



REF: FOI:17-20



Dear [REDACTED]

Thank you for your application under the *ACT Freedom of Information Act 1989* (the Act) received by ACT Health on 11 April 2017. You have requested access to documents relating to problems with ACT Health data sets and the failure to submit health data sets to the Australian Institute of Health and Welfare (AIHW).

As Chief Information Officer, ACT Health, I am an officer authorised to make a decision in respect of a request for information, under section 22 of the Act.

A search has been conducted in relation to your request and the attached schedule provides the information requested in relation to points one to four of your request.

Section 23 of the Act allows that requests may be refused in certain cases. Given you declined the request to narrow the scope on point five of your request I must invoke this section of the legislation as the volume of information required to be reviewed for an unspecified time would divert the resources of the agency from other operations.

My decision is appealable under the Act. This means that if you are dissatisfied with this outcome you have a right to seek a review under section 59 of the Act. This right of review extends to a review of the adequacy of the search for documents undertaken by the directorate. If you wish to seek a review you should write to:

The Principal Officer  
C/- FOI Coordinator  
Executive Coordination  
ACT Health  
GPO Box 825  
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

Under section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may conduct an independent investigation into your complaint. There is no fee for this, and the contact details are as follows:

The Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

If you have any queries concerning the processing of your request, or would like further information, please contact the Freedom of Information Coordinator on (02) 6205 1340 or via email at: [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au)

Yours sincerely



Peter O'Halloran  
Chief Information Officer

31 May 2017

██████████ - FOI17/20

**SCHEDULE OF DOCUMENTS**

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication – YES/NO – if no, why not
1-12	Email – Response to Minister’s office regarding Neat and Nest data provision - MIN15/650	17.6.15	Partial release Section 41	Unreasonable disclosure of personal Information	Yes
13-42	Brief – Government Response to the ACT Auditor-General Report No 5 of 2015 – Integrity of Data in the Health Directorate - GBC15/180	15.7.15	Exempt S35	Submitted to Cabinet Ministers for consideration	No
43-47	Key issues brief for incoming Minister – Minister for Health – 1. ACT Health data and reporting	October 2016	Exempt S35	Submitted to Cabinet Ministers for consideration	No
48-59	Brief – ACT Health data release and release of AIHW report on Mental health Services in Australia on 14 October 2016 – MIN16/1168	9.10.16	Full release		Yes

60-71	Brief – Report on Government Services Steering Committee Meeting – 6 December 2016 – Briefing input for ACT Government Representative – GBC16/369	30.11.16	Full release		Yes
72-79	Brief – Ministerial Brief to Meegan Fitzharris (Shane Rattenbury) MLA – Release of Data for Report on Government Services (ROGS) 2017 – MIN16/1495	20.1.17	Full release		Yes
80-88	Brief – Ministerial Brief to Meegan Fitzharris MLA – Release of Data for Report on Government Services (ROGS) 2017 – MIN16/1495	12.2.17	Full release		Yes
89-90	Letter – MIN17/144 – Minister for Health – Chapter 12 Volume E of the 2017 Report on Government Services (ROGS)	14.2.17	Full release		Yes
91-98	Statement by the Minister for Health, Meegan Fitzharris MLA – ACT Health Reporting – GBC17/47	February 2017	Full release		Yes
99	Email- Urgent – Request for Information Due 12.30 today (reports released without full ACT data sets) – GBC17/71	16.2.17	Partial release Section 41	Unreasonable disclosure of personal Information	Yes
100	Letter – Minister for Health to Mr Barry Sandison AIHW – MIN17/337	2.3.17	Full release		Yes
101-108	Brief– Cabinet submission – Terms of Reference (ToR) for the system wide review of ACT Health data – Ministerial Statement – GBC17/163	12.3.17	Exempt S35	Submitted to Cabinet Ministers for consideration	No – Exempt

109-112	Letter – GBC17/151 – Annual Report Hearings – March 2017 – Question on Notice – QoN – No 59 – root and branch data review – Mrs Dunne	18.4.17	Exempt S8	Documents are available on a website and open to the public	No – Exempt
113-115	Letter – GBC17/146 – Annual Report Hearings – March 2017 – Questions on Notice – QoN – No 54 – data briefings – Mrs Dunne	26.4.17	Exempt S8	Documents are available on a website and open to the public	No – Exempt
116-117	Letter – GBC17/137 – Annual Report Hearings – March 2017 – Questions on Notice – QoN – No 43 – Emergency Department Data – Mrs Dunne	18.4.17	Exempt S8	Documents are available on a website and open to the public	No – Exempt
118-119	Letter – GBC17/135 – Response – QoN – No 41 – Elective Surgery Data – Mrs Dunne	18.4.17	Exempt S8	Documents are available on a website and open to the public	No – Exempt
120-123	Letter – GBC17/130 – Annual Report hearings – March 2017 – Question on Notice – QoN – No 36 – AG report on Data Integrity 2015	18.4.17	Exempt S8	Documents are available on a website and open to the public	No – Exempt
124-130	Record of meetings between Ministers Fitzharris and Rattenbury and ACT Health	13.1.17 – 10.4.17	Exempt S36	Internal working documents	No - Exempt

---

## Andersen, Jackie (Health)

---

**From:** Andersen, Jackie (Health)  
**Sent:** Wednesday, 17 June 2015 5:27 PM  
**To:** Dal Molin, Vanessa (Health)  
**Subject:** RE: Response to Minister's office regarding Neat and Nest data provision MIN15/650

Vanessa

Further information for you re jurisdictions:

ACT and Victoria have declined.  
All other jurisdictions have agreed.

Hope this helps

**Jackie Andersen** | Senior Manager  
Ministerial and Government Services  
ACT Health | ACT Government  
Phone: 6205 0829 | [REDACTED]  
Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity



---

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 12 June 2015 3:27 PM  
**To:** Andersen, Jackie (Health)  
**Subject:** Re: Response to Minister's office regarding Neat and Nest data provision MIN15/650

Jackie

Happy to pass this on first thing Monday. Can I just check, though, whether it is possible to approach individual jurisdictions to seek their advice directly? Or would this not be appropriate?

Thanks  
Vanessa

Sent from my iPhone

On 12 Jun 2015, at 12:55 pm, "Andersen, Jackie (Health)" <[Jackie.Andersen@act.gov.au](mailto:Jackie.Andersen@act.gov.au)> wrote:

Vanessa

This has not been officially cleared at DDG level however it is factual information so happy for the office to have it to answer the Minister's queries.

Regards

**Jackie Andersen** | Senior Manager  
Ministerial and Government Services

ACT Health | ACT Government  
 Phone: 6205 0829 | Mobile: [REDACTED]  
 Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity

<image002.jpg>

---

**From:** Hogan, Sonia (Health)  
**Sent:** Friday, 12 June 2015 11:52 AM  
**To:** Andersen, Jackie (Health)  
**Cc:** Smith, Kim (Health); Ghirardello, Phil (Health); Bailey, Andrew (Health)  
**Subject:** FW: Response to Minister's office regarding Neat and Nest data provision MIN15/650

Hi Jackie,

The Minister recently received MIN15/650 in relation to the non provision of NEAT and NEST data from the AIHW to the Commonwealth.

The Minister has asked for some additional information. (The DLO stated that an email response would be fine).

Firstly, the Minister asked what other States and Territories were doing in relation to agreeing to allow the AIHW to release NEAT and NEST data to the Commonwealth given the National Partnership Agreement on Improving Public Hospital was abolished in the 2014-15 budget.

ACT Health has made contact with the AIHW, and were told they were unable to provide details on what, if any, states and territories had agreed for the AIHW to release their data to the commonwealth.

In addition, ACT Health briefed the former Minister for Health (MIN14/1377 - Attached) regarding the cessation of the National Agreement, the abolition of COAG Reform Council (the body charged with reporting jurisdictional performance), and also the cessation of providing data to the commonwealth which was agreed to.

Please let me know if other information is required. Phil Ghirardello has cleared this data, however the DDG S and C is currently away at AHMAC.

*Regards,*  
**Sonia Hogan**

A/g Executive Officer | Office of the Deputy Director-General Strategy & Corporate  
 Telephone: (02) 620 76596 | | Email: [sonia.hogan@act.gov.au](mailto:sonia.hogan@act.gov.au)

*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

<image001.jpg>

Care ▲ Excellence ▲ Collaboration ▲ Integrity

This message, and any attachments to it, contains information that is confidential. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

<MIN14 1377 Brief Reporting against national elective surgery emergency department and sub acute bed targets.pdf>





CORRESPONDENCE CLEARANCE

SUBJECT: Brief: Non-submission of data from the AIHW to the Department of Health in relation to National Partnership Agreement reporting (elective surgery and emergency department services)

NUMBER: MIN15/650

DATE DUE: .....

Director-General - Health Directorate:..... Date: .....

Deputy Director-General, Strategy & Corporate: ..... Date: 15/6/15

Deputy Director-General, Canberra Hospital & Health Services:..... Date: .....

Deputy Director-General, Health Infrastructure and Planning:..... Date: .....

Senior Manager, Ministerial and Government Services:..... Date: .....

Senior Manager, Communications and Marketing:..... Date: .....

Chief Information Officer, E-Health & Clinical Records:..... Date: .....

Chief Finance Officer, Financial Management:..... Date: .....

Exec Director, Business and Infrastructure: ..... Date: .....

Exec Director, Cancer, Ambulatory & Community Health Support:..... Date: .....

Chief Health Officer, Population Health:..... Date: .....

Exec Director, Critical Care: ..... Date: .....

Exec Director, People, Strategy & Services:..... Date: .....

Exec Director, Medicine: ..... Date: .....

Exec Director, Mental Health, Justice Health, Alcohol & Drug Services:..... Date: .....

Exec Director, Pathology: ..... Date: .....

Exec Director, Performance Information:..... Date: .....

Exec Director, Policy & Government Relations:.....

Exec Director, HealthCARE Improvement:.....

Exec Director, Rehabilitation Aged & Community Care:.....

Exec Director, Surgery, Oral Health & Medical Imaging:.....

Exec Director, Women Youth & Children:.....

Manager, Canberra Hospital Foundation:.....

Director, Donate Life ACT: .....

Exec Director, Clinical Support Services:.....

Professional Leads: ..... Date: .....

Other: ..... Date: .....

Phil, an email response to the Minister's question is fine. Please send to Sonia. Thanks Gabrielle.

## Andersen, Jackie (Health)

---

**From:** Andersen, Jackie (Health)  
**Sent:** Friday, 12 June 2015 3:42 PM  
**To:** Hogan, Sonia (Health)  
**Cc:** Smith, Kim (Health); Ghirardello, Phil (Health); Bailey, Andrew (Health)  
**Subject:** RE: Response to Minister's office regarding Neat and Nest data provision MIN15/650

Hi Sonia

I have just spoken with Phil about possibility of contacting a few jurisdictions directly. Meanwhile as advised, information has been provided to the Minister's office.

Regards

**Jackie Andersen** | Senior Manager  
 Ministerial and Government Services  
 ACT Health | ACT Government  
 Phone: 6205 0829 | Mobile: [REDACTED]  
 Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity




---

**From:** Hogan, Sonia (Health)  
**Sent:** Friday, 12 June 2015 11:52 AM  
**To:** Andersen, Jackie (Health)  
**Cc:** Smith, Kim (Health); Ghirardello, Phil (Health); Bailey, Andrew (Health)  
**Subject:** FW: Response to Minister's office regarding Neat and Nest data provision MIN15/650

Hi Jackie,

The Minister recently received MIN15/650 in relation to the non provision of NEAT and NEST data from the AIHW to the Commonwealth.

The Minister has asked for some additional information. (The DLO stated that an email response would be fine).

Firstly, the Minister asked what other States and Territories were doing in relation to agreeing to allow the AIHW to release NEAT and NEST data to the Commonwealth given the National Partnership Agreement on Improving Public Hospital was abolished in the 2014-15 budget.

ACT Health has made contact with the AIHW, and were told they were unable to provide details on what, if any, states and territories had agreed for the AIHW to release their data to the commonwealth.

In addition, ACT Health briefed the former Minister for Health (MIN14/1377 - Attached) regarding the cessation of the National Agreement, the abolition of COAG Reform Council (the body charged with reporting jurisdictional performance), and also the cessation of providing data to the commonwealth which was agreed to.

Please let me know if other information is required. Phil Ghirardello has cleared this data, however the DDG S and C is currently away at AHMAC.

Regards,

*Sonia Hogan*

A/g Executive Officer | Office of the Deputy Director-General Strategy & Corporate  
Telephone: (02) 620 76596 | | Email: [sonia.hogan@act.gov.au](mailto:sonia.hogan@act.gov.au)

*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*



**Care ▲ Excellence ▲ Collaboration ▲ Integrity**

This message, and any attachments to it, contains information that is confidential. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

**Ghirardello, Phil (Health)**

---

**From:** Ghirardello, Phil (Health)  
**Sent:** Thursday, 4 June 2015 7:47 AM  
**To:** Hogan, Sonia (Health)  
**Subject:** MIn 15/650 additional information

Hi Sonia

Re RFA for MIn 15/650

The Minister asked if our proposed position – on not providing elective surgery and emergency department data against NEAT and NEST targets – was shared by other jurisdictions

The AIHW advises that 5 jurisdictions have agreed to provide the data, and they are chasing up the others (there has been on firm refusal as yet)

The AIHW has advised this week that the Commonwealth has advised that they will not publish the figures

As such, we may want to now agree to provide the information

Thanks

phil

**Felding, Jasna (Health)**

---

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Monday, 25 May 2015 5:18 PM  
**To:** Hogan, Sonia (Health)  
**Cc:** Smith, Kim; Ghirardello, Phil (Health); Andersen, Jackie (Health); Health Ministerial Liaison Officer  
**Subject:** MIN15/650 - Brief: Non-submission of data from the AIHW to the Department of Health in relation to National Partnership Agreement reporting (elective surgery and emergency department services)  
**Attachments:** 20150525181514955.pdf

Hi Sonia,

The Minister has now signed the abovementioned briefing. He has however asked a question about the position of all other jurisdictions and whether they are consistent with the ACT position. Would it be possible to get a response to the Min's question please?

An email response is more than fine. This will still need to go through Jackie please, for clearance.

I will send the folder back through the morning run.

Many thanks,  
Vanessa

*Vanessa Dal Molin*

Directorate Liaison Officer | Office of Simon Corbell MLA | Minister for Health |  
Phone: 620 50499 | Mobile: [REDACTED] | Fax: 620 53030 | Email: [vanessa.dalmolin@act.gov.au](mailto:vanessa.dalmolin@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity



RETURN FOR FURTHER  
**ACTION**  
DUE EC 2/6/15



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

<b>To:</b>	Minister for Health	TRIM No.: MIN15/650
		Date Rec'd Minister's Office 12/5/15
<b>From:</b>	Dr Peggy Brown, Director-General ACT Health	
<b>Subject:</b>	Non-submission of data from the AIHW to the Department of Health in relation to National Partnership Agreement reporting (elective surgery and emergency department services)	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

- DG Health 8/5/15 (PB)
- DDG S&C .../.../...

**Purpose**

1. To advise you of the decision by ACT Health not to agree to the provision of data to the Commonwealth Department of Health from the Australian Institute of Health and Welfare (AIHW) in relation to the National Emergency Access Target (NEAT) and the National Elective Surgery Targets (NEST).

**Background**

2. The AIHW has written to ACT Health seeking approval to provide to the Commonwealth Department of Health the ACT results for 2013-14 against NEAT and NEST indicators.
3. Provision of data to the Commonwealth Department of Health for these indicators was a part of the National Partnership Agreement on Improving Public Hospital Services.
4. Under that Agreement, all jurisdictions were required to provide data to the Commonwealth as part of the process of assessing performance and determining reward funding.
5. In the 2014-15 Budget, the Commonwealth announced that they were ceasing reward funding under the Agreement, with 2013 being the last year for which performance would attract reward funding.
6. Given that the reward funding process was the sole remaining item of the Agreement still in effect at Budget time last year (with other funding for capital, sub-acute care and additional elective surgery and emergency department activity completed), the ACT, along with other jurisdictions decided to cease reporting to the Commonwealth Department of Health for the purpose of the NPA on improving public hospital services.

UNCLASSIFIED

## UNCLASSIFIED

7. The AIHW will continue to report performance against the indicators from which the NEAT and NEST were derived. However, the AIHW will only report results by jurisdiction: they will not report performance against any targets.
8. The National Health Performance Authority also reports NEAT and most NEST measures by hospital. It does not set targets for performance. Rather, it provides results by hospital with information about peer-group average performance as a guide.
9. ACT Health continues to also report against the NEAT and most of the NEST indicators in our quarterly report to the public.
10. The ACT Government sets internal targets for elective surgery and emergency department timeliness which are included in the ACT Budget Papers as strategic indicators for the Local Hospital Network Directorate.

**Government Commitment – Other (and reason)**

11. The ACT Government was a signatory to the National Performance Agreement on Improving Public Hospital Services. The ACT kept all of its reporting obligations in relation to funding provided by the Commonwealth. As there is no more funding accruing from the Commonwealth, ACT Health determines that our obligation to provide information to the Commonwealth against NEAT and NEST has expired.

**Issues**

12. The Commonwealth may make mention of the ACT's determination to cease providing activity results against NEAT and NEST.
13. The ACT continues to support increased transparency through the reporting of health system indicators in its quarterly report. In addition, the measures that were developed into NEAT and NEST are reported by the AIHW and the National Health Performance Authority.

**Financial Implications**

14. Not applicable.

**Directorate Consultation**

15. Not applicable.

**External Consultation**

16. Not applicable.

**Benefits/Sensitivities**

17. There may be comment from the Commonwealth that the ACT is not meeting its obligations under the NPA on Improving Public Hospital Services. However, we have met all reporting obligations for funding that has been expensed. As reward funding for elective surgery or emergency department performance ceased after 2013 (based on the Commonwealth's unilateral decision in the 2014-15 Budget), and all other funding under the NPA has been fully acquitted, there is no obligation on the ACT to continue to provide reports to the Commonwealth.

UNCLASSIFIED

UNCLASSIFIED

**Media Implications**

- 18. None likely. Should the media comment, you may wish to note that the ACT – unlike the Commonwealth - has met all of its obligations under national agreements.
- 19. In addition, the performance of ACT public hospitals against the measures that were a part of the National Partnership Agreement on Improving Public Hospital Services are reported on by ACT Health every quarter in our own quarterly report and by the AIHW and National Health Performance Authority annually.

**Recommendation**

That you note the information contained in this brief.

*(circled)* Noted / Please Discuss

Simon Corbell MLA.....

25/5/15

Minister's Comments	is this fresh of all - his jurisdiction?
---------------------	---

Signatory Name: Phil Ghirardello Phone: 50549  
 Title: Director, Performance Information  
 Date: 4 May 2015

UNCLASSIFIED





CORRESPONDENCE CLEARANCE

SUBJECT: Ministerial brief - Non-submission of data from AIHW to department of Health in relation to National Partnership Agreement reporting (Elective Surgery and Emergency

NUMBER: ~~COR15/4935~~ MIN15/650

DATE DUE: \_\_\_\_\_

- Director-General - Health Directorate: Date: 8/5/15
Deputy Director-General, Strategy & Corporate: Date: 4/5/15
Deputy Director-General, Canberra Hospital & Health Services: Date:
Deputy Director-General, Health Infrastructure and Planning: Date:
Senior Manager, Ministerial and Government Services: Date: 6/5/15
Senior Manager, Communications and Marketing: Date:
Chief Information Officer, E-Health & Clinical Records: Date:
Chief Finance Officer, Financial Management: Date:
Exec Director, Business and Infrastructure: Date:
Exec Director, Cancer, Ambulatory & Community Health Support: Date:
Chief Health Officer, Population Health: Date:
Exec Director, Critical Care: Date:
Exec Director, People, Strategy & Services: Date:
Exec Director, Medicine: Date:
Exec Director, Mental Health, Justice Health, Alcohol & Drug Services: Date:
Exec Director, Pathology: Date:
Exec Director, Performance Information: Date:
Exec Director, Policy & Government Relations: Date:
Exec Director, HealthCARE Improvement: Date:
Exec Director, Rehabilitation Aged & Community Care: Date:
Exec Director, Surgery, Oral Health & Medical Imaging: Date:
Exec Director, Women Youth & Children: Date:
Manager, Canberra Hospital Foundation: Date:
Director, Donate Life ACT: Date:
Exec Director, Clinical Support Services: Date:
Professional Leads: Date:
Other: Date:

















































































**CORRESPONDENCE CLEARANCE**

**SUBJECT: Brief: ACT Health data release and release of AIHW report on Mental Health Services in Australia on 14 October 2016**

**NUMBER: MIN16/1168**

**DATE DUE: .....**

Director-General - ACT Health: ..... Date: *10/10*

Deputy Director-General - Corporate: ..... Date: .....

Deputy Director-General - Canberra Hospital & Health Services: ..... Date: .....

Deputy Director-General - Innovation: ..... Date: .....

Deputy Director-General - Quality, Governance and Risk: ..... Date: .....

Deputy Director-General - Population Health Protection & Prevention: ..... Date: .....

Executive Director - Area nan: ..... Date: .....

Senior Manager - Area nar: ..... Date: .....

Senior Manager, Ministerial and Government: ..... Date: .....

Senior Manager - Media and Strategic Communications: ..... Date: .....

Executive - Area nan: ..... Date: .....

Manager - Area nar: ..... Date: .....

Professional Leads: ..... Date: .....

Other: ..... Date: .....



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

TRIM No.: MIN16/1168

Date Rec'd Minister's Office .../.../...

**To:** Simon Corbell MLA, Minister for Health

**From:** Ms Nicole Feely, Director-General ACT Health

**Subject:** ACT Health data release and release of AIHW report on Mental Health Services in Australia on 14 October 2016

**Critical Date:** 14 October 2016

**Critical Reason:** Release of report

**Purpose**

1. To provide an update on the data assurance work being undertaken by the ACT Health Directorate and the approach to controlled release of data to national bodies.

**Background**

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

UNCLASSIFIED

UNCLASSIFIED

**Government Commitment – Government Priority****Issues**

5. ACT Health supplies health data for a range of purposes including:
  - a. Release of health national minimum data sets to national agencies including :
    - i. The Australian Institute of Health and Welfare for their preparation of nation reports;
    - ii. The Independent Hospital Pricing Authority for their work on costing and pricing of hospital services; and
    - iii. The National Health Funding Body for their work to assist the Administrator of the National Health Funding Pool in public hospital funding and reporting.
  - b. Clearance of data for AIHW which includes:
    - i. AIHW publications ;
    - ii. Data provision to the Productivity Commission for the Report on Government Services; and
    - iii. Data provision to researchers.
  - c. Release of data sets to the Health Round Table for benchmarking purposes.
6. The data assurance work by PwC is being delivered in phases to allow:
  - a. release of the ACT Health 2015-16 Annual Report within the required timeframe;
  - b. preparation and release of all four 2015-16 ACT Health quarterly performance reports within an appropriate governance approach (release expected to be in the week of 24 October 2016);
  - c. a high-level assessment of implementation of the recommendations in the ACT Auditor-General's Report No. 5/2015: Integrity of Data in the Health Directorate as evidenced by the work undertaken by PwC; and
  - d. advice to be provided on data integrity, data release and ongoing data governance.
7. The enormity of the work undertaken by PwC, and the need to ensure absolute integrity of data, will necessitate controlled release of data taking into consideration timing of:
  - a. completion of the PwC assurance activities for release of the Annual Report
  - b. completion of the PwC assurance activities for release of the 2015-16 quarterly reports; and
  - c. receipt of comprehensive advice from PwC including findings and recommendations in the final report.

UNCLASSIFIED

## UNCLASSIFIED

## 8. The data release schedule is:

<i>Provision of data assurance for the Annual Report</i>	<i>22 September 2016</i>
Release of 2015-16 Annual Report	Delivered to the Minister for Health on 6 October 2016
<i>Provision of an interim report from PwC covering early findings, recommendations and assurance for the 2015-16 ACT Health Annual Report.</i>	<i>11 October 2016</i>
<i>Provision of assurance for the 2015-16 ACT Health quarterly performance reports (data and process)</i>	<i>20 October 2016</i>
<i>Provision of the final PwC report</i>	<i>27 October 2016 (date to be confirmed)</i>
Release of 2015-16 quarterly performance reports	26 October 2016
Following assessment of PwC findings, data sets assessed as of adequate quality are released to: <ul style="list-style-type: none"> <li>- national agencies <ul style="list-style-type: none"> <li>o NHFB</li> <li>o IHPA</li> <li>o AIHW</li> </ul> </li> <li>- Data to AIHW and Productivity Commission (PC) for the Report on Government Services (RoGS)</li> <li>- Health Round Table</li> <li>- Department of Veteran Affairs</li> </ul>	31 October 2016 (date to be confirmed)
Complete rectification for data sets that are not of adequate quality <sup>1</sup> to release. This will impact on some AIHW and RoGS <sup>2</sup> reporting.	Target - end December 2016

**Further issues and actions to be taken**9. Release of AIHW reports without ACT data

ACT Health has not cleared data for the AIHW for inclusion in two impending reports so these reports will be published without ACT data:

- a. Mental Health Services in Australia:
  - AIHW advised release date is 14 October 2016 at 1 am; and
  - Media embargo is expected to commence 48 hours prior to the release date but this date has not been confirmed by the AIHW; and
- b. a report on Better Cardiac Care measures for Indigenous people:
  - Data clearance was required by 6 October 2016.
  - The AIHW has not advised the release date for this report as yet and the report is not listed as a forthcoming report on the AIHW website. Reports are listed for release on the website up to 19 October.

<sup>1</sup> Current advice is that (a) the elective surgery and wait list data in the warehouse are not of adequate quality to release as they do not contain all patients waiting for elective surgery (approximately 5-10% variance in reporting of performance) and (b) that there is an issue with mapping of subsequent triage categories in the ED data collection in the warehouse (minor impact on reporting demonstrated through PwC assurance work to date).

<sup>2</sup> Some data may not be available within deadlines for the 2015-16 RoGS reporting.

UNCLASSIFIED



## UNCLASSIFIED

If any additional reports will be released without ACT data in the coming weeks, separate advice will be provided for each report release.

**10. Updating national bodies**

The national bodies, with the exception of the Department of Veteran Affairs, have been advised of delays with data submissions. Verbal updates were provided last week and letters will be sent to the national bodies from the Director General during the week of 10 October 2016 on timelines for submissions.

**11. Report on Government Services data submissions**

It is important to note that the assurance work the PwC advice and resulting ACT Health decisions on data release will impact of whole of Government reporting to the Productivity Commission for the Report on Government Services. ACT Health is working with Chief Minister's, Treasury and Economic Development Directorate and the Productivity Commission to negotiate revised submission dates and options for data supply where possible.

**12. Elective surgery activity and wait list data and Emergency Department data**

Through the PwC assurance work, discrepancies were identified in the mapping of data from elective surgery activity and wait list source information to the data warehouse. The impact on reporting is a variance that fluctuates between approximately 5 and 10 per cent (the variance differs at point in time), which is material.

The work done by PwC will allow reporting of some elective surgery data for the 2015-16 year only. ACT Health is working on a solution for ongoing reporting, aiming to be in a position to release this data by the end of December 2016.

In addition, there are a number of instances in the Emergency Department (ED) data set where the mapping of fields from source information systems to the data warehouse is not correct. From the assurance work conducted by PwC, the material impact on reporting appears to be minimal. AS above, the work done by PwC will allow reporting of some emergency department data for the 2015-16 year only. Further work is occurring to determine the solution in for this data, again aiming to be in a position to release the data by the end of December 2016.

Advice at this stage is that both the elective surgery and ED data issues impact on reporting of performance metrics and not on activity counts so are unlikely to have an impact on funding. Further advice will be provided when available.

**Financial Implications**

13. Not applicable.

**Directorate Consultation**

14. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

**External Consultation**

15. Not applicable.

**Benefits/Sensitivities**

16. These matters remain sensitive, in particular given the previous issue of emergency department data manipulation.

**Media Implications**

17. The issue of publishing incorrect figures in the Quarterly Performance Report has generated a great deal of media attention previously.

18. ACT Health will respond to any media enquiries that may arise.

**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

Simon Corbell MLA..... /...../.....

Minister's Comments
---------------------

Signatory Name:	Shaun Strachan	Phone:	52248
Title:	A/g Deputy Director-General Corporate		
Date:	9 October 2016		
Action Officer:	Cheryl Harkins	Phone:	79586

UNCLASSIFIED



**COPY**

*For Minister Rattenburg*

**CORRESPONDENCE CLEARANCE**

**SUBJECT: Brief: ACT Health data release and release of AIHW report on Mental Health Services in Australia on 14 October 2016**

**NUMBER: MIN16/1168**

**DATE DUE:** .....

Director-General - ACT Health: ..... *MS* Date: *10/10*

Deputy Director-General - Corporate: ..... Date: .....

Deputy Director-General - Canberra Hospital & Health Services: ..... Date: .....

Deputy Director-General - Innovation: ..... Date: .....

Deputy Director-General - Quality, Governance and Risk: ..... Date: .....

Deputy Director-General - Population Health Protection & Prevention: ..... Date: .....

Executive Director - Area nam ..... Date: .....

Senior Manager - Area nar ..... Date: .....

Senior Manager, Ministerial and Government: ..... Date: .....

Senior Manager - Media and Strategic Communications: ..... Date: .....

Executive - Area nan ..... Date: .....

Manager - Area nan ..... Date: .....

Professional Leads: ..... Date: .....

Other: ..... Date: .....



**COPY**  
For Minister  
Rattenbury

MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

<b>To:</b>	Simon Corbell MLA, Minister for Health	TRIM No.: MIN16/1168
<b>From:</b>	Ms Nicole Feely, Director-General ACT Health	Date Rec'd Minister's Office .../.../...
<b>Subject:</b>	ACT Health data release and release of AIHW report on Mental Health Services in Australia on 14 October 2016	
<b>Critical Date:</b>	14 October 2016	
<b>Critical Reason:</b>	Release of report	

**Purpose**

1. To provide an update on the data assurance work being undertaken by the ACT Health Directorate and the approach to controlled release of data to national bodies.

**Background**

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

UNCLASSIFIED

UNCLASSIFIED

**Government Commitment – Government Priority****Issues**

5. ACT Health supplies health data for a range of purposes including:
  - a. Release of health national minimum data sets to national agencies including :
    - i. The Australian Institute of Health and Welfare for their preparation of nation reports;
    - ii. The Independent Hospital Pricing Authority for their work on costing and pricing of hospital services; and
    - iii. The National Health Funding Body for their work to assist the Administrator of the National Health Funding Pool in public hospital funding and reporting.
  - b. Clearance of data for AIHW which includes:
    - i. AIHW publications ;
    - ii. Data provision to the Productivity Commission for the Report on Government Services; and
    - iii. Data provision to researchers.
  - c. Release of data sets to the Health Round Table for benchmarking purposes.
6. The data assurance work by PwC is being delivered in phases to allow:
  - a. release of the ACT Health 2015-16 Annual Report within the required timeframe;
  - b. preparation and release of all four 2015-16 ACT Health quarterly performance reports within an appropriate governance approach (release expected to be in the week of 24 October 2016);
  - c. a high-level assessment of implementation of the recommendations in the ACT Auditor-General's Report No. 5/2015: Integrity of Data in the Health Directorate as evidenced by the work undertaken by PwC; and
  - d. advice to be provided on data integrity, data release and ongoing data governance.
7. The enormity of the work undertaken by PwC, and the need to ensure absolute integrity of data, will necessitate controlled release of data taking into consideration timing of:
  - a. completion of the PwC assurance activities for release of the Annual Report
  - b. completion of the PwC assurance activities for release of the 2015-16 quarterly reports; and
  - c. receipt of comprehensive advice from PwC including findings and recommendations in the final report.

UNCLASSIFIED

## UNCLASSIFIED

8. The data release schedule is:

<i>Provision of data assurance for the Annual Report</i>	22 September 2016
Release of 2015-16 Annual Report	Delivered to the Minister for Health on 6 October 2016
<i>Provision of an interim report from PwC covering early findings, recommendations and assurance for the 2015-16 ACT Health Annual Report.</i>	11 October 2016
<i>Provision of assurance for the 2015-16 ACT Health quarterly performance reports (data and process)</i>	20 October 2016
<i>Provision of the final PwC report</i>	27 October 2016 (date to be confirmed)
Release of 2015-16 quarterly performance reports	26 October 2016
Following assessment of PwC findings, data sets assessed as of adequate quality are released to: <ul style="list-style-type: none"> <li>- national agencies <ul style="list-style-type: none"> <li>o NHFB</li> <li>o IHPA</li> <li>o AIHW</li> </ul> </li> <li>- Data to AIHW and Productivity Commission (PC) for the Report on Government Services (RoGS)</li> <li>- Health Round Table</li> <li>- Department of Veteran Affairs</li> </ul>	31 October 2016 (date to be confirmed)
Complete rectification for data sets that are not of adequate quality <sup>1</sup> to release. This will impact on some AIHW and RoGS <sup>2</sup> reporting.	Target - end December 2016

#### Further issues and actions to be taken

9. Release of AIHW reports without ACT data

ACT Health has not cleared data for the AIHW for inclusion in two impending reports so these reports will be published without ACT data:

- a. Mental Health Services in Australia:
  - AIHW advised release date is 14 October 2016 at 1 am; and
  - Media embargo is expected to commence 48 hours prior to the release date but this date has not been confirmed by the AIHW; and
- b. a report on Better Cardiac Care measures for Indigenous people:
  - Data clearance was required by 6 October 2016.
  - The AIHW has not advised the release date for this report as yet and the report is not listed as a forthcoming report on the AIHW website. Reports are listed for release on the website up to 19 October.

<sup>1</sup> Current advice is that (a) the elective surgery and wait list data in the warehouse are not of adequate quality to release as they do not contain all patients waiting for elective surgery (approximately 5-10% variance in reporting of performance) and (b) that there is an issue with mapping of subsequent triage categories in the ED data collection in the warehouse (minor impact on reporting demonstrated through PwC assurance work to date).

<sup>2</sup> Some data may not be available within deadlines for the 2015-16 RoGS reporting.

UNCLASSIFIED

## UNCLASSIFIED

If any additional reports will be released without ACT data in the coming weeks, separate advice will be provided for each report release.

**10. Updating national bodies**

The national bodies, with the exception of the Department of Veteran Affairs, have been advised of delays with data submissions. Verbal updates were provided last week and letters will be sent to the national bodies from the Director General during the week of 10 October 2016 on timelines for submissions.

**11. Report on Government Services data submissions**

It is important to note that the assurance work the PwC advice and resulting ACT Health decisions on data release will impact of whole of Government reporting to the Productivity Commission for the Report on Government Services. ACT Health is working with Chief Minister's, Treasury and Economic Development Directorate and the Productivity Commission to negotiate revised submission dates and options for data supply where possible.

**12. Elective surgery activity and wait list data and Emergency Department data**

Through the PwC assurance work, discrepancies were identified in the mapping of data from elective surgery activity and wait list source information to the data warehouse. The impact on reporting is a variance that fluctuates between approximately 5 and 10 per cent (the variance differs at point in time), which is material.

The work done by PwC will allow reporting of some elective surgery data for the 2015-16 year only. ACT Health is working on a solution for ongoing reporting, aiming to be in a position to release this data by the end of December 2016.

In addition, there are a number of instances in the Emergency Department (ED) data set where the mapping of fields from source information systems to the data warehouse is not correct. From the assurance work conducted by PwC, the material impact on reporting appears to be minimal. AS above, he work done by PwC will allow reporting of some emergency department data for the 2015-16 year only. Further work is occurring to determine the solution in for this data, again aiming to be in a position to release the data by the end of December 2016.

Advice at this stage is that both the elective surgery and ED data issues impact on reporting of performance metrics and not on activity counts so are unlikely to have an impact on funding. Further advice will be provided when available.

**Financial Implications**

13. Not applicable.

**Directorate Consultation**

14. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

External Consultation

15. Not applicable.

Benefits/Sensitivities

16. These matters remain sensitive, in particular given the previous issue of emergency department data manipulation.

Media Implications

17. The issue of publishing incorrect figures in the Quarterly Performance Report has generated a great deal of media attention previously.

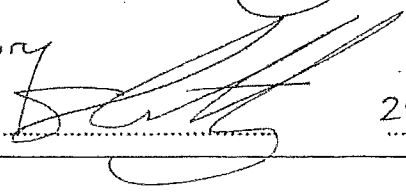
18. ACT Health will respond to any media enquiries that may arise.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury  
Simon Corbell MLA



24/11/16

Minister's Comments

Signatory Name:	Shaun Strachan	Phone:	52248
Title:	A/g Deputy Director-General Corporate		
Date:	9 October 2016		
Action Officer:	Cheryl Harkins	Phone:	79586

UNCLASSIFIED





**CORRESPONDENCE CLEARANCE**

**SUBJECT: Report on Government Services Steering Committee Meeting - 6 December 2016 - Briefing Input for ACT Government Representative - ACT Health Data**

**NUMBER: GBC16/369**

**DATE DUE:** .....

Director-General - ACT Health: ..... Date: .....

Deputy Director-General - Corporate: ..... <sup>47<sup>v</sup></sup> Date: 20/11/16 <sup>20/11/16</sup>

Deputy Director-General - Canberra Hospital & Health Services: ..... Date: .....


Deputy Director-General - Innovation: ..... Date: .....

Deputy Director-General - Quality, Governance and Risk: ..... Date: .....

Deputy Director-General - Population Health Protection & Prevention: ..... Date: .....

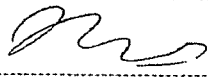
Executive Director - Area nan SPIDS  Date: 20/11/16

Senior Manager - Area nan ..... Date: .....

Senior Manager, Ministerial and Government: .....  Date: 29/11/16

Senior Manager - Media and Strategic Communications: ..... Date: .....

Executive - Area nan ..... Date: .....

Manager - Area nan BAIDS Sr MGR  Date: 2016-11-25

Professional Leads: ..... Date: .....

Other: ..... Date: .....

<p><b>ACT BRIEFING</b></p> <p><b>ROGS STEERING COMMITTEE MEETING</b></p> <p><b>6 December 2016</b></p>
--

**Agenda X:**                      *Title*                      **ACT Health data missing from RoGS report 2017**

**RECOMMENDED ACT POSITION**

ACT is working with the Productivity Commission (PC) and the Australian Institute of Health and Welfare (AIHW) to supply as much data as possible for the report.

A timetable for supply of data has been agreed.

Following on from that agreement, ACT Health is exploring options to provide as much data as possible and is seeking to negotiate that with the Productivity Commission and the Australian Institute of Health and Welfare (AIHW), which processes the majority of jurisdictional health data for inclusion in RoGS.

**ISSUES FOR THE ACT/COMMENTS TO TAKE FORWARD**

A copy of the *agreed* data supply (or clearance, where the AIHW already has the data to supply to the PC) timetable is attached. Note this timetable is not yet updated to allow for possible outcomes of current negotiations and it is expected that additional data will be supplied.

ACT Health is aiming to get all data completed by 6 December 2016, however we are still determining if this is feasible. The AIHW are yet to confirm whether this timeframe will allow them to complete data for the PC by 9 December 2016.

ACT Health will provide an updated briefing to Geoffrey Rutledge via email on 5 December 2016 prior to the steering committee meeting.

The data in question are

- Emergency Department indicators for 2014-15 and 2015-16;
- Elective Surgery Waiting Times indicators for 2015-16
- Mental Health Establishments (MHE) 2014-15 data
- A number of Mental Health Indicators that are separate to the MHE data above:
  - MHS PI14 Specialised public mental health services episodes with completed consumer outcomes measures collected
  - MHS PI1 Change in consumers' clinical outcomes
  - MHS PI 9j New client index
  - PI 17 Treatment rates for mental illness

Where ACT is unable to clear and/or supply assured data, these data will not be included in the RoGS report.

Irrespective of the timeliness of the efforts noted above, all data will be supplied to AIHW to contribute to next year's report once internal ACT Health clearance is achieved.

**CONTACT OFFICER:** Cheryl Harkins

**TELEPHONE:** (02) 6207 9586

**TITLE:** Executive Director, Business Performance Information and Decision Support

## BACKGROUND

In May 2016, errors were identified in the ACT Health December 2015-16 Quarterly Performance Report. Following from further quality assurance checks, ACT Health engaged PricewaterhouseCoopers (PwC) to undertake independent data integrity and assurance work.

Since identifying the recent data issues, the Director General, ACT Health directed that release of external hospital data by ACT Health be suspended until the above-mentioned quality assurance work could be completed. These quality issues have delayed supply of health performance data to national bodies, this includes the Australian Institute of Health and Welfare (AIHW), which supplies ACT data to the PC for RoGS, and direct to the PC for that purpose.

ACT Health has worked with the PC, the AIHW and CMTEDD to keep all stakeholders advised of the situation and progress with reporting.

Initial timeframes were agreed between the ACT and the PC, however, following negotiations between the PC and AIHW about the AIHW's ability/inability to on-supply ACT data in line with the PC timeframes, priorities and timeframes were re-negotiated in a teleconference on 23 November 2016. The agreed supply schedule as at 25 November 2016 is at Attachment A. Note that there are new items, which could not be cleared by ACT Health's assurance processes in time for batch three submission. At the time of preparation of this brief these items are marked as *under negotiation*.

	A	B	C	D	E
1	<b>Attachment A: ACT Health - RoGS Data Supply Summary</b>				
2					
3	Ref#	Usual Supplier	AIHW Has The Data?	RoGS Template Group	Reference Period
4	24	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
5	25	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
6	26	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
7	27	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
8	28	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
9	29	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
10	30	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
11	31	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
12	32	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
13	33	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
14	34	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
15	35	AIHW	Yes	Hospital Separations (Admitted patients)	2014-15
16	1	ACT Health	na	Public Hospital Data	2014-15
17	36	AIHW	Yes	NHA Batch 4a Heart attacks	2014
18	37	AIHW	Yes	NHA Batch 4b Selected hospital indicators	2014-15
19	54	AIHW	No	NHA Batch 10a Healthcare associated Infections	2015-16
20	53	AIHW	No	NHA Batch 9 Selected hospital indicators	2015-16
21	39	AIHW	Yes	NHA Batch 4b Selected hospital indicators	2014-15
22	9	AIHW	No	Mental Health KPIs	2014-15
23	42	AIHW	No	NHA Batch 4c Mental health	2014-15
24	New 1	AIHW	Yes	RoGS NOCC data	2014-15
25	New 2	AIHW	Yes	RoGS NOCC data	2014-15
26	New 3	AIHW	Yes	ACT SECREST Data 2016	2015-16
27	4	ACT Health	na	Breast Cancer	2014-15

	F	G	H	I
1				Agreed as at:
2				
3	<b>Indicator Summary (a)</b>	<b>Original Batch</b>	<b>Supply Batch</b>	<b>Supply Date</b>
4	Indig PPH (Data used in the Primary and community health chapter)	1	1	Mon 14 Nov 2016
5	Non-Indig PPH (Data used in the Primary and community health chapter)	1	1	Mon 14 Nov 2016
6	Indigenous diabetes (Data used in the Primary and community health chapter)	1	1	Mon 14 Nov 2016
7	Indigenous sep rates (Data used in the Public hospitals chapter)	1	1	Mon 14 Nov 2016
8	Adverse events (Data used in the Public hospitals chapter)	1	1	Mon 14 Nov 2016
9	Diabetes seps (Data used in the Primary and community health chapter)	1	1	Mon 14 Nov 2016
10	Injury due to falls (Data used in the Primary and community health chapter)	1	1	Mon 14 Nov 2016
11	Fire injuries (Data used in the Emergency services for fire events chapter)	1	1	Mon 14 Nov 2016
12	Transport accidents (Data used in the Police services chapter)	1	1	Mon 14 Nov 2016
13	Childrens accidents (Data used in Early childhood education and care chapter)	1	1	Mon 14 Nov 2016
14	Child accident causes (Data used in Early childhood education and care chapter)	1	1	Mon 14 Nov 2016
15	LTAC in public hospitals (Data used in the Aged care services chapter)	1	1	Mon 14 Nov 2016
16	Occurrences of Service	2		
17	PI 9 Incidence of heart attacks	2	2	Tues 29 Nov 2016
18	PI 18 Selected potentially preventable hospitalisations	2	2	Tues 29 Nov 2016
19	PI 22 Healthcare associated infections	2	2	Tues 29 Nov 2016
20	PI 21a Waiting times for emergency hospital care (by triage category)	2/5		
21	PI 23 Unplanned hospital readmission rates (if PI spec is unchanged).	3	3	Tues 29 Nov 2016
22	T6-28day readmission-MHS PI 2j (several sheets)	4	3	Tues 29 Nov 2016
23	PI 25 Rate of community follow up within first seven days of discharge from a psychiatric admission	5	3	Tues 29 Nov 2016
24	MHS PI14 Specialised public mental health services episodes with completed consumer outcomes measures collected	New	TBA	Tues 29 Nov 2016
25	MHS PI1 Change in consumers' clinical outcomes	New	TBA	Tues 29 Nov 2016
26	MHS PI 15: Rate of seclusion	New	3	Tues 29 Nov 2016
27	ATSI and NESB Participation in screening	4	4	Mon 05 Dec 2016

	J
1	25/11/2016
2	
	Supply Status
3	Supplied
4	Supplied
5	Supplied
6	Supplied
7	Supplied
8	Supplied
9	Supplied
10	Supplied
11	Supplied
12	Supplied
13	Supplied
14	Supplied
15	Supplied
16	PC not reporting
	Not yet supplied
17	Not yet supplied
18	Not yet supplied
19	Not yet supplied
20	Unable to supply in timeframes
	Not yet supplied
21	Not yet supplied
22	Not yet supplied
23	Not yet supplied
24	Supply being negotiated
	Supply being negotiated
25	Supply being negotiated
	Not yet supplied
26	Not yet supplied
27	Not yet supplied

	A	B	C	D	E
28	40	AIHW	Yes	NHA Batch 4b Selected hospital indicators	2014-15
29	55	AIHW	No	NHA Batch 10b Dental	2015-16
30	46	AIHW	Yes	NHA Batch 6 Perinatal	2012-2014
31	2	ACT Health	na	Public Hospital Data	2014-15
32	3	ACT Health	na	Public Hospital Data	2014-15
33	50	AIHW	No	NHA Batch 9 Selected hospital indicators	2015-16
34	10	AIHW	No	Mental Health Kpis	2014-15
35	11	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
36	12	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
37	13	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
38	14	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
39	15	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
40	16	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
41	17	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
42	18	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
43	19	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
44	20	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
45	21	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
46	22	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
47	23	AIHW	Yes	Mental Health Establishments & CHMC	2014-15
48	41	AIHW	No	NHA Batch 4c Mental health	2014-15
49	43	DoH->AIHW	Yes	NHA Batch 5 Aged care	30/06/2016
50	44	DoH->AIHW	Yes	NHA Batch 5 Aged care	30/06/2016
51	45	DoH->AIHW	Yes	NHA Batch 5 Aged care	2015-16
52	47	DoH->AIHW	Yes	NHA Batch 7 Cancer	2013
53	48	DoH->AIHW	Yes	NHA Batch 7 Cancer	2008-2012
54	49	DoH->AIHW	Yes	NHA Batch 8 Workforce	2015
55	5	AIHW	No	Elective surgery waiting times by urgency category	2015-16
56	6	AIHW	No	Elective surgery waiting times by urgency category	2015-16
57	7	AIHW	No	Elective surgery waiting times by urgency category	2015-16
58	8	AIHW	No	Elective surgery waiting times by urgency category	2015-16

	F	G	H	I
28	PI 27 Number of hospital patient days used by those eligible and waiting for residential aged care	4	4	Mon 05 Dec 2016
29	PI 13 Waiting times for public dentistry AIHW/NMDS data	4	4	Mon 05 Dec 2016
30	PI 1 Proportion of babies born of low birth weight	5	4	Mon 05 Dec 2016
31	Asset values & Depreciation	5	5	Mon 12 Dec 2016
32	Sentinel Events	5	5	Mon 12 Dec 2016
33	PI 19 Selected potentially avoidable GP-type presentations to emergency departments	5	5	Mon 12 Dec 2016
34	T1-New client index-MHS PI 9j (several sheets)	4		
35	Expenditure and source	4		
36	Expenditure by category	4		
37	Separations by target pop	4		
38	Beds	4		
39	Staffing	4		
40	Patient days	4		
41	Ambulatory care	4		
42	Consumer carer	4		
43	Services reviewed	4		
44	Average cost public	4		
45	Average cost community	4		
46	Ambulatory care costs	4		
47	Populations&Deflator	4		
48	PI 17 Treatment rates for mental illness	5		
49	PI 26 Residential and community aged care places per 1,000 population aged 70+ years	5		
50	PI 28 Proportion of residential aged care services that are three year reaccredited	5		
51	PI 30 Elapsed times for aged care services	5		
52	PI 2 Incidence of selected cancers	5		
53	PI 24 Survival of people diagnosed with notifiable cancers	5		
54	PI 33 FTE employed health practitioners per 1,000 population (by age group and profession type)	5		
55	Proportion on waiting list by urgency category	6		
56	Proportion admitted from waiting list by urgency category	6		
57	Proportion on waiting list with extended waits by urgency category	6		
58	Proportion admitted from waiting list with extended waits by urgency category	6		



J	
28	Not yet supplied
29	Not yet supplied
30	Not yet supplied
31	Not yet supplied
32	Not yet supplied
33	Not yet supplied
34	Unable to supply in timeframes
35	Unable to supply in timeframes
36	Unable to supply in timeframes
37	Unable to supply in timeframes
38	Unable to supply in timeframes
39	Unable to supply in timeframes
40	Unable to supply in timeframes
41	Unable to supply in timeframes
42	Unable to supply in timeframes
43	Unable to supply in timeframes
44	Unable to supply in timeframes
45	Unable to supply in timeframes
46	Unable to supply in timeframes
47	Unable to supply in timeframes
48	Unable to supply in timeframes
49	Sourced from Commonwealth
50	Sourced from Commonwealth
51	Sourced from Commonwealth
52	Sourced from Commonwealth
53	Sourced from Commonwealth
54	Sourced from Commonwealth
55	Unable to supply in timeframes
56	Unable to supply in timeframes
57	Unable to supply in timeframes
58	Unable to supply in timeframes

	A	B	C	D	E
59	38	AIHW	Yes	NHA Batch 4b Selected hospital indicators	2014-15
60	51	AIHW	No	NHA Batch 9 Selected hospital indicators	2015-16
61	52	AIHW	No	NHA Batch 9 Selected hospital indicators	2015-16
62					
63 (a)		Revised delivery date			
64 (b)		215	= Aggregate figures Batch 2, full QA Batch 5; but see (c)		
65 (c)		Previously agreed	to provide results to PC rather than underlying data; PC now not accepting these data.		
66 (d)		New	= New requirement; not previously included in RoGS templates provided to ACT Health.		
67 (e)		Will be suppressed	in final publication but included in National totals due to small numbers.		
68					

	F	G	H	I
59	PI 20a Waiting times for elective surgery (90th and 50th percentiles)	6		
60	PI 20a Waiting times for elective surgery (90th and 50th percentiles) by procedure and peer group	6		
61	PI 20b Waiting times for elective surgery (urgency category) by procedure and ATSI status	6		
62				
63				
64				
65				
66				
67				
68				

	J
59	Unable to supply in timeframes
60	Unable to supply in timeframes
61	Unable to supply in timeframes
62	
63	
64	
65	
66	
67	
68	



**CORRESPONDENCE CLEARANCE**

**SUBJECT: Ministerial Brief to Meegan Fitzharris MLA - Release of Data for Report on Government Services (ROGS) 2017**

**NUMBER: COR16/17307 | MIN/6/1494/95 DATE DUE: .....**

Director-General - ACT Health: *Approved by DG to send 12/15/17* Date: *12.1.17*

Deputy Director-General - Corporate: *CP* Date: *20/2/16*

Deputy Director-General - Canberra Hospital & Health Services: *[Signature]* Date: *18/12/11*

Deputy Director-General - Innovation: Date: .....

Deputy Director-General - Quality, Governance and Risk: Date: .....

Deputy Director-General - Population Health Protection & Prevention: Date: .....

Executive Director - Area name *Chief of Clinical Operations* *[Signature]* Date: *14/2/16*  
*(now AG DDG Clinical)*

Senior Manager - Area name \_\_\_\_\_ Date: .....

Senior Manager, Ministerial and Government: Date: .....

Senior Manager - Media and Strategic Communications: Date: .....

Executive - Area name *BPI+DS - see email attached.* Date: .....

Manager - Area name \_\_\_\_\_ Date: .....

Professional Leads: Date: .....

Other: Date: .....



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

<b>To:</b>	Shane Rattenbury MLA, Minister for Mental Health	TRIM No.: MIN16/1495
		Date Rec'd Minister's Office .../.../... <i>16/1/17</i> <i>emailed 13/1/17</i>
<b>From:</b>	Nicole Feely, Director-General, ACT Health	
<b>Subject:</b>	Release of Data for Report on Government Services (RoGS) 2017	
<b>Critical Date:</b>	13 January 2017	
<b>Critical Reason:</b>	RoGS under embargo	

**Purpose**

1. To provide you with advice around the release of ACT Health data to the Productivity Commission (PC) for inclusion in the preparation of the 2017 Report on Government Services (RoGS).

**Background**

2. Data for the 2017 RoGS are provided to the PC under a COAG agreement. Most of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW does the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. Some data is supplied directly to the PC.
3. The majority of health data for the upcoming report is for the 2014-15 financial year. As such, most data have already been submitted for that period to the AIHW during 2015-16 as per usual annual data submission timeframes.
4. In May 2016, issues were detected with the data in the ACT Health December 2015 quarterly report. The Director General detected further errors in the March 2016 report prior to its publication. Following this, PricewaterhouseCoopers (PwC) was engaged to undertake independent data integrity and assurance work. As a result of early findings during the PwC work, a decision was made to hold off on the provision of data both externally and internally, until further assurance on data quality had been completed. These data issues caused delays in providing data for use in the RoGS.
5. PwC recreated and provided process assurance (as appropriate) for data for RoGS prior to the data being released to the PC and/or AIHW in late 2016, and has worked alongside Business Performance Information and Decision Support (BPIDS) branch staff within ACT Health to prepare the RoGS data.
6. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) represent ACT on the RoGS steering committee. ACT Health has worked with CMTEDD to negotiate a revised schedule for data clearance and provision for RoGS with the PC and the AIHW.

UNCLASSIFIED

## UNCLASSIFIED

**Government Commitment – Other (and reason)**

7. National reporting obligations under Council of Australian Government (COAG) agreement.

**Issues**

8. Due to the tightness of the RoGS development timeframes and the complexity of needing to take the AIHW's analysis timeframes into account, the PC has advised that some ACT Health data will not be included in the 2017 RoGS report.
9. ACT Health wrote to the Chairman of the PC to escalate negotiations to request an extension of time to submit data, as well as to gain their commitment to include ACT Health data where it has been provided. A formal response was not received however data that was provided has been included and data that was provided late has not been included.
10. A full list of indicators in the RoGS report that will not contain ACT data can be found at Attachment A. The affected content areas of the 2017 RoGS include:
- Emergency Department (ED) activity 2015-16;
  - Elective Surgery Waiting Times (ESWT) 2015-16; and
  - Mental Health Establishments (MHE) 2014-15.
- Attachment B provides a full listing of the tables where ACT Health data is missing.
11. To ensure comparable data for the ACT is available for any media enquiries for the RoGS release on 1 February 2017, AIHW have been engaged to produce and analyse the missing ACT data tables. This information will be available to ACT Health by 20 January 2017 and discussions are underway to determine the most appropriate website to host this data.
12. A further status update will be provided to you following the receipt of information for the missing ACT data tables once received by the AIHW.

**Financial Implications**

13. Not applicable.

**Directorate Consultation**

14. ACT Health has maintained communication with CMTEDD around the provision of data for the purposes of inclusion in the 2017 RoGS report.

**External Consultation**

15. ACT Health has been in direct negotiation with the AIHW and the PC around the submission of data to meet agreed national reporting obligations.

**Benefits/Sensitivities**

16. There will likely be some sensitivities around the absence of ACT data in RoGS. However, the actions undertaken, including the assurance activities undertaken by PwC and placing the missing ACT Health RoGS data on line will allow ACT Health greater confidence in its data and public reporting.

UNCLASSIFIED

**Media Implications**

- 17. Media interest is likely when the 2017 RoGS report is released. A media implications summary will be provided to your office in due course as the 2017 RoGS release date approaches.

**Recommendations**

That you:

- 1. Note the advice regarding the absence of ACT Elective Surgery Waiting Times, Emergency Department activity and Mental Health Establishments data in the 2017 RoGS provided in this brief, and in Attachment A and Attachment B.

**Noted / Please Discuss**

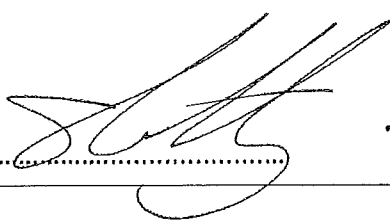
- 2. Note that the missing 2017 RoGS data for ACT Health will be provided to your office prior to the public release of the 2017 RoGS on 1 February 2017.

**Noted / Please Discuss**

- 3. Note the additional information contained in this brief.

**Noted / Please Discuss**

Shane Rattenbury MLA.....



20/1/17

Minister's Comments
---------------------

Signatory Name:	Shaun Strachan	Phone:	620 79586
Title:	Deputy Director General, Corporate		
Date:	12 January 2017		
Action Officer:	Karen Chudleigh	Phone:	617 48013

UNCLASSIFIED



## Attachment A

RoGS Area of Reporting	Reference Period	Indicator Summary	Supply Status
Elective Surgery	2014-15	Waiting times for elective surgery (90th and 50th percentiles)	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion on waiting list by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion admitted from waiting list by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion on waiting list with extended waits by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion admitted from waiting list with extended waits by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Waiting times for elective surgery (90th and 50th percentiles) by procedure and peer group	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Waiting times for elective surgery (urgency category) by procedure and ATSI status	Supplied; inclusion not confirmed
Emergency Department	2015-16	Waiting times for emergency hospital care (by triage category)	Supplied; inclusion not confirmed
Mental Health	2014-15	Expenditure and source	Not yet supplied
Mental Health	2014-15	Expenditure by category	Not yet supplied
Mental Health	2014-15	Separations by target population (adult, child, older persons)	Not yet supplied
Mental Health	2014-15	Beds	Not yet supplied
Mental Health	2014-15	Staffing	Not yet supplied
Mental Health	2014-15	Patient days	Not yet supplied
Mental Health	2014-15	Ambulatory care	Not yet supplied
Mental Health	2014-15	Consumer/carer	Not yet supplied
Mental Health	2014-15	Services reviewed	Not yet supplied
Mental Health	2014-15	Average cost public hospital	Not yet supplied
Mental Health	2014-15	Average cost community	Not yet supplied
Mental Health	2014-15	Ambulatory care costs	Not yet supplied
Mental Health	2014-15	Government Final Consumption Expenditure and population	Not yet supplied

Table	Overview – Chapter E	Reason Missing
Table EA.21	Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by SEIFA IRSD quintiles	Mental Health Data
Table EA.36	Incidence of heart attacks (acute coronary events), people 25 years or over, ACT (per 100 000 people)	Unknown – to be investigated with AIHW
Table EA.39	Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent)	Unknown – to be investigated with AIHW
Table EA.40	Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test)	Unknown – to be investigated with AIHW
<b>Table</b>	<b>Primary and Community Care – Chapter 10</b>	<b>Reason Missing</b>
Table 10A.25	Availability of public dental hygienists and dental therapists (per 100 000 people)	Unknown – to be investigated with AIHW
Table 10A.38	Selected potentially avoidable GP-type presentations to emergency departments (number)	Emergency Department
Table 10A.47	Median waiting time for public dental care, ACT (days)	
Table 10A.73	Notifications of measles, children aged 0–14 years	
Table 10A.77	Participation rates for Aboriginal and Torres Strait Islander women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent)	
Table 10A.78	Participation rates for NESB women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent)	Unknown – to be investigated with AIHW
Table 10A.84	Separations for selected potentially preventable hospitalisations, by State and Territory (per 1000 people)	
Table 10A.85	Separations for selected potentially preventable hospitalisations by Indigenous status (per 1000 people)	
Table 10A.86	Separations for selected potentially preventable hospitalisations by remoteness, 2014-15 (per 1000 people)	
Table 10A.87	Separations for selected potentially preventable hospitalisations by Indigenous status and remoteness, Australia (per 1000 people)	
Table 10A.88	Separations for selected vaccine preventable conditions by Indigenous status, 2014-15 (per 1000 people)	
Table 10A.89	Separations for selected acute conditions by Indigenous status, 2014-15 (per 1000 people)	
Table 10A.90	Separations for selected chronic conditions by Indigenous status, 2014-15 (per 1000 people)	
<b>Table</b>	<b>Public Hospital Combined – Chapter 12</b>	<b>Reason Missing</b>
Table 12A.12	Emergency department presentations, public hospital emergency departments, states and territories, 2014-15	Emergency Department
Table 12A.13	Emergency department waiting times, by triage category, public hospitals	Emergency Department
Table 12A.14	Patients treated with national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory	Emergency Department
Table 12A.15	Patients treated with national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory	Emergency Department
Table 12A.16	Patients treated with national benchmarks for emergency department waiting time, by remoteness, by State and Territory	Emergency Department

Table 12A.17	Patientstreatedwithinnationalbenchmarksofemergencydepartmentwaitingtime,byStateand Territory, by SEIFA IRSD quintiles	Emergency Department
Table 12A.18	Lengthofstayforemergencydepartmentcare, proportionofpatientsstayingforfourhours or less	Emergency Department
Table 12A.19	Waitingtimesforelectivesurgeryinpublichospitals, byStateand Territory, byprocedure and hospital peer group, 2015-16 (days)	Elective Surgery Data
Table 12A.20	Waitingtimesforelectivesurgeryinpublichospitals, byIndigenoustatusand procedure, by State and Territory (days)	Elective Surgery Data
Table 12A.21	Waitingtimesforelectivesurgeryinpublichospitals, byStateand Territory, by remoteness area (days)	Elective Surgery Data
Table 12A.22	Waitingtimesforelectivesurgeryinpublichospitals, byStateand Territory, by SEIFA IRSD quintiles (days)	Elective Surgery Data
Table 12A.30	ACT elective surgery waiting times, by clinical urgency category, public hospitals	Elective Surgery Data
Table 12A.32	Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals	Emergency Department
Table 12A.43	ACTselectedsentinelevents(number)ACTdataforthemostrecentyearwerenotavailable for the steering committee draft. National totals exclude ACT data.	Unknown – to be investigated with AIHW
Table 12A.45	Australia selected sentinel events (number)	Unknown – to be investigated with AIHW
Table 12A.50	Selected unplanned hospital readmissions rates	Unknown – to be investigated with AIHW
Table 12A.51	Unplannedhospitalreadmissionrates, byIndigenoustatus, hospitalpeer group, remoteness and SEIFA IRSD quintiles, 2014-15	Unknown – to be investigated with AIHW
Table 12A.57	Indicative estimates of capital costs per separation, 2014-15	Unknown – to be investigated with AIHW

Table	Mental Health – Chapter 13	Reason Missing
Table 13A.3	Totalstateandterritoryrecurrentexpenditureonspecialisedmentalhealthservices(current prices)	
Table 13A.5	DepreciationexpenditureonStateand Territory governments' specialised mental health services (current prices) (\$million)	
Table 13A.6	Realestimated recurrent expenditure on State and Territory government specialised mental health services (2014-15 dollars)	
Table 13A.7	Proportion of people receiving clinical mental health services by service type	
Table 13A.8	New clients as a proportion of total clients under the care of State or Territory specialised public mental health services	
Table 13A.11	FTE direct care staff employed in specialised mental health services, by service setting (per 100 000 people)	
Table 13A.12	Mental health patient days	
Table 13A.13	Available beds in State and Territory governments' specialised mental health services	
Table 13A.15	Proportion of people receiving clinical mental health services by service type and SEIFA	
Table 13A.16	Proportion of people receiving clinical mental health services by service type and Indigenous status	
Table 13A.17	Proportion of people receiving clinical mental health services by service type and remoteness area	
Table 13A.21	Consumer and carer participation	
Table 13A.22	Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June	
Table 13A.23	Rate and duration of seclusion events in public specialised mental health acute inpatient units	
Table 13A.24	Rate and duration of seclusion events in public specialised mental health acute inpatient units (per 1000 patient bed days), by target population	
Table 13A.26	Rate of community follow-up within first seven days of discharge from a psychiatric admission, by State and Territory, by Indigenous	

2017 ROGS Missing ACT Health Data

Attachment B

	status and remoteness	Mental Health Data
Table 13A.27	Rates of community follow-up within first seven days of discharge from psychiatric admission, by age group, gender and SEIFA quintiles, 2014-15	
Table 13A.28	Rates of community follow-up for people with inpatient bed day, by public hospital type (2014-15 dollars)	
Table 13A.29	Readmissions to hospital within 28 days of discharge, by selected characteristics, 2014-15	
Table 13A.30	Readmissions to hospital within 28 days of discharge	
Table 13A.31	Average recurrent cost per inpatient bed day, by public hospital type (2014-15 dollars)	
Table 13A.32	Average recurrent treatment costs per inpatient bed day, public hospitals, by target population (2014-15 dollars)	
Table 13A.33	Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2014-15 dollars)	
Table 13A.34	Average length of stay, public hospitals acute units, by target population (no. of days)	
Table 13A.35	Average recurrent cost per patient day for community residential services (2014-15 dollars)	
Table 13A.36	Average cost, and treatment days per episode, of ambulatory care	
Table 13A.37	Prevalence of lifetime mental health service orders among adults aged 16-85 years, 2007 (percent)	
Table 13A.50	Suicide deaths, by indigenous status, 2010-2014	
Table 13A.56	Specialised public mental health services episodes with completed consumer outcome measures collected	
Table 13A.57	People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (percent)	
Table 13A.58	Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent)	



CORRESPONDENCE CLEARANCE

SUBJECT: Ministerial Brief to Meegan Fitzharris MLA - Release of Data for Report on Government Services (ROGS) 2017

NUMBER: COR16/17307 | MIN/6/1494/95 DATE DUE: \_\_\_\_\_

- Director-General - ACT Health: *Advised by DG of 10/30* *CP* Date: *13/1/17*
- Deputy Director-General - Corporate: *CP* Date: *12/1/17*
- Deputy Director-General - Canberra Hospital & Health Services: *[Signature]* Date: *20/12/16*
- Deputy Director-General - Innovation: \_\_\_\_\_ Date: \_\_\_\_\_
- Deputy Director-General - Quality, Governance and Risk: \_\_\_\_\_ Date: \_\_\_\_\_
- Deputy Director-General - Population Health Protection & Prevention: \_\_\_\_\_ Date: \_\_\_\_\_
- Executive Director - Area name *Chief of Clinical Operations* *[Signature]* Date: *14/12/16*  
*(NOW A/9 DDG Clinical)*
- Senior Manager - Area name \_\_\_\_\_ Date: \_\_\_\_\_
- Senior Manager, Ministerial and Government: \_\_\_\_\_ Date: \_\_\_\_\_
- Senior Manager - Media and Strategic Communications: \_\_\_\_\_ Date: \_\_\_\_\_
- Executive - Area name *BPI+DS - see email attached.* Date: \_\_\_\_\_
- Manager - Area name \_\_\_\_\_ Date: \_\_\_\_\_
- Professional Leads: \_\_\_\_\_ Date: \_\_\_\_\_
- Other: \_\_\_\_\_ Date: \_\_\_\_\_





## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

<b>To:</b>	Meegan Fitzharris MLA, Minister for Health	TRIM No.: MIN16/1494
		Date Rec'd Minister's Office .../.../...
<b>From:</b>	Nicole Feely, Director-General ACT Health	
<b>Subject:</b>	Release of Data for Report on Government Services (RoGS) 2017	
<b>Critical Date:</b>	13 January 2017	
<b>Critical Reason:</b>	RoGS under embargo	

**Purpose**

1. To provide you with advice around the release of ACT Health data to the Productivity Commission (PC) for inclusion in the preparation of the 2017 Report on Government Services (RoGS).

**Background**

2. Data for the 2017 RoGS are provided to the PC under a COAG agreement. Most of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW does the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. Some data is supplied directly to the PC.
3. The majority of health data for the upcoming report is for the 2014-15 financial year. As such, most data have already been submitted for that period to the AIHW during 2015-16 as per usual annual data submission timeframes.
4. In May 2016, issues were detected with the data in the ACT Health December 2015 quarterly report. The Director General detected further errors in the March 2016 report prior to its publication. Following this, PricewaterhouseCoopers (PwC) was engaged to undertake independent data integrity and assurance work. As a result of early findings during the PwC work, a decision was made to hold off on the provision of data both externally and internally, until further assurance on data quality had been completed. These data issues caused delays in providing data for use in the RoGS.
5. PwC recreated and provided process assurance (as appropriate) for data for RoGS prior to the data being released to the PC and/or AIHW in late 2016, and has worked alongside Business Performance Information and Decision Support (BPIDS) branch staff within ACT Health to prepare the RoGS data.
6. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) represent ACT on the RoGS steering committee. ACT Health has worked with CMTEDD to negotiate a revised schedule for data clearance and provision for RoGS with the PC and the AIHW.

UNCLASSIFIED

## UNCLASSIFIED

**Government Commitment – Other (and reason)**

7. National reporting obligations under Council of Australian Government (COAG) agreement.

**Issues**

8. Due to the tightness of the RoGS development timeframes and the complexity of needing to take the AIHW's analysis timeframes into account, the PC has advised that some ACT Health data will not be included in the 2017 RoGS report.
9. ACT Health wrote to the Chairman of the PC to escalate negotiations to request an extension of time to submit data, as well as to gain their commitment to include ACT Health data where it has been provided. A formal response was not received however data that was provided has been included and data that was provided late has not been included.
10. A full list of indicators in the RoGS report that will not contain ACT data can be found at Attachment A. The affected content areas of the 2017 RoGS include:
- Emergency Department (ED) activity 2015-16;
  - Elective Surgery Waiting Times (ESWT) 2015-16; and
  - Mental Health Establishments (MHE) 2014-15.
- Attachment B provides a full listing of the tables where ACT Health data is missing.
11. To ensure comparable data for the ACT is available for any media enquiries for the RoGS release on 1 February 2017, AIHW have been engaged to produce and analyse the missing ACT data tables. This information will be available to ACT Health by 20 January 2017 and discussions are underway to determine the most appropriate website to host this data.
12. A further status update will be provided to you following the receipt of information for the missing ACT data tables once received by the AIHW.

**Financial Implications**

13. Not applicable.

**Directorate Consultation**

14. ACT Health has maintained communication with CMTEDD around the provision of data for the purposes of inclusion in the 2017 RoGS report.

**External Consultation**

15. ACT Health has been in direct negotiation with the AIHW and the PC around the submission of data to meet agreed national reporting obligations.

**Benefits/Sensitivities**

16. There will likely be some sensitivities around the absence of ACT data in RoGS. However, the actions undertaken, including the assurance activities undertaken by PwC and placing the missing ACT Health RoGS data on line will allow ACT Health greater confidence in its data and public reporting.

UNCLASSIFIED

UNCLASSIFIED

**Media Implications**

17. Media interest is likely when the 2017 RoGS report is released. A media implications summary will be provided to your office in due course as the 2017 RoGS release date approaches.

**Recommendations**

That you:

1. Note the advice regarding the absence of ACT Elective Surgery Waiting Times, Emergency Department activity and Mental Health Establishments data in the 2017 RoGS provided in this brief, and in Attachment A and Attachment B.

*Noted / Please Discuss*

2. Note that the missing 2017 RoGS data for ACT Health will be provided to your office prior to the public release of the 2017 RoGS on 1 February 2017.

*Noted / Please Discuss*

3. Note the additional information contained in this brief.

*Noted / Please Discuss*

Meegan Fitzharris MLA.....

*received 10/2/17 12.2.17*

Minister's Comments

Signatory Name:	Shaun Strachan	Phone:	620 79586
Title:	Deputy Director General, Corporate		
Date:	12 January 2017		
Action Officer:	Karen Chudleigh	Phone:	617 48013

UNCLASSIFIED



UNCLASSIFIED

Meegan Fitzharris MLA..... /...../.....

UNCLASSIFIED

## Attachment A

RoGS Area of Reporting	Reference Period	Indicator Summary	Supply Status
Elective Surgery	2014-15	Waiting times for elective surgery (90th and 50th percentiles)	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion on waiting list by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion admitted from waiting list by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion on waiting list with extended waits by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Proportion admitted from waiting list with extended waits by urgency category	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Waiting times for elective surgery (90th and 50th percentiles) by procedure and peer group	Supplied; inclusion not confirmed
Elective Surgery	2015-16	Waiting times for elective surgery (urgency category) by procedure and ATSI status	Supplied; inclusion not confirmed
Emergency Department	2015-16	Waiting times for emergency hospital care (by triage category)	Supplied; inclusion not confirmed
Mental Health	2014-15	Expenditure and source	Not yet supplied
Mental Health	2014-15	Expenditure by category	Not yet supplied
Mental Health	2014-15	Separations by target population (adult, child, older persons)	Not yet supplied
Mental Health	2014-15	Beds	Not yet supplied
Mental Health	2014-15	Staffing	Not yet supplied
Mental Health	2014-15	Patient days	Not yet supplied
Mental Health	2014-15	Ambulatory care	Not yet supplied
Mental Health	2014-15	Consumer/carer	Not yet supplied
Mental Health	2014-15	Services reviewed	Not yet supplied
Mental Health	2014-15	Average cost public hospital	Not yet supplied
Mental Health	2014-15	Average cost community	Not yet supplied
Mental Health	2014-15	Ambulatory care costs	Not yet supplied
Mental Health	2014-15	Government Final Consumption Expenditure and population	Not yet supplied

Table	Overview – Chapter E	Reason Missing
Table EA.21	Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by SEIFA IRSD quintiles	Mental Health Data
Table EA.36	Incidence of heart attacks (acute coronary events), people 25 years or over, ACT (per 100 000 people)	Unknown – to be investigated with AIHW
Table EA.39	Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent)	Unknown – to be investigated with AIHW
Table EA.40	Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test)	Unknown – to be investigated with AIHW

Table	Primary and Community Care – Chapter 10	Reason Missing
Table 10A.25	Availability of public dental hygienists and dental therapists (per 100 000 people)	Unknown – to be investigated with AIHW
Table 10A.38	Selected potentially avoidable GP-type presentations to emergency departments (number)	Emergency Department
Table 10A.47	Median waiting time for public dental care, ACT (days)	
Table 10A.73	Notifications of measles, children aged 0–14 years	
Table 10A.77	Participation rates for Aboriginal and Torres Strait Islander women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent)	
Table 10A.78	Participation rates for NESB women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent)	Unknown – to be investigated with AIHW
Table 10A.84	Separations for selected potentially preventable hospitalisations, by State and Territory (per 1000 people)	
Table 10A.85	Separations for selected potentially preventable hospitalisations by Indigenous status (per 1000 people)	
Table 10A.86	Separations for selected potentially preventable hospitalisations by remoteness, 2014-15 (per 1000 people)	
Table 10A.87	Separations for selected potentially preventable hospitalisations by Indigenous status and remoteness, Australia (per 1000 people)	
Table 10A.88	Separations for selected vaccine preventable conditions by Indigenous status, 2014-15 (per 1000 people)	
Table 10A.89	Separations for selected acute conditions by Indigenous status, 2014-15 (per 1000 people)	
Table 10A.90	Separations for selected chronic conditions by Indigenous status, 2014-15 (per 1000 people)	

Table	Public Hospital Combined – Chapter 12	Reason Missing
Table 12A.12	Emergency department presentations, public hospital emergency departments, states and territories, 2014-15	Emergency Department
Table 12A.13	Emergency department waiting times, by triage category, public hospitals	Emergency Department
Table 12A.14	Patients treated with inpatient benchmarks for emergency department waiting time, by hospital peer group, by State and Territory	Emergency Department
Table 12A.15	Patients treated with inpatient benchmarks for emergency department waiting time, by Indigenous status, by State and Territory	Emergency Department
Table 12A.16	Patients treated with inpatient benchmarks for emergency department waiting time, by remoteness, by State and Territory	Emergency Department

2017 ROGS Missing ACT Health Data

Attachment B

Table 12A.17	Patients treated with inpatient benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles	Emergency Department
Table 12A.18	Length of stay for emergency department care, proportion of patients staying for four hours or less	Emergency Department
Table 12A.19	Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2015-16 (days)	Elective Surgery Data
Table 12A.20	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)	Elective Surgery Data
Table 12A.21	Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area (days)	Elective Surgery Data
Table 12A.22	Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles (days)	Elective Surgery Data
Table 12A.30	ACT elective surgery waiting times, by clinical urgency category, public hospitals	Elective Surgery Data
Table 12A.32	Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals	Emergency Department
Table 12A.43	ACT selected sentinel events (number) ACT data for the most recent year were not available for the steering committee draft. National totals exclude ACT data.	Unknown – to be investigated with AIHW
Table 12A.45	Australia selected sentinel events (number)	Unknown – to be investigated with AIHW
Table 12A.50	Selected unplanned hospital readmissions rates	Unknown – to be investigated with AIHW
Table 12A.51	Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2014-15	Unknown – to be investigated with AIHW
Table 12A.57	Indicative estimates of capital costs per separation, 2014-15	Unknown – to be investigated with AIHW

Table	Mental Health – Chapter 13	Reason Missing
Table 13A.3	Total state and territory recurrent expenditure on specialised mental health services (current prices)	
Table 13A.5	Depreciation expenditure on State and Territory governments' specialised mental health services (current prices) (\$million)	
Table 13A.6	Real estimated recurrent expenditure on State and Territory government specialised mental health services (2014-15 dollars)	
Table 13A.7	Proportion of people receiving clinical mental health services by service type	
Table 13A.8	New clients as a proportion of total clients under the care of State or Territory specialised public mental health services	
Table 13A.11	FTE direct care staff employed in specialised mental health services, by service setting (per 100 000 people)	
Table 13A.12	Mental health patient days	
Table 13A.13	Available beds in State and Territory governments' specialised mental health services	
Table 13A.15	Proportion of people receiving clinical mental health services by service type and SEIFA	
Table 13A.16	Proportion of people receiving clinical mental health services by service type and Indigenous status	
Table 13A.17	Proportion of people receiving clinical mental health services by service type and remoteness area	
Table 13A.21	Consumer and carer participation	
Table 13A.22	Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June	
Table 13A.23	Rate and duration of seclusion events in public specialised mental health acute inpatient units	
Table 13A.24	Rate and duration of seclusion events in public specialised mental health acute inpatient units (per 1000 patient bed days), by target population	
Table 13A.26	Rate of community follow-up within first seven days of discharge from psychiatric admission, by State and Territory, by Indigenous	

2017 ROGS Missing ACT Health Data

Attachment B

	status and remoteness	Mental Health Data
Table 13A.27	Rates of community follow-up within first seven days of discharge from psychiatric admission, by age group, gender and SEIFA quintiles, 2014-15	
Table 13A.28	Rates of community follow-up for people within the first seven days of discharge from hospital	
Table 13A.29	Readmissions to hospital within 28 days of discharge, by selected characteristics, 2014-15	
Table 13A.30	Readmissions to hospital within 28 days of discharge	
Table 13A.31	Average recurrent cost per inpatient bed day, by public hospital type (2014-15 dollars)	
Table 13A.32	Average recurrent costs per inpatient bed day, public hospitals, by target population (2014-15 dollars)	
Table 13A.33	Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2014-15 dollars)	
Table 13A.34	Average length of stay, public hospitals acute units, by target population (no. of days)	
Table 13A.35	Average recurrent cost per patient day for community residential services (2014-15 dollars)	
Table 13A.36	Average cost, and treatment days per episode, of ambulatory care	
Table 13A.37	Prevalence of lifetime mental disorders among adults aged 16-85 years, 2007 (percent)	
Table 13A.50	Suicide deaths, by Indigenous status, 2010-2014	
Table 13A.56	Specialised public mental health services episodes with completed consumer outcome measures collected	
Table 13A.57	People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (percent)	
Table 13A.58	Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent)	



**CORRESPONDENCE CLEARANCE**

**SUBJECT: Letter - Minister for Health - Chapter 12 Volume E of the 2017 Report on Government Services (ROGS) - Vicki Dunne MLA**

**NUMBER: MIN17/144**

**DATE DUE: .....**

Director-General - ACT Health: ..... Date: .....

Deputy Director-General - Corporate: ..... Date: 9.2.17

Deputy Director-General - Canberra Hospital & Health Services: *[Signature]* ..... Date: 9/2/17

Deputy Director-General - Innovation: ..... Date: .....

Deputy Director-General - Quality, Governance and Risk: ..... Date: .....

Deputy Director-General - Population Health Protection & Prevention: ..... Date: .....

Executive Director - Area nan: ..... Date: .....

Senior Manager - Area nar: ..... Date: .....

Senior Manager, Ministerial and Government: *[Signature]* ..... Date: 13/2/17

Senior Manager - Media and Strategic Communications: ..... Date: .....

Executive - Area nan: ..... Date: .....

Manager - Area nan: ..... Date: .....

Professional Leads: ..... Date: .....

Other: ..... Date: .....



## Meegan Fitzharris MLA

Member for Yerrabi

Minister for Health  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research

Mrs Vicki Dunne MLA  
 Member for Ginninderra  
 ACT Legislative Assembly  
 GPO Box 1020  
 CANBERRA ACT 2601

Dear Mrs Dunne *Vicki*,

Thank you for your letter of 1 February 2017 about the provision of health data for the ACT in the 2017 Productivity Commission's Report on Government Services (RoGS).

As previously advised with the release of the 2015-16 ACT Health Quarterly Performance Reports in November last year, ACT Health has been in the process of reviewing its data governance and protocols. This work is about delivering robust quality assurance of ACT Health's data governance systems to resolve these issues. This work is expected to continue over the next 12 months and has resulted in delays in the preparation of some data. This has meant that ACT Health has been unable to meet the data reporting deadlines for the 2017 RoGS released earlier this month.

Although ACT Health was unable to meet the submission deadlines for some indicators, significant efforts were made by the Directorate to work with the Australian Institute of Health Welfare (AIHW) and the Productivity Commission to ensure this data could be included in the report.

I will be making a full statement to the Assembly today on these matters.

Yours sincerely

Meegan Fitzharris MLA  
 Minister for Health

14/2/2017

### AUSTRALIAN CAPITAL TERRITORY LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601, Australia  
 Phone +61 2 6205 0051

GPO Box 1020, Canberra ACT 2601, Australia  
 Email [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)



**THE LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**Statement by the Minister for Health  
Meegan Fitzharris MLA**

**ACT Health Reporting**

**February 2017**

**Presented by  
Meegan Fitzharris MLA  
Minister for Health**



Thank you Madam Speaker.

Health services are one of, if not the most, important services a government can provide to its community.

Every year, thousands of Canberrans access our health services – either through our public hospitals, community health centres, walk-in centres or through our programs and support services.

And our doctors, nurses, other health professionals and the non-clinical and administrative staff that support them, do a fantastic job delivering these high quality, tailored services to our community 24 hours a day, 365 days of the year.

As Health Minister, I am proud of the quality health care system we have here in the ACT.

And I am proud of the record investments this government has made and will continue to make to ensure everyone in our community can get access to health care when and where they need it –and this is particularly important as our city continues to grow.

Madam Speaker, as the new Minister for Health it is important to me that not only do we have a high quality health system that Canberrans trust, but also that we have the right data available to us to monitor and track our performance.

As members will be aware, recently the annual Report on Government Services was recently released. In that report some ACT health data was not available to the Productivity Commission at the time of reporting.

Obviously Madam Speaker, this is disappointing.

But Madam Speaker, I am determined to make sure that the community and health stakeholders have full confidence in the data produced by ACT Health and that ACT Health and I, as Minister, are accountable for its performance. That is why I have asked for a comprehensive, system-wide review that takes us back to the basics of the collection, analysis and reporting of our health data.

Madam Speaker, these are complex matters and following last year's work to provide assurances over data governance and protocols regarding the ACT Health Public Health Services Quarterly Performance Report, I have been advised there is more work to be done. That is why I have asked for this system-wide review.

I want to reiterate, ACT Health has been proactive in recognising the issues and acting upon them immediately. ACT Health needs time to ensure their data management and quality assurance processes are robust and accurate.

The ACT Government has been open with the community that ACT Health management and reporting processes need improvement. These issues have been widely canvassed in the media, in the Assembly and in Budget Estimates and Annual Report Hearings on a number of occasions in the past.

The ACT Government has acknowledged – as has my directorate – that improvements must be made and actions have been taken to investigate the extent of the problems and to review ACT Health’s governance and protocols in relation to the management of its data.

Indeed, following last year’s Budget Estimates Hearings for Health, while reviewing the third ACT Health Quarterly Performance Report for 2015-16, ACT Health’s Director-General identified further issues with the data in the report and took immediate action to conduct an internal review of the accuracy of the data.

Once it was determined that errors did exist, the Director-General immediately engaged PricewaterhouseCoopers (PwC) as an independent expert to review ACT Health’s data governance and protocols— and to provide independent quality assurance of any data released publicly through the 2015-16 Annual Report, the quarterly performance reports and data for this year’s Report on Government Services.

The initial focus of this work with PwC was on ensuring the accuracy and integrity of the data for the Annual Report and Quarterly Performance Reports. And this was stated very clearly in ACT Health's media release of 9 November 2016 with the release of its four Quarterly Performance Reports for 2015-16.

The Health directorate has also had ongoing communication with key health stakeholders, such as national reporting agencies like the Australian Institute of Health and Welfare (AIHW), the National Health Funding Body (NHFB) and Independent Hospital Pricing Authority (IHPA), as well as with the ACT Auditor-General.

Madam Speaker, as the work to resolve the data management issues at ACT Health is ongoing; it has meant that the directorate has been unable to meet certain data reporting deadlines.

This applies to elements of the 2017 Report on Government Services released earlier this month.

There were some data gaps in Chapter 12, which relates to Public Hospitals; and in Chapter 13, which relates to Mental Health Services.

Although ACT Health was unable to meet the submission deadlines for these indicators – significant efforts were made by the directorate to work with our national reporting agencies to submit the data. ACT Health is also continuing to work with the Commission to ensure future RoGS reports contain this data.

I would like to take the opportunity now though, to acknowledge the significant support provided to the directorate from the AIHW, the NHFB and IHPA to deliver data to the Commission. I would also like to thank the Productivity Commission for their support.

Madam Speaker, in addition to the 2017 RoGS, there may be future reports, such as the Australian Medical Association's *Public Hospital Report Card*, that will be affected by the late data supply to the AIHW. I have asked for further quality assurance work to be undertaken before the ACT Health Half-Yearly Performance Report is tabled.

In addition, I will ensure that the Directorate not only resolves its data management issues for all future reporting, but also provides assurance on past data.

I would also like to reassure the Assembly that my advice is that this does not impact upon financial contributions from the Commonwealth.

Madam Speaker, the work to review ACT Health's data governance and protocols is ongoing. As part of this system-wide review, staff are working hard to resolve these issues and this work includes:

- undertaking integrity validation checks against source systems;
- developing and implementing a formal Change Control Process for amendments to reporting;
- a review of the structure of the ACT Health branch responsible for data reporting to ensure an appropriate focus on and resourcing of data governance; and
- development of an implementation plan for a governance assurance framework.

I have also asked ACT Health to consider the most effective means of reporting health data to our stakeholders as well as to the Canberra community, including the use of real time reporting.

This work is about delivering robust quality assurance of ACT Health's data governance systems and is expected to continue over the next 12 months. I will provide quarterly reports to the Assembly within this period.

Madam Speaker, before concluding today, I want to be very clear that although data reporting issues are administrative in nature and do not affect the quality of health services we deliver; as Minister for Health, I know how important it is that the community, our patients, and our health sector stakeholders have confidence in health reporting. I remain committed to providing data that accurately reflects the demand for, and performance of, the services that are provided in our hospitals, health care facilities and throughout our programs. Indeed Madam Speaker, as noted, as part of this work I have asked Health to provide advice on how we improve this reporting and availability of real time reporting and access to health data.

I want to reiterate to Members that there has been substantial work undertaken within ACT Health to proactively address these complex data governance issues. In particular, I want to acknowledge the actions taken by the Director-General of ACT Health.

Ongoing work to improve data quality assurance processes is a key priority and the government will continue to be open with the community about these matters. I have also asked the Health Directorate to keep the ACT Auditor-General informed of progress,

As this work progresses Madam Speaker, I will provide regular quarterly updates to the Assembly and will also anticipate the upcoming Annual Report hearings as an opportunity to provide further information to members on the work being carried out and the way forward.

Thank you.

**ENDS**

**Carey, Megan (Health)**

---

**From:** Andersen, Jackie (Health)  
**Sent:** Thursday, 16 February 2017 1:50 PM  
**To:** ACT Health DLO  
**Cc:** Feely, Nicole (Health); Boogs, Monika (Health); Ministerial and Government Services - Health  
**Subject:** re: URGENT - Request for Information Due 12.30 today [DLM=Sensitive]  
**Importance:** High

Karen

As requested. Cleared by Ian Thompson.

**How many reports have been released from when the Minister for Health was appointed on 1 November 2016 that have not had the full ACT data sets provided.**

ACT Health has identified three publications that have been released without ACT Health data since 1 November 2016:

- Australian Hospital Statistics 2015-16: Emergency Department Care (AIHW, 17 November 2016)
- Australian Hospital Statistics 2015-16: Elective Surgery Waiting Times (AIHW, 1 December 2016)
- The 2017 Report on Government Services (RoGS) (Productivity Commission, 1 February 2017)

There is an ongoing risk of additional publications that will not have ACT Health data included, ACT Health may receive little or no advance warning of these releases.

With thanks

**Jackie Andersen** | Senior Manager, Ministerial and Government  
Government and Communications | ACT Health | ACT Government  
Level 3, 11 Moore St ACT 2601 | GPO Box 825 Canberra ACT 2601  
**Ph:** (02) 6205 0829 | M [REDACTED] **Email:** [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)  
[health.act.gov.au](http://health.act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity





## Meegan Fitzharris MLA

Member for Yerrabi

Minister for Health

Minister for Transport and City Services

Minister for Higher Education, Training and Research

Mr Barry Sandison

Director

Australian Institute of Health and Welfare

GPO Box 570

CANBERRA ACT 2601

Dear Mr Sandison

I write in relation to the recent work ACT Health is undertaking to ensure accuracy of its data and performance reporting processes.

As you are aware ACT Health has been in the process of reviewing its data governance and protocols to ensure its robustness, integrity and accuracy. Unfortunately, ACT Health has continued to identify issues with its data and reporting. This is disappointing, and has meant ACT Health has been unable to meet certain data reporting deadlines. As such, on 14 February 2017, I announced that a comprehensive, system-wide review of ACT Health data and reporting processes will be undertaken to ensure data management and quality assurance processes are robust and accurate.

I would like to reassure you that these data reporting issues are administrative in nature and do not affect the quality of the health services that we deliver.

I would like to acknowledge the support that your agency has provided to date, and seek your continued understanding in some of the challenges the ACT is facing in submitting certain data sets. I would like to reiterate that substantial work has been undertaken to date and will continue until these issues are resolved.

If you have any questions about this review or the ongoing work being undertaken please contact Mr Peter O'Halloran, Chief Information Officer on (02) 6205 1100 or via email at [peter.ohalloran@act.gov.au](mailto:peter.ohalloran@act.gov.au).

Yours sincerely

Meegan Fitzharris MLA  
Minister for Health

2 MAR 2017

### AUSTRALIAN CAPITAL TERRITORY LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601, Australia  
Phone +61 2 6205 0051

GPO Box 1020, Canberra ACT 2601, Australia  
Email [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)



@MeeganFitzMLA



MeeganFitzharrisMLA

































































