on high-risk work areas. CHS OV trainers achieved Master Trainer accreditation to enable them to provide in-house train-the-trainer courses to key interprofessional CHS staff to increase the number of work-area-specific trainers.

We established a train-the-trainer program for intravenous cannulation to train and assess new staff in a timely manner outside of the planned training calendar.

In 2022–23, we have focussed on courses that encourage positive workplace behaviours and inclusiveness to deliver exceptional, evidenced based care to people from vulnerable groups. The Access for All Disability eLearning courses are now available and we have added increased face-to-face Diversity and Inclusion workshops to the yearly education calendar. All staff and specific teams caring for patients with dementia and delirium can now access dementia training Australia eLearning modules.

Table 17: FTE and headcount by division/branch

Canberra Health Services Division	FTE	Headcount
Allied Health	204.6	249
Clinical Services	4929.1	5661
Finance and Business Intelligence	191.7	200
eHealth and Informatics	11.0	12
Infrastructure and Health Support Services	372.2	398
Medical Services	874.2	951
Nursing, Midwifery and Patient Support Services	460.0	566
Office of the Chief Executive Officer	73.1	80
Office of the Deputy Chief Executive Officer	82.9	87
People and Culture	82.8	90
Special Purpose Account TCH	2.0	2
Total	7283.7	8296

Table 18: Headcount by classification and gender

Classification group	Female	Male	Non-binary	Total
Administration Officers	709	235	1	945
Dental	10	4	0	14
Executive Officer	18	7	0	25
General Service Officers & Equivalent	184	340	1	525
Health Assistants	107	27	0	134
Health Professional Officers	943	254	2	1199
Medical Officers	544	558	1	1103
Nursing Staff	3264	564	5	3833
Professional Officers	11	5	0	16
Senior Officers	217	96	0	313
Technical Officers	146	36	0	182
Trainees and Apprentices	6	1	0	7
Total	6159	2127	10	8296

Table 19: FTE and headcount by gender

	Female	Male	Non-binary	Total
FTE by Gender	5322.3	1952.9	8.4	7283.7
Headcount by Gender	6159	2127	10	8296
% of workforce	74.2%	25.6%	1.0%	100.0%

Table 20: Headcount by employment category and gender

Employment category	Female	Male	Non-binary	Total
Casual	284	91	1	376
Permanent Full-time	2819	1137	5	3961
Permanent Part-time	1985	335	1	2321
Temporary Full-time	820	511	2	1333
Temporary Part-time	251	53	1	305
Total	6159	2127	10	8296

Table 21: Average length of service by gender (headcount)

	Female	Male	Non-binary	Total
Average years of service	7.6	6.5	1.7	7.3

Table 22: Headcount by age group and gender

Age Group	Female	Male	Non-binary	Total
Under 25	439	117	1	557
25 to 34	1931	639	3	2573
35 to 44	1646	652	3	2301
45 to 54	1256	416	2	1674
55 and over	887	303	1	1191

Table 23: Headcount by diversity group

	Headcount	% of Total workforce
Aboriginal and/or Torres Strait Islander	88	1.1%
Culturally and Linguistically Diverse	3141	37.9%
People with disability	141	1.7%

Table 24: Recruitment and separation rates

Recruitment rate	Separation rate
16.8%	11.0%

Table 25: Total learning and development participation in CHS programs

	eLearning completions	Number of course attendances	Total participation
Canberra Health Services	246 701	55 250	301 951
Calvary Healthcare (public)	29 586	3277	32 863
External	9954	1281	11 235
Total	286 241	59 808	346 049

Table 26: Statistics on study assistance program

	Applications	Cost ($)
Study Assistance	52	31 002
Participation on Whole of Government Training Calendar	2079	39 394

Ecologically sustainable development

Energy

In 2022–23, electricity consumption increased by 102 MWh (0.30 per cent) and natural gas consumption increased by 9.9 TJ (8.24 percent). We continued actions to reduce the greenhouse gas emissions profile in response to the *ACT Climate Change Strategy 2019–25* while expanding the delivery of health services. Electricity consumption reduced by 7.9 per cent from 2019 levels and natural gas consumption reduced by 26.3 per cent from 2019 levels. This represents a significant contribution to meeting the target of reducing emissions by 33 per cent of 2019 emissions by 2025.

Heating requirements were higher than the previous reporting period, contributing to increased gas and electricity consumption. Several construction activities also contributed to the increase, including construction of a new Critical Services Building, expansion of the Centenary Hospital for Women and Children, operation of new Building 8 and additional imaging equipment. Continued electrification of fleet vehicles also contributed. Stationary diesel use increased slightly to reflect upgrades to elements of the underlying electrical infrastructure and expansion of building infrastructure supported by backup diesel-powered generators.

Water

In 2022–23, water consumption increased by 13 per cent primarily at Canberra Hospital and UCH. Canberra Hospital consumption increased by 12.6 per cent due to an underground water leak on the campus ring main, increased clinical service provision and construction of the new Critical Services Building. The underground water leak resulted from a construction defect that we have rectified.

UCH consumption increased by 48.5 per cent due to water quality requirements for the hydrotherapy pool to support increased patient utilisation, increased irrigation due to drier conditions than the previous year and increased admissions requiring opening of the Cotter Ward.

Waste

In 2022–23, we diverted 40 per cent of total waste generated from landfill. Diverted waste streams included 13 686 090 L of comingled waste and 170 823 L of organic waste. In addition, we diverted more than 1 300 000 L of paper and cardboard from landfill during the reporting period which equates to a reduction of 130 t of greenhouse gasses.

We reduced the number of reams of paper ordered by 10 per cent when compared to the previous year, saving an estimated 150 trees.

In June 2023, for the sixth consecutive year, Canberra Hospital achieved Business Recycling Program accreditation (for recycling) and UCH achieved Business Recycling Program accreditation for the third consecutive year.

Transport

In 2022–23, the number of fleet vehicles reduced by 18 as part of fleet rationalisation efforts. In addition, CHS has continued to transition the vehicle fleet to zero emission vehicles where deemed fit-for-purpose, with 40 electric and one hydrogen fleet vehicle. CHS also has 76 low emission, Plug-in Hybrid Electric Vehicles (PHEVs). CHS now has 15 per cent of fleet vehicles transitioned to electric vehicles and will continue to transition additional vehicles where they are deemed fit-for-purpose.

In 2022–23, additional electric vehicle charging stations were installed at Community Health Centres to support the continued transition to electric vehicles with a total of 172 charging stations.

Planning

In 2022–23, we continued efforts to support ACTHD in the implementation of the *Canberra Hospital Master Plan 2021–2041*, which includes the construction of a new Critical Services Building at Canberra Hospital. The building is targeting a certified Green Star rating which ensures the building is at the forefront of the Australian built environment. This recognises the wide-ranging sustainability initiatives adopted in the design that address energy efficiency, water conservation and minimisation of resource depletion.

As well as environmental sustainability, the new building is set to become a major part of the ACT's socially sustainable infrastructure. Designed as an all-electric building, it will mitigate the release of an estimated 1 886 t of carbon emissions annually. When combined with renewable power from the grid, this eliminates fossil fuel consumption in the building's day-to-day operation and contributes to the ACT's carbon neutral commitments.

Commissioner for Sustainability and the Environment

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

Table 27: Sustainable development performance

Indicator as at 30 June	Unit	Current FY	Previous FY	Percentage change
Stationary Energy Usage				
Electricity Use [1,2,3]	Kilowatt hours	34 616 681	34 514 512	0.30%
Natural Gas (non-transport) [2,3]	Megajoules	130 289 147	120 365 287	8.24%
Diesel (non-transport) [2,3]	Kilolitres	32.70	31.54	3.68%
Transport Fuel Use				
Electric Vehicles	Number	40	31	22.5%
Hybrid Vehicles	Number	47	69	-46.8%
Plug-in Hybrid Vehicles (PHEV) [8]	Number	76	42	44.7%
Hydrogen Vehicles	Number	1	1	0%
Total Vehicles	Number	262	280	-6.87%
Fuel use – Petrol	Kilolitres	101.50	113.11	-10.26%
Fuel use – Diesel	Kilolitres	60.87	63.50	-3.87%

Indicator as at 30 June	Unit	Current FY	Previous FY	Percentage change
Fuel use – E10	Kilolitres	11.85	12.48	-5.05%
Water				
Water Use [2,3]	Kilolitres	251 369	226 293	11.08%
Resource efficiency and waste				
Reams of paper purchases[1]	Reams	22 494	24 980	-10%
Recycled content of paper purchased	Percentage	19.2	20	-4%
Waste to landfill	Litres	22 376 310	31 388 439	4.6%
Co-mingled material recycled	Litres	13 686 090	14 219 095	-3.7%
Paper & Cardboard recycled (incl. secure paper)	Litres	1 300 468	1 408 234	-7.7%
Organic material recycled	Litres	170 823	203 163	-15.9%
Greenhouse gas emissions				
Emissions from electricity use	Tonnes CO_2-e	0	0	0%
Emissions from natural gas use (non-transport) [6,7]	Tonnes CO_2-e	6.714	6.202	8.26%
Emissions diesel use (non-transport) [6,7]	Tonnes CO_2-e	89	85	4.71%
Emissions from transport fuel use [6,7]	Tonnes CO_2-e	432	468	-7.69%
Total emissions	Tonnes CO_2-e	7 235	6 755	7.11%

1. Please note that actual electricity consumption may vary from that shown above. Data integrity issues at the time of data extraction from the Enterprise Sustainability Platform (ESP) has resulted in some small market sites erroneously reporting higher electricity consumption. This discrepancy is likely to be marginal in the context of annual consumption figures.

2. Note that the figures above may include accrued data. Where actual data were not available, the ESP provides estimates using an accrual function. Accruals are calculated from the average annual daily consumption of the most current 12-month period applied for the number of days of missing data.

3. Some utility data may be incomplete at the time of data extraction. Where appropriate, accrued data were used to address any gaps. There may be some residual data gaps that will be addressed retrospectively in next year's reporting period.

4. Note that some data reported for 2021–22 in the table above/below may differ slightly from figures reported in the 2021–22 annual report. These are due to retrospective updates to agency occupancy and historical consumption data.

5. The ACT Government reports zero greenhouse gas emissions from electricity use as a result of the ACT's 100 per cent renewable electricity supply.

6. Emissions reported for stationary energy and transport fuels include Scope 1 and Scope 2 emissions only. Scope 1 is direct emissions from sources owned and operated by the government, including emissions from transport fuel and natural gas use. Scope 2 is indirect emissions from mains electricity which is considered zero in the ACT.

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

8. From 1 January 2023, ACT Government amended the definition of a zero emissions vehicle (ZEV), and a PHEV is no longer considered a ZEV.

Part C

Financial management reporting

Financial Management Discussion and Analysis for the year ended 30 June 2023

CANBERRA HEALTH SERVICES
MANAGEMENT DISCUSSION & ANALYSIS
FOR THE YEAR ENDED 30 JUNE 2023

Overview

Canberra Health Services is referred to in this Management Discussion & Analysis as Canberra Health Services or the Directorate. The Directorate delivers clinical services throughout the ACT. Canberra Health Services partners with the community and consumers, creating exceptional health care together, by:

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

We define our role to be a health service that is trusted by our community and our values:

- *Reliable*: We can count on each other. We always do what we say.
- *Progressive:* We are forward thinking. We embrace innovation.
- *Respectful:* We value everyone. We listen to each other.
- *Kind:* We make everyone feel welcome and safe. We care for each other.

Risk Management

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

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

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

Directorate's Operating Result

The Directorate continues to experience the financial impacts of the COVID-19 pandemic. In 2022-23, the Directorate incurred additional expenditure related to the COVID-19 pandemic in areas including medical supplies, pathology, personal protective equipment and employee expenses. These costs were largely offset by additional revenue received through the ACT Local Hospital Network (LHN). This additional COVID-19 revenue totalled approximately **$44.468 million** (2021-22: **$104.3 million**). This funding was allocated to fund additional labour costs **$15.746 million**(2021-22: **$45.033 million**) and operating expenses **$28.721 million** (2021-22: $59.275 million). The Directorate's operating result was a deficit of **$89.688 million** for the 2022-23 financial year. The operating deficit was **$41.192 million** higher than the original budgeted operating deficit of **$48.496 million**, and **$50.623 million** higher than the 2021-22 financial year operating deficit of **$39.065 million**. These variances are largely due to the reasons outlined below in relation to the Net Cost of Services.

Canberra Health Services Financial Performance

The following financial information is based on the Directorate's audited financial statements for the year ended 30 June 2023 and the forward estimates contained in the 2023-24 Canberra Health Services Budget Statements. The Directorate's functions have remained consistent between 2021-22 and 2022-23 financial years.

Total Net Cost of Services

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

Table 1: Total Net Cost of Services

	Actual 2021-22 $'000	Original Budget 2022-23 $'000	Actual 2022-23 $'000	Forward Estimate 2023-24 $'000	Forward Estimate 2024-25 $'000	Forward Estimate 2025-26 $'000
Total Expenditure	1 614 491	1 580 477	1 674 071	1 673 287	1 743 565	1 785 336
Total Own Source Revenue	1 575 426	1 531 981	1 584 383	1 604 638	1 664 815	1 705 469
Net Cost of Services	**39 065**	**48 496**	**89 688**	**68 649**	**78 750**	**79 867**

Comparison to 2022-23 Original Budget

The Directorate's net cost of services for 2022-23 of **$89.688 million** was **$41.192 million** higher than the Original Budgeted Deficit. This is mainly due to:

- Increased employee expenses **($19.826 million)** for accrued cost of living and salary increases in line with the current enterprise agreement offer;
- Increased supplies and services expenses **($47.041 million)** primarily due to the higher utilisation of Visiting Medical Officers and agency nursing staff; and
- Higher depreciation **($7.136 million)** associated with the revaluation of land and buildings.

Comparison to 2021-22 Actual

The Directorate's 2022-23 net cost of services increased by **$50.623 million** from the 2021-22 net cost of services due to:

- Higher employee expenses **($28.309 million)** for higher staffing levels and accrued cost of living and salary increases in line with the current enterprise agreement offer; and
- Higher supplies and services **($24.868 million)** due to higher utilisation of Visiting Medical Officers and agency nursing staff due to the difficulty in recruiting medical specialists as permanent staff.

On 3 July 2023, the Calvary Public Hospital Bruce (CPHB) transitioned to Canberra Health Services and was renamed the North Canberra Hospital (NCH). This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between Calvary Health Care ACT Limited and the ACT Government. The ACT Local Hospital Network, which provides Grants and Purchased Services to Calvary Public Hospital Bruce, will redirect that funding to Canberra Health Services from 3 July 2023. Similarly, Territorial appropriation received for the provision of capital grants to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than ACT Health Directorate (Territorial).

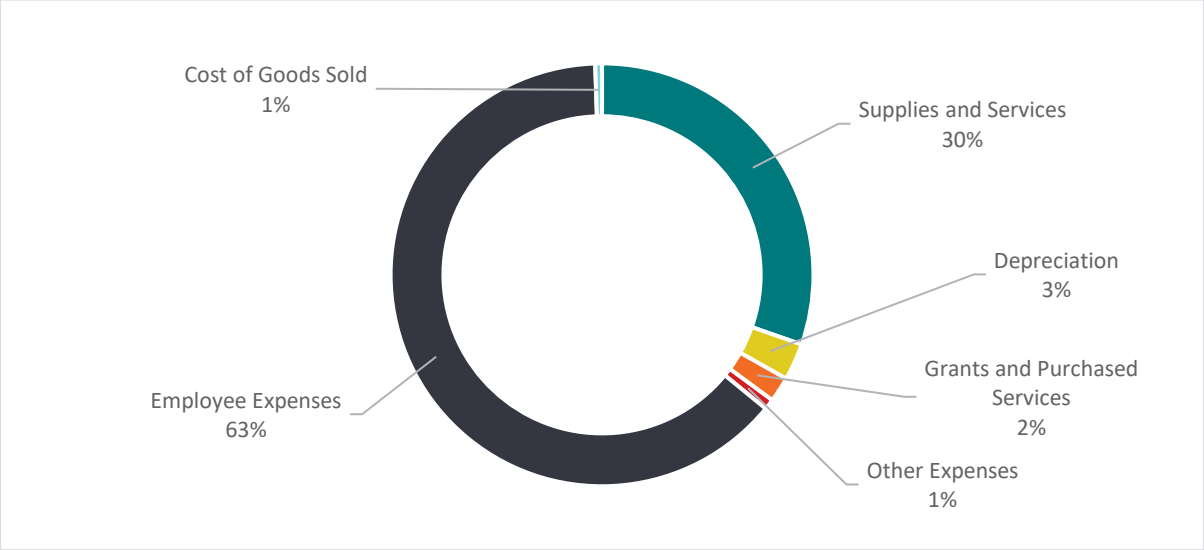
At the time of finalising the 2023-24 Budget estimates negotiations of just terms compensation were ongoing. The Territory's budget estimates contain a number of central provision estimates in relation to the transition based on information known and quantifiable at the time of finalising the estimates. These impacts are incorporated in the consolidated financial statements contained in the 2023-24 Budget. They were not reflected in the estimates of Canberra Health Services.

The estimated future year impact on CHS's net cost associated with the acquisition of NCH will be an increase in expenses associated with the delivery of health services by NCH. At the time of finalising this report confirming the estimated annual revenue and expense impacts on CHS continued to be a works in progress.

Total Expenditure

The Directorate's expenditure for 2022-23 totalled **$1.674 billion**, with a breakdown as shown in Figure 1. The Directorate's main expenditure items were employee expenses representing **$1.064 billion** or **63 per cent** and supplies and services representing **$507.889 million** or **30 per cent**, as illustrated in Figure 1 below.

Figure 1: Components of Expenditure for 2022-23



The Directorate's total expenditure of **$1.674 billion for 2022-23** was **$93.594 million** or **6 per cent** higher than the Original Budget of **$1.580 billion**, and **$59.580 million** or **4 per cent** higher than 2021-22 total expenditure of **$1.614 billion**.

Table 2: Line-Item Variations for Expenditure

	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Employee Expenses	1 064 397	1 044 571	1 036 088	19 826	28 309
Supplies and Services	507 889	460 848	483 021	47 041	24 868
Depreciation	47 339	40 203	49 514	7 136	(2 175)
Grants and Purchased Services	32 362	17 684	31 189	14 678	1 173
Cost of Goods Sold	8 608	10 636	9 847	(2 028)	(1 239)
Other Expenses	13 476	6 535	4 832	6 941	8 644
Total Expenditure	**1 674 071**	**1 580 477**	**1 614 491**	**93 594**	**59 580**

Comparison to 2022-23 Original Budget

Total expenses of **$1.674 billion** was higher than the 2022-23 Budget by **$93.594 million** mainly due to:

- Higher supplies and services **($47.041 million)** associated with additional beds at University of Canberra Hospital (UCH), higher Digital Health Record (DHR) system training and higher ICT services as resources received free of charge;
- Increased employee expenses **($19.826 million)** associated with higher than budgeted staffing levels and salary increases in line with the current enterprise agreement offer; and
- Higher purchased services **($14.678 million)** associated with additional programs administered by the Directorate.

Comparison to 2021-22 Actual

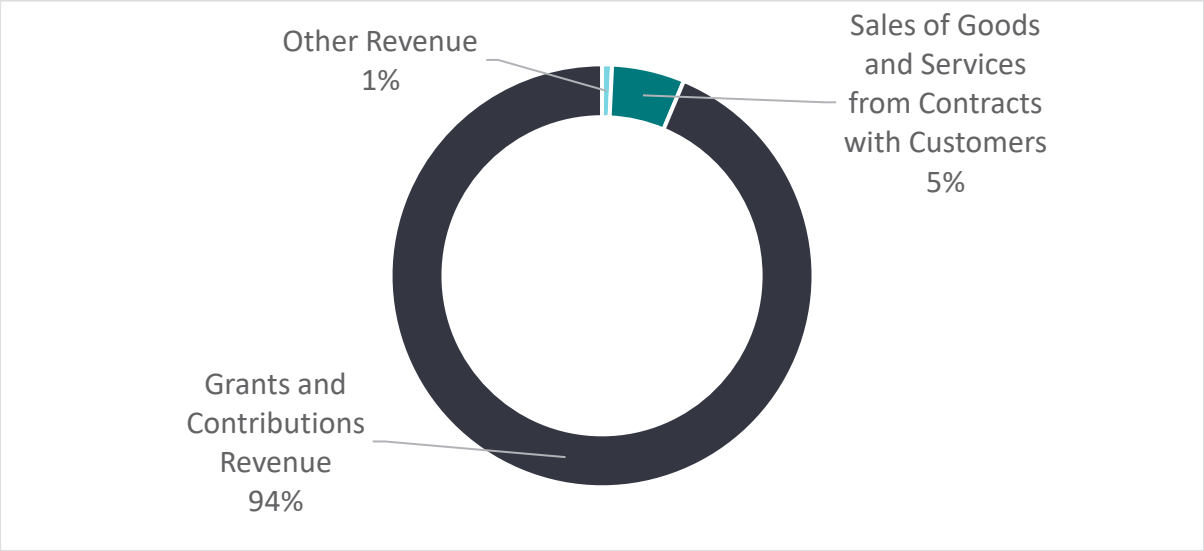
Total expenditure was **$59.580 million** higher than the 2021-22 actual result. Significant increases resulted from:

- Higher employee expenses **($28.309 million)** mainly due to increased staffing levels relating to new initiatives, and DHR system implementation, as well as salary increases in line with the current enterprise agreement offer; and
- Higher supplies and services **($24.868 million)** mainly due to expenditure associated with higher utilisation of Visiting Medical Officers and agency nursing staff as a result of the difficulty in recruiting medical specialists as permanent staff.

Total Own Source Revenue

The Directorate's own source revenue for 2022-23 totalled **$1.584 billion**, with a breakdown as shown in Figure 2. The Directorate received the majority of its total own source revenue from grants and contributions, **$1.484 billion** or **94 per cent** funded from the LHN, with an additional **$88.224 million** or **5 per cent** in sales of goods and services from contracts with customers and **$12.068 million** from other revenue.

Figure 2: Components of Own Source Revenue



The Directorate's own source revenue for 2022-23 was **$1.584 billion.** This was **$52.402 million** or **3 per cent** higher than the budget of **$1.532 billion**, and **$8.957 million** or **1 per cent** higher than 2021-22 own source revenue of **$1.575 billion**.

Table 3: Line Item Variations for Own Source Revenue

	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Grants and Contributions Revenue	1 484 091	1 391 240	1 446 387	92 851	37 704
Sales of Goods and Services from Contracts with Customers	88 224	124 098	111 854	(35 874)	(23 630)
Other Revenue	12 068	16 643	17 185	(4 575)	(5 117)
Total Own Source Revenue	**1 584 383**	**1 531 981**	**1 575 426**	**52 402**	**8 957**

Comparison to 2022-23 Original Budget

Total own source revenue of **$1.584 billion** exceeded the 2022-23 Budget by **$52.402 million** primarily due to:

- Higher grants and contributions revenue **($92.851 million)** as a result of additional receipts from the LHN as a Treasury Advance to assist in funding cost pressures associated with DHR training costs; additional beds at UCH to accommodate higher than expected demand; and continued COVID-19 funding to support the Directorate's public health response; partially offset by
- Lower sales of goods and services from contracts with customers **($35.874 million)**, due to lower than expected revenue from facility fees, pathology, and private patients.

Comparison to 2021-22 Actual

Total own source revenue of **$1.584 billion** was **$8.957 million** higher than the 2021-22 actual result of **$1.575 billion**. Significant variances include:

- Higher grants and contributions **($37.704 million)** mainly due to increased funding from the LHN to support new budget initiatives and the continued COVID-19 Pandemic response. The Directorate also received additional resources free of charge as a result of a change in the funding model from cost recovery to appropriation for workforce services, and project management fees for capital works; partially offset by
- Lower sale of goods and services from contracts with customers **($23.630 million)** relating to lower facilities fee and lower pathology activity as a result of the changing response to the COVID-19 pandemic.

Directorate's Financial Position

Net Assets

The Directorate's total net assets for the financial year ended 30 June 2023 was **$1.044 billion**. This was **$53.150 million** higher than the Original Budget of **$990.448 million**, and **$64.677 million** higher than the 30 June 2022 total net assets of **$978.921 million**. Reasons for these variations are explained in the following sections.

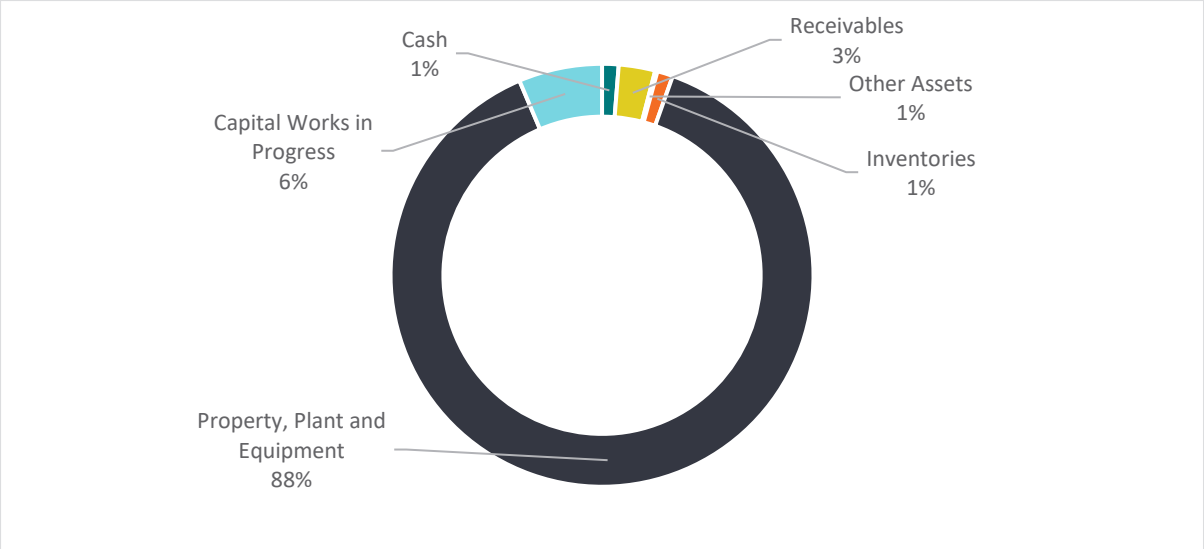
Table 4: Net Assets

	Actual 2021-22 $'000	Original Budget 2022-23 $'000	Actual 2022-23 $'000	Forward Estimate 2023-24 $'000	Forward Estimate 2024-25 $'000	Forward Estimate 2025-26 $'000
Total Assets	1 394 677	1 432 538	1 482 796	1 438 777	2 032 402	2 003 996
Total Liabilities	(415 756)	(442 090)	(439 198)	(461 421)	(487 595)	(512 761)
Net Assets	**978 921**	**990 448**	**1 043 598**	**977 356**	**1 544 807**	**1 491 235**

Total Assets

The Directorate's total asset position at 30 June 2023 was **$1.483 billion**, with a breakdown as shown in Figure 3. The Directorate held **$1.307 billion** or **88 per cent** of its total assets in Property, Plant and Equipment and **$94.744 million** or **6 per cent** in Capital Works in Progress.

Figure 3 – Components of Assets



Total assets at 30 June 2023 was **$50.258 million** higher than the Original Budgeted total assets of **$1.433 billion** and **$88.119 million** higher than the balance at 30 June 2022 of **$1.395 billion.**

Table 5: Line Item Explanation for Assets

	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Property, Plant and Equipment	1 307 488	1 222 399	1 187 004	85 089	120 484
Capital Works in Progress	94 744	119 267	100 590	(24 523)	(5 846)
Receivables	41 300	33 812	33 296	7 488	8 004
Cash	18 764	37 351	38 310	(18 587)	(19 546)
Inventories	17 903	16 952	34 143	951	(16 240)
Other Assets	2 597	2 757	1 334	(160)	1 263
Total Assets	**1 482 796**	**1 432 538**	**1 394 677**	**50 258**	**88 119**

Comparison to 2022-23 Original Budget

The total asset position at 30 June 2023 was **$1.483 billion**. This was **$50.258 million** higher than the 2022-23 Budget of **$1.433 billion** mainly due to:

- Higher property, plant and equipment **($85.089 million)** as a result of the revaluation undertaken in the current financial year resulting in the increment in land and buildings higher than budget; partially offset by,
- Lower capital works in progress **($24.523 million)** due to delays associated with procurement activities, reprioritisation of project works to address emerging patient safety and reallocation of resources to DHR system implementation.

Comparison to 2021-22 Actual

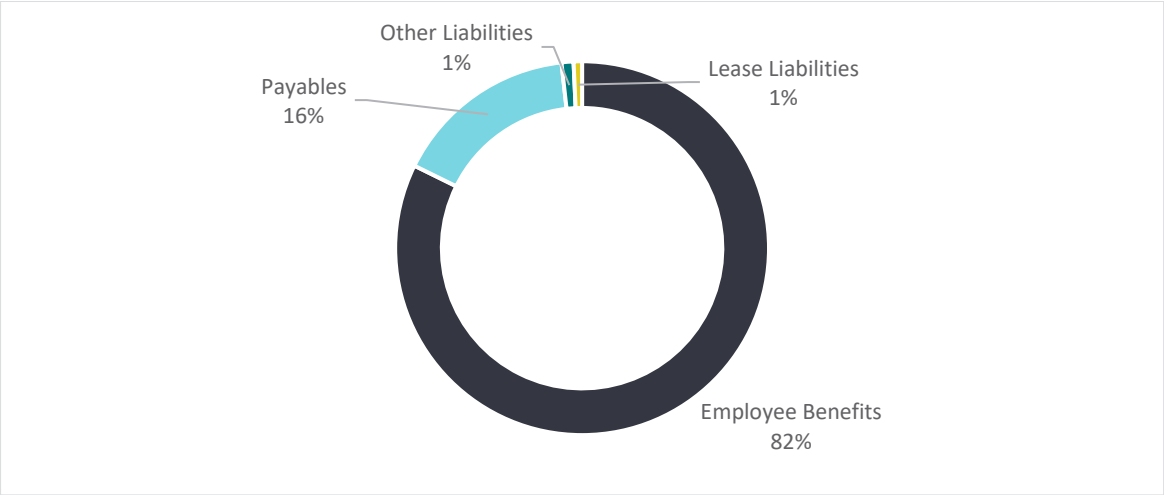
The Directorate's total asset position was **$88.119 million** higher than the 2021-22 actual result of **$1.395 billion.** This is mainly due to:

- Higher property, plant and equipment **($120.484 million)** associated with the asset revaluation of land and buildings and additional capitalisation of completed capital works at the Canberra Hospital Campus. This was partially offset by,
- Lower cash **($19.546 million)** due to the timing of funding received in 2021-22 for the COVID-19 pandemic; and
- Lower inventories **($16.240 million)** as a result of the Directorate not being required to maintain additional stock of RATS, masks and other medical supplies as part of the COVID-19 pandemic response. Also, the value of RATS held in inventory was written down following a reduction in the replacement purchase price.

Total Liabilities

The Directorate's total liabilities at 30 June 2023 was **$439.198 million**, with a breakdown as shown in Figure 4. The Directorate's liabilities mainly relate to accrued employee benefits being **$361.358 million** or **82 per cent** and payables of **$70.091 million** or **16 per cent**.

Figure 4 – Components of Liabilities



The Directorate's total liabilities for 2022-23 were **$2.892 million** lower than the Original Budget of **$442.090 million** and **$23.442 million** higher than the 2021-22 total of **$415.756 million.**

Table 6 – Line Item Explanation for Liabilities

	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000	Budget to Actual Variance $'000	Actual to Actual Variance $'000
Employee Benefits	361 358	359 143	347 689	2 215	13 669
Payables	70 091	60 377	60 241	9 714	9 850
Other Liabilities	4 542	17 241	5 390	(12 699)	(848)
Lease Liabilities	3 207	5 329	2 436	(2 122)	771
Total Liabilities	**439 198**	**442 090**	**415 756**	**(2 892)**	**23 442**

Comparison to 2022-23 Original Budget

Total Liabilities at 30 June 2023 was **$439.198 million**, and **$2.892 million** lower than the Original Budget of **$442.090 million.** This was mainly due to:

- Lower other liabilities **($12.699 million)** due to the reclassification of a provision to employee benefits; partially offset by
- Higher payables **($9.714 million)** due to higher accrued expenses at year end and the timing of the year end payments.

Comparison to 2021-22 Actual

Total liabilities were higher than the 2021-22 total liabilities by **$23.442 million**, mainly due to:

- Higher employee benefits **($13.669 million)** mainly due to one-off cost of living supplement accrual as part of the current enterprise agreement offer; and
- Higher payables **($9.850 million)** due to higher accrued expenses and the timing of the year end payments.

Financial Statements for the Year Ended 30 June 2023

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 2023 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 2023, and its financial performance and cash flows for the year then ended; and

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

Basis for opinion

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

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

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

Responsibilities of Canberra Health Services for the financial statements

The Chief Executive Officer is responsible for:

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

Ajay Sharma
Assistant Auditor-General, Financial Audit
28 September 2023

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Statement of Responsibility

In my opinion, the Directorate's financial statements fairly reflect the financial operations for the year ended 30 June 2023 and its financial position on that date.

Dave Peffer

Chief Executive Officer

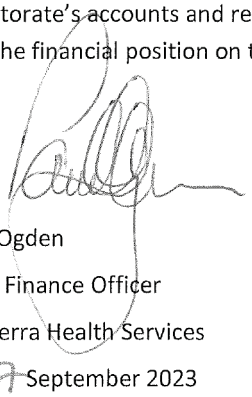
Canberra Health Services

27 September 2023

CANBERRA HEALTH SERVICES
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Statement by the Chief Finance Officer

In my opinion, the Directorate's financial statements have been prepared in accordance with the Australian Accounting Standards and the ACT Accounting and Disclosure Policies, and are in agreement with the Directorate's accounts and records and fairly reflect its financial operations for the year ended 30 June 2023 and the financial position on that date.



Paul Ogden

Chief Finance Officer

Canberra Health Services

27 September 2023

CANBERRA HEALTH SERVICES
CONTENT OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

CANBERRA HEALTH SERVICES
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2023

	Note No.	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000
Income				
Sales of Goods and Services from Contracts with Customers	5	88 224	124 098	111 854
Grants and Contributions Revenue	6	1 484 091	1 391 240	1 446 387
Gains from Disposal, Derecognition and Remeasurement of Assets		352	-	90
Other Income	7	11 716	16 643	17 095
Total Income		**1 584 383**	**1 531 981**	**1 575 426**
Expenses				
Employee Expenses	8	1 064 397	1 044 571	1 036 088
Supplies and Services	9	507 889	460 848	483 021
Depreciation and Amortisation	15	47 339	40 203	49 514
Purchased Services	10	32 362	17 684	31 189
Cost of Goods Sold and Distributed		8 608	10 636	9 847
Other Expenses	11	13 476	6 535	4 832
Total Expenses		**1 674 071**	**1 580 477**	**1 614 491**
Operating Result		**(89 688)**	**(48 496)**	**(39 065)**
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
Increase in the Asset Revaluation Surplus	15	101 225	-	-
Total Other Comprehensive Result		**101 225**	**-**	**-**
Total Comprehensive Result		**11 537**	**(48 496)**	**(39 065)**

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.

In the 2022-23 Financial Statements the Directorate has moved amounts between different expense line items in the Operating Statement. Comparatives have been updated to reflect this change. For further information refer to the expense notes.

CANBERRA HEALTH SERVICES
BALANCE SHEET
AS AT 30 JUNE 2023

	Note No.	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000
Current Assets				
Cash	12	18 764	37 351	38 310
Receivables	13	41 300	33 812	33 296
Inventories	14	17 903	16 952	34 143
Other Assets		2 597	2 757	1 334
Total Current Assets		**80 564**	**90 872**	**107 083**
Non-Current Assets				
Property, Plant and Equipment	15	1 307 488	1 222 399	1 187 004
Capital Works in Progress	16	94 744	119 267	100 590
Total Non-Current Assets		**1 402 232**	**1 341 666**	**1 287 594**
Total Assets		**1 482 796**	**1 432 538**	**1 394 677**
Current Liabilities				
Payables	17	70 091	60 377	60 241
Lease Liabilities		1 319	2 951	1 108
Employee Benefits	18	344 188	338 533	331 047
Other Liabilities	19	2 421	14 810	3 387
Total Current Liabilities		**418 019**	**416 671**	**395 783**
Non-Current Liabilities				
Lease Liabilities		1 888	2 378	1 328
Employee Benefits	18	17 170	20 610	16 642
Other Liabilities	19	2 121	2 431	2 003
Total Non-Current Liabilities		**21 179**	**25 419**	**19 973**
Total Liabilities		**439 198**	**442 090**	**415 756**
Net Assets		**1 043 598**	**990 448**	**978 921**
Equity				
Accumulated Funds		877 324	924 912	913 385
Asset Revaluation Surplus		166 274	65 536	65 536
Total Equity		**1 043 598**	**990 448**	**978 921**

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 2023

	Note No.	Accumulated Funds Actual 2023 $'000	Asset Revaluation Surplus Actual 2023 $'000	Total Equity Actual 2023 $'000	Total Equity Original Budget 2023 $'000
Balance at 1 July 2022		**913 385**	**65 536**	**978 921**	**958 824**
Comprehensive Income					
Operating Result		(89 688)	-	(89 688)	(48 496)
Increase in the Asset Revaluation Surplus	15	-	101 225	101 225	-
Total Comprehensive Result		**(89 688)**	**101 225**	**11 537**	**(48 496)**
Movement in the Asset Revaluation Surplus					
Transfer of the Asset Revaluation Surplus to/(from) Accumulated Funds		487	(487)	-	-
Total Movement in the Asset Revaluation Surplus		**487**	**(487)**	**-**	**-**
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections	#	53 140	-	53 140	80 120
Total Transactions Involving Owners Affecting Accumulated Funds		**53 140**	**-**	**53 140**	**80 120**
Balance at 30 June 2023		**877 324**	**166 274**	**1 043 598**	**990 448**

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

Refer to the Statement of Appropriation.

CANBERRA HEALTH SERVICES
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023

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

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

Refer to the Statement of Appropriation.

CANBERRA HEALTH SERVICES
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023

	Note No.	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000
Cash Flows from Operating Activities				
Receipts				
Sales of Goods and Services from Contracts with Customers		73 394	120 460	105 024
Grants and Contributions Receipts		1 385 832	1 311 559	1 360 792
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		32 964	52 876	33 066
Goods and Services Tax Collected from Customers		4 554	4 656	4 776
Other		26 524	21 052	28 183
Total Receipts from Operating Activities		**1 523 268**	**1 510 603**	**1 531 841**
Payments				
Employee Payments		1 049 573	1 022 606	1 026 340
Supplies and Services		412 058	386 198	391 279
Related to Cost of Goods Sold and Distributed		7 580	10 636	27 663
Grants and Purchased Services		30 969	17 809	30 114
Goods and Services Tax Paid to Suppliers		37 421	57 532	37 964
Other		322	2 092	3 099
Total Payments from Operating Activities		**1 537 923**	**1 496 873**	**1 516 459**
Net Cash (Outflows)/Inflows from Operating Activities	12	**(14 655)**	**13 730**	**15 382**
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		352	-	90
Total Receipts from Investing Activities		**352**	**-**	**90**
Payments				
Purchase of Property, Plant and Equipment		15 842	88 428	7 761
Purchase of Capital Works		40 642	-	47 486
Total Payments from Investing Activities		**56 484**	**88 428**	**55 247**
Net Cash (Outflows) from Investing Activities		**(56 132)**	**(88 428)**	**(55 157)**

CANBERRA HEALTH SERVICES
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023

	Note No.	Actual 2023 $'000	Original Budget 2023 $'000	Actual 2022 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		53 140	80 120	46 137
Total Receipts from Financing Activities		**53 140**	**80 120**	**46 137**
Payments				
Repayment of Lease Liabilities - Principal		1 472	2 484	1 769
Repayment of Borrowings		427	386	794
Total Payments from Financing Activities		**1 899**	**2 870**	**2 563**
Net Cash Inflows from Financing Activities		**51 241**	**77 250**	**43 574**
Net (Decrease)/Increase in Cash		**(19 546)**	**2 552**	**3 799**
Cash at the Beginning of the Reporting Period		38 310	34 799	34 511
Cash at the End of the Reporting Period	12	**18 764**	**37 351**	**38 310**

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 2023

Description and Material Accounting Policies relating to Capital Injections

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

Column Heading Explanations

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

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

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

	Original Budget 2023 $'000	Total Appropriated 2023 $'000	Appropriation Drawn 2023 $'000	Appropriation Drawn 2022 $'000
Appropriation				
Capital Injections	80 120	92 042	53 140	46 137
Total Appropriation	**80 120**	**92 042**	**53 140**	**46 137**

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

Capital Injections

Variances between 'Original Budget' and 'Total Appropriated'

The difference between the Original Budget and the Total Appropriated is due to additional appropriation for accrued employee entitlements and rollover of undisbursed capital appropriation from 2021-22.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between the Total Appropriated and the Appropriation Drawn is largely due to a combination of unexpected delays in the procurement of equipment, reprioritisation of project works to address emerging patient safety risks and reallocation of resources to Digital Health Record system implementation.

Reconciliation of Appropriation for 2022-23	**Capital Injections $'000**
Original Appropriation	80 120
Appropriation for Accrued Employee Entitlements (FMA s.16A)	8 864
Rollover of Undisbursed Appropriation (FMA s.16B)	3 058
Total Appropriated	**92 042**
Budget Rollovers	38 902
Appropriation Drawn	**53 140**

CANBERRA HEALTH SERVICES
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 1. Objectives of Canberra Health Services

Canberra Health Services is referred to in these statements as Canberra Health Services or the Directorate. The Directorate delivers clinical services throughout the ACT. Canberra Health Services partners with the community and consumers, creating exceptional health care together, by:

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

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

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

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

Canberra Health Services supports and facilitates delivery of an integrated Digital Health Record system that supports safer patient care and efficiencies in clinical workflows.

We also support delivery of major infrastructure projects that support staff morale, and improved care and experience for patients, their families, and carers.

Note 2. Basis of Preparation of Financial Statements

Legislative Requirements

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

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

i. an Operating Statement for the year;

ii. a Balance Sheet at the end of the year;

iii. a Statement of Changes in Equity for the year;

iv. a Statement of Cash Flows for the year;

v. a Statement of Appropriation for the year;

vi. the material accounting policies adopted for the year; and

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

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

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

ii. ACT Accounting and Disclosure Policies.

Accrual Accounting

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

Currency

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

Individual Not-for-Profit Reporting Entity

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

Reporting Period

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2023 together with the financial position of the Directorate as at 30 June 2023.

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2022-23 has been presented in the financial statements. Budget numbers in the financial statements are the Original Budget numbers that appear in the Budget Papers.

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

Prior Year Comparatives

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

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

Rounding

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

Going Concern

The 2022-23 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2023-24 Budget from the ACT Local Hospital Network and the Budget Papers include forward estimates for the Directorate.

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

All Australian Accounting Standards and Interpretations issued but yet to be applied are applicable to future reporting periods and will be adopted from their application date, except for part of AASB 2021-2 *Amendments to Australian Accounting Standards – Disclosure to Accounting Policies and Definitions of Accounting Policies and Definition of Accounting Estimates* which was adopted early last financial year (i.e., in 2021-22).

Standards and Interpretations issued but yet to be applied have been assessed as not being relevant to the Directorate or as having an immaterial financial impact on the Directorate. However, the Directorate is currently assessing whether AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* will have a material financial impact.

AASB 2022-10 amends AASB 13 *Fair Value Measurement* by adding authoritative implementation guidance and providing related illustrative examples, for fair value measurements of non-financial assets of not-for-profit public sector agencies not held primarily for their ability to generate net cash inflows. The standard now:

a) specifies that agencies are required to consider whether the asset's highest and best use differs from its current use only when it is held for sale or held for distribution to owners in accordance with AASB 5 *Non-Current Assets Held for Sale and Discontinued Operations* or it is highly probable that the asset will be used for an alternative purpose to its current use;

b) clarifies that the asset's use is 'financially feasible' if market participants would be willing to invest in the asset's service capacity, considering both the capability of the asset to be used to provide needed goods or services to beneficiaries and the resulting cost of those goods or services;

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

c) specifies that, if both the market selling price of a comparable asset and some market participant data required to measure the fair value of the asset are not observable, an agency uses its own assumptions as a starting point in developing unobservable inputs and adjusts those assumptions to the extent that reasonably available information indicates that other market participants (including, but not limited to, other not-for-profit public sector agencies) would use different data; and

d) provides guidance on how the cost approach is to be applied to measure the asset's fair value, including guidance on the nature of costs to include in the replacement cost of a reference asset and on the identification of economic obsolescence.

Note 4. Events after the Reporting Period

On 3 July 2023, the Calvary Public Hospital Bruce (CPHB) transitioned to Canberra Health Services and was renamed the North Canberra Hospital (NCH). This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between Calvary Health Care ACT Limited and the ACT Government. The ACT Local Hospital Network, which provides Grants and Purchased Services to Calvary Public Hospital Bruce, will redirect that funding to Canberra Health Services from 3 July 2023. Similarly, Territorial appropriation received for the provision of capital grants to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than ACT Health Directorate (Territorial).

The financial effect of the transition is not included in the financial statements. The total value of net assets transferred from CPHB to the Directorate after the reporting period includes the impact of waiving of accounts payable owed by CPHB to the Directorate. The estimated 2023-24 impact on the Directorate's operating statement includes increases in revenue consisting mostly of additional appropriation from the ACT Local Hospital Network for the delivery of health services and associated expenses.

At the time of finalising the 2022-23 financial statements negotiations to confirm just terms compensation were ongoing, so the accounting impacts associated with the acquisition and/or transfer of net assets are yet to be determined. For net assets transferred to the Directorate, for which compensation is provided, the Directorate will likely receive additional Capital Injection appropriation. For net assets or (liabilities) transferred to the Directorate without an equivalent value of compensation in return a gain or (loss) will be recorded. All land and buildings transferred from CPHB to the Directorate will be revalued as at 3 July 2023.

More information associated with the CPHB acquisition may be found in the financial statements of the ACT Health Directorate (Controlled and Territorial) and the ACT Local Hospital Network.

Income Notes

Material Accounting Policies – Income

Income Recognition

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

AASB 15

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

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

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

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

AASB 1058

Where revenue streams are in the scope of AASB 1058 *Income of Not-for-Profit Entities*, the Directorate recognises the asset received (generally cash or other financial asset) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

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

Note 5. Sales of Goods and Services from Contracts with Customers

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

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

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

The Directorate assesses new or changes to existing customer contracts and other arrangements to ensure that it meets the revenue recognition criteria of AASB 15 *Revenue from Contracts with Customers*. Revenue recognised under this note has been assessed to meet performance obligations. Key judgements are used in determining the transaction price and the amounts allocated to performance obligations. As a result, the Directorate has determined the goods and services to be classified as revenue from contracts with customers which have been included in this note as outlined below.

Services Revenue

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

Inpatient Fees

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

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

Note 5. Sales of Goods and Services from Contracts with Customers (Continued)

Facilities Fees

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

	2023 $'000	2022 $'000
Service Revenue[1]	28 695	34 297
Inpatient Fees	35 295	33 646
Facilities Fees[2]	18 179	38 692
Non-inpatient Fees	2 403	1 996
Accommodation and Meals	3 652	3 223
Total Sales of Goods and Services from Contracts with Customers	**88 224**	**111 854**

1. The decrease in 2022-23 is mainly due to the lower provision of medical consumables and personal protective equipment to third parties. During the COVID-19 pandemic, in previous years, the supply of these items to third parties was higher.
2. The decrease is primarily due to a reduction in pathology activity in 2022-23. In prior years pathology activity increased as a result of the COVID-19 pandemic.

Note 6. Grants and Contributions Revenue

Description and Material Accounting Policies relating to Grants and Contributions Revenue

General Grants and Contributions Accounting Policy

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

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

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

Local Hospital Network Funding

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

Legal Services

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

Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Resources Received Free of Charge

Shared Services Resource Received Free of Charge

The Directorate is required by the ACT Government to use Shared Services for its financial and Human Resources (HR) processing. Shared Services is part of CMTEDD. Given Shared Services is directly appropriated by the ACT Government to provide certain services at a fixed cost to the Directorate, it means that the Directorate does not have to pay for these services.

Professional Standards Unit (PSU)

Professional Standards Unit (PSU) is part of CMTEDD and provides investigation services regarding misconduct and other complaints relating to employees across the ACT Public Service. In addition to investigating complaints, PSU, through the Office of the Public Sector Standards Commissioner also advises the Chief Minister on matters arising from investigations conducted.

Given PSU is directly appropriated by the ACT Government, the Directorate does not have to pay for these services. CMTEDD provided the Directorate with the fair value of the services provided.

Note 6. Grants and Contributions Revenue (Continued)

Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Resources Received Free of Charge (Continued)

Territory Records Office (TRO)

TRO provides record management services to the Directorate free of charge. TRO is directly appropriated to provide these services across the ACT Government and as such, the Directorate is required to use these services. CMTEDD provided the Directorate with the fair value of the services provided. TRO is part of CMTEDD.

Project Management Services provided by Major Projects Canberra (MPC)

MPC provides procurement and infrastructure delivery services to the Directorate free of charge. MPC is directly appropriated to deliver these services and as such, the Directorate is required to use these services. The fair value of these services provided are capitalised on the Balance Sheet as they are directly attributable to the creation of the assets for which the service is provided.

ICT Services Resource Received Free of Charge

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

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 *Revenue from Contracts with Customers*. This is because none of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 *Income of Not-for-Profit Entities* has been applied for recognising this revenue. This revenue is recognised upon receipt of the donation or grant.

Note 6. Grants and Contributions Revenue (Continued)

	2023 $'000	2022 $'000
Local Hospital Network Funding		
Local Hospital Network Funding[1]	1 354 037	1 333 880
Total Local Hospital Network Funding	**1 354 037**	**1 333 880**
Resources Received Free of Charge		
Legal Services	885	645
Workforce Services provided by CMTEDD[2]	1 794	998
ICT Services[3]	70 531	68 357
Project Management Services provided by Major Projects Canberra[4]	2 237	-
Financial Services provided by Shared Services	3 256	3 154
Human Resources Services provided by Shared Services	7 322	7 137
Record Management Services provided by the Territory Records Office	58	76
Emergency Services	-	62
Total Resources Received Free of Charge	**86 083**	**80 429**
Other Grants and Contributions		
Grants[5]	18 320	9 696
Donations	1 179	214
Contributions for Highly Specialised Drugs	24 472	22 168
Total Other Grants and Contributions	**43 971**	**32 078**
Total Grants and Contributions	**1 484 091**	**1 446 387**

1. The increase is mainly due to new budget initiatives funded in 2022-23.
2. The increase is primarily due to the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) providing injury management services free of charge in 2022-23. Previously these services were provided on a cost recovery basis.
3. The increase is primarily due to additional services provided free of charge by the ACT Health Directorate to support the implementation of the Digital Health Record system.
4. Project management services are received free of charge from Major Projects Canberra. In 2022-23 the funding arrangement was amended so that project management fees are now received as resources received free of charge.
5. The increase is primarily due to a rise in non-Commonwealth grant revenue received in 2022-23.

Note 7. Other Income

Description and Material Accounting Policies Relating to Other Income

Other Income

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

	2023 $'000	2022 $'000
Other Income		
COVID-19 Cost Recoveries[1]	-	10 790
NDIS Recoveries	3 124	2 478
Other Recoveries [2]	7 957	3 262
Miscellaneous	522	534
Interest[3]	113	31
Total Other Income	**11 716**	**17 095**

In the 2022-23 Financial Statements the Directorate has moved amounts between NDIS Recoveries and Other Recoveries. The change has been made to reflect the nature of those income items more accurately.

1. In 2022-23 the Directorate did not receive reimbursement of costs from the central COVID-19 Response Fund provided by the CMTEDD for medical consumables and personal protective equipment (Rapid Antigen Tests and masks). The COVID-19 Response Fund was established in 2021-22 to enable the Government to respond quickly and flexibly to the public health emergency.
2. In 2022-23 this primarily relates to the reimbursement of costs associated with the implementation of the DHR system from the ACT Health Directorate.
3. The increase in 2022-23 relates to higher interest rates for funds held in the Directorate's Special Purpose Accounts.

Note 8. Employee Expenses

Description and Material Accounting Policies Relating to Employee Expenses

Employee expenses include:

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

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

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

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the CMTEDD. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation (CSC), 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.

Note 8. Employee Expenses (Continued)

	2023 $'000	2022 $'000
Wages and Salaries[1]	883 671	854 796
Annual Leave Expense[2]	12 921	34 606
Long Service Leave Expense[3]	4 344	(3 114)
Workers' Compensation Insurance Premium	13 042	12 838
Termination Expense	2 386	2 104
Superannuation Contributions to the Territory Banking Account[4]	37 441	42 008
Payments to the CSC for the Superannuation Productivity Benefit	3 430	1 133
Superannuation to External Providers	87 493	82 682
Other Employee Benefits and On-Costs	9 800	9 035
Cost of Living Supplement Payment [5]	9 869	-
Total Employee Expenses	**1 064 397**	**1 036 088**

In the 2022-23 Financial Statements the Directorate has moved amounts between this note and Note 9 *Supplies and Services*. The change has been made to reflect the nature of those expenses more accurately. In the 2021-22 Financial Statements the Directorate disclosed $1.040 billion as the total expenses in this note.

1. The increase in 2022-23 is primarily due to increased staffing to support the Directorate to deliver 2022-23 budget initiatives, Digital Health Record system implementation and wage accruals for the backpay based on the current enterprise agreement offer.
2. The decrease in 2022-23 is primarily due to increased utilisation of annual leave and the change in the present value discount factor applied to the provision. The present value discount factor is derived from the ACT Treasury's actuarial calculations and changed from 101.8% to 98.2%.
3. The increase in 2022-23 is mainly due to the significantly low amount in 2021-22 resulting from the change in the present value discount factor from 108.7% to 95.3% offset by increased utilisation of long service leave and the change in the present value discount factor applied to the provision. The present value discount factor is derived form the ACT Treasury's actuarial calculations and changed from 95.3% to 93.0%.
4. The decrease in 2022-23 is primarily due to a larger number of employees not being eligible to contribute superannuation under this scheme. There has been a corresponding increase in superannuation to external providers.
5. This represents the one-off cost of living supplement accrual provided to the Directorate's employees as part of the current enterprise agreement offer.

Note 9. Supplies and Services

Description and Material Accounting Policies Relating to Supplies and Services

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

Clinical Expenses/Medical Surgical Supplies

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

Audit Fees

Audit fees are included in the Contractors and Consultants line item below. Audit fees consist of financial audit services provided to the Directorate by the ACT Audit Office and any other services provided by a contract auditor engaged by the ACT Audit Office to conduct the financial audit. The Directorate's audit fee for the audit of its 2022-23 financial statements is $216,733 (2021-22: $209,375). No other services were provided by the ACT Audit Office.

Insurance

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

Repairs and Maintenance

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

Property and Rental Expenses

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

Domestic Services, Food and Utilities

Domestic Services, Food and Utilities expenses represent the running costs incurred in normal operations and recognised in the reporting period in which these expenses are incurred.

Pharmaceutical

Pharmaceutical expenses represent the cost of medicines utilised in clinical operations and recognised in the reporting period in which these expenses are incurred.

Visiting Medical Officers

This covers payments for visiting medical officers that provide clinical services within the health service and are recognised in the reporting period in which these expenses are incurred.

Note 9. Supplies and Services (Continued)

	2023 $'000	2022 $'000
Supplies and Services		
Blood Products	11 652	11 241
Clinical Expenses/Medical Surgical Supplies	94 113	98 943
Contractors and Consultants	10 675	10 870
Domestic Services, Food and Utilities	52 057	48 127
General Administration[1]	35 082	26 986
ICT Expense	72 765	68 927
Insurance	33 267	30 529
Legal Expense and Settlements	2 216	3 226
Memberships and Associations	510	492
Non-Contract Services[2]	28 361	19 142
Pharmaceuticals	44 077	40 169
Property and Rental Expenses[3]	8 536	17 732
Repairs and Maintenance[3]	29 530	34 152
Staff Related Expenses	14 841	11 207
Visiting Medical Officers[4]	50 720	43 310
Other	19 487	17 968
Total Supplies and Services	**507 889**	**483 021**

In the 2022-23 Financial Statements the Directorate has moved amounts between this note, Note 8 *Employee Expenses* and Note 11 *Other Expenses*. The change has been made to reflect the nature of those expenses more accurately. In the 2021-22 Financial Statements the Directorate disclosed $475.807 million as the total expenses in this note.

1. The increase in 2022-23 is primarily due to higher contract management costs related to University of Canberra Hospital services and higher Resources Received Free of Charge.
2. The increase is primarily due to the use of agency staff.
3. The decrease in 2022-23 is primarily due to the closures of COVID-19 Testing and Vaccination Centres.
4. The increase in 2022-23 is primarily due to higher usage of Visiting Medical Officers resulting from the difficulty in recruiting medical specialists as permanent staff.

Note 10. Purchased Services

Description and Material Accounting Policies Relating to Purchased Services

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

Private Provider Program

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

Transitional Therapy and Care Program

The Transitional Therapy and Care Program is a community-based program for older adults, providing support and therapy to help improve functional capacity and independence after a hospital stay.

Other Services

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

	2023	2022
	$'000	$'000
Purchased Services		
Private Provider Program and Elective Joint Replacement Program[1]	26 462	29 725
Transitional Therapy and Care Program[2]	3 489	-
Other Services	2 411	1 464
Total Purchased Services	**32 362**	**31 189**

In the 2022-23 Financial Statements the Directorate has moved amounts between this note and Note 11 *Other Expenses*. The change has been made to better reflect the nature of those expenses more accurately. In the 2021-22 Financial Statements the Directorate disclosed $31.223 million as the total expenses in this note.

1. The decrease in 2022-23 is mainly due to the Calvary Theatre fire reducing capacity of private hospitals to provide surgery through the Private Provider Program as private hospitals took on workload from Calvary Public Hospital Bruce.
2. In 2022-23 the Transitional Therapy and Care Program administration expense transferred from the ACT Health Directorate to the Directorate. Previously this program was administered by the ACT Health Directorate.

Note 11. Other Expenses

Description and Material Accounting Policies Relating to Other Expenses

Legal Expense and Settlements

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

Waivers

A waiver is the relinquishment of a legal claim to a debt. The Treasurer may, in writing, waive the right to payment of an amount owing to the Territory. In the current financial year, the Directorate did not provide waivers. In the previous year the Treasurer waived $0.321 million owing to the Directorate from third parties. Waivers are expensed during the year in which the right to payment was waived.

Impairment Losses and Write-Offs – Accounts and Loans Receivables

A matrix is used to calculate the amount of lifetime expected credit loss which factors practical and justifiable forward-looking information, including forecast economic changes expected to impact the Directorate's receivables (See Note 13 *Receivables*). This method is based on the possibility of default events occurring over the lifetime of the loans.

Impairment Losses – Plant and Equipment

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

Note 11. Other Expenses (Continued)

	2023 $'000	2022 $'000
Other Expenses		
Losses from the Transfer of Assets[1]	1 621	-
Losses from the Disposal of Assets	151	232
Lease Interest	127	73
Contributions to Projects	270	75
Waivers		
Stimulus Waivers - COVID-19	-	321
Impairment Losses		
Expected Credit Loss - Receivables	3 441	3 314
Plant and Equipment	-	81
Write-Offs		
Irrecoverable Debts	152	508
Obsolete Stock	148	228
Inventory Write Downs[2]	7 514	-
Other	52	-
Total Other Expenses	**13 476**	**4 832**

	2023		2022	
	No.	$'000	No.	$'000
Breakdown of Waivers				
Stimulus Waivers - COVID-19	-	-	2	321
Total Waivers	**-**	**-**	**2**	**321**

In the 2022-23 Financial Statements the Directorate has moved amounts between this note and Note 9 *Supplies and Services* and Note 10 *Purchased Services*. The change has been made to reflect the nature of those expenses more accurately. In the 2021-22 Financial Statements the Directorate disclosed $8.503 million as the total expenses in this note.

1. In 2022-23 the Directorate transferred a Heating, Ventilation and Air Conditioning unit to the ACT Health Directorate.
2. This represents the write down of the value of COVID-19 Rapid Antigen Tests kits held in inventory, following a reduction in the replacement purchase price.

Asset Notes

Material Accounting Policies – Assets

Assets – Current and Non-Current

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

Note 12. Cash

Description and Material Accounting Policies Relating to Cash

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

(a) Cash Balances

	2023 $'000	2022 $'000
Current Cash		
Cash on Hand	37	37
Cash at Bank[1]	18 727	38 273
Total Current Cash	**18 764**	**38 310**
Total Cash	**18 764**	**38 310**

1. The decrease in 2022-23 is primarily due to the timing of payments. Further details can be found in Cash Flow Statement and working capital movements shown below.

Note 12. Cash (Continued)

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

	2023 $'000	2022 $'000
Cash Recorded in the Balance Sheet	18 764	38 310
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	**18 764**	**38 310**

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

Operating Result	(89 688)	(39 065)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	47 339	49 514
Losses from the Disposal of Assets	1 772	232
Bad and Doubtful Debts	3 593	4 143
Inventory Write Downs and Obsolete Stock	7 662	228
Make Good	(135)	-
Add/(Less) Items Classified as Investing or Financing		
(Gain) on Disposal of Non-Current Assets	(352)	(90)
Lease Interest Charges	127	73
Assets Impairment Loss	-	81
Capital Works Payables Accruals	(1 552)	773
MPC fees received free of charge	(2 237)	-
Cash Before Changes in Operating Assets and Liabilities	**(33 471)**	**15 889**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(11 597)	(4 173)
Decrease/(Increase) in Inventories	16 239	(17 591)
(Increase) in Other Assets	(1 263)	(173)
Increase in Payables	2 188	4 941
Increase in Employee Benefits	13 669	28 563
(Decrease) in Other Liabilities	(420)	(12 074)
Net Changes in Operating Assets and Liabilities	**18 816**	**(507)**
Net Cash (Outflow)/Inflows from Operating Activities	**(14 655)**	**15 382**

(d) Reconciliation of Liabilities Arising from Financing Activities

Carrying Amount at the Beginning of the Reporting Period	2 862	4 079
Cash Flow Changes:		
Cash Paid	(1 899)	(2 563)
Non-Cash Changes:		
New Leases	2 117	885
Other Movements	127	461
Carrying Amount at the End of the Reporting Period	**3 207**	**2 862**

Note 13. Receivables

Description and Material Accounting Policies Relating to Receivables

Accounts Receivable

Accounts receivable are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Receivables relating to the Sale of Goods and Services from Contracts with Customers are recognised when invoiced, as this is the point in time that the consideration is unconditional because only the passage of time is required before the payment.

Impairment Loss – Accounts Receivable

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

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

b) the time value of money; and

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

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

The Directorate applies the simplified approach under AASB 9 *Financial Instruments*, meaning that the allowance for expected credit losses for trade receivables is measured at the lifetime expected credit losses at each reporting date. The Directorate has established a provision matrix, based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and economic environment.

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

Inter-agency receivables between ACT Government agencies are expected to have a low credit risk. Consequently, the ACT Government policy is that directorates, territory authorities and territory-owned corporations consolidated into the whole-of-Government financial statements will generally not measure any loss allowance for receivables collectible from other ACT Government agencies consolidated into the whole-of-government financial statements.

Note 13. Receivables (Continued)

	2023 $'000	2022 $'000
Current Receivables		
Trade Receivables		
Trade Receivables - Patient Fees[1]	22 866	19 109
Other Trade Receivables	17 816	17 448
Less: Expected Credit Loss Allowance[2]	(10 974)	(8 559)
Total Trade Receivables	**29 708**	**27 998**
Other Receivables		
Accrued Revenue[3]	9 665	3 274
Net GST Receivable	1 927	2 024
Total Other Receivables	**11 592**	**5 298**
Total Receivables	**41 300**	**33 296**

1. The increase in 2022-23 is primarily due to a rise in the level of overdue debts as a result of reduced capacity to pay and improvements in IT processes to identify all services.
2. The expected credit loss has shown a proportional rise alongside the trade receivables balances, reflecting shifts in customers' capacity to meet their debt obligations.
3. The increase in 2022-23 is primarily related to outstanding patient fees (as per 1. and 2. above).

Expected Credit Loss Allowance Provision Matrix
Ageing of Receivables

	Estimated total gross carrying amount at default	Expected credit loss Allowance	Expected credit loss rate
	$'000	$'000	%
30 June 2023			
Not Overdue	9 873	(185)	2%
1-30 Days Past Due	6 410	(387)	6%
31-60 Days Past Due	4 295	(280)	7%
61-90 Days Past Due	1 150	(192)	17%
> 91 Days Past Due	14 550	(9 930)	68%
Total	**36 278**	**(10 974)**	
30 June 2022			
Not Overdue	15 444	(290)	2%
1-30 Days Past Due	2 744	(179)	7%
31-60 Days Past Due	1 851	(363)	20%
61-90 Days Past Due	1 741	(647)	37%
> 91 Days Past Due	9 464	(7 080)	75%
Total	**31 244**	**(8 559)**	

Note 13. Receivables (Continued)

	2023 $'000	2022 $'000
Reconciliation of the Loss Allowance		
Accounts Receivable		
Expected Credit Loss Allowance at the Beginning of the Reporting Period	8 559	5 244
Reduction in Allowance from Amounts Recovered During the Reporting Period	(1 128)	(284)
Reduction in Allowance from Amounts Written off During the Reporting Period	(50)	(196)
Expected Credit Loss Expense	3 593	3 795
Expected Credit Loss Allowance at the End of the Reporting Period	**10 974**	**8 559**

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 Expected Credit Loss allowance as shown in the table above.

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

Note 14. Inventories

Description and Material Accounting Policies Relating to Inventories

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

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

	2023 $'000	2022 $'000
Inventories		
Purchased Items - Cost[1]	25 565	34 371
Less: Obsolete Stock	(148)	(228)
Less: Write-down to realisable value[2]	(7 514)	-
Total Inventories	**17 903**	**34 143**

1. The decrease in 2022-23 reflects a return to pre-COVID-19 stock levels, following elevated stock requirements in the prior year related to the ACT Government's COVID-19 pandemic response.
2. This represents the write down of the value of COVID-19 Rapid Antigen Tests kits held in inventory, following a reduction in the replacement purchase price.

Note 15. Property, Plant and Equipment

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

The Directorate has the following five classes of Property, Plant and Equipment:

- **Land** is defined as the ground, including the soil covering and any associated surface waters. Land includes leasehold land held by the Directorate.
- **Buildings** are structures that have a roof and walls which stand permanently in one place. These structures are separately identifiable from the land they are constructed upon and as such do not include this land. Buildings include hospital buildings, community health centres and siteworks. Right-of-use building assets are not included in the building asset class.
- **Leasehold improvements** are capital expenditure items incurred in relation to leased assets. Leasehold improvements represent fit-outs in leased buildings.
- **Plant and Equipment** comprises tangible assets such as medical equipment, motor vehicles, mobile plant, air conditioning and heating systems, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment that is used by the Directorate to assist in providing services to the community. Plant and Equipment tends to be smaller and more mobile in nature than other types of property, plant and equipment such as buildings, roads and land. Right-of-use plant and equipment is not included in the plant and equipment asset class.
- **Right-of-Use Plant and Equipment** includes leased motor vehicles recognised under AASB 16 *Leases* and disclosed under the relevant class of property, plant and equipment.

Property, Plant and Equipment does not include assets held for sale nor investment property.

Acquisition and Recognition of Property, Plant and Equipment

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

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

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

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

Measurement of Property, Plant and Equipment After Initial Recognition

Property, Plant and Equipment is valued using the cost or revaluation model of valuation. The Directorate measures land and buildings at fair value. The rest is measured at cost.

After the commencement date, all right-of-use assets are measured at cost, less any accumulated depreciation and accumulated impairment losses, and adjusted for any re-measurement of the lease liability. Right-of-use assets are presented in property, plant and equipment in their own separate asset class.

Note 15. Property, Plant and Equipment (Continued)

Valuation of Non-Current Assets

CIVAS (ACT) Pty Ltd, an independent valuer, has performed a recent revaluation of the Directorate's land and buildings. CIVAS (ACT) Pty Ltd holds recognised and relevant professional qualifications and has recent experience in the location and category of land and buildings involved. The latest valuation of land and buildings was performed as at 30 June 2023. The next valuation will be undertaken during the 2025-26 financial year.

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

Revaluation

Land and buildings are revalued every three years. Towards the end of each financial year the Directorate assesses whether there are any 'indicators' that the carrying amount of their property, plant and equipment is materially different to fair value. Where these indicators exist, the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings 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.

Impairment of Assets

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

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

Impairment losses for plant and equipment and leasehold improvements are recognised in the Operating Statement, as they 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.

Note 15. Property, Plant and Equipment (Continued)

Depreciation and Useful Life

Depreciation is the systematic allocation of the cost of an asset less its residual value over its useful life. Depreciation is applied to physical assets such as buildings and plant and equipment.

Land has an unlimited useful life and is therefore not depreciated. Right-of-use buildings, leasehold improvements and plant and equipment are depreciated over the estimated useful life of each asset, or the unexpired period of the relevant lease, whichever is shorter.

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

Depreciation for non-current assets is determined as follows:

Class of Asset	Depreciation 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

The Directorate has made a significant estimate in determining the useful lives of its assets in each class of 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 CIVAS (ACT) Pty Ltd. The useful lives are assessed on an annual basis and adjustments are made when necessary.

Note 15. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment 2022-23

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Right-of-Use Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**64 958**	**1 068 364**	**1 075**	**50 080**	**2 527**	**1 187 004**
Additions	-	49 084	682	15 022	2 117	**66 905**
Revaluation Increment	25 062	76 163	-	-	-	**101 225**
Disposals	-	-	(115)	(1 660)	(155)	**(1 930)**
Depreciation	-	(32 730)	(811)	(12 472)	(1 326)	**(47 339)**
Depreciation Write Back and Reclassification	-	33	-	1 435	155	**1 623**
Carrying Amount at the End of the Reporting Period	**90 020**	**1 160 914**	**831**	**52 405**	**3 318**	**1 307 488**
Carrying Amount at the End of the Reporting Period, is represented by:						
Gross Book Value	90 020	1 160 914	2 362	174 387	9 875	**1 437 558**
Accumulated Depreciation	-	-	(1 531)	(121 982)	(6 557)	**(130 070)**
Carrying Amount at the End of the Reporting Period	**90 020**	**1 160 914**	**831**	**52 405**	**3 318**	**1 307 488**

Note 15. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment 2021-22

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

Note 15. 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 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, either directly or indirectly; and
- *Level 3*: inputs that are unobservable for particular assets or liabilities.

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

	Classification According to Fair Value Hierarchy		
	Level 2	**Level 3**	**Total**
2023	**$'000**	**$'000**	**$'000**
Property, Plant and Equipment at Fair Value			
Land	90 020	-	**90 020**
Buildings	4 300	1 156 614	**1 160 914**
Leasehold Improvements[1]	-	831	**831**
	94 320	**1 157 445**	**1 251 765**
2022			
Property, Plant and Equipment at Fair Value			
Land	64 958	-	**64 958**
Buildings	2 987	1 065 377	**1 068 364**
Leasehold Improvements[1]	-	1 075	**1 075**
	67 945	**1 066 452**	**1 134 397**

1. The leasehold improve was not revalued in 2022-23, as it was assessed as immaterial to the Property, Plant and Equipment balance.

Note 15. Property, Plant and Equipment (Continued)

Transfers between Categories

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

Valuation Techniques, Inputs and Processes

Level 2 Valuation Techniques and Inputs

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

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

Level 3 Valuation Techniques and Significant Unobservable Inputs

Land

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

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

Buildings

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

Significant Unobservable Inputs: Estimating the cost to a market participant to construct assets of comparable utility adjusted for obsolescence. For Buildings, historical cost per square metre of floor area was also used in measuring fair value. In determining the value of buildings 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 year.

Note 15. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

2023	Buildings $'000
Fair Value at the Beginning of the Reporting Period	**1 065 377**
Additions	49 084
Depreciation	(32 730)
Gains Recognised in Other Comprehensive Income	74 883
Fair Value at the End of the Reporting Period	**1 156 614**

Changes in unrealised gains or losses for the period are included in profit or loss for the assets held at the end of the reporting period.

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

Changes in unrealised gains or losses for the period are included in profit or loss for the assets held at the end of the reporting period.

1. The leasehold improve was not revalued in 2022-23 as it was assessed as immaterial to the Property, Plant and Equipment balance.

Note 16. Capital Works in Progress

Description and Material Accounting Policies Relating to Capital Works in Progress

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

Reconciliation of Capital Works in Progress 2022-23

	Buildings Works in Progress $'000	Plant and Equipment Works in Progress $'000	Computer Software Works in Progress $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**94 968**	**5 622**	**-**	**100 590**
Additions	45 755	12 123	874	**58 752**
Completed and Transferred to Property, Plant and Equipment	(50 101)	(12 193)	-	**(62 294)**
Transferred to Other Directorate [1]	-	(1 621)	-	**(1 621)**
Capital Works Expensed	(142)	(541)	-	**(683)**
Carrying Amount at the End of the Reporting Period	**90 480**	**3 390**	**874**	**94 744**

1. This represents Heating, Ventilation and Air Conditioning capital works transferred to the ACT Health Directorate.

Reconciliation of Capital Works in Progress 2021-22

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

Liability Notes

Material Accounting Policies – Liabilities

Liabilities – Current and Non-Current

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

Note 17. Payables

Description and Material Accounting Policies Relating to Payables

Payables include Trade Payables and Accrued Expenses. Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Trade Payables are normally settled within 14 days after the invoice date.

	2023 $'000	2022 $'000
Current Payables		
Trade Payables	4 548	2 047
Accrued Expenses[1]	65 543	58 194
Total Current Payables	**70 091**	**60 241**

	2023 $'000	2022 $'000
Payables are aged as followed		
Not Overdue	67 810	60 070
Overdue for Less than 30 Days	1 887	63
Overdue for 30 to 60 Days	173	3
Overdue for More than 60 Days	221	105
Total Payables	**70 091**	**60 241**

1. The increase in 2022-23 is due to the timing of invoice payment at 30 June 2023.

Note 18. Employee Benefits

Description of Material Accounting Policies Relating to Employee Benefits

Accrued Wages and Salaries

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

Annual and Long Service Leave

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

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2022-23 the rate used to estimate the present value of future benefits are:

- Annual leave payments is 98.2% (101.8% in the previous financial year); and
- Payments for long service leave is 93% (95.3% in the previous financial year).

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

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

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 June 2022. The assessment by an actuary is performed every three years. However, it may be performed more frequently if there is a significant contextual change in the parameters underlying the 2022-23 report. The next actuarial review is expected to be undertaken by late 2025.

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

Superannuation Liability

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

Note 18. Employee Benefits (Continued)

	2023 $'000	2022 $'000
Current Employee Benefits		
Annual Leave[1]	153 735	159 428
Long Service Leave[1]	126 325	131 005
Accrued Salaries[2]	36 656	24 211
Other Benefits	17 603	16 403
Cost of Living Supplement Payment[3]	9 869	-
Total Current Employee Benefits	**344 188**	**331 047**
Non-Current Employee Benefits		
Long Service Leave	17 170	16 642
Total Non-Current Employee Benefits	**17 170**	**16 642**
Total Employee Benefits	**361 358**	**347 689**
Estimate of when Leave is Payable		
Estimated Amount Payable within 12 months		
Annual Leave	78 348	78 548
Long Service Leave	11 113	7 466
Accrued Salaries	36 656	24 211
Other Benefits	17 603	16 403
Cost of Living Supplement	9 869	-
Total Employee Benefits Payable within 12 months	**153 589**	**126 628**
Estimated Amount Payable after 12 months		
Annual Leave	75 387	80 880
Long Service Leave	132 382	140 181
Total Employee Benefits Payable after 12 months	**207 769**	**221 061**
Total Employee Benefits	**361 358**	**347 689**

1. The decrease in 2022-23 is primarily due to increased utilisation and the present value factor change applied to the provision. The present value discount factor changed from 101.8% to 98.2% for annual leave. The present value discount factor changed from 95.3% to 93% for long service leave.
2. The increase in 2022-23 is primarily due to wage accruals for backpay based on the current enterprise agreement offer.
3. This represents the one-off cost of living supplement accrual provided to the Directorate's employees as part of the current enterprise agreement offer.

At 30 June 2023, the Directorate employed 7,324 Full Time Equivalent (FTE) staff. There were 7,109 FTE staff at 30 June 2022.

Note 19. Other Liabilities

Description and Material Accounting Policies Relating to Other Liabilities

Revenue Received in Advance

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

Provision for Make Good

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

	2023 $'000	2022 $'000
Current Other Liabilities		
Revenue Received in Advance	2 421	2 977
ACT Government Borrowings	-	410
Total Current Other Liabilities	**2 421**	**3 387**
Non-Current Other Liabilities		
ACT Government Borrowings	-	17
Provision for Make Good	2 121	1 986
Total Non-Current Other Liabilities	**2 121**	**2 003**
Total Other Liabilities	**4 542**	**5 390**

Note 20. Financial Instruments

Material Accounting Policies Relating to Financial Instruments

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

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

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

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

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

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

Financial liabilities are measured at amortised cost.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's bank, Westpac Banking Corporation (Westpac). Westpac holds an AA issuer credit rating with Standard and Poor's. An 'AA' credit rating is defined as a '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. Inter-agency receivables between ACT Government agencies are generally expected to be low credit risks. 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. The Directorate expects to collect all financial assets that are not past due or impaired. Receivables are always measured at lifetime expected credit losses (the simplified approach).

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

Note 20. Financial Instruments (Continued)

Liquidity Risk

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

The main source of cash to pay these obligations are contributions from the ACT Local Hospital Network which are paid on a fortnightly basis during the reporting period. The Directorate manages its liquidity risk through forecasting ACT Local Hospital Network funding requirements to enable payment of anticipated obligations.

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

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2023 $'000	2022 $'000
Financial Assets		
Financial Assets Measured at Amortised Cost	**39 374**	**31 272**
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	**73 298**	**63 104**

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

Note 21. Commitments

Description and Material Accounting Policies Relating to Capital and Other Expenditure Commitments

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Commitments usually arise from contracts but can arise from other things like placing an order.

Commitments are measured at their nominal value and are inclusive of GST.

Capital Commitments

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

	2023 $'000	2022 $'000
Capital Commitments – Property, Plant and Equipment		
Non-cancellable capital commitments are payable as follows:		
Payable:		
Within one year	13 907	21 061
Later than one year but not later than five years	1 196	10 862
Total Capital Commitments – Property, Plant and Equipment	**15 103**	**31 923**
Total Capital Commitments[1]	**15 103**	**31 923**

Lease Commitments

Non-cancellable lease commitments are payable as follows:		
Payable:		
Within one year	6 566	5 915
Later than one year but not later than five years	4 136	2 678
Later than five years	469	425
Total Lease Commitments	**11 171**	**9 018**

Other Commitments

Other commitments, contracted at reporting date but not recognised as liabilities, are payable as:		
Payable:		
Within one year	40 107	37 480
Later than one year but not later than five years	75 668	55 435
Later than five years	236 429	227 533
Total Other Commitments[2]	**352 290**	**320 448**

1. The decrease in 2022-23 is mainly due to the completion of several capital contracts from previous years.
2. The increase in 2022-23 is due to a change in process of recognising lower value non-capital commitments.

All amounts shown in the commitment note are inclusive of GST, except for property and ICT lease Commitments provided by other ACT Government entities are without GST, therefore, no GST has been shown for those commitments.

Note 22. Contingent Liabilities and Contingent Assets

Material Accounting Policies Relating to Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the Balance Sheet due to the uncertainty regarding any possible amount or timing of any underlying claim or obligation. Instead, they are disclosed and, if quantifiable, the best estimate is disclosed.

Contingent Liabilities

Legal Claims

The Directorate is subject to 183 legal actions (2022: 172 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at $8.862 million at 30 June 2023 (30 June 2022: $8.191 million), which has not been provided for in the financial statements.

Calvary Acquisition Just Terms Compensation

As a result of the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023, the Directorate has contingent liabilities associated with the payment of compensation for the acquisition of net assets from the Calvary Public Hospital Bruce (CPHB) (now known as the North Canberra Hospital (NCH)).

A reliable estimate of the value of the possible compensable just terms can not be made given commercial negotiations are still underway at the time of finalising these financial statements.

Contingent Assets

Capital Works

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

Calvary Acquisition Just Terms Compensation

As a result of the enactment of the Act on 2 June 2023, the Directorate has contingent assets associated with the transfer of net assets from CPHB to the Directorate.

A reliable estimate of the value of net assets from CPHB to the Directorate can not be made given commercial negotiations were still underway at the time of finalising these financial statements. All land and buildings transferred from CPHB to the Directorate will be revalued as at 3 July 2023.

Note 23. Third Party Monies

Description and Material Accounting Policies Relating to Third Party Monies

The Directorate holds funds relating to the activities of salaried specialists. There are no additional assets and liabilities other than cash in relation to these funds. Therefore, the below information only provides cash disclosure of the funds relating to the activities of salaried specialists during the year, and the financial position at the reporting date. A bank account has been set up in accordance with section 51 of the *Financial Management Act 1996* to collect and hold the deposits and make payments.

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

	2023 $'000	2022 $'000
Private Practice Fund		
Balance at the Beginning of the Reporting Period	**66 361**	**60 161**
Cash Receipts	28 682	30 940
Cash Payments	(24 817)	(24 741)
Balance at the End of the Reporting Period	**70 226**	**66 361**

Note 24. Related Party Disclosures

Description and Material Accounting Policies Relating to Related Party Disclosures

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

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

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

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

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

(A) Controlling Entity

Canberra Health Services is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2023.

Compensation of the Head of Service is included in the note on related party disclosures included in the CMTEDD's financial statements for the year ended 30 June 2023.

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

	2023 $'000	2022 $'000
Short-term Employee Benefits	1 472	1 395
Post-employment Benefits	284	206
Other Long-term Benefits	35	33
Termination Benefits	-	215
Total Compensation to KMP	**1 791**	**1 849**

Note 24. Related Party Disclosures (Continued)

B.2 Transactions with Key Management Personnel

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

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

B.3 Transactions with parties related to Key Management Personnel

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

(C) Transactions with other ACT Government Controlled Entities

The Directorate has entered into transactions with other ACT Government Entities in 2023 and 2022 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities. Below is a summary of the material transactions with Other ACT Government Entities.

Revenue

- Sales of Goods and Services from Contracts with Customers (Note 5) – The Directorate received $2.121 million in revenue from other ACT Government Entities related to acquisition and delivery of stock and miscellaneous services.
- Resources Received Free of Charge (Note 6) – The Directorate received $70.531 million in ICT services free of charge from ACT Health Directorate, and $10.578 million in Finance and Human Resources services free of charge from Shared Services.

Expenses

- Supplies and Services (Note 9) – The Directorate paid insurance premiums of $33.267 million to the ACT Insurance Authority and $216,733 to the ACT Audit Office for audit services.

Assets

- Receivables (Note 13) – The Directorate has $3.267 million in accounts receivable with other ACT Government Entities at 30 June 2023.
- Inventories (Note 14) – The Directorate provides inventories to other ACT Government Agencies.

Liabilities

- Payables (Note 17) – The Directorate has $31.472 million in accounts payable and accrued expenses with other ACT Government entities at 30 June 2023.

Note 25. Budgetary Reporting

Significant Accounting Judgements and Estimates – Budgetary Reporting

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

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

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

	Actual 2023 $'000	Original Budget 2023 $'000	Variance $'000	Variance %
Operating Statement Line Items				
Sales of Goods and Services from Contracts with Customers[1]	88 224	124 098	(35 874)	(29)
Supplies and Services[2]	507 889	460 848	47 041	10
Purchased Services[3]	32 362	17 684	14 678	83

Variance Explanations

1. The key driver for the variance from budget is primarily due to lower than expected revenue from facility fees, pathology and private patients.
2. The variance is primarily due to higher than budgeted medical surgical supplies and higher staffing costs, through the usage of Visiting Medical Officers and Non-Contract Services.
3. The key driver for the variance from budget is the additional programs administered by the Directorate.

Note 25. Budgetary Reporting (Continued)

	Actual 2023 $'000	Original Budget 2023 $'000	Variance $'000	Variance %
Balance Sheet Line Items				
Cash[1]	18 764	37 351	(18 587)	(50)
Capital Works in Progress[2]	94 744	119 267	(24 523)	(21)
Asset Revaluation Surplus[3]	166 274	65 536	100 738	154

Variance Explanations

1. The variance from budget is mainly due to timing of payments.
2. Progress of capital projects were delayed due to slower than expected procurement of equipment, reprioritisation of project works to address emerging patient safety risks and reallocation of resources to Digital Health Record system implementation.
3. The variance from budget is mainly due to the result of the asset revaluation that was undertaken in the current financial year and the increment in land and buildings was higher than budget.

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

Note 25. Budgetary Reporting (Continued)

	Actual 2023 $'000	Original Budget 2023 $'000	Variance $'000	Variance %
Statement of Cash Flows Line Items				
Sales of Goods and Services from Contracts with Customers[1]	73 394	120 460	(47 066)	(39)
Purchase of Property, Plant and Equipment[2]	15 842	88 428	(72 586)	(82)
Capital Injections[3]	53 140	80 120	(26 980)	(34)

Variance Explanations

1. The key driver for the variance from budget is primarily due to lower than expected revenue from facility fees, pathology, and private patients.
2. The key driver for the variance from budget is that the purchase of plant and equipment was delayed due to slower than expected procurement due to supply chain constraints that continue as a result of the COVID-19 pandemic.
3. The decrease compared to budget is mainly due to delays in the completion of capital projects as a result of slower than expected procurement of equipment, reprioritisation of project works to address emerging patient safety risks and reallocation of resources to Digital Health Record system implementation.

Capital works

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

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

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

Completed projects

We completed the following major capital works projects in 2022–23:

- Construction of a new Maternity Assessment Unit, Gynaecology Procedure Room, Clinical Administration and Adolescent Mental Health Day Service as part of the Centenary Hospital for Women and Children expansion to meet the growing needs of birthing women, newborn babies, children and adolescents.
- Construction of replacement electrical infrastructure in Building 10 at Canberra Hospital that is at the end of their useful life to support continuity of pathology and research services.
- Construction for replacement linear accelerator equipment in Building 20 at Canberra Hospital to support the treatment of cancer patients.
- Construction to house new CT equipment in Building 12 at Canberra Hospital to support the need for additional diagnostic imaging services.
- Construction for new diagnostic CT, X-ray and ultrasound imaging services at the Weston Creek Community Health Centre to improve community access to outpatient imaging services.
- Construction of steam generator and associated electrical works in Building 10 at Canberra Hospital to support new autoclaves supplying laboratory equipment for clinical research.
- Lift modernisation and upgrade works for Lift 9 (in Building 1), Lift 10 (in Building 3) and Lift 22 (in Building 12) at Canberra Hospital to improve lift reliability and extend their useful life.
- Construction of the ED triage desk redesign to address identified WHS and staff security risks associated with OV.

We also completed the following feasibility studies as part of early planning and design activities:

- Establish a further four walk-in health centres to provide community-based services located in the Inner South, South Tuggeranong, North Gungahlin and West Belconnen.

- Upgrade and expand the endoscopy suites at Canberra Hospital to address the growing demand for endoscopy services (gastroscopy and colonoscopy) which continue to increase pressure on the use of operating theatres.
- Establish a new 12-bed acute integrated palliative care ward at Canberra Hospital to improve the quality of life for patients with an active, progressive disease who have little or no prospect of cure.

Works in progress

The following major capital works were in progress as at 30 June 2023:

- Construction of a Special Care Nursery and Neonatology Family Support as part of the Centenary Hospital for Women and Children expansion to meet the growing needs of birthing women, newborn babies, children, and adolescents.
- Construction to replace sensitive 3 Tesla Magnetic Resonance Imaging equipment in Building 12 at Canberra Hospital to support the need for additional medical imaging services.
- 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.
- Construction of a new Cancer Research Centre in the Canberra Region Cancer Centre to improve the quality of cancer care in the ACT through better specialist translational research which will enable more rapid introduction of new treatments.
- Lift modernisation and upgrade works for Lift 8 (in Building 1) at Canberra Hospital to improve lift reliability and extend their useful life.
- Construction of replacement mechanical switchboards at Canberra Hospital that are at the end of their useful life to support the continuity of clinical services.
- Redevelopment and expansion of sterilising services at NCH to meet increased demand.
- Construction works associated with the expansion of the Anatomical Pathology laboratory for ACT Pathology in Building 10 at Canberra Hospital.
- Construction of a building fit-out to relocate CAMHS Southside that will increase client amenities, accessibility, and improved safety for clients and staff.

Other capital works projects

Table 28: CHS capital works as at 30 June 2023

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
Investing in public health care—Digital Health Record—transforming the way health care is provided	Jun-24	8500	8500	0	67	67
Investing in state-of-the-art clinical equipment and building services at Canberra Hospital	Jun-25	21 781	21 781	0	5895	5895
Investing in public health care—Embedding a positive safety	Jun-24	500	500	0	79	79

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
culture in the ACT public health system						
Improving Canberra's health Infrastructure—Delivering new clinical equipment and building services at the Canberra Hospital	Jun-25	6335	6335	0	1312	1312
Investing in public health care—implementation and integration of a modern rostering system	Dec-24	2442	2442	0	542	542
Better Infrastructure Fund						
Improving Health Facilities—Departmental	Complete	4457	4055	0	4196	4196
Works in Progress						
Better care when you need it—New medical imaging equipment	Mar-23	500	500	0	500	500
Better care when you need it—Training our future health workforce	Jan-24	1700	1700	699	764	1463
Better Health Services—Upgrading & Maintaining ACT Health Assets	Jun-24	98 543	98 543	94 114	3616	97 729
Better healthcare for a growing community—ACT Health critical assets upgrades	Jun-25	21 083	21 083	14 469	1547	16 017
Better healthcare for a growing community—More mental health accommodation	Oct-22	12 236	9336	8692	95	8787
Better healthcare for a growing community—Delivering the Weston Creek Walk-in Centre	Complete	5045	5045	5003	25	5028
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	Complete	26 186	26 886	26 313	385	26 698
Community, Health and Hospitals Program—Australian Capital Territory Initiative	Complete	13 500	13 500	11 136	1776	12 912
Delivering the Inner North Walk-in Centre	Complete	1714	1714	1595	(4)	1590
Expanding pharmacy services at Canberra Hospital	Dec-23	5530	5530	491	2497	2987
Expanding the Centenary Hospital for Women and Children	Dec-23	50 050	50 050	26 689	13 641	40 330
Mental Health Ward 12B redevelopment	Complete	8100	8100	7376	217	7593
Imaging services at the Weston Creek Community Health Centre	Complete	5670	5670	244	3914	4157
Improved Infrastructure for Acute Aged Care and Cancer Inpatients	Complete	18 910	18 910	19 560	83	19 643
Improving Canberra's health infrastructure—Replacing and enhancing critical equipment at North Canberra Hospital	Jun-26	10 490	10 490	139	33	173

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
Improving Canberra's health infrastructure—CHS warehouse and logistics facility	Oct-23	1267	1267	0	71	71
Improving Canberra's health infrastructure—Cancer Research Centre	Sep-24	7045	7045	127	184	311
Improving Canberra's health infrastructure—New location for the Child and Adolescent Mental Health Service	Sep-24	5428	5026	0	535	535
Improving Canberra's health infrastructure—Upgrading ACT Pathology's laboratory	Jan-25	3391	3391	0	2	2
Investing in public health care—Expanding endoscopy services	Complete	825	825	147	435	582
More mental health services at the Canberra Hospital	Complete	2520	2520	2120	356	2476
More public medical imaging services for Canberra Hospital	Dec-23	5700	5700	73	1439	1512
Sterilising Services—Relocation and upgrade	Jun-24	5 852	5852	5755	0	5755
The Canberra Hospital—Essential infrastructure and engineering works	Complete	5 390	5390	5389	0	5389
University of Canberra Public Hospital	Complete	158 262	158 262	157 312	107	157 419
Upgrade and refurbishment of buildings at Canberra Hospital	Complete	14 243	14 243	4 641	3288	7929
Walk-in health centre—Coombs pilot	Complete	250	250	127	3	130

CHS Reconciliation Schedule: Capital works and capital injection

Table 29: Approved Capital Works Program financing to capital injections as per cash flow statement

Project	Original Budget $'000	Section 16A $'000	Section 16B Rollover $'000	Deferred $'000	Not Drawn $'000	Total $'000
Capital Works	80 120	0	4139	-31 797	-8 186	44 276
Other Capital Injections	0	8864	0	0	0	8 864
Total	80 120	8864	4139	-31 797	-8 186	53 140

Asset management

CHS managed assets with a total value of $1.307 billion as at 30 June 2023.

Assets managed

CHS' managed assets include:

- Buildings: $1 160.914 million
- Land: $90.020 million
- Plant and equipment including right of use: $55.723 million
- Leasehold improvements: $0.831 million

Table 30: CHS property assets

Canberra Hospital campus	Area m²	Health facilities	Area m²
Building 1—Tower Block	33 993	Belconnen Walk in Centre/Community Centre	11 260
Building 2—Reception / Administration	5177	Bruce—Brian Hennessy Rehabilitation Centre	4240
Building 3—Oncology / Aged Care / Rehabilitation	16 046	Inner North Walk in Centre	490
Building 4—ANU Medical School	3063	Duffy House—Cancer Patient Accommodation	319
Building 6—Offices	4369	Gungahlin Walk in Centre/Community Centre	2871
Building 7—Alcohol and Drug	1288	Phillip Health Centre	3676
Building 8—Administration/Staff Training	4206	Student Accommodation—Belconnen (2 units)	220
Building 9—Accommodation	1290	Student Accommodation—Garran (1 unit)	117
Building 10—Pathology	9426	Student Accommodation—Phillip (3 units)	367
Building 11—Centenary Hospital for Women and Children	24 736	Symonston—Dhulwa Mental Health Unit Facility	7880
Building 12—Diagnostic and Treatment (ED/ICU)t	22 806	Tuggeranong—Walk in Centre/Community Centre	6960
Building 13—Helipad/Northern Car Park	7980	University of Canberra Hospital	35 498
Building 15—Outpatient services and administration	4097	Weston—Walk in Centre/Community Centre	1143
Building 19—Canberra Region Cancer Centre	7731	Woden Valley Child Care Centre	920
Building 20—Radiation Oncology	3440		
Building 23—Redevelopment Unit offices	2028		
Building 25—Adult Mental Health Unit	9390		
Building 26—Southern Car Park	53 000		
Building 28—Executive Office	989		
Gaunt Place Building 1—Dialysis Unit	1159		
Gaunt Place Building 2—RILU	629		
Gaunt Place Step up Step Down	700		
Yamba Drive Car Park (Phillip Block 7, Section 1)	-		
CIT Carpark	-		

Assets added to the asset register

During 2022–23 we added the following assets to the CHS asset register:

- Building 11—Level 3 Block F Administration and Adolescent Mental Health Unit

Assets removed from the asset register

There were no assets removed from the CHS portfolio during 2022–23.

Properties not being utilised by CHS

On 30 June 23, CHS had one property not being utilised or identified as potentially surplus:

Canberra Hospital campus	Area m²
Gaunt Place Cottage 2	629

Assets maintenance and upgrade

Asset upgrades

Infrastructure asset upgrades (not including works funded and reported through the capital works program) completed in 2022–23 across our sites included the following:

- Building 1 bathroom upgrades
- Building 1 food services quick shoot door
- Building 1 medical suction plant filter upgrades
- Building 1 Ward 9B medication room upgrades
- Building 3 HTM operations welding bay upgrades
- Building 7 HVAC upgrades
- Building 9 passive fire remediation
- Building 10 mortuary cool room upgrades
- Building 11 heating hot water pipework reconfiguration upgrades
- Building 12 CT Imaging upgrades
- Building 12 fluoroscopy room upgrades
- Building 12 chiller optimisation
- 1 Moore St security upgrades
- Various buildings electrical body protect upgrades
- Various locations bus stops and associated footpaths upgrades.

We maintain property, plant and equipment to a high standard to meet health requirements.

Expenditure on repairs and maintenance was $29.530 million which represented 1.3 per cent of the asset replacement value.

Works in progress

- Building 1 Central Processing Unit room upgrade
- Building 1 emergency lighting upgrade
- Building 1 Respiratory Physiology Laboratory upgrade
- Building 1 Ward 7B medication room upgrade
- Building 2 sewer ejection upgrade

- Building 3 Rheumatology/Dermatology Consultation Room upgrade
- Building 10 lift upgrades
- Building 11 Fetal Medicine Unit waiting room upgrade
- Building 11 medical air compressor upgrade
- Canberra Hospital footpaths
- Dhulwa foyer upgrade
- Dhulwa security upgrade
- Lanyon Family Care Facility security upgrade
- Florey Family Care Facility security upgrade
- Ngunnawal Family Care Facility security upgrade
- Village Creek Centre security upgrades.

Building audits and condition of assets

We conducted 42 building condition audits of assets in 2022–23. Assets audited included critical buildings located on the Canberra Hospital campus.

The building condition audits focus on major services including electrical, hydraulic and mechanical services to ensure these services operate as intended, and to avoid impacts to clinical services. They also focus on building fabric elements to progressively improve the general aesthetics of critical buildings located on the Canberra Hospital campus.

CHS undertook 63 environmental audits in 2022–23 across the Canberra Hospital campus and 12 audits undertaken on Building 1 central core areas. These audits address building condition reports, cleaning from our cleaning providers, ISS and general tidiness.

CHS also undertook 133 audits under the 5S (Sort, Set, Shine, Standardise and Sustain) methodology. We generally undertake these audits in medication rooms, disposal rooms and imprest store areas when we have undertaken the 5S process.

Office accommodation

Table 31: Office accommodation (as at 30 June 2023)

Location	Property	Owned/leased	No of staff work points	Approx office area (m2)	Approx utilisation rate (%)
Civic	1 Moore St	Leased	60	1954	32.6
Garran	TCH Building 1, Level 10B	Owned	28	295	10.6
Garran	TCH Building 3	Owned	34	92	2.7
Garran	TCH Building 8	Owned	31	563	18.2
Garran	TCH Building 12 Medical Records	Owned	24	627	26.2
Garran	TCH Building 23	Owned	45	1410	31.4
Garran	TCH Building 6	Owned	43	300	67.0
Garran	TCH Building 28	Owned	30	989	33.0

Government contracting

Overview

CHS ensured procurement and contract compliance with the *Government Procurement Act 2001* and the *Government Procurement Regulation 2007* with the following:

- Consultative processes applied across CHS to deliver its program of procurement in accordance with whole of government practice.
- CHS Procurement Committee reviewed procurements greater than $100,000 in value and/or where the procurement required an exemption from the Government Procurement Regulation 2007.
- Sought legal and probity advice from the ACT Government Solicitors Office where relevant.
- Notified Procurement ACT of procurements over $200,000 or of high risk.
- Sought advice from the Government Procurement Board for procurements greater than $5 million.

Circumstances may preclude the calling of public tenders in situations that could result in disruption to service delivery. CHS completes single select and/or select tender procurement processes in accordance with the provisions of the Government Procurement Regulation 2007. The CHS Procurement Committee risk assesses and reviews exemptions prior to the authorised Delegate approval.

The online ACT Government Contracts Register records contracts with suppliers of goods, services and works, with a value of $25 000 or more. A search of CHS' contracts notified with an execution date from 1 July 2022 to 30 June 2023 can be made at https://www.tenders.act.gov.au/contract/search

Secure local jobs code

CHS is actively supports the Secure Local Jobs Code. In 2022–23, CHS did not apply for a Secure Local Jobs Code exemption.

Aboriginal and Torres Strait Islander Procurement Policy

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

- proactively seeking opportunities to procure from relevant suppliers
- engaging in ACT Government Procurement Community of Practice forums
- other opportunity generating activities, such as attendance at ACT Government Aboriginal and Torres Strait Islander Enterprise Virtual Showcases
- events delivered in conjunction with Supply Nation.

CHS Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2022–23 are below.

Table 32: ATSIPP performance measures in 2022–23

ATSIPP performance measures	Target	Actual
The number of unique Aboriginal and Torres Strait Islander Enterprises that responded to Territory tender and quotation opportunities issued from the approved systems	N/A	3
The number of unique Aboriginal and Torres Strait Islander Enterprises attributed a value of Addressable Spend in the financial year	N/A	11
Percentage of the financial year's Addressable Spend of $263.02 million that is spent with Aboriginal and Torres Strait Islander Enterprises	2.0%	0.42%

Visiting Medical Officers

Table 33: Visiting Medical Officers 2022–23

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Anaesthesia	13 476 262 690	489 128
Anaesthesia	34 590 177 005	45 456
Anaesthesia	94 524 256 121	34 966
Anaesthesia	12 436 925 322	167 653
Anaesthesia	43 528 309 466	70 393
Anaesthesia	98 147 440 882	90 288
Anaesthesia	24 396 438 541	36 336
Anaesthesia	80 889 143 956	284 788
Anaesthesia	24 096 283 024	389 936
Anaesthesia	33 844 511 741	107 061
Anaesthesia	39 403 184 806	132 751
Anaesthesia	31 458 549 156	354 029
Anaesthesia	24 707 317 766	165 190
Anaesthesia	31 206 758 690	139 753
Anaesthesia	56 108 008 441	176 035
Anaesthesia	97 559 282 214	112 969
Anaesthesia	66 383 491 943	307 307
Anaesthesia	14 608 534 960	471 877
Anaesthesia	46 263 792 483	501 176
Anaesthesia	25 479 625 632	70 277
Anaesthesia	79 911 332 541	110 266
Anaesthesia	21 195 046 305	354 550
Anaesthesia	29 150 379 948	137 603
Anaesthesia	47 812 017 438	75 416
Anaesthesia	45 828 530 252	240 418
Anaesthesia	24 558 943 943	716 238
Anaesthesia	99 627 426 702	804 172
Anaesthesia	97 623 716 234	196 291
Anaesthesia	66 383 491 943	318 730
Anaesthesia	30 617 418 566	239 419
Anaesthesia	64 035 538 338	53 660
Anaesthesia	152 657 040	153 644

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Anaesthesia	56 259 536 577	97 738
Anaesthesia	30 704 002 528	251 337
Anaesthesia	67 883 494 850	33 011
Anaesthesia	13 029 685 573	67 842
Anaesthesia	637 370 220	55 596
Anaesthesia	25 063 941 910	293 724
Anaesthesia	609 888 244	47 554
Anaesthesia	30 226 986 800	280 442
Anaesthesia	72 928 345 771	34 477
Anaesthesia	87 831 077 852	69 379
Anaesthesia	48 581 627 113	209 818
Anaesthesia	27 848 346 696	59 921
Anaesthesia	82 657 371 677	211 955
Anaesthesia	85 252 501 226	78 372
Anaesthesia	12 726 157 805	64 454
Anaesthesia	24 260 613 291	283 141
Anaesthesia	53 717 638 468	271 896
Anaesthesia	65 341 633 784	87 468
Anaesthesia	38 710 956 754	210 675
Anaesthesia	59 771 359 396	301 784
Anaesthesia	36 653 093 747	285 665
Anaesthesia	20 095 328 485	306 121
Anaesthesia	70 198 575 484	394 742
Anaesthesia	34 353 008 772	34 708
Anaesthesia	167 111 060	288 353
Anaesthesia	165 559 811	123 102
Anaesthesia	18 676 063 107	34 966
Anaesthesia	31 372 247 733	38 463
BreastScreen	21 637 619 294	124 260
BreastScreen	659 316 435	99 908
BreastScreen	18 487 071 298	39 776
Cardiac Surgery	89 120 265 589	623 472
Cardiac Surgery	77 241 868 741	120 000
Cardiology	11 786 713 946	132 500
Cardiology	19 837 066 250	50 000
Cardiology	85 529 476 249	74 449
Cardiology	96 425 243 079	79 554
Cardiology	52 933 257 267	87 500
Cardiology	47 644 784 946	270 894
Cardiology	47 644 784 946	136 892
Dept of Paediatrics	48 631 156 404	106 781
Dept of Paediatrics	54 552 622 681	56 000
Dept of Paediatrics	50 784 227 394	114 000
Dept of Paediatrics	54 352 099 761	78 601

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Dept of Paediatrics	58 964 882 562	36 117
Dept of Paediatrics	66 640 125 604	26 030
Dept of Paediatrics	94 035 252 278	215 079
Dept of Paediatrics	12 826 521 390	325 998
Dept of Paediatrics	003 904 621	25 901
Dept of Paediatrics	69 642 369 846	86 000
Dept of Paediatrics	53 508 361 517	182 000
Dept of Paediatrics	24 133 714 560	91 775
Dermatology	88 707 824 455	156 724
Dermatology	85 428 893 781	26 108
Ear, Nose & Throat Surgery	87 970 500 447	276 378
Ear, Nose & Throat Surgery	33 697 597 613	415 245
Ear, Nose & Throat Surgery	61 261 832 016	89 100
Ear, Nose & Throat Surgery	72 498 307 893	361 834
Ear, Nose & Throat Surgery	104 473 627	287 180
Emergency Medicine	58 015 862 196	31 033
Gastroenterology	16 804 274 649	651 327
Gastroenterology	93 111 519 325	54 995
Gastroenterology	92 434 117 097	213 827
Gastroenterology	17 331 430 744	148 699
Gastroenterology	34 657 023 470	40 046
Gastroenterology	81 912 567 481	243 680
Gastroenterology	18 064 895 734	189 608
Gastroenterology	25 847 502 899	221 112
Gastroenterology	132 542 146	162 384
General Surgery	25 451 882 381	324 733
General Surgery	63 594 218 830	310 684
General Surgery	35 805 200 117	80 614
General Surgery	96 572 244 380	100 081
General Surgery	54 458 091 561	173 742
General Surgery	97 952 248 837	175 380
General Surgery	28 641 575 317	121 373
General Surgery	45 188 073 317	94 181
General Surgery	58 509 948 470	177 932
General Surgery	96 572 244 380	370 621
Genetics	20 998 480 501	218 557
Justice Health	65 535 534 236	572 827
Justice Health	67 273 529 085	28 969
Justice Health	81 410 248 367	124 266
Justice Health	73 398 542 072	178 172
Justice Health	96 516 772 048	294 953
Justice Health	18 075 363 116	245 531
Justice Health	15 990 676 257	219 002
Justice Health	39 220 889 327	314 893

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Justice Health	30 149 184 782	64 000
Neurology	49 952 788 163	63 534
Neurology	32 836 901 063	85 000
Neurology	16 090 615 925	54 256
Neurology	47 659 318 582	43 347
Obstetrics & Gynaecology	97 617 866 225	26 888
Obstetrics & Gynaecology	23 223 229 739	44 764
Obstetrics & Gynaecology	62 614 433 450	164 708
Obstetrics & Gynaecology	22 164 005 138	929 576
Obstetrics & Gynaecology	46 161 465 647	198 886
Obstetrics & Gynaecology	18 168 090 744	72 500
Obstetrics & Gynaecology	60 675 167 824	28 000
Obstetrics & Gynaecology	42 342 536 318	90 000
Obstetrics & Gynaecology	60 037 032 290	25 000
Obstetrics & Gynaecology	20 890 741 040	117 000
Obstetrics & Gynaecology	63 191 800 122	70 239
Obstetrics & Gynaecology	75 280 390 313	30 000
Ophthalmology	41 120 471 028	190 224
Ophthalmology	90 115 249 685	34 922
Ophthalmology	48 255 028 643	47 995
Ophthalmology	65 251 313 930	96 861
Oral Maxillofacial	008 583 408	86 574
Orthopaedic Surgery	62 494 708 711	309 799
Orthopaedic Surgery	68 711 551 893	232 919
Orthopaedic Surgery	65 344 193 994	153 573
Orthopaedic Surgery	71 151 917 410	133 463
Orthopaedic Surgery	158 846 872	589 310
Orthopaedic Surgery	62 662 993 128	33 932
Orthopaedic Surgery	37 801 650 312	209 404
Orthopaedic Surgery	11 889 459 552	486 902
Orthopaedic Surgery	39 514 046 040	97 247
Orthopaedic Surgery	79 153 124 324	391 367
Orthopaedic Surgery	43 220 014 469	1 079 253
Orthopaedic Surgery	71 816 944 549	876 567
Orthopaedic Surgery	16 930 334 804	218 835
Orthopaedic Surgery	69 071 313 145	836 040
Orthopaedic Surgery	634 495 417	61 381
Orthopaedic Surgery	54 640 245 392	675 692
Orthopaedic Surgery	111 240 021	808 937
Paediatric Surgery	82 780 335 547	360 388
Paediatric Surgery	61 935 377 904	511 152
Paediatric Surgery	81 359 026 867	157 490
Paediatric Surgery	23 116 875 514	941 762
Pain Management	161 807 905	254 203

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Pain Management	20 188 676 228	254 511
Pathology	24 597 921 548	97 166
Plastic Surgery	85 939 089 351	25 712
Plastic Surgery	61 903 375 722	293 098
Plastic Surgery	85 661 258 120	139 831
Plastic Surgery	72 644 690 370	695 518
Plastic Surgery	162 955 900	774 936
Plastic Surgery	14 717 700 156	1 654 445
Psychiatry	20 753 292 436	170 459
Psychiatry	68 301 654 174	159 445
Psychiatry	66 338 508 695	98 080
Psychiatry	42 612 768 653	50 000
Psychiatry	31 509 092 486	33 567
Psychiatry	45 100 829 674	36 207
Psychiatry	635 970 302	454 383
Psychiatry	65 341 633 784	304 204
Psychiatry	12 239 168 023	123 080
Psychiatry	44 963 341 744	162 242
Psychiatry	91 357 362 929	107 019
Psychiatry	92 625 381 302	181 823
Psychiatry	77 296 577 086	139 864
Psychiatry	91 682 618 359	76 822
Psychiatry	80 260 511 461	67 135
Psychiatry	85 901 512 004	47 554
Psychiatry	33 461 263 167	135 668
Psychiatry	82 426 208 191	55 946
Psychiatry	93 664 447 250	47 554
Psychiatry	634 983 609	53 148
Psychiatry	626 932 045	220 985
Psychiatry	72 631 958 935	39 162
Psychiatry	29 615 38 0613	196 520
Psychiatry	75 943 909 891	50 351
Psychiatry	91 267 379 667	159 095
Psychiatry	34 411 981 724	87 415
Psychiatry	23 749 399 357	254 552
Psychiatry	20 866 006 172	162 242
Psychiatry	48 783 565 270	33 113
Psychiatry	25 987 758 817	25 176
Psychiatry	74 454 481 745	33 567
Psychiatry	55 670 209 133	336 000
Psychiatry	640 041 970	388 498
Psychiatry	93 664 447 250	289 803
Psychiatry	17 203 144 909	151 053
Psychiatry	154 133 196	46 852

Specialty	ABN/ACN	Total Amount (exclusive of GST and Superannuation)
Psychiatry	60 654 862 889	39 162
Psychiatry	31 359 287 689	33 567
Psychiatry	36 457 189 264	64 337
Psychiatry	66 178 517 992	69 932
Psychiatry	74 967 281 730	44 756
Psychiatry	11 211 450 266	198 607
Respiratory & Sleep Medicine Unit	155 561 658	124 176
Urology	86 816 601 102	98 895
Urology	169 278 148	132 267
Urology	146 964 427	276 402
Urology	20 609 176 863	250 391
Urology	20 741 288 673	170 650
Urology	60 872 774 657	177 829
Urology	165 726 330	248 517
Vascular Surgery	631 147 156	1 046 216
Vascular Surgery	627 741 422	1 229191
Vascular Surgery	39 853 082 815	742 319
Vascular Surgery	36 039 236 052	1 157 252

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

Qualified conclusion

I have undertaken a limited assurance engagement on the statement of performance of Canberra Health Services for the year ended 30 June 2023.

Based on the procedures performed and evidence obtained, except for the matters described in 'Basis for qualified conclusion' section of this report, 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 2023 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 qualified conclusion

As disclosed in the statement of responsibility and statement of performance, Canberra Health Services has not measured and reported results for the following accountability indicators as required by Section 30A(2) of the *Financial Management Act 1996.* This is due to the required data not available from the Digital Health Record system to support the results for these accountability indicators.

Output 1.1: Acute Services

National Weighted Activity Units (NWAU)

l. Admitted acute care {NWAU 22}

m. Non-admitted services {NWAU 22}

n. Emergency services {NWAU 22}

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

g. Percentage of mental health clients with outcome measures completed

National Weighted Activity Units

h. Acute admitted mental health services {NWAU 22}

Output 1.4: Subacute and Community Services

a. Mean waiting time for clients on the dental services waiting list

National Weighted Activity Units

c. Sub-Acute services {NWAU 22}

As a result, I am unable to express a conclusion on the results of these accountability indicators.

Independence and quality control

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 ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or 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 Director-General is responsible for:

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

Auditor-General's responsibilities

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

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

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

Limitations on the scope

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

This limited assurance engagement does not provide assurance on the:

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

Ajay Sharma
Assistant Auditor-General, Financial Audit
28 September 2023

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023

Statement of Responsibility

In my opinion, except for the matter disclosed below, the Statement of Performance is in agreement with Canberra Health Services' records and fairly reflects the service performance of the Directorate for the year ended 30 June 2023 and also fairly reflects the judgements exercised in preparing it.

Following the implementation of the Digital Health Record in early November 2022, processes for the collection and collation of health service data are still under development. This has resulted in the required data not being available from the Digital Health Record system to support the results for the following accountability indicators:

Output 1.1: Acute Service

l) Admitted acute care

m) Non-admitted services

n) Emergency system

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

g) Percentage of mental health clients with outcome measures completed

h) Acute admitted mental health services

Output 1.4: Subacute and Community Services

a) Mean waiting time for clients on the dental services waiting list

c) Sub-acute services

Therefore, these accountability indicators were not measured and reported as required by Section 30A(2) of the *Financial Management Act 1996*.

Dave Peffer

Chief Executive Officer

Canberra Health Services

27 September 2023

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023

Output Class 1: Health and Community Care

Output 1.1 Acute Services

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

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

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

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023

Table 1: Output 1.1 Acute Services

	Original Target 2022-23	Actual Result 2022-23	Variance from Original	Note
Total Cost ($000's)	1 057 948	1 112 630	5%	1
Accountability Indicators				
a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<45	43.2	0%[1]	
b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<123	80.4	0%[1]	
Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency				
c. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	84%	(16%)	2
d. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	80%	41%	(49%)	2
e. Non-urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction, or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency	93%	61%	(34%)	2
The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes				
f. One (resuscitation seen immediately)	100%	100%	0%	
g. Two (emergency seen within 10 mins)	80%	71%	(12%)	3
h. Three (urgent seen within 30 mins)	75%	38%	(50%)	3
i. Four (semi urgent seen within 60 mins)	70%	49%	(30%)	3
j. Five (non-urgent seen within 120 mins)	70%	75%	7%	4
k. All presentations	70%	51%	(27%)	3
National Weighted Activity Units (NWAU)				
l. Admitted acute care {NWAU 22}	80 000	Not Measured	-	5
m. Non-admitted services {NWAU 22}	22 000	Not Measured	-	5
n. Emergency services {NWAU 22}	12 500	Not Measured	-	5

[1] The variance is 0 percent where the actual result is lower than the target.

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

Explanation of Material Variance (+/- 5%)

1. The actual cost was higher than the target primarily due to increased employee expenses for wage accruals in line with the current enterprise agreement offer and increased supplies and services expenses due to higher utilisation of Visiting Medical Officers and agency nursing staff resulting from the difficulty in recruiting permanent staff.
2. The percentage of elective surgery cases admitted on time declined due to the significant impacts of the theatre fires at North Canberra Hospital (previously Calvary Public Hospital Bruce). Patients are prioritised by clinical urgency and length of wait. Ongoing reduction in theatre availability as a result of the fires has resulted in longer wait times and this impact will continue to be seen for some time.
3. Overall, the percentage of ACT Emergency Department presentations treated within clinically recommended timeframes (k) has improved compared to last financial year. The health service continued to see the impact that COVID-19 had on staff availability through 2022-23 which is now easing.
4. The percentage of Category 5, Emergency Department presentations treated within clinically recommended timeframes has exceeded the set target. To address the timeliness of treatment, the Emergency Department has introduced Advanced Practice Nurses (APNs) in the Fast Track area of the department. The APNs work closely with medical/nursing and allied health teams, focusing on patients triaged as Category 4 or 5.
5. The full year result was not measured at the time of publication. Following the implementation of the Digital Health Record (DHR) in early November 2022, processes for the collection and collation of health service data are still under development. The Health Directorate and Canberra Health Services have agreed that further refinement and quality assurance is required prior to releasing this data. With the wealth of additional data provided by the new DHR, it is imperative for additional quality assurance and validation on this data before publication. This will ensure our public hospital data provides trustworthy information and evidence about the health and welfare of all ACT residents.

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023

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

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

The key priorities for Mental Health, Justice Health and Alcohol and Drug Services 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.

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023

Table 2: Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services

	Original Target 2022-23	Actual Result 2022-23	Variance from Original Target	Note
Total Cost ($000's)	191 978	216 504	13%	1
Accountability Indicators				
a. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	99.5%	(0.5%)	
b. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
c. Proportion of current clients on opioid treatment with management plans	98%	97%	(1%)	
d. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	77%	3%	
e. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days	<7 per 1,000 bed days	0.7 per 1,000 bed days	0%[1]	
f. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	18%	(100%)[2]	2
g. Percentage of mental health clients with outcome measures completed	65%	Not Measured	-	3
National Weighted Activity Units				
h. Acute admitted mental health services {NWAU 22}	7 000	Not Measured	-	3

[1] The variance is 0 percent where the actual result is lower than the target.

[2] The variance is (100) percent where the actual result is higher than the target.

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

Explanation of Material Variance (+/- 5%)

1. The actual cost was higher than the target primarily due to increased employee expenses for wage accruals in line with the current enterprise agreement offer and increased supplies and services expenses due to higher utilisation of Visiting Medical Officers and agency nursing staff resulting from the difficulty in recruiting permanent staff.
2. Canberra Health Services is experiencing a higher readmission rate for the small number of consumers who can experience frequent acute episodes of mental ill health.
3. The full year result was not measured at the time of publication. Following the implementation of the Digital Health Record (DHR) in early November 2022, processes for the collection and collation of health service data are still under development. The Health Directorate and Canberra Health Services have agreed that further refinement and quality assurance is required prior to releasing this data. With the wealth of additional data provided by the new DHR, it is imperative for additional quality assurance and validation on this data before publication. This will ensure our public hospital data provides trustworthy information and evidence about the health and welfare of all ACT residents.

Output 1.3 Cancer Services

Canberra Health Services provides a comprehensive range of screening, assessment, diagnostic, treatment, and palliative care services. Services 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 hematological treatments.

Table 3: Output 1.3 Cancer Services

	Original Target 2022-23	Actual Result 2022-23	Variance from Original Target	Note
Total Cost ($000's)	85 066	97 055	14%	1
Accountability Indicators				
a. Percentage of screened patients who are assessed within 28 days	90%	88%	(2%)	
Radiotherapy Treatment Within Standard Timeframes				
b. Emergency – treatment starts within 48 hours	100%	93%	(7%)	2
c. Palliative – treatment starts within 2 weeks	90%	58%	(36%)	2
d. Radical – treatment starts within 4 weeks	90%	65%	(28%)	2

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

Explanation of Material Variance (+/- 5%)

1. The actual cost was higher than the target primarily due to increased employee expenses for wage accruals in line with the current enterprise agreement offer and increased supplies and services expenses due to higher utilisation of Visiting Medical Officers and agency nursing staff resulting from the difficulty in recruiting permanent staff.
2. There is an inability to increase capacity to match increased demand due to recruitment/retention difficulties within the Radiation Therapist staff group, due to an ongoing national shortage.

CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
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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, rehabilitation 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 (DMFT) Index.

Table 4: Output 1.4 Subacute and Community Services

	Original Target 2022-23	Actual Result 2022-23	Variance from Original Target	Note
Total Cost ($000's)	245 485	247 883	1%	
Accountability Indicators				
a. Mean waiting time for clients on the dental services waiting list	12months	Not Measured	-	1
b. Median wait time to be seen, in minutes (all Walk-in Centre's combined)	<30 minutes	29 minutes	0%[1]	
National Weighted Activity Units				
c. Sub-Acute services {NWAU 22}	10 000	Not Measured	-	1

[1] The variance is 0 percent where the actual result is lower than the target.

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

Explanation of Material Variance (+/- 5%)

1. The full year result was not measured at the time of publication. Following the implementation of the Digital Health Record (DHR) in early November 2022, processes for the collection and collation of health service data are still under development. The Health Directorate and Canberra Health Services have agreed that further refinement and quality assurance is required prior to releasing this data. With the wealth of additional data provided by the new DHR, it is imperative for additional quality assurance and validation on this data before publication. This will ensure our public hospital data provides trustworthy information and evidence about the health and welfare of all ACT residents.

Part D

Appendices

Compliance Statement

The CHS Annual Report must comply with the Annual Reports (Government Agencies) Directions 2023 (the Directions) made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are at the ACT Legislation Register: legislation.act.gov.au

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

Part 1 | Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The CHS Annual Report 2022–23 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, the CHS Annual Report 2022–23 includes contact details for CHS to provide readers the opportunity to provide feedback.

Part 2 | Reporting entity annual report requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and CHS complies with all subsections. The information that satisfies the requirements of Part 2 is in the CHS Annual Report 2022–23 as follows:

- Part A—Transmittal Certificates, see pages 8-9
- Part B—Organisational Overview and Performance, inclusive of all subsections, see pages 10-75
- Part C—Financial Management Reporting, inclusive of all subsections, see pages 76-174.

Part 3 | Reporting by exception

CHS has nil information to report by exception under Part 3 of the Directions for 2022–23 reporting.

Part 4 | Directorate and Public Sector Body specific

No subsections of Part 4 of the Directions apply to CHS.

Part 5 | Whole of Government annual reporting

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

- Bushfire Risk Management—see the annual report of the Justice and Community Safety Directorate.
- Human Rights—see the annual report of the Justice and Community Safety Directorate.
- Legal Services Directions—see the annual report of the Justice and Community Safety Directorate.
- Public Sector Standards and Workforce Profile—see the annual State of the Service Report.

- Territory Records—see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACTPS Directorate annual reports are at cmd.act.gov.au/open_government/report/annual_reports

Abbreviations and acronyms

Abbreviation/Acronym	Meaning
ABF	Activity Based Funding
ACTHD	ACT Health Directorate
5S	Sort, Set, Shine, Standardise, Sustain
ACTAS	ACT Ambulance Service
ACTMHS	ACT Mental Health Services
ACTCS	ACT Corrective Services
ACTPS	ACT Public Service
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
CAMHS	Child and Adolescent Mental Health Service
CAU	Child and Adolescent Mental Health Services Adolescent Unit
CEO	Chief Executive Officer
CHS	Canberra Health Services
CPHB	Calvary Public Hospital Bruce
CT	Computed Tomography
DAIP	Disability Action and Inclusion Plan
DASA	Dynamic Appraisal of Situational Aggression
DHR	Digital Health Record
ED	Emergency Department
ESP	Enterprise Sustainability Platform
FOI	Freedom of Information
FTE	Full-time equivalent
FASD	Fetal Alcohol Spectrum Disorder
HCCA	Health Care Consumers Association
HSR	Health and Safety Representative
IAHA	Indigenous Allied Health Australia
ICT	Information and Communications Technology
Linac	Linear Accelerator
MADE	Multi-Agency Discharge Events
MHJHADS	Mental Health, Justice Health and Alcohol & Drug Services
MoC	Model of Care
NCH	North Canberra Hospital
NNCP	Novice Nurse Consolidation Program
OV	Occupational Violence
PACER	Police Ambulance Clinician Early Response
PHEV	Plug-in Hybrid Electric Vehicles
PLaNS	Paediatric Liaison and Navigation Service
RED	Respect, Equity and Diversity
SAB	Staphylococcus Aureus Bacteraemia
SERBIR	Senior Executive Responsible for Business Integrity Risk
SPIRE	Surgical Procedures, Interventional Radiology and Emergency Centre
SUFS	Speaking up for Safety
WHS	Work Health and Safety

Glossary of technical terms

Term	Meaning
Acute care	An episode of acute care for an admitted patient is one in which the principal intent is to provide short term hospital admission acute care focused on the treatment of emergency conditions or the conduct of an elective procedure.
Length of stay	The number of days (or part thereof) that each admitted patient stays in hospital. Patients who are admitted and discharged on the same day have a length of stay of one day.
Occasions of service	A measure of services provided to patients—usually used in the outpatient of community health setting.
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

Find copies of the CHS Annual Report 2022–23 at the CHS library or online: canberrahealthservices.act.gov.au/about-us/media-centre/publications.

Access information through the:

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

Obtain further information by contacting CHS through:

Canberra Health Services
PO Box 11
Garran ACT 2605

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

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

ACT Government