

## HEALTH DIRECTORATE

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### **Purpose**

The Health Directorate aims to achieve good health for all residents of the Territory by planning, purchasing and providing quality community based health services, hospital and extended care services, managing public health risks, and promoting health and early care interventions.

The Health Directorate's objectives are grouped around the following seven key performance areas:

- consumer experience;
- sustainability;
- hospital and related care;
- prevention;
- social inclusion and indigenous health;
- community based health; and
- aged care.

### **2012-13 Priorities**

Strategic and operational initiatives to be pursued in 2012-13 include:

- implementing the national health reforms as agreed by the Council of Australian Governments (COAG), including the implementation of hospital activity based funding;
- continuing to implement the National Partnership Programs (NPPs);
- continuing to meet the growth in demand for acute care, cancer treatment, mental health and critical care services through extra capacity and by redesigning care delivery systems;
- continuing implementation of a comprehensive Health Infrastructure Program (HIP) to build a sustainable and modern health system to ensure safety, availability and viability of quality health care in the ACT for now and into the future;
- continuing to expand services for the rapidly growing number of ACT residents living with chronic illness;
- continuing work to improve health and wellbeing within the Aboriginal and Torres Strait Islander (ATSI) community;
- opening the new Gungahlin Health Centre; and
- maintaining accreditation with appropriate bodies.

## Business and Corporate Strategies

The Health Directorate has a comprehensive and effective governance framework, which manages strategic and operational risk, infrastructure and workforce planning, activity, information technology and financial performance.

The Health Directorate is committed to:

- achieving a comprehensive health system that protects and improves the health of the community;
- being an effective and efficient service provider;
- working in partnership with other government services and community organisations;
- developing new models of care and service delivery;
- ongoing improvement in the cost of acute health services against the national peer hospital costs;
- strengthening staff skills and professionalism; and
- achieving a system of care and support that improves the quality of life for vulnerable groups.

## Estimated Employment Level

2010-11 Actual Outcome	2011-12 Budget	2011-12 Est. Outcome	2012-13 Budget
5,167 Staffing (FTE) <sup>1,2</sup>	5,153	5,411	5,549

### Notes:

1. The increase in the 2011-12 estimated outcome from the 2011-12 Budget is mainly due to employment agency staff being replaced with permanent staff.
2. The increase in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the implementation of new and continuing initiatives.

## Strategic Objectives and Indicators

The Government's overarching health policy, *Your health - our priority* identifies the following priorities:

- timely access to better care;
- management of chronic disease;
- improved care for the elderly;
- comprehensive services for mental health;
- supporting children and vulnerable families; and
- addressing gaps in Aboriginal and Torres Strait Islander health status.

## Strategic Objectives and Indicators cont.

Some strategic indicators which were reported in 2011-12 have been deleted from the 2012-13 set of strategic indicators. The strategic indicators relating to emergency department access block have been deleted as they are no longer consistent with national reporting or consistent with reporting under the National Health Reforms. The strategic indicators relating to discharge planning have also been deleted as they are not reflective of wider discharge planning services.

These indicators include Calvary Public Hospital for 2012-13 for what is a transition year for further developing the model for funding and reporting under the National Health Reform Agreement.

### Strategic Objective 1

Removals from waiting list for elective surgery

The number of people removed from the ACT elective surgery waiting lists managed by ACT public hospitals. This may include public patients treated in private hospitals.

**Strategic Indicator 1:** Number of people removed from waiting list.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target
People removed from the ACT elective surgery waiting list for surgery	11,000	11,000	11,000

In order to improve access to elective surgery, the Commonwealth and State and Territory Governments have entered into a partnership to significantly increase the number of elective surgery operations provided in our public hospitals each year and reduce the number of people waiting more than clinically recommended times for that surgery.

As part of this program, the Commonwealth and the ACT Government have committed funds to specifically increase access to surgery over the period 2009-10 to 2012-13.

### Strategic Objective 2

No waiting for access to emergency dental health services

**Strategic Indicator 2:** Percentage of assessed emergency clients seen within 24 hours.

This provides an indication of the responsiveness of the dental service to emergency clients.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Percentage of emergency clients seen within 24 hours	100%	100%	100%	100%

## Strategic Objectives and Indicators cont.

### Strategic Objective 3

Reaching the optimum occupancy rate for acute adult overnight hospital beds

**Strategic Indicator 3:** The mean percentage of adult overnight acute medical and surgical beds in use.

This provides an indication of the efficient use of resources available for hospital services.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Percentage of adult overnight acute medical and surgical beds in use	85%	89% <sup>1</sup>	85%	85%

**Note:**

1. There has been an increase in the number of non same day bed days which has impacted on the bed occupancy rate.

### Strategic Objective 4

Access to radiotherapy services

**Strategic Indicator 4:** Percentage of radiotherapy patients who commence treatment within standard time frames.

This provides an indication of the effectiveness of public hospitals in meeting the need for cancer treatment services.

Category	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Urgent - treatment starts within 48 hours	100%	100%	100%	100%
Semi Urgent - treatment starts within 4 weeks	95%	99.8%	95%	100%
Non Urgent - treatment starts within 6 weeks	95%	99.2%	95%	100%

### Strategic Objective 5

Government capital expenditure on healthcare infrastructure

**Strategic Indicator 5:** Capital consumption.

This indicator provides information on government investment to improve healthcare infrastructure. Information on the level of funding allocated for health infrastructure as a proportion of overall expenditure provides an indication of investment towards developing sustainable and improved models of care. The aim for the ACT is to exceed the national rate.

Government <sup>1</sup> capital expenditure as a proportion of government <sup>2</sup> capital consumption expenditure by healthcare facilities, 2007-08 to 2009-10	ACT Rate	National Rate
2007-08	1.89	1.51
2008-09	2.76	1.90
2009-10	2.67	1.57

Source: Health Expenditure Australia 2009-10 (Australian Institute of Health and Welfare)

**Notes:**

1. Excludes local government.
2. Expenditure on publicly owned healthcare facilities.

## Strategic Objectives and Indicators cont.

### Strategic Objective 6

#### Management of chronic disease

The top ten leading causes of disease burden in terms of Disability Adjusted Life Years are chronic diseases. These diseases, which include chronic heart disease, anxiety and depression, type 2 diabetes, stroke, chronic obstructive pulmonary disorder, lung cancer, Alzheimer's and other dementias, colorectal cancer, asthma, and breast cancer, account for nearly 43 per cent of the total disease burden in Australia.

**Strategic Indicator 6:** Maintenance of the highest life expectancy at birth in Australia.

Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services, such as economic and environmental factors. The ACT has the highest life expectancy of any jurisdiction in Australia and the Government aims to maintain this result.

Maintenance of the highest life expectancy at birth in Australia	ACT Rate	National Rate
Females	84.7	84
Males	80.5	79.5

Source: ABS 2011, Deaths, Australia, 2010, cat. no. 3302.0, ABS, Canberra.

### Strategic Objective 7

#### Lower than national average prevalence of circulatory disease

**Strategic Indicator 7:** The proportion of the ACT population with some form of circulatory disease.

Population projections suggest that the ACT population is ageing faster than other jurisdictions. The median age of the ACT population (34.5 years in 2005) has increased 6.4 years since 1985. While people of all ages can present with a chronic disease, the ageing of the population and longer lifespans mean that chronic diseases will place major demands on the health system for workforce and financial resources. The ACT continues to have a lower prevalence rate of cardiovascular disease than the national rate.

Cardiovascular Disease	ACT Rate	National Rate
Proportion of the ACT population diagnosed with some form of cardiovascular disease	15.2%	16.4%

Source: National Health Survey 2007-08 updates. No updated data for this indicator has been published.

### Strategic Objective 8

#### Lower than national average prevalence of diabetes

**Strategic Indicator 8:** The proportion of the ACT population diagnosed with some form of diabetes.

This indicator provides an indication of the success of prevention and early intervention initiatives. The self reported prevalence of diabetes in Australia has more than doubled over the past 25 years. Prevalence rates may increase in the short term as a result of early intervention and detection campaigns. This would be a positive result as experts predict that only half of those with diabetes are aware of their condition. This can have significant impacts on their long term health.

Diabetes	ACT Rate	National Rate
Prevalence of diabetes in the ACT	3.1%	3.6%

Source: National Health Survey 2007-08 Summary of Results 2007-08 (reissue) Australian Bureau of Statistics. No updated data for this indicator has been published.

## Strategic Objectives and Indicators cont.

### Strategic Objective 9

Higher than national average proportion of Government recurrent health funding expenditure on public health activities

**Strategic Indicator 9:** Proportion of Government recurrent health funding expenditure on public health activities.

Improvements in prevention of diseases can reduce longer term impacts on the health system, particularly for people with chronic diseases. The aim for the ACT is to exceed the Australian average.

Estimated total government expenditure on public health activities as a proportion of total current health expenditure	ACT Rate	National Rate
2005-06	3.1%	2.6%
2006-07	3.1%	2.8%
2007-08	3.5%	3.1%

Source: Public Health Expenditure Report 2007-08 (Australian Institute of Health and Welfare)

### Strategic Objective 10

Maintaining the waiting times for in hospital assessments by the Aged Care Assessment Team

**Strategic Indicator 10:** The mean waiting time in working days between the request for, and provision of, assessment by the Aged Care Assessment Team (ACAT) for patients in public hospitals.

This provides an indication of the responsiveness of the ACAT in assessing the needs of clients.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Mean waiting time in working days	2 days	2 days	2 days	2 days

### Strategic Objective 11

Providing comprehensive services for mental health and reducing the usage of seclusion

**Strategic Indicator 11:** The proportion of clients with episodes of seclusion of public mental health in the ACT who are subject to seclusion during an inpatient episode.

This measures the effectiveness of public mental health services in the ACT over time in providing services that minimise the need for seclusion.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Proportion of clients of public mental health services in the ACT subject to seclusion during an inpatient episode	3%	1.7%	3%	<5%

## Strategic Objectives and Indicators cont.

### Strategic Objective 12

Maintaining consumer and carer participation on relevant mental health committees

**Strategic Indicator 12:** The proportion of mental health ACT committees in which consumers and carers are represented.

This measure ensures that the Committees, which monitor the delivery and planning of our mental health services, have effective input from mental health consumers.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Proportion of Mental Health Services committees with consumer and carer representation	100%	100%	100%	100%

### Strategic Objective 13

Patients return rate to an ACT public mental health inpatient unit lower than national average.

**Strategic Indicator 13:** The proportion of clients who return to hospital within 28 days of discharge from an ACT public mental health inpatient unit.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	National Rate 2009-10 <sup>1</sup>
Proportion of clients who return to hospital within 28 days of discharge from an ACT public mental health inpatient unit	<10% <sup>2</sup>	8.8%	<10% <sup>2</sup>	12%

Source: Report on Government Services 2012

**Notes:**

1. Group A Jurisdictions (NSW, Victoria, Queensland, Western Australia, ACT, Northern Territory).
2. COAG suggests rate below 10 per cent as good practice.

### Strategic Objective 14

Addressing gaps in Aboriginal and Torres Strait Islander health status

**Strategic Indicator 14:** Immunisation rates – ACT indigenous population

This provides an indication of the public health services to minimise the incidence of vaccine preventable diseases, as recorded by the Australian Childhood Immunisation Register, in the ACT's indigenous population to minimise disparities between indigenous and non indigenous Australians.

	2011-12 Target	2011-12 Est. Outcome <sup>1</sup>	2012-13 Target	Long Term Target
Immunisation rates for vaccines in the national schedule for the ACT indigenous population:				
12 to 15 months	≥90%	87%	≥90%	≥90%
24 to 27 months	≥90%	98%	≥90%	≥90%
60 to 63months	≥90%	88%	≥90%	≥90%
All	≥90%	91%	≥90%	≥90%

**Note:**

1. The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

## Strategic Objectives and Indicators cont.

### Strategic Objective 15

Maximising the quality of hospital services

The following three indicators are a selection of the patient safety and service quality indicators that are used to monitor ACT public hospital services. The targets provide an indication of the desired outcomes over time. Given the nature of the indicators, small fluctuations during a particular period can skew results. The success of the Health Directorate in meeting these indicators requires a consideration of performance over time rather than for any given period.

**Strategic Indicator 15.1:** The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition. This provides an indication of the quality of theatre and post operative care.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target
Canberra Hospital	<1.0%	0.74%	<1.0% <sup>1</sup>
Calvary Public Hospital	<0.5%	0.33%	<0.5%

**Note:**

1. The Canberra Hospital target is based on similar rates for peer hospitals – based on Australian Council of Healthcare Standards (ACHS).

**Strategic Indicator 15.2:** The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation). This provides an indication of the effectiveness of hospital based and community services in the ACT in the treatment of persons who receive hospital based care.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target
Canberra Hospital	<2.0%	1.34%	<2.0%
Calvary Public Hospital	<1.0%	0.79%	<1.0%

**Strategic Indicator 15.3:** The number of people admitted to hospitals per 10,000 occupied bed days who acquire a bacteraemia infection (bacteria in the blood) during their stay. This provides an indication of the safety of hospital based services.

	2011-12 Target	2011-12 Est. Outcome <sup>1</sup>	2012-13 Target
Canberra Hospital	<7 per 10,000	7 per 10,000	<7 per 10,000
Calvary Public Hospital	<3 per 10,000	0.99 per 10,000	<3 per 10,000

**Note:**

1. Very small numbers can cause fluctuations in the results for this indicator.

### Strategic Objective 16

High participation rate in the cervical screening program

**Strategic Indicator 16:** Two year participation rate in the cervical screening program.

The two year participation rate provides an indication of the effectiveness of early intervention health messages. The ACT aims to exceed the national average for this indicator.

	ACT Rate	National Rate
<b>Two year participation rate</b>	58.8%	57.4%

Source: *Cervical Screening in Australia 2009-10 (Australian Institute of Health and Welfare, May 2012)*



## Strategic Objectives and Indicators cont.

### Strategic Objective 17

Improved emergency department timeliness

**Strategic Indicator 17:** The proportion of emergency department presentations that are treated within clinically appropriate timeframes.

	2011-12 Target	2011-12 Est. Outcome <sup>1</sup>	2012-13 Target	Long Term Target
One (resuscitation seen immediately)	100%	np <sup>2</sup>	100%	100%
Two (emergency seen within 10 mins)	80%	np	80%	80%
Three (urgent seen within 30 mins)	75%	np	75%	75%
Four (semi-urgent seen within 60 mins)	70%	np	70%	70%
Five (non-urgent seen within 120 mins)	70%	np	70%	70%
All Presentations	70%	np	70%	80%

**Notes:**

1. The results of emergency department performance in the Territory are under a formal investigation. ACT Emergency Department activity will be published when the data has been rectified.
2. Not published.

### Strategic Objective 18

Improved breast screen participation rate for women aged 50 to 69 years

**Strategic Indicator 18:** The proportion of women in the target age group (50 to 69 years) who have a breast screen in the 24 months prior to each counting period.

	2011-12 Target	2011-12 Est. Outcome	2012-13 Target	Long Term Target
Proportion of women aged 50 to 69 who have a breast screen	60%	57%	60%	70%

### Strategic Objective 19

Achieve lower than the Australian average in the Decayed, Missing, or Filled Teeth (DMFT) index

**Strategic Indicator 19:** The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12.

This gives an indication of the effectiveness of prevention, early intervention and treatment services in the ACT. The aim for the ACT is to better the Australian average.

Dental Health - Decay, missing or filled teeth (DMFT)	ACT Rate	National Rate
DMFT index at 6 years	1.91	1.96
DMFT Index at 12 years	1.27	1.02

*Source: Australia's Health 2008 (2002 data). No updated data for this indicator has been published.*

## Strategic Objectives and Indicators cont.

### Strategic Objective 20

Reducing the risk of fractured femurs in ACT residents aged over 75 years

**Strategic Indicator 20:** Reduction in the rate of broken hips (fractured neck of femur).

This provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2010-11, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.3 per 1,000 ACT population. This is within the long term target and follows the generally decreasing trend over the 10 year period from 2001-02.

	2010-11 Outcome	Long Term Target
Rate per 1,000 people	5.3	5.3

### Strategic Objective 21

Reduction in the youth smoking rate

**Strategic Indicator 21:** Percentage of persons aged 12 to 17 years who smoke regularly.

The results from the 2008 Secondary School Alcohol and Drug Survey (ASSAD) show that 6.7 per cent of students were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2001 to 6.7 per cent. The national rate for current smoking in 2008 was 7.3 per cent.

	2008 Outcome	National Rate	Long Term Target
Percentage of persons aged 12 to 17 who are current smokers	6.7%	7.3%	5%

*Source: ACT Chief Health Officer's Report 2010.*

*No updated data for this indicator has been published.*

## Output Class

Health Directorate output structure

The Health Directorate aims to deliver the best possible healthcare and health related services in Australia through its public hospitals and related health services at Canberra Hospital and Health Services, Calvary Public Hospital, Mental Health, Justice Health and Alcohol and Drug Services, Public Health Services, Cancer Services and through Rehabilitation, Aged and Community Care.

	Total Cost <sup>1,2</sup>		Government Payment for Outputs <sup>2</sup>	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output Class 1</b>				
<b>Health and Community Care</b>	1,151,488	1,063,287	893,432	365,860
<b>Output 1.1: Acute Services</b>	735,916	659,657	523,222	137,678

**Notes:**

1. Total cost includes depreciation of \$29.018 million in 2011-12 and \$35.882 million in 2012-13.
2. The reduction in 2012-13 is due to the transfer of funding to the ACT Local Hospital Network.

### Output Description

The Canberra Hospital provides a comprehensive range of acute care, including inpatient, outpatient, and emergency department services. The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services.

This means focussing on:

- implementing work arising from the National Health Reform Agreement which the Commonwealth Government has put into place through a number of national partnerships and agreements with the aim of improving services to the Australian community;
- strategies to improve access to emergency services under the National Health Reform;
- meeting the increasing demand for elective surgery in the Territory and reduce the number of people waiting longer than recommended standard waiting times;
- strategies to meet performance targets for the emergency department and elective and emergency surgery; and
- continuing to increase the capacity of acute care services within the ACT and surrounding region.

	Total Cost <sup>1</sup>		Government Payment for Outputs <sup>1</sup>	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services</b>	113,324	117,504	105,308	54,432

**Note:**

1. The reduction in 2012-13 is due to the transfer of funding to the ACT Local Hospital Network.

## Output Classes cont.

### Output Description

Mental Health, Justice Health and Alcohol and Drug Services provide a range of services in hospitals, community health centres, adult and youth correctional facilities and peoples' homes across the Territory. This service works with its community partners to provide integrated and responsive care to a range of services including hospital based specialist services, supported accommodation services and community based service responses.

The key strategic priorities for Mental Health, Justice Health and Alcohol and Drug Services are ensuring that clients' needs are met in a timely fashion and that care is integrated across hospital, community, and residential support services.

This means focussing on:

- ensuring timely access to emergency mental health care by reducing waiting times for urgent admissions to acute psychiatric units;
- ensuring that public mental health services in the ACT provide consumers with appropriate assessment, treatment and care that result in improved mental health outcomes; and
- providing hospital and community based alcohol and drug services and health care assessments for people detained in corrective facilities.

	Total Cost		Government Payment for Outputs	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.3: Public Health Services</b>	39,315	40,952	36,320	37,417

### Output Description

Public Health Services provides high quality health and community services to the ACT and surrounding region. The key strategic priorities for Public Health Services include monitoring the health of the ACT population, promoting health, preventing disease, improving health equity, protecting the health of the public, and supporting workforce excellence (Population Health Division).

	Total Cost <sup>1</sup>		Government Payment for Outputs <sup>1</sup>	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.4: Cancer Services</b>	67,481	64,866	57,070	15,205

#### Note:

1. The reduction in 2012-13 is due to the transfer of funding to the ACT Local Hospital Network.

## Output Classes cont.

### Output Description

Capital Region Cancer Services provides a comprehensive range of screening, assessment, diagnostic, treatment, and palliative care services. Services are provided in inpatient, outpatient, and community settings.

The key strategic priorities for cancer care services are early detection and timely access to diagnostic and treatment services. These include ensuring that population screening rates for breast and cancer meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks, and increasing the proportion of women screened through the BreastScreen Australia program for the target population (aged 50 to 69 years) to 70 per cent over time.

	Total Cost <sup>1</sup>		Government Payment for Outputs <sup>1</sup>	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.5: Rehabilitation, Aged and Community Care</b>	124,125	101,815	108,874	69,160

#### Notes:

1. The reduction in 2012-13 is due to the transfer of funding to the ACT Local Hospital Network and the transfer of transitioning of responsibilities for aged care to the Commonwealth.

### Output Description

The provision of an integrated, effective and timely response to rehabilitation, aged care and community care services in inpatient, outpatient, emergency department, sub acute and community based settings.

The key strategic priorities for Rehabilitation, Aged and Community Care are:

- ensuring that older persons in hospital wait the least possible time for access to comprehensive assessment by the Aged Care Assessment Team. This will assist in their safe return home with appropriate support, or access to appropriately supported residential accommodation;
- improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care; and
- ensuring that access, consistent with clinical need, is timely for community based nursing and allied health services and that community based services are in place to better provide for the acute and post acute health care needs of the community.

	Total Cost <sup>1</sup>		Government Payment for Outputs <sup>1</sup>	
	2011-12	2012-13	2011-12	2012-13
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.6: Early Intervention and Prevention</b>	71,327	78,493	62,638	51,968

#### Note:

1. The reduction in 2012-13 is due to the transfer of funding to the ACT Local Hospital Network.

## Output Classes cont.

### Output Description

Increasing the focus on initiatives that provide early intervention to, or prevent, health care conditions that result in major acute or chronic health care burdens on the community.

The key strategic priorities for intervention and prevention are reducing the level of youth smoking in the ACT and maintaining immunisation rates for children above 90 per cent.

### Accountability Indicators

The 2012-13 Targets do not include Calvary Public Hospital and Clare Holland House as these are now included in the ACT Local Hospital Network (LHN) Directorate.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output Class 1: Health and Community Care</b>			
<b>Output 1.1: Acute Services</b>			
<b>Patient activity</b>			
a. Cost weighted patient separations	91,600 <sup>1</sup>	91,600 <sup>1</sup>	63,541 <sup>2,3</sup>
b. Non admitted occasions of service	300,235	309,310	268,434 <sup>3</sup>
c. Percentage of category one elective surgery patients who receive surgery within 30 days of listing	95%	95%	97%
d. Number of allied health care services provided for acute care patients in ACT Public Hospitals	101,400	101,400	101,400
e. Mean waiting time for clients on the dental services waiting list	12 months	12 months	12 months
f. Percentage of the Women's Health Service Intake Officer's clients who receive an intake and assessment service within 14 working days of their initial referral	100%	100%	100%
<b>Notes:</b>			
1. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13.			
2. Cost weights presented using AR-DRG Version 6 mapped to National Public Weights Round 14. This figure reflects an estimated 3 per cent growth on the 2011-12 estimated outcome using round 14 weights.			
3. This figure excludes Calvary Public Hospital activity which is reported in the ACT Local Hospital Network Directorate from 2012-13.			
	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services</b>			
<b>Patient activity</b>			
a. Cost weighted separations	4,030 <sup>1</sup>	4,284 <sup>1</sup>	3,004 <sup>2,3</sup>
b. Admitted patient separations	1,380	1,394	830 <sup>3,4</sup>
c. Adult services (18 - 64 years)	175,100	187,207	185,000
d. Children and youth services (0 - 17 years)	56,000	52,528	52,000
e. Older persons' services (65+ years)	18,600	16,794	17,000
f. Older persons' services bed days <sup>5</sup>	6,570	5,255	4,928
g. Supported accommodation bed occupancy rate <sup>6</sup>	95%	95%	95%
h. Proportion of clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	75%	75%

## Accountability Indicators cont.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services cont.</b>			
<b>Patient activity</b>			
i. Percentage of clients with outcome measures completed	65%	65%	65%
j. Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
k. Proportion of offenders and detainees in Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention <sup>7</sup>	100%	88%	100%
l. Percentage of current clients on opioid treatment with management plans	98%	99%	98%

### Notes:

1. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13.
2. Cost weights presented using AR-DRG Version 6 mapped to National Public Weights Round 14. This figure requests an estimated 3 per cent growth on the 2011-12 estimated outcome of 4,043 cost weights using Round 14 weights. The 2012-13 targets include Alcohol and Drug Service CWS, which was previously reported in output 1.1.
3. This figure excludes Calvary Public Hospital activity which is reported in the ACT Local Hospital Network Directorate from 2012-13.
4. Target adjusted for opening of new beds at Adult Mental Health Unit from 30 to 35.
5. The bed days target has been adjusted to available beds at 15 with 90 per cent occupancy (previous target was based on 20 beds – additional 5 were not opened in 2011-12).
6. The proportion of occupied supported accommodation bed days compared to the total available bed days. This provides an indication of the efficient use of resources available for supported accommodation services.
7. Young people detained for periods less than 24 hours are excluded.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.3: Public Health Services</b>			
a. Samples analysed	7,600	7,600	7,600
b. Compliance of licensable, registrable and non licensable activities at time of inspection	85%	76% <sup>1</sup>	85%
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	100%

### Note:

1. The estimated under achievement for 2011-12 relates to targeted inspections of identified problem premises, compliant based inspections and re-inspections of non compliant premises.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.4: Cancer Services</b>			
<b>Patient activity</b>			
a. Cost weighted admitted patient separations	5,040 <sup>1</sup>	5,067 <sup>1</sup>	4,142 <sup>2,3</sup>
b. Non admitted occasions of service	57,288	59,600	59,260 <sup>3</sup>
<b>Breast screening</b>			
c. Total breast screens <sup>4</sup>	11,400	14,770 <sup>5</sup>	14,907 <sup>6</sup>
d. Number of breast screens for women aged 50 to 69 <sup>4</sup>	9,975	12,184 <sup>5</sup>	12,552 <sup>7</sup>
e. Percentage of women who receive results of screen within 28 days <sup>8</sup>	100%	99%	100%
f. Percentage of screened who are assessed within 28 days <sup>8</sup>	90%	85%	90%

## Accountability Indicators cont.

### Notes:

1. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13. The number of hospital based services provided to clients. These provide an indication of the number of services provided for hospital based cancer patients.
2. Cost weights presented using AR-DRG Version 6 mapped to National Public Weights Round 14. This figure reflects an estimated 3 per cent growth on the 2011-12 estimated outcome of 4,886 cost weights using Round 14 weights.
3. This figure excludes Calvary Public Hospital activity which is reported in the ACT Local Hospital Network Directorate from 2012-13.
4. The total number of women who have breast screens each year and the number of women in the major target group (aged 50 to 69 years) who access this service. This gives an indication of the total volume of services as well as providing an indication of the level of services provided to women in the target age group.
5. The estimated outcome for these Outputs are above target due the engagement of locum radiographers and the recruitment of two permanent radiographers, increasing screening capacity.
6. This target is calculated based on the annual number of screens required to achieve the Output 1.4.d target, with the addition of the average associated screens for women outside the target group provided annually.
7. This target is calculated based on the annual number of screens required to achieve the 2012-13 Strategic Objective 18. Improved Breast Screen Participation Rate target of 60 per cent, with an adjustment for women attending for screening annually who are only counted once towards the 24 month Participation Rate.
8. These provide an indication of the effectiveness of the service providing timely advice to women on the results of their breast screen.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.5: Rehabilitation, Aged and Community Care</b>			
<b>Patient activity</b>			
a. Cost weighted admitted patient separations	5,070 <sup>1</sup>	4,773 <sup>1</sup>	3,541 <sup>2,3</sup>
b. Non-admitted occasions of service	2,230	1,850 <sup>4</sup>	2,230
c. Sub-acute service - episodes of care	1,640	1,757	1,384 <sup>3</sup>
d. Sub-acute service - occupied bed days	22,849	20,156 <sup>5</sup>	13,349 <sup>3</sup>
e. Number of people assessed in falls clinics <sup>6</sup>	420	492	420
f. Number of nursing (domiciliary and clinic based) occasions of service	80,000	83,333	80,000
g. Number of allied health regional services (occasions of service)	22,000	29,333	22,000

### Notes:

1. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13.
2. Cost weights presented using AR-DRG Version 6 mapped to National Public Weights Round 14. This figure reflects an estimated 3 per cent growth on the 2011-12 estimated outcome of 4,200 cost weights using Round 14 weights.
3. This figure excludes Calvary Public Hospital activity which is reported in the ACT Local Hospital Network Directorate from 2012-13.
4. Non admitted outpatients occasions of service have decreased due to availability of staffing.
5. Sub acute services – occupied bed days have decreased due to increased same day separations at the Rehabilitation Independent Living Unit and Calvary Geriatric Evaluation Medicine Beds not operational due to reduced number of Geriatricians.
6. This is an indication of demand for this service and the effectiveness of aged care services in minimising the fall risks for older people.

	2011-12 Targets	2011-12 Est. Outcome	2012-13 Targets
<b>Output 1.6: Early Intervention and Prevention</b>			
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	92%	92%	92%
b. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	30%	39%	30%
c. Proportion of children aged 0-14 who are entering substitute and kinship care within the ACT who attend the Child at Risk Health Unit for a health and wellbeing screen.	80%	71%	80%



## Changes to Appropriation

### Changes to Appropriation - Controlled

	2011-12	2012-13	2013-14	2014-15	2015-16
Government Payment for Outputs	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2011-12 Budget</b>	<b>896,185</b>	<b>924,618</b>	<b>998,082</b>	<b>1,073,620</b>	<b>1,073,620</b>
<b>2nd Appropriation</b>					
Revised Wage Parameters	4,743	14,267	15,304	16,315	17,354
<b>2012-13 Budget Policy Adjustments</b>					
Increased Critical Care Capacity	-	2,500	2,588	2,678	2,772
Growth in Demand for Acute Services	-	7,500	7,763	8,034	8,315
Growth in Demand for Surgical Services	-	3,000	3,105	3,214	3,326
Growth in Cancer Services	-	1,000	1,035	1,071	1,109
Mental Health Growth	-	1,000	1,035	1,071	1,109
Chronic Disease Management	-	1,000	1,035	1,071	1,109
Expansion of Neonatal Intensive Care Services	-	2,500	3,088	3,196	3,307
Gungahlin Health Centre	-	1,000	1,600	1,900	2,100
Update to Growth Envelope	-	7,763	-	-	-
Enhance Emergency Department Services	-	1,940	3,486	3,567	3,652
Higher Costs for ACT Blood Supply Plan	-	1,827	-	-	-
Additional Air Quality Performance Station	-	165	170	174	180
Enhanced Counselling and Volunteer Services	-	50	50	50	-
Healthy Weight Action Plan	-	100	100	100	-
Social and Community Services (SACS) Pay Equity Award	-	46	178	335	525
Enhanced Community Health Centre Backup Power	-	-	10	20	53
Offset – Base Funding Envelope	-	(19,500)	(21,249)	(22,235)	(23,147)
Revised Wage Indexation Parameters	-	-	(3,921)	(8,340)	(13,275)
Savings Initiatives	-	(3,739)	(6,002)	(8,372)	(10,512)
<b>2012-13 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	(1,055)	(1,081)	(1,108)	91,042
Revised Indexation Parameters – Community Sector Funding	-	(128)	(133)	(138)	238
Revised Notional Superannuation Contribution Rates	-	3,692	3,740	3,788	3,837
Transfer – Funding for Public Hospital Services to the ACT LHN	-	(598,740)	(642,788)	(699,089)	(760,828)
Transfer – Funding for Equal Remuneration Project Team to CSD	-	(184)	(190)	(196)	
Rollover – Commonwealth Grants – Health Services NP	(24)	24	-	-	-
Rollover – Commonwealth Grants – Hospital and Health Workforce Reform NP	(220)	220	-	-	-
Rollover – Commonwealth Grants – Indigenous Early Childhood Development NP	(165)	165	-	-	-
Rollover – Commonwealth Grants – Preventative Health NP	(482)	482	-	-	-
Rollover – Commonwealth Grants – Essential Vaccines NP	(2,900)	2,900	-	-	-
Rollover – Commonwealth Grants – National Health Reform NP	(8,008)	8,008	-	-	-
Commonwealth Grants – Health Services NP	456	291	638	575	585
Commonwealth Grants – Elective Surgery Waiting List Reduction Program NP	666	-	-	-	-
Commonwealth Grants – Preventative Health NP	280	286	-	1	(3,937)

## Changes to Appropriation cont.

### Changes to Appropriation - Controlled

	2011-12	2012-13	2013-14	2014-15	2015-16
Government Payment for Outputs	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
Commonwealth Grants – Essential Vaccines NP	2,479	(2,780)	4,897	4,829	4,580
Commonwealth Grants – Hepatitis C Settlement Fund NP	(42)	-	-	-	-
Commonwealth Grants – Home and Community Care Services for Veterans NP	165	-	-	7	7
Commonwealth Grants – Aged Care Assessment NP	81	95	-	-	-
Commonwealth Grants – Health and Hospital Fund Projects (Integrated Cancer Centre) NP	-	2,337	-	-	-
Commonwealth Grants – Mental Health (Reform Program) NP	310	620	620	721	-
Commonwealth Grants – Commonwealth Dental Health Program NP	-	1,102	2,471	1,904	-
Commonwealth Grants – Transitioning Responsibilities for Aged Care and Disability Services NP	(92)	1	1	(1)	13
Commonwealth Grants – Revised Transfer of Aged Care Services NP	-	1,487	1,774	2,246	2,173
<b>2012-13 Budget</b>	<b>893,432</b>	<b>365,860</b>	<b>377,406</b>	<b>391,008</b>	<b>409,307</b>

### Changes to Appropriation - Territorial

	2011-12	2012-13	2013-14	2014-15	2015-16
Payment for Expenses on Behalf of Territory	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2011-12 Budget</b>	<b>727</b>	<b>746</b>	<b>765</b>	<b>784</b>	<b>784</b>
<b>2012-13 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	19
Rollover – Payment for Residential Accommodation Refurbishment – Calvary	259	-	-	-	-
<b>2012-13 Budget</b>	<b>986</b>	<b>746</b>	<b>765</b>	<b>784</b>	<b>803</b>

### Changes to Appropriation - Controlled

	2011-12	2012-13	2013-14	2014-15	2015-16
Capital Injections	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2011-12 Budget</b>	<b>282,739</b>	<b>199,172</b>	<b>7,512</b>	<b>3,942</b>	<b>3,942</b>
<b>FMA Section 16B Rollovers from 2010-11</b>					
An E-Healthy Future	14,546	-	-	-	-
Provision for Project Definition Planning	4,963	-	-	-	-
Linear Accelerator Procurement and Replacement	4,528	-	-	-	-
New Multistorey Car Park TCH	2,517	-	-	-	-
Clinical Equipment for Calvary Hospital	2,356	-	-	-	-
Women and Children's Hospital	2,142	-	-	-	-
Adult Mental Health Inpatient Facility	1,648	-	-	-	-
CADP Change Management and Communication Support	1,487	-	-	-	-

## Changes to Appropriation cont.

### Changes to Appropriation - Controlled

Capital Injections	2011-12	2012-13	2013-14	2014-15	2015-16
	Est. Out. \$'000	Budget \$'000	Estimate \$'000	Estimate \$'000	Estimate \$'000
Integrated Cancer Centre – Phase 1	661	-	-	-	-
Secure Adult Mental Health Unit (Forward Design)	453	-	-	-	-
Enhanced Community Health Centre - Belconnen	361	-	-	-	-
Mental Health Assessment Unit	322	-	-	-	-
Augmentation of Patient and Research Facilities	316	-	-	-	-
Radiation Equipment	230	-	-	-	-
Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	197	-	-	-	-
New Gungahlin Health Centre	178	-	-	-	-
Workplace Improvements	173	-	-	-	-
Augmentation of Medical Offices	171	-	-	-	-
Surgical Assessment and Planning Unit	161	-	-	-	-
Installation of Energy Savings Equipment and Sustainability Upgrades	134	-	-	-	-
Clinical Services Redevelopment – Phase 2	119	-	-	-	-
Neonatal Intensive Care Unit – Video Streaming Services	100	-	-	-	-
TCH Discharge Lounge Relocation	96	-	-	-	-
Upgrade of Mechanical Systems	75	-	-	-	-
Elective Surgery (Commonwealth Funding)	74	-	-	-	-
Ophthalmology Service	69	-	-	-	-
Refurbishment of Health Centre – Tuggeranong	68	-	-	-	-
Mental Health Young Persons Unit	66	-	-	-	-
Improvements to OH&S and Fire and Safety Systems	27	-	-	-	-
National Health Reform	20	-	-	-	-
Procurement and Installation of a PET/CT Scanner	20	-	-	-	-
Refurbishment of Non-Clinical Accommodation at TCH	19	-	-	-	-
Workplace Redesign to Meet Accommodation and OH&S Standards	12	-	-	-	-
Building Upgrades – Including Asbestos Removal Non Acute Sites (Stage 1)	2	-	-	-	-
TCH 12 Building Works	(2)	-	-	-	-
Safety Upgrades	(3)	-	-	-	-
TCH Upgrades to Ambulatory Area, IC Facilities, Pathology Laboratories and ED	(9)	-	-	-	-
Building Upgrades	(11)	-	-	-	-
ACT Health Skills Development Centre	(79)	-	-	-	-
Additional Beds	(159)	-	-	-	-
Digital Mammography	(159)	-	-	-	-
Fire Systems Upgrade (Phase 1)	(356)	-	-	-	-
Provision for Phase 1 – CSR	(1,774)	-	-	-	-
<b>2012-13 Budget Policy Adjustments</b>					
Adult Secure Mental Health Unit (Finalising Design)	-	2,000	-	-	-
Staging and Decanting – Moving to Our Future	-	10,800	11,500	-	-
Health Infrastructure Program – Project Management	-	10,819	8,500	-	-
Enhanced Community Health Centre Backup Power	-	2,000	1,540	-	-
Major Building Plant Replacement and Upgrade	-	3,000	2,292	-	-

## Changes to Appropriation cont.

### Changes to Appropriation - Controlled

Capital Injections	2011-12	2012-13	2013-14	2014-15	2015-16
	Est. Out. \$'000	Budget \$'000	Estimate \$'000	Estimate \$'000	Estimate \$'000
Replacement of CT Scanner at the Canberra Hospital	-	2,893	-	-	-
Additional Air Quality Performance Station	-	207	-	-	-
<b>2012-13 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	99
Revised Funding Profile – Clinical Services Redevelopment (Phase 3)	(11,000)	(3,321)	14,321	-	-
Revised Funding Profile – Integrated Cancer Care Centre – (Phase 2)	(830)	155	675	-	-
Revised Funding Profile – Enhancement of Canberra Hospital Facilities (Design)	(19,000)	(8,020)	27,020	-	-
Revised Funding Profile – Staging, Decanting and Continuity of Services	(12,600)	3,370	9,230	-	-
Revised Funding Profile – Identity and Access Management	(350)	350	-	-	-
Revised Funding Profile – Central Sterilising Service	(1,310)	(10,739)	12,049	-	-
Revised Funding Profile – Northside Hospital Specification and Documentation	(3,500)	3,500	-	-	-
Revised Funding Profile – Building Upgrades	(50)	50	-	-	-
Revised Funding Profile – Energy Savings/Sustainability	(50)	50	-	-	-
Revised Funding Profile – Mechanical Systems Upgrades	(100)	100	-	-	-
Revised Funding Profile – Patient/Medical Facilities	(200)	200	-	-	-
Revised Funding Profile – Workplace Improvements	(150)	150	-	-	-
Revised Funding Profile – Augmentation of Medical Offices	(150)	150	-	-	-
Revised Funding Profile – Clinical Services Redevelopment (Phase 2)	(932)	732	200	-	-
Revised Funding Profile – Tuggeranong Health Centre – Stage 2	(9,018)	2,234	6,489	295	-
Revised Funding Profile – HIP Change Management and Communication Support	(2,000)	2,000	-	-	-
Revised Funding Profile – National Health Reform	(3,488)	3,488	-	-	-
Revised Funding Profile – Integrated Cancer Care Centre – (Phase 1)	(5,409)	(65)	5,474	-	-
Revised Funding Profile – Enhanced Community Health Centre - Belconnen	(7,936)	5,082	2,854	-	-
Revised Funding Profile – Mental Health Young Persons Unit	(630)	575	55	-	-
Revised Funding Profile – ACT Health Skills Development Centre	(827)	827	-	-	-
Revised Funding Profile – Women and Children's Hospital	(1,083)	(8,117)	9,200	-	-
Revised Funding Profile – New Gungahlin Health Centre	(1,938)	1,938	-	-	-
Revised Funding Profile – Provision for Project Definition Planning	(3,457)	3,457	-	-	-
Revised Funding Profile – Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	(3,177)	2,178	999	-	-
Revised Funding Profile – An E-Healthy Future	(41,050)	4,050	22,000	15,000	-
Revised Funding Profile – Digital Mammography	(749)	749	-	-	-
Revised Funding Profile – Safety/Security Upgrades	(50)	50	-	-	-
Revised Funding Profile – Linear Accelerator Procurement and Replacement	(300)	300	-	-	-

## Changes to Appropriation cont.

### Changes to Appropriation - Controlled

Capital Injections	2011-12	2012-13	2013-14	2014-15	2015-16
	Est. Out. \$'000	Budget \$'000	Estimate \$'000	Estimate \$'000	Estimate \$'000
Revised Funding Profile – Clinical Equipment for Calvary Hospital	(1,045)	1,045	-	-	-
Revised Funding Profile – Neonatal Intensive Care Unit – Video Streaming Services	(100)	100	-	-	-
Revised Funding Profile – Provision for Phase 1 CSR	57	(57)	-	-	-
Revised Funding Profile – Secure Adult Mental Health Unit (Forward Design)	(430)	430	-	-	-
Commonwealth Grants – Health and Hospital Funds Projects (Integrated Cancer Centre) NP	-	-	1,752	-	-
<b>2012-13 Budget</b>	<b>185,646</b>	<b>237,882</b>	<b>143,662</b>	<b>19,237</b>	<b>4,041</b>

## 2012-13 Capital Works Program

Controlled	Estimated Total Cost \$'000	Estimated Expenditure Pre 2012-13 \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	Physical Completion Date
<b>New Capital Works</b>						
Adult Secure Mental Health Unit (Finalising Design)	2,000	-	2,000	-	-	Jun 2013
Staging and Decanting – Moving To Our Future	22,300	-	10,800	11,500	-	Jun 2014
Health Infrastructure Program – Project Management	19,319	-	10,819	8,500	-	Jun 2014
Enhanced Community Centre Backup Power	3,540	-	2,000	1,540	-	Jun 2014
<b>Total New Capital Works</b>	<b>47,159</b>	<b>-</b>	<b>25,619</b>	<b>21,540</b>	<b>-</b>	
<b>Capital Upgrades</b>						
Building Upgrades	580	-	580			
Fire/Safety/Security Upgrades	352	-	352			
Mechanical Systems Upgrades	580	-	580			
Medical Facilities Upgrades	520	-	520			
Facilities Improvements to Patient Accommodation	620	-	620			
Ambulatory Care Improvements	680	-	680			
Augmentation of Medical and Administrative Offices	420	-	420			
<b>Total Capital Upgrades</b>	<b>3,752</b>	<b>-</b>	<b>3,752</b>			
<b>Total New Works</b>	<b>50,911</b>	<b>-</b>	<b>29,371</b>	<b>21,540</b>	<b>-</b>	
<b>Works in Progress</b>						
Enhancing Canberra Hospital Facilities (Design)	41,000	1,000	12,980	27,020	-	Jun 2014
Staging, Decanting and Continuity of Services	19,430	2,000	8,200	9,230	-	Jun 2014
Clinical Services Redevelopment (Phase 3)	25,700	4,700	6,679	14,321	-	Jun 2014
Integrated Cancer Centre (Phase 2)	15,102	2,191	8,570	4,341	-	Sep 2013
Central Sterilising Services	17,270	450	4,771	12,049	-	Apr 2014
Northside Hospital Specification and Documentation	4,000	500	3,500	-	-	Jun 2013
Building Upgrades (Prior Year Capital Upgrades)	561	511	50			
Energy Savings/Sustainability (Prior Year Capital Upgrades)	300	250	50			
Safety/Security Upgrades (Prior Year Capital Upgrades)	380	330	50			
Mechanical Systems Upgrades (Prior Year Capital Upgrades)	600	500	100			
Patient/Medical Facilities (Prior Year Capital Upgrades)	670	470	200			
Workplace Improvements (Prior Year Capital Upgrades)	590	440	150			
Augmentation of Medical Offices (Prior Year Capital Upgrades)	560	410	150			
Clinical Services Redevelopment (Phase 2) <sup>2</sup>	9,800	8,868	732	200	-	Jun 2013
Tuggeranong Health Centre – Stage 2	14,000	55	7,500	6,150	295	May 2014

## 2012-13 Capital Works Program cont.

	Estimated Total Cost \$'000	Estimated Expenditure Pre 2012-13 \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	Physical Completion Date
<b>Works in Progress cont.</b>						
HIP Change Management and Communication Support	4,117	2,117	2,000	-	-	Jun 2013
National Health Reform <sup>1</sup>	10,088	4,931	5,157	-	-	Jun 2013
Integrated Cancer Centre (Phase 1)	29,652	7,091	15,335	7,226	-	Sep 2013
Enhanced Community Health Centre – Belconnen <sup>2</sup>	51,344	12,464	36,026	2,854	-	Jun 2013
Mental Health Young Persons Unit	775	145	575	55	-	Nov 2013
ACT Health Skills Development Centre	1,300	473	827	-	-	Nov 2012
Women and Children's Hospital	111,060	71,607	30,253	9,200	-	Aug 2013
New Gungahlin Health Centre	18,000	12,529	5,471	-	-	Aug 2012
Refurbishment of Health Centre – Tuggeranong	5,000	1,027	3,634	339	-	May 2014
Provision for Project Definition Planning	61,090	46,138	14,952	-	-	Jun 2013
Secure Adult Mental Health Unit – Forward Design	1,200	770	430	-	-	Jun 2013
Aboriginal & Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	5,883	744	4,140	999	-	Sep 2013
Linear Accelerator Procurement and Replacement	17,700	17,400	300	-	-	Dec 2012
<b>Total Works in Progress</b>	<b>467,172</b>	<b>200,111</b>	<b>172,782</b>	<b>93,984</b>	<b>295</b>	
<b>Total Controlled Capital Works</b>	<b>518,083</b>	<b>200,111</b>	<b>202,153</b>	<b>115,524</b>	<b>295</b>	

### Notes:

- \$5.010 million removed from the National Health Reform project, pending a transfer to recurrent funding.
- This project will be completed by 30 June 2013. 2013-14 funding provides for defects liability period.

Territorial	Estimated Total Cost \$'000	Estimated Expenditure Pre 2012-13 \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	Physical Completion Date
<b>Capital Upgrades</b>						
Works Associated with the Installation of a MRI	70	-	70			
Security Upgrades	50	-	50			
Environmental Improvements to Cooling System	200	-	200			
Improvements to Patient Safety – Expansion of Reticulated Suction System	50	-	50			
Improvements to the Keaney Environmental Cooling System	296	-	296			
Installation of Service Column – Cardiac Procedure Room	80	-	80			
<b>Total Capital Upgrades</b>	<b>746</b>	<b>-</b>	<b>746</b>			
<b>Total New Works</b>	<b>746</b>	<b>-</b>	<b>746</b>			
<b>Total Territorial Capital Works</b>	<b>746</b>	<b>-</b>	<b>746</b>			

## Health Directorate Operating Statement

2011-12 Budget \$'000		2011-12 Est. Outcome \$'000	2012-13 Budget \$'000	Var %	2013-14 Estimate \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000
<b>Income</b>							
<b>Revenue</b>							
896,185	Government Payment for Outputs	893,432	365,860	-59	377,406	391,008	409,307
206,151	User Charges - Non ACT Government	198,151	100,803	-49	102,949	105,315	107,893
885	User Charges - ACT Government	885	546,730	#	583,712	630,286	680,574
278	Interest	278	278	-	278	278	278
12,289	Other Revenue	16,289	16,746	3	17,230	17,722	18,183
986	Resources Received Free of Charge	736	758	3	780	792	804
<b>1,116,774</b>	<b>Total Revenue</b>	<b>1,109,771</b>	<b>1,031,175</b>	<b>-7</b>	<b>1,082,355</b>	<b>1,145,401</b>	<b>1,217,039</b>
<b>Gains</b>							
1,496	Other Gains	1,496	1,524	2	1,544	1,574	1,604
<b>1,496</b>	<b>Total Gains</b>	<b>1,496</b>	<b>1,524</b>	<b>2</b>	<b>1,544</b>	<b>1,574</b>	<b>1,604</b>
<b>1,118,270</b>	<b>Total Income</b>	<b>1,111,267</b>	<b>1,032,699</b>	<b>-7</b>	<b>1,083,899</b>	<b>1,146,975</b>	<b>1,218,643</b>
<b>Expenses</b>							
506,241	Employee Expenses	515,423	553,280	7	588,922	626,603	665,168
61,869	Superannuation Expenses	62,387	69,116	11	70,174	71,546	75,728
291,564	Supplies and Services	288,001	301,234	5	315,459	333,634	356,810
29,018	Depreciation and Amortisation	29,018	35,882	24	43,615	47,266	47,266
401	Borrowing Costs	401	401	-	401	401	401
18,763	Cost of Goods Sold	14,763	15,394	4	16,051	16,434	16,853
229,256	Grants and Purchased Services	230,881	76,920	-67	80,713	84,824	88,564
9,219	Other Expenses	10,614	11,060	4	10,425	11,157	12,081
<b>1,146,331</b>	<b>Total Ordinary Expenses</b>	<b>1,151,488</b>	<b>1,063,287</b>	<b>-8</b>	<b>1,125,760</b>	<b>1,191,865</b>	<b>1,262,871</b>
<b>-28,061</b>	<b>Operating Result</b>	<b>-40,221</b>	<b>-30,588</b>	<b>24</b>	<b>-41,861</b>	<b>-44,890</b>	<b>-44,228</b>
<b>-28,061</b>	<b>Total Comprehensive Income</b>	<b>-40,221</b>	<b>-30,588</b>	<b>24</b>	<b>-41,861</b>	<b>-44,890</b>	<b>-44,228</b>



## Health Directorate Balance Sheet

Budget as at 30/6/12 \$'000	Est. Outcome as at 30/6/12 \$'000	Planned as at 30/6/13 \$'000	Var %	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000	Planned as at 30/6/16 \$'000	
<b>Current Assets</b>							
744	Cash and Cash Equivalents	1,560	1,522	-2	1,484	1,446	1,408
53,977	Receivables	46,526	47,572	2	48,814	50,056	51,298
6,242	Inventories	7,866	8,066	3	8,266	8,466	8,666
234	Assets Held for Sale	127	127	-	127	127	127
2,986	Other Current Assets	2,416	2,516	4	2,616	2,716	2,816
<b>64,183</b>	<b>Total Current Assets</b>	<b>58,495</b>	<b>59,803</b>	<b>2</b>	<b>61,307</b>	<b>62,811</b>	<b>64,315</b>
<b>Non Current Assets</b>							
0	Receivables	2,135	2,235	5	2,335	2,435	2,535
3,000	Investments	3,000	3,000	-	3,000	3,000	3,000
645,350	Property, Plant and Equipment	740,422	785,281	6	1,104,307	1,161,459	1,139,051
63,005	Intangibles	17,688	33,872	91	45,980	50,995	41,010
294,979	Capital Works in Progress	148,772	301,294	103	79,936	0	0
<b>1,006,334</b>	<b>Total Non Current Assets</b>	<b>912,017</b>	<b>1,125,682</b>	<b>23</b>	<b>1,235,558</b>	<b>1,217,889</b>	<b>1,185,596</b>
<b>1,070,517</b>	<b>TOTAL ASSETS</b>	<b>970,512</b>	<b>1,185,485</b>	<b>22</b>	<b>1,296,865</b>	<b>1,280,700</b>	<b>1,249,911</b>
<b>Current Liabilities</b>							
40,223	Payables	56,397	56,597	..	56,797	56,997	57,197
1,471	Finance Leases	2,999	3,099	3	3,199	3,299	3,399
138,685	Employee Benefits	153,765	159,114	3	166,525	173,845	181,075
17,066	Other Liabilities	5,262	5,462	4	5,662	5,862	6,062
<b>197,445</b>	<b>Total Current Liabilities</b>	<b>218,423</b>	<b>224,272</b>	<b>3</b>	<b>232,183</b>	<b>240,003</b>	<b>247,733</b>
<b>Non Current Liabilities</b>							
4,401	Finance Leases	2,999	3,099	3	3,199	3,299	3,399
15,833	Employee Benefits	16,662	18,392	10	19,960	21,528	23,096
0	Other	1,503	1,503	-	1,503	1,503	1,503
<b>20,234</b>	<b>Total Non Current Liabilities</b>	<b>21,164</b>	<b>22,994</b>	<b>9</b>	<b>24,662</b>	<b>26,330</b>	<b>27,998</b>
<b>217,679</b>	<b>TOTAL LIABILITIES</b>	<b>239,587</b>	<b>247,266</b>	<b>3</b>	<b>256,845</b>	<b>266,333</b>	<b>275,731</b>
<b>852,838</b>	<b>NET ASSETS</b>	<b>730,925</b>	<b>938,219</b>	<b>28</b>	<b>1,040,020</b>	<b>1,014,367</b>	<b>974,180</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
717,444	Accumulated Funds	585,924	793,218	35	895,019	869,366	829,179
135,394	Reserves	145,001	145,001	-	145,001	145,001	145,001
<b>852,838</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>730,925</b>	<b>938,219</b>	<b>28</b>	<b>1,040,020</b>	<b>1,014,367</b>	<b>974,180</b>

## Health Directorate Statement of Changes in Equity

Budget as at 30/6/12 \$'000		Est. Outcome as at 30/6/12 \$'000	Planned as at 30/6/13 \$'000	Var %	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000	Planned as at 30/6/16 \$'000
<b>Opening Equity</b>							
462,766	Opening Accumulated Funds	440,499	585,924	33	793,218	895,019	869,366
135,394	Opening Asset Revaluation Reserve	145,001	145,001	-	145,001	145,001	145,001
<b>598,160</b>	<b>Balance at the Start of the Reporting Period</b>	<b>585,500</b>	<b>730,925</b>	<b>25</b>	<b>938,219</b>	<b>1,040,020</b>	<b>1,014,367</b>
<b>Comprehensive Income</b>							
-28,061	Operating Result for the Period	-40,221	-30,588	24	-41,861	-44,890	-44,228
<b>-28,061</b>	<b>Total Comprehensive Income</b>	<b>-40,221</b>	<b>-30,588</b>	<b>24</b>	<b>-41,861</b>	<b>-44,890</b>	<b>-44,228</b>
<b>0</b>	<b>Total Movement in Reserves</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Transactions Involving Owners Affecting Accumulated Funds</b>							
282,739	Capital Injections	185,646	237,882	28	143,662	19,237	4,041
<b>282,739</b>	<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>	<b>185,646</b>	<b>237,882</b>	<b>28</b>	<b>143,662</b>	<b>19,237</b>	<b>4,041</b>
<b>Closing Equity</b>							
717,444	Closing Accumulated Funds	585,924	793,218	35	895,019	869,366	829,179
135,394	Closing Asset Revaluation Reserve	145,001	145,001	-	145,001	145,001	145,001
<b>852,838</b>	<b>Balance at the End of the Reporting Period</b>	<b>730,925</b>	<b>938,219</b>	<b>28</b>	<b>1,040,020</b>	<b>1,014,367</b>	<b>974,180</b>

## Health Directorate Cash Flow Statement

2011-12 Budget \$'000	2011-12 Est. Outcome \$'000	2012-13 Budget \$'000	Var %	2013-14 Estimate \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Receipts</b>						
896,185	893,432	365,860	-59	377,406	391,008	409,307
206,977	198,977	647,487	225	686,419	735,359	788,225
278	278	278	-	278	278	278
63,982	102,785	104,670	2	106,174	106,696	107,187
<b>1,167,422</b>	<b>1,195,472</b>	<b>1,118,295</b>	<b>-6</b>	<b>1,170,277</b>	<b>1,233,341</b>	<b>1,304,997</b>
<b>Operating Receipts</b>						
<b>Payments</b>						
497,814	496,333	551,238	11	579,979	617,751	656,343
61,869	62,387	69,116	11	70,175	71,547	75,729
291,420	288,047	296,432	3	315,263	339,963	365,168
401	401	401	-	401	401	401
229,256	230,881	76,920	-67	80,713	78,324	80,104
77,953	108,714	112,660	4	114,054	115,132	116,457
<b>1,158,713</b>	<b>1,186,763</b>	<b>1,106,767</b>	<b>-7</b>	<b>1,160,585</b>	<b>1,223,118</b>	<b>1,294,202</b>
<b>8,709</b>	<b>8,709</b>	<b>11,528</b>	<b>32</b>	<b>9,692</b>	<b>10,223</b>	<b>10,795</b>
<b>NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES</b>						
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>						
<b>Payments</b>						
290,034	221,941	247,996	12	151,940	28,046	13,422
<b>290,034</b>	<b>221,941</b>	<b>247,996</b>	<b>12</b>	<b>151,940</b>	<b>28,046</b>	<b>13,422</b>
<b>-290,034</b>	<b>-221,941</b>	<b>-247,996</b>	<b>-12</b>	<b>-151,940</b>	<b>-28,046</b>	<b>-13,422</b>
<b>NET CASH INFLOW/ (OUTFLOW) FROM INVESTING ACTIVITIES</b>						
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>						
<b>Receipts</b>						
282,739	185,646	237,882	28	143,662	19,237	4,041
<b>282,739</b>	<b>185,646</b>	<b>237,882</b>	<b>28</b>	<b>143,662</b>	<b>19,237</b>	<b>4,041</b>
<b>Payments</b>						
1,452	1,452	1,452	-	1,452	1,452	1,452
<b>1,452</b>	<b>1,452</b>	<b>1,452</b>	<b>-</b>	<b>1,452</b>	<b>1,452</b>	<b>1,452</b>
<b>281,287</b>	<b>184,194</b>	<b>236,430</b>	<b>28</b>	<b>142,210</b>	<b>17,785</b>	<b>2,589</b>
<b>NET CASH INFLOW/ (OUTFLOW) FROM FINANCING ACTIVITIES</b>						
<b>-38</b>	<b>-29,038</b>	<b>-38</b>	<b>100</b>	<b>-38</b>	<b>-38</b>	<b>-38</b>
<b>NET INCREASE / (DECREASE) IN CASH HELD</b>						
<b>782</b>	<b>30,598</b>	<b>1,560</b>	<b>-95</b>	<b>1,522</b>	<b>1,484</b>	<b>1,446</b>
<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>						
<b>744</b>	<b>1,560</b>	<b>1,522</b>	<b>-2</b>	<b>1,484</b>	<b>1,446</b>	<b>1,408</b>
<b>CASH AT THE END OF REPORTING PERIOD</b>						

## Notes to the Budget Statements

Significant variations are as follows:

### *Operating Statement*

- government payment for outputs:
  - the decrease of \$2.753 million in the 2011-12 estimated outcome from the original budget is mainly due to roll-overs into 2012-13 (\$11.799 million), partially offset by revised wage parameters (\$4.743 million) and increased Commonwealth funding (\$4.303 million); and
  - the decrease of \$527.572 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the transfer of funding to the ACT Local Hospital Network Directorate (ACT LHN) associated with the National Health Reform.
- user charges – non ACT Government:
  - the decrease of \$8 million in the 2011-12 estimated outcome from the original budget is mainly due to adjustments in patient, Department of Veteran Affairs (DVA) and facility fees revenue, as well as a reduction in the sale of medical and surgical supplies to private hospitals; and
  - the decrease of \$97.348 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the removal of Patient Cross Border revenue, which will now be received by the ACT LHN.
- user charges – ACT Government: the increase of \$545.845 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the changed funding arrangements following the implementation of the National Health Reform. This revenue predominantly relates to the receipt of funding from the ACT LHN for public hospital services at the Canberra Hospital.
- other revenue: the increase of \$4 million in the 2011-12 estimated outcome from the original budget is mainly due to grants received from Health Workforce Australia.
- employee expenses:
  - the increase of \$9.182 million in the 2011-12 estimated outcome from the original budget is mainly due to increased Commonwealth funding (\$1 million), revised wage parameters (\$6.890 million) and the impact of the discount rate on the long service leave liability (\$7.738 million), partially offset by rollovers (\$6.5 million); and
  - the increase of \$37.857 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to revised wage parameters (\$18.9 million), growth and new initiatives (\$17.7 million) and the full year effect of prior year initiatives (\$3.9 million) partially offset by the savings initiatives (\$2.5 million).
- superannuation expenses: the increase of \$6.729 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to revised notional superannuation contributions, revised wage parameters and increased employee numbers from new initiatives.

- supplies and services:
  - the decrease of \$3.563 million in the 2011-12 estimated outcome from the original budget is due to the deferral of Commonwealth projects (\$2.9 million) and the reallocation of funding to grants and purchased services and wages and salaries (\$3.2 million), partially offset by increased Commonwealth funding (\$2.5 million); and
  - the increase of \$13.233 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to indexation (\$7 million), growth and new initiatives (\$5.7 million) and the full year effect of prior year initiatives (\$1.5 million), partially offset by the savings initiatives (\$1 million).
- depreciation and amortisation: the increase of \$6.864 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the completion of the HIP projects, including elements of the information technology project, 'An E-Healthy Future'.
- cost of goods sold: the decrease of \$4 million in the 2011-12 estimated outcome from the original budget is mainly due to a decreased volume in sale of medical and surgical supplies to private hospitals.
- grants and purchased services: the decrease of \$153.961 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the transfer of most of the Calvary Public Hospital and all of QEII funding to the ACT LHN, as well as a reduction in home and community care grants following the transition of responsibility for aged care services to the Commonwealth.

#### *Balance Sheet*

- current and non current receivables: the decrease of \$5.316 million in the 2011-12 estimated outcome from the original budget is due to the 2010-11 audited outcome flow-on effect.
- property, plant and equipment:
  - the increase of \$95.072 million in the 2011-12 estimated outcome from the original budget is mainly due to a reclassification of assets from intangibles and completion of projects under the Health Infrastructure Program (HIP); and
  - the increase of \$44.859 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to expected completion of HIP projects, net of depreciation.
- intangibles:
  - the decrease of \$45.317 million in the 2011-12 estimated outcome from the original budget is mainly due to delays in the 'An E-Healthy Future' capital program and the reclassification of some assets as plant and equipment; and
  - the increase of \$16.184 million in 2012-13 Budget from the 2011-12 estimated outcome is due to the expected completion of projects under the 'An E-Healthy Future' capital program.

- capital works in progress: the decrease of \$146.207 million in the 2011-12 estimated outcome from the original budget and the increase of \$152.522 million in the 2012-13 Budget from the 2011-12 estimated outcome is mainly due to the timing of the HIP projects currently underway or commencing in 2012-13.
- current payables: the increase of \$16.174 million in the 2011-12 estimated outcome from the original budget is mainly due to the timing of invoices received by the Health Directorate.
- current employee benefits: the increase of \$15.080 million in the 2011-12 estimated outcome from the original budget is mainly due to the impact of the discount rate on the long service leave liability.
- other current liabilities: the decrease of \$11.804 million in the 2011-12 estimated outcome from the original budget is due to the flow-on effect of the 2010-11 audited outcome.

#### *Statement of Changes in Equity*

Variations in the statement are explained in the notes above.

#### *Cash Flow Statement*

Variations in the statement are explained in the notes above.

**Health Directorate**  
**Statement of Income and Expenses on Behalf of the Territory**

2011-12 Budget \$'000	2011-12 Est. Outcome \$'000	2012-13 Budget \$'000	Var %	2013-14 Estimate \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000
<b>Income</b>						
<b>Revenue</b>						
727	986	746	-24	765	784	803
676	676	693	3	710	728	728
<b>1,403</b>	<b>1,662</b>	<b>1,439</b>	<b>-13</b>	<b>1,475</b>	<b>1,512</b>	<b>1,531</b>
<b>1,403</b>	<b>1,662</b>	<b>1,439</b>	<b>-13</b>	<b>1,475</b>	<b>1,512</b>	<b>1,531</b>
<b>Expenses</b>						
727	727	746	3	765	784	803
676	676	693	3	710	728	728
<b>1,403</b>	<b>1,403</b>	<b>1,439</b>	<b>3</b>	<b>1,475</b>	<b>1,512</b>	<b>1,531</b>
<b>0</b>	<b>259</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>259</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Health Directorate**  
**Statement of Assets and Liabilities on Behalf of the Territory**

Budget as at 30/6/12 \$'000	Est. Outcome as at 30/6/12 \$'000	Planned as at 30/6/13 \$'000	Var %	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000	Planned as at 30/6/16 \$'000
<b>Current Assets</b>						
295		294		294	294	294
5		6		6	6	6
<b>300</b>		<b>300</b>		<b>300</b>	<b>300</b>	<b>300</b>
<b>300</b>		<b>300</b>		<b>300</b>	<b>300</b>	<b>300</b>
<b>Current Liabilities</b>						
300		300		300	300	300
<b>300</b>		<b>300</b>		<b>300</b>	<b>300</b>	<b>300</b>
<b>300</b>		<b>300</b>		<b>300</b>	<b>300</b>	<b>300</b>
<b>0</b>		<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>						
<b>0</b>		<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>



**Health Directorate**  
**Statement of Changes in Equity on Behalf of the Territory**

Budget as at 30/6/12 \$'000	Est. Outcome as at 30/6/12 \$'000	Planned as at 30/6/13 \$'000	Var %	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000	Planned as at 30/6/16 \$'000
<b>Opening Equity</b>						
0	Opening Accumulated Funds	-259	0	100	0	0
<b>0</b>	<b>Balance at the Start of the Reporting Period</b>	<b>-259</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Comprehensive Income</b>						
0	Operating Result for the Period	259	0	-100	0	0
<b>0</b>	<b>Total Comprehensive Income</b>	<b>259</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>Total Movement in Reserves</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>Balance at the End of the Reporting Period</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>

**Health Directorate**  
**Statement of Cash Flows on Behalf of the Territory**

2011-12 Budget \$'000	2011-12 Est. Outcome \$'000	2012-13 Budget \$'000	Var %	2013-14 Estimate \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Receipts</b>						
727	986	746	-24	765	784	803
676	676	693	3	710	728	728
73	73	75	3	77	79	81
<b>1,476</b>	<b>1,735</b>	<b>1,514</b>	<b>-13</b>	<b>1,552</b>	<b>1,591</b>	<b>1,612</b>
<b>Payments</b>						
727	727	746	3	765	784	803
73	73	75	3	77	79	81
676	676	693	3	710	728	728
<b>1,476</b>	<b>1,476</b>	<b>1,514</b>	<b>3</b>	<b>1,552</b>	<b>1,591</b>	<b>1,612</b>
<b>0</b>	<b>259</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES</b>						
<b>0</b>	<b>259</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET INCREASE / (DECREASE) IN CASH HELD</b>						
<b>295</b>	<b>35</b>	<b>294</b>	<b>740</b>	<b>294</b>	<b>294</b>	<b>294</b>
<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>						
<b>295</b>	<b>294</b>	<b>294</b>	<b>-</b>	<b>294</b>	<b>294</b>	<b>294</b>
<b>CASH AT THE END OF REPORTING PERIOD</b>						

**Note to the Budget Statements**

There are no material variations to the Statement of Income and Expenses on Behalf of the Territory or Statement of Assets and Liabilities on Behalf of the Territory.