

## 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.

### **2013-14 Priorities**

Strategic and operational initiatives to be pursued in 2013-14 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 meet the growth in demand for acute care, critical care, cancer treatment, mental health, women's and children's services and outpatient 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 work to improve health and wellbeing within the Aboriginal and Torres Strait Islander community;
- opening Stage 2 of the Centenary Women's and Children's Hospital;
- opening the Canberra Region Cancer Centre;
- opening the new Belconnen Health Centre; and
- maintaining accreditation with international standards and other appropriate national 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

2011-12 Actual Outcome		2012-13 Budget	2012-13 Est. Outcome	2013-14 Budget
5,416	Staffing (FTE) <sup>1,2</sup>	5,549	5,680	5,811

### Notes:

1. The increase of 131 FTE in the 2012-13 estimated outcome from the 2012-13 Budget is mainly due to the employment of project management staff associated with the Health Infrastructure Program (HIP), and a higher intake of junior medical doctors than anticipated.
2. The increase of 131 FTE in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to the implementation of new and continuing initiatives.

## Strategic Objectives and Indicators

The Health Directorate's Corporate Plan identifies the following priorities:

- meeting increasing demand for health services;
- improving the health of vulnerable people;
- improving the patient journey;
- building and nurturing a sustainable health system; and
- ensuring that the planning and delivery of services is underpinned by the Health Directorate Safety and Quality Framework.

Three strategic indicators that were reported in 2012-13 have been removed from the set of strategic indicators for 2013-14.

Two of the indicators have been moved to the ACT Local Hospital Network Directorate (ACT LHN) as required under the *National Health Reform Agreement* (NHRA).

**Strategic Objective 1**  
Removals from Waiting List for Elective Surgery

**Strategic Indicator 1:** Number of People Removed From Waiting List

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.

	2012-13 Target	2012-13 Est. Outcome	2013-14 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, and to reduce the number of people waiting more than the clinically recommended times for that surgery.

**Strategic Objective 2**  
No Waiting for Access to Emergency Dental Health Services

**Strategic Indicator 2:** Percentage of Assessed Emergency Clients Seen within 24 hours

The percentage of assessed emergency clients seen within 24 hours provides an indication of the responsiveness of the dental service to emergency clients.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
Percentage of emergency clients seen within 24 hours	100%	100%	100%	100%

**Strategic Objective 3**  
Improving Timeliness of Access to Radiotherapy Services

**Strategic Indicator 3:** Percentage of Radiotherapy Patients who Commence Treatment within Standard Timeframes

The percentage of cancer patients who commence radiotherapy treatment within standard time frames. This provides an indication of the effectiveness of public hospitals in meeting the need for cancer treatment services.

Category <sup>1</sup>	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
Urgent — treatment starts within 48 hours	100%	100%	100%	100%
Semi urgent — treatment starts within 4 weeks	95%	100%	95%	100%
Non urgent — treatment starts within 6 weeks	95%	98%	95%	100%

**Note:**

1. The Department of Radiation Oncology is committed to commencing treatment for radiotherapy patients within Radiation Oncology Practice Standards. With the introduction of a fourth linear accelerator and improved staffing levels, the service has been able to better target wait times.

#### Strategic Objective 4

Improving the Breast Screen Participation Rate for Women aged 50 to 69 years

##### Strategic Indicator 4: Participation Rate for Breast Screening

The proportion of women in the target age group (50 to 69 years) who had a breast screen in the 24 months prior to each counting period.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
Proportion of women aged 50 to 69 who have a breast screen <sup>1</sup>	60%	55%	60%	70%

**Note:**

1. BreastScreen ACT has readily available appointments but is experiencing difficulty filling them. A number of initiatives are underway to raise awareness and profile of the service, particularly within the target group of women aged 50-69.

#### Strategic Objective 5

Maintaining the Waiting Times for in Hospital Assessments by the Aged Care Assessment Team

##### Strategic Indicator 5: Aged Care Assessment Waiting Time

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.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
Mean waiting time in working days	2 days	2.4 days <sup>1</sup>	2 days	2 days

**Note:**

1. The ACT Aged Care Assessment Unit (ACAT) was unable to meet the indicator target due to increased public and private hospital referrals and ongoing issues with unexpected staff unavailability. To improve performance on the indicator, ACAT are currently attempting recruitment of additional casual backfill assessors to deal with the increased levels of referrals. The result is still within the national response timeframe.

#### Strategic Objective 6

Reducing the Usage of Seclusion in Mental Health Episodes

##### Strategic Indicator 6: Proportion of Clients with a Mental Health Seclusion Episode

The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit. This measures the effectiveness of public mental health services in the ACT over time in providing services that minimise the need for seclusion.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	<3%	1.4%	<3%	<3%

### Strategic Objective 7

Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit

#### Strategic Indicator 7: Acute Psychiatric Unit Patient 28 Day Readmission Rate

This is the proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care. This indicator reflects the quality of care provided to acute mental health patients.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	National Rate
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	8.8%	<5%	14.7%

Source: Report on Government Services 2013 Table 12A.39.

### Strategic Objective 8

Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

#### Strategic Indicator 8: Percentage of Overnight Hospital Beds in Use

The mean percentage of overnight hospital beds in use. This provides an indication of the efficient use of resources available for hospital services.

	2012-13 Target	2012-13 Est. Outcome	2013-14 Target	Long Term Target
Mean percentage of overnight hospital beds in use	85%	93% <sup>1</sup>	90%	85%

**Note:**

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

### Strategic Objective 9

Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia

The top ten leading causes of disease burden in terms of Disability Adjusted Life Years are all 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 9: 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. In 2011, the ACT has the highest life expectancy of any jurisdiction in Australia, and the Government aims to maintain this result.

Life expectancy at birth in Australia 2011	ACT Rate	National Rate
Females	84.8	84.2
Males	81.0	79.7

Source: ABS 2012, Deaths, Australia, 2011, cat. no. 3302.0, ABS, Canberra.

### Strategic Objective 10

Lower Prevalence of Circulatory Disease than the National Average

**Strategic Indicator 10:** The Proportion of the ACT Population with Some Form of Cardiovascular Disease

Population projections suggest that the ACT population is ageing faster than other jurisdictions. The median age of the ACT population (36.9 years in 2010) has increased by 4.8 years since 1990. While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.

Cardiovascular Disease	ACT Rate	National Rate
Proportion of the population diagnosed with some form of cardiovascular disease	18.4%	16.9%

Source: Australian Health Survey: First Results, 2011-12. Australian Bureau of Statistics Catalogue No: 4364.0.55.001.

### Strategic Objective 11

Lower Prevalence of Diabetes than the National Average

**Strategic Indicator 11:** The Proportion of the ACT Population Diagnosed with Some Form of Diabetes

This indicator provides a marker 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	3.8%	3.7%

Source: Australian Health Survey: First Results, 2011-12. Australian Bureau of Statistics Catalogue No: 4364.0.55.001.

### Strategic Objective 12

Government Capital Expenditure on Healthcare Infrastructure

**Strategic Indicator 12:** 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 of expenditure on infrastructure.

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 Objective 13

Higher Proportion of Government Recurrent Health Funding Expenditure on Public Health Activities than the National Average

**Strategic Indicator 13:** Proportion of Government Recurrent Health Funding Expenditure on Public Health Activities

Improvements in the 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 rate of recurrent health funding on public health activities as a strategy to reduce the long term chronic disease burden.

Estimated total Government expenditure on public health activities as a proportion of total current health expenditure	ACT Rate	National Rate
2008-09	3.1%	2.7%
2009-10	2.7%	2.2%
2010-11	2.6%	2.1%

Source: Health Expenditure Australia 2010-11 (Australian Institute of Health and Welfare).

### Strategic Objective 14

Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status

**Strategic Indicator 14:** Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population

The immunisation rate provides an indication of the level of investment in public health services to minimise the incidence of vaccine preventable diseases. The ACT's indigenous population has a much lower rate of immunisation than the general population. The ACT aims to minimise disparities between indigenous and non indigenous Australians through a targeted immunisation strategy.

	2012-13 Target	2012-13 Est.Outcome <sup>1</sup>	2013-14 Target	Long Term Target
Immunisation rates for vaccines in the national schedule for the ACT indigenous population:				
12 to 15 months	≥90%	81.5	≥90%	≥90%
24 to 27 months	≥90%	91.6	≥90%	≥90%
60 to 63 months	≥90%	91.0	≥90%	≥90%
All	≥90%	88.0	≥90%	≥90%

Source: Productivity Commission's Review of Government Service (ROGS).

**Note:**

- The very low numbers of Aboriginal and Torres Strait Islander children in the Territory means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. Given the small population, small changes can result in significant rate fluctuations.

### Strategic Objective 15

Higher Participation Rate in the Cervical Screening Program than the National Average

**Strategic Indicator 15:** 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
Two year participation rate	58.8%	57.4%

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

### Strategic Objective 16

Achieve Lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index

**Strategic Indicator 16:** 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 dental prevention, early intervention and treatment services in the ACT. The aim for the ACT is to better the national average on the DMFT.

	ACT Rate <sup>1</sup>	National Rate
DMFT index at 6 years	1.16	2.31
DMFT Index at 12 years	0.71	1.11

Source: Child Dental Health Survey, 2008 (Published: Australian Institute of Health and Welfare, 2012).

**Note:**

1. Lowest of all jurisdictions.

### Strategic Objective 17

Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years

**Strategic Indicator 17:** Reduction in the Rate of Broken Hips (Fractured Neck of Femur)

This indicator 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 persons in the ACT population. This is within the long term target and follows a 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

Source: ACT Admitted Patient Care data, 2010-11.

### Strategic Objective 18

Reduction in the Youth Smoking Rate

**Strategic Indicator 18:** Percentage of Persons Aged 12 to 17 Years Who Smoke Regularly

Results from the 2011 Australian Secondary School Alcohol and Drug Survey (ASSAD) show that 5.8 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, 6.7 per cent in 2008 to 5.8 per cent in 2011. The national rate for current smoking in youths in 2011 was 6.7 per cent.

	2011 Outcome	National Rate	Long Term Target
Percentage of persons aged 12 to 17 who are current smokers	5.8%	6.7%	5%

Source: ASSAD confidentialised unit record files 2011, ACT Health. Australian secondary students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011 report, The Cancer Council Victoria, December 2012.



## Output Classes

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

	Total Cost		Government Payment for Outputs	
	2012-13	2013-14	2012-13	2013-14
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output Class 1:</b>				
<b>Health and Community Care<sup>1</sup></b>	1,069,733	1,109,709	366,337	231,100
<b>Output 1.1: Acute Services</b>	666,264	700,337	137,698	83,832

**Note:**

1. Total cost includes depreciation and amortisation of \$29.882 million in 2012-13 and \$35.673 million in 2013-14.

### 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 NHRA which the Commonwealth Government has put into place, that contains 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 NHRA;
- meeting the increasing demand for elective surgery in the Territory and reducing the number of people waiting longer than the recommended standard waiting times;
- strategies to meet performance targets for the emergency department, elective and emergency surgery; and
- continuing to increase the capacity of acute care services within the ACT and surrounding region.

## Output Classes cont.

	Total Cost		Government Payment for Outputs	
	2012-13	2013-14	2012-13	2013-14
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services</b>	117,324	122,129	54,432	47,419

### *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	
	2012-13	2013-14	2012-13	2013-14
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.3: Public Health Services</b>	40,889	28,864	37,417	25,850

### *Output Description*

Improving the health status of the ACT population through interventions which promote behaviour changes to reduce susceptibility to illness, alter the ACT environment to promote the health of the population and promote interventions that remove or mitigate population health hazards. This includes programs that evaluate and report on the health status of the ACT population, assist in identifying particular health hazards and measures to reduce the risk to the health of the public from communicable diseases, environmental hazards and the supply of medicines and poisons.

## Output Classes cont.

	Total Cost		Government Payment for Outputs	
	2012-13	2013-14	2012-13	2013-14
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.4: Cancer Services</b>	64,814	70,609	15,252	7,128

### *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		Government Payment for Outputs	
	2012-13	2013-14	2012-13	2013-14
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
<b>Output 1.5: Rehabilitation, Aged and Community Care</b>	101,659	106,676	69,160	36,036

### *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 is 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.

## Output Classes cont.

	Total Cost		Government Payment for	
			Outputs	
	2012-13 Est. Outcome \$'000	2013-14 Budget \$'000	2012-13 Est. Outcome \$'000	2013-14 Budget \$'000
<b>Output 1.6: Early Intervention and Prevention</b>	78,783	81,094	52,378	30,835

### Output Description

Improving the health and wellbeing of the ACT population through a range of programs, services and initiatives, focused on early intervention, prevention and health promotion. The key strategic priorities for early intervention and prevention include encouraging and promoting healthy lifestyle choices to decrease the rates of conditions like obesity and diabetes and reducing risky health behaviours such as smoking and alcohol consumption and maintaining high levels of immunisation.

### Accountability Indicators

The following 2013-14 targets apply to Canberra Hospital and Health Services only.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 Targets
<b>Output Class 1: Health and Community Care</b>			
<b>Output 1.1: Acute Services</b>			
a. Admitted – National Weighted Activity Units {13} <sup>1,4</sup>	n/a	n/a	78,680
b. Non-Admitted – National Weighted Activity Units {13} <sup>1,4</sup>	n/a	n/a	33,945
c. Emergency – National Weighted Activity Units {13} <sup>1,4</sup>	n/a	n/a	7,534
d. Mean waiting time for clients on the dental services waiting list	12 months	12 months	12 months
e. 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%
f. Cost weighted patient separations <sup>2,5</sup>	63,451	65,400	n/a
g. Non admitted occasions of service <sup>2,5</sup>	268,434	273,000	n/a
h. Percentage of category one elective surgery patients who receive surgery within 30 days of listing <sup>3,5</sup>	97%	97%	n/a
i. Number of allied health care services provided for acute care patients in ACT Public Hospitals <sup>3,5</sup>	101,400	104,400	n/a

#### Notes:

1. National Weighted Activity Unit (NWAU) has replaced cost weighted separation and occasions of service as the activity measure following the implementation of the NHRA. NWAU {13} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2013-14.
2. These services are included in the total National Weighted Activity Units.
3. This measure is now reported in the ACT LHN under Strategic Indicator 1.
4. New measure.
5. Discontinuing measure.

## Accountability Indicators cont.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 Targets
<b>Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services</b>			
a. Admitted – National Weighted Activity Units {13} <sup>1,8</sup>	n/a	n/a	3,507
b. Non-Admitted – National Weighted Activity Units {13} <sup>1,8</sup>	n/a	n/a	1,507
c. Adult mental health program community service contacts <sup>2,8</sup>	n/a	n/a	100,000
d. Children and youth mental health program community service contacts <sup>3,8</sup>	n/a	n/a	65,000
e. ACT wide mental health program community service contacts <sup>4,8</sup>	n/a	n/a	97,000
f. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
g. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	96%	100%
h. Justice Health Services community contacts <sup>8</sup>	n/a	n/a	103,000
i. Percentage of current clients on opioid treatment with management plans	98%	98%	98%
j. Alcohol and Drug Services community contact <sup>8</sup>	n/a	n/a	70,000
k. Proportion of clients contacted by a public mental health service within seven days post discharge into the community from a Health Directorate mental health inpatient unit <sup>5,7</sup>	75%	85%	n/a
l. Percentage of clients with outcome measures completed <sup>5,7</sup>	65%	60%	n/a
m. Cost weighted separations <sup>7</sup>	3,004	3,004	n/a
n. Admitted patient separations <sup>7</sup>	830	950	n/a
o. Children and youth services (0 - 17 years) <sup>3,7</sup>	52,000	48,000	n/a
p. Older persons' services (65+ years) <sup>4,7</sup>	17,000	15,000	n/a
q. Older persons' services bed days <sup>4,7</sup>	4,928	5,400	n/a
r. Supported accommodation bed occupancy rate <sup>6,7</sup>	95%	95%	n/a

### Notes:

1. NWAU has replaced cost weighted separation and occasions of service as the activity measure following the implementation of the NHRA. NWAU {13} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2013-14.
2. Reflects the community component of adult mental health services. Includes all community mental health services included in program area. This consists of Belconnen, City, Tuggeranong, Woden, Gungahlin, Children of Parents with a Mental Illness (COPMI) community mental health services.
3. Reflects community program of Child and Adolescent Mental Health Services (CAMHS) and youth services. Includes CAMHS North and South, The Cottage, Dialectical Behaviour Therapy (DBT) Program, CAMHS Early Intervention, Perinatal Mental Health Consultation and Eating Disorders Program (EDP).
4. To replace "Older Persons' services". Indicator reflects community program of ACT wide Mental Health Services. This program includes Aboriginal and Torres Strait Islander Services, Mobile Intensive Treatment Team (MITT) North, Mental Health Service Intellectual Disability, Neuropsychology, Mental Health Dual Diagnosis, Crisis Assessment and Treatment Team (CATT), Older Persons Mental Health community team.
5. These measures have moved to the ACT LHN (accountability indicator 1. e and f).
6. This will be in transition through DisabilityCare, and under the operational responsibility of DisabilityCare starting 1 July 2014.
7. Discontinued measure.
8. New measure.

## Accountability Indicators cont.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 Targets
<b>Output 1.3: Public Health Services</b>			
a. Samples analysed	7,600	7,600	7,800
b. Compliance of licensable, registrable and non licensable activities at time of inspection	85%	80% <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. An increase in non compliant premises identified through routine inspections, complaint based inspections and re-inspections of non compliant premises.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 Targets
<b>Output 1.4: Cancer Services</b>			
a. Admitted – National Weighted Activity Units {13} <sup>1,3</sup>	n/a	n/a	4,570
b. Non-Admitted – National Weighted Activity Units {13} <sup>1,3</sup>	n/a	n/a	1,963
c. Total breast screens	14,907	13,844 <sup>5</sup>	14,907
d. Number of breast screens for women aged 50 to 69	12,552	11,413 <sup>5</sup>	12,552
e. Percentage of women who receive results of screen within 28 days	100%	100%	100%
f. Percentage of screened patients who are assessed within 28 days	90%	94%	90%
g. Cost weighted admitted patient separations <sup>2,4</sup>	4,142	4,098	n/a
h. Non admitted occasions of service <sup>2,4</sup>	59,260	63,663	n/a

**Notes:**

1. NWAU has replaced cost weighted separation and occasions of service as the activity measure following the implementation of the NHRA. NWAU {13} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2013-14.
2. These services are included in the NWAU.
3. New measure.
4. Discontinued measure.
5. BreastScreen ACT has readily available appointments, but is experiencing difficulty filling them. A number of initiatives are underway to raise awareness and profile of the service, particularly within the target group of women aged 50-69.

## Accountability Indicators cont.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 Targets
<b>Output 1.5: Rehabilitation, Aged and Community Care</b>			
<b>Patient activity</b>			
a. Admitted – National Weighted Activity Units {13} <sup>1,5</sup>	n/a	n/a	5,764
b. Non-Admitted – National Weighted Activity Units {13} <sup>1,5</sup>	n/a	n/a	2,476
c. Cost weighted admitted patient separations <sup>2,6</sup>	3,541	3,506	n/a
d. Non-admitted occasions of service <sup>2,3,6</sup>	2,230	1,494	n/a
e. Sub-acute service — episodes of care <sup>2,6</sup>	1,384	1,273	n/a
f. Sub-acute service — occupied bed days <sup>2,6</sup>	13,349	11,765	n/a
g. Number of people assessed in falls clinics <sup>2,4,6</sup>	420	420	n/a
h. Number of nursing (domiciliary and clinic based) occasions of service	80,000	80,000	82,000
i. Number of allied health regional services (occasions of service)	22,000	22,000	22,600

### Notes:

1. NWAU has replaced cost weighted separation and occasions of service as the activity measure following the implementation of the NHRA. NWAU {13} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2013-14.
2. These services are included in the NWAU.
3. A large number of geriatric home visit activity undertaken by the Rapid Assessment of the Aged at Risk (RADAR Team) is no longer counted in the non-admitted occasions of service (OOS), however they have been included in the target.
4. Number of people assessed in falls clinics has been discontinued due to consistent levels of activity over recent years.
5. New measure.
6. Discontinued measure.

	2012-13 Targets	2012-13 Est. Outcome	2013-14 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%	93%	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% <sup>1</sup>	35%
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%	88% <sup>2</sup>	80%

### Notes:

1. The favourable estimated outcome for 2012-13 reflects successful promotion of the service which targets culturally and linguistically diverse communities.
2. The favourable estimated outcome for 2012-13 is a result of good referral rates from the Community Services Directorate.

## Changes to Appropriation

### Changes to Appropriation – Controlled

Government Payment for Outputs	2012-13 Est. Out. \$'000	2013-14 Budget \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
<b>2012-13 Budget</b>	<b>365,860</b>	<b>377,406</b>	<b>391,008</b>	<b>409,307</b>	<b>409,307</b>
<b>FMA Section 16B Rollovers from 2011-12</b>					
Commonwealth Grants – National Healthcare SPP	2,618	-	-	-	-
Commonwealth Grants – Essential Vaccines NP	2,261	-	-	-	-
Commonwealth Grants – Preventive Health NP	1,043	-	-	-	-
Commonwealth Grants – Hospital and Health Workforce Reform NP	710	-	-	-	-
Commonwealth Grants – Health Services NP	301	-	-	-	-
Commonwealth Grants – BreastScreen Australia Radiography Workforce Initiatives NP	47	-	-	-	-
<b>2013-14 Budget Policy Adjustments</b>					
Enhanced Cancer Outpatients Services	-	900	1,225	1,251	1,277
General Inpatient Beds and Hospital in the Home	-	8,600	12,063	12,316	12,575
Establish an Outpatient Service for Drug and Alcohol Services	-	180	184	188	192
Expand Services at the Centenary Hospital for Women and Children	-	1,529	1,561	1,594	1,627
Enhancement of Services for Women, Youth and Children	-	781	797	814	831
Establishment of a Public Obesity Management Service	-	500	1,021	1,042	1,064
Enhanced Belconnen Health Centre and Walk-In Centre	-	1,650	2,391	2,441	2,492
Expand Access to Emergency Medicine and Rapid Assessment Services at ACT Public Hospitals	-	2,000	3,267	3,336	3,406
Continuing Access to Elective Surgery Services for Patients on the Public Elective Surgery Waiting List	-	8,000	8,168	8,339	8,515
Growth in Community Mental Health Services	-	1,000	1,021	1,042	1,064
Growth in Outpatient Services	-	1,000	1,021	1,042	1,064
Aboriginal and Torres Strait Islander Smoking Cessation Program	-	200	204	-	-
Advanced Care Planning	-	300	306	313	319
Mobile Dental Clinic	-	141	303	309	316
Offset – Base Funding Envelope	-	(26,781)	(33,532)	(34,027)	(34,742)
General Savings	-	(6,500)	(6,637)	(6,776)	(6,918)
<b>2013-14 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	(915)	(937)	(961)	68,292
Revised Indexation Parameters – Community Sector Funding	-	(250)	(259)	(269)	114
Revised Superannuation Parameters	-	(1,000)	(2,000)	(3,000)	(4,000)
Revised Superannuation Guarantee Rate	-	725	1,530	3,222	5,068
Rebase ACT Local Hospital Network Based on In-scope Services	-	(143,336)	(141,550)	(148,171)	(200,783)
Social and Community Services (SACS) Pay Equity Award	-	223	306	400	804
Transfer – National Healthcare SPP to ACT LHN	(2,618)	-	-	-	-
Revised Funding Profile – Commonwealth Grants – Health Services NP	(144)	144	-	-	-
Revised Funding Profile – Commonwealth Grants – Hospital and Health Workforce Reform NP	(865)	865	-	-	-
Revised Funding Profile – Commonwealth Grants – Indigenous Early Childhood Development NP	(140)	140	-	-	-



## Changes to Appropriation cont.

### Changes to Appropriation – Controlled

<b>Government Payment for Outputs</b>	<b>2012-13 Est. Out. \$'000</b>	<b>2013-14 Budget \$'000</b>	<b>2014-15 Estimate \$'000</b>	<b>2015-16 Estimate \$'000</b>	<b>2016-17 Estimate \$'000</b>
Revised Funding Profile – Commonwealth Grants – Preventive Health NP	(2,646)	2,646	-	-	-
Revised Funding Profile – Commonwealth Grants – Commonwealth Dental Health Program NP	(156)	156	-	-	-
Revised Funding Profile – Commonwealth Grants – National Health Reform NP	(2,909)	2,909	-	-	-
Revised Funding Profile – Commonwealth Grants – Long Stay Older Patients NP	(783)	783	-	-	-
Revised Funding Profile – Commonwealth Grants – Essential Vaccines NP	(3,900)	3,900	-	-	-
Commonwealth Grants – Preventive Health NP	155	(3,108)	(3,044)	894	2,181
Commonwealth Grants – Hepatitis C Settlement Fund NP	33	-	-	-	-
Commonwealth Grants – Essential Vaccines NP	3,637	(4,162)	(892)	(896)	(580)
Commonwealth Grants – Long Stay Older Patients NP	3,833	-	-	-	-
Commonwealth Grants – Health Services NP	-	475	3,338	4,925	6,433
Commonwealth Grants – Mental Health (Reform Program) NP	-	-	-	-	(620)
Commonwealth Grants – Home and Community Care Services for Veterans NP	-	(1)	(142)	(142)	(142)
<b>2013-14 Budget</b>	<b>366,337</b>	<b>231,100</b>	<b>240,721</b>	<b>258,533</b>	<b>279,156</b>

### Changes to Appropriation – Territorial

<b>Payment for Expenses on Behalf of Territory</b>	<b>2012-13 Est. Out. \$'000</b>	<b>2013-14 Budget \$'000</b>	<b>2014-15 Estimate \$'000</b>	<b>2015-16 Estimate \$'000</b>	<b>2016-17 Estimate \$'000</b>
<b>2012-13 Budget</b>	<b>746</b>	<b>765</b>	<b>784</b>	<b>803</b>	<b>803</b>
<b>2013-14 Budget Policy Adjustments</b>					
Continuity of Health Services Plan – Essential Infrastructure	-	3,850	-	-	-
<b>2013-14 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	20
<b>2013-14 Budget</b>	<b>746</b>	<b>4,615</b>	<b>784</b>	<b>803</b>	<b>823</b>

## Changes to Appropriation cont.

### Changes to Appropriation – Controlled

	2012-13	2013-14	2014-15	2015-16	2016-17
Capital Injections	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2012-13 Budget</b>	<b>237,882</b>	<b>143,662</b>	<b>19,237</b>	<b>4,041</b>	<b>4,041</b>
<b>FMA Section 16B Rollovers from 2011-12</b>					
Clinical Services Redevelopment – Phase 2	4,526	-	-	-	-
Enhanced Community Health Centre – Belconnen	4,291	-	-	-	-
New Gungahlin Health Centre	3,009	-	-	-	-
National Health Reform	2,935	-	-	-	-
Integrated Cancer Centre – Phase 2	1,869	-	-	-	-
Clinical Services Redevelopment – Phase 3	1,192	-	-	-	-
Staging, Decanting and Continuity of Services	924	-	-	-	-
Enhancing Canberra Hospital Facilities (Design)	802	-	-	-	-
New Multistorey Car Park TCH	783	-	-	-	-
Identity and Access Management	604	-	-	-	-
Digital Mammography	511	-	-	-	-
Northside Hospital Specification and Documentation	421	-	-	-	-
Central Sterilising Services	418	-	-	-	-
Clinical Equipment for Calvary Hospital	249	-	-	-	-
HIP Change Management and Communication Support	244	-	-	-	-
Energy Savings/Sustainability	221	-	-	-	-
Radiation Equipment	210	-	-	-	-
Building Upgrades	189	-	-	-	-
Patient/Medical Facilities Upgrades	183	-	-	-	-
Mechanical Systems Upgrades	158	-	-	-	-
Augmentation of Patient and Research Facilities	127	-	-	-	-
TCH Discharge Lounge Relocation	123	-	-	-	-
Refurbishment of Health Centre – Tuggeranong	102	-	-	-	-
Safety/Security Upgrades	54	-	-	-	-
Tuggeranong Health Centre – Stage 2	49	-	-	-	-
Secure Adult Mental Health Unit – Forward Design	29	-	-	-	-
Mental Health Young Persons Unit	25	-	-	-	-
Workplace Improvements	16	-	-	-	-
Women and Children's Hospital	(2,671)	-	-	-	-
Integrated Cancer Centre – Phase 1	(1,596)	-	-	-	-
Provision for Project Definition Planning	(1,220)	-	-	-	-
An E-Healthy Future	(754)	-	-	-	-
ACT Health Skills Development Centre	(254)	-	-	-	-
Linear Accelerator Procurement and Replacement	(170)	-	-	-	-
Augmentation of Medical Offices	(106)	-	-	-	-
Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(57)	-	-	-	-
<b>2013-14 Budget Policy Adjustments</b>					
Calvary Hospital Car Park (Design)	-	1,300	-	-	-
University of Canberra Public Hospital (Design)	-	5,220	3,032	-	-
Continuity of Health Services Plan – Essential Infrastructure	-	7,625	3,933	2,292	2,667
Belconnen and Tuggeranong Walk-In Centres	-	951	-	-	-
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	-	18,500	22,280	-	-
Mobile Dental Clinic	-	600	-	-	-

## Changes to Appropriation cont.

### Changes to Appropriation – Controlled

Capital Injections	2012-13 Est. Out. \$'000	2013-14 Budget \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
<b>2013-14 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	101
Revised Funding Profile – Adult Secure Mental Health Unit (Finalising Design)	(2,000)	1,500	500	-	-
Revised Funding Profile – Staging and Decanting – Moving to Our Future	(10,200)	4,231	5,969	-	-
Revised Funding Profile – Health Infrastructure Program – Project Management	(8,144)	(1,700)	9,844	-	-
Revised Funding Profile – Safety/Security Upgrades	(80)	80	-	-	-
Revised Funding Profile – Medical Facilities Upgrades	(50)	50	-	-	-
Revised Funding Profile – Patient/Medical Facilities	(100)	100	-	-	-
Revised Funding Profile – Ambulatory Care Improvements	(250)	250	-	-	-
Revised Funding Profile – Augmentation of Medical and Administration Offices	(70)	70	-	-	-
Revised Funding Profile – Integrated Cancer Care Centre (Phase 2)	(8,659)	8,659	-	-	-
Revised Funding Profile – Staging, Decanting and Continuity of Services	(5,624)	(34)	5,658	-	-
Revised Funding Profile – Central Sterilising Service	(4,798)	(8,501)	13,299	-	-
Revised Funding Profile – Northside Hospital Specification and Documentation (now University of Canberra Public Hospital)	(3,121)	3,121	-	-	-
Revised Funding Profile – Tuggeranong Health Centre – Stage 2	(4,949)	2,844	2,105	-	-
Revised Funding Profile – HIP Change Management and Communication Support	(1,100)	1,100	-	-	-
Revised Funding Profile – Integrated Cancer Centre – Phase 1	7,226	(7,226)	-	-	-
Revised Funding Profile – Enhanced Community Health Centre – Belconnen	(17,317)	17,317	-	-	-
Revised Funding Profile – Mental Health Young Persons Unit	(575)	575	-	-	-
Revised Funding Profile – ACT Health Skills Development Centre	(227)	227	-	-	-
Revised Funding Profile – Women and Children's Hospital	(10,982)	10,982	-	-	-
Revised Funding Profile – Refurbishment of Health Centre – Tuggeranong	(2,236)	2,236	-	-	-
Revised Funding Profile – Adult Secure Mental Health Unit – Forward Design	(459)	459	-	-	-
Revised Funding Profile – Building Upgrades	(350)	350	-	-	-
Revised Funding Profile – An E-Healthy Future	(9,000)	(4,500)	3,500	10,000	-
Revised Funding Profile – Building Upgrades	(40)	40	-	-	-
Revised Funding Profile – Enhanced Community Centre Backup Power	(500)	500	-	-	-
Revised Funding Profile – New Gungahlin Health Centre	(480)	480	-	-	-
Revised Funding Profile – New Multistorey Car Park TCH	(583)	583	-	-	-
Revised Funding Profile – Clinical Equipment for Calvary Hospital	(388)	388	-	-	-
Revised Funding Profile – Identity and Access Management	(478)	478	-	-	-
Revised Funding Profile – Neonatal Intensive Care Unit – Video Streaming Services	(100)	100	-	-	-
Revised Funding Profile – Digital Mammography	(260)	260	-	-	-

## Changes to Appropriation cont.

### Changes to Appropriation – Controlled

Capital Injections	2012-13 Est. Out. \$'000	2013-14 Budget \$'000	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
Revised Funding Profile – Clinical Services Redevelopment (Phase 2)	(1,048)	98	-	-	-
Revised Funding Profile – Clinical Services Redevelopment (Phase 3)	(6,431)	(461)	2,992	-	-
Revised Funding Profile – Provision for Project Definition Planning	(5,313)	3,263	-	-	-
Revised Funding Profile – Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(3,645)	1,678	3,017	1,000	-
Adult Mental Health Inpatient Facility	4,650	200	-	-	-
Cessation – Enhancement of Canberra Hospital Facilities (Design)	(13,760)	(27,020)	-	-	-
Savings – Computer Radiography Unit	(230)	-	-	-	-
Savings – Linear Accelerator Procurement and Replacement	(450)	-	-	-	-
Savings – ACT Health Skills Development Centre	(63)	(227)	-	-	-
<b>2013-14 Budget</b>	<b>143,134</b>	<b>190,408</b>	<b>95,366</b>	<b>17,333</b>	<b>6,809</b>

## 2013-14 Capital Works Program

Controlled	Estimated Total Cost \$'000	Estimated Expenditure Pre 2013-14 \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	2015-16 Financing \$'000	Physical Completion Date
<b>New Capital Works</b>						
Calvary Hospital Car Park (Design)	1,300	-	1,300	-	-	Jun 2014
University of Canberra Public Hospital (Design)	8,252	-	5,220	3,032	-	Feb 2015
Continuity of Health Services Plan – Essential Infrastructure <sup>1</sup>	20,367	-	11,472	3,933	2,292	Jun 2017
Belconnen and Tuggeranong Walk-In Centres	951	-	951	-	-	Jun 2014
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	40,780	-	18,500	22,280	-	Jun 2015
<b>Total New Capital Works</b>	<b>71,650</b>	<b>-</b>	<b>37,443</b>	<b>29,245</b>	<b>2,292</b>	
<b>Capital Upgrades</b>						
Building Upgrades	705	-	705			
Electrical/Fire/Safety Upgrades	570	-	570			
Heating, Ventilation and Air Conditioning Systems Upgrades	375	-	375			
Medical Facilities Upgrades	660	-	660			
Facilities Improvements to Laboratory and Outpatients Area	890	-	890			
Upgrade of Medical and Administrative Offices	646	-	646			
<b>Total Capital Upgrades</b>	<b>3,846</b>	<b>-</b>	<b>3,846</b>			
<b>Total New Works</b>	<b>75,496</b>	<b>-</b>	<b>41,289</b>	<b>29,245</b>	<b>2,292</b>	
<b>Works in Progress</b>						
Staging and Decanting – Moving To Our Future	22,300	600	15,731	5,969	-	Sep 2014
Health Infrastructure Program – Project Management	19,319	2,675	6,800	9,844	-	Dec 2014
Enhanced Community Centre Back Up Power	3,540	1,500	2,040	-	-	Jun 2014
Staging, Decanting and Continuity of Services	19,430	4,576	9,196	5,658	-	Dec 2014
Clinical Services Redevelopment – Phase 2 <sup>2</sup>	8,850	8,552	298	-	-	Jun 2013
Clinical Services Redevelopment – Phase 3	21,800	4,948	13,860	2,992	-	Dec 2014
Integrated Cancer Centre – Phase 2	15,102	2,102	13,000	-	-	Sep 2013
Central Sterilising Services	17,270	423	3,548	13,299	-	Apr 2015
Northside Hospital Specification and Documentation	4,000	879	3,121	-	-	Jun 2014
Tuggeranong Health Centre – Stage 2	14,000	2,606	8,994	2,400	-	Jun 2014
HIP Change Management and Communication Support	4,117	3,017	1,100	-	-	Jun 2014
Enhanced Community Health Centre – Belconnen	51,344	31,173	20,171	-	-	Sep 2013
Mental Health Young Persons Unit	775	145	630	-	-	Nov 2013

## 2013-14 Capital Works Program cont.

Controlled	Estimated Total Cost \$'000	Estimated Expenditure Pre 2013-14 \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	2015-16 Financing \$'000	Physical Completion Date
<b>Works in Progress Cont.</b>						
Women and Children's Hospital	111,060	90,878	20,182	-	-	Nov 2013
New Gungahlin Health Centre <sup>3</sup>	18,000	17,520	480	-	-	Aug 2012
Refurbishment of Health Centre – Tuggeranong	5,000	2,425	2,575	-	-	Jun 2014
Provision for Project Definition Planning	59,040	55,777	3,263	-	-	Jun 2014
Adult Acute Mental Health Inpatient Unit <sup>2</sup>	28,480	28,280	200	-	-	Apr 2012
Adult Secure Mental Health Unit (Forward Design) <sup>2</sup>	1,200	741	459	-	-	Jun 2013
Adult Secure Mental Health Unit (Finalising Design) <sup>2</sup>	2,000	-	1,500	500	-	Jun 2014
New Multi-storey Car Park TCH <sup>2</sup>	42,720	42,137	583	-	-	Jun 2013
Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	7,933	1,239	2,677	3,017	1,000	Aug 2015
<u>Prior Year Upgrades</u>						
Building Upgrades to address Condition Report findings including Works to Bathrooms, Plumbing and Other Works	580	540	40	-	-	
Fire/Safety/Security Upgrades to address outcomes of Fire reports, Improve Access Control to Plant Rooms, Upgrade Flooring and Other Works	352	272	80	-	-	
Medical Facilities Upgrades including at the Emergency Department, Child and Mental Health Facilities	520	470	50	-	-	
Facilities Improvements to Patient Accommodation at the Canberra Hospital	620	520	100	-	-	
Ambulatory Care Improvements at the Canberra Hospital including the Respiratory Medicine and Gastroenterology Areas	680	430	250	-	-	
Augmentation of Medical and Administrative Offices to meet Organisational Change and Growth	420	350	70	-	-	
<b>Total Works in Progress</b>	<b>480,452</b>	<b>304,775</b>	<b>130,998</b>	<b>43,679</b>	<b>1,000</b>	
<b>Total Controlled Capital Works</b>	<b>555,948</b>	<b>304,775</b>	<b>172,287</b>	<b>72,924</b>	<b>3,292</b>	

### Notes:

1. An additional \$2.667 million is forecast for the 2016-17 financial year.
2. This funding profile reflects the expected timing of payments.
3. These projects are completed but are in defects liability period.

## 2013-14 Capital Works Program cont.

Territorial	Estimated Total Cost \$'000	Estimated Expenditure Pre 2013-14 \$'000	2013-14 Financing \$'000	2014-15 Financing \$'000	2015-16 Financing \$'000	Physical Completion Date
<b>Capital Upgrades</b>						
Liquid Oxygen Vessel Upgrade	15	-	15			Jun 2014
Building Management System Upgrade	100	-	100			Jun 2014
Environmental Improvements to Cooling System	300	-	300			Jun 2014
Fire Safety System Upgrade	200	-	200			Jun 2014
Xavier Building Floor Replacement	150	-	150			Jun 2014
<b>Total Capital Upgrades</b>	<b>765</b>	<b>-</b>	<b>765</b>			
<b>Total New Works</b>	<b>765</b>	<b>-</b>	<b>765</b>			
<b>Total Territorial Capital Works</b>	<b>765</b>	<b>-</b>	<b>765</b>			

## Health Directorate Operating Statement

2012-13 Budget \$'000		2012-13 Est. Outcome \$'000	2013-14 Budget \$'000	Var %	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
<b>Income</b>							
<b>Revenue</b>							
365,860	Government Payment for Outputs	366,337	231,100	-37	240,721	258,533	279,156
100,803	User Charges - Non ACT Government	100,803	102,448	2	104,806	107,372	109,766
546,730	User Charges - ACT Government	546,730	718,290	31	764,892	822,180	891,883
0	Grants from the Commonwealth	4,000	4,120	3	4,245	4,370	4,495
278	Interest	100	100	-	100	100	100
0	Distribution from Investments with the Territory Banking Account <sup>1</sup>	178	178	-	178	178	178
16,746	Other Revenue	12,746	13,230	4	13,722	14,183	14,633
758	Resources Received Free of Charge	758	780	3	792	804	824
<b>1,031,175</b>	<b>Total Revenue</b>	<b>1,031,652</b>	<b>1,070,246</b>	<b>4</b>	<b>1,129,456</b>	<b>1,207,720</b>	<b>1,301,035</b>
<b>Gains</b>							
1,524	Other Gains	1,524	1,544	1	1,574	1,604	1,624
<b>1,524</b>	<b>Total Gains</b>	<b>1,524</b>	<b>1,544</b>	<b>1</b>	<b>1,574</b>	<b>1,604</b>	<b>1,624</b>
<b>1,032,699</b>	<b>Total Income</b>	<b>1,033,176</b>	<b>1,071,790</b>	<b>4</b>	<b>1,131,030</b>	<b>1,209,324</b>	<b>1,302,659</b>
<b>Expenses</b>							
553,280	Employee Expenses	555,715	576,404	4	611,750	652,814	708,908
69,116	Superannuation Expenses	69,236	72,099	4	75,076	78,150	82,232
301,234	Supplies and Services	311,240	318,133	2	334,451	363,640	390,988
35,882	Depreciation and Amortisation	29,882	35,673	19	41,395	42,451	43,485
401	Borrowing Costs	401	401	-	401	401	401
15,394	Cost of Goods Sold	9,894	10,551	7	10,934	11,353	11,773
76,920	Grants and Purchased Services	81,272	84,023	3	87,185	90,447	94,679
11,060	Other Expenses	12,093	12,425	3	12,857	13,481	14,025
<b>1,063,287</b>	<b>Total Ordinary Expenses</b>	<b>1,069,733</b>	<b>1,109,709</b>	<b>4</b>	<b>1,174,049</b>	<b>1,252,737</b>	<b>1,346,491</b>
<b>-30,588</b>	<b>Operating Result</b>	<b>-36,557</b>	<b>-37,919</b>	<b>-4</b>	<b>-43,019</b>	<b>-43,413</b>	<b>-43,832</b>
<b>-30,588</b>	<b>Total Comprehensive Income</b>	<b>-36,557</b>	<b>-37,919</b>	<b>-4</b>	<b>-43,019</b>	<b>-43,413</b>	<b>-43,832</b>

**Note:**

- Interest received from investments with the Territory Banking Account is no longer presented as Interest Income. These amounts are now reflected under the line item Distributions from the Territory Banking Account. This treatment is not reflected in the 2012-13 Budget figures.



## Health Directorate Balance Sheet

Budget as at 30/6/13 \$'000		Est. Outcome as at 30/6/13 \$'000	Budget as at 30/6/14 \$'000	Var %	Estimate as at 30/6/15 \$'000	Estimate as at 30/6/16 \$'000	Estimate as at 30/6/17 \$'000
<b>Current Assets</b>							
1,522	Cash and Cash Equivalents	24,832	23,803	-4	22,265	20,227	17,689
47,572	Receivables	64,777	67,010	3	69,752	72,994	76,736
0	Investments	2,990	2,990	-	2,990	2,990	2,990
8,066	Inventories	7,753	7,953	3	8,153	8,353	8,553
127	Assets Held for Sale	168	168	-	168	168	168
2,516	Other Current Assets	2,615	2,715	4	2,815	2,915	3,015
<b>59,803</b>	<b>Total Current Assets</b>	<b>103,135</b>	<b>104,639</b>	<b>1</b>	<b>106,143</b>	<b>107,647</b>	<b>109,151</b>
<b>Non Current Assets</b>							
2,235	Receivables	100	200	100	300	400	500
3,000	Investments	0	0	-	0	0	0
785,281	Property, Plant and Equipment	765,710	1,002,588	31	1,162,229	1,155,928	1,144,684
33,872	Intangibles	8,577	21,023	145	33,538	37,553	31,568
301,294	Capital Works in Progress	212,785	127,925	-40	20,000	8,000	0
<b>1,125,682</b>	<b>Total Non Current Assets</b>	<b>987,172</b>	<b>1,151,736</b>	<b>17</b>	<b>1,216,067</b>	<b>1,201,881</b>	<b>1,176,752</b>
<b>1,185,485</b>	<b>TOTAL ASSETS</b>	<b>1,090,307</b>	<b>1,256,375</b>	<b>15</b>	<b>1,322,210</b>	<b>1,309,528</b>	<b>1,285,903</b>
<b>Current Liabilities</b>							
56,597	Payables	59,651	59,851	..	60,051	60,251	60,451
3,099	Finance Leases	3,388	3,488	3	3,588	3,688	3,788
159,114	Employee Benefits	170,027	181,438	7	192,758	203,988	215,218
5,462	Other Liabilities	856	1,056	23	1,256	1,456	1,656
<b>224,272</b>	<b>Total Current Liabilities</b>	<b>233,922</b>	<b>245,833</b>	<b>5</b>	<b>257,653</b>	<b>269,383</b>	<b>281,113</b>
<b>Non Current Liabilities</b>							
3,099	Finance Leases	1,902	2,002	5	2,102	2,202	2,302
18,392	Employee Benefits	16,714	18,282	9	19,850	21,418	22,986
1,503	Other	1,503	1,503	-	1,503	1,503	1,503
<b>22,994</b>	<b>Total Non Current Liabilities</b>	<b>20,119</b>	<b>21,787</b>	<b>8</b>	<b>23,455</b>	<b>25,123</b>	<b>26,791</b>
<b>247,266</b>	<b>TOTAL LIABILITIES</b>	<b>254,041</b>	<b>267,620</b>	<b>5</b>	<b>281,108</b>	<b>294,506</b>	<b>307,904</b>
<b>938,219</b>	<b>NET ASSETS</b>	<b>836,266</b>	<b>988,755</b>	<b>18</b>	<b>1,041,102</b>	<b>1,015,022</b>	<b>977,999</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
793,218	Accumulated Funds	692,259	844,748	22	897,095	871,015	833,992
145,001	Reserves	144,007	144,007	-	144,007	144,007	144,007
<b>938,219</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>836,266</b>	<b>988,755</b>	<b>18</b>	<b>1,041,102</b>	<b>1,015,022</b>	<b>977,999</b>

## Health Directorate Statement of Changes in Equity

Budget as at 30/6/13 \$'000		Est. Outcome as at 30/6/13 \$'000	Budget as at 30/6/14 \$'000	Var %	Estimate as at 30/6/15 \$'000	Estimate as at 30/6/16 \$'000	Estimate as at 30/6/17 \$'000
<b>Opening Equity</b>							
585,924	Opening Accumulated Funds	585,682	692,259	18	844,748	897,095	871,015
145,001	Opening Asset Revaluation Reserve	144,007	144,007	-	144,007	144,007	144,007
<b>730,925</b>	<b>Balance at the Start of the Reporting Period</b>	<b>729,689</b>	<b>836,266</b>	<b>15</b>	<b>988,755</b>	<b>1,041,102</b>	<b>1,015,022</b>
<b>Comprehensive Income</b>							
-30,588	Operating Result for the Period	-36,557	-37,919	-4	-43,019	-43,413	-43,832
<b>-30,588</b>	<b>Total Comprehensive Income</b>	<b>-36,557</b>	<b>-37,919</b>	<b>-4</b>	<b>-43,019</b>	<b>-43,413</b>	<b>-43,832</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>							
237,882	Capital Injections	143,134	190,408	33	95,366	17,333	6,809
<b>237,882</b>	<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>	<b>143,134</b>	<b>190,408</b>	<b>33</b>	<b>95,366</b>	<b>17,333</b>	<b>6,809</b>
<b>Closing Equity</b>							
793,218	Closing Accumulated Funds	692,259	844,748	22	897,095	871,015	833,992
145,001	Closing Asset Revaluation Reserve	144,007	144,007	-	144,007	144,007	144,007
<b>938,219</b>	<b>Balance at the End of the Reporting Period</b>	<b>836,266</b>	<b>988,755</b>	<b>18</b>	<b>1,041,102</b>	<b>1,015,022</b>	<b>977,999</b>

## Health Directorate Cash Flow Statement

2012-13 Budget \$'000		2012-13 Est. Outcome \$'000	2013-14 Budget \$'000	Var %	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Receipts</b>							
365,860	Cash from Government for Outputs	366,337	231,100	-37	240,721	258,533	279,156
647,487	User Charges	641,487	820,496	28	869,456	929,310	1,001,387
0	Grants Received from the Commonwealth	4,000	4,120	3	4,245	4,370	4,495
278	Interest Received	100	100	-	100	100	100
0	Distribution from Investments with the Territory Banking Account <sup>1</sup>	178	178	-	178	178	178
104,670	Other Receipts	80,670	82,174	2	82,696	83,187	83,657
<b>1,118,295</b>	<b>Operating Receipts</b>	<b>1,092,772</b>	<b>1,138,168</b>	<b>4</b>	<b>1,197,396</b>	<b>1,275,678</b>	<b>1,368,973</b>
<b>Payments</b>							
551,238	Related to Employees	553,304	563,462	2	598,899	639,990	696,084
69,116	Related to Superannuation	69,236	72,099	4	75,076	78,150	82,232
296,432	Related to Supplies and Services	327,438	318,937	-3	335,280	364,538	390,886
401	Borrowing Costs	401	401	-	401	401	401
76,920	Grants and Purchased Services	81,272	84,023	3	87,185	90,447	95,679
112,660	Other	87,702	90,545	3	91,832	93,357	94,781
<b>1,106,767</b>	<b>Operating Payments</b>	<b>1,119,353</b>	<b>1,129,467</b>	<b>1</b>	<b>1,188,673</b>	<b>1,266,883</b>	<b>1,360,063</b>
<b>11,528</b>	<b>NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>-26,581</b>	<b>8,701</b>	<b>133</b>	<b>8,723</b>	<b>8,795</b>	<b>8,910</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>							
<b>Payments</b>							
247,996	Purchase of Property, Plant and Equipment and Capital Works	159,648	198,686	24	104,175	26,714	16,805
<b>247,996</b>	<b>Investing Payments</b>	<b>159,648</b>	<b>198,686</b>	<b>24</b>	<b>104,175</b>	<b>26,714</b>	<b>16,805</b>
<b>-247,996</b>	<b>NET CASH INFLOW/ (OUTFLOW) FROM INVESTING ACTIVITIES</b>	<b>-159,648</b>	<b>-198,686</b>	<b>-24</b>	<b>-104,175</b>	<b>-26,714</b>	<b>-16,805</b>

## Health Directorate Cash Flow Statement cont.

CASH FLOWS FROM FINANCING ACTIVITIES							
<b>Receipts</b>							
237,882	Capital Injections from Government	143,134	190,408	33	95,366	17,333	6,809
<b>237,882</b>	<b>Financing Receipts</b>	<b>143,134</b>	<b>190,408</b>	<b>33</b>	<b>95,366</b>	<b>17,333</b>	<b>6,809</b>
<b>Payments</b>							
1,452	Repayment of Finance Leases	1,452	1,452	-	1,452	1,452	1,452
<b>1,452</b>	<b>Financing Payments</b>	<b>1,452</b>	<b>1,452</b>	<b>-</b>	<b>1,452</b>	<b>1,452</b>	<b>1,452</b>
<b>236,430</b>	<b>NET CASH INFLOW/ (OUTFLOW) FROM FINANCING ACTIVITIES</b>	<b>141,682</b>	<b>188,956</b>	<b>33</b>	<b>93,914</b>	<b>15,881</b>	<b>5,357</b>
<b>-38</b>	<b>NET INCREASE / (DECREASE) IN CASH HELD</b>	<b>-44,547</b>	<b>-1,029</b>	<b>98</b>	<b>-1,538</b>	<b>-2,038</b>	<b>-2,538</b>
<b>1,560</b>	<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>	<b>69,379</b>	<b>24,832</b>	<b>-64</b>	<b>23,803</b>	<b>22,265</b>	<b>20,227</b>
<b>1,522</b>	<b>CASH AT THE END OF REPORTING PERIOD</b>	<b>24,832</b>	<b>23,803</b>	<b>-4</b>	<b>22,265</b>	<b>20,227</b>	<b>17,689</b>

**Note:**

1. Interest received from investments with the Territory Banking Account is no longer presented as Interest Income. These amounts are now reflected under the line item Distributions from the Territory Banking Account. This treatment is not reflected in the 2012-13 Budget figures.

## Notes to the Budget Statements

Significant variations are as follows:

### *Operating Statement*

- government payment for outputs: the decrease of \$135.237 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to a realignment of funding between the ACT Local Hospital Network Directorate (ACT LHN) and the Health Directorate.
- user charges — ACT Government: the increase of \$171.560 million in the 2013-14 Budget from the 2012-13 estimated outcome is due to a realignment of funding between the ACT LHN and the Health Directorate. This offsets the reduction in government payment for outputs mentioned above.
- grants from the Commonwealth: the increase of \$4 million in the 2012-13 estimated outcome from the original budget is due to the Aged Care Funding Agreement (\$3 million) and the Aged Care Assessment Program (\$1 million). These are now paid to Health Directorate directly and replace funding paid through GPO transfers.
- other revenue: the decrease of \$4 million in the 2012-13 estimated outcome from the original budget is mainly due to a decreased volume in the sale of medical and surgical supplies to private hospitals (\$5.5 million), partially offset by an increase in grant revenue.
- employee expenses: the increase of \$20.689 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to planned growth in expenses, and new and continuing initiatives.
- supplies and services:
  - the increase of \$10.006 million in the 2012-13 estimated outcome from the original budget is due to one-off expenditure on Health Workforce Australia projects and other roll-overs from 2011-12; and
  - the increase of \$6.893 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to indexation and new initiatives .
- depreciation and amortisation:
  - the decrease of \$6 million in the 2012-13 estimated outcome from the original budget is mainly due to delay in the completion of HIP projects, including elements of the information technology project, 'An E-Healthy Future'; and
  - the increase of \$5.791 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to the expected completion of HIP projects.
- cost of goods sold: the decrease of \$5.5 million in the 2012-13 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 increase of \$4.352 million in the 2012-13 estimated outcome from the original budget is mainly due to the transfer of Commonwealth funding to Calvary Public Hospital for the refurbishment of the emergency department.

### *Balance Sheet*

- cash and cash equivalents: the increase of \$23.310 million in the 2012-13 estimated outcome from the original budget reflects an increase in payables flowing from the 2011-12 audited outcome and the timing of capital expenditure on plant and equipment and IT systems.
- current and non-current receivables: the increase of \$15.070 million in the 2012-13 estimated outcome from the original budget is due to the 2011-12 audited outcome flow-on effect.
- property, plant and equipment:
  - the decrease of \$19.571 million in the 2012-13 estimated outcome from the original budget is mainly due to delays in projects under HIP; and
  - the increase of \$236.878 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to expected completion of HIP projects.
- intangibles:
  - the decrease of \$25.295 million in the 2012-13 estimated outcome from the original budget is mainly due to delays in 'An E-Healthy Future' capital program and the reclassification of some assets as plant and equipment; and
  - the increase of \$12.446 million in 2013-14 Budget from the 2012-13 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 \$88.509 million in the 2012-13 estimated outcome from the original budget and the decrease of \$84.860 million in the 2013-14 Budget from the 2012-13 estimated outcome is mainly due to the timing of HIP projects currently underway or commencing in 2013-14.
- current employee benefits:
  - the increase of \$10.913 million in the 2012-13 estimated outcome from the original budget is mainly due to the impact of the discount rate on the long service leave liability; and
  - the increase of \$11.411 million in the 2013-14 Budget from the 2012-13 estimated outcome is due to planned growth in expenses, and new and continuing initiatives.

### *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**

2012-13 Budget \$'000		2012-13 Est. Outcome \$'000	2013-14 Budget \$'000	Var %	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000
<b>Income</b>							
<b>Revenue</b>							
746	Payment for Expenses on behalf of Territory	746	4,615	519	784	803	823
693	Taxes, Fees and Fines	993	1,230	24	1,262	1,295	1,329
<b>1,439</b>	<b>Total Revenue</b>	<b>1,739</b>	<b>5,845</b>	<b>236</b>	<b>2,046</b>	<b>2,098</b>	<b>2,152</b>
<b>1,439</b>	<b>Total Income</b>	<b>1,739</b>	<b>5,845</b>	<b>236</b>	<b>2,046</b>	<b>2,098</b>	<b>2,152</b>
<b>Expenses</b>							
746	Grants and Purchased Services	746	4,615	519	784	803	823
693	Transfer Expenses	993	1,230	24	1,262	1,295	1,329
<b>1,439</b>	<b>Total Expenses</b>	<b>1,739</b>	<b>5,845</b>	<b>236</b>	<b>2,046</b>	<b>2,098</b>	<b>2,152</b>
<b>0</b>	<b>Operating Result</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>Total Comprehensive Income</b>	<b>0</b>	<b>0</b>	<b>-</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 30/6/13 \$'000		Est. Outcome as at 30/6/13 \$'000	Budget as at 30/6/14 \$'000	Var %	Estimate as at 30/6/15 \$'000	Estimate as at 30/6/16 \$'000	Estimate as at 30/6/17 \$'000
<b>Current Assets</b>							
294	Cash and Cash Equivalents	300	300	-	300	300	300
6	Receivables	0	0	-	0	0	0
<b>300</b>	<b>Total Current Assets</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>300</b>	<b>TOTAL ASSETS</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>Current Liabilities</b>							
300	Payables	300	300	-	300	300	300
<b>300</b>	<b>Total Current Liabilities</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>300</b>	<b>TOTAL LIABILITIES</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>0</b>	<b>NET ASSETS</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
<b>0</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>0</b>	<b>0</b>	<b>-</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 30/6/13 \$'000	Est. Outcome as at 30/6/13 \$'000	Budget as at 30/6/14 \$'000	Var %	Estimate as at 30/6/15 \$'000	Estimate as at 30/6/16 \$'000	Estimate as at 30/6/17 \$'000	
0	Total Movement in Reserves	0	0	-	0	0	0
0	Balance at the End of the Reporting Period	0	0	-	0	0	0

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

2012-13 Budget \$'000	2012-13 Est. Outcome \$'000	2013-14 Budget \$'000	Var %	2014-15 Estimate \$'000	2015-16 Estimate \$'000	2016-17 Estimate \$'000	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Receipts</b>							
746	Cash from Government for EBT	746	4,615	519	784	803	823
693	Taxes, Fees and Fines	993	1,230	24	1,262	1,295	1,329
75	Other Receipts	75	462	516	79	81	82
<b>1,514</b>	<b>Operating Receipts</b>	<b>1,814</b>	<b>6,307</b>	<b>248</b>	<b>2,125</b>	<b>2,179</b>	<b>2,234</b>
<b>Payments</b>							
746	Grants and Purchased Services	746	4,615	519	784	803	823
75	Other	75	462	516	79	81	82
693	Territory Receipts to Government	993	1,230	24	1,262	1,295	1,329
<b>1,514</b>	<b>Operating Payments</b>	<b>1,814</b>	<b>6,307</b>	<b>248</b>	<b>2,125</b>	<b>2,179</b>	<b>2,234</b>
0	<b>NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES</b>	0	0	-	0	0	0
294	<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>	300	300	-	300	300	300
294	<b>CASH AT THE END OF REPORTING PERIOD</b>	300	300	-	300	300	300

**Notes to the Budget Statements**

Significant variations are as follows:

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

- taxes, fees and fines and transfer expenses: the increase of \$0.3 million in the 2012-13 estimated outcome from the original Budget, and the increase of \$0.237 million in the 2013-14 Budget from the 2012-13 estimated outcome are due to increases in licence fees under a number of public health regulations.

*Statement of Cash Flows on Behalf of the Territory*

Variations in the statement are explained in the note above.