STANDING COMMITTEE ON HEALTH

2002-2003 annual and financial reports:

ACT Health

Community and Health Services Complaints Commissioner

Healthpact

DECEMBER 2003

Report 7

Committee membership

Ms Kerrie Tucker MLA, Chair

Ms Karin MacDonald MLA, Deputy Chair

Mrs Jacqui Burke MLA

Secretary: Ms Siobhán Leyne

Administration: Mrs 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

1. the annual and financial reports for the calendar year 2002 and the financial year 2002-2003 presented to the Assembly pursuant to the *Annual Reports (Government Agencies) Act 1995* stand referred to the standing committees, on presentation, in accordance with the schedule below;

2. that committees are to inquire and report on the annual reports by the first sitting day in 2004.

The schedule defines the following annual and financial reports to be referred to the Standing Committee on Health:

- ACT Health
- Community and Health Services Complaint Commissioner
- Healthpact

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Summary of recommendations

RECOMMENDATION 1

2.5. The Committee recommends that agencies ensure that appropriate attention is paid to the development of and adherence to the Annual Reports Directions.

RECOMMENDATION 2

2.9. The Committee recommends that future annual reports be professionally edited to ensure consistency and accessibility.

RECOMMENDATION 3

2.16. The Committee recommends that, in future, ACT Health improve its reporting on 'Legislative Assembly Inquiries and Reports' by including a table listing the agreed recommendation, the Government response and any action taken towards implementing the recommendation.

RECOMMENDATION 4

2.28. The Committee recommends that the Government forward the new suite of performance indicators for ACT Health to the Standing Committee on Health when finalised.

RECOMMENDATION 5

2.29. The Committee recommends that the Government ensure that the new ACT Health performance measures are implemented in time for the 2004-2005 budget and that these measures are used in conjunction with the existing measures in the 2003-2004 annual report.

RECOMMENDATION 6

2.30. The Committee recommends that annual reports include clear links to output classes and provide fuller details of performance measures that are otherwise not self-explanatory.

RECOMMENDATION 7

2.38. The Committee recommends that the Government, in its contract with the Little Company of Mary, require the production of an

annual report on the public operations of Calvary Hospital to coincide with the reporting timetable as defined by the Chief Minister's Annual Reports Directions.

RECOMMENDATION 8

2.48. The Committee recommends that in future annual reports, ACT Health report more fully on the nature and resolution of complaints, acknowledging that complaints are important to inform service improvement and are part of an agency's external scrutiny.

RECOMMENDATION 9

3.9. The Committee recommends that, wherever possible, public authorities with significant responsibilities to staff employed under the *Public Sector Management Act 1994* adhere to the requirements of the Annual Reports Directions, particularly in those matters relating to staffing.

RECOMMENDATION 10

3.14. The Committee recommends that Healthpact develop more appropriate performance indicators in order to more accurately measure the effectiveness and efficiency of the agency.

1. Introduction

1.1. On 25 September 2003, the Assembly referred the 2002-2003 annual and financial reports to standing committees for inquiry and report by the first sitting day of 2004.[1]

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

- ACT Health
- Community and Health Services Complaints Commissioner
- Healthpact

1.3. As with its inquiry into 2001-2002 annual and financial reports, the Committee has again in this report raised matters where it feels that reporting can be improved.

1.4. The Committee recognises the role of annual reports as a key reporting document in the financial cycle. In its previous report on annual and financial reports (Report No. 3), the Committee discussed the purpose and intent of annual and financial reports and their importance as an accountability document for the Government, Assembly and the community.

1.5. The Committee refers interested readers to Report No. 3[2] for its discussion on the purpose and intent of annual and financial reports. The Committee has assessed the above annual reports in a similar context this year.

1.6. The role of the Committee in assessing annual and financial reports is to critically analyse reporting against the Annual Reports Directions and its own expectations of an accountable and accurate report. It is not responsible to assess the actual performance of agencies, although naturally enquires focus on this in order to assess if reporting outcomes are accurate.

1.7. The Committee is aware that there are a wide variety of sources available to agencies to assist in the preparation of accountability documents, including specifically to the ACT, various reports of Assembly Committees,

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[1] Minutes of Proceedings No. 74, 25 September 2003

[2] Available online at www.legassembly.act.gov.au/committees or by contacting the Secretary on
620 50127.

and the Institute of Public Administration annual reports awards judges report.

1.8. The Committee encourages agencies to develop a library of, *and utilise*, these resources as it is aware that from year to year different officers may be responsible for the preparation of reports, and compiling an accurate, informative and useful annual report is a challenge.

1.9. The Committee is pleased to note that the Government agreed with the majority of its recommendations regarding the 2001-2002 annual and financial year reports and hopes that this report will again contribute positively to reporting outcomes for the relevant agencies.

1.10. The Committee was also pleased to hear the new Chief Executive of ACT Health state that the Committee's previous report was used as a primary document in the compilation of this year's annual report.

Conduct of inquiry

1.11. The Committee heard from the Minister for Health and relevant departmental officials in November 2003.

1.12. The Committee chose not to seek submissions from the public on this matter given the lack of interest in the previous inquiry into annual and financial reports. The Committee is of the opinion that it is the responsibility of agencies to understand their audience and present information in an appropriate format, and committees of the Assembly, who already consult the community widely on a variety of matters, should not need to fulfil this role on behalf of agencies.

1.13. As with its inquiry into 2001-2002 annual and financial reports, the Committee again looked at the reports in the context of them being accountability documents. Health portfolio areas in particular are consistently under a large degree of public scrutiny about expenditure of public monies and it is essential that annual reports be written in such a manner that allows informed scrutiny.

1.14. The Committee looked for:

- a well analysed summary of the outcomes, challenges, and achievements of the agency;
- the impact of major outside scrutiny on agency business; and

- clear and concise qualitative links to budget papers and performance measures.

1.15. The Committee does not have the expertise available to it to analyse how agencies have fulfilled their requirements under the *Financial Management Act 1996*, so must trust the independent audit opinion and notes to the financial statements.

1.16. Having said this, the Committee shares the concern of previous select and standing committees about the relevance of some performance measures. Financial and performance statements provide financial outcomes and qualitative performance measure for agencies and the annual report is a tool to provide quantitative results against those measures. This issue is discussed later in this report.

Community and Health Service Complaints Commissioner

1.17. The Committee has no comment to make on the Community and Health Services Complaints Commissioner annual report.

1.18. The Committee notes that the Commissioner's reporting of complaints and resolution is greatly improved over the previous year. Relevant statistics are now listed with complaint examples, which also now include how the complaint was resolved.

1.19. The Committee is of the opinion that this is a better way to effectively demonstrate the Commissioner's work and outcomes, and meets the Committee's recommendations regarding the 2001-2002 annual report.

2. ACT Health

2.1. ACT Health is a new entity comprising of what were formerly the ACT Health and Community Care Service (The Canberra Hospital and ACT Community Care) and the ACT Department of Health and Community Care. The Health and Community Care Service ceased operations as at 31 December 2002. ACT Health is bound by the full requirements of the Annual Reports Directions (the Directions).

2.2. The Committee notes that the Directions for the 2002-2003 reporting year dated June 2003 has the Health and Community Care Service listed as a public authority to make an independent report and also refers to the ACT Department of Health and Community Care.

2.3. The Committee is aware that the Directions go through the cabinet submission process of consultation with all agencies and is concerned that this error was not identified during that process. This leads the Committee to concerns that agencies are complacent in their treatment of the Directions.

2.4. The Directions are not only part of a package of legal instruments, but are valuable reporting guidelines and the Committee is concerned if agencies are dismissing them in any way.

Recommendation 1

2.5. The Committee recommends that agencies ensure that appropriate attention is paid to the development of and adherence to the Annual Reports Directions.

2.6. The Committee is pleased to see a considerable improvement on the 2002-2003 annual report of the ACT Department of Health and Community Care, however is disappointed that some of the better elements of the ACT Community Care report were not included in this year's report, such as the clear links to performance measures and budget outcomes in each section.

2.7. There are a number of areas where the Committee feels that the accessibility of this report could be improved:

- greater use of cross referencing;

- each operational/business section should include reference to a relevant output class[3];
- each operational/business section should include the name and contact details of a contact officer in the area;
- language use is inconsistent across different sections, the report should be professionally edited to rectify this; and
- many of the graphs use labelling with acronyms, which are not spelled out in the text. Additionally, the use of shading in some graphs is difficult or impossible to read[4].

2.8. The Committee understands that the final printed version of the report was not the same report as tabled in the Assembly, which was a photocopied version, and that in the printed version the charts are easier to read. The Committee believes that a properly printed version should always be made available for tabling and that if for unavoidable reasons it is not, suggests that agencies forward printed versions of reports to Members and libraries as soon as possible.

Recommendation 2

2.9. The Committee recommends that future annual reports be professionally edited to ensure consistency and accessibility.

2.10. The Committee also notes that this year's annual report provides more information on the impact of the critical Reid and Gallop reports that were all but ignored the previous year.

2.11. As previously stated by this Committee, it is essential for public accountability that the response to outside scrutiny such as the above reports is reported honestly in annual reports.

Implementation of agreed Legislative Assembly committee recommendations

2.12. Agencies are required by the Directions to include the implementation of Assembly committee recommendations agreed to by the government of the

[3] For example, Output 1.2: Mental Health Services. See also the 2002-2003 report of the Chief Minister's Department.
[4] For example refer to pages 205 to 207.

day.[5] The Committee is of the opinion that this includes all reports where the implementation of recommendations has not been completed – not just those reports tabled during the financial year.

2.13. This section of the ACT Health report does not fulfil the requirements of the Directions. The report does not include the implementation of the agreed recommendations of the Standing Committee on Health and Community Care Report No. 10, *Aboriginal and Torres Strait Islander Health in the ACT*[6], nor does it provide details on the implementation of agreed recommendations.

2.14. The Committee was also critical of this section in the 2001-2002 Departmental annual report, and is disappointed to see that reporting has not greatly improved this year. The Committee notes that the Chief Minister's Department, the Department of Urban Services and the Department of Treasury have all responded to this requirement by the provision of a table listing the agreed recommendation, the Government response and the action taken, and expects that ACT Health should also be responding in this manner.

2.15. The Committee does not believe that this is an onerous reporting requirement, but regardless of this fact, it is also a requirement set down by the Assembly. Given that this is the second year that this requirement has been in place, agencies should now have the systems in place to track the implementation of recommendations, if this had not previously been the case.

Recommendation 3

2.16. The Committee recommends that, in future, ACT Health improve its reporting on 'Legislative Assembly Inquiries and Reports' by including a table listing the agreed recommendation, the Government response and any action taken towards implementing the recommendation.

Performance indicators

2.17. The Committee raised the issue of inappropriate performance measures in its report on 2001-2002 annual reports, namely regarding the 100% measure for mental health services maintaining National Mental Health Standard accreditation. At that time, the Committee recommended that performance measures be reviewed and numerical measures be used only where they convey meaningful information.[7]

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[5] Annual Reports Directions, June 2003., p. 44
[6] Fourth Assembly
[7] See Report No. 3., p. 5

2.18. The Committee was told that ACT Health was reviewing the criteria for performance measures at the time and the Government also agreed with the above recommendation.[8]

2.19. This issue has not been resolved in this report although the Chief Executive of ACT Health told the Committee that a suite of performance indicators is currently being developed which will improve the comprehensiveness of reporting[9]. The Committee is of the opinion that the current numerical performance measures inadequately represents the agency performance.

2.20. The Committee notes that other committees of the Assembly have consistently raised this issue. To quote from the Select Committee on Estimates (Appropriation Bill 2002-2003):

> **Performance Evaluation**
>
> 2.21. Recommendation 2 of last year's Estimates Committee was that:
>
> > … the Government undertake a review of performance measures across the budget so that measures:
> >
> > - are meaningful;
> > - allow for comparison over time;
> > - are consistent with measures in ownership agreements and annual reports; and
> > - take into account the need for triple bottom line reporting.
>
> 2.22. Governments have been asked regularly since 1991 by estimates committees to improve on this area and make reporting real. Unfortunately little progress seems to have been made in implementing this recommendation. Many measures of effectiveness of programs seek to put a precise numerical measure on matters which by their very nature are subjective and/or difficult to measure.
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> 2.23. This Committee fully supports the adoption of precise targets for programs but only where these targets are based on

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[8] Standing Committee on Health, inquiry into 2001-2002 annual reports, transcript of evidence, 16 January 2003., p. 14 and Government response to the inquiry, July 2003 (tabled August 2003).

[9] Transcript of evidence, 6 November 2003, p. 16

sound measurement or fully testable assumptions. It is of no help to anybody to know, for example, that a minister is 95% (as opposed to 93% or 97%) satisfied with timeliness or quality of analysis, monitoring and reporting on financial performance. This is particularly true where the same satisfaction rate is last year's outcome, this year's estimate and next year's target.

2.24. When questioned by the Committee it was clear that some ministers had no real idea of what 5% 'dissatisfaction' meant. A general statement that ministers' demands or expectations are being met would be quite adequate.

2.25. In contrast it is a real measure of performance to know, for example, what percentage of applications for public housing are processed within a given number of days, the response times of emergency service vehicles or the percentage of patients in emergency departments treated within independently established, clinically acceptable timeframes.

2.26. The Committee fully supports the recommendation of its predecessor and will monitor the progress made in its implementation.

2.27. The Committee recommends that the Government undertake a review of performance measures across the budget so that measures:

- **are meaningful;**
- **allow for comparison over time;**
- **are consistent with measures in ownership agreements and annual reports; and**
- **take into account the need for triple bottom line reporting.**[10]

2.21. The Government responses states:

Government Response

Part 1 and Part 2:

Department's outputs will again be reviewed in the formulation of the 2004-05 Budget. Changes to outputs and performance measures are incremental over time as opposed to wide-ranging change. The need for changes needs to be balanced against the desire to have

[10] Select Committee on Estimates (Appropriation Bill 2002-2003)., pp. 13-14.

information in budgets that is comparable form year to year – something which is difficult if broad change occurs in one year.

Part 3:

Output performance measures provided in the Budget are currently required to be reported on in departments financial statements annual reports and are also audited.

The Ownership Agreement encompasses corporate objectives of the department, main undertakings, business and corporate strategies, and financial objectives. In addition, it contains contextual information in relation to an agency's financial performance. The nature and use of the performance measures in the Ownership Agreement is therefore different, and they do not necessarily duplicate there in the budget papers.

Part 4:

Consideration will be given if possible to some form of sustainability performance measures being produced, however the appropriateness or otherwise of these in budget papers needs careful consideration.

2.22. The Committee does not believe that the Select Committee was seeking broad change on a yearly basis, but rather initial change that will be sustainable over the long term. It is of no use having comparable performance measures if the measures mean little in the first instance.

2.23. To once again use the example of the National Mental Health Standards accreditation. As the measure is currently, the accreditation is either maintained at 100% or not maintained at 0%. Yes, the Committee can easily compare this to the previous year's measure of 100%, but cannot make a judgement on how effectively the standards were implemented.

2.24. Numerical measures should only be used in isolation when they are easily self-explanatory (for example, occasions of service, or number of bed nights). If the above measure is to be kept, the qualitative body of the report should include an explanation of how the measure has been maintained.

2.25. The Committee agrees that it will be a challenging task to define and implement more appropriate performance measures, but is of the opinion that the Government has been too dismissive of the Select Committee's recommendation, particularly given the Government's agreement to this Committee's recommendation regarding this issue in Report No. 3.

2.26. The Committee again reiterates its previous recommendation and that of the Select Committee, and is encouraged that new performance measures are being developed, and therefore has not, this year, assessed other performance measures for their appropriateness, but looks forward to seeing the new measures.

2.27. Annual reports also tend not to have clear links to output classes and performance measures in the qualitative reports of agency areas. The ACT Health report has absolutely no cross-reference to output classes at all in the qualitative reporting section.

Recommendation 4

2.28. The Committee recommends that the Government forward the new suite of performance indicators for ACT Health to the Standing Committee on Health when finalised.

Recommendation 5

2.29. The Committee recommends that the Government ensure that the new ACT Health performance measures are implemented in time for the 2004-2005 budget and that these measures are used in conjunction with the existing measures in the 2003-2004 annual report.

Recommendation 6

2.30. The Committee recommends that annual reports include clear links to output classes and provide fuller details of performance measures that are otherwise not self-explanatory.

Calvary Hospital

2.31. Calvary Hospital provides significant levels of public hospital services to the ACT, namely the northside of the ACT. The Government reports on relevant statistics, such as waiting lists, and emergency department attendances in its quarterly reporting to the Assembly. However, as ACT Health does not operate Calvary Hospital, full reporting of Calvary activity is not contained within the ACT Health report[11].

2.32. Pages 63 to 64 of the 2002-2003 ACT Health report does contain a list of 'achievements' and 'future directions' for Calvary Hospital. This Committee

[11] Transcript of evidence, 6 November 2003., p. 57

finds this entry odd given that there is no other information on Calvary Hospital within the report, and while it is always nice to see a list of key hospital achievements, this does not add much value to the report as a whole.

2.33. The Chief Executive of ACT Health explained to the Committee that while elective surgery throughput is down at The Canberra Hospital, it has increased at Calvary Hospital – that as a strategy, ACT Health is shifting more elective surgery from The Canberra Hospital to Calvary Hospital[12].

2.34. Therefore, not having the figures for Calvary Hospital at hand, the ACT Health annual report in fact provides an inaccurate picture of hospital-based healthcare in the ACT. It would be much more beneficial to be able to see links between activities at both hospitals so that a clear picture of pubic healthcare can be obtained.

2.35. The Committee sees that this could be done in numerous ways, but is concerned about making the ACT Health annual report inaccessible in size alone.

2.36. Therefore the Committee is recommending that in the contract for public health services with Calvary Hospital that the Minister for Health require the Little Company of Mary (the operating organisation for Calvary Hospital) to produce an annual report covering its public hospital operations to be tabled at the same time as the ACT Health report.

2.37. Although the Minister told the Committee that much of the relevant information is available in the quarterly reports tabled in the Assembly, it is unreasonable for Members of the Assembly, and more importantly, members of the public, to have to undertake a major searching exercise to obtain a full and clear picture of hospital expenditure and outcomes.

Recommendation 7

2.38. The Committee recommends that the Government, in its contract with the Little Company of Mary, require the production of an annual report on the public operations of Calvary Hospital to coincide with the reporting timetable as defined by the Chief Minister's Annual Reports Directions.

[12] Transcript of evidence, 6 November 2003., p. 46

External scrutiny

2.39. The Committee is encouraged to see a new section this year entitled 'external scrutiny'. This was obviously missing in the previous report, a fact which this Committee was highly critical of at the time.

2.40. The Committee also acknowledges the reporting on page 66 of the report on 'judicial decisions', reporting on the impact of recommendations from a coronial inquiry.

2.41. However, the Committee is interested in the matter of how complaints are reported. Consumer feedback is an important part of the external scrutiny of agency operations, equally as important as major reports and inquiries into departmental operations in many ways, and to be fully accountable for their treatment, agencies should report on how they are resolved.

2.42. The ACT Health report does provide figures for types of complaints received for various departments within the Hospital and ACT Community Care. The Hospital[13] shows these complaints as a percentage (i.e. Medical Services 36%), whereas ACT Community Care[14] reports them as a figure (i.e. the Alcohol and Drug Program received five compliments and 22 complaints).

2.43. The Committee would prefer to see the ACT Community Care model of reporting complaints used consistently across ACT Health as it gives a clear picture of how many complaints are actually received. The percentage figures used by The Canberra Hospital could be a percentage of 100, 1000 or 100 000 complaints for all the reader knows.

2.44. The reports also states that "The CLU [TCH customer liaison unit] uses consumer feedback as a performance indicator reflecting how well the unit is achieving its core business goals and delivery of service"[15] and "Consumer feedback (compliments, concerns, or complaints) is analysed and reported quarterly to the Executive [ACT Community Care] and the Quality Committee to inform future policy and project direction"[16].

2.45. These are both positive statements, however the report provides no examples of how complaints were acted upon. The Committee would like to see these sections expanded to include examples of complaints and their resolution. Examples of a model that ACT Health can use can be found in the

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[13] 2002-2003 ACT Health Annual Report, p.41
[14] 2002-2003 ACT Health Annual Report, p.80
[15] 2002-2003 ACT Health Annual Report, p.41
[16] 2002-2003 ACT Health Annual Report, p.80

ACT Discrimination Commissioner and the Community and Health Services Complaints Commissioner reports.

2.46. The Committee has no expectation that every complaint should be reported on the annual report, but only to see a few key examples in a non-identifying manner. Similarly, the agency should highlight compliments.

2.47. Some annual reports in the past have also used innovative and creative methods to represent complaints and compliments as an integral part of the report[17]. The Committee would like to see the ACT Health report acknowledge the importance of complaints to improving services.

Recommendation 8

2.48. The Committee recommends that in future annual reports, ACT Health report more fully on the nature and resolution of complaints, acknowledging that complaints are important to inform service improvement and are part of an agency's external scrutiny.

Annexed reports

2.49. The ACT Health report includes the following annexed reports:

- Chiropractors and Osteopaths Board;
- Dental Board;
- Dental Technicians and Dental Prosthetists Board;
- Medical Board;
- Nurses Board;
- Optometrists Board;
- Pharmacy Board;
- Physiotherapists Board;
- Podiatrists Board;
- Psychologists Board;
- Veterinary Surgeons Board;

[17] See for example the 2000-2001 Annual Report for Legal Aid ACT

- Radiation Council;
- Chief Psychiatrist; and
- Human Research Ethics Committee.

2.50. The Committee heard from the Chair of the Medical Board at its public hearing on 6 November 2003, and has no comment to make on any of the above reports.

2.51. The Committee notes that several of the smaller boards are considering forming a 'coalition in order to share infrastructure and maximise the use of existing resources'[18] and the Committee is interested in the progress on this matter.

[18] Chiropractors and Osteopaths Board of the ACT Annual Report – 2002-2003. ACT Health Annual Report 2002-2003 Volume 2 – Annexed Reports., p. 3

3. Healthpact

3.1. The Committee notes that as a public authority, Healthpact is not required to report against all the requirements in the Annual Reports Directions. However, in this report, it appears that Healthpact has taken the approach to report as required by the Directions.

3.2. Given the reporting structure of the Director, Healthpact through both the ACT Health Promotion Board, and the ACT Health Chief Executive, and that employees are public servants employed under the *Public Sector Management Act 1994*, the Committee is of the opinion that this approach is appropriate and should be maintained.

3.3. Therefore the Committee is of the opinion that reporting under the section 'whole of government issues' is inadequate, as it does not fulfil the requirements of the Directions.

3.4. For example, the Directions require reporting on community engagement, which requires:

- details of major community consultation undertaken during the year;
- major service delivery/process improvements implemented throughout the year, including electronic service delivery; and
- details of complaint procedures in place.[19]

3.5. The report makes the statement that "community service is crucial to Health**pact**'s operations as the organisation has consistent high-level contact with the community"[20]. Therefore, reporting against this requirement is particularly important. However, the section does not provide any information about any community consultation, or any details on service delivery or process improvement.

3.6. The Committee is also concerned that Health**pact** is not meeting reporting requirements under areas such as equity and diversity, which is particularly important as it relates to staffing matters.

3.7. Better adherence to the Directions by all ACT Government agencies would greatly improve the consistency and readability of all annual reports.

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[19] Chief Minister's Annual Reports Directions, June 2003, p. 29

[20] Health**pact** 2002-2003 Annual Report, p. 19

3.8. The Committee is aware that it is sometimes not possible for public authorities to meet the full requirements of the Directions, but encourages them to do so wherever possible. The Committee is particularly concerned that those agencies with significant responsibilities to staff employed under the *Public Sector Management Act 1994*, such as Healthpact, should adequately fulfil reporting on those topics relating to staffing matters.

Recommendation 9

3.9. The Committee recommends that, wherever possible, public authorities with significant responsibilities to staff employed under the *Public Sector Management Act 1994* adhere to the requirements of the Annual Reports Directions, particularly in those matters relating to staffing.

Performance indicators

3.10. The Committee again raises the issue of appropriate performance indicators. Healthpact has a range of performance measures including dollar expenditure, reporting dates, timeliness, and projects.

3.11. For example, *Measure 1.1 Quality – funding of identified program areas*[21] is measured by dollar expenditure. The Committee is of the opinion that money spent on a project is not an adequate measure of the quality of the project. As it is, five out of eight areas have an under-spend of anywhere between 1.9% to 32.3%. The reasons for this are explained in the lengthy notes to the Statement of Performance and these explanations seem to be reasonable. However, dollar expenditure as used in Measure 1.1 is an inappropriate performance measure.

3.12. The Committee suggests that more appropriate performance measures should be put in place in order to more accurately measure the effectiveness and efficiency of Health**pact**. The Committee also notes that the notes to the performance statements state that "negative variance was due to Board moving to the multi message approach across the five focus areas"[22].

3.13. Given this new focus, the Committee is of the opinion that it would be timely to also develop a suite of new performance indicators.

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[21] 2002-2003 Health**pact** Annual Report., p. 51
[22] 2002-2003 Health**pact** Annual Report., p. 52

Recommendation 10

3.14. The Committee recommends that Healthpact develop more appropriate performance indicators in order to more accurately measure the effectiveness and efficiency of the agency.

Appearance and layout

3.15. The Committee has some minor concerns about the appearance and layout of this report. The report is difficult to read in its present 'column' format and the report contains typographical errors that should not have been overlooked.

3.16. The Committee suggests that in future, Health**pact** receive advice on the presentation and layout of the annual report and ensure that the report is edited before publication. The Committee understands that this may be beyond the publication budget for most small agencies, however, also believes that it could be undertaken by a relevant officer from ACT Health, as most of the errors the Committee identified are easily picked up by the lay reader.

4. Conclusion

4.1. The Committee is pleased to see the improvement in the presentation of this year's annual reports and is also pleased to see that a number of the recommendations from its report last year have been incorporated into reports.

4.2. The Committee was disappointed to note that a number of the very good elements from the 2001-2002 ACT Community Care annual report had not been maintained for the consolidated ACT Health report and hopes that by next year, when the new organisation is better established, that there will again be scope to include these elements.

4.3. Again, the Committee was concerned this year about the performance measures used, and was encouraged to hear from the Chief Executive of ACT Health that a new suite of measures is being developed.

4.4. The Committee hopes that ACT Health, Health**pact**, and the Community and Health Service Complaints Commissioner can continue to work proactively towards producing improved annual reports and hopes that its reports will compliment that process.

Kerrie Tucker MLA
Chair

4 December 2003

Appendix 1 – Witnesses at public hearing

The committee heard from the following witnesses at a public hearing on 6 November 2003:

- Mr Simon Corbell, Minister for Health
- Dr Heather Munro, Chair, Medical Board of the ACT

The following Departmental officials also appeared:

- Dr Tony Sherbon, Chief Executive
- Dr Paul Dugdale, Chief Health Officer
- Mr Ian Thompson, Executive Director, Community Policy
- Ms Laurann Yen, Executive Director, Community Health
- Mr Brian Jacobs, Executive Director, Mental Health