Inquiry into the 2001-2002 Annual and Financial Reports

Report No. 3

Standing Committee on Health

February 2003

Legislative Assembly for the Australian Capital Territory

Committee membership

Ms Kerrie Tucker MLA, Chair

Ms Karin MacDonald MLA, Deputy Chair

Mr Brendan Smyth MLA

Secretary: Ms Siobhán Leyne

Administration: Ms Judy Moutia

Resolution of appointment

To examine matters related to hospitals, community, public and mental health, health promotion and disease prevention, disability services, drug and substance abuse and targeted health programs.

Terms of reference

To inquire into and report on the 2001-2002 Annual and Financial Reports of the following agencies:

- ACT Department of Health and Community Care
- ACT Health and Community Care Service
- Community and Health Complaints Commissioner
- Health**pact**

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Summary of recommendations

RECOMMENDATION 1

2.13. The Committee recommends that, when major reviews or restructures take place, the impact these reviews be outlined in the annual report.

2.14. Furthermore, the Committee recommends that all reviews undertaken by, for, or within the Department be included as an appendix.

RECOMMENDATION 2

2.17. The Committee recommends that, where major organisational restructures take place late in the reporting year to commence in the new reporting year, at least an organisational chart be included in the annual report to demonstrate what changes will take place.

RECOMMENDATION 3

2.27. The Committee recommends that the department review its performance measures and use numerical measures only where appropriate and also ensures consistency in the use of particular types of measures across the various volumes of the annual report.

RECOMMENDATION 4

2.33. The Committee recommends that in future years, ACT Health use the model of reporting as used by the Chief Minister's Department and the Department of Urban Services in their 2001-2002 reports.

RECOMMENDATION 5

2.39. The Committee recommends that future reports adhere to the requirements of the Annual Reports Directions and provide details on the implementation of agreed recommendations of Legislative Assembly committee reports.

RECOMMENDATION 6

2.44. The Committee recommends that the ACT Government provide funding for outreach workers that all services, including ACT Housing, can refer to in order to support people in the community who have mental health issues or who are otherwise isolated from the community.

RECOMMENDATION 7

3.10. The Committee recommends that future reports be edited to ensure that information is not presented in a confusing or potentially misleading manner.

RECOMMENDATION 8

3.17. The Committee recommends that future annual reports include a brief explanation of the links between performance measures and outcomes and where each measure sits within the strategic vision of the agency.

RECOMMENDATION 9

3.24. The Committee recommends that the Government respond to the Standing Committee on Health and Community Care's (Fourth Assembly) inquiry into Respite Care Services in the ACT.

RECOMMENDATION 10

4.3. The Committee recommends that in future reports, the Community and Health Services Complaints Commissioner combine the statistical information with the discussion of issues to give more meaning to the statistics.

RECOMMENDATION 11

4.6. The Committee recommends that in future reports, the Community and Health Services Complaints Commissioner use a case study model similar to that used by the Discrimination Commissioner or the ACT Ombudsman in the annual report.

1. Introduction

1.1. On 26 September, the Assembly referred the 2001-2002 Annual and Financial reports to committees for inquiry and report by the first sitting day of 2003.

1.2. As per the schedule defined by the Speaker, the Standing Committee on Health was responsible for inquiring into the following reports:

- ACT Department of Health and Community Care
- ACT Health and Community Care Service
- Community and Health Complaints Commissioner
- Health**pact**

1.3. In this report, the Committee has raised several matters of substance where it feels reporting could be improved and where issues were raised by members of the public and at the public hearing.

1.4. The Committee has made no comment regarding the Health**pact** Annual Report.

Purpose and Intent of Annual Reporting

1.5. Annual and financial reports are primarily accountability documents and the principle way in which ACT Government Agencies report to the Government, the Assembly and the community.

1.6. Annual and Financial reports are bound by the requirements of the Annual Reports Directions (the Directions), which are issued under the *Annual Reports (Government Agencies) Act 1994*. This ensures that in addition to reporting on agency performance, there is baseline performance reporting against key areas as defined by the Chief Minister in all annual reports, for example, equity and diversity or regulatory activities.

1.7. Annual reports should clearly identify the objectives and activities of an agency and allow readers to link outcomes with the objectives and any other established performance measures.

1.8. The NSW Audit Office identifies that in order to demonstrate accountability for public monies, annual reports should:

- "report objectives that are clear and measurable;
- focus on results and outcomes;
- discuss results against expectations;
- be complete and informative;

- explain changes over time;
- provide evidence of value for money;
- discuss risks, strategies and the external operating environment."[1]

1.8. It is in this context that the Committee has assessed the above annual reports.

1.9. The Committee has expressed a degree of criticism aimed at the apparent attempts to avoid mention of the challenges faced by the Health portfolio over the year.

1.10. The Health portfolio is under a high degree of public and political scrutiny and the Committee acknowledges the work undertaken and the challenges facing those working in these areas, however it would like to see these challenges at least acknowledged in annual reports.

1.11. The Committee has made a number of general recommendations using examples from specific reports, however these recommendations have the capacity to be applied against any agency report.

Conduct of Inquiry

1.12. The Committee advertised for submissions to this inquiry in *The Canberra Times* and *The Chronicle* in October 2002.

1.13. In response, the Committee received three submissions and heard from the acting Minister for Health and relevant departmental officials at a public hearing on 16 January 2003.

1.14. Due to the lack of interest from the public, which the Committee attributes to the timing of this inquiry over the Christmas/New Year period, the Committee chose not to hold additional public hearings on this matter. The Committee is aware that the Government has some form of budget consultation planned and encourages the Government to seek public comment on the best way to present information so it meets the community's needs for accountable, timely information.

1.15. The Committee thanks those people who did make submissions to this inquiry. The Committee appropriately wrote to the Public Accounts Committee referring the recommendations made by the ACT Council of Social Services for consideration and therefore has not addressed that submission in this report.

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[1] *Reporting performance: a guide to preparing performance information for annual reports.* The Audit Office of New South Wales, November 2000, p. 2. Available online at http://www.audit.nsw.gov.au/guides-bp/annualreporting.pdf

2. Department of Health and Community Care

2.1. The Department of Health and Community Care Annual Report reports on the activities of the Department and is bound by all the requirements of the Directions.

2.2. The Report includes the reports of the following reports as an annexe:

- Chairperson, Chiropractors and Osteopaths Board
- Chairperson, Dental Board
- Chairperson, Dental Technicians and Dental Prosthetists Registration Board
- Chairperson, Medical Board
- Chairperson, Nurses Board
- Chairperson, Optometrists Board
- Chairperson, Pharmacy Board
- Chairperson, Physiotherapists Board
- Chairperson, Podiatrists Board
- Chairperson, Psychologists Board
- Chairperson, Veterinary Surgeons Board
- Chairperson, Radiation Council
- Chief Psychiatrist
- Chairperson, ACT Health and Community Care Human Research Ethics Committee.

2.3. The Committee did not raise any issues with any of the annexed reports.

2.4. As a whole, when looking at the purpose of annual reports as outlined above, the Committee found this report unsatisfactory.

2.5. The Department has reported reasonably well against the majority of requirements of the Directions, however reporting well against the Directions does not derogate the responsibility of reporting on the performance of each area of the agency.

2.6. The Committee commends the use of the 'Key Achievements' section commencing on page eight linking initiatives of the 2002 Budget Papers with outcomes and performance. However, this is merely an overview of specific initiatives and does not give the reader an adequate picture of the performance of the Department as a whole.

2.7. The Committee notes that at the public hearing, the Chief Executive, ACT Health, took on board feedback expressed by the Chair and explained that in future the Department and Health and Community Care Service would be a combined ACT Health report.[2]

2.8. The Committee also notes that work has already commenced on the 2002-2003 annual report to ensure that it is of a better layout and hopes that because of this, the following recommendations will be agreed to.

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[2] Transcript of evidence, 16 January 2003, p. 2

2.9. There were two major reports affecting the activities of the health portfolio during the reporting year, as well as changes implemented as a result of the change of Government in October 2001.

2.10. The Report of the Commission of Inquiry into Disability Services (known as 'the Gallop report') had major implications for the provision of disability services, most affecting ACT Community Care, but some relevant to the Department. A review undertaken by Mr Mick Reid (know as 'the Reid review') also signalled the need for a major restructure of the Department, the Government accepted the recommendations of this review and the restructure took place as of 1 July 2002.

2.11. The Chief Executive's overview signals that this review took place, and it is further mentioned on page five under 'Organisational Environment'. It is not mentioned within the report why these reviews were necessary even though, at the time they were very public issues, and this leads the reader to question '*what is this report not telling us about the operations and environment of this department?*'.

2.12. Annual Reports should report frankly on the year and provide a picture of positive future directions but also include mention of major controversies and difficulties in the beginning of the report. This does not need to be a major focus of the report, or detract from the achievements of the agency.

Recommendation 1

2.13. The Committee recommends that, when major reviews or restructures take place, the impact these reviews be outlined in the annual report.

2.14. Furthermore, the Committee recommends that all reviews undertaken by, for, or within the Department be included as an appendix.

2.15. While it is not an outcome of the Department in 2001-2002, it would be useful to readers for the report to have expanded upon what the future direction of the Department will be under the new structure resulting from the Reid review, if only in the form of an organisational chart or charts detailing the new structure.

2.16. The Committee acknowledges that this is somewhat addressed under 'Future Directions' on page eighteen of the report, but it does not provide a clear picture to readers of how the new structure will operate.

Recommendation 2

2.17. The Committee recommends that, where major organisational restructures take place late in the reporting year to commence in the new reporting year, at least an organisational chart be included in the annual report to demonstrate what changes will take place.

2.18. As a result of the Gallop report, several major changes were implemented to the provision of disability services. This resulted in the creation of the Office of Disability as explained in the Chief Executive's overview.

2.19. The Gallop report was the centre of a degree of controversy and received significant attention from the public. However, the outcomes of the Office of Disability are reported in less than six sentences.

2.20. Indeed, the outcomes of the entire Department's activity and outcomes, other than those areas covered by requirements of the Directions and under 'Key Achievements' are dealt with in just two pages.

2.21. Brief reporting in this manner is not useful in an annual report intended as the principle manner of communicating value for money and accountability to the Assembly or people of the ACT.

2.22. The reader is referred to the results against the output classes and Performance Statements contained within the 'Financial and Performance Statements'. While these statements do demonstrate financial and statistical achievements, it is useless to a reader looking at this annual report to assess what outcomes for the community these figures translate to.

2.23. For example, the performance measure of 100% against The Canberra Hospital implementing and maintaining the National Mental Health Standards was discussed in the committee's public hearing. The Committee discovered that this figure merely reflects the maintenance of the hospital's accreditation rather than how well the standards are operating. The report itself does not make this clear.[3]

2.24. The use of numerical performance measures to convey this type of information is not useful. Presumably the hospital either maintains its accreditation (100%) or loses it (0%).

2.25. The Committee notes that better criteria are being developed and hopes that these will be in place by the end of the current financial year for use in the 2002-2003 Annual Report.

2.26. Numerical performance indicators should only be used where they can convey meaningful information, and as it is, they are not used consistently. On page 294 of the ACT Health and Community Care Service Annual Report 2001-02 the performance indicator for 'Maintenance of ACHS accreditation' notes only that accreditation was maintained. Whereas on page 119 of the Department of Health and Community Care Annual Report, Volume 1 – Achievements and Financial Statements, the same performance measure is rated as 100%.

Recommendation 3

2.27. The Committee recommends that the department review its performance measures and use numerical measures only where appropriate and also ensures

[3] Transcript of evidence, 16 January 2003, p. 14

consistency in the use of particular types of measures across the various volumes of the annual report.

2.28. The brevity of this report is surprising given that, in the previous year, the Department produced a reasonably comprehensive report detailing the functions and results of each area of the Department.

2.29. The Committee believes that this report does not allow the reader to make an informed judgement about the performance of the Department of Health and Community Care.

2.30. The Committee acknowledges that the Department is a purchaser of services, and therefore the activities are reported on in the Health and Community Care Service, or other service reports[4], however there is no reference to this in the Departmental report.

2.31. The Committee believes that in future, the Department should follow the model used in several reports detailing activity and results against output classes. For example, the Chief Minister's Department provides a description, the key results, and the major activities of each output class, and includes one or more contact officers for each class. The Department of Urban Services is another excellent example of this type of reporting.

2.32. This clearly links the outcomes as the community would identify them, to the output classes as identified in the more complex financial and performance statements.

Recommendation 4

2.33. The Committee recommends that in future years, ACT Health use the model of reporting as used by the Chief Minister's Department and the Department of Urban Services in their 2001-2002 reports.

Reporting on Legislative Assembly Committee reports

2.34. 2001-2002 was the first reporting year that the requirement to report on the implementation of agreed recommendations of Legislative Committees was included in the Annual Reports Directions[5]. The Committee believes that the report does not fulfil the requirements of the Directions, which is to provide "details on the implementation of recommendations of Assembly Committees that have been accepted by the Government of the day in response to Committee reports".

2.35. The Department was only required to report on two Committee reports this year, the first of which was appropriately referred to the Department of Treasury for a joint response, the second of which was the response to the Standing Committee on

[4] Transcript of evidence, 16 January 2003, p. 2
[5] Chief Minister's Annual Reports Directions, May 2001, p. 39

Health and Community Care (Fourth Assembly) Report No. 10: Aboriginal and Torres Strait Islander Health in the ACT.

2.36. In this case, the Department has listed (page 43) a number of highlights undertaken during the year aimed at improving outcomes for Aboriginal and Torres Strait Islander health, but gives no indication as to what is being undertaken in response to the Committees recommendations agreed to by the Government.

2.37. In future years, this reporting should be undertaken in a much more thorough manner, listing not only the recommendation, but the action taken against each recommendation as is required by the Annual Reports Directions.

2.38. It is not only committees of the Assembly who put a great deal of time and effort into inquiries and reports. Community groups, the private sector and members of the public often make substantial submissions which are relied upon by committees. The Government has an obligation to report back, through its departments and agencies, to the community on how they are responding to the agreed recommendations, thus the inclusion of this requirement in the Directions.

Recommendation 5

2.39. The Committee recommends that future reports adhere to the requirements of the Annual Reports Directions and provide details on the implementation of agreed recommendations of Legislative Assembly committee reports.

Other issues

Mental Health Support

2.40. The committee is concerned, generally, at the need for improved mental health outreach services. This issue was also recognised by the Select Committee on the Status of Women[6].

2.41. The Committee has a particular concern that appropriate support is not given to people with a mental health problem who are accessing government services such as housing but who may not be accessing ACT mental health services.

2.42. The Committee believes that there is a need for services to be able to involve outreach workers in cases where other services, particularly ACT Housing, perceive that individuals are having difficulties managing the maintenance of a lease and/or other aspects of their lives or are otherwise isolated and unable to access services.

2.43. The Committee understands the privacy concerns of the Government[7] and acknowledges that ACT Housing now has specialist case managers in place to liase

[6] Select Committee on the Status of Women in the ACT, *Status of Women in the ACT*, (ACT Legislative Assembly, Canberra 2002), pages 7 –12 and recommendation 1, p. 12.
[7] Transcript of Evidence, 16 January 2003, p. 40

with services. However there is a need to provide outreach pre- and post-crisis for people with mental health issues or who are otherwise isolated from the community.

Recommendation 6

2.44. The Committee recommends that the ACT Government provide funding for outreach workers that all services, including ACT Housing, can refer to in order to support people in the community who have mental health issues or who are otherwise isolated from the community.

2.45. Additionally, the Committee notes that mental health support to the Belconnen Remand Centre (BRC) remains an issue of concern, and although the Committee was unable to obtain a clear picture of exactly what resources are available to the Centre, it is not convinced that the support supplied to the Centre is adequate.[8]

2.46. The Official Visitor also reports that "the provision of mental health services appears to have been reduced, from a psychologist and a mental health nurse, being located within the BRC, to a mental health nurse on location and a psychologist only visiting the centre"[9].

Insurance

2.47. The Committee is concerned about the ability of smaller organisations to be adequately insured to hopefully prevent a similar situation to that which occurred last year.

2.48. The Committee is aware that the Department of Treasury is working on this issue, but fears that smaller organisations that are not funded by the ACT Government will not be picked up by whatever arrangements that are put in place.

2.49. The Committee did raise this issue at the public hearing[10], but at the time of writing this report had not received any further information on what arrangements are being put in place. The Government needs to urgently address this issue to ensure that all organisations are aware of their obligations in order to be adequately insured.

[8] Transcript of Evidence, 16 January 2003, p. 36
[9] Official Visitor – Report for Financial Year – 1 July 2001 to 30 June 2002. In ACT Department of Justice and Community Safety Annual Report 2001-02, Volume One. p. 295
[10] Transcript of Evidence, 16 January 2003, p. 55

3. ACT Health and Community Care Service

3.1. The ACT Health and Community Service report is split into two sections, firstly the report of The Canberra Hospital and secondly, the report of ACT Community Care.

3.2. The Committee has raised no substantial issues with the format of the ACT Health and Community Care Service Annual Report.

3.3. Indeed, the Committee particularly notes the format of the ACT Community Care section of the report, which includes the performance measures against the budget result alongside the prose reporting for each output class. This makes the report accessible for readers and allows the reader to easily make the connection between activity and dollars spent.

3.4. The Reid review and Gallop report are mentioned in this report. However, as with the departmental report, the Committee could not find adequate acknowledgement of the impact of these inquiries and refers to **Recommendation 1**.

3.5. The Committee commends ACT Community Care report on its frankness in acknowledging an unfavourable operating result on the front page of 'The Year in Review' section.

3.6. The organisational charts represented by The Canberra Hospital and ACT Community Care in this report are somewhat incongruous. It appears as if the Canberra Hospital is representing the future structure, and ACT Community Care the structure under which it operated for the majority of 2001-2002. See **Recommendation 2**.

3.7. While the ACT Community Care report does make good use of graphs and charts to illustrate activity these graphs are, on too many occasions, poorly labelled, if labelled at all. This diminishes the usefulness of the graphs, and in some cases is deceptive particularly when an axis jumps from a measure of 95 to one of 7600 (see page 171).

3.8. The Committee accepts that this is most likely an editing error rather than deliberate misinformation. Other editing errors appear that lead to confusion in reporting, for example under 'Workers' Compensation' reporting (page 196) where it is reported that claims decreased from 77 to 76 "indicating that claims are being closed as injured workers are returning to pre injury status quickly". This section intends to explain that claims are being resolved at the same rate or quicker than they are being submitted, however it needs to be more clearly expressed.[11]

3.9. This report, and annual reports generally, would benefit by being reviewed prior to finalisation by a person outside of the team developing the report. The reviewer should consider whether the language and structure of the report is comprehensible and accessible to the lay reader.

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[11] Transcript of Evidence, 16 January 2003, p. 60

Recommendation 7

3.10. The Committee recommends that future reports be edited to ensure that information is not presented in a confusing or potentially misleading manner.

3.11. The Committee also notes those areas of the report, particularly within The Canberra Hospital report, which included a 'Future Directions' section that reported the challenges facing the area in the following year. However, the inclusion of this in only some of the areas made the absence of it in other areas particularly obvious.

3.12. Again, the Committee is not looking for a wholly negative picture of the agency's performance, but where there are challenges and shortcomings in performance, the Committee feels that these should be acknowledged in an open and accountable manner.

3.13. The Committee notes that The Canberra Hospital did not receive an audit opinion on four performance measures. There is a brief note against each measure explaining the reasons for this.

3.14. The Committee was particularly concerned about the inability of the Auditor-General to express an opinion on measure A3:

> Complaints handling mechanism in place, reviewed, revised and endorsed by the ACT Health and Community Care Service Board, HealthCare Consumer Association and TCH Executive by April 2002.

3.15. The Committee notes that information on complaints handling and resolution will be provided in the next annual report[12] but is concerned that such an important aspect of accountable reporting was missing from this report, particularly following an audit finding of 'no opinion'.

3.16. As stated above, this is not an adequate explanation for readers unused to financial and performance statements. Greater effort needs to be made to link performance measures to real outcomes and where each measure sits within the strategic vision of the agency. Readers should be able to judge if performance measures are appropriate and accurate.

Recommendation 8

3.17. The Committee recommends that future annual reports include a brief explanation of the links between performance measures and outcomes and where each measure sits within the strategic vision of the agency.

[12] Transcript of Evidence, 16 January 2003, p. 6

Other issues

Respite and advocacy services

3.18. The ACT Disability, Aged and Carer Advocacy Service Inc. (ADACAS) raised a number of genuine concerns regarding mental health services; younger people with a disability at risk of admission to aged care homes; respite care; and resources for advocacy.

3.19. In regards to mental health, ADACAS is concerned that the move to The Canberra Hospital-based management of the psychiatric wards in TCH and Calvary hospital is contradictory to the priorities of the National Mental Health Strategy. ADACAS would like to see the lessons learned in the Gallop report to be "transferred into the mental health sector reforms".[13]

3.20. ADACAS also expressed concerns regarding the number of people (41) under 65 years of age living in aged care homes, a number which appears to have doubled in the past two years. According to ADACAS, while the Government has recognised this need in the 2002-2003 Budget Papers, program areas are not responding appropriately.[14]

3.21. The Committee agrees that this is a wholly unsatisfactory situation for all concerned and calls on the Government to take immediate action to ensure that appropriate facilities are developed so that younger people with a disability are not admitted to aged care facilities.

3.22. The Committee supports ADACAS' call for greater support for respite and advocacy services. Advocacy services in particular are an essential part of supporting members of the community with a disability or mental health concerns. The Committee commends ADACAS for their work in this sector.

3.23. The Standing Committee on Health and Community Care of the Fourth Legislative Assembly for the ACT undertook an inquiry into respite care services in the ACT (March 2000). The findings of this inquiry are still pertinent given the high needs in this area and this committee would like to see the current Government respond to this inquiry.

Recommendation 9

3.24. The Committee recommends that the Government respond to the Standing Committee on Health and Community Care's (Fourth Assembly) inquiry into Respite Care Services in the ACT.

[13] Submission 2, p. 2-3
[14] IBID., p. 4

Reviews and reports

3.25. The Committee heard of a review and an adverse incident management tool trial being undertaken during 2001-2002, which it feels should be reported on in future reports.

3.26. The Committee notes that the consultant's report on the design and functioning of the Psychiatric Services Unit within The Canberra Hospital is due to report in February 2003. The Committee expects, as a matter of good reporting, that any actions taken against this report will be detailed in the 2002-2003, and future, Annual Reports.

3.27. The Canberra Hospital held a trial of a route-cause analysis tool in the case of a significant adverse event or incident. The Committee notes that use of this tool has already lead to some changes in policies and practices[15] and is supportive of this. The Committee would also like to see reporting on future use and outcomes of this tool.

[15] Transcript of evidence, 16 January 2003, p. 28

4. Community and Health Services Complaints Commissioner

4.1. The Committee commends the Commissioner for the frankness with which he has reported several issues, including addressing the outcomes of the Gallop inquiry.

4.2. The majority of the report contains statistics of complaints under the heading 'Issues identified in Complaints' and descriptions of a variety of complaints received by the Commissioner under the heading 'Discussion of Issues'. The Committee suggests that in future reports, these sections be combined to give more meaning to the statistics.

Recommendation 10

4.3. The Committee recommends that in future reports, the Community and Health Services Complaints Commissioner combine the statistical information with the discussion of issues to give more meaning to the statistics.

4.4. The report contains well over 100 examples of complaints, with very little detail of how these complaints were managed or resolved.

4.5. There are a number of examples of agencies using case studies to enhance reporting. For example, the Discrimination Commissioner uses case studies to illustrate the application of her responsibilities under the *Discrimination Act 1991*, and the ACT Ombudsman uses case studies to illustrate the types of complaints and how they were investigated and resolved.[16]

Recommendation 11

4.6. The Committee recommends that in future reports, the Community and Health Services Complaints Commissioner use a case study model similar to that used by the Discrimination Commissioner or the ACT Ombudsman in the annual report.

[16] ACT Human Rights Office Annual Report 2001–2002; ACT Ombudsman Annual Report 2001–2002

5. General Comments

5.1. Annual reports are an essential part of the accountability process for all agencies. They should link the outcomes and achievements of the agency with financial and performance statements. They should also demonstrate clearly how the agency budget has been spent, if the agency has been efficient and whether it has provided value for money.

5.2. Annual reports should be stand-alone documents. However that does not mean that they should include information that is not relevant to their function. While a certain amount of general discussion – including some reference to the overall strategic direction of the agency and the risk environment in which it operates - may be necessary to put agencies' performance in context[17], it should be kept to a minimum.

5.3. Annual reports are not guides to services, promotion brochures or general discussions of a particular policy area. They should have appropriate references to other documents within the wider reporting structure including the budget, quarterly and other mandated reporting, and other agency reports and publications.

5.4. The Committee encourages agencies to think about the role of the annual report, within a wider context of accountability and reporting and to use it as a high-level accountability tool rather than a record of activity or a checklist of compliance against legislated requirements.

Kerrie Tucker MLA
Chair
18 February 2003

[17] For example the Canberra Hospital appears, on the national average, to have comparatively high operating costs, however this fact, when placed within the external operating environment, places the hospital within range.

6. Appendix 1 – Submissions received

1 Mr Doug McIver

2 Ms Kym Duggan, ACT Disability, Aged and Carer Advocacy Service Inc. (ADACAS)

3 ACT Council of Social Service Inc.

Appendix 2 – Witnesses at public hearing

The Committee heard from the following witnesses at a public hearing on 16 January 2003

- Mr Jon Stanhope, acting Minister for Health

From ACT Health -

- Dr Penny Gregory, Chief Executive
- Ms Laurann Yen, General Manage, ACT Community Care
- Mr Allan Schmidt, Corporate Services
- Dr Paul Dugdale, Chief Health Officer
- Mr Ron Foster, Financial and Risk Management
- Ms Helen Bedford, Manager, Aged and Community Care

From The Canberra Hospital

- Mr Ted Rayment, General Manager, The Canberra Hospital
- Dr Wayne Ramsey, Clincal Support
- Mr Gordon Lee Koo, Operations
- Mr Yew Weng Ho, Chief Finance Officer
- Mr Brian Jacobs, Mental Health ACT