Australian Government
Australian Digital Health Agency

Australian Digital Health Agency

ANNUAL REPORT

2023–2024

Our work means so much to so many

Publication details

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Preface

Guide to this report

This annual report describes the operations and performance of the Australian Digital Health Agency during 2023–24. The report was prepared in accordance with legislated reporting requirements under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and other Commonwealth legislation including the *My Health Records Act 2012*.

The Agency is jointly funded by the Australian Government and all state and territory governments.

Part 1. Introduction and overview

Introduces the Agency and provides an overview of its operations, priorities for 2023–24 and outlook for 2024–25.

Part 2. Performance

Details the Agency's performance against work plan priorities captured in its *Corporate Plan 2023–24* and against targets published in the Health Portfolio Budget Statements (PBS) 2023–24. It also addresses reporting obligations under the *My Health Records Act 2012*.

Part 3. Management and accountability

Discusses the Agency's governance arrangements, external scrutiny, human resources, executive remuneration and audit committee disclosures. It also includes mandatory reporting obligations concerning workplace health and safety, advertising and market research, ecologically sustainable development and environmental performance.

Part 4. Financial statements

Includes the report by the Auditor-General and the Agency's financial statements for 2023–24.

Part 5. Navigation aids

Contains references to assist the reader to use the report: an index of compliance with annual report content requirements and a list of abbreviations and acronyms.

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Letter of transmittal

Australian Government
Australian Digital Health Agency

26 September 2024

The Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

Dear Minister

On behalf of the Board of the Australian Digital Health Agency, I am pleased to present our annual report for the period 1 July 2023 to 30 June 2024.

The Agency was established on 30 January 2016, following registration of the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule* 2016, and commenced operations on 1 July 2016. The report reflects on our eighth year of operations and addresses the requirements of section 46 of the *Public Governance, Performance and Accountability Act 2013,* including annual performance statements under paragraph 39(1)(b) and audited financial statements as required by subsection 43(4) of that Act.

The report also incorporates reporting obligations under other Commonwealth legislation: section 107 of the *My Health Records Act 2012;* Schedule 2, Part 4 of the *Work Health and Safety Act 2011;* section 311A of the *Commonwealth Electoral Act 1918;* and section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* encompassing the requirement to measure and report on emissions from Agency operations.

The report was approved for presentation to you in accordance with a resolution of the Board on 26 September 2024.

In accordance with sections 68 and 69 of the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule* 2016, the Agency will notify each state and territory health minister of the availability of the report, and provide a copy on request.

Yours sincerely

Lyn McGrath
Chair
Australian Digital Health Agency

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OFFICIAL

Chair's message

As we continue to advance the national digital health agenda, our focus remains on fostering innovation and ensuring robust governance to support the seamless integration of digital health solutions across Australia. This involves not only embracing cutting-edge technologies but also promoting cyber security, privacy and interoperability. By doing so, we aim to build a resilient digital health ecosystem that can adapt to the evolving needs of our healthcare system and deliver tangible benefits to all Australians.

Looking ahead, our strategic priorities include expanding the connectivity and functionality of digital health platforms, fostering collaboration across the healthcare sector and developing modernised national infrastructure to stay at the forefront of innovation. By leveraging data and technology, we strive to create a more integrated and efficient healthcare system that delivers better patient outcomes and experiences.

As we navigate the evolving landscape of digital health, we remain committed to addressing challenges and leveraging opportunities to enhance the quality and reliability of healthcare services. This includes staying vigilant against cybersecurity threats, ensuring equitable access to digital health tools and continuously improving our systems based on user feedback and technological advancements. Our commitment to innovation and excellence will guide us as we work towards a future where digital health is seamlessly integrated into everyday healthcare, providing safe, efficient and personalised care for all.

The Board is committed to maintaining the highest standards of governance and oversight, ensuring that our initiatives are not only effective but also sustainable and secure. We prioritise transparency and accountability in all our operations, regularly reviewing our strategies and policies to align with best practices and emerging trends. Our governance framework is designed to safeguard the integrity of our digital health initiatives, ensuring they are implemented with the utmost care and diligence.

I would like to extend my gratitude to our stakeholders, including healthcare providers, government partners and the broader community, for your contributions to advancing digital health, your support and your collaboration in achieving our shared goals. Together, we have made significant strides in transforming healthcare delivery and improving the health and wellbeing of Australians.

Lyn McGrath

Chair

Chief Executive Officer's review

Federal Health Minister Mark Butler has described digital health as the single greatest opportunity to transform healthcare in Australia.

In the face of system pressures such as workforce challenges and escalating operating costs, we cannot sustain, let alone improve, our health system without fully embracing the opportunities that digital health technologies offer for more efficient and connected healthcare.

To achieve this, we must uplift our digital systems and capabilities, ensuring better connections and information sharing between different parts of the health system to drive superior care.

In 2023–24, the Agency has been at the heart of delivering and supporting these solutions, working closely with our partners across the federal, state and territory governments, the health sector, industry and the community. We have also continued to implement recommendations from the 2022 Strengthening Medicare Taskforce, which outlined a bold vision for a modern, connected and patient-centred health system, underpinned by digital innovation.

In 2024 we are on a path towards a system that more fully supports equitable access to health services, regardless of a person's location or background, one that leverages data for better health outcomes for all Australians and one that is more sustainable. By leveraging advanced digital solutions and fostering collaboration across the healthcare sector, we are creating a more efficient, secure and person-centred healthcare environment.

This year's significant accomplishments are a testament to the progress we are making. For example, we saw a 26% increase in consumer participation in My Health Record, driven by technological enhancements and the introduction of new products like the **my health** app. These innovations have made accessing health information on mobile devices more convenient than ever.

The healthcare community has also embraced My Health Record. Provider use of the system grew by 23%, a result of targeted activities among healthcare providers, particularly in key sectors such as aged care, allied health and specialists.

All this means that My Health Record is growing into a healthcare information hub, an accurate record of key health information, available anywhere, any time to Australians and those with whom they choose to share it. As we move towards the sharing of information by default to My Health Record, it will empower consumers and their clinicians with vital information to focus on holistic care and better-informed choices.

We need to keep the momentum going.

Our strategies and action plans, delivered throughout 2023–24, set out the priorities and delivery agenda and are providing tangible progress for consumers and healthcare providers. These include the National Digital Health Strategy, which sets a course for advancing digital health across both the public and private sectors, and the National Healthcare Interoperability Plan, which provides the framework and plan of action for sharing health information in a safe, secure and seamless way.

We also need to continue to lead together in critical areas such as cyber security and clinical governance. The Agency is helping to uplift cyber security awareness across the healthcare ecosystem to ensure we proactively adapt to changes in the threat environment and support the secure evolution of digital health. The Agency's continually maturing clinical governance frameworks and systems support safe, high quality digital products, services and infrastructure for Australian healthcare consumers.

As always, in 2023–24 my thanks to the extraordinary team at the Agency. Your unwavering commitment, hard work and innovative spirit are instrumental in driving our digital health initiatives forward. This year's achievements are a testament to your expertise, collaborative spirit and passion for improving healthcare for all Australians.

Amanda Cattermole PSM

Chief Executive Officer

Case study: Digital health the Keenans' key to inclusive healthcare

The Keenans are committed advocates of the recently released National Digital Health Strategy's focus on providing equitable access to health services for all Australians, when and where they need them. The Broken Hill family would have been forced to move away from the remote town they have called home for generations if they didn't have access to digital health tools and technologies.

Danielle Keenan says her daughter Augie's diagnosis of type 1 diabetes when she was 6 years old could have required the family to move to a major city to access specialist healthcare services.

'Electronic prescriptions by text, telehealth appointments with specialists and the GLOOKO portal, which allows Augie to download her blood glucose levels and HbA1c results, have made it possible for us to stay living in Broken Hill,' Danielle said. Augie's grandparents and plentiful aunts, uncles and cousins are a critical part of her support team in Broken Hill, and Danielle says she would have been devastated to move away from them if she were not able to manage Augie's health through digital advances.

'I'm looking forward to the advances that are yet to come, too, like sharing pathology reports and more detailed diabetes information on My Health Record which will mean that if Augie is ever in an accident or hospitalised for another reason, her full medical history is readily available for every practitioner.'

Augie is now 11 years old and thriving in her last year of primary school. This year she was awarded an Australia Day Youth Award for her fundraising and advocacy efforts for the Juvenile Diabetes Research Fund.

The remote management of Augie's health has allowed her parents to continue contributing their valuable skills to the Broken Hill community, with Danielle working as the director of student services for the Country Universities Centre, and husband Boyd running a local construction business.

Part 1. Introduction and overview

Information about this Part

Part 1 provides a view of the Agency at a glance – an overview of the Agency's purpose, role, strategy and functions and an outline of the path ahead.

The Agency at a glance

Purpose

Better health for all Australians enabled by connected, safe, secure and easy-to-use digital health services.

Foundations

The Agency was established on 30 January 2016 and began operations on 1 July 2016, with a vision of improving health outcomes for Australians through the delivery of digital innovation, health systems and services.

Enabling legislation

The *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016* (Agency Rule)[1] created the Agency and governs its operations. The Rule was made by the Minister for Finance under Section 87 of the PGPA Act[2] that allows for the establishment of corporate Commonwealth entities. The Agency was the first in the Commonwealth to be established by Section 87 of the PGPA Act.

Products and services

The Agency has a lead role in stewarding, operating and developing the national digital health infrastructure that underpins the delivery of digital health in Australia. This vital infrastructure is an enabler for digital health foundations including:

- My Health Record system
- Healthcare Identifiers (HI) Service
- National Authentication Service for Health (NASH)
- Health Information Provider Service (HIPS)
- Secure messaging delivery
- National Clinical Terminology Service (NCTS) including SNOMED CT-AU and Australian Medicines Terminology (AMT)
- Clinical content specifications based on Clinical Document Architecture (CDA) and Fast Healthcare Interoperability Resources (FHIR®)
- Provider Connect Australia™ (PCA™)

[1] See https://www.legislation.gov.au/Details/F2016L00070

[2] See https://www.legislation.gov.au/Details/C2017C00269

Governing, operating and maintaining this infrastructure is a core activity for the Agency and ensures that Australian healthcare consumers and healthcare providers can be confident they are using clinically safe systems to support their health and care needs. Part 1 provides further detail on this activity.

Delivery priorities for 2023–24

Over the course of 2023–24, the Agency led the way in advancing and expediting digital innovation as part of the broader national health agenda. The Agency's Corporate Plan 2023–24 championed 3 strategic areas of focus:

- infrastructure solutions and initiatives
- interoperability supporting connected health and care
- national digital health initiatives.

Performance against each priority area is captured in Part 2 of this report.

Governance structure

The Agency is a corporate Commonwealth entity, established by a rule under the PGPA Act. Information about our governance, management and accountability framework is covered in Part 3 of the Report.

Board as the accountable authority

A Board, chaired by Lyn McGrath, is the Agency's accountable authority. As the accountable authority, the Board sets the objectives, strategies and policies[3] for the Agency and is responsible for the proper and efficient performance of the Agency's functions.[4]

Advisory committees

The Board is supported in the performance of its functions by advisory committees. Four standing advisory committees are established under the Agency Rule:

- Clinical and Technical Advisory Committee
- Jurisdictional Advisory Committee
- Consumer Advisory Committee
- Privacy and Security Advisory Committee.

The Agency also has an Audit and Risk Committee, as required under the Public Governance, Performance and Accountability Rule 2014.

Intergovernmental Agreement

The Agency operates under an Intergovernmental Agreement between the federal and state and territory governments. Under this agreement, the Agency works closely with the states and territories to transform how health information is used to deliver better healthcare and implement a world-class digital health capability in Australia.

[3] Section 14(a) of the Agency Rule.

[4] Section 14(b) of the Agency Rule.

Portfolio and ministerial oversight

The Agency sits within the Health and Aged Care portfolio and is accountable to the Ministers of the Health and Aged Care portfolio. At 30 June 2024 the Ministry was as follows:

- The Hon Mark Butler MP, Minister for Health and Aged Care
- The Hon Anika Wells MP, Minister for Aged Care and Minister for Sport
- The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care
- The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health
- Senator the Hon Malarndirri McCarthy, Assistant Minister for Indigenous Health.

Our people and their location

At 30 June 2024, the Agency had 540 permanent staff with offices in Brisbane, Sydney and Canberra.

Funding

The Agency is jointly funded by the Commonwealth ($302.6 million) and the states and territories ($32.25 million), reflecting the commitment at all levels of government to the delivery of digital health reform.

Financial outcome

- Operating surplus: $33 million
- Operating revenue: $316 million
- Operating expenses: $283 million

The Agency's financial performance and the Australian National Audit Office's (ANAO) audited financial statements are presented in Part 4 of this report.

Overview of the Agency

Role

As the steward for digital enablement of Australia's health system, the Agency has a lead role in coordinating national engagement, delivery and adoption of digital health to enable person-centred, connected healthcare.

Digital health has become a vital part of a modern, accessible healthcare system designed to meet the needs of all Australians, but more work is needed to modernise and expand digital health tools and services to effectively use data and share health information which will empower consumers, improve individual health outcomes, ease pressure on the healthcare workforce, provide insights that inform individual and population health responses and support planning and future investment.

The Agency partners with healthcare providers, other government departments and agencies, state and territory governments and industry to connect, promote and deliver digital technologies across the health ecosystem, making it easier for healthcare providers and consumers to access, manage and share health information, for the benefit of all Australians.

Used effectively, digital health information technology and data can help save lives, improve health and wellbeing and support a sustainable health system that delivers safe, high-quality health services for all Australians.

The Agency's mission is to develop a collaborative environment to accelerate adoption and use of innovative digital health services and technologies.

The Agency's functions, as set out in Section 9 of the Agency Rule, are:

1. to coordinate, and provide input into, the ongoing development of the National Digital Health Strategy
2. to implement those aspects of the National Digital Health Strategy that are directed by the Ministerial Council
3. to develop, implement, manage, operate and continuously innovate and improve specifications, standards, systems and services in relation to digital health, consistently with the national digital health work program
4. to develop, implement and operate comprehensive and effective clinical governance, using a whole of system approach to ensure clinical safety in the delivery of the national digital health work program
5. to develop, monitor and manage specifications and standards to maximise effective interoperability of public and private sector digital health systems
6. to develop and implement compliance approaches in relation to the adoption of agreed specifications and standards relating to digital health
7. to liaise and cooperate with overseas and international bodies on matters relating to digital health
8. such other functions as are conferred on the Agency by the Agency Rule or by any other law of the Commonwealth
9. to do anything incidental to or conducive to the performance of any of the above functions.

The Agency is also the My Health Record System Operator (the System Operator) for the purposes of the *My Health Records Act 2012*.

In its capacity as System Operator, the Agency works with a number of agencies and organisations to deliver the My Health Record system. These include Services Australia, Deloitte Australia, DXC and Accenture. The Agency also works with other partners to deliver Agency products and services.

Values

The Agency's values and culture are fundamental to successful delivery of our work program. They reflect our reputation – who we are, what drives us, what we stand for, how we work together and with others and our ethics. As a Commonwealth public sector organisation, the Agency embraces the Australian Public Service ICARE values:

I	Impartial
C	Committed to service
A	Accountable
R	Respectful
E	Ethical

These values are embedded in the *Workforce Strategy 2021–26*, the *Agency's Leadership Strategy 2023–24* and all other people-related policies to bring them to life and to help define our organisational 'DNA' (Figure 1).

Figure 1: Workforce vision DNA

Structure

The Agency is structured to support its purpose, strategy, principles and values by providing clear lines of reporting and responsibility, aligning resources to core priorities and supporting stakeholder engagement activities.

Management team

Chief Executive Officer (CEO) Amanda Cattermole PSM is responsible for the overall management of the Agency. She is assisted by a Senior Executive Committee:

Divisions

The Agency has the following divisions:

Technology Services	Operation of high quality, trusted, reliable and secure national digital health infrastructure and health support systems, including the My Health Record.
Digital Solutions	Stewarding the national digital health ecosystem and products through analysis, data, architecture, standards, connections, service and user design.
Policy Programs and Engagement	Informing policies, managing external stakeholder relationships, and being the place of excellence for driving program delivery, reporting and outcomes.
Corporate Services	Bringing together our corporate enabling services to enable, coordinate and support the effective delivery of the Agency's operations.

The Agency's committee structure and decision-making processes are further detailed in Part 3.

Digital health solutions that support Australians

Against the backdrop of a changing healthcare landscape, both consumers and providers are increasingly turning to digital health innovations like never before. Australians rightly expect healthcare tools and technologies to be not only convenient and user-friendly but also to enhance the quality and connectivity of their care. To meet these expectations, the Agency is committed to investing in solutions that build a nationally integrated, easily accessible and highly efficient health system, empowering Australians to receive the care they need, wherever and whenever they need it.

Harnessing the power of digital health solutions ensures seamless care, eases the burden on healthcare professionals and reduces redundancy and waste, paving the way for a more sustainable healthcare ecosystem. At the core of our efforts is the modernisation of the national digital health infrastructure, with a primary focus on establishing a strong framework for capturing and storing health information in a structured, industry-standard format. This will allow healthcare providers to effortlessly access and use this data, enabling real-time, informed decision-making for patient care.

In 2023–24, the Agency continued to enhance the following products and services.

My Health Record

My Health Record is Australia's personally controlled electronic health record. It enables Australians to have their health information available whenever it is needed, including in an emergency – saving time, reducing unnecessary tests and the chance of medication-related errors and helping to put consumers firmly at the centre of their healthcare journey. My Health Record keeps key health information – such as immunisations, pathology reports and diagnostic imaging reports, prescription and dispensing information, hospital discharge summaries and more – all in one safe and secure place. In turn this can help support diagnosis and treatment, document approaches and results and promote continuity of care among healthcare providers.

my health app

my health app lets Australians view key health information that they, their healthcare providers or representatives have uploaded to My Health Record. It provides quick, secure, easy access and control to locate, manage and share health information anywhere from a smart device, making health information accessible when and where it is needed.

Healthcare Identifiers Service

The Healthcare Identifiers Service is a national service for uniquely identifying healthcare providers and individuals, ensuring that the right health information is associated with the right individual as patients move through the health system. Clearly identifying the patient, the healthcare provider and the organisation where healthcare is provided helps reduce the potential for error with healthcare-related information and communication.

Healthcare identifiers are the foundation for government initiatives such as My Health Record and electronic prescriptions.

National Authentication Service for Health

The National Authentication Service for Health (NASH) is a service to support healthcare providers and organisations in securely accessing and sharing health information. NASH builds on the HI Service to provide healthcare providers and organisations with authentication credentials. It is used by healthcare providers and supporting organisations to

authenticate and securely access digital health services, digitally sign documents and other transactions and encrypt health information for secure exchange.

Health Information Provider Service

The Healthcare Information Provider Service (HIPS) is a middleware product offering seamless integration with systems including patient administration systems, clinical information systems and laboratory and radiology information systems. It is aimed primarily at supporting large-scale digital health environments typically found in organisations such as hospitals and diagnostic service providers but is also suitable for direct integration with digital health products.

Provider Connect Australia™

Provider Connect Australia™ (PCA™) is a service that connects healthcare provider organisations with their business partners to streamline updates of the services they provide and the practitioners that provide them. This significantly reduces the time that healthcare provider organisations spend updating their business partners, ensures that updates are not missed and reduces the transcription errors that occur with manual updates.

Australian Medicines Terminology and SNOMED CT-AU

Clinical terminologies provide a vocabulary to describe and accurately identify clinical terms, including all commonly used medicines in Australia. They enable a common understanding between digital health systems and are an essential building block for the safe exchange of healthcare information between those systems.

Australian Medicines Terminology is essential for electronic prescribing and electronic medication management in the Australian healthcare community.

The Agency and CSIRO's Australian e-Health Research Centre are collaborating to deliver a centre of excellence for connectivity across the Australian healthcare system, through the National Clinical Terminology Service (NCTS). The NCTS manages, develops and distributes national clinical terminologies and related tools and services to support the digital health requirements of the Australian healthcare community.

The Agency has responsibility for governance and the strategic role of end-to-end management, SNOMED CT licensing and the relationship with SNOMED International, while CSIRO delivers the services and functions required to manage the NCTS, as well as content authoring and tooling.

Cyber security

Advanced cyber security capability is crucial for the secure delivery and protection of the Agency's products and services. A core part of creating this capability is uplifting cyber security awareness across the entire healthcare ecosystem.

The Agency engages with healthcare providers to support and uplift their cyber security awareness. Through the provision of the Digital Health Awareness eLearning course, Cyber Security webinars and the Cyber Champions Program, the Agency provides avenues for healthcare providers to learn how they can better protect the information and services in their care. This enhances the delivery of Agency products and services and creates a cyber-resilient healthcare ecosystem. The Agency also works towards strengthening current information sharing practices for sharing cyber threat information with the healthcare community. This supports an uplift in cyber knowledge and awareness in the healthcare community by enabling knowledge sharing with trusted peak bodies and health organisations.

Clinical content specifications

Digital health systems exchanging healthcare information rely on common formats for their transmissions. The Agency produces well-established specifications for such information formats in the form of clinical content specifications.

Traditionally, the Agency focused on specifications for clinical documents, based on the Clinical Document Architecture (CDA) standard. Increasingly, the Agency is transitioning to content specifications based on the more recent Fast Healthcare Interoperability Resources (FHIR®) standard, which supports documents and other formats of clinical content.

Clinical content specifications and clinical terminologies form a key part of national infrastructure, supporting the sharing of high-quality information with a commonly understood meaning that can be used with confidence, driving greater safety, quality and efficiency.

Medicines safety

The estimated cost of medicines to Australians, including prescription and over-the-counter medicines, accounts for approximately 12% of annual healthcare expenditure in Australia:[5] at least one prescription was received by 70% of the general population and over 90% of older Australians.[6]

The high frequency of medication use is interrelated with medication-related problems that often lead to patient harm.[7]

The Agency undertakes initiatives designed to assist in this area, including electronic prescribing, the Active Script List (ASL), the pharmacist shared medicines list (PSML) and real-time prescription monitoring (RTPM).

The RTPM system provides near-to-real-time information to doctors (prescribers) and pharmacists (dispensers) throughout Australia about a patient's history and use of controlled medicines when they are considering prescribing or dispensing these medicines. This is done via their clinical software or through a portal. This information assists in clinical decision-making and supports the quality use of medicines in line with the National Medicines Policy 2022 and National Drug Strategy 2016–2027. RTPM is also an identified initiative underpinning the person-centred health outcome in the National Digital Health Strategy, and the role of the Agency in relation to RTPM is set out in the Intergovernmental Agreement on National Digital Health 2023–2027 (IGA).

Further detail on the ASL, the PSML and RTPM is provided in Part 2.

[5] Lim R, Ellett LMK, Semple S et al. 'The extent of medication-related hospital admissions in Australia: A review from 1988 to 2021', *Drug Safety*, 2022, 45:249–257, doi:10.1007/s40264-021-01144-1

[6] ibid.

[7] ibid.

Case study: National Digital Health Strategy empowering Australians through digital health

The *National Digital Health Strategy 2023–2028*, launched on 22 February 2024, puts Australians in the driving seat as they manage and improve their personal health and wellbeing through advances in digital technology.

The 5-year plan, agreed to by federal, state and territory governments, articulates 4 clear outcomes for digital health in Australia: digitally enabled, person-centred, inclusive and data-driven. It is accompanied by the *Strategy Delivery Roadmap*, which sets out clear and measurable steps for achieving the strategy's outcomes through 12 priority areas and their respective initiatives. Together, they provide a clear path to an inclusive, sustainable and healthier future for all Australians.

Strategy development was the result of a productive collaboration between the federal, state and territory governments and was shaped through extensive consultations with consumers, carers, healthcare providers, research organisations and technology innovators.

'The powerful partnerships behind this effort will ensure that no matter what corner of the country they call home, Australians can reap the benefits of digital healthcare that is tailored to their unique circumstances,' Agency CEO Ms Amanda Cattermole PSM said at the launch.

Response to the strategy has been highly positive. It was widely distributed to Australian health sector peak bodies and key stakeholders as well as to 40 international stakeholders. Optometry Australia was among many stakeholders to share it with their networks.

'Optometry Australia looks forward to working closely with our members; federal, state and territory governments; key eye health stakeholders; the digital health industry; and consumers to shape and implement this transformative strategy, ensuring Australia's digital health transformation benefits optometry, optometrists and community eye health,' the peak body stated on its website.

Since the strategy and roadmap were published, both have received considerable viewership and engagement across all parts of the healthcare sector. Throughout the strategy's lifetime, the Agency will continue to work

closely with partners across the sector to help them collectively achieve National Digital Health Strategy outcomes.

All roadmap priorities and initiatives are published on the Agency's website. Half of the 80 initiatives are already underway, and planning has begun on a further 26%. Australians are encouraged to explore the initiatives as well as the growing number of Roadmap in Action case studies published on the website.

Outlook for 2024–25 and beyond

Leveraging recent initiatives, the Agency will prioritise activities that support consumer-centred care, with a strong focus on national connectivity, accessibility and efficiency.

The Agency's key activities in 2024–25 are focused on 3 primary areas that will work in unison to achieve the Agency's goal of digitally connecting healthcare:

- driving information sharing
- improving connectivity and advancing real-time data exchange
- modernising national infrastructure.

Driving information sharing

A primary focus is to expand and enrich My Health Record, providing stronger support for patients and healthcare professionals to improve health outcomes. Agency efforts focus on cutting down duplication, reducing waste and lowering hospital admissions while also enhancing health and digital literacy, especially among vulnerable groups and those in remote areas. This empowers Australians to take more control over their health journeys.

my health app: The Agency has developed a roadmap for **my health** app enhancements for 2024–25 and beyond, supporting the broader Strengthening Medicare agenda and National Digital Health Strategy health outcomes on digital enablement and person-centred, inclusive and data-driven care. The vision is to create a user-centred integrated 'digital front door' for accessing health information and services for Australians – noting that all ideas are continuously informed by user feedback and demand.

Allied health: To support the government's commitment to Strengthening Medicare, the Agency will continue to work with the allied health sector to enable and drive practitioner participation with My Health Record. This will be achieved through targeted support for software vendors to integrate their products and, through education, awareness-building and registration-support activities with practitioners themselves.

Aged care: The Agency's Aged Care Program will support residential aged care providers to register for My Health Record to improve the sharing of information and help uplift digital systems in the residential aged care sector. The aged care transfer summary via My Health Record will capture and enable the transfer of key clinical information for residential aged care residents as they move from aged care facilities to hospitals or other healthcare settings. The Agency will also work with software developers to encourage and support aged care clinical information system conformance with the broader digital health system to drive interoperability across the whole sector.

Default sharing: The Agency will support implementation of the government's policy to move to a 'share by default' setting for all important health information, commencing with pathology and diagnostic imaging reports. Work with healthcare organisations and software developers will establish connectivity to My Health Record where it does not already exist and will support the health sector to remove unnecessary bottlenecks in existing upload channels, so patients and care teams have access to a more comprehensive set of clinical information.

Provider Connect Australia™: The Agency will continue to promote awareness and uptake of PCA™ to drive information sharing and improve connectivity, while reducing the administrative burden on healthcare providers. This includes supporting healthcare provider organisations to register for PCA™ and encouraging PCA™ uptake by business partners that will benefit from receiving timely updates from the providers.

Medicines safety: The Agency will continue to leverage digital technologies and initiatives to drive improvements in timely access to medicines, medicines information and quality use of medicines also in line with the objectives of the National Medicines Policy. Electronic prescribing and RTPM – national digital health initiatives introduced to support the National Medicines Policy – are already making significant contributions to medicines safety through reducing the risk of dispensing errors and fraudulent alteration of prescriptions. The software industry will be supported to implement enhancements to the ASL, enabling consumer self-registration on mobile devices through mobile applications.

Streamlining of Implementation for Conformance and Connection (SLICC): The Agency is committed to simplifying the software developer journey for connections and conformance to reduce administrative burden, duplication of effort and time frames for completion. It will do this through the Developer Portal, which will act as a 2-way developer engagement and support channel, and also implement organisational changes to rationalise and harmonise the delivery of connections and conformance services.

Improving connectivity and advancing real-time data exchange

A more integrated healthcare system will boost patient access to care; streamline communication across sectors; lower care costs; and enhance the experiences of patients, families and clinicians. Providers will benefit from reliable, high-quality information about their patients, which will aid in delivering safe and effective care. Meanwhile, patients will have assurance that their health data is protected and that they can manage how their information is shared with healthcare providers to support their overall health and wellbeing.

National Digital Health Strategy: A connected healthcare system is a cornerstone of the National Digital Health Strategy and its accompanying Strategy Delivery Roadmap, of the Australian Government Digital Health Blueprint and of state and territory digital health strategies. Collectively, they harness and reinforce the efforts of governments across Australia to set a course for digital health innovation.

Connected care: At a national level the Agency is charged with implementing the Connecting Australian Healthcare – National Healthcare Interoperability Plan. The Interoperability Plan identifies 5 priority areas and 44 actions to support safe, high-quality care in a connected healthcare system that conveniently and seamlessly shares high-quality data with the right people at the right time. The Agency will continue to implement actions relating to identity, standards, information sharing, innovation and benefits to support safe, high-quality care.

Council for Connected Care: The Council for Connected Care will play a critical role in supporting the Interoperability Plan to achieve the connected healthcare system Australians desire, ensuring the foundational infrastructure – including priorities and the standards agenda – builds confidence and trust in the integrity and provenance of health information. The council has been established to provide strategic advice on matters related to interoperability and support national implementation of the Interoperability Plan, including advice to drive and monitor progress against its actions and contributing to annual reporting requirements. The council will achieve its purpose through targeted consultation with health technology stakeholders, discussing foundational issues that are perceived as barriers to sharing consumer health information including identity, standards and consent and formulating strategic advice for the Agency on the best ways to address these barriers.

Strengthening Medicare: The Agency will work with peak bodies and health professionals across all sectors in support of the government's commitment to strengthen Medicare and the move to a 'share by default' setting for all important health information, commencing with pathology and diagnostic imaging reports.

Empowering the healthcare workforce: The Agency will continue to work with the Australasian Institute for Digital Health (AIDH) to support the health workforce in Australia and deliver the priorities identified in the workforce Capability Action Plan.

Modernising national infrastructure

Reshaping the national infrastructure will continue to be a priority going forward. In the long run, this investment will enhance the sustainability of the health system by minimising duplication and waste, alleviating strain on the healthcare workforce and achieving improved health outcomes for Australians.

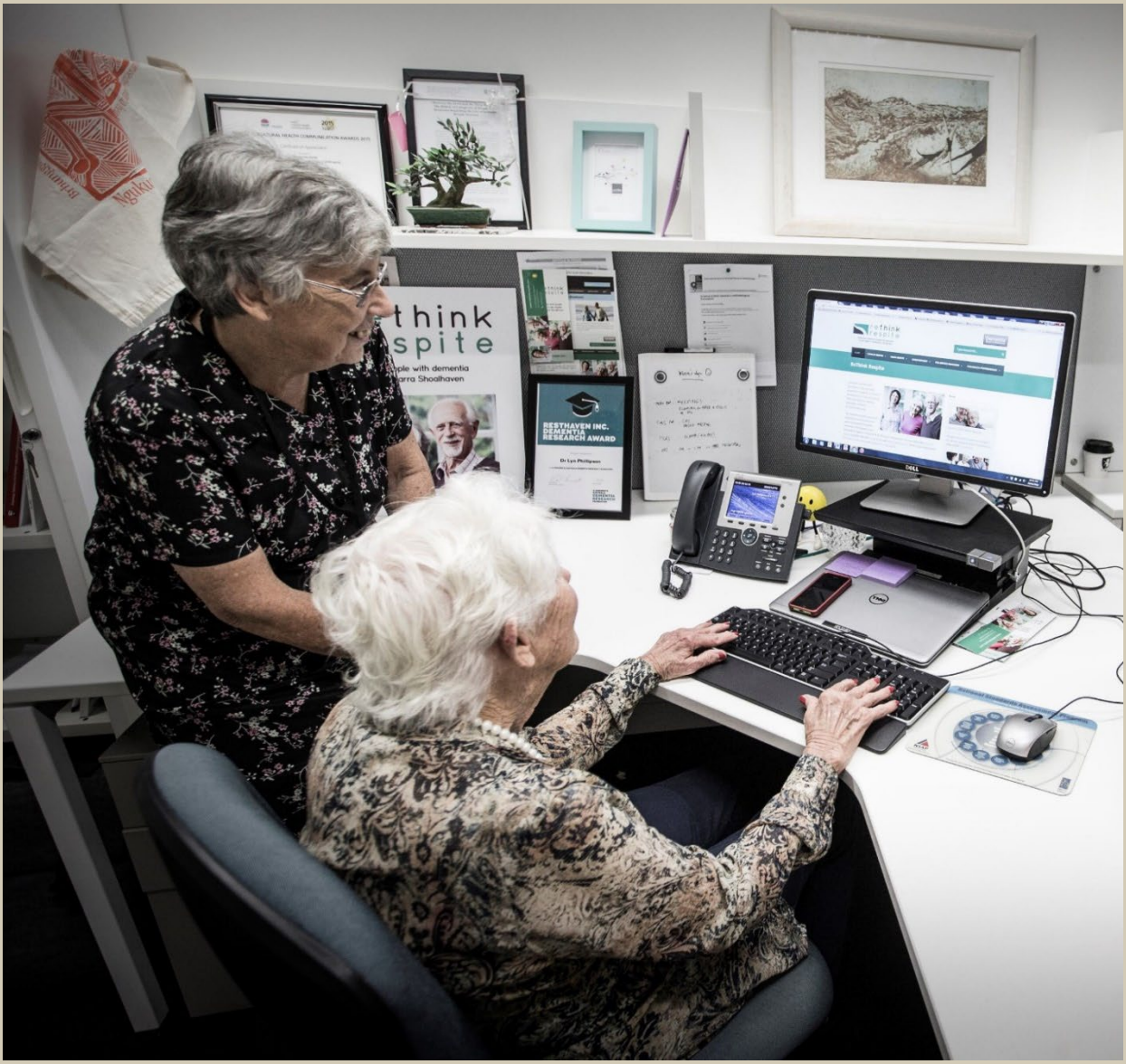
My Health Record system improvement: The next stage of modernising the My Health Record system is to transition from a clinical document repository (PDF-style system) to a data-rich platform built on the international data exchange standard known as Fast Healthcare Interoperability Resources® (FHIR®) to better ensure health data can be seamlessly connected across all parts of the health system.

My Health Record on FHIR®: Building on the Agency's success with the establishment of a new API Gateway, and transition to storage in the cloud, the Agency will work to implement a new FHIR®-based repository that will store health and health-related information using the internationally accepted FHIR® standard. The FHIR® repository will perform the function of the National Repositories Service as required under the *My Health Records Act 2012*. FHIR® will allow storage of key records that form part of a registered healthcare recipient's My Health Record.

Service delivery: To strengthen the visibility, responsiveness and interdependencies between IT services, a common services data model will enable a comprehensive view of all IT infrastructure and the services it delivers. Common data structures support improved responses to incidents, risk mitigation to changes within the environment and increased security.

Health Information Exchange (HIE): Changes will help to support and progress work with all states and territories towards the evolution of a national HIE capability to support patients as they transition through all care settings, in all locations. The Agency will be working closely with all states and territories under the IGA and through the National Digital Health Strategy to determine the architecture and a roadmap for HIE, in consultation with key sector stakeholders and to inform future decisions of government.

Case study: Digital literacy a key to independence



Helen Hasan knows more than most about the power of digital literacy. She was among the first Australian women to forge an academic career in computer science and has devoted decades of research and teaching at the University of Wollongong to advance the field of information systems.

Helen's key research interest is usability – particularly, how diverse groups of people interact with information technology. She now applies her lifetime of knowledge about digital inclusion to her work with Living Connected, a not-for-profit-organisation she founded to help older Australians in the Illawarra region of New South Wales learn to use digital devices. Helen and her team firmly believe that digital inclusion – and the digital literacy skills that underpin it – allow older Australians to remain independent, connected and engaged.

'A lot of older people become very isolated and virtually cut off from society. Our research found that technology was really good for 3 things when you live on your own and can't get out much: staying independent, keeping connected and having something meaningful to do,' Helen said.

A self-confessed early adopter of technology, Helen has been actively using My Health Record since it first launched in 2012. Recognising its value in helping her manage her own family's health conditions, in 2023 Helen

and the Living Connected team incorporated it into digital health training sessions they delivered to more than 60 local residents.

'Through working with clients, we found that they were particularly interested in My Health Record. And with my background in usability, I knew that it – along with the **my health** app – was much easier for people to use than some of the other digital health technologies.

'I showed participants what my information looks like when I open the **my health** app on my own phone – because as soon as they see it, it all makes sense to them.'

For many participants, the training marked their very first experience with digital platforms and apps.

'We've found that older people like to be in control, to manage things themselves. And if you can get them to do one thing on their device that's meaningful to them, it really helps their confidence to learn more.

'Many of them came back to our regular Living Connected drop-in sessions to understand the more basic usability issues so they could start downloading and using the **my health** app as well as others. We've found that, once you help a few people, the bush telegraph between older people spreads the word about how learning to use these tools can help keep them involved and active.'

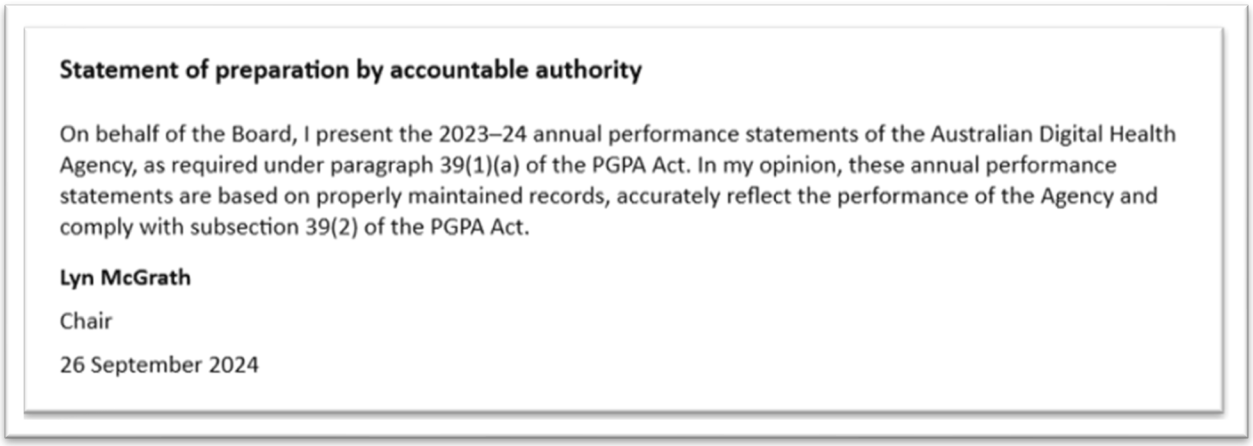
Part 2. Performance

Information about this part

This part highlights the Australian Digital Health Agency's performance in achieving its purpose and is divided into 3 sections:

1. the Agency's 2023–24 Annual Performance Statements as required by the PGPA Act
2. a report on the Agency's delivery of its annual national digital work program
3. My Health Record System Operator reporting requirements under the *My Health Records Act 2012*.

Annual performance statements 2023–24



Statement of preparation by accountable authority

On behalf of the Board, I present the 2023–24 annual performance statements of the Australian Digital Health Agency, as required under paragraph 39(1)(a) of the PGPA Act. In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the Agency and comply with subsection 39(2) of the PGPA Act.

Lyn McGrath

Chair

26 September 2024

Performance targets from the Portfolio Budget Statements 2023–24

This section reports on the Agency's 2023–24 results against the performance measures and supporting annual targets published in the Health and Aged Care Portfolio Budget Statements 2023–24 (PBS) in May 2023, and in the Agency's Corporate Plan 2023–24 in August 2023. The targets tie performance to 3 strategic areas of focus:

- driving information sharing
- improving connectivity and advancing real-time data exchange
- modernising infrastructure.

An analysis of performance is provided below for each 2023–24 target. Of the 11 targets, 6 were met or exceeded.

In addition to these specific performance outcomes, the Agency has also successfully delivered a range of other initiatives outlined in the Agency Work Plan (an attachment to the Corporate Plan). Performance against the Work Plan is provided in Section 2.

Driving information sharing

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td>1. Increased use of strategically significant Agency products

Source:
PBS p. 180
CP p. 29</td><td>Target met</td><td>This target comprised 4 sub targets, all of which were exceeded:
10% increase in consumer use of My Health Record
15% increase in provider use of My Health Record
70,000 downloads of my health app
3,000 healthcare services and 20 business partners onboarded to Provider Connect Australia™</td></tr>
<tr><td>• 10% increase in consumer use of My Health Record</td><td>Target met</td><td>Consumer participation in the My Health Record saw growth over 2023–24, achieving a 26% increase and surpassing the target by 16%.

<table><tr><th>Use*</th><th>2022–23</th><th>2023–24</th><th>Difference</th><th>% change</th></tr><tr><td>Uploads</td><td>28,529</td><td>30,581</td><td>2,052</td><td>7%</td></tr><tr><td>Views</td><td>70,530,694</td><td>88,700,928</td><td>18,170,234</td><td>26%</td></tr><tr><td>Total</td><td>70,559,223</td><td>88,731,509</td><td>18,172,286</td><td>26%</td></tr></table>*Use is defined as a consumer uploading to or viewing their My Health Record in the last 12 months.

Technological enhancements and new products (such as the my health app) boosted consumer engagement by providing more convenient access to health information on mobile devices. The continued integration of My Health Record with various healthcare providers, such as hospitals and general practitioners, also streamlined the process of patients accessing and updating health records and is another likely contributor to consumer use.</td></tr>
<tr><td>• 15% increase in provider use of My Health Record</td><td>Target met</td><td>Adoption by the healthcare community of My Health Record continued over 2023–24, with the growth rate of 23% exceeding the 15% use target by 8%:

<table><tr><th>Use*</th><th>2022–23</th><th>2023–24</th><th>Difference</th><th>% change</th></tr><tr><td>Uploads</td><td>311,772,264</td><td>360,156,780</td><td>48,384,516</td><td>16%</td></tr><tr><td>Views</td><td>70,965,685</td><td>109,847,693</td><td>38,882,008</td><td>55%</td></tr><tr><td>Total</td><td>382,737,949</td><td>470,004,473</td><td>87,266,524</td><td>23%</td></tr></table>*Use is defined as a provider uploading to or viewing My Health Record in the last 12 months.

Throughout 2023–24, targeted awareness and adoption activities among healthcare professionals – particularly in key sectors such as aged care, allied health and medical specialists – have driven increased participation in the My Health Record system. By highlighting how the system can streamline patient information sharing, improve care coordination and enhance clinical decision-making, these initiatives fostered a greater understanding and appreciation of My Health Record among healthcare providers. Tailored support materials and resources addressed the specific needs and workflows of aged care facilities, allied health practitioners, and specialists, making it easier for them to integrate the system into their daily practices.

Over 2023–24, 30 organisations (3 pathology and 27 diagnostic imaging) registered for My Health Record, a 100% increase on the 15 that registered in</td></tr>
</table>

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>2022–23. In late 2023 the Australian Government announced[8] the intention to make it a requirement for pathology and diagnostic imaging providers to share their reports to My Health Record by default.</td></tr>
<tr><td>• 70,000 downloads of my health app</td><td>Target met</td><td>In its first full year of use, my health surpassed expectations, with 342,310 downloads, outperforming the 70,000 target by nearly a factor of 5:
<table><tr><th>my health app downloads</th><th>Target</th><th>Actual</th></tr><tr><td></td><td>70,000</td><td>342,310</td></tr></table></td></tr>
<tr><td>• 3,000 healthcare services and 20 business partners onboarded to Provider Connect Australia™</td><td>Target met</td><td>Provider Connect Australia™ (PCA™) reached its target of 3,000 healthcare services registered in January 2024.

After initially focusing on GPs, pharmacies and their business partners, the Agency broadened its industry engagement to include all healthcare services, including allied health professionals and partners. By 27 June 2024 it had achieved 4,764 healthcare service registrations – covering 3,498 individual practitioners across 2,339 healthcare clinics – exceeding the target by 1,764 healthcare services. Key service types represented in those figures include:
• general practice (668)
• pharmacy (550)
• COVID-19 vaccination (909)
• influenza vaccination (679).
<table><tr><th>Onboarded</th><th>Target</th><th>Actual</th><th>Difference</th></tr><tr><td>Healthcare services</td><td>3,000</td><td>4,764</td><td>1,764 above target</td></tr><tr><td>Business partners</td><td>20</td><td>37</td><td>17 above target</td></tr></table>
The target of 20 business partners onboarded to PCA™ was exceeded, with 37 registered by the end of the reporting period. Registered business partners include primary health networks, healthcare directories and healthcare technology companies. In January 2024, the Australian Podiatry Association (APodA) became the first allied peak body to register for PCA™.

Uptake was primarily driven by collaboration with healthcare peak bodies and direct engagement with providers, explaining PCA™ as a digital solution that streamlines administrative processes, reduces red tape and enhances the quality and reliability of healthcare services and practitioner information.</td></tr>
</table>

[8] https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/upgrading-my-health-record-to-save-time-and-money

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td>2. Agency products meeting or exceeding the planned availability target:

Target of 99.9%:
National Consumer Portal
National Provider Portal
my health app
API Gateway
Provider Connect Australia™
Target of 99.5%:
Virtual Assistant

Source:
PBS p. 180
CP p. 29</td><td>Target partially met</td><td>As 4 out of the 6 Agency products did not achieve planned availability targets, the target was partially met:
<table><tr><th>Product</th><th>Result</th><th>Target</th></tr><tr><td>National Consumer Portal</td><td>99.82%</td><td rowspan="5">99.9%</td></tr><tr><td>National Provider Portal</td><td>99.79%</td></tr><tr><td>my health app</td><td>99.75%</td></tr><tr><td>API Gateway</td><td>99.73%</td></tr><tr><td>Provider Connect Australia™</td><td>99.96% (met)</td></tr><tr><td>Virtual Assistant</td><td>100% (met)</td><td>99.5%</td></tr></table>
Products that <u>met</u> availability targets
• The Virtual Assistant function was 100% available for every month of its operation until November 2023, when the call centre transitioned to Services Australia and it was decommissioned as no longer required.
• Similarly, Provider Connect Australia™ achieved 100% availability throughout the first 3 quarters, with performance only impacted in the final quarter (but still meeting the target overall).
Products that did <u>not</u> <u>meet</u> availability targets
• Although the National Consumer Portal and National Provider Portal scored 100% availability in some quarters, disruptions in 2023 – a firewall upgrade in July, cooling system failure in August, outage in December 2023 and expired SHA-1 certificates in June 2024 – impacted performance.
• The API Gateway met the target over 3 quarters but was affected by errors during a patch deployment in October 2023 and a certificate renewal in December 2023.
• As my health operates through the API Gateway, its performance mirrored that of the gateway.
To lift results to the targeted 99.9% in the next reporting period, the team has analysed past incidents and problems to identify systemic issues and to explore improvement opportunities for processes, resources and tools.</td></tr>
<tr><td>3. User satisfaction of the my health app increases by 10% from 2022–23

Source:
PBS p. 180
CP p. 29</td><td>Target not met</td><td>The Agency achieved a positive evaluation of the my health app throughout 2023–24, with the commonly used and validated User Experience Questionnaire (UEQ)[9] achieving a positive score of 0.82. However, as this was against a target of 1.2, the target was not met.
<table><tr><th>my health app</th><th>2022–23</th><th>2023–24</th><th>% difference</th></tr><tr><td>User satisfaction</td><td>1.32</td><td>0.82</td><td>(38%)</td></tr></table></td></tr>
</table>

[9] Under the UEQ: Positive evaluations are above 0.8, negative evaluations are below -0.8, and neutral evaluations fall between -0.8 and 0.8. By averaging specific UEQ scale items (such as valuable, clear, supportive, secure, and meets expectations) determined in 2022–23, the Agency set a baseline score of 1.2 as the target for 2023–24.

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>In its first year of operations, the app was positively received by early adopters; however, in 2023–24 it secured a wider audience, and the user satisfaction score has declined but remained positive. New features being added to the app in 2024–25 (including electronic prescriptions) will likely see the UEQ increase further in future.</td></tr>
<tr><td>4. 20,000 participants in digital health literacy and awareness related education events and training courses

Source:
PBS p. 180
CP p. 29</td><td>Target met</td><td>The target of 20,000 was surpassed, with 80,796 participants undertaking digital health literacy and awareness education events and training courses.
<table><tr><th>Workforce education</th><th>Target</th><th>Actual</th></tr><tr><td>Digital health literacy and awareness related education events</td><td>20,000 participants</td><td>80,796 participants</td></tr></table>The training was comprised of:
30,531 healthcare module completions (online learning)
14,245 consumer module views
3,266 webinar/face-to-face attendees
13,581 webinar views (number of times viewed)
3,531 podcast listeners
15,642 animation views.
This is an increase in engagement from the previous report and can in part be attributed to an increase in the number of external organisations hosting the Agency’s eLearn content on their own Learning Management System platforms. The Agency now has arrangements in place with 35 health sector organisations, some of which have mandated completion of courses.

Stakeholder feedback included:

‘Thank you for a great overview of the My Health Record and highlighting its benefits for the healthcare system.’

‘Very comprehensive webinar – I watched the April webinar on setting everything up prior and that was really helpful to me. I felt all the presenters were articulate and used language which was easy to understand.’

‘It was nice … to learn more about the great work the Australian Digital Health Agency are doing with development and publishing of eLearning modules for the healthcare sector.’</td></tr>
<tr><td>5. 20% increase in electronic prescribing from 2022–23

Source:
PBS p. 180
CP p. 29</td><td>Target partially met</td><td>In February 2024, working with the Department of Health and Aged Care, a data issue was identified that affected electronic prescribing data from September 2023 to February 2024.

This issue has been corrected and accurate reporting has been available since April 2024, but unfortunately the Agency is not able to retrospectively correct this data and therefore report progress for the full 2023–24 financial year. However, as an indicator of performance against the target, a comparison of electronic prescribing with Quarter 4 (Q4) in 2022–23 and 2023–24 (in the table below) shows that electronic prescribing increased by 15% and this target is partially met.</td></tr>
</table>

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th colspan="4">PBS/RPBS dispensed Electronic Prescriptions*</th></tr>
<tr><th></th><th>Q4, 2022–23</th><th>Q4, 2023–24</th><th>% increase</th></tr>
<tr><td>Total</td><td>14,662,282</td><td>16,855,008</td><td>15%</td></tr>
</table>
*These figures reflect the volume of electronic prescriptions used to supply Pharmaceutical Benefits Scheme (PBS) / Repatriation Schedule of Pharmaceutical Benefits (RPBS) medicines to consumers in Quarter 4, 2023–24.

The Agency undertook the following initiatives to increase the adoption of electronic prescribing and drive the dispensing of prescriptions:
• Technical Support for software Industry: providing technical support to the medical software industry, expediting development, and testing against the latest electronic prescribing conformance profiles with the full electronic prescribing functionalities, including a self-managed Active Script List (ASL) service for consumers. ASL, the online token management system, is an important enabler of access to electronic prescribing that empowers consumers to control the management of their electronic prescriptions and healthcare experiences. These include the ability for consumers to self-register for an ASL and to view/manage their ASL via mobile applications.
• Collaboration for change: working with clinical and consumer peak bodies to orchestrate change, adoption, and education activities and to explore development and implementation of a targeted outreach program to further raise awareness, to build confidence and to showcase benefits of electronic prescriptions for consumers and clinicians.
• Transition to a Unified National Prescription Delivery Service: supporting the Department of Health and Aged Care and industry in transitioning to a single Prescription Delivery Service, streamlining the process for all stakeholders.
</td></tr>
<tr><td>6. A case study into My Health Record capability to support care transfers to hospital for aged care recipients

Source:
PBS p. 180
CP p. 29</td><td>Target met</td><td>Older Australians residing in residential aged care homes (RACHs) often face health challenges that require emergency department visits and hospital admissions. These transitions can be complex and risky. Evaluations from healthcare providers confirmed the potential for My Health Record to be useful in lifting the quality and safety of these care transfers for elderly residents during these critical times.

Over 2023–24, the Agency implemented a number of measures to support the care of older Australians, particularly during the transfer of care, by:
• working with industry to connect to My Health Record. This resulted in 37% of aged care and 98% of multi-purpose services registered as of June 2024
• partnering with 13 aged care software vendors through the First Aged Care Industry Offer to support conformance of clinical information system (CIS) and electronic medication management system software used by approximately 60% of RACHs
• developing a digital aged care transfer summary capability in My Health Record.
The integration of My Health Record in RACHs enables providers to have immediate access to comprehensive health records for their residents. A</td></tr>
</table>

Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services		
2023–24 target and source	**Performance result**	**Analysis**
		representative from Signature Care shared their experience, emphasising the potential of this information: 'Quite honestly, this has been a game changer. Providing immediate access to the health records of residents via their My Health Record has been instrumental in ensuring that doctors have the most accurate and current medical, pathology and other results, plus, most importantly, hospital discharge information.' The capability to develop an aged care transfer summary will also streamline and support the clinical handover at critical junctures, such as from an aged care setting to acute hospital care. Given this potential, the Agency engaged strongly with the sector, offering tailored, one-on-one support to encourage participation in the My Health Record system. There was industry recognition of those efforts with an Opal HealthCare representative noting that: 'The Agency's support helped to simplify the steps to registering, and the support material we received really made the process more manageable.' While the feedback of those who had registered was positive, advice from those yet to register gave an insight into the challenges delaying the progression of registrations, including that RACHs are experiencing change fatigue due to the aged care reform activities, compounded by financial strain and workforce and staffing challenges, and that the COVID-19 pandemic continued to disproportionately impact this sector. Accordingly, industry feedback on the impact of the Agency's work in integrating My Health Record in residential aged care settings suggests the Agency was able to better equip aged care facilities to manage the health needs of their residents and give them the tools to ensure transfer-specific health data was on hand when needed most, during emergency admissions to hospital, but that more support was needed to overcome barriers to registration. The detailed case study supporting this target can be found immediately following these tables, on page 31 of this report.

Improving connectivity and advancing real-time data exchange

<table>
<tr><th colspan="3">Digital health interoperability available to healthcare providers and consumers that improves how people use digital healthcare information</th></tr>
<tr><th>2023–24 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td>7. 10% increase in meaningful use of My Health Record from 2022–23

Source:
PBS p. 181
CP p. 30</td><td>Target met</td><td>Meaningful use of My Health Record grew 33% over 2023–24, more than triple the 10% target. In raw numbers, this increase amounts to an additional 25,000 records viewed by multiple providers per month.

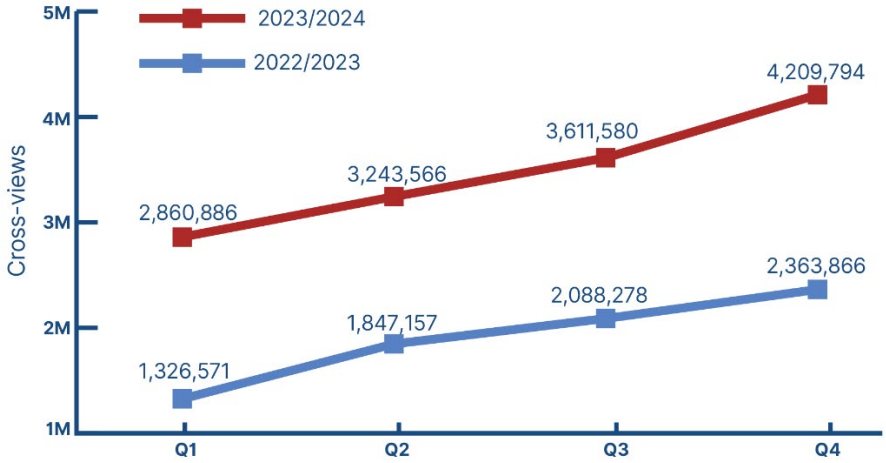
<table><tr><th>My Health Record</th><th>2022–23</th><th>2023–24</th><th>% Difference</th></tr><tr><td>Meaningful use (per 1,000 population)</td><td>2.9</td><td>3.8</td><td>31%</td></tr></table>
The meaningful use index measures how connected care teams are to consumers' My Health Records, by counting how many different healthcare provider organisations interact with each record per month. It aims to demonstrate how the Agency facilitates digital health interoperability between healthcare providers and consumers to improve how people use healthcare information.

Meaningful use estimates the proportion of Australians who have multiple healthcare providers interacting with their record by counting the number of unique Healthcare Provider Identifier – Organisations (HPI-Os) that access each consumer record per month. By standardising the rate per 1,000 Australian resident population, the metric is robust and interpretable within the context of population health reporting and can be applied to any jurisdiction or area to better understand how My Health Record is used across Australia.

An increase in meaningful use indicates more consumers are having their records used by different provider organisations, such as GP clinics, hospitals, allied health and pharmacies, among other healthcare providers, meaning better access to information for care teams.</td></tr>
<tr><td>8. 20% increase in the number of healthcare provider cross-views in My Health Record compared to the previous financial year

Source:
PBS p. 181
CP p. 30</td><td></td><td>At 83% growth, cross-views surpassed the 20% goal:

<table><tr><th>My Health Record</th><th>2022–23</th><th>2023–24</th><th>Difference</th><th>% change</th></tr><tr><td>Healthcare provider cross-views</td><td>7,625,872</td><td>13,925,826</td><td>6,299,954</td><td>83%</td></tr></table></td></tr>
</table>

Digital health interoperability available to healthcare providers and consumers that improves how people use digital healthcare information		
2023–24 target and source	**Performance result**	**Analysis**
	Target met	The graph below illustrates the cross-view trend:  Monitoring usage patterns and measuring cross-views of documents in My Health Record by healthcare providers shows how these providers use digital health documents from other organisations. Diverse organisations exchanging information across the healthcare continuum enables clinician access to the most timely and relevant patient health information, supporting better coordination and continuity of care. This increase in cross-views underscores the expanding 'network effect' of more users participating in the My Health Record system. Greater access and data sharing effectively amplifies the system's value by connecting more users and strengthening their collaboration within the healthcare ecosystem. The trend emerging from the data is that cross-viewing occurs across all sectors of healthcare providers, with general practice and public hospitals leading the way and pharmacy and specialist participation increasing.
9. Implement the Agency's responsibilities under the National Healthcare Interoperability Plan, demonstrated by a case study into application of the National Interoperability Procurement guidance Source: *PBS p. 181* *CP p. 30*	Target partially met	Over 2023–24 the Agency and its partners implemented a number of actions under the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028. Of the 44 actions in the plan: • 9 were completed in 2023–24 • 28 were progressed – 18 as per schedule (immediate or ongoing actions) and 10 ahead of schedule (short-term or medium-term actions) • 6 short-term or medium-term actions will commence over 2024–25 or 2025 (as per schedule) • one action is behind schedule but is expected to return to schedule in the next reporting period. Action 3.3 (procurement guidance) is one of the 9 actions completed in 2023–24. On 20 June 2024, the Agency published the Digital Health Procurement Guidelines as a preview version to allow for wider industry feedback. The guidelines intend to ensure that procurements of technology within digital health are more consistent in their approach to market, including considerations for specific requirements

Digital health interoperability available to healthcare providers and consumers that improves how people use digital healthcare information		
2023–24 target and source	**Performance result**	**Analysis**
		related to standards and conformance. As a dynamic living tool, the guidelines will continue to expand iteratively informed by stakeholder input. The 2023–24 performance target is partially met because the case study on the application of the Digital Health Procurement Guidelines remains outstanding. Over 2023–24, the Agency collaborated closely with health departments, private health providers, the Australian Commission on Safety and Quality in Health Care and technology providers to develop comprehensive guidelines for procuring digital health services and products. This included establishing a Procurement Reference Group. The group is an expert advisory body, offering guidance on procurement strategies, policies and practices to ensure the guidelines support organisational goals and align with regulatory requirements. Additionally, insights drawn from a pre-procurement case study – created with assistance from state health jurisdictions and the Department of Health and Aged Care – identified existing baseline practices and processes across various healthcare organisations, contributing to the guideline development.

Modernising infrastructure

Ensure digital health services, systems and products are sustainable and cost effective		
2023–24 target and source	**Performance result**	**Analysis**
10. Maintain 2022–23 partnership value index Source: *PBS p. 181* *CP p. 31*	Target met	The partnership value index (the Index), established in 2022–23, was maintained in 2023–24 and serves as a metric for assessing partner performance and value in relation to high-value contracts, to drive value for money over a sustained period of time. The Index offered insights into the overall impact of strategic partnerships, confirming strengths in partners' understanding of the Agency's objectives and their contractual obligations, quality of service and identified areas for improvement in contract performance, cost-effectiveness, relationship management and thought leadership. Over 2023–24, the Agency conducted staggered reviews of each of its strategic partners: Accenture, Chamonix, Deloitte and DXC. By measuring various aspects of partner engagement – including on-time delivery, cost optimisation, quality, responsiveness and innovation – the Agency was able to assess the contributions and effectiveness of partners within our collaborative framework. The Index will undergo iterative refinement in upcoming reporting periods, as ongoing reviews identify performance information that gives new perspectives on the health of strategic partnerships.
11. Conduct a 20% increase in train-the-trainer sessions and capacity-building workshops	Target partially met	Throughout 2023–24, the Agency conducted an ongoing series of train-the-trainer sessions and capacity-building workshops for Primary Health Networks (PHNs) and other stakeholders. The number of sessions in 2022–23 was 66, taking the 20% increase target for 2023–24 to 79. The Agency delivered 50 sessions, with an approval rating of 94%. Accordingly, the Agency exceeded the approval rating minimum of 90% but fell short of the targeted number of sessions by 29.

Ensure digital health services, systems and products are sustainable and cost effective		
2023–24 target and source	**Performance result**	**Analysis**
compared to prior year, with a 90% approval rating. Source: *PBS p. 181* *CP p. 31*		

Workforce education	Target	Actual
Train-the-trainer sessions and capacity-building workshops	79 sessions / workshops	50 sessions / workshops
	90% approval	94% approval

The Agency introduced a PHN collaborative community of practice as well as content-enrichment sessions to support training delivery and understanding of digital health content. These sessions created a platform for knowledge development, emphasising interactive discussions, hands-on learning and expert insights. The Agency also showcased a delivery model for PHNs to replicate.

A new implementation system was delayed which impacted the achievement of the target by the end of the reporting period, but proved efficient, engaging 548 participants across 50 sessions.

The 94% approval rating for those sessions is a strong result for an educational program, and the Agency has gathered qualitative and quantitative data to support ongoing review and implementation.

Case study: Supporting care transfers to hospital for aged care recipients

This case study explores My Health Record's capability to support care transfers to hospital for aged care recipients. The case study focuses on Signature Care's adoption and use of My Health Record as a residential aged care provider that operates multiple residential aged care homes (RACHs) across Australia.

The problem

As identified in Recommendation 66 of the Royal Commission into Aged Care Quality and Safety (Improving the transition between residential aged care and hospital care), older Australians residing in RACHs face health challenges that require emergency department visits and hospital admissions. As these transitions of care are

often complex, key health information sharing between care settings is critical for care teams to make informed clinical decisions. Healthcare providers have confirmed the potential for My Health Record to improve the quality and safety of these care transfers, and this is further supported by Recommendation 68 of the Royal Commission into Aged Care Quality and Safety (Universal adoption by the aged care sector of digital technology and My Health Record).

While My Health Record improves information sharing between residential aged care and hospital care, only a small proportion of RACHs were registered for My Health Record at the time the Royal Commission recommendations were published. Registering for My Health Record as a healthcare provider requires a major time commitment by key staff members and involves traversing a series of government systems to set up initially.

The provider

Signature Care operates several RACHs across multiple states and territories with over 1,120 residential beds. Similar to most RACH providers, Signature Care was not registered for My Health Record and faced challenges viewing key health information about its residents as well as sharing information with hospitals when transitions of care occur.

Signature Care is navigating a number of challenging aged care reform initiatives and is experiencing significant change fatigue. It is under financial strain, dealing with workforce and staffing challenges, as well as continuing to battle the COVID-19 pandemic which disproportionally impacts this sector. Additionally, the clinical software product (Acredia) used to care for its residents did not support My Health Record access, nor were staff members well versed in the use cases in a residential aged care setting. Acredia is a clinical information system (CIS) and also has electronic medication management (eMM) functionality.

The solution

The company that makes the clinical software used by Signature Care, Acredia, partnered with the Agency to integrate its product with the My Health Record system. This provided Signature Care with the capability to connect with My Health Record through its software, allowing authorised staff to both view information about the residents and share information with residents' care teams, improving transitions of care for older Australians.

Upon the availability of this new software functionality, Signature Care reached out to the Agency's registration-support service seeking assistance and guidance through the administrative steps necessary to register for My Health Record. The Agency shared registration-support material tailored specifically for Signature Care's organisation structure, and Signature Care was offered education and training to better embed My Health Record into business-as-usual workflows. The Agency supported Signature Care executives for 2 months as they progressed through their registration journey. As a result of the integration with My Health Record, Signature Care's authorised staff can now view prescription and dispense records, pathology reports and diagnostic imaging reports, and they can upload prescription records, advance care plans and goals of care information to share with hospitals and other care teams. A representative from Signature Care highlighted just how successful the adoption of My Health Record has been for the RACHs and workforce:

> 'Quite honestly, this has been a game changer. Providing immediate access to the health records of residents via their My Health Record has been instrumental in ensuring that doctors have the most accurate and current medical, pathology and other results plus, most importantly, hospital discharge information.'

The lessons

Following on from the integration, the Agency has established areas for improvement including:

- a need to streamline and improve the registration support offering

- the refinement and maintenance of the education and training materials
- partnership with aged care software vendors to support the integration of their CIS and eMM system software products with My Health Record
- the importance of the integration with the digital aged care transfer summary capability available in My Health Record.

Outcomes

Over the past 12 months, the Agency has worked hand in hand with 284 RACHs to register for My Health Record. This brought the proportion of registered organisations within the sector from 21% at the end of June 2023 to 37% at the end of June 2024. An overview of the Agency's work in aged care is featured on the Agency's Residential aged care webpage. This webpage features a video highlighting the benefits of digital health in residential aged care from the perspective of key stakeholders in the sector, shares key resources developed in partnership with aged care peak organisations and lists some of the many benefits of connected care, such as:

- reduced time spent accessing health history
- streamlined information in one secure location
- improved continuity of care
- saved time in an emergency.

Moving forward, the Agency is working with industry to assist in the integration with the aged care transfer summary already available in My Health Record, which will streamline and support the clinical handover at critical junctures such as from an aged care setting to acute hospital care. This transfer summary includes a resident's reason for transfer, a health summary and a medication chart. Based on sector consultations and user experience analysis, this information is seen as the most critical to acute care clinicians.

Priorities from the Corporate Plan 2023–24

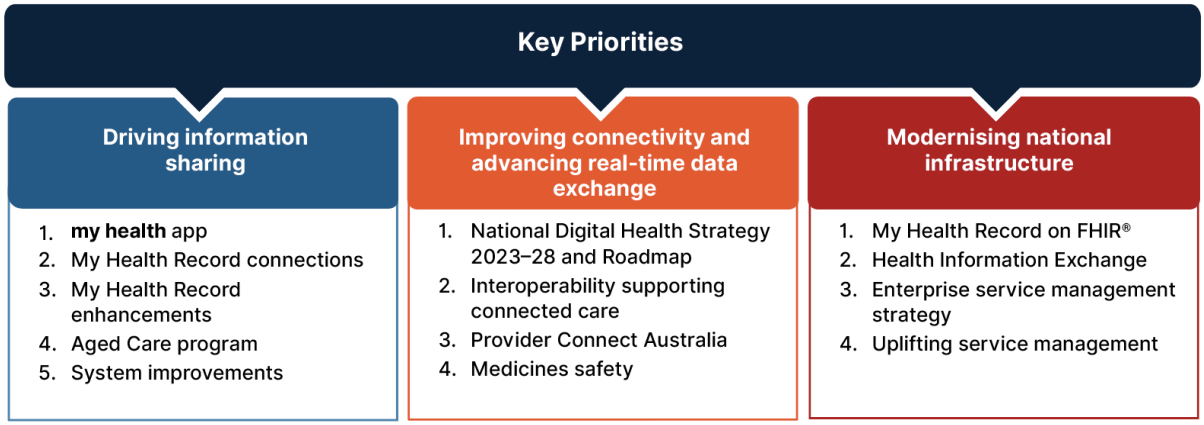
The targets in the 2023–24 Portfolio Budget Statements and Agency Corporate Plan, covering all the critical activities within our digital health remit, give a broad perspective of the Agency's performance but do not complete the performance story. The Agency is one of only a handful of Commonwealth entities with a statutory obligation to also produce an annual work plan.[10] The effect is to put that work plan at the centre of any performance discussion in conjunction with all other priorities.

This section of the performance report covers implementation and achievements in delivery of key priorities in 2023–24.

Key Priorities

The diagram below presents the key priorities for the financial year. Just as performance targets are aligned to 3 principal areas of focus, the key priorities consist of a series of activities clustered under the same priority areas:

- driving information sharing
- improving connectivity and advancing real-time data exchange
- modernising national infrastructure.



In support of measuring the Agency's performance in 2023–24, each program is assessed in terms of key areas of activity for the year and the results produced, followed by a synoptic analysis of factors contributing to those results. This approach shows how each work program priority area furthers the Agency's purpose.

Driving information sharing

The first focus is on facilitating the flow of health information. That is the key to enhancing healthcare, as it allows for more accurate diagnoses, timely interventions and a more holistic approach to patient care. By ensuring critical health data is readily accessible, healthcare providers can deliver coordinated and comprehensive care, while patients are empowered to take control of their health. Under this focus area, the Agency has identified 6 key pieces of work that will drive these improvements.

[10] Under Section 70 of the Agency Rule, the Agency's Board 'must prepare a national digital health work program for each financial year'.

1. **my health** app

The **my health** app is a secure and convenient way to access My Health Record in the palm of your hand. The app allows consumers to view key health information that their healthcare providers or representatives have uploaded to My Health Record. The **my health** app was developed to leverage the significant increase in digital health adoption and heightened consumer engagement with My Health Record. Launched on 28 February 2023, the app allows consumers to easily view all the health information available in their record and share this information with their healthcare providers, streamlining communication and care coordination. Additionally, the app as digital front door saves consumers time by providing a convenient platform to find and view their health information and other health services in one place. The app offers a number of practical benefits for Australian consumers:

- allows seamless access to medical history information and documents
- empowers users to understand and manage their healthcare information, driving better health outcomes and improving health literacy
- allows sharing of test results and vaccination records, with the ability to download and store immunisation statements in a PDF and digital wallet version
- provides a convenient way to find and book health services such as general practice, pharmacy, pathology providers and other health services
- facilitates the shift from traditional to modern medicine, where healthcare providers and consumers work in partnership to guide healthcare decisions.

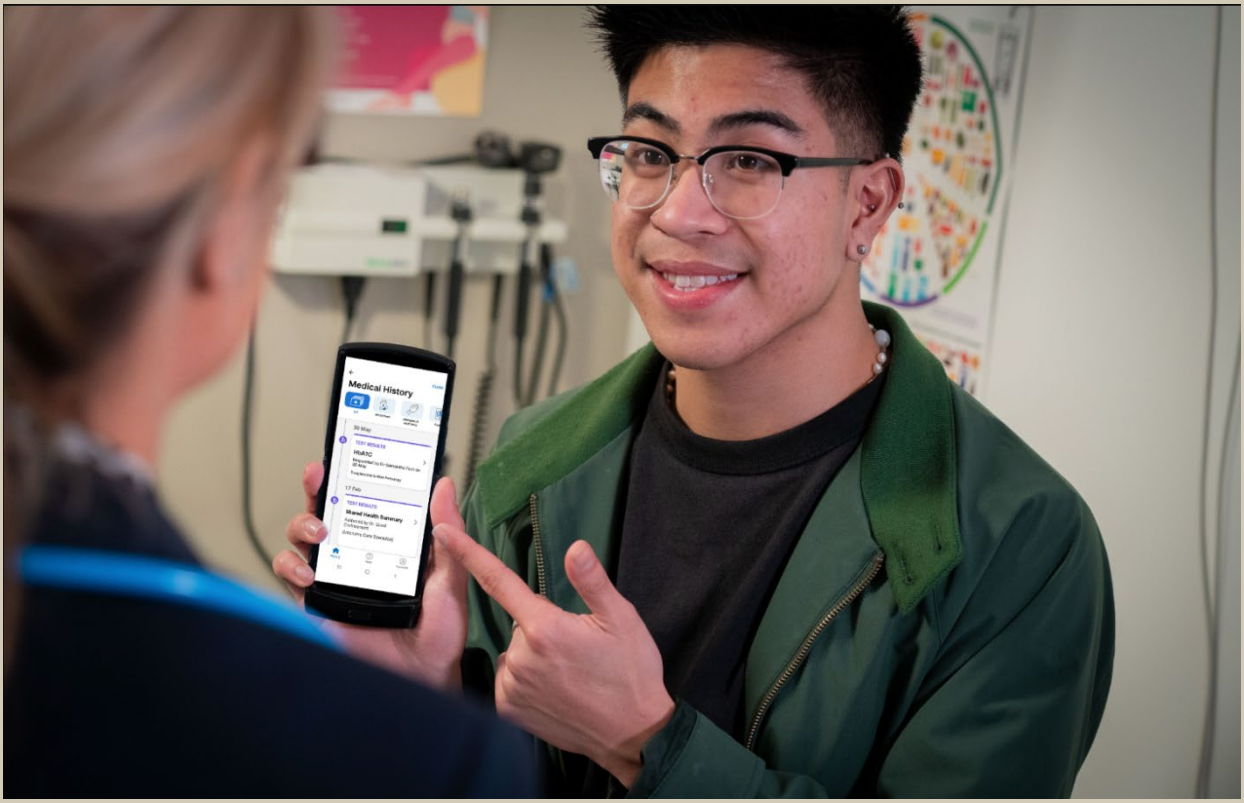
Collectively, these benefits will encourage consumer engagement with and use of My Health Record. In its first year of operations, the **my health** app was exceptionally well received, garnering positive feedback and widespread adoption. Achievements included:

- **Rapid adoption:** Within just 4 months of its launch on 28 February 2023, my health reached its 2023–24 target of 70,000 downloads.
- **Continued momentum:** By August 2023 (6 months post-launch), the platform had already achieved 100,000 downloads.
- **Sustained growth:** Throughout 2023–24, the app continued to attract new users at an impressive rate, averaging 451 onboarded users per day.
- **Total downloads:** As of 30 June, 2024, the cumulative number of **my health** downloads stands at 342,310
- **Active users:** On the same date, there were 206,886 onboarded users actively engaging with the platform, with approximately 3,935 active users each day.

Analysis of factors contributing to results

Positive factors	Challenges
● The app's intuitive design and seamless integration with the My Health Record system have reduced barriers to use, encouraging more people to regularly access and update their health information. ● Enabling the find and book health service and access to the symptom checker and medicines library contributes to access and equity to all users who want their health information and other services in one place. This encourages higher consumer engagement and use of My Health Record.	● Hurdles with linking My Health Record with myGov have been the most commonly reported barrier in completing the **my health** app onboarding. ● The lack of health information, such as pathology test results, is a factor in why consumers are not consistently using the **my health** app. ● Due to security protocols, returning users must re-authenticate after 6 months of inactivity, so it is expected that the retention will dip at regular intervals.

Case study: Enhancing the my health experience



February 2024 marked the first anniversary of the launch of **my health**, an app that allows Australians to quickly and securely access key health information inside My Health Record from a mobile or tablet device. Consumer engagement with **my health** grew steadily throughout 2023–24, alongside the delivery of enhancements to improve customer experience and functionality. The number of onboarded users reached 206,886 by 30 June 2024, with approximately 3,935 active users each day.

One of the most significant **my health** enhancements involved an integration of services provided by healthdirect. The integration gives users the ability to:

- search for a health service, including by location, and filter the results by factors such as bulk billing
- see detailed information about a health service, including appointment availability
- access trusted information within healthdirect website's medicines library and symptom checker.

Other **my health** enhancements included the introduction of a digital wallet version of a user's combined COVID-19 and influenza immunisation history statement and a more intuitive experience when 'switching' between records that the user has access to as a nominated or authorised representative.

Feedback from user reviews indicates they appreciate the convenience of having their key health information in the palm of their hand.

'Brilliant app. Easy to flick through your health records. No limitations that need you going back to the website. Very well designed. 10/10 to the developers,' said one reviewer.

Another shared, 'As someone who travels all the time, I am so happy that Australia provides this service.'

Consumer feedback will keep informing future **my health** enhancements as part of the Agency's ongoing commitment to a program of continuous improvement.

2. My Health Record connections

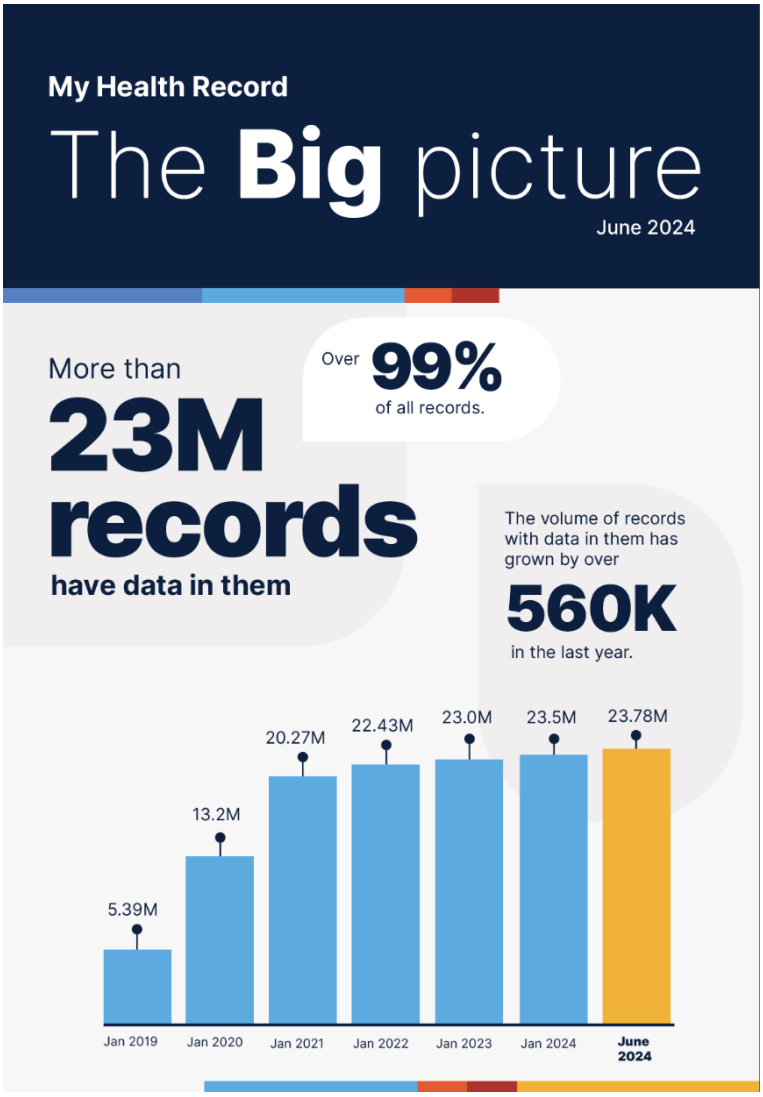
Over 2023–24, the Agency has continued its drive to improve the sharing and use of clinical information within the My Health Record system. This year, the focus was on connecting residential aged care homes (RACHs), as well as uplifting usage of My Health Record in the pathology and diagnostic imaging sectors. A significant number of private specialist practices were registered, and thereby built on work done in previous years to enable the clinical systems most commonly used in this sector to work with My Health Record. Finally, planning began on how to drive adoption of My Health Record in the allied health sector, where most of the commonly used clinical systems do not yet have My Health Record functionality.

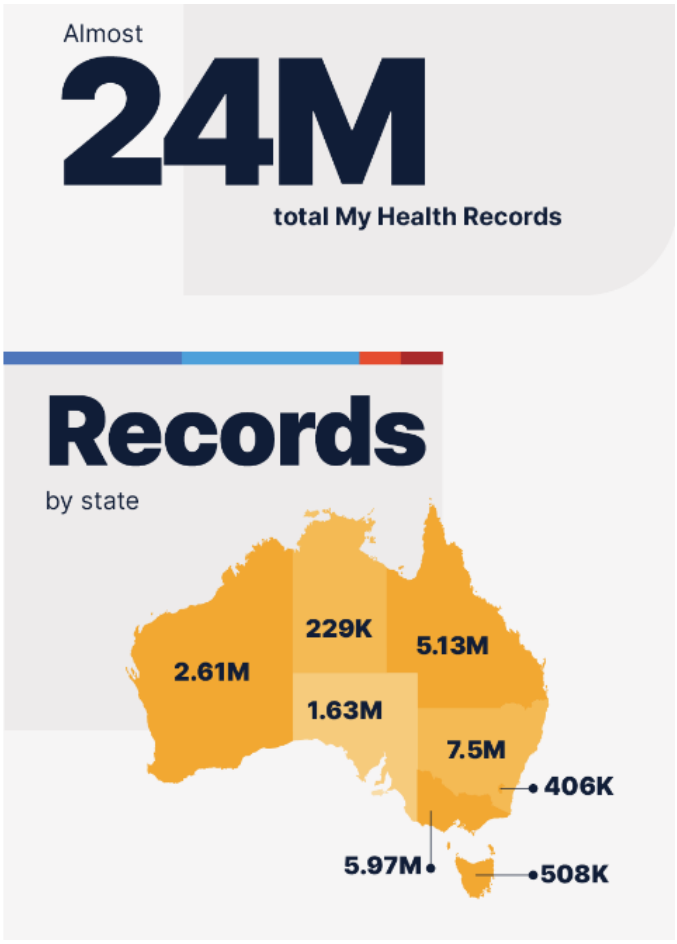
Achievements include:

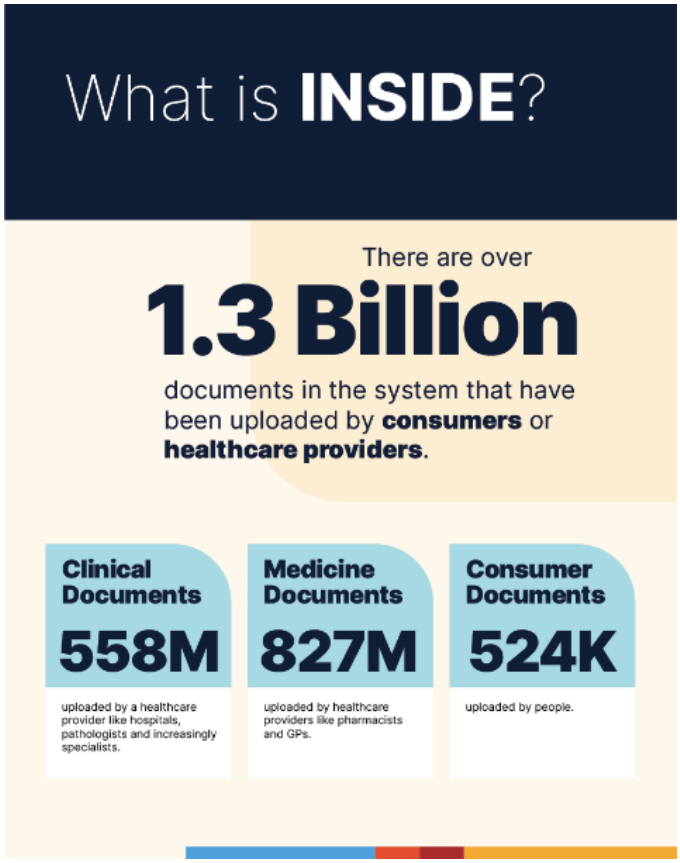
- Continued support for private specialists in registering for My Health Record, with the estimated percentage of all private specialist practices in Australia that have registered for it increasing from 39% to 54%.
- In 2023–24, 327 new RACHs registered for My Health Record bringing the total registered to 38% nationally:
    - Two major registrations include Opal HealthCare (93 RACHs) and Uniting NSW (73 RACHs), which connected to My Health Record via conformant clinical software.
    - The Agency's Digital Adoption Support team is currently providing support to 196 residential aged care providers (operating 911 RACHs) to register for My Health Record.
- The year has seen increased engagement with and support of pathology and diagnostic imaging providers to drive increased participation in My Health Record. For example:
    - Thirty (15 previous year) providers representing 100 clinic locations across pathology and diagnostic imaging sectors registered for My Health Record.
    - 158 additional diagnostic imaging practices started participating with My Health Record. I-MED Radiology Network, Australia's largest private radiology provider, connected 149 of these.
    - Sonic, Australia's largest private pathology provider, is uploading across all its Western Australia sites ahead of a full national rollout.
- The allied health connection to My Health Record project commenced in 2023–24. The Agency has partnered with Allied Health Professions Australia and the Department of Health and Aged Care to inform the project approach. In addition, to better understand the allied health landscape a series of interviews and surveys were conducted to gain insights to the levels of digital maturity and use of digital tools by the sector. Outcomes from this research revealed that:
    - the allied health sector is complex, with an estimated 200,000–300,000 healthcare professionals spanning 55 distinct professions each with varying sizes, business and regulation models
    - there is considerable variability in digital health literacy and the use of digital health tools (for example, clinical information systems) across this sector.
- The findings from these activities are informing the approach to connect allied health to My Health Record as well as the most appropriate design and approach to support change adoption and education opportunities.

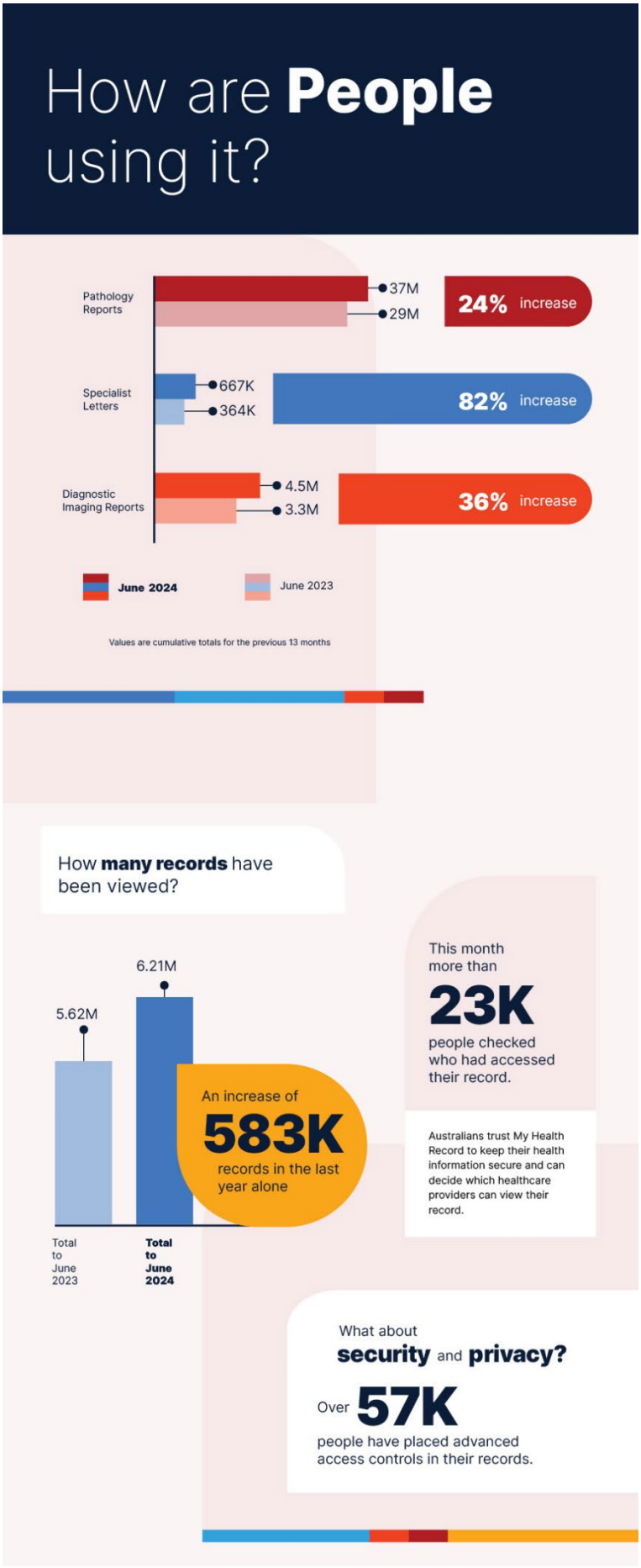
Analysis of factors contributing to results

Positive factors	Challenges
The Australian Government's announcement in late 2023 that it intended to mandate the sharing of pathology and diagnostic imaging reports with My Health Record by default had the effect in 2023–24 of: ● giving providers in these sectors a reason to accelerate their plans to connect to My Health Record ● giving other clinicians (such as specialists) a reason to register for My Health Record, in the knowledge that more high-value clinical content was going to become available to them.	● While the aged care sector continues to navigate complex reform changes following the Royal Commission into Aged Care Quality and Safety, providers are reporting that the adoption and use of My Health Record remains a lower priority in the absence of a mandate, despite the well understood benefits and use cases. ● The aged care sector is both time poor and facing major ongoing workforce issues that limit its capacity to commit to registering organisations for My Health Record due to the administrative complexity of the steps and ongoing commitments. ● Due to the variability in digital health literacy and use of clinical information systems across the allied health sector, connecting allied health to My Health Record presents a number of challenges that will need to be carefully worked through with the sector.



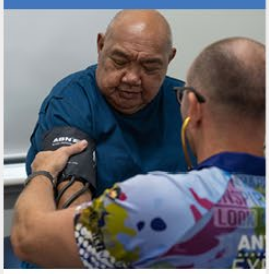

Almost
24M
total My Health Records
Records
by state
2.61M
229K
5.13M
1.63M
7.5M
406K
5.97M
508K


What is INSIDE?
There are over
1.3 Billion
documents in the system that have been uploaded by consumers or healthcare providers.
Clinical Documents
558M
uploaded by a healthcare provider like hospitals, pathologists and increasingly specialists.
Medicine Documents
827M
uploaded by healthcare providers like pharmacists and GPs.
Consumer Documents
524K
uploaded by people.


How are People using it?
Pathology Reports
37M
29M
24% increase
Specialist Letters
667K
364K
82% increase
Diagnostic Imaging Reports
4.5M
3.3M
36% increase
June 2024
June 2023
Values are cumulative totals for the previous 13 months
How many records have been viewed?
6.21M
5.62M
An increase of
583K
records in the last year alone
Total to June 2023
Total to June 2024
This month more than
23K
people checked who had accessed their record.
Australians trust My Health Record to keep their health information secure and can decide which healthcare providers can view their record.
What about security and privacy?
Over 57K
people have placed advanced access controls in their records.

How are **HEALTHCARE PROVIDERS** using it?

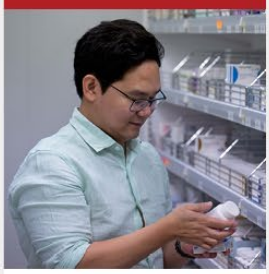
GP



99% of GPs are now registered

99% have used My Health Record

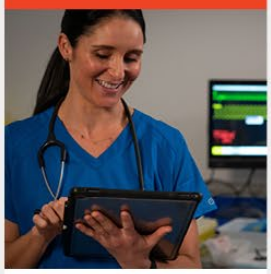
Pharmacy



99% of pharmacies are now registered

99% have used My Health Record

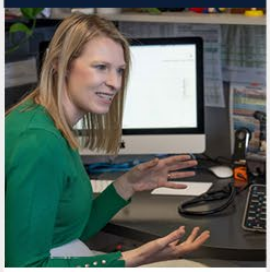
Public Hospital



97% of public hospitals are now registered

95% have used My Health Record

Specialist



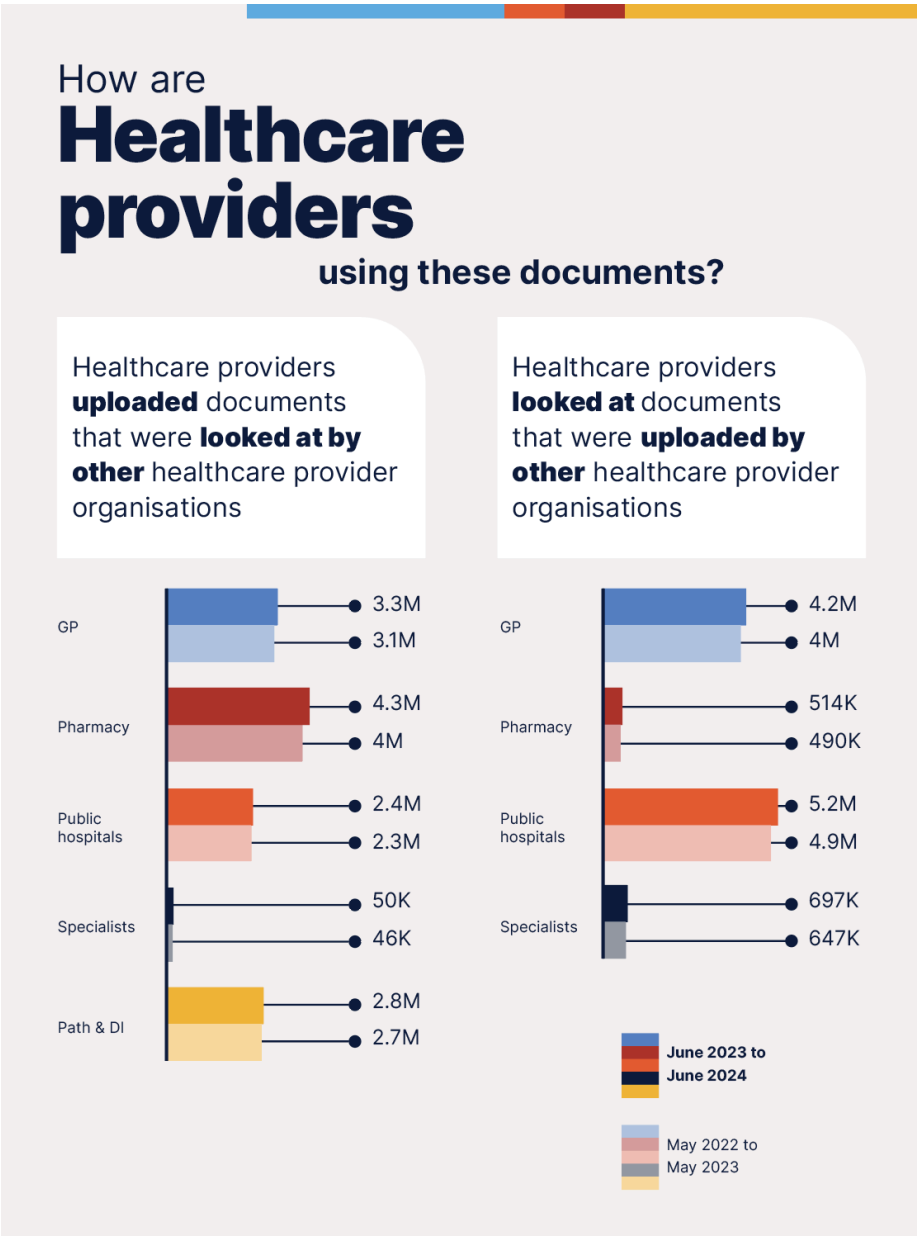
54% of specialists are now registered

31% have used My Health Record

Aged Care

37% of aged care are now registered

8% have used My Health Record



The number of documents in My Health Record increased by 23% in 2023–24 and now totals 6 billion, with more than 1.3 billion uploaded by either healthcare providers or consumers.

The following table shows the number of documents in My Health Record (by category) during 2023–24 and change relative to 2022–23. The volume of documents represents documents uploaded from Medicare as well as documents uploaded by healthcare providers or consumers. This figure is affected by other events such as amendments to and removal of documents, so the change in document volume in a given time period may not exactly match the number of uploads over the same period.

My Health Record document volumes 2023–24 (all values have been rounded)

Document category/name	At 30 June 2023	At 30 June 2024	Growth
Clinical documents	**413**M	**558M**	**35%**
Shared health summary	11M	13M	18%
Discharge summary	21M	27M	29%
Event summary	5M	7M	40%
Goals of Care	7K	11K	57%
Specialist letter	2.2M	3.9M	77%
eReferral note	0.5K	0.5K	0%
Pathology report	345M	467M	35%
Diagnostic imaging report	30M	40M	33%
Pharmacist Shared Medicines List	576K	918K	59%
Prescription and dispense record	**595M**	**827M**	**39%**
Prescription	225M	303M	35%
Dispense	370M	525M	42%
Consumer documents	**484K**	**525K**	**8%**
Consumer-entered health summary	327K	354K	8%
Consumer-entered notes	77K	81K	5%
Advance care document custodian report	42K	46K	10%
Advance care planning document	16K	21K	31%
Personal health observation	10K	10K	0%
Personal health achievement	2K	2K	0%
Child parent questionnaire	10K	11K	10%
Medicare documents	**4B**	**5B**	**25%**
Australian Immunisation Register	20M	20M	0%
Australian Organ Donor Register	3M	3M	0%
Medicare/DVA benefits report	2.3B	2.8B	22%
Pharmaceutical benefits report	1.6B	1.9B	19%
Total documents in My Health Record	**5B**	**6B**	**20%**

B = billion, M = million, K = thousand.

Healthcare provider views

The table below highlights the healthcare providers with the highest, second highest and third highest views by healthcare provider.

Top 10 Provider Views

View Type	GPs	Pharmacies	Public Hospitals	Private Hospitals	Pathology & Diagnostic Imaging	Specialists
Prescription & Dispense View	6,853,702	1,219,574	5,663,761	314,149	9,458	2,157,012
Pathology Report View	7,011,657	66,981	5,503,404	318,575	11,194	2,161,756
Diagnostic Imaging View	6,197,192	4,344	5,114,312	310,786	18,510	2,004,587
Medicines View	2,052,254	132,456	10,491,140	207,698	7,996	143,662
Medicare Overview	1,219,126	49,818	8,036,424	385,021	8,134	143,412
Australian Immunisation Register	5,411,067	1,045	1,788,085	74,092	1,787	1,791,737
Health Record Overview	253,510	186,855	5,704,816	241,600	7,662	136,998
Dispense Record	962,690	46,490	2,329,237	4,258	4,375	366,093
Pathology Report	2,222,693	82,968	1,547,888	33,044	11,107	236,169
Prescription Record	572,216	33,693	1,593,953	25,461	3,899	231,024

Highest number of views
2nd highest
3rd highest

3. My Health Record enhancements

Enhanced My Health Record features are driven by one of the strategic priority outcomes, which is to encourage information sharing. It is strategically designed to significantly benefit consumers by increasing health information shared to support the patient and improve health outcomes and efficiency for healthcare providers. The system now integrates better with mobile technologies, making it easier for consumers to access their health information on the go. Users can access their medical history in one convenient place, including lab results, immunisations, medication records and medical conditions. Having access to this information helps people take control of their health, fosters improved communication with healthcare providers and ensures timely and well-informed care decisions. Additionally, the new features enable users to share their health records with healthcare providers and authorised staff in residential aged care, which can be crucial during an emergency. This enhances patient outcomes, reduces time, increases health literacy and facilitates a more patient-centred approach to healthcare.

Targeted, quality-focused enhancements have lifted the utility and functionality of My Health Record:

- The number of Medicare documents uploaded has increased since the first access trigger rule was enhanced and extended, when dispensed records, pathology reports, diagnostic imaging reports and residential care information (transfer reason, medication chart, health summary) were uploaded.
- My Health Record can now receive structured pathology results, so healthcare providers, healthcare recipients and their representatives can easily access and understand test results rather than searching through PDFs. To achieve this, the following activity was undertaken:
    - enhanced HIPS middleware software, which is used by most large public and private pathology providers in Australia to enable uploads to My Health Record so that it also supports structured pathology
    - worked with WA Health and SA Health to support their efforts to become the first providers to upload structured pathology reports to My Health Record.

  In the near term, clinical and consumer users of My Health Record will be able to access their test result information more quickly when it is in the form of a structured report.
- My Health Record was enhanced to support uploading and sharing of aged care transfer summary (ACTS) information in preparation for when the RACH systems are able to upload ACTS documents. ACTS via My Health Record will capture and enable the transfer of key clinical information for residential aged care residents as they move from aged care homes to hospitals or other healthcare settings. My Health Record and **my health** app enable healthcare providers and consumers to view key health information about aged care residents, to aid coordination of care across the health system.
- My Health Record integrates with MyMedicare to enable healthcare providers, healthcare recipients and their representatives to view the registered preferred GP through My Health Record and **my health** app. It aims to formalise the relationship between patients, their general practice, general practitioner and primary care teams.
- The My Health Record system and the underlying infrastructure have been enhanced over the course of iterative performance reviews to ensure stability. This is in response to the expected increased uptake of the **my health** app once the mandatory upload of pathology and diagnostic data takes place.
- The COVID-19 Dashboard was decommissioned after Services Australia discontinued the COVID-19 statement. This was replaced with an immunisation statement, which only contained COVID-19 and influenza information. As a result, My Health Record was enhanced and the Medical Conditions view was introduced, replacing the COVID-19 Dashboard, to provide convenient access to information related to medical conditions for healthcare providers, healthcare recipients and their representatives in one place.
- A better user experience has been implemented when switching between myGov and My Health Record: users no longer need to always log in through myGov.
- My Health Record integrates with myGov to send My Health Record messages through the myGov digital inbox. This allows healthcare recipients and representatives to receive and read messages in a secure and convenient manner.

Analysis of factors contributing to results

Positive factors	Challenges
● The **my health** app boosted consumer engagement by providing more convenient access to health information on mobile devices.	● Delays in testing at both WA Health and SA Health have meant that structured pathology

Positive factors	Challenges
● The continued integration of My Health Record with various healthcare providers, such as hospitals and general practitioners, also streamlined the process of patients accessing and updating health records and is another likely contributor to consumer use. ● Throughout 2023–24, targeted awareness and adoption activities among healthcare professionals – particularly in key sectors such as aged care, allied health and medical specialists – has driven increased participation in the My Health Record system. The Agency implemented comprehensive training programs, workshops and informational campaigns to educate these professionals on the benefits and functionalities of My Health Record. By highlighting how the system can streamline patient information sharing, improve care coordination and enhance clinical decision-making, these initiatives fostered a greater understanding and appreciation of My Health Record among healthcare providers. ● Additionally, tailored support materials and resources were provided to address the specific needs and workflows of aged care facilities, allied health practitioners and specialists, making it easier for them to integrate the system into their daily practices. These concerted efforts not only raised awareness but also facilitated smoother adoption, leading to a broader and more consistent use of My Health Record across these crucial sectors.	uploads are expected to commence in early 2024–25 rather than late 2023–24. ● Hurdles in completing My Health Record setup – the majority due to identity verification process using Medicare proof of record ownership (PORO) – continue to be the barrier to elevating user experience and uptake of My Health Record and **my health** app. Approximately 25% of potential users fail to complete the workflow due to the PORO flow in set-up.

4. Aged Care Program

The Aged Care Program is dedicated to improving the quality of care for older Australians by harnessing the power of digital technologies. At the heart of this effort is My Health Record, which enables better connectivity between aged care and healthcare services. By working closely with healthcare providers, consumers and industry stakeholders, the program ensures the seamless and secure integration of My Health Record capabilities. Furthermore, initiatives are underway to reduce administrative tasks and optimise benefits for the aged care sector, aligning with the recommendations of the Royal Commission into Aged Care Quality and Safety.

Over 2023–24, the Agency actively supported care connectivity for older Australians by leveraging the My Health Record system. Recognising the critical need for seamless care transitions, particularly when residents move from aged care homes to hospitals, the Agency embarked on several initiatives to bridge the information gap and improve continuity of care. These initiatives included:

- **Integration with My Health Record:** The Agency partnered with RACHs to connect their systems to My Health Record. This integration ensures that essential health information is readily available to all healthcare providers involved in a resident's care. By 30 June, the Agency had connected 37% of all RACHs and 98% of multi-purpose services that provide aged care services to My Health Record. This success is likely attributable to strong engagement with the relevant sectors: collaboration with PHNs to engage with RACHs

in their local areas, advocacy with software developers, and approaching residential aged care providers directly through a state-by-state registration campaign supported by media campaign.

- **Digital aged care transfer summary:** A critical component of this initiative is the development of a digital ACTS capability within My Health Record. This feature allows RACHs to upload clinical documents directly into My Health Record, providing hospitals with immediate access to vital information during the transfer process. After development and release, it relies on aged care software vendors to update their systems to be compliant with My Health Record and to deploy compliant software to associated RACHs.
- **Industry offers for software conformance:** To support this integration, the Agency released 2 industry offers aimed at ensuring that the software used by RACHs conforms to My Health Record standards. These offers provide guidance and support to software vendors, enabling them to develop and maintain compatible systems. Lessons learned from the first round resulted in a second round with a more structured payment model to reward progress and a more targeted approach to role and resource allocation.

Analysis of factors contributing to results

Positive factors	Challenges
● The Agency provided dedicated resources and projects to support key elements of the aged care sector to uplift and connect to My Health Record – including RACHs, software vendors, standards development and system enhancements.	● The aged care sector and key stakeholders face pressures, including government requirements, staffing and resourcing and competing priorities. There is no mandate for the sector to incorporate changes or improvements arising from the Agency's activities; as such, these are often seen as optional rather than essential.

5. System improvements

Strategic partnerships with government entities, the software industry and peak clinical bodies to improve connectivity across the healthcare system continue to be a priority for 2024–25, including:

- **Healthcare Identifiers Service** – The HI Service ensures accurate matching of records to individuals in the healthcare system. This national system assigns unique identifiers to individuals, healthcare professionals and organisations, allowing seamless access to critical health data at the point of care. The service includes 3 types of healthcare identifiers: Individual Healthcare Identifiers (IHIs) for individuals, Healthcare Provider Identifiers – Individual (HPI-Is) for healthcare professionals, and Healthcare Provider Identifiers – Organisation (HPI-Os) for healthcare organisations. Standardised identifiers play a vital role in maintaining data integrity and enabling informed decisions across different platforms, ultimately contributing to cohesive patient care.
- **National Authentication Service for Health (NASH)** – NASH is a critical component of Australia's digital health infrastructure, facilitating secure access and exchange of health information among healthcare providers and supporting organisations. By providing public key infrastructure (PKI) certificates, NASH enables authorised users to access the My Health Record system, digitally sign documents and encrypt health data for secure communication. It thereby helps to protect patient privacy and allows seamless integration and interoperability between different health services, enhancing overall care delivery and coordination.

- **Healthcare Information Provider Service (HIPS)** – HIPS is a middleware solution that bridges the gap between hospital patient administration systems, clinical information systems and My Health Record. The solution is used extensively in public and private hospitals and in pathology and diagnostic settings. HIPS facilitates the upload of clinical content to My Health Record and contains functions that enable healthcare professionals to view that patient information in their clinical setting. Presently, the viewing capability is delivered through the HIPS user interface, which is often embedded in clinical information systems, and through HIPS Mobile, designed for anywhere, anytime mobility.
- **Comprehensive Health Assessment Program (CHAP)** – This is a collaborative effort with the Department of Health and Aged Care to digitise the paper-based health assessment tool known as the Comprehensive Health Assessment Program (CHAP) and get it integrated into GP clinical information systems. CHAP is a 2-part questionnaire designed to identify and address unmet health needs among people with intellectual disabilities. Part 1 is completed by the individual or their care team and provided to the GP, who in turn completes Part 2. Usage of the CHAP has been clinically proven to improve health outcomes for people with intellectual disability, and making Part 2 more accessible and easier for GPs to complete is expected to increase uptake.

During 2023–24, the Agency completed the transition of the healthcare sector from **NASH** SHA-1 PKI certificates to the more secure NASH SHA-2 PKI certificates and disabled SHA-1 access to the HI Service to strengthen defences against cyber threats. SHA-1 access to the My Health Record system will be disabled early in the next reporting period.

The Agency collaborated with Services Australia to enhance the **HI Service** to make it easier for healthcare providers to find identifiers for their patients, particularly those from Aboriginal and Torres Strait Islander communities and other cultural backgrounds where multiple names and dates of birth are common. The Agency will work with software developers during 2024–25 to adopt these enhancements for the benefit of consumers.

The Agency has also released several updates to the **HIPS** product, strengthening the overall security posture of the product and introducing new user features. These releases include HIPS 8.3.1, which uses more modern and supported IT frameworks, HIPS Mobile 3.1, designed to support healthcare professionals in viewing of patient information in My Health Record on mobile devices, and the HIPS Document Authoring Adapter, supporting the authoring and upload of specialist letters to My Health Record. Work is also underway on developing an adapter to support the upload of structured pathology via HIPS to My Health Record, and on the co-design of a new clinical viewer. These are slated for release in the next reporting period.

The Agency launched the **CHAP Integration** project with a research and discovery exercise. In this work the Agency consulted with GPs, nurse practitioners, carers and people with an intellectual disability to understand the limitations of the current paper-based usage of the CHAP tool and identify options and benefits associated with digitising Part 2 of the tool. The Agency also consulted with sector stakeholders including CSIRO and the Department of Health and Aged Care to utilise the modern SMART on FHIR® technical standard for integrating CHAP as a ‘smartform’ within GP clinical information systems. This has set the Agency up to build the digitised CHAP solution in 2024–25, and in the process stand up new national digital infrastructure that will enable other similar smartform projects in the future.

Analysis of factors contributing to results

Positive factors	Challenges
● The HI Service is a mature stable product that continues to do its job reliably within its current scope. ● The Agency's ability to leverage some foundational SMART on FHIR® work previously done by CSIRO, plus the technical community's enthusiasm for this standards-based approach, has assisted the solution design work for the CHAP Integration project. ● Investment in the agile delivery of HIPS continues to ensure the Agency can be responsive to customer needs and maintain software currency. ● HIPS' modular design enables the Agency to introduce new features with reduced implementation effort by sites to adopt these features.	● Current legislation overly constrains who can use healthcare identifiers and for what purposes. Legislative change is required to expand the use of healthcare identifiers to fully realise their potential benefits. ● The technology standards behind the HI Service are more than a decade old and are not ideally suited to work with modern standards such as FHIR®. Updates to the service will be required over the next few financial years to bring it up to date with modern standards. ● The NASH system is not ideally suited to work with modern standards such as FHIR®. The Agency is developing a roadmap to transition digital health from NASH to more modern authentication methods based on the Australian Government Digital Identity System. ● The absence of national identifiers for healthcare services and delivery locations means that HPI-Os are often used as a stand-in identifier, which imposes significant overheads for large healthcare providers. ● The decision to be more ambitious with the CHAP Integration project, by standing up national digital infrastructure that will enable not just this project but other smartform projects as well, has introduced additional complexity and delayed some interim milestones, although the overall project timetable has not changed. ● Several HIPS customers are yet to upgrade to the most recent HIPS release. This results in sites being unable to use some HIPS features and impacts the Agency in achieving some of its program goals. This also results in additional support effort that could be avoided. Modernisation efforts over 2024–25 will seek to encourage sites to upgrade to the most recent version.

Case study: Co-design and collaboration driving digital health delivery

The Digital Health Adviser – Consumer and Carer Program was established to embed ongoing consumer involvement in the delivery of the Agency's Work Plan and the *National Digital Health Strategy 2023–2028*. Advisers share their lived experiences with health-related conditions and diseases and their skills and knowledge across the health and community care sectors to collaborate on and co-design digital health products and services. Their advice and guidance ensure the diverse perspectives of Australians are represented across Agency activities.

At the February 2024 Council for Connected Care meeting, which focused on the information-sharing priority of the *National Healthcare Interoperability Plan*, a panel of advisers and healthcare consumers gave insights to the council based on their lived experiences of Australia's healthcare system. They spoke about the significance of person-centred approaches, the need for deep co-design on digital health innovation, the centrality of health equity and the criticality of having clear and accessible information from right across their healthcare journeys available to them where and when they need it.

Adviser Mehmet Kavlakoglu was one of the panel members. The 28-year-old lawyer works evenings supporting young people in headspace's online chat rooms. Knowing that suicide is the leading cause of death in young people is a powerful motivation to help. He is passionate about digital mental health service delivery, including improving access in regional and remote communities and for at-risk population groups such as young men and culturally and linguistically diverse communities.

Mehmet spoke about the importance of informed consent when establishing processes that ensure a consumer's care team has appropriate access to their health information. He emphasised that consent should be clearly and simply communicated, and consent processes should be reviewed regularly to ensure they continue to meet best-practice care approaches, legal and regulatory requirements and the needs of the consumer in their current situation.

Mehmet also attended the launch of the National Digital Health Strategy, held prior to the council meeting. He's looking forward to the inclusive, sustainable and digitally enabled healthcare system the strategy is driving and believes digital technology is the key to delivering inclusive and sustainable mental health support.

'The amazing thing about this way of reaching young people is that we're helping them in a place they feel comfortable, and we're able to get in quickly and help them help themselves,' Mehmet said.

'Young people prefer this way of communicating because they can step into it slowly without identifying themselves, but because it's a peer-led conversation we are triaging as we go and can move off to talk to them solo where we think it's needed.

'Sometimes this level of support is enough, and sometimes this service is what keeps them going until they're able to get more intensive help.'

Improving connectivity and advancing real-time data exchange

The future of health is an ecosystem of connected providers together supporting Australian healthcare consumers and conveniently and seamlessly sharing high-quality data with easily understood meaning throughout the health system. In 2023–24, the Agency continued to take significant steps in making this vision a reality.

There were 4 priorities in 2023–24 in this program of work.

1. National Digital Health Strategy 2023–28 and Roadmap

The Agency has a statutory obligation to coordinate and develop a National Digital Health Strategy on behalf of all jurisdictions.

The National Digital Health Strategy 2023–2028 places people at the heart of a modern, interconnected and digitally empowered healthcare system. It seeks to achieve 4 outcomes ensuring the health system is digitally enabled, person-centred, inclusive and data-driven.

The strategy will modernise national infrastructure to transform healthcare delivery over the next 5 years, driving information sharing, increasing connectivity and advancing real-time information sharing. By fostering greater interoperability, the aim is to unlock the full potential of digital health, benefiting individuals and their carers, communities, governments, industry and healthcare providers. The strategy also identifies opportunities for digital health to support planned national health system reforms and address emerging contemporary health system challenges.

The strategy is made operational through a Strategy Delivery Roadmap. While the strategy sets the overarching vision, the roadmap implements that vision, specifying the actions, timelines and responsibilities that will create a more connected, person-centred and inclusive health system.

It does this by setting out priority actions to guide how partners contribute to implementing the strategy. Co-designed by the Australian, state and territory governments and other partners, the roadmap is a living document periodically reviewed to keep pace with technology developments, emerging policy priorities and health challenges.

During 2023–24 the Agency undertook extensive collaboration between federal, state and territory governments and consultations with consumers, carers, healthcare providers, research organisations and technology innovators to finalise the development of the strategy and roadmap. The roadmap in particular was informed by and acknowledges the detailed work plans and proposals published by jurisdictions and other partners across Australia. It informs and guides future shared investment and work plan development of partners across health and care systems.

Federal, state and territory governments endorsed the 5-year strategy and roadmap and the Agency released the strategy and roadmap on 22 February 2024. This release was supported with the launch of a bespoke website (National Digital Health Strategy) and targeted media and communication activities. The Agency commenced evaluation activity in 2023–24 to monitor progress against the strategy's outcomes.

Analysis of factors contributing to results

Positive factors	Challenges
● Close collaboration between the Agency, the wider federal government and state and territory governments helped deliver the National Digital Health Strategy, which will achieve nationwide health system outcomes. ● More than 3 years of extensive consultation with Australian consumers and carers, healthcare professionals, researchers, representative organisations, the software industry and state and territory governments helped inform a strategy and roadmap that would meet the needs and expectations of all stakeholders. ● The roadmap was developed through extensive consultation with delivery partners with the understanding that it is a living document that will be periodically reviewed to keep pace with technology developments, emerging policy priorities and health system challenges.	● The launch of the strategy was delayed from its original 2022–23 release date. This was to ensure it reflected developing Australian Government priorities, including digital health initiatives detailed in the 2023−24 Budget, the Strengthening Medicare Taskforce report and the priorities of all governments under the Intergovernmental Agreement on National Digital Health 2023–2027. ● Several future initiatives identified in the roadmap do not have resources allocated to them. Implementation of these initiatives may be subject to budgetary pressures and competing priorities.

2. Interoperability supporting connected care

The future of healthcare envisions a network of interconnected providers working together to enhance the experience and outcomes of Australian healthcare consumers. Interoperability is fundamental for this, ensuring that high-quality data is shared conveniently and seamlessly with the right people at the right time. Consumers will have access to their health information when and where they want it, and healthcare providers will have timely information to improve clinical decision-making and reduce duplication.

The **Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028** – published in July 2023 – is Australia's first nationally agreed pathway to a more connected healthcare system. The Interoperability Plan was developed following extensive consultations over more than 2 years and includes 10 principles, 5 priority areas and 44 actions. The Agency is the steward of the Interoperability Plan and responsible for delivering 40 of the 44 actions.

The Agency has established the Council for Connected Care to support national implementation of the Interoperability Plan and provide strategic advice on matters related to connecting care. The council is chaired by the CEO of the Australian Commission on Safety and Quality in Health Care and comprises 33 leaders across the health and care continuum and digital health technology sector.

Milestones and developments since the approval of the Interoperability Plan include:

- establishing strong governance through the Council for Connected Care and the Australian Digital Health Standards Advisory Group and publishing these governance groups' meeting communiques and papers on the Agency's website, which has enhanced transparency and promoted a culture of openness and collaboration. The council held 4 meetings during 2023–24, covering the 5 priority areas in the Interoperability Plan:
    - 10 August 2023 – online meeting on identity
    - 11 October 2023 – face-to-face meeting on standards

  - 22 February 2024 – face-to-face meeting on information sharing
  - 2 May 2024 – online meeting on innovation and benefits.
- publishing roadmaps and resources for national coordination and collaboration:
  - National Healthcare Identifiers Roadmap 2023–2028 to increase the adoption and use of healthcare identifiers in health and care settings
  - Guiding principles for those developing or implementing digital health standards
  - Sparked Accelerator program roadmap to deliver Australian core and eRequesting data sets and FHIR® implementation guides
  - Digital Health Standards Catalogue to provide a single point of access for relevant standards in digital health
  - Conformance framework to ensure digital health products and systems are operated in a manner that aligns with safety, security and interoperability standards
  - Digital Health Procurement Guidelines to provide guidance to healthcare organisations seeking to purchase digital health solutions and harmonise interoperability requirements in ICT procurement.
- drafting a national Health Information Exchange architecture and roadmap in consultation with jurisdictions and key stakeholders and consulting with jurisdictions on a legal and policy framework to support information sharing across care settings and state and territory borders
- sharing resources in central locations – the Agency's Online Interoperability Toolkit and Digital Health Developer Portal – for collaboration and to build the knowledge base
- building the digital health capability of the workforce through assessment tools and FHIR® training
- measuring maturity through the 2022 Interoperability Benchmark Survey, identifying appropriate maturity models and monitoring progress against the actions in the Interoperability Plan.

Progress against each of the 44 actions in the Interoperability Plan is provided in more detail in the 2023–24 Annual Progress Report.

Analysis of factors contributing to results

Positive factors	Challenges
● The 2023–24 Federal Budget and the Intergovernmental Agreement on National Digital Health 2023–2027 have committed resourcing to implement actions in the Interoperability Plan. ● The publication of the Interoperability Plan and development of roadmaps under key priority areas gives direction to the sector and facilitates national coordination and collaboration. ● Quarterly reporting on progress against the actions in the Interoperability Plan ensures accountability and helps garner support from the sector when they can see progress towards achieving a more connected healthcare system. ● Governance under the Council for Connected Care and the Standards Advisory Group ensures broad stakeholder engagement and representation across the sector.	● Maintaining the pace of effort needed to develop and implement required standards in support of the health system reform agenda. ● There has been strong interest in the Council for Connected Care but not all organisations can become members as it needs to be kept to a manageable size for meaningful discussions. All meeting papers are published on the Agency's website to ensure transparency and collaboration with interested organisations.

3. Provider Connect Australia™

Provider Connect Australia™ (PCA™) is an initiative developed and operated by the Agency. It allows healthcare provider organisations to update their business information in a single place, improving the accuracy of healthcare service and practitioner details while minimising duplication and streamlining notifications. By maintaining up-to-date information, PCA™ ensures that funders, health service directories, communication services and other key partners receive consistent data about healthcare services. This reduction in administrative burden benefits both providers and patients, ultimately contributing to a more efficient and reliable healthcare ecosystem.

Over 2023–24, the Agency continued to streamline processes for healthcare provider organisations, with enhancements to PCA™ including:

- streamlining the onboarding process for healthcare provider organisations and enhancing the usability and accessibility of the PCA™ portal
- automating the process for changing the ownership of a healthcare practice
- supporting the inclusion of practitioners in self-regulated professions
- allowing healthcare organisations to import their existing information from the National Health Services Directory operated by healthdirect Australia
- simplifying the integration of practice management systems into PCA™ to automate the flow of updates from those systems
- allowing PCA™ business partners to request additional information from healthcare provider organisations and to notify them of incomplete or out-of-date information.

During the year, the Agency accelerated engagement with allied health professional bodies and the private health insurance sector. This has resulted in 2 professional bodies onboarding as PCA™ business partners late in the year with adoption campaigns for their members planned for 2024–25, as well as significant interest from the private health insurers with several expected to onboard during 2024–25. The Agency continued collaboration with existing PCA™ business partners, including the National Health Services Directory, NSW Health and PHNs to strengthen integration with their systems and improve the end-to-end experience for healthcare providers to engage with them.

Analysis of factors contributing to results

Positive factors	Challenges
● Strong engagement with current PCA™ users, PCA™ business partners and allied health peak bodies informed the development of PCA™ enhancements to streamline processes for healthcare provider organisations as well as building interest in the use of PCA™. ● The Agency provided direct support to healthcare provider organisations that were interested in registering to PCA™, ensuring a smooth registration process and encouraging ongoing use of the system.	● PCA™ is of the highest value to healthcare providers and their business partners when other people use it. Adoption by providers will continue to be challenging until sufficient business partners are using the system.

Case study: PCA™ makes strides into healthcare connectivity

Provider Connect Australia™ (PCA™) is designed to improve efficiencies across the healthcare system by eliminating the administrative burden healthcare provider organisations face when maintaining critical health information. In 2023–24 PCA™ was successfully rolled out across the health sector, with registrations surpassing financial year targets within 7 months.

PCA™ took a significant step forward in April to support Australia's allied health sector when the Australian Podiatry Association (APodA) became the first peak body to register. APodA and healthcare technology company Foxo are part of a growing number of business partners using the free PCA™ service to streamline their relationships with healthcare providers.

APodA CEO Hilary Shelton said understanding the health policy landscape was essential for advancing the podiatry profession.

'We can make significant strides forward by recognising how digital initiatives like Provider Connect Australia™ can reshape this landscape. It presents the profession with a clear opportunity to revolutionise how podiatrists manage their administrative requirements, alleviating some of the challenges,' Ms Shelton said.

Foxo co-founder Mani Sahihi said she was delighted for her organisation to join the PCA™ business partner network.

'The enhanced accessibility provided directly via PCA™ to Foxo's community network plays a pivotal role in fostering external, real-time collaboration between healthcare disciplines, including primary, such as general practice and allied health; pharmacy; secondary care; and diagnostics. Almost 70% of the Australian healthcare

and social assistance workforce is employed outside of the hospital environment, and having a seamless, secure path of communication between these workforces and the hospital workforce is critical,' Ms Sahihi said.

4. Medicines safety

Safe medication practices are crucial for preventing adverse drug events, enhancing patient outcomes and maintaining trust in the healthcare system. The Agency supports the implementation of 4 initiatives that collectively contribute to medicines safety:

- **Electronic prescribing** is part of the broader digital health and medicines safety framework that aims to provide a safe and efficient supply of medicines to consumers. It enables the prescribing, dispensing and claiming of medicines without the need for a paper prescription and provides convenience and choice to consumers.
- An **Active Script List** (ASL) is a digital list of a consumer's electronic prescriptions and can be a convenient option if they take multiple medications. It provides a consolidated list of all current active prescriptions and repeats available to be dispensed, allowing a consumer to safely store their tokens for their active electronic prescriptions and manage which prescribers and dispensers have access to them.
- A **pharmacist shared medicines list** (PSML) is a list of medicines a consumer is known to be taking, including prescribed, over-the-counter and complementary medicines. It can be a useful reference for consumers managing chronic diseases or taking multiple medications. The PSML is a clinical document type supported by the My Health Record system.
- **Real-time prescription monitoring** (RTPM) is a nationally implemented system designed to monitor the prescribing and dispensing of controlled medicines with the aim of reducing their misuse in Australia.

Electronic prescribing has the potential to minimise the risk of dispensing errors and fraudulent alteration of prescriptions and supports the policy approach to harm minimisation, as set out in the National Drug Strategy 2017–2026. Electronic prescribing will benefit consumers, clinicians, jurisdictions and health services in different ways. For example, electronic prescribing improves timely consumer access to medications, supporting telehealth and other virtual care by eliminating the need to use paper prescriptions. Use of electronic prescriptions in hospitals provides choice and a consistent prescription management experience for consumers across tertiary and primary care settings. Electronic prescriptions delivery is near instantaneous to consumers, thus reducing time to treatment.

Consumer accessibility and improved time frames to obtain medicines is supported by electronic prescribing via the ability to send electronic prescriptions directly to the consumer's pharmacy who can dispense and deliver the medicine to the consumer's home. Use of electronic prescriptions may have the ability to be shared between other health facilities, ensuring safer transition of care. Electronic prescribing creates opportunities for improved medication safety by reducing manual data entry involved in the dispensing of prescriptions, resulting in lower error rates and improved patient safety.

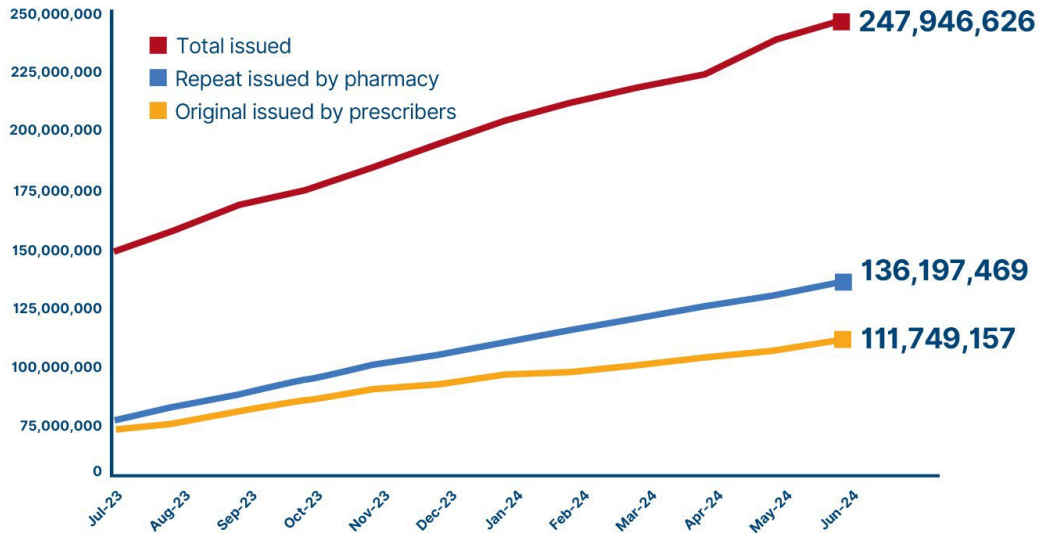
Additionally, electronic prescriptions minimise the risk of fraudulent alterations, as they can be tracked and verified more easily than paper prescriptions, contributing to the integrity of the medication supply chain. In the future, electronic prescribing will be integrated into the broader framework of medication safety and quality use of medicines. This will involve decision support tools that provide prescribers with information on drug interactions, dosage guidelines and patient-specific considerations. Furthermore, electronic prescribing will

support the continued use of strategies such as telehealth to improve access to timely services, for example, allowing patients to get the healthcare they need, where and when they need it.

Focus areas for 2023–24 included **electronic prescribing in hospitals:**

- Recognising the benefits that electronic prescribing could deliver to hospitals, including the opportunity to improve Quality Use of Medicines and contribute to improved efficiencies, access to timely services and patient safety, the implementation of electronic prescribing in public hospitals has been identified as a key strategic priority under the Intergovernmental Agreement on National Digital Health 2023–2027 (IGA).
- Over September 2023 to May 2024, the Agency completed extensive engagement with jurisdictions, clinical peak organisations, the software industry, clinicians and consumers to analyse the current state and readiness for electronic prescribing across the jurisdictions and to establish the future direction for electronic prescribing in public hospitals. Since October 2023, the Agency has conducted 32 workshops attended by over 230 participants. Key artefacts developed during this project phase included an Environmental Analysis Report, National Strategic Roadmap and strategic roadmaps for each jurisdiction to map out the implementation of electronic prescribing in public hospitals to 4 distinct horizons.
- The roadmaps provide a clear and structured pathway to enable government agencies and jurisdictions to plan and execute the implementation of electronic prescribing in a phased and coordinated way. Each horizon builds upon the previous one, ensuring that foundational elements are in place before advancing to subsequent stages. This approach allows for a systematic progression that is both manageable and aligned with the unique circumstances of each jurisdiction, ultimately leading to the successful implementation of electronic prescribing.
- The roadmaps also provide a critical path for the Agency and jurisdictions to develop an integrated timeline showing a complete view of how long implementation will take, nationally and across the jurisdictions, and the extent of national support needed. They also map how to review and agree at a national level the implementation design principles and key enablers, such as supporting policy, relevant legislation and standardisation of contractual and technical requirements. The electronic prescribing project in WA, which began in 2021, has advanced implementation of electronic prescribing in outpatient clinics across the state's health services. WA's bespoke prescribing solution supports HPI-I integration and electronic prescribing functionalities for general (non-medication chart) prescriptions. In 2023–24, WA completed a statewide rollout of electronic prescribing and is preparing for the introduction of full electronic prescribing capabilities, including at discharge and through implementation of the electronic prescribing–enabled hospital dispensing software.

Over
104 million electronic prescriptions generated
1 July 2023 to 30 June 2024



Electronic prescriptions

Provider activity at 30 June 2024

238,665,742

Number of original scripts issued by prescribers and repeats issued by pharmacies

Original electronic prescriptions generated by prescribers	Electronic prescription repeats generated by pharmacies	Individual prescribers generating electronic prescriptions
101,205,996	**137,459,746**	**89,762**

[1] **Source: https://hwd.health.gov.au/resources/data/gp-primarycare.html# 57% assumes majority of prescribers are GPs (given that software is predominantly rolled out in primary care).**

[2] Based on 5,935 community pharmacies approved to supply PBS medicines as at 30 June 2024.

The **expansion of digital medication charts** and **modernisation of electronic prescribing technical framework** were also priorities.

- To support the Strengthening Electronic Prescribing and Targeted Digital Medicines Enhancements Budget Initiative 2023–24, the Agency stewarded the modernisation of the electronic prescribing technical framework. This work supports the expansion of electronic prescribing and digital medicine charts across the health sector, including in hospitals and palliative care.
- The Agency established the National Electronic Prescribing Technical Working Group with representation from the Australian Commission on Safety and Quality in Health Care, the Department of Health and Aged Care and key industry, clinical and consumer stakeholders to co-design and co-develop the modernised electronic prescribing technical framework.
- Work completed in 2023–24 incorporated a gap analysis of current state; development of new user journeys; establishment of modular electronic prescribing conformance profiles, including those for different types of digital medication charts; and drafting of the revised, future-proof, consumer-centric electronic prescribing solution architecture.

The Agency has also undertaken several change and adoption activities to support the use of electronic prescribing and the **ASL** including:

- delivery of a communications campaign to increase awareness and adoption, by consumers, of electronic prescribing and the ASL
- working closely with consumer peak organisations to undertake targeted engagement with specific consumer groups to identify and understand the barriers for older people in accessing and using electronic prescribing and the ASL.

The benefits of this work are 2-fold in that consumer engagement raises the awareness of electronic prescribing and provides opportunities for the Agency to develop guaranteed strategies to strengthen the use of electronic prescribing and the ASL.

The Agency, in collaboration with the software industry, successfully retired 2 legacy conformance profiles to ensure safety of the electronic prescribing ecosystem and consistency of experience for healthcare providers and consumers; and supported the software industry in adopting the full suite of electronic prescribing functionalities.

The Agency worked with software vendors and industry peaks to uplift several mobile applications to the most up-to-date conformance profile. The release of the updated software and applications provides more functionality to consumers, enabling them to view and manage their ASL. Providing consumers with access to their ASL will afford them greater visibility and control of prescription information.

To support the strategic priorities of the IGA, the Agency commenced a **PSML** v2.0 discovery phase in April 2024:

- The discovery phase has proposed further analysis to assess software industry readiness for the requirement to move to structured data uploads in line with developed FHIR® standards to support key project dependency on the integration of a FHIR® resource within My Health Record.
- Continued to support implementation of the PSML in the hospital sector to improve access to medicines information at transitions of care and to develop a stronger foundation for progressing the development of structured PSML.

Since the turn of the century, more than 42,000 Australians have died from drug overdose. Most of these deaths involved prescription drugs, in particular opioids and benzodiazepines.[11] And every 2 minutes, one person in Australia is hospitalised because of prescription medications.[12] With evidence of increasing misuse and harms associated with prescription medications, there has been a renewed interest in effective practitioner and system responses to promote quality use of medicines and minimise harm.

RTPM aims to help tackle these issues as well as propagate stewardship in appropriate and safe prescribing of high-risk medicines. It enables prescribers, pharmacists and medicine regulators to access real-time information about a patient's medication history and provides real-time information about a patient's prescription history for certain high-risk medicines to support clinical decision-making and patient safety.

The prescription monitoring systems identify and alert GPs and pharmacists to:

- patients on high daily doses of high-risk medications
- risky medication combinations
- high-risk medications prescribed by multiple providers.

High-risk medications are those that have an increased risk of harm or death if not used correctly. These include opioids (e.g. oxycodone), benzodiazepines (such as Valium) and others determined by each state or territory. Alerting prescribers and pharmacists to potential risks in real-time can help them make safer decisions before prescribing or dispensing a high-risk monitored medicine and reduces the incidence of harm, including death, from the injudicious use of high-risk monitored medicines.

The following developments advanced RTPM over 2023–24:

- In September 2023, the Agency worked closely with the Department of Health and Aged Care, all state and territory medicine regulators, the Australian Health Practitioner Regulation Agency and the Supplier of the National Data Exchange for RTPM (Fred IT) to transition existing contractual arrangements and governance to the Agency.
- With ongoing input from medicine regulators from all states and territories, support from the IGA (via the Digital Health Oversight Committee) and approval from the Agency Board (as the Accountable Authority), the Agency has finalised the procurement process and contract negotiations with the Supplier to establish a singular contract for services between the Supplier and the Agency. The new National Data Exchange Agreement and the supporting contractual framework are aimed at ensuring fit-for-purpose and commercially sustainable arrangements are put in place for the Supplier, the funders, the beneficiaries (states and territory medicine regulators), prescribers and dispensers to continue to support safe access to scheduled (monitored) medicines.
- The new contractual framework ensures commitment to high performance; quality improvement; incident management; defect management and remediation; a change control process that ensures structured, methodical, coordinated, transparent and collaborative approaches to any changes and enhancements; and implementation of a new, 3-tier governance structure.
- The Agency continues to work closely with the Supplier, the Department of Health and Aged Care and state and territory representatives on system improvement and strengthening governance arrangements.

[11] Penington Institute, 'Australia's Annual Overdose Report 2024', Penington Institute, Melbourne.

[12] Lim R, Ellett LMK, Semple S et al. 'The extent of medication-related hospital admissions in Australia: A review from 1988 to 2021', *Drug Safety*, 2022, 45:249–257, doi:10.1007/s40264-021-01144-1

Analysis of factors contributing to results

Positive factors	Challenges
● High level of engagement from all stakeholders, including clinicians, in the consultation phase of electronic prescribing in public hospitals. ● Productive and collaborative engagement with the National Electronic Prescribing Technical Working Group (membership spans software vendors, jurisdictional representatives, Medical Software Industry Association [MSIA], clinical peaks and other government agencies) for uplift of the electronic prescribing technical framework. ● Continuous collaboration between the Department of Health and Aged Care, the Agency, industry and health professionals via clinical peak bodies to support electronic prescribing activities.	● Following consultation, several significant barriers to implementation of electronic prescribing in public hospitals have been identified, including the use of national healthcare provider identifiers within jurisdictional clinical systems. ● Intensity of effort to finalise the development of and full jurisdiction integration with the National Data Exchange for RTPM, while at the same time identifying and establishing an appropriate ongoing service support model for these arrangements now there is a legislated requirement in several jurisdictions for prescribers and dispensers to use SafeScript services. ● A high level of engagement with software vendors is required to ensure the success of the modernisation of the electronic prescribing technical framework. The project is regularly competing with vendors' other business and commercial priorities. ● The introduction of medications chart-based prescribing has required complex new data models, and new workflows are still being unpacked and validated. This is complicated by a variety of factors, including digital maturity, commercial priorities, care settings, legislative requirements, jurisdictional and local requirements, legislation and policies. ● Implementation of electronic prescribing introduced complex, hybrid workflows in community pharmacies, impacting on breadth and depth of adoption.

Case study: Partnership produces resources for Torres Strait Islander communities

Digital health is creating an inclusive, sustainable and healthier future for all Australians, no matter their location or culture. Improved digital literacy, including in remote communities, means that consumers are empowered to take greater control of their health journey.

As part of an ongoing initiative to enhance digital health literacy in Aboriginal and Torres Strait Islander communities as a key requirement of the Agency Reconciliation Action Plan, an in-language educational video was co-designed and produced in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) to help Torres Strait Islander communities effectively engage with their health.

Launched during NAIDOC Week in July 2023 in both Yumpla Tok and English, the video provides culturally appropriate and accessible information and insights about the array of digital health tools available to support the health of Aboriginal and Torres Strait Islander people, reducing the need to travel long distances to access care.

The video focuses on the health journey of a character, Latoya, living with diabetes, to show how technologies like electronic prescriptions, telehealth services and My Health Record allow people to effectively manage their healthcare while remaining on Country.

Co-designing the video in collaboration with QAIHC was critical to ensuring the information within the video would resonate with Indigenous audiences. Consultations revealed that Aboriginal and Torres Strait Islander people engage positively with animated videos, which informed the decision to present Latoya's story as an animation.

The video is voiced in Yumpla Tok by digital health educator William Namok, a descendant of the Maluligal Nation in the west and from the Kemer Kemer Meriam Nation in the east of the Torres Strait Islands.

At the launch of the video, Mr Namok emphasised that 'providing knowledge about digital health tools in Yumpla Tok empowers our people to better manage their health, fostering social connections and cultural participation'.

The video has been well received, with the Yumpla Tok and English versions attracting a combined total of more than 950 views on social media platforms so far. Twelve media outlets reported the launch to a combined audience of more than 18,500, predominantly in regional communities.

Modernising national infrastructure

The final focus is on providing contemporary digital channels for exchanging health information and allowing connectivity with the broader health ecosystem to support Australians with the healthcare they need. In 2023–24, there were 4 priorities in support of designing, delivering and managing infrastructure, solutions and initiatives that improve care coordination and embed the integration of digital health tools into everyday care.

1. My Health Record on FHIR®

The Agency will work to implement a new FHIR®-based repository and FHIR® APIs, which will store health and health-related information using the FHIR® internationally accepted standard. The FHIR® repository will perform the function of the National Repositories Service as required under the *My Health Records Act 2012.* FHIR® will allow storage of key records that form part of the registered healthcare recipient's My Health Record.

The enablement of My Health Record with FHIR® is crucial for the seamless and secure sharing of data-rich and atomic health information across different healthcare systems and settings. This initiative is aligned to future state ecosystem API standards and vision to support further functionality delivered as part of the broader My Health Record modernisation and HIE initiatives, creating efficiencies for new systems, contributing to the broader health ecosystem progressive approach to transformation and enabling access to key health information by the workforce to support patients when needed. A foundational component of the broader My Health Record modernisation agenda, the My Health Record on FHIR® project is part of the HIE and modernisation program which aims to progress key digital health commitments announced in the 2023–24 Federal Budget and the IGA to improve the efficiency and sustainability of Australia's healthcare system.

The objective by the end of 2025 is to establish the strategic foundational infrastructure elements to support a new data-rich national repository service capability to improve the My Health Record system by using a modernised, scalable service that is aligned with contemporary, international health industry data standards, in particular Health Level 7 (HL7) FHIR®.

Developments over 2023–24 brought the Agency closer to that goal through:

- establishment of a strategic architectural approach to introduce the FHIR® capability balancing utilisation of the existing My Health Record infrastructure against targeted introduction of new technology
- development of a procurement approach and undertaking of preparatory activities to support key procurement activity for 2024–25.

Analysis of factors contributing to results

Positive factors	Challenges
● The core project team was stabilised with oversight from the establishment of a National Digital Infrastructure Program. ● Broader insights were gained into other key projects and interrelationships with the My Health Record on FHIR® project.	● Resource challenges in securing internal and external subject matter experts slowed the project set-up and discovery phases.

Case study: Increasing interoperability through FHIR® training

One of the key drivers of improved interoperability in Australian healthcare is the upskilling of the workforce in Fast Health Interoperability Resources (FHIR®), recognised as a national standard in the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028.

To achieve this goal, the Agency partnered with HL7 Australia, the local affiliate of the international standards organisation, to develop and deliver a suite of FHIR® training courses tailored for the Australian context. HL7 Australia collaborated with CSIRO, the University of Melbourne and subject experts to ensure the quality and relevance of the training materials.

The training program consisted of 5 courses, ranging from introductory to advanced levels, covering various aspects of FHIR® implementation, such as benefits, use cases, development, migration and app development. The courses were designed to suit different audiences, such as project managers, developers and decision-makers, and were delivered in various modes, such as online, virtual and in person.

The Agency fully funded over 600 course places in 2023 and 2024, providing equal opportunities for participants from across the country to acquire valuable FHIR® skills. The feedback from the participants was overwhelmingly positive, with many reporting increased confidence, knowledge and motivation to apply FHIR® in their work settings.

Some of the feedback quotes from the participants were:

> ‘The course was very well structured and delivered. It gave me a clear understanding of FHIR and how it can be used to improve interoperability and innovation in healthcare.’
>
> ‘I really enjoyed the practical exercises and the interaction with the trainers and other participants. I learned a lot from the real-world examples and the challenges and solutions that others have faced.’

'This was one of the best training courses I have ever attended. It was engaging, informative and relevant. I am looking forward to applying what I learned in my current and future projects.'

In addition, the program also developed a train-the-trainer program to address the shortage of skilled FHIR® trainers in Australia. As a result, there are now 40 qualified trainers who can continue to deliver the FHIR® training program in the future.

The FHIR® training program was a resounding success, in high demand and with a waiting list for enrolments. The Agency plans to continue the program in 2024–25, with the aim of expanding the FHIR® capability and capacity of the Australian health technology workforce.

2. Health Information Exchange

Consistent with the obligations under the **Intergovernmental Agreement on National Digital Health 2023–2027** (IGA), the Agency is committed to accelerating the evolution of the health ecosystem by developing a national Health Information Exchange (HIE).

The HIE will be a collection of capabilities that will facilitate secure, interoperable, consumer-centric exchange of health information across the national health ecosystem and will be co-created with input from users and healthcare providers. These capabilities will integrate disparate components of the health system, leveraging the entire spectrum of digital technology advancements both now and in the foreseeable future. The HIE will focus on uplifting the health ecosystem and aims to overcome barriers to information sharing and access, to improve safety, quality and efficacy, focusing on these key themes:

- optimise existing investments
- emphasise contemporary standards
- implement national healthcare identifiers
- integrate with clinical information systems and terminologies
- address jurisdiction pain points.

The primary focus for 2023–24 has been developing a draft HIE Architecture and Roadmap document that articulates the overall approach to delivering on the vision and purpose of the HIE outlined in the section above. The draft Architecture and Roadmap document sets out clear and measurable steps for how the HIE will be implemented in a phased manner.

At the end of the reporting period, a number of critical milestones have been delivered:

- conducted a detailed 1:1 consultation with all jurisdictions and used the associated primary research and surveys to develop the evidence base
- used this research to identify over 80 use cases that were grouped into themes; 6 key themes were prioritised for HIE delivery and endorsed by the Digital Health Oversight Committee (DHOC) in April 2024
- Jurisdictional Advisory Group created to help advise and guide the development of the Architecture and Roadmap document:
    - draft Architecture and Roadmap was delivered for review by DHOC in June 2024, with a view to external consultation and finalisation during July–September 2024
    - developed a more detailed plan and approach for DHOC approval on phase 1a, that is, the Consolidated National Provider Directory, which was presented in June 2024 and agreed in principle.

Analysis of factors contributing to results

Positive factors	Challenges
● Good engagement with jurisdictions and other key stakeholders enabled us to get into more targeted planning on HIE early delivery elements.	● Resource challenges and onboarding delayed commencement of work and completion of some deliverables.

3. Enterprise Service Management strategy

An Enterprise Service Management (ESM) strategy is crucial for streamlining and optimising business processes across an organisation. By integrating service management practices, an ESM enhances efficiency, reduces costs and improves service delivery. It fosters better collaboration and communication, leading to increased productivity and a more responsive workforce. Additionally, ESM provides a unified approach to managing and monitoring services, ensuring consistent quality and accountability. Overall, implementing an ESM strategy is key to driving operational excellence to support the Agency's strategic goals.

In 2023–24 the Agency developed and commenced implementation of the IT Service Management (ITSM) Strategy 2023–2026. The ITSM strategy provides the 3 target horizons – modernise, transform and innovate – to be delivered over 3 years to further uplift the Agency's ITSM capability. The ITSM strategy will enable the Agency to establish a world-class agile service management capability that will set the benchmark for digital enabled services and is referenced across industry.

In 2023–24 the Agency took the following steps towards seamlessly integrating ITSM principles:

- adoption of the IT Infrastructure Library (ITIL) framework, which is the globally recognised body of knowledge for Service Management – the ITIL framework will act as the foundation for the ITSM strategy and all continuous improvement activities under the ITSM strategy
- uplift of the ITSM capability in the Agency to implement the best-in-class service management tool, ServiceNow, which was initially implemented in 2020–21. In 2023–24 the Agency has focused on adoption and embedding the platform, as well as refining the initial configuration and design
- development of a new Agency IT operating model to better manage a multiservice partner environment. This included an initial capability assessment and the introduction of Service Integration and Management (SIAM), which is a framework designed to assist organisations to better manage multiple suppliers of business and IT services. The implementation of SIAM will enable the Agency to better integrate multiple service providers into a single, cohesive IT ecosystem
- introduction of Service Review Forums as part of a wider review of the existing ITSM Governance Framework, to bring together the multidisciplinary teams of the Agency to review and assess the services being delivered by multiple service partners. These forums enable the Agency to better manage service partner performance, including service-level agreements, pipeline activities and reporting.

Analysis of factors contributing to results

Positive factors	Challenges
ServiceNow has been re-architected to better suit Agency requirements.	

4. Uplifting service management

Uplifting service management encompasses 3 initiatives:

- **SIAM** is a framework designed to assist organisations to better manage multiple suppliers of business and IT services and to integrate their services into a single, cohesive IT ecosystem. By integrating interdependent services, SIAM ensures seamless end-to-end delivery that aligns with business requirements. Cost efficiency and resource optimisation are enhanced through streamlined processes and coordinated suppliers. SIAM also fosters accountability by assigning clear responsibilities. Moreover, it provides flexibility to adapt to changing business needs and encourages healthy competition among service providers, driving innovation. Overall, SIAM maximises value from diverse suppliers.
- **End-to-end monitoring** aligns insights with user satisfaction. It involves collecting data from various resources (such as applications, servers and network infrastructure) to create a comprehensive picture of the environment. Additionally, it encourages collaboration among multiple teams, including developers, network engineers and non-technical stakeholders. As the Agency transitions to a multiproduct and multiservice provider environment, there is a crucial need to have a holistic view of the products and services. A project to uplift the Agency's monitoring capability and practices commenced in 2023–24.
- A **configuration management database** (CMDB) stores information about the hardware and software assets of an organisation, which are also known as configurable items (CI). CIs can include services, hardware, software, certificates, networks, buildings, people, suppliers and documentation. Configuration management is designed to provide accurate and reliable information about the configuration of services and CIs to support teams when and where needed. Configuration management helps the organisation understand how CIs work together, interact, relate and depend on each other to provide services that create value to customers and users. A common service data model underpins the CMDB, providing standard and consistent terms and definitions that span across all products on the chosen platform. The absence of a functional CMDB can severely limit an organisation's ability to gain insights into system service and availability. This lack of visibility can lead to longer incident resolution times, increased downtime and higher operational costs.

- Developments over 2023–24 include:
  - **SIAM** – The Agency developed and commenced implementation of a new IT operating model to better manage its multiservice partner environment. This included an initial capability assessment and the introduction of SIAM. The implementation of SIAM has been structured in 3 iterations. To date, iterations 1 and 2 processes have been developed and tested and are being deployed across the Agency.

    The focus of iteration 1 was to uplift the existing processes used within the Agency with the SIAM elements, roles and responsibilities, which includes change enablement, problem management, incident and major incident management, release management and service request management.

    The iteration 2 processes focused on new capabilities within the service integrator aligned to the SIAM tooling strategy, which includes knowledge, event service configuration and service level management. Iteration 3 processes will progress mid-2024 and will focus on process support availability, continuity and capacity management, improving the agency's IT resilience and its ability to meet its service levels. In addition to the iteration 3 processes, additional focus will be applied to the functions interacting with the SIAM model, especially vendor and contract management, systems integration, procurement and cyber security. The Agency continues to work with strategic partners to optimise engagement, collaboration and performance to provide service excellence.

- **End-to-end monitoring project** – Phase 1 of the end-to-end monitoring project commenced in June 2024. The scope of this phase is to deliver end-to-end monitoring of the API Gateway. Upon completion of Phase 1, following approval, Phase 2 will commence and will include the end-to-end monitoring of infrastructure, applications and databases for the My Health Record system.
- **CMDB** – The Agency commenced the initial phase of building a centralised CMDB, which included gathering requirements and establishing the process, procedures and plan. This sets a clear foundation for the subsequent phases, ensuring all stakeholders understand the project's goals and methods. Additionally, the Agency has engaged an asset and configuration manager, responsible for managing the Agency's IT assets and configuration items throughout their lifecycle. The outcomes of this initiative will include a common service data model, service mapping and automated discovery of new IT assets all captured within the database. This will support the service delivery of all products and services across the Agency.

Analysis of factors contributing to results

Positive factors	Challenges
● Engaged Asset and Configuration resources to lead the CMDB project. ● Established an Enterprise Operations Centre team with the appointment of the Enterprise Operations Centre manager in support of the end-to-end monitoring project.	● Resource limitations have stalled progress of the CMDB project. ● The end-to-end monitoring project was delayed due to commercial and legal negotiations.

Case study: My Health Record notification uncovers breach

Safeguarding the privacy and security of health information within My Health Record is a critical priority. Robust data governance and clinical governance frameworks are in place to ensure the security of the health information held within the system.

My Health Record includes a range of privacy and access features that give record owners control over their health information, including notification settings that alert record owners when someone has accessed their record. This feature was put in the public spotlight in 2023 for the role it played in uncovering the activities of a hospital pharmacist who accessed the health information of thousands of patients without authorisation, through the hospital's clinical information system.

The unauthorised activity was discovered when the pharmacist accessed a linked My Health Record of a patient who had activated their record's notification feature. The patient received an SMS notification, in accordance with their preference, and alerted hospital authorities. The hospital reported the incident to the Agency as required by the My Health Record legislation, prompting an immediate investigation that identified the pharmacist and prevented further unauthorised activities.

My Health Record's notification settings let record owners know when someone accesses their record or when changes are made. This includes when:

- a healthcare provider organisation accesses a record for the first time
- a record is accessed by a healthcare provider in a medical emergency
- a new shared health summary is added

- an advance care document is added, updated, removed or reinstated
- a record is accessed by a nominated representative
- there is a change to immunisation information in the record
- a new myGov account has been linked to the record.

Notification settings are part of a suite of privacy and access features that give record owners control over their health information. This includes an access history that allows record owners to see which healthcare provider organisations have accessed their information. Record owners can also choose to restrict access to their record, or to restrict or delete particular documents within it.

My Health Record's privacy and security measures are supported by a program of continuous improvement.

My Health Record System Operator reporting requirements

The security of patient health and other personal information lies at the very heart of the My Health Record system. Many of the protections provided by the *My Health Records Act 2012* (the Act) are about ensuring that Australians' digital health records have strong protections. These protections are underpinned by rigorous reporting obligations.

The Act establishes the role and functions of the Agency as System Operator, a registration framework for individuals and entities (such as healthcare provider organisations) to participate in the system and a privacy framework (aligned with the *Privacy Act 1988*) specifying which entities can access and use information in the system and the penalties that can be imposed on improper use of this information.

Section 107 of the Act requires the Agency to include statistics in its annual report on My Health Record system registration, usage, security and complaints and the outcomes of those complaints in terms of investigations, enforceable undertakings or court proceedings seeking injunctive relief. These statistics are outlined below.

My Health Record system registration, usage, security and complaints

Reporting requirement	Statistics
Registrations, cancellations, suspensions of registrations	• Individuals: In 2023–24, as System Operator, the Agency registered 525,202 people for My Health Record, a 21.9% increase from 2022–23. There are more than 23.9 million total active records in the My Health Record system. • Healthcare provider organisations: In 2023–24 the System Operator registered an additional 3,700 healthcare provider organisations, and there were 167 registrations cancelled or suspended for reasons such as a provider organisation discontinuing operations or transferring ownership. • Portal operators: In 2023–24 the System Operator cancelled one mobile portal operator (Telstra Health for HealthNow). healthdirect Australia is the remaining portal operator as at 30 June 2024. • Contracted service providers: In 2023–24 the System Operator registered an additional 4 contracted service providers and one registration was suspended (Medisecure). There were 30 contracted service providers as at 30 June 2024.
Use of the My Health Record system by	• There were 2,263,242 unique My Health Records accessed in 2023–24, up from 2,124,561 in 2022–23 (6.53% increase), and total access of these

Reporting requirement	Statistics
healthcare providers and healthcare recipients	records was 9,256,679 in 2023–24, up from 7,317,936 in 2022–23 (26.49% increase). ● An average of 8,667 unique healthcare provider organisations viewed records each week during 2023–24 via their clinical information systems (13.94% increase on 2022–23). ● An average of 13,593 unique healthcare provider organisations uploaded documents to the My Health Record system each week during 2023–24 (19.03% increase). ● A total of 1,134,538,400 documents (including Medicare) were uploaded to the My Health Record system in 2023–24 (13.4% increase on 2022–23).
Occurrences relating to the integrity or security of the My Health Record system	● During 2023–24, 57 matters were reported to the System Operator under section 75 of the My Health Records Act: ○ 1 matter was reported by Services Australia in which a myGov system error resulted in incorrect linking of My Health Records to consumers' myGov accounts. Once the error was identified, Services Australia implemented a system change to address the issue. ○ 1 matter was reported by a pathology provider where a software issue inadvertently caused test results to be uploaded to My Health Record when consumers had requested that their results not be uploaded. In each case, the results were removed from My Health Record once the error was identified. In addition, the pathology provider took action to fix the software issue that caused the error. ○ 1 matter reported by a healthcare provider organisation involved the incorrect upload of clinical documents to a consumer's My Health Record as the result of 2 consumers being mistakenly linked in the organisation's local patient administration system. Once identified, corrective action was taken to remove the incorrect documents from the consumer's record. ○ 3 matters reported by 2 different organisations involved access to multiple consumers' My Health Records which occurred during research projects undertaken in hospitals. In these cases, ethics approvals to access information in the local electronic medical records (EMR) were obtained; however, the approvals did not extend to the use of My Health Record information (which was accessed via the hospitals' EMR systems). ○ 5 matters reported by 5 different organisations involved access to multiple consumers' My Health Records by a staff member. The healthcare provider organisations implemented measures to strengthen My Health Record training provided to their staff. In some of these matters, additional measures included review of policy and guidance materials and disciplinary action. ○ 39 matters reported by 34 different healthcare provider organisations related to access to the My Health Record of a single consumer by a staff member. The healthcare provider organisations provided additional education and training to staff to improve their understanding of appropriate use of the My Health Record system. In some of these matters, additional measures included review of policy and guidance materials and disciplinary action.

Reporting requirement	Statistics
	○ 3 matters were reported by 3 different organisations as potential data breaches; however, the reporting organisation subsequently advised that a data breach had not occurred. ○ 1 matter reported as a potential data breach was unable to be confirmed as involving My Health Record. The organisation was advised to update the Agency should it confirm the involvement of My Health Record information. ○ 3 further matters reported by 3 different organisations were determined as not reportable under section 75 as they did not involve My Health Record. *Note: Healthcare provider organisations are required to notify the System Operator and the Office of the Australian Information Commissioner (OAIC). However, where the entity is a state or territory authority, notification to the OAIC is not required.*
Complaints received, investigations undertaken, enforceable undertakings accepted, injunctions granted	● Complaints about My Health Record are made to the call centre via email through a website form or in writing. Complaints are escalated through the Agency for investigation and response if the issue is complex or relates to a potential privacy, clinical or cyber security breach. ● In 2023–24, 59 complaints were received in relation to My Health Record through the Contact us form, call centre, email or paper mail. No enforceable undertakings were sought by the System Operator, and no proceedings were initiated by the System Operator in relation to enforceable undertakings or injunctions.

Part 3. Management and accountability

Corporate governance

The Agency is governed by a skills-based Board supported by advisory committees and reports to Commonwealth, state and territory health ministers through the National Federation Reform Council.

The Agency's governance framework has its legislative foundation in the Agency Rule. The PGPA Act sets out requirements for the governance, reporting and accountability of Commonwealth entities and for their use and management of public resources. It vests many of the powers and responsibilities for the financial management of a Commonwealth entity in the hands of the accountable authority, which is the Board of the Agency. The Agency Rule established the Board, advisory committees and the position of CEO and defines their roles and responsibilities.

The accountability and governance practices in place to support this legislative regime promote strong performance and careful stewardship of public resources. They are designed to ensure the Agency's ability to deliver on the expectations of government, the health sector and the community.

Fundamental to the Agency's governance arrangements is establishing an appropriate controls environment to ensure probity and transparency. Roles, lines of authority and delegations for decision-making are all clearly defined. They are reinforced through training and awareness initiatives so that staff have a common understanding of their obligations and their purpose in providing a system of checks and balances to safeguard the integrity of the Agency's work.

Other key governance features include:

- a focus on audit, risk management and fraud control strategies
- a mechanism for stakeholder participation through representation on specialist committees
- internal and external scrutiny through a robust planning and reporting framework
- embedding ethics and integrity in the values and culture of the Agency

A number of governance bodies form a key part of the Agency's assurance processes.

The Board

The Agency Board sits at the apex of the governance structure and is the accountable authority of the Agency under the PGPA Act. The Board is accountable to Parliament through the Minister for Health and Aged Care. In accordance with Section 14 of the Agency Rule, the Board sets the strategic and policy direction to achieve the Agency's purpose and oversees performance, governance and resource allocation as custodian of federal, state and territory funding.

The Board maintains a watching brief over internal and external environments and ensures that Agency operations and outcomes are fit for purpose and align with government priorities.

The Board's efforts are balanced across creating the future and delivering the present. By fulfilling its statutory obligation to produce an annual work program, the Board provides a clear picture of operational priorities, actions and planned outcomes for each financial year.

Board members

The Board brings a range of skills and perspectives to the Agency. The Agency Rule prescribes the eligibility requirements for Board members so that, collectively, the Board has expertise and experience in the fields of health informatics, leading digital healthcare delivery, policies and services, consumer health advocacy, clinical safety, law, financial management and Board and business leadership.

Board appointments, functions, powers and procedures are also conferred by the Agency Rule and further clarified in the Board Charter. The Board consists of the Board Chair and at least 6, but not more than 10 other members (currently 9 members in total), all of whom are non-executive members, appointed by the Minister for Health and Aged Care for a term (in aggregate) of up to 3 years. Members who have served on the Board during 2023–24 are listed below.

Ms Lyn McGrath (Chair)

Lyn McGrath is a non-executive director with over 30 years' experience at both senior executive and board level in highly regulated and complex industries.

Ms McGrath is currently a non-executive director at Credit Corp (ASX:CCP); non-executive director of Auswide Bank (ASX:ABA); and non-executive director at Heartland Bank Australia Limited, where she is also Chair of the Risk Committee.

Ms McGrath is the former Group Executive Retail Banking at BOQ where she led a significant business turnaround and launched the Virgin Money Australia Digital Bank. She has successfully led contemporary data/digital and technology transformations as well as business turnarounds in ASX 100 companies. Ms McGrath brings substantial experience in big consumer and retail distribution, including digital and multi-brand from her senior executive roles in CBA and BOQ. She has a strong track record and experience in people-oriented businesses and distributed workforces and brings to the Board significant governance and risk management experience.

Ms McGrath has a Bachelor of Arts from Macquarie University and a Master of Business Administration from Macquarie Business School. She is a Graduate of the Australian Institute of Company Directors (AICD), a Senior Fellow of FINSIA, a Vincent Fairfax Fellow in Ethical Leadership and a member of Chief Executive Women.

Dr Tanya Kelly

Dr Tanya Kelly is currently acting Deputy Director-General, eHealth Queensland, leading Queensland's public health digital modernisation agenda in support of Queensland Health priorities and broader system reforms.

She is an experienced digital leader and active senior clinician who has held senior clinical leadership and digital health roles within the Queensland health system, most recently as acting Chief Clinical Information Officer, eHealth Queensland, providing clinical leadership and clinical strategic direction for digital health across the statewide eHealth program.

Dr Kelly has a focus on ensuring that interoperability, standards and national infrastructure are leveraged, through engagement across jurisdictions, for a health system that is digitally enabled with the consumer at the centre.

Also, as Chair of the Queensland Clinical Senate, Dr Kelly is keen to ensure that healthcare in Queensland is safe and highly effective and maximises the opportunities provided by clinician and consumer co-design.

Beyond her clinical practice, Dr Kelly has qualifications in clinical redesign, business and project management and is a Certified Health Informatician (CHIA).

Dr Danielle McMullen

Dr Danielle McMullen is an experienced health leader with a sound understanding of the health system across primary care and hospital systems, both public and private. She is a practising GP, with a particular interest in women's and children's health.

Dr McMullen has extensive medical advocacy experience as the current Vice President of the Australian Medical Association (AMA), and immediate past president of AMA NSW during the COVID-19 pandemic. She has represented the AMA on the Strengthening Medicare Taskforce and has experience providing advice to government through Therapeutic Goods Administration committees and the Mental Health Reform Advisory Committee. She brings strong skills in leadership, governance, media, stakeholder engagement and teamwork.

Dr McMullen is passionate about building a better-connected healthcare system for the benefit of patients and healthcare providers.

Professor Keith McNeil

Professor Keith McNeil has spent the last 42 years in the public health system both here in Australia (Queensland) and overseas in the National Health Service (NHS) in the UK.

He has held senior clinical specialist and leadership roles in heart and lung transplantation and pulmonary vascular disease, and latterly moved into the corporate arena as a hospital Chief Executive, health service CEO and senior health department officer.

Professor McNeil's more recent appointments include CEO of Metro North Hospital and Health Service; CEO of Cambridge University (Addenbrookes) Hospitals; National Head of IT and Chief Clinical Information Officer (CCIO) for the NHS; and Deputy Director-General, CCIO and Chief Medical Officer for Queensland Health. He is currently the Commissioner of the Commission on Excellence and Innovation in Health for the South Australian government.

Professor McNeil brings a broad and deep experience across healthcare and is passionate about leveraging the digital agenda to transform patient outcomes and embed sustainability in the Australian healthcare system. He holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Queensland and is Fellow of the Royal Australasian College of Physicians, Member of the Royal Society of Medicine and Fellow of the Australasian Institute of Digital Health.

Mr Daniel McCabe

Mr Daniel McCabe is Acting Co-Deputy Secretary Health Resourcing Group and First Assistant Secretary of Medicare Benefits and Digital Health Division at the Australian Government Department of Health and Aged Care.

As Co-Deputy Secretary Mr McCabe has direct oversight of Medicare, Compliance, Private Health Insurance and the COVID-19 Vaccine programs.

As First Assistant Secretary Mr McCabe is responsible for providing policy advice on the Medicare Benefits Scheme to deliver access to medical services for all Australians. He is also responsible for providing policy direction on digital health to connect patients and healthcare providers with their health information across the health system.

Mr McCabe joined the department in 2015 and has had a number of roles including Chief Information Officer and Chief Operating Officer and has previously led the Medicare Compliance Program.

Dr Bennie Ng

Dr Bennie Ng is the CEO of the Australian Medical Association Western Australia (AMA WA). He commenced as a general practitioner before becoming immersed in health policy and management.

Dr Ng has extensive experience in providing advice to the Australian Government having been the Head of Social Policy at the Office of the Prime Minister with responsibilities across health and hospitals, aged care, disabilities and the National Disability Insurance Scheme. He has held senior positions in strategy, services planning and general management across public and private hospital sectors, including the Peter MacCallum Cancer Centre, Healthscope Limited and the Hong Kong public hospital authority.

Dr Ng has a Bachelor of Medicine and Bachelor of Surgery and a Master of Business Administration. He is a Fellow of the Royal Australasian College of Medical Administrators (FRACMA) and of the Royal Australian College of General Practitioners (FRACGP) as well as a Council member of the National Library of Australia.

Adjunct Professor Kylie Ward

Adjunct Professor Ward is a passionate advocate for the advancement of the nursing profession including the delivery of excellence in education and previously served as CEO of the Australian College of Nursing (ACN). She has led a program of transformation including raising awareness of the profession and building a legacy of nursing leadership, policy, advocacy and social impact.

In May 2023, Adjunct Professor Ward was awarded a Commendation from the Chief of the Defence Force, for her exceptional devotion to military nurses. In August 2023, she raised the statue of Lieutenant Colonel Vivian Bullwinkel at the Australian War Memorial, the first sculpture of an individual nurse or woman to be installed at the Memorial. In 2022, she was named National Winner of Executive / Team Leader of the Year and Overall National Winner at the Outstanding Leadership Awards and in the same year, was named the ACT Winner of the Excellence in Women's Leadership Awards by Women and Leadership Australia. She has also previously been named Telstra ACT Business Woman of the Year for Purpose and Social Enterprise.

Adjunct Professor Ward holds a Masters of Management and is a Registered Nurse. She also holds honorary professorships with 7 leading Australian universities, and has been awarded several fellowships, including a Wharton Fellow, USA.

Board meetings

The Board meets regularly in accordance with an annually approved timetable and agenda. The Board convened on 8 occasions throughout 2023–24. In accordance with PGPA Act requirements, Board member terms of appointment and details of the number of Board meetings attended during the financial year are outlined below.

Attendance at Board meetings

Board member (all non-executive)	**Period as Board member during 2023–24**	**Meetings attended/ Eligible to attend**
Ms Lyn McGrath	1 July 2023 to 30 June 2024	8/8
Dr Tanya Kelly	26 February 2024 to 30 June 2024	2/3
Dr Danielle McMullen	20 July 2023 to 30 June 2024	7/8
Professor Keith McNeil	1 July 2023 to 30 June 2024	8/8
Mr Daniel McCabe	21 January 2024 to 30 June 2024	4/4
Dr Bennie Ng	1 July 2023 to 30 June 2024	8/8
Adjunct Professor Kylie Ward	1 July 2023 to 30 June 2024 (Leave of absence 2 May to 30 June 2024)	6/8

Advisory committees

The Board relies on expert advisory committees to provide strategic thought leadership in their areas of specialist remit and to assist the Board more broadly in the performance of its functions.

A number of committees are created expressly by the Agency Rule, which prescribes the eligibility requirements for membership (such as relevant expertise) and gives an overview of functions.

Board advisory committees

Clinical and Technical Advisory Committee	The Clinical and Technical Advisory Committee advises on: ● the efficient and effective delivery of clinical care using digital health ● the architectural integration of digital health systems ● changes to digital health system design to improve clinical usability and usefulness based on experience with the use of digital systems ● proposed innovations and measures to improve the efficiency and effectiveness of digital health systems for clinicians and users of the system ● recommendations in relation to priorities of investment in, and development and implementation of, national digital health systems.
Jurisdictional Advisory Committee	The Jurisdictional Advisory Committee gives guidance on all matters for consideration by the Board in order to facilitate national coordination and consistency across geographic and health sector boundaries. Its members are senior representatives of federal, state and territory health departments.
Consumer Advisory Committee	The Consumer Advisory Committee advises on: ● how to ensure key messages about digital health are communicated effectively to relevant stakeholders and health consumer groups ● recognising the interests of minority and special interest groups so as to ensure that their interests are taken into account in the design and implementation of digital health systems ● establishing and maintaining collaboration with health consumers and providers in relation to digital health systems.
Privacy and Security Advisory Committee	The Privacy and Security Advisory Committee advises on: ● legal issues in relation to digital health systems, including copyright, data privacy issues, confidentiality issues, data security and legal liability ● the long-term legal framework of digital health systems ● privacy and security issues encountered by users of digital health systems and the resolution of any problems arising from monitoring these issues ● standards (including compliance with standards) relating to privacy and security in relation to digital health systems.

The final advisory body, an Audit and Risk Committee, is mandated by Section 45 of the PGPA Act, and Section 17 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) sets out its powers of review.

Audit and Risk Committee

Audit and Risk Committee	The Audit and Risk Committee was established to help the Board discharge its responsibilities under the PGPA Act and PGPA Rule through review of financial reporting,

performance monitoring, risk oversight and management, internal control and legislative and policy compliance. This includes:

- Financial reporting: activities such as advising on the entity's preparation and review of its annual financial statements, the adequacy of the entity's internal budgeting and reporting and the entity's obligations under the PGPA Act and other relevant Acts
- Performance reporting: reviewing the framework of key performance indicators and other performance measures, or the entity's annual performance statements; or making recommendations on concerns or opportunities identified by internal or external audits
- System of risk oversight and management: advising the entity about internal audit plans; advising about professional standards to be used by internal auditors in the course of carrying out audits; reviewing the entity's response to internal and external audits and reviewing the entity's risk management framework, which may include review of the entity's risk management plan and business continuity plan
- System of internal control: reviewing the entity's compliance framework, governance arrangements and internal control environment.

Audit and Risk Committee

The Audit and Risk Committee provides assurance and advice to the Board on the Agency's risk, governance and control framework and the integrity of its performance and financial reporting. Its efforts are aimed at championing a risk-aware culture that encourages robust risk assessment, risk-informed decision-making and anticipation of risk in the pursuit of Agency objectives. A primary responsibility of the committee under its charter is to oversee the preparation and implementation of the Agency's key risk management initiatives, including audit, fraud control and business continuity activities. The Audit and Risk Committee also oversees the Agency's fraud control arrangements.

The risk framework is complemented by an assurance framework designed to confirm the operation and effectiveness of key controls. It is developed to industry standards and scaled to Agency requirements. Consistent with annual obligations in its charter, during the reporting period the committee commissioned an Agency-wide assurance map to identify the Agency's key assurance arrangements. This yearly exercise supports early detection and correction of any gaps or duplications in assurance coverage, thereby strengthening the Agency's compliance and review processes and freeing up resources for other use.

Audit committee disclosures

Amendments to the PGPA Rule 2014 in February 2020[13] give greater transparency over audit committee membership and remuneration. The new disclosure requirements align the disclosure of Commonwealth public sector audit committee members' information in relation to names, qualifications, skills, attendance at meetings and remuneration with better practice in the corporate sector. The *ASX Corporate Governance Principles and Recommendations*[14] recommends that listed companies disclose much of the information included in these items. In accordance with the new statutory requirements, the electronic address of the Audit and Risk Committee's charter (the landing page on which a link to the charter is hosted) is https://www.digitalhealth.gov.au/about-us/organisational-structure/board-advisory-committees.

[13] Section 17BE (taa) of the Public Governance, Performance and Accountability Rule 2014.

[14] ASX Corporate Governance Council – Corporate Governance Principles and Recommendations, 4th edition, recommendation 4.1, pp. 19–20.

Member name	Qualifications, knowledge, skills or experience	Attendance at meetings / eligible to attend	Total remuneration GST inclusive	Additional information
Lyn McGrath	Ms McGrath is a non-executive director with over 30 years' experience at both senior executive and board level in highly regulated and complex industries. Ms McGrath is currently a non-executive director at Credit Corp (ASX:CCP); non-executive director of Auswide Bank (ASX:ABA); and non-executive director at Heartland Bank Australia Limited, where she is also Chair of the Risk Committee. Ms McGrath is the former Group Executive Retail Banking at BOQ where she led a significant business turnaround and launched the Virgin Money Australia Digital Bank. She has successfully led contemporary data/digital and technology transformations as well as business turnarounds in ASX 100 companies. Ms McGrath brings substantial experience in big consumer and retail distribution, including digital and multi-brand from her senior executive roles in CBA and BOQ. She has a strong track record and experience in people-oriented businesses and distributed workforces and brings to the Board significant governance and risk management experience. *Qualifications:* MBA and BA, Macquarie University; Graduate of the AICD; Senior Fellow of FINSIA; Vincent Fairfax Fellow in Ethical Leadership; and a member of Chief Executive Women.	3/3	$3,406.61	Chair of Agency. Chair of Audit and Risk Committee until 28 September 2023.
Maria Storti	Ms Storti serves as an independent member of several Commonwealth audit committees and is a non-executive director. She is a former Ernst & Young advisory partner and has worked with professional services firms in the areas of audit, consultancy and risk. She has also held senior executive roles in various sectors, including government and education. Ms Storti is a Fellow of Chartered Accountants Australia & New Zealand, a Fellow of the AICD and a member of the Australian Institute of Internal Auditors. *Qualifications*: MBA, BEcon.	7/7	$40,411.48	Interim Chair of Audit and Risk Committee from 29 September 2023, and Chair from 24 April 2024.
Dr David Bryant	Dr Bryant has over 35 years' experience and understanding of ICT governance and risk management as well as the delivery of ICT projects and services in the public sector environment. He is an Australian Computer Society Certified Professional (ACS PCP) and Certified Practising Project Director, Australian Institute of Project Management (AIPM CPPD). Dr Bryant is qualified in program management and project management	7/7	$28,080.00	N/A

Member name	Qualifications, knowledge, skills or experience	Attendance at meetings / eligible to attend	Total remuneration GST inclusive	Additional information
	(Accredited Practitioner PRINCE2 [A1122], MSP [A2894] Benefits Management [A249], P30 [A706]). He currently teaches at the ANU and is a member of several ICT governance and audit boards in federal government. In late 2016, Dr Bryant completed a PhD investigating the behaviours of key project team members in successful ICT projects. He is a Director of DB Consulting, Fellow of the Australian Institute of Project Management, Fellow of the Higher Education Academy, Member of the Australian Computer Society, Practising Computer Professional and Graduate of the AICD. *Qualifications*: Doctor of Philosophy in Management Information Systems, MBA in Technology Management, Bachelor's degree in Information Technology.			
Prof Keith McNeil	Professor Keith McNeil has spent the last 42 years in the public health system both here in Australia (Queensland) and overseas in the National Health Service (NHS) in the UK. He has held senior clinical specialist and leadership roles in heart and lung transplantation and pulmonary vascular disease, and latterly moved into the corporate arena as a hospital Chief Executive, health service CEO and senior health department officer. Professor McNeil's more recent appointments include CEO of Metro North Hospital and Health Service; CEO of Cambridge University (Addenbrookes) Hospitals; National Head of IT and Chief Clinical Information Officer (CCIO) for the NHS; Deputy Director-General, CCIO and Chief Medical Officer for Queensland Health. He is currently the Commissioner of the Commission on Excellence and Innovation in Health for the South Australian government. Professor McNeil brings a broad and deep experience across healthcare and is passionate about leveraging the digital agenda to transform patient outcomes and embed sustainability in the Australian healthcare system. *Qualifications*: Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Queensland, Fellow of the Royal Australasian College of Physicians, Member of the Royal Society of Medicine and Fellow of the Australasian Institute of Digital Health.	4/4	$0	Agency Board member. Appointed to the Audit and Risk Committee on 29 September 2023.

Internal governance

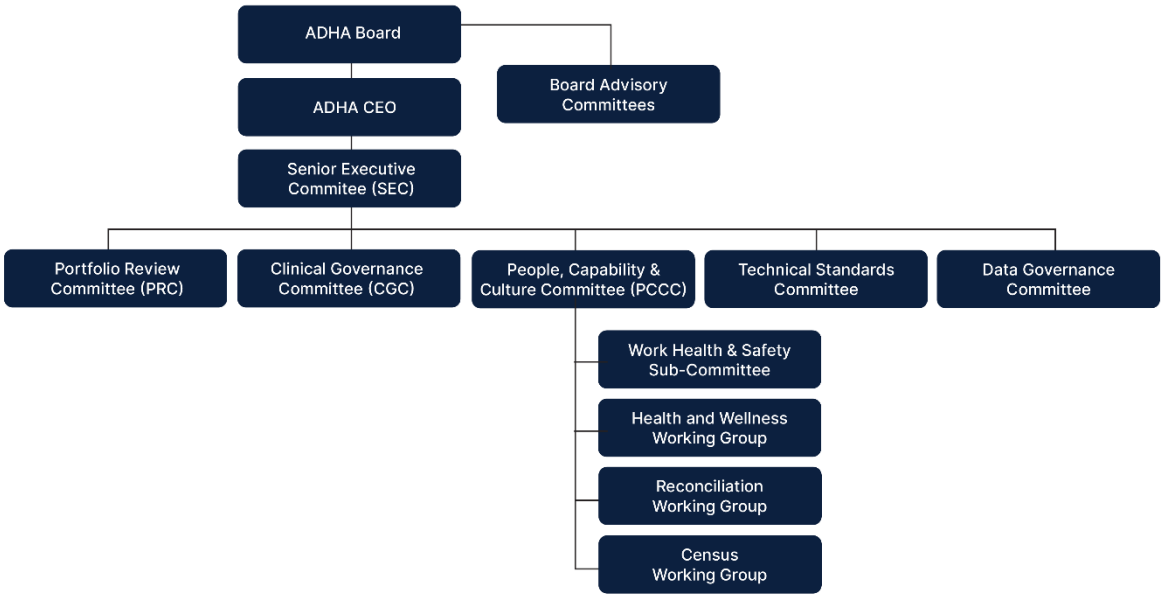
Chief Executive Officer

The CEO leads the Agency in implementing a portfolio of work that supports the Board's vision. Under Section 53 of the Agency Rule, the CEO manages the day-to-day administration of the Agency and does so in accordance with the strategy, plans and policies approved by the Agency Board. The CEO is the primary point of liaison between the Board and senior management.

Senior Executive Committee

The CEO is supported by the Senior Executive Committee. The team meets weekly with the CEO and is active in the implementation of the governance framework through strategic and financial planning, consideration of ongoing and emerging risks, review of controls and monitoring the delivery of performance outcomes.

Internal committees



A range of internal committees also support the Agency's leadership and its ability to deliver on its strategic priorities. The committees were formed after a comprehensive review of the governance framework with a particular focus on committee structures and decision-making processes. The aim was to evaluate governance and assurance capability and processes, as fundamental enablers for the Agency to operate effectively, efficiently, accountably and transparently. With a principles-based approach aligned to organisational values, the Agency has implemented the following fit-for-purpose and streamlined governance committee structure.

The Agency's internal committees are:

Senior Executive Committee	Provides strategic oversight to all Agency committees and is the ultimate escalation point for both committee and other functional advisory and decision-making needs of the Agency.
Portfolio Review Committee	Coordinates and provides oversight of the portfolio investments, performance risks and issues to deliver strategic outcomes in the Agency.
Clinical Governance	Ensures clinical governance is observed in action, is measurable and underpins the Agency's quality, clinical safety and performance agenda.
People, Capability and Culture	Responsible for strategic resource planning and management, including human capital capacity, capability and culture.
Technical Standards Committee	Responsible for reviewing solution architecture design, reference materials and key architecture/ design decisions.
Data Governance Committee	Guides the Agency towards a high level of data maturity, ensuring that data is managed, protected, and utilised in ways that support the Agency's objectives.

Risk management

The Agency is committed to comprehensive and coordinated risk management across its strategic, tactical and project-level operations. The Board approved the revised Risk Management Framework, which includes the updated Risk Appetite Statement, in June 2023. The framework aligns to the international standard on risk management (AS/NZS ISO 31000) and the 2023 Commonwealth Risk Management Policy. The framework is designed to support the delivery of the strategic objectives determined by the Board by ensuring that potential adverse events, threats and uncertainties are identified, analysed, evaluated and treated. An equal focus is placed on the active and ongoing reporting of risks to ensure they are captured and escalated, where appropriate, to allow visibility by senior management.

Audit arrangements

The Agency relies on audit activities as an essential tool to identify opportunities to deliver better practices that will drive performance and greater transparency of the Agency's governance and decision-making arrangements.

Internal audit

The Agency's 2023–24 Strategic Internal Audit Plan was delivered by Axiom Associates. The plan was informed by the Agency's risk environment and through collaboration with Agency Executive and was endorsed by the Audit and Risk Committee and approved by the Board. In 2023–24, audit topics included the Agency's contract management practices, program implementation review, third-party cyber security, and access to My Health Record data. All audit products are presented to the Audit and Risk Committee, and implementation of recommendations is actively monitored to improve Agency processes and performance.

The Agency continues to focus audit resources on areas of high risk while being flexible enough to respond to emerging risks and changing demands. The 2024–25 Strategic Internal Audit Plan is underway to further mature the Agency's capability to deliver its products and services.

External audit

The Auditor-General is the external auditor for the Agency, as required by the PGPA Act. The Auditor-General, through the ANAO, audited the Agency's financial statements to ensure they were prepared in accordance with the Australian Accounting Standards and other requirements prescribed by the Public Governance, Performance and Accountability (Financial Reporting) Rule 2015. The Agency's financial statements are presented in Part 4 of this report. The Auditor-General issued an unmodified audit report for the 2023–24 financial statements of the Agency.

Under its charter, the Audit and Risk Committee is empowered to act as the liaison point between Agency management and the ANAO and to review both the financial accounts and the processes in place that support the integrity of financial information published in the annual report.

No performance audits were conducted by the ANAO on Agency operations in 2023–24.

Fraud and corruption control

The Agency's 2023–25 Fraud and Corruption Control Plan (Control Plan) and Fraud and Corruption Control Policy articulate clear expectations to Agency staff, aimed at ensuring standards of professionalism, individual accountability and ethical behaviour are valued, shared and met across the organisation. The Control Plan is underpinned by policies, plans and procedures such as the accountable authority instructions that encourage responsible public administration and minimise the risk of misappropriation of Agency resources. The Agency assesses all fraud and corruption allegations.

In 2023–24, the Agency reviewed and updated its Fraud Risk Profile. Targeted control effectiveness assessments and awareness training will be undertaken throughout 2024–25 to strengthen the Agency's prevention, detection and response to fraud. With the introduction of the revised Commonwealth Fraud and Corruption Control Framework in July 2024, the Agency Control Plan will be updated to reflect and refine Agency control arrangements.

No material instances of fraud were reported during 2023–24.

Business continuity

In 2023–24, the Agency introduced the Resilience and Agility Program to drive ongoing maturity and governance arrangements for emergency management, incident management, business continuity and crises management and disaster recovery across the Agency. The program will see the Agency mature its approach to these key business support areas.

Under this program, the Agency has developed an Emergency Management Policy and updated its Major Incident Management Process, Business Continuity and Crisis Management Plan, Business Impact Analysis and Disaster Recovery Plan.

External scrutiny

The Agency is accountable to the Australian Government through the Minister for Health and Aged Care and to state and territory health ministers through the National Federation Reform Council. It reports quarterly to the Australian Health Ministers' Advisory Council, which is responsible for providing strategic and operational support to the National Federation Reform Council.

The Agency's operations are also open to scrutiny from the Auditor-General, the courts, administrative tribunals, parliamentary committees, the Commonwealth Ombudsman, the Australian Information Commissioner and the community under the freedom of information regime.

Judicial decisions or administrative reviews

There were no judicial or administrative tribunal decisions impacting on the operations of the Agency.

Parliamentary, Ombudsman, Australian Information Commissioner reports

The Agency did not appear before the Senate Estimates (Community Affairs Legislation) Committee public hearings over 2023–24 – the Agency was released and did not appear at the 26 October 2023 hearing and was not called to appear by the Committee at the February 2024 or May–June 2024 hearings.

No reports on the Agency were released by a parliamentary committee or the Commonwealth Ombudsman, but on 12 June 2024, the ANAO released a performance audit report on the *Procurement of My Health Record* and the Agency accepted ANAO's recommendations to strengthen approval and review processes and record keeping across the procurement and contract management life cycle.

In addition to the ANAO report, every year the Office of the Australian Information Commissioner (OAIC) produces a report that touches directly on the work of the Agency as My Health Record System Operator. The Information Commissioner has a statutory obligation to produce an annual report on digital health compliance and enforcement activity in accordance with Section 106 of the *My Health Records Act 2012.* That Act contains provisions that protect and restrict the collection, use and disclosure of personal information. The Australian Information Commissioner monitors and enforces compliance with those provisions as the independent regulator of the privacy aspects of the My Health Record system.

On 24 June 2024, the OAIC also released a report on emergency access in the My Health Record system, following a privacy assessment of its use by 150 GP clinics and 150 retail pharmacies. The assessment identified a number of areas of good privacy practice (that prevent, identify and address emergency misuse) as well as areas for improvement (such as stronger training and detection measures). The OAIC concluded that despite the availability of guidance material surrounding privacy obligations and emergency access, a barrier exists to understanding and implementing these obligations. The Agency will continue its focus on initiatives to raise awareness of these obligations.

Capability reviews

The Australian Public Service Commission oversees a program of external reviews of public sector agencies to assess their ability to meet future objectives and challenges. No capability reviews of the Agency were conducted during the reporting period.

Freedom of information regime

Part 2 of the *Freedom of Information Act 1982* (FOI Act) established the Information Publication Scheme (IPS), effective from 1 May 2011. It reflected a shift to a pro-disclosure culture for government, with the expectation that agencies take the lead in anticipating and publishing material for public accessibility, rather than react to ad hoc requests. The scheme compels the Agency to publish certain categories of information online. These include the Agency's structure, functions and decision-making powers, as well as operational information supporting the exercise of those functions and powers. The Agency is also required to publish a plan detailing the information that will be made available as part of the IPS and the steps it will take to ensure compliance with IPS obligations.

The Agency has met the regulatory requirements by website publication of the broad range of information required, as well as by preparing a plan explaining how it will administer the IPS. It undertakes to keep the online content accurate, current and complete.

The Agency recognises that public sector information – information that is generated, collected or funded by government – is a valuable national resource that should be available for community access and use.

Consistent with the objects of the FOI Act and the Agency's commitment to transparency and open government, the Agency favours disclosure in the absence of competing public interest considerations such as the protection of personal information.

During 2023–24, the Agency received 37 requests pursuant to the FOI Act. Information released in response to the FOI Act requests is published in accordance with IPS requirements and accessible in the FOI Disclosure log page on the Agency website.

Additional reporting requirements under the PGPA Rule

Ministerial directions and policy orders

The PGPA Rule provides that the Minister for Health and Aged Care may give directions to the Agency about the performance of its functions or the exercise of its powers. In addition, the Minister for Finance, under the PGPA Act, may notify the Board of any general Australian Government policies that apply to the Agency.

No ministerial directions or notifications were given during the 2023–24 reporting period.

Compliance with finance law

The PGPA Rule requires that the Agency report on any significant non-compliance during 2023–24 with finance law (encompassing the PGPA Act, any delegated legislation under that Act, or an Appropriation Act).

The Agency has not identified any significant non-compliance issues during the 2023–24 reporting period.

Significant activities and changes

The PGPA Rule also requires the Agency to provide details of significant activities and changes that affected the operations or structure of the entity during the reporting year. The PGPA Rule requires the Agency to notify the Minister for Health and Aged Care of events such as proposals to form a company, partnership or trust; to acquire or dispose of a significant shareholding in a company; or commence or cease business activities; or to make other significant changes. No significant events of that nature arose during 2023–24.

Related entity transactions

The Agency is an Australian Government–controlled corporate Commonwealth entity. It has a governing Board of members, a CEO and SEC members and a Portfolio Minister.

Pursuant to AASB 124 Related Party Disclosures (AASB 124), Agency Key Management Personnel (KMP) are asked to provide details of where any of their close family members, or a controlled Agency/entities has/have transacted with the Agency. Where any doubt exists, the information is to be recorded and collected in any event.

AASB 124 requires disclosure of related party relationships that include transactions where significant influence exists between the Agency and other parties. The Standard identifies that KMP have the capacity to influence the operations of the Agency, and therefore parties related to KMP become related parties to the Agency and require disclosure in the annual financial statements. The Agency has determined that all Board members, the CEO and SEC members constitute KMP. This includes those acting in a role for 3 months or more continuously.

Given the breadth of government activities, related parties may transact with the government sector in the same capacity of ‘common citizens’. Common citizen or ‘open contest’ transactions are not requested or recorded, as they reflect those transactions that may be undertaken with the Agency under the same terms and conditions as any other citizen.

The Agency transacts with other Australian Government–controlled entities consistent with normal day-to-day business operations provided under normal terms and conditions, including the payment of workers compensation and insurance premiums. These are not considered individually significant to warrant separate disclosure as related party transactions.

During 2023–24, the Agency transacted for specific services with related parties including:

- the provision of My Health Record and other digital health services and contact centre services from Services Australia
- the provision of shared services from the Department of Health and Aged Care
- accommodation sub-lease arrangements with the Department of Health and Aged Care
- managed services from the Commonwealth Scientific and Industrial Research Organisation for the National Clinical Terminology Service
- the provision of services to support digital health initiatives to the Department of Health and Aged Care
- the provision of services to support the Agency's digital health programs and outcome with various state/territory government entities.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Agency, it has been determined that there are no related party transactions to be separately disclosed.

Insurance and indemnities

The PGPA Rule requires the Agency to provide details of any indemnity that applied to the Agency Board, any member of the Board or officer of the Agency against a liability (including premiums paid, or agreed to be paid, for insurance against the Agency Board, member or officer's liability for legal costs). In 2023–24 the Agency maintained directors' and officers' liability insurance, which covers Board members as part of its overall insurance arrangements with the Commonwealth's self-managed insurance fund, Comcover. The premium paid for this coverage for 2023–24 was $351,519.98 (GST inclusive).

Human resources management

The Agency's Workforce Strategy 2021–2026 provides the vision for how we can enable a high-performing, adaptable and capable workforce to support the delivery of objectives.

Following the Agency securing ongoing funding through the 2023–24 Federal Budget, a Workforce Strategy Addendum was developed. An Addendum realises the opportunity to refine and refocus workforce priorities, strengthening foundations and ensuring the Agency can meet the needs of the government and Australians for years to come.

Aligned to the Workforce Strategy priority areas, the Addendum defines the actions the Agency will deliver in 2024 calendar year to ensure our people strategies, processes and initiatives are meeting employees' needs and enabling them to do their best work, while maintaining a strategic, targeted and long-term investment aligned to Agency outcomes.

Values-based and people-centred culture

The Agency has continued to build a values-based and people-centred culture to ensure our people engage with and display the Agency and APS values and embody the Agency vision in all that they do. The Agency facilitates opportunities to:

- collaborate and connect through all-staff meetings, in-office events and corporate giving campaigns
- engage to ensure staff understand how they contribute to the Agency's mission, recognised through executive messaging and the Agency recognition program
- listen through a continuous feedback loop, including the APS Employee Census and internal surveys.

The Agency has sought to understand and capitalise on our workforce mix, consistent with the APS reform agenda, working to embed the APS Strategic Commissioning Framework into our workforce strategy, workforce planning, procurement principles and practices and financial planning. The Strategic Commissioning Framework reflects the principle that core work of the APS must be done by our core workforce – APS employees. Each division has participated in workshops to define the core work and functions of their workforce profile. The Agency's targets to reduce reliance on external workforce and build APS capability will be reported to the APSC and included in the Corporate Plan.

The APS Bargaining process and Agency Enterprise Agreement 2024–2027 presented an opportunity for greater consistency in conditions of employment for both APS and common law employees.

Over 2023–24 a key area of focus was improving onboarding and induction processes as this was recognised as a key contributor to employee experience, which contributes to stronger retention.

The development of a new eRecruit system commenced in August 2023. The first phase provided a platform for all ongoing and non-ongoing positions, as well as internal expressions of interest, to be advertised on the Agency's careers page and created an improved candidate and manager experience during the recruitment process. The second phase of the project focused on streamlining the recruitment process, post advertising, for hiring managers through completion of the process within the eRecruit platform and automation of key steps. The final phase of the project will focus on integration of the end-to-end recruitment process across systems, ensuring alignment to the Agency's Enterprise Agreement and updated policies, and improved recruitment metrics to provide reliable, evidence-based reporting.

A key component of how employees experience their time with the Agency will start with the Agency's mandatory training requirements. After feedback in 2022–23, a new Essential Learning Program was developed to ensure clear alignment to legislative requirements and meet user and Agency needs. The program emphasises the benefits of the behaviours and positive culture we want to create and maintain and incorporates mandatory learning requirements introduced through the Agency Enterprise Agreement. The program launched in June and will be rolled out as a phased approach over the second half of 2024. Initial feedback through the consultation process was consistent that this change would make a significant difference to team members' and managers' experience in the Agency.

Workforce capability

The Agency's Learning and Development Strategy reinforces the need for our workforce to have the skills and behavioural attributes to deliver our objectives with support for continuous development. The Agency makes a significant investment in learning and development including core skills development through:

- Agency-specific workshops and resources
- leadership development including workshops, guest speakers, eLearning, resources, and diagnostic tools such as the DiSC profile
- access to external partners such as the APS Academy, LinkedIn Learning and Growth Faculty
- support for individual and team-based training needs
- continued professional development with eligible staff able to access financial and/or leave support for approved courses of study.

Following the launch of our inaugural graduate program in 2023 the Agency welcomed 5 graduates in February 2024, continuing our investment in our talent pipeline and career pathways for future leaders. Our graduates take part in the APS Graduate Program developing the foundational skills, behaviours, mindsets and networks to make a significant contribution to the APS. The Agency supports further development through Agency-specific learning, mentoring and exposure to different work areas throughout their 10-month program. The Agency has committed to continuing to provide entry-level career pathways into the Agency, continuing to build and mature our graduate

program in 2025 with a larger cohort of 20 and an internally focused development program on digital health to complement the APSC Graduate Program.

Leadership development and empowerment

Priority one of the APS reform agenda calls for strengthened behaviour and outcomes-based performance management, starting with Senior Executive Service (SES). The APS Performance Leadership Framework was established to reinforce the standards of behaviour expected of APS leaders, communicate that behaviours are equally as important as outcomes when delivering for government, and highlight the importance of continuous improvement. The Agency has developed a 2-year action plan to drive implementation and embed the framework. The Agency has introduced updates to recording and reporting on SES performance and matured succession planning and development of the senior leadership cohort through mandatory SES Essential Learning, including the APS SES Integrity Masterclass and a cyber security leadership program. A reverse mentoring program will strengthen the cultural and leadership capabilities of leaders in the Agency and align to the APSC CALD Strategy.

Aligned to the Agency Leadership Strategy, initiatives are available to staff at all levels and levels of experience to support leading self, leading a team, leading the Agency and leading as stewards of the APS. Leadership development programs are accessed through the APS Academy and Growth Faculty and supported by mentoring and coaching within the Agency.

Consistent with the APS reform agenda and *Public Service Amendment Act 2024* the Agency has taken steps to empower managers and create a work environment that enables decisions to be made by APS employees at the lowest appropriate classification. The Agency introduced new HR delegations in March 2024, has updated guidance materials and made systems enhancements to support managers to effectively manage their teams. These changes have in turn reduced administrative burden through increased self-service and automated workflows for key processes.

Diversity and inclusion

The Agency's Innovate Reconciliation Action Plan (RAP) 2023–2025 was launched in October 2023 and is the Agency's second RAP.

As part of implementation of the RAP, a new anti-discrimination policy has been developed through engagement with Aboriginal and Torres Strait Islander staff. Through implementation of the Agency's Enterprise Agreement, HR policies and processes will be updated to incorporate new conditions for consideration of connection to Country and cultural obligations in response to request for changes in work location; clarity on the ability to substitute a culture or religious day of significance; and cultural, ceremonial and NAIDOC Week leave provisions.

The Agency recognised the significance of National Reconciliation Week, NAIDOC Week and National Close the Gap Day with all-staff events and activities. On National Close the Gap Day in April 2024, the Agency launched a new suite of diversity and inclusion courses. This investment supports the work to embed diversity and inclusion in our policies, processes and systems, as well as contributing to our legislative obligations relating to discrimination, harassment, psychosocial hazards and gender equality.

Following amendments to the *Workplace Gender Equality Act 2012*, the Agency reported to the Workplace Gender Equality Agency (WGEA) for the first time in 2023. This submission was for the reporting period 1 January 2022 to 31 December 2022. The results showed that the Agency's gender pay gap is 11.3%, 2.2 points lower than the Commonwealth public sector average. Since the WGEA submission, the Agency has implemented a range of initiatives to support each of the gender equality indicators, including capability development, updated policies and guidance materials and increased consistency in flexible working rights and access to parental leave through APS Bargaining.

A new diversity and inclusion strategy will be developed for launch in the second half of 2024. This will refresh our areas of focus and ensure alignment to key Agency and APS workforce strategies and initiatives. This strategy will continue to strengthen the 2023 Census results which highlighted that 82% of staff feel the Agency supports and actively promotes an inclusive workplace culture. This is 3% higher than similar-sized agencies and 2% higher than the APS overall.

Flexible work arrangements

The Agency is proud of our flexible working arrangements supporting all staff to access different types of flexibility to support productivity, engagement, attraction, retention and wellbeing of a high-performing workforce.

Our 2023 APS Employee Census results showed 87% of respondents combine office-based and remote work on a regular basis. The results highlighted a high level of satisfaction with the Agency's arrangements, noting:

- 82% of staff report they are satisfied with their non-monetary employment conditions (e.g. leave, flexible working arrangements, other benefits)
- 94% of employees agreed they were confident a flexible work request would be given reasonable consideration.

The Agency's flexible working arrangement policy will be reviewed through implementation of the Agency's new Enterprise Agreement. This will be developed through consultation with staff and managers to ensure the Agency's position continues to meet the needs of our workforce.

Staff statistics

The Agency is empowered to employ staff under the *Public Service Act 1999* as well as under its own enabling legislation, the Agency Rule. As at 30 June 2024, the Agency employed 540 staff under both those arrangements with offices located in Brisbane, Sydney and Canberra.

The tables below give a breakdown of staff across offices in the form mandated by a 2019 amendment to the PGPA Rule 2014.[15] The tables record the numbers of ongoing (permanent) and non-ongoing (temporary) staff, full-time or part-time status, gender and location, with data for both the current and previous year.

[15] Inclusion of a new Section 17BE(ka) in the Public Governance, Performance and Accountability Rule 2014.

All ongoing employees current report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	
NSW	59	1	60	73	6	79	-	-	-	-	-	-	-	-	-	139
Qld	90	1	91	122	5	127	-	-	-	-	-	-	-	-	-	218
Vic	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2
WA	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1
ACT	53	1	54	87	2	89	-	-	-	-	-	-	-	-	-	143
Total	204	3	207	282	14	296	-	-	-	-	-	-	-	-	-	503

All non-ongoing employees current report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	5	0	5	5	2	7	-	-	-	-	-	-	-	-	-	12
Qld	2	0	2	10	1	11	-	-	-	-	-	-	-	-	-	13
Vic	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	0
ACT	5	1	6	6	0	6	-	-	-	-	-	-	-	-	-	12
Total	12	1	13	21	3	24	-	-	-	-	-	-	-	-	-	37

All ongoing employees previous report period (2022–23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	
NSW	45	1	46	54	9	63	-	-	-	-	-	-	-	-	-	109
Qld	69	2	71	93	10	103	-	-	-	-	-	-	-	-	-	174
Vic	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2
WA	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1
ACT	39	1	40	63	7	70	-	-	-	-	-	-	-	-	-	110
Total	155	4	159	210	27	237	-	-	-	-	-	-	-	-	-	396

All non-ongoing employees previous report period (2022–23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	
NSW	1	0	1	1	0	1	-	-	-	-	-	-	-	-	-	2
Qld	2	0	2	2	0	2	-	-	-	-	-	-	-	-	-	4
Vic	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	1
ACT	2	1	3	5	1	6	-	-	-	-	-	-	-	-	-	9
Total	6	1	7	8	1	9	-	-	-	-	-	-	-	-	-	16

Executive remuneration

In April 2019, the PGPA Rule was amended to provide greater clarity over Commonwealth executive remuneration and to standardise annual report disclosure of the remuneration of KMP, senior executives and other highly paid staff. In 2020, the PGPA Rule was further amended to extend remuneration reporting to members of the Agency's Audit and Risk Committee. These new requirements recognise the heightened interest from Parliament and the public for transparency over remuneration arrangements. They are to replace online reporting of executive remuneration on the Agency's website introduced in 2016–17 and supplement aggregate reporting for KMP in financial statements. The new disclosures include KMP, senior executives and other highly paid staff.

Key management personnel (KMP)	Under accounting standards, KMP are defined as having authority and responsibility for planning, directing and controlling the activities of the Agency. The Agency has determined KMP to be its Board members, its CEO and Senior Executive Committee. This is consistent with the reporting of the Agency's KMP in its financial statements (in Part 4). Under the new arrangements KMP, their positions and total remuneration package are identified, reflecting the shift to individual (rather than aggregate) reporting for the Agency's Board and leadership team.
Senior executives	Senior executives encompass the Agency's branch managers and anyone (who does not qualify as a KMP) who is responsible for decision-making or having substantial input to decisions affecting the operations of the Agency.
Other highly paid staff	Whereas the above 2 categories are determined by role or classification, this final category, other highly paid staff, is decided solely on the basis of remuneration. It captures any staff who are neither KMP nor senior executives whose total remuneration exceeds an annual reporting threshold of $240,000 for the 2023–24 reporting period (this figure will be indexed yearly).

Remuneration policies and practices

The Agency employs APS employees under the *Public Service Act 1999* and common law employees under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016.

Following APS-wide bargaining, the Agency completed agency-level bargaining consistent with the Public Sector Workplace Relations Policy 2023. The Australian Digital Health Agency Enterprise Agreement 2024–2027 was approved by the Fair Work Commission on 27 March 2024 and came into operation on 3 April 2024. Of eligible Agency staff, 81% voted with 90% voting in support of the new Agreement.

The new Agreement resulted in an 11.2% pay increase applied over 3 years to both APS and common law employees (if they were within the salary bands). When compared to previous entitlements, the APS common conditions provided Agency staff with:

- 30 improved conditions
- 13 conditions that remained the same or equal
- one condition was retained as it was better than the APS Common Condition.

The Enterprise Agreement resulted in greater consistency of conditions across the Agency. Common law employees are now able to access flex time for APS 1 to 6 employees, executive time off in lieu, an increase in personal leave entitlements from 15 to 18 days, eligibility for workplace responsibility allowance payments and alignment of superannuation entitlements to 15.4%.

Remuneration governance arrangements

In 2024 the Agency set up a Remuneration Committee to track, monitor and ensure compliance with legislative obligations. This committee also considers remuneration regarding attraction and retention, acknowledging the Agency has a high proportion of specialist roles that often attract higher salaries outside the public sector. The Remuneration Committee will also consider individual flexibility arrangements applications and reviews, along with SES remuneration.

The Agency formed an Enterprise Agreement Implementation Consultative Committee under clause 441 of the Enterprise Agreement. This committee is the peak employee consultation body ensuring staff have an effective voice in the implementation of the Enterprise Agreement. The committee chair is the Chief Operating Officer, with members including representatives from management, each division and union.

Remuneration levels for SES employees are managed in accordance with the APS Executive Remuneration Policy and the Public Sector Workplace Relations Policy 2023. The CEO determines the appropriate level of pay for SES positions in line with SES remuneration policy. Remuneration levels are reviewed annually with consideration to individual performance, organisation performance and affordability, market competitiveness and the remuneration framework.

The CEO position is managed through the Remuneration Tribunal, an independent statutory authority that handles remuneration of key Commonwealth offices.

Remuneration tables

Under new requirements introduced in the 2020–21 reporting year, each of the Agency's KMP names, positions and remuneration packages are identified.

Key management personnel

The remuneration information in the tables below is presented in accordance with 2019 amendments to the PGPA Rule.[16]

[16] Sections 17BE(ta), 17CA-CC and Schedule 3 of the Public Governance, Performance and Accountability Rule 2014.

Remuneration of key management personnel

		Short-term benefits ($)			Post-employment benefits ($)	Other long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
Name	**Position title**	**Base salary**	**Bonuses**	**Other benefits and allowances**	**Superannuation contributions**	**Long service leave**	**Other long-term Benefits**		
Amanda Cattermole	Chief Executive Officer	508,616	-	-	76,407	12,388	-	-	597,411
Lisa Rauter	Chief Operating Officer	23,697	-	585	12,497	1,900	-	-	38,679
Lisa Keeling	Chief Operating Officer	108,768	-	1,009	11,797	2,937	-	-	124,511
Joanne Greenfield	Chief Operating Officer	149,199	-	-	21,181	3,396	-	-	173,776
Paul Creech	Chief Program Officer	326,822	-	2,683	59,060	7,893	-	-	396,458
Peter O'Halloran	Chief Digital Officer	344,937	-	2,683	52,356	8,421	-	-	408,397
John Borchi	Chief Technology Officer	282,123	-	-	45,657	9,879	-	-	337,659
Malcolm Thatcher	Chief Technology Officer	151	-	-	742	21	-	77,036	77,950
Steve Hambleton	Chief Clinical Advisor	214,498	-	-	-	-	-	-	214,498
Elizabeth Deveny	Board Chair	37,243	-	-	3,823	-	-	-	41,066
Lyn McGrath	Board Chair	112,697	-	-	12,397	-	-	-	125,094
Bennie Ng	Board Member	74,549	-	-	11,481	-	-	-	86,030
Kylie Ward	Board Member	74,729	-	-	8,220	-	-	-	82,949
Danielle McMullen	Board Member	58,594	-	-	6,445	-	-	-	65,039
Emma Hossack	Board Member	27,054	-	-	2,976	-	-	-	30,030
Keith McNeil	Board Member	25,742	-	-	2,542	-	-	-	28,284

Senior executives

Senior executive disclosures are at aggregate level, reporting on averaged remuneration packages within dollar ranges ($25,000 bands), and show the number of executives within each band.

Remuneration of senior executives

		Short-term benefits ($)			Post-employment benefits ($)	Other long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
0-220,000	8	113,582	-	7,199	17,417	3,712	-	-	141,910
220,001-245,000	2	191,319	-	12,762	23,661	4,637	-	-	232,379
245,001-270,000	6	205,319	-	6,886	28,800	5,013	-	9,438	255,456
270,001-295,000	5	232,401	-	10,385	34,715	8,775	-	-	286,276
295,001-320,000	2	257,399	-	1,568	38,011	19,496	-	-	316,474

Other highly paid staff

Under new statutory requirements, the Agency is obliged to produce a table showing the value of remuneration packages for other highly paid staff, defined as those employees who do not fall into the categories above but whose average reportable remuneration was $250,000 or more for the financial period.

No staff fell in this category in 2023–24.

Mandatory reporting requirements under various Commonwealth legislation

Workplace health and safety

Valuing the Agency's people extends to recognising the responsibility to promote their health and wellbeing and to meet employer obligations under the *Work Health and Safety Act 2011* (WHS Act).

The Agency's National Work Health and Safety Committee is the key forum that supports the Agency's health and safety culture. It oversees and coordinates the Agency's compliance with the WHS Act and its implementation, including the development of WHS policies and promotion of safe work practices. Committee representatives worked closely with state-based health and safety committees and senior managers and supervisors to deliver a number of prevention and early intervention initiatives to minimise the risk of workplace injuries and enable staff to work in a happy and healthy environment and maintain a work–life balance.

Under the WHS Act, the Agency must provide statistics of any notifiable incidents (serious work-related injuries or illness) and details of any investigations conducted during the reporting period. In accordance with Schedule 2, Part 4 of that Act, the Agency is also required to report on initiatives taken during the year to ensure workplace health and safety and the outcomes of those initiatives.

The Agency is dedicated to fostering a workplace environment that is safe, inclusive and respectful. The Agency's prevention and response plan, formulated in consultation with staff, commenced in February 2023 with a focus on implementation of workplace health and safety psychosocial model laws including the *Sex Discrimination Act 1984*. The Agency continues working to further develop the prevention and response plan to align with the Respect@Work Good Practice Indicators Framework for Preventing and Responding to Workplace Sexual Harassment and to ensure an outcomes-focused, people-centred and trauma-informed approach.

Through employee consultation, the Agency has developed a clear and robust complaint-handling process for incidents of sexual harassment.

Throughout 2023–24 the Agency continued to mature its approach to early intervention to prevent and reduce the impact of injuries and illness and support employees to return to work as quickly as possible. The Agency:

- continues to provide all staff, including contractors, with access to our Employee Assistance Program
- completes virtual workstation assessments to support staff working remotely, with this embedded into our flexible work application process
- facilitates workstation assessments and workplace adjustments for staff with more complex requirements
- provides dedicated case management support for both early intervention and cases requiring long-term support
- delivers an annual Agency-funded influenza vaccination program
- ensures those with specific workplace responsibilities undertake relevant training
- supports leaders to create and maintain a safe work environment through a psychosocial risk assessment tool and action planning
- continued support for flexible working arrangements supporting staff to balance personal and professional commitments

- has invested in training focused on appropriate workplace behaviour including details of the Respect@Work findings, the Respect@Work model for preventing and responding to sexual harassment and positive duty requirements to create a safe workplace environment
- all staff are assigned mandatory training obligations on commencement, with annual refresher training requirements, to ensure they are aware of their individual responsibility for maintaining a safe work environment.

The Agency has an active Health and Wellness Committee engaging staff in a broad range of initiatives to enhance the employee experience and engagement. Initiatives in 2023–24 have included participation in the 10,000 steps challenge, parkrun and a weekly virtual tabata workout. The committee created awareness about and engagement with relevant all-staff observances of events such as Men's Health Week and RUOK? Day and promoted a charity drive for Share the Dignity.

These initiatives have assisted employees in adopting healthy work and lifestyle practices and reflect the Agency's commitment to fostering a strong health and safety culture.

No accidents or injuries occurred that were reportable under Section 38 of the WHS Act, and no investigations were conducted under Part 10 of that Act.

Advertising and market research

Under Section 311A of the *Commonwealth Electoral Act 1918* the Agency is required to disclose payments exceeding $16,300 (GST inclusive) to advertising agencies, market research, polling, direct mail or media advertising organisations.

During 2023–24 the Agency's total payments to advertising, market research and media services over the reporting threshold was $3,586,892.02 (GST inclusive). The following table shows the breakdown of payments by category.

Advertising, market research and media expenditure

Advertising agency	**Expenditure** ($, GST inclusive)
VMLY&R Pty Ltd	363,875.38
Market research organisation	**Expenditure** ($, GST inclusive)
Fifty-Five Five Ptd Ltd	781,106.51
Lonergan Research Pty Ltd	483,408.7
Stokes Mischewski Ptd Ltd T/as SMPR	74,800
Whereto Research Based Consulting	301,950
Media advertising organisation	**Expenditure** ($, GST inclusive)
Mediabrands Australia Pty Ltd	1,581,751.43
Total	**3,586,892.02**

Ecologically sustainable development and environmental performance

Under Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, the Agency is obliged to report on:

- ecologically sustainable development – how its activities accord with, and contribute to, environmental sustainability
- environmental performance – how its activities impact on the environment, and measures taken to minimise their impact.

Digital health's contribution to ecological sustainability

Discussion of the benefits of digital health rightly tends to focus on improved patient outcomes and the delivery of high-quality, safe and cost-effective care. However, one impact that is often overlooked is the potential benefit to the environment.

At a macro level, the Agency is helping to build a digital health future that promotes environmental sustainability. In this future, online health records will replace paper files, electronic diagnostic imaging reports will reduce plastic waste from x-rays, and telehealth will reduce reliance on patient transportation by lessening the need for face-to-face consultations.

Agency strategies to minimise environmental footprint

From an operational perspective, the Agency is mindful of its environmental responsibility and has taken steps to ensure both the efficient use of resources and effective waste management through the use of:

- video and teleconferencing facilities as an alternative to travel, wherever possible
- flexible working spaces, such as hot desking, and activity based working
- initiatives to reduce paper consumption, such as introduction of paperless processes and follow-me printing in business areas, the use of dual monitors at workstations, large screen displays in group settings and web-based sharing tools across teams
- recycling programs for paper, communal and co-mingled waste to minimise disposal to landfill
- energy-efficient practices in air-conditioning, computer and lighting, such as lighting control systems activated by motion sensors.

Agency actions to reduce our environmental impact will continue to evolve as technology and automation enable us to increase our efficiency and reduce our environmental footprint.

Net zero emission reporting

As part of new reporting requirements introduced last year under the *Environment Protection and Biodiversity Conservation Act 1999*, and consistent with the Australian Government's APS Net Zero 2030 policy – to achieve net zero emissions across public sector operations by 2030 – the Agency will include emissions data in its annual report.

Reporting greenhouse gas emissions provides transparency in understanding the sources and levels of greenhouse gases being emitted to target mitigation efforts. Tracking over time will enable an evaluation of progress towards emission reduction goals. Greenhouse gas emissions reporting has been developed with methodology that is consistent with the Whole of Australian Government approach as part of the APS Net Zero 2030 policy. The tables below give a breakdown of Agency emissions.

Greenhouse gas emissions inventory – location-based method

Emission source	Scope 1[1] kg CO_2-e	Scope 2[2] kg CO_2-e	Scope 3[3] kg CO_2-e	Total kg CO_2-e
Electricity (location-based approach)	N/A	137.218	20.010	157.228
Natural gas	0.000	N/A	0.000	0.000
Solid waste [4]	N/A	N/A	0.000	0.000
Refrigerants [4, 5]	0.000	N/A	N/A	0.000
Fleet and other vehicles	0.000	N/A	0.000	0.000
Domestic commercial flights	N/A	N/A	238.262	238.262
Domestic hire car [4]	N/A	N/A	0.734	0.734
Domestic travel accommodation [4]	N/A	N/A	56.194	56.194
Other energy	0.000	N/A	0.000	0.000
Total kg CO_2-e	0.000	137.218	315.199	452.417

Note: The table above presents emissions related to electricity usage using the location-based accounting method. CO_2-e = Carbon Dioxide Equivalent. [1] Scope 1 is direct emissions from entity facilities; [2] Scope 2 is indirect emissions from purchased electricity, steam, heating and cooling for own use; [3] Scope 3 is all other indirect emissions, including from leased assets upstream and downstream; [4] Indicates emission sources collected for the first time in 2023–24. Not all waste data was available at the time of the report and amendments to data may be required in future reports; [5] Indicates optional emission source for 2023–24 emissions reporting. A small portion of domestic travel emissions may have been reported in the Department of Health and Aged Care's annual report due to a shared services agreement, although efforts were made to separate the data. Emissions from hire cars for 2023–24 have been sourced from third-party providers and may be incomplete. The quality of data is expected to improve over time as emissions reporting matures.

Electricity greenhouse gas emissions

Emission source	Scope 2[1] t CO_2-e	Scope 3[2] t CO_2-e	Total t CO_2-e	Percentage of electricity use
Electricity (location-based approach)	137.218	20.010	157.228	100%
Market-based electricity emissions	127.998	15.802	143.800	81.28%
Total renewable electricity	-	-	-	18.72%
Mandatory renewables [3]	-	-	-	*18.72%*
Voluntary renewables [4]	-	-	-	*0.00%*

Note: The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO_2-e = Carbon Dioxide Equivalent. [1] Scope 2 is indirect emissions from purchased electricity, steam, heating and cooling for own use; [2] Scope 3 is all other indirect emissions, including from leased assets upstream and downstream; [3] *Mandatory renewables* are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage; [4] *Voluntary renewables* reflect the eligible carbon credit units surrendered by the entity. This may include purchased large-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only). The quality of data is expected to improve over time as emissions reporting matures.

Part 4. Financial statements

Information about this part

This part reports on the Agency's financial performance and includes financial statements audited by the Auditor-General.

Financial summary

The Agency is jointly funded by Commonwealth appropriation ($302.6 million) and funding from the states and territories ($32.25 million).

Financial outcome

The Agency had a total operating revenue of $316 million and incurred total expenses of $283 million. As a result, the Agency recorded an operating surplus of $33 million in 2023–24.

Audited financial statements

The ANAO inspected the Agency's financial records and provided an unqualified audit opinion on the financial statements and accompanying explanatory notes on 27 September 2024. The ANAO's report and the Agency's financial statements are presented below.

Independent auditor's report

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Digital Health Agency (the Entity) for the year ended 30 June 2024:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2024 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2024 and for the year then ended:

- Statement by the Chair of the Board, Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chair is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chair is also responsible for such internal control as the Chair determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chair is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chair is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

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

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

27 September 2024

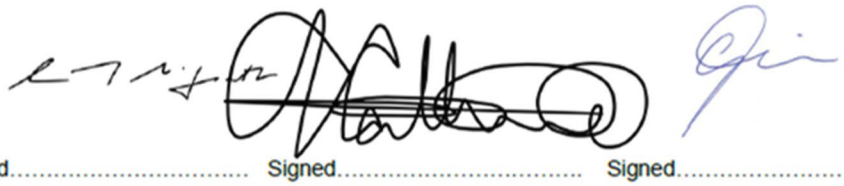
Australian Digital Health Agency Statement by the Chair of the Board, the Chief Executive and Chief Financial Officer

Australian Digital Health Agency
STATEMENT BY THE CHAIR OF THE BOARD,
THE CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2024 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Digital Health Agency will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Australian Digital Health Agency Board.



Signed.....	Signed.....	Signed.....
Lyn McGrath	Amanda Cattermole	Christopher Davis
Board Chair	Chief Executive Officer	A/g Chief Financial Officer
Accountable Authority		
26 September 2024	26 September 2024	26 September 2024

Australian Digital Health Agency Statement of Comprehensive Income for the period ended 30 June 2024

		ACTUAL		
	Notes	**2024 $'000**	2023 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee Benefits	1.1A	**69,008**	56,410	65,944
Suppliers	1.1B	**180,927**	205,685	235,519
Depreciation and Amortisation	2.2A	**32,473**	26,480	50,368
Finance Costs	1.1C	**161**	150	91
Write-Down and Impairment of Assets		**386**	-	-
Total expenses		**282,955**	288,725	351,922
Own-Source Income				
Own-Source Revenue				
Revenue from Contracts with Customers	1.2A	**4,595**	9,650	-
Contributions from Jurisdictions	1.2B	**32,250**	32,250	32,250
Interest	1.2C	**9,808**	2,779	-
Other Revenue		**2**	82	-
Total own-source revenue		**46,655**	44,761	32,250
Total own-source income		**46,655**	44,761	32,250
Net cost of services		**(236,300)**	(243,964)	(319,672)
Revenue from Government	1.2D	**269,304**	211,125	269,304
Surplus/(Deficit) on continued operations		**33,004**	(32,839)	(50,368)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation surplus		**5**	640	-
Total other comprehensive income		**5**	640	-
Total comprehensive income/(loss) attributable to the Australian Government		**33,009**	(32,199)	(50,368)

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

Expenses

Employee Benefits expenses were $3 million higher than the original budget primarily due to average staff costs in 2023–24 being higher than the rate used for budget estimates, including from the 4% pay rise for staff in March 2024 and other impacts of the Agency's Enterprise Agreement which were not factored into budget estimates.

Supplier expenses were $54.6 million lower than the original budget primarily due to delays and/or deferrals in the commencement of a number of projects (mostly information technology–related) due to legislation, changes and/or delays in scope out of the Agency's control, and difficulty in securing and retaining specialist resources to undertake a number of projects in line with the original planned timetables.

Depreciation and Amortisation costs were $17.9 million lower than the original budget as a result of reduced capitalisations in 2023–24 of intangible assets compared to assumptions factored into budget estimates, as a result of the same drivers as outlined above for supplier expenses.

Own-Source Income

Revenue from Contracts with Customers was not included in the original budget as the amounts were not known and/or confirmed at the time of preparing budget estimates.

Interest revenue (and cash inflows in the Cashflow Statement) was not included in the original budget as amounts received were not known and can be variable, with the level of revenue in 2023–24 reflecting the Agency's cash on deposit balance and the general trend of increased interest rates within the economy.

Australian Digital Health Agency Statement of Financial Position as at 30 June 2024

		ACTUAL		
	Notes	**2024 $'000**	2023 $'000	Original Budget $'000
ASSETS				
Financial Assets				
Cash and Cash Equivalents	2.1A	**130,347**	62,067	75,173
Trade and Other Receivables	2.1B	**7,823**	4,520	11,481
Total financial assets		**138,170**	66,587	86,654
Non-Financial Assets				
Leasehold Improvements	2.2A	**4,832**	3,356	11,960
Right of use Assets	2.2A	**8,904**	6,900	-
Plant and Equipment	2.2A	**5,910**	1,645	3,897
Intangibles	2.2A	**59,104**	65,929	33,179
Prepayments		**9,727**	3,473	5,977
Total non-financial assets		**88,477**	81,303	55,013
Total assets		**226,647**	147,890	141,667
LIABILITIES				
Payables				
Suppliers	2.3A	**36,271**	27,060	69,109
Other Payables	2.3B	**2,850**	2,044	1,273
Total payables		**39,121**	29,104	70,382
Interest bearing liabilities				
Leases	2.4A	**8,964**	7,956	2,784
Total interest bearing liabilities		**8,964**	7,956	2,784
Provisions				
Employee Provisions	3.1A	**12,991**	11,747	10,686
Other Provisions	3.1B	**540**	382	356
Total provisions		**13,531**	12,129	11,042
Total liabilities		**61,616**	49,189	84,208
Net assets		**165,031**	98,701	57,459
EQUITY				
Contributed Equity		**260,108**	226,787	260,108
Reserves		**15,812**	25,907	19,267
Accumulated Deficit		**(110,889)**	(153,993)	(221,916)
Total equity		**165,031**	98,701	57,459

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

Assets

Cash and Cash equivalent were $55.1 million higher than the original budget primarily due to the higher supplier payables balance at 30 June 2024, combined with the impact of the Agency's operating surplus (excluding non-cash depreciation and amortisation expenses).

The original budget for Trade and Other Receivables was estimated based on the balance at the end of 2021–22. This balance can vary at a point in time and the $3.6 million decrease from the original budget is primarily due to a $2.1 million reduction in GST receivables from the ATO due to the Agency's lower supplier payables balance compared to that point in time, and a $1.5 million reduction in trade receivables due to payments for significant milestones in contracts with other Commonwealth entities being received prior to 30 June.

Right of Use assets were $5.5 million higher than the original budget primarily due to the Agency entering into agreements during the year to extend lease terms for the Agency's Sydney and Brisbane offices, which was not factored into budget estimates. In addition, as a result of the lease extensions, leasehold improvements were lower than original budget by $3.7 million due to reduced fit-out requirements in these 2 sites.

Intangibles were $25.9 million higher than the original budget primarily due to reduced depreciation in 2023–24 compared to assumptions factored into budget estimates (predominantly relating to My Health Record assets) and delays in project commencements and completion as outlined earlier.

The original budget for Prepayments was estimated based on the balance at the end of 2021–22. This balance can vary at a point in time, with the Agency making prepayments consistent with normal market practices, for example annual software licences and maintenance agreements and annual insurances, and with a higher balance at 30 June 2024 as a result of this variability.

Liabilities

The original budget for Suppliers payable was based on the balance at the end of 2021-22. This balance can vary at a point in time, with the lower balance in 2023–24 reflecting the reduced level of project-related activity and milestones at the end of 2023–24 compared to 2021-22 and reduced Services Australia charges.

Employee provisions were $2.3 million higher than the original budget primarily due to increased staffing levels within the Agency, with the original budget based on the balance at the end of 2021-22.

Australian Digital Health Agency Statement of Changes in Equity for the period ended 30 June 2024

	ACTUAL		
	2024	2023	Original Budget
	$'000	$'000	$'000
CONTRIBUTED EQUITY/CAPITAL			
Opening balance			
Balance carried forward from previous period	**226,787**	208,381	226,787
Adjusted opening balance	**226,787**	208,381	226,787
Transactions with owners			
Contributions by owners			
Equity injection - Appropriations	**33,321**	18,406	33,321
Total transactions with owners	**33,321**	18,406	33,321
Closing balance as at 30 June	**260,108**	226,787	260,108
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	**(153,993)**	(115,154)	(171,548)
Adjusted opening balance	**(153,993)**	(115,154)	(171,548)
Comprehensive income			
Surplus/(Deficit) for the period	**33,004**	(32,839)	(50,368)
Total comprehensive income	**33,004**	(32,839)	(50,368)
Transfers between equity components[1]	**10,100**	(6,000)	-
Closing balance as at 30 June	**(110,889)**	(153,993)	(221,916)
ASSET REVALUATION RESERVE			
Opening balance			
Balance carried forward from previous period	**1,907**	1,267	1,267
Other comprehensive income[2]	**5**	640	-
Closing balance as at 30 June	**1,912**	1,907	1,267
CASH RESERVE			
Opening balance			
Balance carried forward from previous period	**24,000**	18,000	18,000
Transfers between equity components[1]	**(10,100)**	6,000	-
Closing balance as at 30 June	**13,900**	24,000	18,000

	ACTUAL		
	2024	2023	Original Budget
	$'000	$'000	$'000
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	**98,701**	112,494	74,506
Adjusted opening balance	**98,701**	112,494	74,506
Comprehensive income			
Surplus/(Deficit) for the period	**33,004**	(32,839)	(50,368)
Other comprehensive income[2]	**5**	640	-
Total comprehensive income	**33,009**	(32,199)	(50,368)
Transactions with owners			
Contributions by owners			
Equity injection - Appropriations	**33,321**	18,406	33,321
Total transactions with owners	**33,321**	18,406	33,321
Closing balance as at 30 June	**165,031**	98,701	57,459

The above statement should be read in conjunction with the accompanying notes.

[1] Transfer relates to Board's decision to decrease cash reserve balance by approximately $10.1 million for the 2023–24 financial year (2023: $6 million increase). The decrease reflects reduced risks to the Agency following ongoing funding being received from government.

[2] Other comprehensive income from changes in asset revaluation surplus consists of a revaluation increment relating to the Agency's provision for restoration obligations as outlined in Note 3.1B. (2023: $0.666 million from revaluation increment of leasehold improvement and plant and equipment and equipment assets, partially offset by a $0.026 million revaluation decrement relating to the Agency's provision for restoration obligations).

Accounting Policy

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

Cash Reserve

The Agency has determined a cash reserve should be maintained to hold funds for contingency purposes. The creation and maintenance of this reserve account has been approved by the Board.

Budget Variances Commentary

Total Equity was $107.6 million higher than the original budget due to the operating surplus in 2023–24 financial year. In addition to that, the opening balance was $24.2 million higher than budgeted as a result of timing when the original budget estimates were prepared, prior to the finalisation of the Agency's 2022–23 financial statements.

Australian Digital Health Agency Cash Flow Statement for the year ended 30 June 2024

	Notes	ACTUAL 2024 $'000	2023 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Appropriations		**269,304**	211,125	269,304
Contributions from jurisdictions		**30,602**	32,903	32,250
Rendering of services		**6,807**	11,211	-
Net GST received		**17,661**	27,519	-
Interest		**9,512**	2,610	-
Other		**611**	807	-
Total cash received		**334,497**	286,175	301,554
Cash used				
Employees		**66,958**	54,583	65,944
Suppliers		**205,633**	267,037	235,519
Interest payments on lease liabilities		**145**	150	91
Total cash used		**272,736**	321,770	301,554
Net cash inflows/ (outflows) from operating activities		**61,761**	(35,595)	-
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		**21,184**	19,078	33,321
Total cash used		**21,184**	19,078	33,321
Net cash (outflows) from investing activities		**(21,184)**	(19,078)	(33,321)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		**33,321**	18,406	33,321
Total cash received		**33,321**	18,406	33,321
Cash used				
Principal payments of lease liabilities		**5,618**	4,919	6,080
Total cash used		**5,618**	4,919	6,080
Net cash inflows from financing activities		**27,703**	13,487	27,241
Net increase/(decrease) in cash held		**68,280**	(41,186)	(6,080)
Cash and cash equivalents at the beginning of the reporting period		**62,067**	103,253	81,253
Cash and cash equivalents at the end of period	2.1A	**130,347**	62,067	75,173

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

An increase in actual cash balance compared to budget was primarily due to $32.9 million increase in Cash inflows received from operating activities (which include interests, GST cashflows and Rendering services which were not included in the original budget), and Cash outflows from operating activities being $28.8 million lower the original budget, in line with the variances to original budget in the Agency's operating result in the current year as outlined earlier.

Overview

Objectives of the Agency

The Australian Digital Health Agency (the Agency) is an Australian Government controlled corporate Commonwealth Agency established by the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016* (the Rule).

The Agency was established as a Corporate Commonwealth Agency on 30 January 2016 following registration of the Rule on 29 January 2016 and commenced operations on 1 July 2016.

The Agency has responsibility for the strategic management and governance for the national digital health strategy and the design, delivery and operations of the national digital healthcare system including the My Health Record system. It provides the leadership, coordination and delivery of a collaborative and innovative approach to utilising technology to support and enhance a clinically safe and connected national health system.

The Agency is structured to meet the following outcome:

Outcome 1*: To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians*

The continued existence of the Agency in its present form and with its present programs is dependent on:

- government policy and continued funding by the Australian Government for the Agency's administration and programs relating to the My Health Record functions
- funding from the Australian Government, states and territories received pursuant to the Inter-Governmental Agreement signed in August 2023, and on any future such agreements.

The Basis of Preparation

The financial statements are general purpose financial statements as required by section 42 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR) for reporting periods ending on or after 1 July 2015 and
b) Australian Accounting Standards and Interpretations – Simplified Disclosure Requirements issued by the Australian Accounting Standards Board (AASB 1060) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars, and values are rounded to the nearest $'000 unless otherwise specified.

Going Concern

The financial statements have been prepared on a going concern basis. As per the 2024–25 Department of Health and Aged Care Portfolio Budget Statements (PBS), the Agency is resourced ongoing from 2024–25. The government continues to support the Agency's objectives, and a new Intergovernmental Agreement on National Digital Health for 2023–2027 has been signed by all jurisdictions in August 2023. As such, the Agency continues to operate as a going concern until such time as a formal decision is made not to proceed with Agency activities.

Significant Accounting Judgements and Estimates

Assumptions or estimates have been made in the following areas that have the most significant impact on the amounts recorded in the financial statements:

- The Agency's intangibles comprise software licences, data sets, internally developed software for internal use and the My Health Record asset. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.
- Software is amortised on a straight-line basis over its anticipated useful life which is reviewed as part of the annual impairment process.
- Cloud computing arrangements (CCA) are first evaluated for whether they contain a lease. Non-lease components are further evaluated as a service contract or an intangible asset. CCA are an intangible asset if they are identifiable, controlled by the Agency and give the Agency the power to obtain future economic benefits. Configuration or customisation costs from CCAs are evaluated under the same principles. Useful life of intangible assets under CCA is determined by obsolescence, technology, economic factors and any rapid changes that may be occurring in the development of hosting arrangements or hosted software.
- Leave provisions involve assumptions based on the expected tenure of staff, patterns of leave claims and payouts, future salary movements and future discount rates.

No other accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next 12 months.

Taxation

The Agency is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events After the Reporting Period

There were no matters or circumstances which have arisen since the end of the financial year which significantly affected, or alternatively may affect the operations of the Agency, the results of these operations or state of affairs of the Agency in subsequent years.

Breach of Section 83 of the Constitution

The Agency receives own-source revenue detailed in note 1.2, including appropriation made by law through Appropriation Acts and Supply Acts, and makes a number of payments including under Remunerational Tribunal determinations.

During 2022–23 the Agency received advice that indicated there could be breaches of Section 83 relating to travel allowance payments under the Travel Principal Determination 2022 of the Remuneration Tribunal. The Agency undertook a review of relevant transactions and identified 31 instances where travel allowance payments were incorrect, totalling $3,360. The Agency has assessed these breaches as minor and administrative in nature. Changes to systems and processes were put in place at the start of the 2023–24 financial year to mitigate the risks of further overpayments occurring.

Recovery actions have been completed for overpayment debts identified during 2022–23. These were recovered through a combination of repayments and offsetting future travel allowance payments, with the Agency also deciding not to pursue a small number and value of debts for former stakeholders on the basis of it being uneconomical to do so.

1. Financial Performance

This section analyses the financial performance of the Agency for the period ended 30 June 2024.

1.1 Expenses

	2024	2023
	$'000	$'000
Note 1.1A: Employee Benefits		
Wages and salaries	**50,797**	41,785
Superannuation		
Defined contribution plans	**7,028**	5,229
Defined benefit plans	**1,982**	2,162
Leave and other entitlements	**8,962**	6,923
Separation and redundancies	**239**	311
Total employee benefits	**69,008**	56,410

Accounting Policy

Accounting policy for employee related expenses is contained in note 3.1.

Note 1.1B: Suppliers		
Goods and services supplied or rendered		
Contract for services	**92,847**	132,190
Contractors	**38,224**	41,405
IT services	**42,109**	25,030
Consultants	**-**	390
Communications	**1,929**	1,565
Travel	**1,380**	808
Audit fees[1]	**120**	120
Other	**3,878**	3,594
Total goods and services supplied or rendered	**180,487**	205,102
Other suppliers		
Workers compensation expenses	**427**	539
Short-term leases[2]	**13**	44
Total other suppliers	**440**	583
Total suppliers	**180,927**	205,685

[1] Amount paid or payable to the Australian National Audit Office for the audits of the financial statements.

[2] During the 2022–23 financial year, the Agency entered into a Memorandum of Understanding (MOU) with the Department of Health and Aged Care in relation to a licence of accommodation for Level 16, 595 Collins Street Melbourne, Victoria commencing 5 December 2022. The lease arrangement terminated on 31 August 2023.

Accounting Policy

Suppliers' expenses

The Agency applies a $5,000 threshold for recognition of prepayments and accrued expenses.

Short-term leases and leases of low-value assets

The Agency has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low value assets (less than $10,000 per asset). The Agency recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

	2024 $'000	2023 $'000
Note 1.1C: Finance Costs		
Interest on lease liabilities	**145**	150
Unwinding of discount on make good provision	**16**	-
Total finance costs	**161**	150

The above lease disclosures should be read in conjunction with the accompanying notes 2.2A and 2.4A.

1.2 Income

	2024 $'000	2023 $'000
Note 1.2A: Revenue from Contracts with Customers		
Rendering of services	**4,595**	9,650
Total revenue from contracts with customers	**4,595**	9,650

Revenue from rendering services is related to contracts with other Commonwealth entities for various projects, and is recognised at a point in time.

Accounting Policy

The Agency has revenue from general contracts that are enforceable through legal or equivalent means and have specific performance obligations that transfer goods or services to a customer. Contracts are considered to be enforceable where there are specific rights specified in the agreement, and the parties can reasonably be expected to act on their obligations.

The Agency provides services to other entities and individuals, including undertaking functions or incurring costs on behalf of other Australian Government entities in accordance with contracts or other arrangements.

Revenue is recognised over time as costs are incurred (where the Agency is entitled to recover the costs) or point in time on completion of services depending on the nature of the services being provided.

A contract liability for unearned revenue is recorded for obligations under contracts for which payment has been received in advance. Contract liabilities unwind as 'revenue from contracts with customers' upon satisfaction of the performance obligations under the terms of the contract or other arrangements.

	2024 $'000	2023 $'000
Note 1.2B: Contributions from Jurisdictions		
New South Wales	**10,133**	10,326
Victoria	**8,211**	8,114
Queensland	**6,592**	6,476
Western Australia	**3,457**	3,496
South Australia	**2,264**	2,283
Tasmania	**716**	697
Australian Capital Territory	**568**	529
Northern Territory	**309**	329
Total contributions from jurisdictions	**32,250**	32,250

Accounting Policy

The Agency receives contributions from jurisdictions based on an agreed formula as set out in the relevant financial contribution tables of the Intergovernmental Agreements on National Digital Health. The above contributions from states and territories of $32.25 million (2023: $32.25 million) represents the total contributions made under the Intergovernmental Agreements, with a further $32.25 million (2023: $32.25 million) being contributed by the Commonwealth. The latter contribution is included in Revenue from Government and is shown in note 1.2D.

	2024	2023
	$'000	$'000
Note 1.2C: Interest		
Deposits	**9,808**	2,779
Total interest	**9,808**	2,779

Accounting Policy

Interest revenue is recognised using the effective interest method.

Note 1.2D: Revenue from Government		
Department of Health and Aged Care		
Corporate Commonwealth entity payment item	**269,304**	211,125
Total Revenue from Government	**269,304**	211,125

Accounting Policy

Revenue from Government

Funding appropriated to the Department of Health and Aged Care as a Corporate Commonwealth Agency payment item for payment to the Agency is recognised as revenue from the Australian Government, unless the funding is in the nature of an equity injection or a loan, or goods and services revenue under AASB 15 *Revenue from Contracts with Customers*. The Agency's revenue from the Australian Government includes $15.639 million (2023: $32.25 million) paid pursuant to the Intergovernmental Agreements (refer also note 1.2B), with the remaining balance directly appropriated to Services Australia for services provided.

2. Financial Position

This section analyses the Agency's assets used to conduct its operations and the operating liabilities incurred as a result. Employee-related information is disclosed in Section 3 People and Relationships.

2.1 Financial Assets

	2024	2023
	$'000	$'000
Note 2.1A: Cash and Cash Equivalents		
Cash on hand or on deposit	**130,347**	62,067
Total cash and cash equivalents	**130,347**	62,067

Accounting Policy

Cash is recognised at its nominal amount.

Note 2.1B: Trade and Other Receivables		
Goods and services receivables		
Goods and services	**1,768**	637
GST receivable from the ATO	**5,277**	3,185
Interest Receivable	**513**	217
Other receivables	**265**	481
Total goods and services receivables	**7,823**	4,520
Total trade and other receivables (gross)	**7,823**	4,520
Total trade and other receivables (net)	**7,823**	4,520

Credit terms for goods and services were within 20 days. The Agency has not provided any loans.

Accounting Policy

Financial assets

The Agency classifies its financial assets at the time of initial recognition depending on the nature and purpose of the asset. All receivables are classified as trade and other receivables and are expected to be recovered within 12 months unless otherwise indicated.

The collectability of debts is reviewed at the end of the reporting period and an impairment loss allowance is recognised if required.

2.2 Non-Financial Assets

Note 2.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

Reconciliation of the opening and closing balances of property, plant and equipment, computer software and other intangibles for 2024

	Leasehold Improvements $'000	Right of Use (ROU) Assets $'000	Plant and Equipment $'000	Computer Software[1] $'000	Other Intangibles [2] $'000	Total $'000
As at 1 July 2023						
Gross book value	**3,356**	**24,068**	**2,396**	**17,840**	**215,653**	**263,313**
Accumulated depreciation and amortisation	**-**	**(17,168)**	**(751)**	**(17,832)**	**(149,732)**	**(185,483)**
Total as at 1 July 2023	**3,356**	**6,900**	**1,645**	**8**	**65,921**	**77,830**
Additions						
Purchased	**3,877**	**-**	**5,430**	**-**	**-**	**9,307**
Internally developed	**-**	**-**	**-**	**-**	**17,697**	**17,697**
Right-of-use assets	**-**	**6,774**	**-**	**-**	**-**	**6,774**
Depreciation and amortisation	**(2,400)**	**-**	**(781)**	**(4)**	**(24,518)**	**(27,703)**
Depreciation on right-of-use assets	**-**	**(4,770)**	**-**	**-**	**-**	**(4,770)**
Disposals	**(1)**	**-**	**(384)**	**-**	**-**	**(385)**
Total as at 30 June 2024	**4,832**	**8,904**	**5,910**	**4**	**59,100**	**78,750**
Total as at 30 June 2024 represented by:						
Gross book value	**7,230**	**30,842**	**6,626**	**17,840**	**233,350**	**295,888**
Accumulated depreciation and amortisation	**(2,398)**	**(21,938)**	**(716)**	**(17,836)**	**(174,250)**	**(217,138)**
Total as at 30 June 2024	**4,832**	**8,904**	**5,910**	**4**	**59,100**	**78,750**

[1] The carrying amount of computer software includes all purchased software. Internally generated assets are disclosed as Other Intangibles.

[1&2] The carrying amount of computer software and other intangibles includes assets under construction of $17.5 million, primarily relating to My Health Record, Healthcare Identifier and PCEHR system, **my health** app, Provider Connect Australia™, National Clinical Terminology Service and the enterprise data analytics platform.

[3] Other movements of right-of-use assets relate to the modification of lease obligations following the decision to enter into agreements to extend the lease term of the Agency's leased premises in Sydney and Brisbane (should be read in conjunction with the accompanying note 2.4A).

Capital commitments

The Agency has a $5.9 million (2023: $12.5 million) contractual obligation for the My Health Record system improvements, $5.7 million contractual obligations for the construction of the **my health** app, Healthcare Identifier and PCEHR system as well as other platforms, and $1.3 million contractual obligations for the Leasehold improvements, Plant and Equipment to financial year 2024–25.

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position. Purchases costing less than $2,000 are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). During the 2023–24 financial year, the Agency has increased the asset capitalisation threshold for Purchased IT software and hardware from $500 to $2,000, effectively from 29 January 2024. Internally developed software and IT projects have a higher threshold.

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in leases taken up by the Agency where there exists an obligation to make good. These costs are included in the value of the Agency's provisions; refer note 3.1B.

Category	Capitalisation Threshold (on or before 29 January 2024)	Capitalisation Threshold (post 29 January 2024)
Purchased IT hardware and IT software	$500	$2,000
Leasehold improvements	$50,000	$50,000
Internally developed IT software and hardware	$100,000	$100,000
IT projects (software and hardware integration)	$100,000	$100,000
All other property, plant and equipment	$2,000	$2,000

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease unless they are short term (less than 12 months) or of low value (less than $10,000) and comprise the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by the Agency as separate asset classes from corresponding assets owned outright.

On initial adoption of AASB 16 the Agency adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any ROU lease asset that shows indicators of impairment and an impairment loss is recognised against any ROU lease asset that is impaired. ROU lease assets continue to be measured at cost after initial recognition.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of Asset Revaluation Reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised in the Statement of Comprehensive Income. Revaluation decrements for a class of assets are recognised directly in the Statement of Comprehensive Income except to the extent that they reversed a previous revaluation increment for that asset class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

All revaluations were conducted in accordance with the revaluation policy. The Agency currently considers valuations by an independent valuer every 3 years to be an appropriate frequency, given the materiality and nature of the assets held. A desktop materiality review may be undertaken in the intervening years to assess whether there have been any material movements in value. If, during a desktop review, it is identified that there may be changes in the environment or other circumstances that warrants a full valuation, the Agency may undertake independent valuations in a shorter cycle. Following a comprehensive valuation completed for the period ended 30 June 2023 by Jones Lang Lasalle, a desktop materiality review was performed at 30 June 2024 by the same provider and no material movements in value were identified for assets.

Depreciation and Amortisation

Depreciable property, plant and equipment and amortisable intangible assets are written off to their estimated residual values over their estimated useful lives, in all cases using the straight-line method.
Depreciation/amortisation rates, residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current or current and future reporting periods, as appropriate.
Depreciation/amortisation rates applying to each class of asset are based on the following useful lives:

Asset Class	**Useful life (years)**
Leasehold improvements	Length of lease
Plant and equipment	3–10
Computer software	2–5
Other intangibles	1–5

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2024. Where indications of impairment exist, the asset's recoverable amount is estimated, and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Agency were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment or an intangible asset is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

2.3 Payables

	2024	2023
	$'000	$'000
Note 2.3A: Suppliers		
Trade creditors and accruals	**34,183**	27,060
Contract liabilities	**2,088**	-
Total suppliers	**36,271**	27,060

Accounting Policy

Trade creditors and accruals

Trade creditors and accruals are recognised at amortised cost. Liabilities are recognised to the extent that goods and services have been received.

Contract liabilities

The contract liabilities from contracts with customers are associated with performance obligations not yet met at 30 June.

Note 2.3B: Other Payables		
Salaries and wages	**2,378**	1,848
Superannuation	**472**	196
Total other payables	**2,850**	2,044

2.4 Interest Bearing Liabilities

	2024	2023
	$'000	$'000
Note 2.4A: Leases		
Lease liabilities	**8,964**	7,956
Total leases	**8,964**	7,956

Total cash outflow for leases for the year ended 30 June 2024 was $5.8 million (2023: $5.1 million).

Maturity analysis - contractual undiscounted cash flows		
Within 1 year	**3,639**	5,762
Between 1 to 5 years	**5,660**	2,270
More than 5 years	**280**	-
Total leases	**9,579**	8,032

The Agency in its capacity as lessee occupies the following premises:

- Levels 25 & 26, 175 Liverpool Street, Sydney
- Levels 17 & 18B, 1 Eagle Street, Brisbane
- Scarborough House, Levels 6 & 7, 1 Atlantic Street, Canberra.

The current arrangements for Sydney and Brisbane office leases expires in the 2024–25 financial year. During 2023–24, the Agency entered into agreements with landlords to vary the agreements and extend the lease terms for Level 25 of Sydney Office and Level 17 of Brisbane office, post expiry of the current arrangements. This has resulted in an increase in lease liabilities and ROU assets.

The above lease disclosures should be read in conjunction with the accompanying notes 1.1C and 2.2A.

Accounting Policy

For all new contracts entered into, the Agency considers whether the contract is, or contains, a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains, a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the Agency's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the ROU asset or profit and loss depending on the nature of the reassessment or modification.

3. People and Relationships

This section describes a range of employment and post-employment benefits provided to our employees and our relationships with other key people.

3.1 Provisions

	2024 $'000	2023 $'000
Note 3.1A: Employee Provisions		
Leave	**12,991**	11,747
Total employee provisions	**12,991**	11,747

Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within 12 months of the end of reporting period are measured at their nominal amounts.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years is estimated to be less than the annual entitlement for sick leave.

The liability for long service leave has been determined using the shorthand model provided by the Department of Finance as per the FRR and Commonwealth Agency Financial Statement Guide. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. The Agency recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

The Agency's staff comprise both Australian Public Service (APS) employees and staff whose employment is subject to contracts under common law. Both groups of employees are reflected in the Agency's ASL numbers.

APS staff are either members of the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government. The PSS is a defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The Agency makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Australian Government. The Agency accounts for these contributions as if they were contributions to defined contribution plans.

In respect of the other more prominent group of common law contract employees, the Agency makes employer contributions to funds held outside of the Australian Government.

The liability for superannuation recognised as at 30 June represents outstanding contributions, if any.

	2024 $'000	2023 $'000
Note 3.1B: Other provisions		
Provision for restoration obligations	**540**	382
Total other provisions	**540**	382
Provision for restoration obligations		
As at 1 July	**382**	356
Additional provision made	**147**	-
Revaluation	**(5)**	26
Unwinding of discount or change in discount rate	**16**	-
Total as at 30 June	**540**	382
Total other provisions	**540**	382

The Agency currently has 2 agreements for office leases in Sydney and Brisbane that require the Agency to restore the premises to their original condition at the conclusion of the lease. The Agency has made a provision for restoration to reflect the present value of these obligations.

Provision for Restoration Obligations

Where the Agency has a contractual obligation to undertake remedial work upon vacating leased properties, the estimated cost of that work is recognised as a liability. An equal value asset is created at the same time and amortised over the life of the lease of the underlying leasehold property.

3.2 Key Management Personnel Remuneration

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing and controlling the activities of the Agency, directly or indirectly, including any Board member (whether executive or otherwise). The Agency has determined the KMP to be the Chief Executive Officer (CEO), Senior Executive Committee (SEC) members and Board members. KMP remuneration is reported in the table below:

	2024	2023
	$'000	$'000
Key management personnel remuneration expenses		
Short-term employee benefits	**2,376**	2,550
Post-employment benefits	**328**	322
Other long-term employee benefits	**47**	33
Termination benefits	**77**	72
Total key management personnel remuneration expenses[1]	**2,828**	2,977

[1] The above KMP remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Agency. The head count only includes KMP who received remuneration from the Agency in 2023–24.

The total number of KMP that are included in the above table for 2023–24 is 16 (2022–23: 15), which includes 3 cessations relating to SEC and 2 cessations relating to Board member positions (2022–23: 2 cessations relating to SEC member positions).

3.3 Related Party Disclosures

The Agency is an Australian Government controlled corporate Commonwealth Agency. It has a governing Board of members, a CEO and SEC members and a Portfolio Minister. Related parties to the Agency are KMP (refer Note 3.2), other Australian Government entities and certain state/territory government entities.

Pursuant to *AASB 124 Related Party Disclosures* (AASB 124), the Agency KMP are asked to provide details of where any of their close family members, or a controlled Agency/entities has/have transacted with the Agency. Where any doubt exists, the information is to be recorded and collected in any event.

AASB 124 requires disclosure of related party relationships that include transactions where significant influence exists between the Agency and other parties. The Standard identifies that KMP have the capacity to influence the operations of the Agency, and therefore parties related to KMP become related parties to the Agency and require disclosure in the annual financial statements.

The Agency has determined that all board members, the CEO and SEC members constitute KMP. This includes those acting in a role for three months or more continuously.

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity of 'common citizens'. Common citizen or 'open contest' transactions are not requested or recorded as they reflect those transactions that may be undertaken with the Agency under the same terms and conditions as any other citizen.

The Agency transacts with other Australian Government controlled entities consistent with normal day-to-day business operations provided under normal terms and conditions, including the payment of workers compensation and insurance premiums. These are not considered individually significant to warrant separate disclosure as related party transactions.

During 2023-24, the Agency transacted for specific services with related parties including:

- the provision of My Health Record and other digital health services and contact centre services from Services Australia,
- the provision of shared services from the Department of Health and Aged Care,
- accommodation sub-lease arrangements with the Department of Health and Aged Care,
- managed services from the Commonwealth Scientific and Industrial Research Organisation for the National Clinical Terminology Service,
- the provision of services to support digital health initiatives to the Department of Health and Aged care, and
- the provision of services to support the Agency's digital health programs and outcome with various state/territory government entities.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Agency, it has been determined that there are no related party transactions to be separately disclosed.

4. Managing Uncertainties

This section analyses how the Agency manages financial risks within its operating environment.

4.1 Contingent Assets and Liabilities

Quantifiable Contingencies

The Agency had no quantifiable contingencies at the reporting date.

Unquantifiable Contingencies

The Agency had no unquantifiable contingencies at the reporting date.

Accounting Policy

Contingent assets and liabilities may arise from uncertainty as to the existence of an asset or liability, or where the amount cannot be reliably measured.

Contingent assets are disclosed when settlement is probable but not virtually certain.

Contingent liabilities are disclosed when settlement is greater than remote.

4.2 Financial Instruments

Note 4.2A: Categories of Financial Instruments	2024 $'000	2023 $'000
Financial assets at amortised cost		
Cash and cash equivalents	**130,347**	62,067
Trade and other receivables	**7,823**	4,520
Total financial assets at amortised cost	**138,170**	66,587
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	**36,271**	27,060
Total financial liabilities measured at amortised cost	**36,271**	27,060

The Agency is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk was the risk that arises from potential default of a debtor. The amount was equal to the total amount of the trade receivables of $7.82 million in 2023–24 (2022–23: $4.52 million).

The Agency had no financial assets that were past due but not impaired at 30 June 2024 (2022–23: Nil).

Accounting Policy

Financial Assets

The Agency classifies its financial assets in the following categories:

a. financial assets at fair value through profit or loss;
b. financial assets at fair value through other comprehensive income; and
c. financial assets measured at amortised cost.

Financial assets are recognised when the Agency becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Interest revenue from financial assets for 2023–24 was $9.808 million (2022–23: $2.779 million).

Financial Liabilities

Financial liabilities are classified as either financial liabilities ‘at fair value through profit or loss’ or amortised cost. Financial liabilities are recognised and derecognised upon ‘trade date’.

4.3 Fair Value Measurement

The Agency has Leasehold Improvements and Plant and Equipment assets that are measured at fair value. The remaining assets and liabilities disclosed in the Statement of Financial Position do not apply the fair value hierarchy.

The different levels of the fair value hierarchy are defined below:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Agency can access at measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3: Unobservable inputs for the asset or liability.

Leasehold improvements are categorised as Level 3.

Plant and equipment are categorised as Level 2 and Level 3.

Note 4.3A: Fair Value Measurement

	Fair value measurements at the end of the reporting period	
	2024	2023
	$'000	$'000
Non-financial assets		
Leasehold Improvements	**4,832**	3,356
Plant and equipment	**5,910**	1,645
Total fair value measurements in the Statement of Financial Position	**10,742**	5,001
Total non-financial assets not measured at fair value in the Statement of Financial Position	**77,735**	76,302

Accounting Policy

All revaluations were conducted in accordance with the revaluation policy. A desktop materiality review (including impairment assessment) was performed at 30 June 2024 by an independent valuer and no material fair value movements were identified in 2024.

5. Other Information

5.1 Current/non-current distinction for assets and liabilities

	2024 $'000	2023 $'000
Note 5.1A: Current/non-current distinction for assets and liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	**130,347**	62,067
Trade and other receivables	**7,823**	4,520
Prepayments	**9,570**	2,912
Total no more than 12 months	**147,740**	69,499
More than 12 months		
Leasehold Improvements	**4,832**	3,356
Right of use Assets	**8,904**	6,900
Plant and equipment	**5,910**	1,645
Intangibles	**59,104**	65,929
Prepayments	**157**	561
Total more than 12 months	**78,907**	78,391
Total assets	**226,647**	147,890
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	**36,271**	27,060
Other payables	**2,850**	2,044
Leases	**3,396**	5,693
Employee provisions	**6,015**	5,128
Other provisions	**120**	-
Total no more than 12 months	**48,652**	39,925
More than 12 months		
Leases	**5,568**	2,263
Employee provisions	**6,976**	6,619
Other provisions	**420**	382
Total more than 12 months	**12,964**	9,264
Total liabilities	**61,616**	49,189

Part 5. Navigation aids

Information about this part

This part helps readers locate information in the report. It includes an index of annual report content requirements and a list of abbreviations and acronyms.

The compliance table below, identifying the location of compulsory content in the Agency's annual report, is presented in the form required by amendments to the PGPA Act in 2019.

Index of annual report content requirements

Corporate Commonwealth entities

PGPA Rule reference	Part of report	Description	Requirement
17BE Contents of annual report			
17BE(a)	Enabling legislation page 5	Details of the legislation establishing the body	Mandatory
17BE(b)(i)	Role page 8	A summary of the objects and functions of the entity as set out in legislation	Mandatory
17BE(b)(ii)	Purpose page 5	The purposes of the entity as included in the entity's corporate plan for the reporting period	Mandatory
17BE(c)	Portfolio and ministerial oversight page 7	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers	Mandatory
17BE(d)	Ministerial directions and policy orders page 87	Directions given to the entity by the Minister under an Act or instrument during the reporting period	If applicable, mandatory
17BE(e)	Ministerial directions and policy orders page 87	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(f)	N/A	Particulars of non-compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory
17BE(g)	Annual performance statements 2023–24 page 20	Annual Performance Statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory
17BE(h), 17BE(i)	Compliance with finance law page 87	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance	If applicable, mandatory
17BE(j)	The Board page 73	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period	Mandatory
17BE(k)	Structure page 10	Outline of the organisational structure of the entity (including any subsidiaries of the entity)	Mandatory
17BE(ka)	Staff statistics page 91	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees (b) statistics on part-time employees (c) statistics on gender (d) statistics on staff location	Mandatory
17BE(l)	Our people and their location page 7	Outline of the location (whether or not in Australia) of major activities or facilities of the entity	Mandatory
17BE(m)	Corporate governance page 73	Information relating to the main corporate governance practices used by the entity during the reporting period	Mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(n), 17BE(o)	Related entity transactions page 87	For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than $10,000 (inclusive of GST): (a) The decision-making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company. (b) The value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions	If applicable, mandatory
17BE(p)	Significant activities and changes page 87	Any significant activities and changes that affected the operation or structure of the entity during the reporting period	If applicable, mandatory
17BE(q)	Judicial decisions or administrative reviews page 85	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity	If applicable, mandatory
17BE(r)	External scrutiny page 85	Particulars of any reports on the entity given by: (a) the Auditor-General (other than a report under section 43 of the Act) or (b) a Parliamentary Committee or (c) the Commonwealth Ombudsman or (d) the Office of the Australian Information Commissioner.	If applicable, mandatory
17BE(s)	N/A	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report	If applicable, mandatory
17BE(t)	Insurance and indemnities page 88	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs)	If applicable, mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(taa)	Audit committee disclosures page 79	The following information about the audit committee for the entity: (a) a direct electronic address of the charter determining the functions of the audit committee (b) the name of each member of the audit committee (c) the qualifications, knowledge, skills or experience of each member of the audit committee (d) information about each member's attendance at meetings of the audit committee (e) the remuneration of each member of the audit committee.	Mandatory
17BE(ta)	Executive remuneration page 94	Information about executive remuneration	Mandatory
17BF Disclosure requirements for government business enterprises			
17BF(1)(a)(i)	N/A	An assessment of significant changes in the entity's overall financial structure and financial conditions	If applicable, mandatory
17BF(1)(a)(ii)	N/A	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions	If applicable, mandatory
17BF(1)(b)	N/A	Information on dividends paid or recommended	If applicable, mandatory
17BF(1)(c)	N/A	Details of any community service obligations the government business enterprise has including: (a) an outline of actions taken to fulfil those obligations (b) an assessment of the cost of fulfilling those obligations.	If applicable, mandatory
17BF(2)	N/A	A statement regarding the exclusion of information on the grounds that the information is commercially sensitive and would be likely to result in unreasonable commercial prejudice to the government business enterprise	If applicable, mandatory

Acronyms and abbreviations

Acronym	Term
ACCHS	Aboriginal Community Controlled Health Service
AMT	Australian Medicines Terminology
ANAO	Australian National Audit Office
AIDH	Australasian Institute of Digital Health
HI	healthcare identifiers
ICT	information and communication technology
IPS	information publication scheme
MSIA	Medical Software Industry Association
NASH	National Authentication Service for Health
NCTS	National Clinical Terminology Service
NHMRC	National Health and Medical Research Council
NGO	non-government organisations
OAIC	Office of the Australian Information Commissioner
PBS	Portfolio Budget Statements
PSML	pharmacist shared medicines list
PGPA	Public Governance, Performance and Accountability

Australian Government

Australian Digital Health Agency