



ACT
Government

Australian
Capital Territory
Budget
2020–21



Driving Canberra's Recovery

Budget Statements C

ACT Health Directorate | Canberra Health Services | ACT Local Hospital Network



Australian
Capital Territory
**Budget
2020–21**



Driving Canberra's Recovery

Budget Statements C

ACT Health Directorate | Canberra Health Services | ACT Local Hospital Network

Structure and Content of the 2020-21 Budget Papers

The 2020-21 Budget is presented in two papers and a series of agency Budget Statements.

Budget Speech

The Treasurer's speech to the Legislative Assembly highlights the Government's Budget strategy and key features of the Budget.

Budget Outlook

The Budget Outlook summarises the 2020-21 Budget and forward estimates for the general government sector, the public trading enterprise sector and the total Territory Government.

Details of the projected 2020-21 Budget results are provided, as well as background information on the development of the 2020-21 Budget, including economic conditions and federal financial relations. It also provides an overview of the Territory's infrastructure investment program and details of the 2020-21 expense, infrastructure and capital, and revenue initiatives.

Full accrual financial statements and notes are provided for all sectors.

Budget Statements

The Budget Statements contain information on each directorate and agency, including descriptions of functions and roles and responsibilities, together with major strategic priorities.



We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

ISSN 1327-581X

© Australian Capital Territory, Canberra February 2021

Publication No 21/0014

Material in this publication may be reproduced provided due acknowledgement is made.

Produced by the Chief Minister, Treasury and Economic Development Directorate.

Enquiries about this publication should be directed to the Chief Minister,
Treasury and Economic Development Directorate.

GPO Box 158, Canberra City 2601

<http://www.act.gov.au/budget>

Telephone: Access Canberra - 13 22 81



Contents

ACT HEALTH DIRECTORATE	3
Purpose	3
2020-21 Priorities.....	4
Estimated Employment Level	4
Strategic Objectives and Indicators	5
Output Classes	10
Accountability Indicators	13
Changes to Appropriation.....	16
Summary of 2020-21 Infrastructure Program	20
Financial Statements.....	22
CANBERRA HEALTH SERVICES	33
Purpose	33
2020-21 Priorities.....	33
Estimated Employment Level	34
Strategic Objectives and Indicators	35
Output Classes	38
Accountability Indicators	42
Changes to Appropriation.....	47
Summary of 2020-21 Infrastructure Program	49
Financial Statements.....	51
ACT LOCAL HOSPITAL NETWORK	57
Purpose	57
2020-21 Priorities.....	57
Estimated Employment Level	57
Strategic Objectives and Indicators	58
Output Classes	58

Accountability Indicators 59
Changes to Appropriation..... 60
Financial Statements..... 62

ACT HEALTH DIRECTORATE

Purpose

The ACT Health Directorate provides strategic leadership and direction and facilitates services to improve the Territory-wide health system in the ACT. The ACT Health Directorate engages with our partners and stakeholders to ensure better health outcomes for all in the ACT and surrounding regions.

The ACT Health Directorate provides strategic leadership, policy advice, and oversight of the public health system, supporting and enabling clinical excellence and research across the public health system. We develop strategies and set directions to ensure services meet community needs and expectations. We work to ensure our public health system is innovative, effective and sustainable now and into the future.

The Directorate's key functions are:

- providing strategic leadership, policy advice, and oversight of the public health system;
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- administering the ACT Government's legislative program on health matters;
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning;
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
- delivering a range of health prevention, promotion, and protection services;
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work;
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe high-quality care;
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The ACT Health Directorate's work and vision is underpinned with the *ACT Health Directorate Strategic Plan 2020-25*, which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

2020-21 Priorities

In 2020-21, the ACT Health Directorate's focus will continue to be on preventing and responding to COVID-19 including the continuation of the recovery program associated with the impacts of COVID-19 on the health system.

The ACT Health Directorate will strengthen the health emergency response workforce in its operations to minimise the transmission of COVID-19 within the community, effectively identify, treat and manage new cases of COVID-19, ensure strong surge capacity, outbreak management planning for high risk settings, provide support to people in home and hotel quarantine, industry compliance and the delivery of a vaccination program.

The ACT Health Directorate will also continue to deliver COVID-19 mental health support packages to offer strengthened mental health services to Canberran's during uncertain times.

The ACT Health Directorate will commence planning to establish a multidisciplinary service to support young people who have mental health needs co-occurring with trauma, disability and drug and alcohol abuse. The Directorate will also commence planning for the establishment of an intensive trauma service for adolescents to support their recovery.

The ACT Health Directorate will better support older Canberran's and end of life care partnering with Palliative Care ACT to support the establishment of an innovative residential respite facility for people with life-limiting illness.

The ACT Health Directorate will respond to increased demand for acute medical, birthing and non-elective surgery services on the north side of Canberra.

Estimated Employment Level

Table 1: Estimated Employment Level

	2018-19 Actual Outcome	2019-20 Budget	2019-20 Actual Outcome	2020-21 Budget¹
Staffing (FTE)	540	603	613	683

Note:

1. The increase in FTE relates mainly to 2020-21 and prior year new initiatives.

Strategic Objectives and Indicators

Strategic Objective 1 – A Healthy Community

To enable people to live healthy and active lives and stay well and productive, the ACT Health Directorate provides evidence-informed and strategic health policy advice to Government to drive system-wide strategies that set clear priorities for safety, quality, expenditure and activities. To achieve this objective, the Directorate engages with national and inter-jurisdictional forums, collaborates across the ACT Public Service and works with business, community, and health sector partners.

Strategic Indicator 1.1 - Improving the Mental Wellbeing of Canberrans

Percentage of ACT adults who self-report their mental health status as very good or excellent.

This indicator reflects people’s feelings and views about their mental health. Mental health is impacted by a range of factors, including access to appropriate preventive, early intervention, primary care, community, and acute services.

Table 2: Percentage of ACT adults who self-report their mental health status as very good or excellent

Strategic Indicator	2019–20	2019-20	2020-21
	Target	Actual	Target
Percentage of ACT adults who self-report their mental health as good, very good or excellent ¹	>90%	83%	n/a
Percentage of ACT adults who self-report their mental health as very good or excellent ¹	n/a	n/a	>60%

Sources: ACT General Health Survey

Note:

1. This target has proven to be unrealistic given the prevalence of mental health and other conditions (for example cancer and diabetes) in the community. In 2019-20, this strategic indicator included adults who reported their mental health as ‘good’, from 2020-21 only adults who report as ‘very good’ or ‘excellent’ will be captured in this indicator.

Strategic Indicator 1.2 -Improving the Health Status of Canberrans

Percentage of ACT adults who self-report their health status as very good or excellent.

This indicator reflects people's feelings and views about their physical health status. Physical health status at a population level is impacted by a range of factors, including access to appropriate preventive health, health protection, primary care and hospital services.

Table 3: Percentage of ACT adults who self-report their health status as very good or excellent

Strategic Indicator	2019-20 Target	2019-20 Actual	2020-21 Target
Percentage of ACT adults who self-report their health status as good, very good or excellent ¹	>90%	78%	n/a
Percentage of ACT adults who self-report their health status as very good or excellent ¹	n/a	n/a	>55%

Sources: ACT General Health Survey

Note:

1. This target has proven to be unrealistic given the prevalence of mental health and other conditions (for example cancer and diabetes) in the community. In 2019-20, this strategic indicator included adults who reported their mental health as 'good', from 2020-21 only adults who report as 'very good' or 'excellent' will be captured in this indicator.

Strategic Indicator 1.3 - Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2017-18, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.0 per 1,000 persons in the ACT population. This is not significantly different to the long-term target and follows a generally decreasing trend over a 10 year period.

Table 4: Reduction in the rate of broken hips (fractured neck of femur)

Strategic Indicator	2017-18 ACT Rate	Long Term Target
Rate per 1,000 people ¹	6.0	5.3

Source: ACT Admitted Patient Care data (Public Hospital data only)

Note:

1. The rate of fractured neck of femur in ACT residents fluctuates from year to year due to a relatively small ACT population aged 75 years and over. Small changes in the number of cases have large influence over the calculated rate.

Strategic Objective 2 – A safe, responsive, sustainable public health system

Effective delivery of government policy requires coordination, cohesion and alignment of efforts across the ACT public health system. The ACT Health Directorate plans for our community's future needs, carefully considering how to allocate resources to best improve health outcomes and enable safe, high-quality care for the community now and into the future. A Territory-wide Health Service Plan is currently being developed and will provide a system wide view of priorities for health service development and redesign across the ACT, over the next five to ten years.

The Directorate works to deliver high quality services through:

- ensuring our regulatory services remain responsive and risk based and facilitate regulatory compliance through co-design and engagement;
- embedding and utilising accurate and responsive health data and analytics that inform planning, decision making and service delivery;
- delivering high quality person-centred digital solutions that enable safe, timely and effective care, improve collaboration and innovation, and are on time and on budget; and
- driving a dynamic and innovative health and medical research environment that translates research into better health outcomes.

Strategic Indicator 2.1 - Performing more Elective Surgery

Increasing the number of elective surgery procedures performed.

Table 5: Number of elective surgeries performed

Strategic Indicator	2019-20 Target	2019-20 Actual ¹	2020-21 Target
Number of elective surgeries performed	14,250	12,870	>16,000

Note:

1. The total number of elective surgeries performed for public patients in the ACT in 2019–20 was 12,870, a shortfall of 1,380 surgeries compared to the annual target. This was due to the suspension of non-essential elective surgeries due to the COVID-19 pandemic response.

Strategic Indicator 2.2 - Reducing the Waiting List for Elective Surgery

Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery.

Table 6: The number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2019-20 Target	2019-20 Actual¹	2020-21 Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	1,317	430

Note:

1. At the end of the 2019-20 financial year, a total of 1,317 patients, who were ready for care, were waiting longer than clinically recommended timeframes for elective surgery. This result was impacted by several contributing factors, such as demand for more urgent category 1 elective surgery, as 97 per cent of category 1 patients (the most clinically urgent patients) received their surgery within the clinically recommended 30-day timeframe in 2019–20. Additionally, the suspension of non-essential elective surgeries due to the COVID-19 pandemic response from 25 March 2020 to 15 May 2020, with activity returning on 9 June 2020.

Strategic Indicator 2.3 - Improving Timeliness of Emergency Department Treatment

Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less. This provides an indication of the effectiveness of the public hospital system in meeting the need for Emergency Department services.

Table 7: The Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less

Strategic Indicator	2019-20 Target	2019-20 Actual¹	2020-21 Target
Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less	90%	58%	90%

Note:

1. The result against target for 2019-20 is due mainly to wait times for triage category 3 and 4 patients, which make up the majority of emergency department presentations.

Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre

This indicator considers unplanned return to theatre because of some selected surgical complications for which clinical risk mitigation strategies are thought to reduce the risk of that complication occurring.

Table 8: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions

Strategic Indicator	2019-20 Target	2019-20 Actual	2020-21 Target¹
Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	n/a	n/a	≤20

Note:

1. This is a new measure in 2020-21 and replaces the 2019-20 accountability indicator 1.1.f.

Strategic Indicator 2.5 – Avoidable Readmissions to Hospital

This indicator considers the number of people readmitted to hospital with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.

Table 9: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions

Strategic Indicator	2019-20 Target	2019-20 Actual	2020-21 Target¹
Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	n/a	n/a	≤50

Note:

1. This is a new measure in 2020-21 and replaces the 2019-20 accountability indicator 1.1.g.

Output Classes

The ACT Health Directorate will undertake Territory wide planning of public health services, promote physically and mentally healthy communities and support continuous improvement of the public health system.

Output Class 1: Public Health Services

Table 10: Output Class 1: Public Health Services

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ^{1,2}	266,723	404,421
Controlled Recurrent Payments	226,778	263,923

Note:

1. Total cost includes depreciation and amortisation of \$25.663 million in 2019-20 and \$24.202 million in 2020-21.
2. The increase in total cost relates to a change in the funding flow for cross border health receipts, which are now required to be transacted through the Health Directorate resulting in an increase in total expenses and total revenue of \$87.3 million in 2020-21.

Output 1.1: Improved Hospital Services

The ACT Health Directorate will focus on:

- planning and delivering an ACT wide health system service model;
- managing, developing, implementing and providing advice on health services planning processes across the system;
- developing strategic policy for the health system, including working with the Commonwealth on key health improvement initiatives;
- managing demand for and supply of health services across the Territory;
- improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy;
- preventing, and providing a timely response to, potential public health incidents;
- leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and
- commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies and advocacy groups.

Table 11: Output 1.1: Improved Hospital Services

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ¹	58,823	88,886
Controlled Recurrent Payments	46,625	54,723

Note:

1. The increase in total cost relates to a change in the funding flow for cross border health receipts, which are now required to be transacted through the Health Directorate resulting in an increase in total expenses and total revenue of \$87.3 million across the ACT Health Directorate in 2020-21.

Output 1.2: Healthy Communities

The ACT Health Directorate seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. This includes influencing the social and environmental conditions that impact on population and individual health, comprising improved food and drink environments in schools, workplaces, food outlets and sporting clubs, monitoring of recreational and drinking water quality, food safety, communicable diseases control and general environmental health.

Table 12: Output 1.2: Healthy Communities

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ¹	71,272	117,296
Controlled Recurrent Payments	62,198	75,409

Note:

1. The increase in total cost relates to a change in the funding flow for cross border health receipts, which are now required to be transacted through the Health Directorate resulting in an increase in total expenses and total revenue of \$87.3 million across the ACT Health Directorate in 2020-21.

Output 1.3: Mentally Healthy Communities

The ACT Health Directorate supports an integrated mental health system that provides people to access appropriate treatment, care or support in a timely manner. The Directorate collaborates with stakeholders on strategic policy and service system planning, to ensure funding is targeted to provide safe, quality programs and services that offer seamless transition through stepped care and interventions as needed. This comprehensive response includes:

- leadership through the Office for Mental Health and Wellbeing to the whole of government approach to sustainable, effective and coordinated sector innovation;
- promotion of mental health and social wellbeing for all Canberrans;
- raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination as well as on a personal level, encouraging people to seek help as needed;

- prevention of suicide and suicide attempts wherever possible;
- early intervention to increase resilience and reduce the impact of mental health issues;
- accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health issues including severe mental illness; and
- evaluation and research to support ongoing development and improvement of the programs and services available.

Table 13: Output 1.3: Mentally Healthy Communities

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ¹	54,662	85,238
Controlled Recurrent Payments	45,646	54,246

Note:

1. The increase in total cost relates to a change in the funding flow for cross border health receipts, which are now required to be transacted through the Health Directorate resulting in an increase in total expenses and total revenue of \$87.3 million across the ACT Health Directorate in 2020-21.

Output 1.4: Continuous Improvement of the ACT Public Health System

The ACT Health Directorate provides strategic leadership and direction for the health system through development and administration of policies and legislation.

This includes:

- developing Territory-wide plans for health services, workforce and major capital investment;
- driving service improvement and innovation through a collaborative policy cycle;
- providing responsive policy advice to government reflecting the changing nature of the health sector;
- supporting delivery of high quality health services by building and maintaining intergovernmental partnerships; and
- conducting research programs that translate research evidence into improved healthcare.

Table 14: Output 1.4: Continuous Improvement of the ACT Public Health System

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ¹	81,964	113,001
Controlled Recurrent Payments	72,310	79,545

Note:

1. The increase in total cost relates to a change in the funding flow for cross border health receipts, which are now required to be transacted through the Health Directorate resulting in an increase in total expenses and total revenue of \$87.3 million across the ACT Health Directorate in 2020-21.

Accountability Indicators

The half yearly performance report (31 December 2020) pursuant to section 30E of the *Financial Management Act 1996* is presented in combination with these budget statements. Contextual information on each output class can be found in the 'Output Classes' section of this budget statement.

Information on the 2019-20 Targets and outcome can be found in the Annual Report at health.act.gov.au.

Output Class 1: ACT Health Directorate

Output 1.1: Improved Hospital Services

Table 15: Accountability Indicators Output 1.1

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Percentage of all Emergency Department presentations treated within clinically appropriate timeframes ¹	70%	70%	51%	-27
b. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	100%	99%	-1
c. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes ²	80%	80%	64%	-20
d. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes ³	93%	93%	73%	-22
Total Cost (\$'000) ⁴	88,886	44,443	36,216	-19
Controlled Recurrent Payments (\$'000)	54,723	27,361	27,571	1

Notes:

- Percentage of patients who are treated within nationally recommended waiting times for each triage category (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
- Admission within 30 days is desirable for Category 1 (urgent) elective surgery patients.
- Admission within 90 days is desirable for Category 2 (semi-urgent) elective surgery patients.
- Admission within 365 days is desirable for Category 3 (non-urgent) elective surgery patients.

Variances between YTD Targets and YTD Result:

- The overall year to date result is heavily influenced by the percent of Category 3 and 4 patients seen on time as these patients account for most emergency department presentations. In the first half of 2020-21, the percentage of Category 3 and 4 patients treated on time was below target.
- The suspensions to non-essential elective surgeries in March 2020 due to the COVID-19 pandemic led to many Category 2 patients becoming overdue for surgery. As more overdue Category 2 patients receive their surgery as part of the recovery initiative in the first half of 2020-21, the percentage of patients treated on time has declined.
- The suspensions to non-essential elective surgeries in March 2020 due to the COVID-19 pandemic led to many Category 3 patients becoming overdue for surgery. As more overdue Category 3 patients receive their surgery as part of the recovery initiative in the first half of 2020-21, the percentage of patients treated on time has declined.
- The lower than target result is mainly due to the year to date pro-rata target (which is set at 50 percent of the full year target) not reflecting the change in funding flows for cross border health receipts which began in October 2020.

Output 1.2: Healthy Communities

Table 16: Accountability Indicators Output 1.2

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Samples analysed ¹	12,500	6,250	5,754	-8
b. Total number of inspections and proactive site visits of food business ²	2,500	1,250	1,555	24
c. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Immunisation Register	95%	95%	96%	1
d. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population:				
i. 12 to 15 months	95%	95%	94%	-1
ii. 24 to 27 months	95%	95%	94%	-1
iii. 60 to 63 months ³	95%	95%	100%	5
iv. All	95%	95%	96%	1
e. Number of businesses signed up to provide and promote healthier food choices as part of the Healthier Choices Canberra initiative	120	112	107	-4
Total Cost (\$'000) ⁴	117,296	58,648	47,675	-19
Controlled Recurrent Payments (\$'000)	75,409	37,705	37,994	1

Notes:

- Number of samples analysed during the period by the ACT Government Analytical Laboratory.
- Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
- Percentage of 12-month-old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- Percentage of ACT Aboriginal and Torres Strait Islander children - 12 to 15 months, 24 to 27 months, 60 to 63 months and all children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- Cumulative total of businesses signed up to the Healthier Choices Canberra Initiative. Participation in Healthier Choices Canberra is voluntary and businesses can select to sign up to the initiative and leave in the same year. At the end of 2019-20 there were 104 businesses signed up.

Variations between YTD Targets and YTD Result:

- The lower than target result is mainly due to reductions in operations by third parties utilising the laboratory's services, an assessment of the underpinning drivers would be speculative.
- The higher than target result is due to changes to administrative procedures, the implementation of a new food inspection database and complementary workforce management system. Site visits from March 2020 aimed to inform businesses of directives under the *Public Health Act 1997* relating to the current public health emergency, and to ensure their compliance.
- The higher than target result is due to work by the Health Protection Service to maintain and increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes follow-up of children reported as overdue for immunisations, promotional resources and information and ongoing collaboration with stakeholders and the Aboriginal and Torres Strait Islander community.
- The lower than target result is mainly due to the year to date pro-rata target (which is set at 50 percent of the full year target) not reflecting the change in funding flows for cross border health receipts which began in October 2020.

Output 1.3: Mentally Healthy Communities

Table 17: Accountability Indicators Output 1.3

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Percentage of mental health clients with outcome measures completed ¹	65%	65%	77%	18
b. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published	1	1	1	-
Total Cost (\$'000) ²	85,238	42,619	36,057	-15
Controlled Recurrent Payments (\$'000) ³	54,246	27,123	31,378	16

Notes:

- Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
- The annual progress report on the implementation of the office for Mental Health and Wellbeing Workplan is completed as a standalone component of ACT Health Directorate's Annual Report.

Variances between YTD Targets and YTD Result:

- The higher than target result is due to a continued focus from clinical services on completing outcome measures for eligible consumers.
- The lower than target result is mainly due to the year to date pro-rata target (which is set at 50 percent of the full year target) not reflecting the change in funding flows for cross border health receipts which began in October 2020.
- The higher than target result is due to the drawdown of third quarter payments to non-government organisations occurring in December 2020, ahead of payments in early January 2021.

Output 1.4: Continuous Improvement of the ACT Public Health System

Table 18: Accountability Indicators Output 1.4

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly	2	1	1	-
b. ACT Public Health Services Quarterly Performance Report	4	2	2	-
Total Cost (\$'000) ¹	113,001	56,500	50,064	-11
Controlled Recurrent Payments (\$'000) ²	79,545	39,772	52,025	31

Notes:

- The Biannual Report of progress on implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly.
- The number of ACT Public Health Service Quarterly Performance Reports published.

Variances between YTD Targets and YTD Result:

- The lower than target result is mainly due to the year to date pro-rata target (which is set at 50 percent of the full year target) not reflecting the change in funding flows for cross border health receipts which began in October 2020.
- The higher than target result is due to the drawdown of third quarter payments to non-government organisations occurring in December 2020, ahead of payments in early January 2021.

Changes to Appropriation

Table 19: Changes to appropriation – Controlled Recurrent Payments

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
2019-20 Budget	229,341	235,456	237,471	239,049	234,604
2nd Appropriation					
COVID-19 Public Health Response	1,950	0	0	0	0
FMA Section 16B Rollovers from 2018-19					
10 Year Health Planning: Northside Hospital Scoping	3,224	0	0	0	0
ACTGAL Capital Equipment Replacement Plan	150	0	0	0	0
Canberra Hospital Expansion Project	1,500	0	0	0	0
City Health Centre - Feasibility	134	0	0	0	0
Encourage more clinical trials	409	0	0	0	0
Essential Vaccines NPA	142	0	0	0	0
National Real Time Reporting	105	0	0	0	0
Rare cancers treatment trial (MoST)	59	0	0	0	0
Support for bulk billing GPs	339	0	0	0	0
Workforce Development in other Nations	115	0	0	0	0
Year 7 health checks	360	0	0	0	0
2020-21 Budget Policy Decisions					
ACT Mental Health Recovery College	0	189	0	0	0
COVID-19 Community Support package	0	2,000	0	0	0
COVID-19 Mental Health Support Package	192	2,355	0	0	0
COVID-19 Public Health Response - Stage 1	0	3,409	0	0	0
COVID-19 Public Health Response - Stage 2	0	4,833	0	0	0
COVID-19 Public Health Response - Vaccination Program	0	1,531	1,781	219	224
COVID-19 Recovery of Quarantine Costs	0	115	0	0	0
Expanding Mental Health Support and Services	0	1,195	0	0	0
Modernising birth registrations	0	553	320	0	0
Office of the Co-ordinator General for the Whole of Government savings	0	-48	0	0	0
Palliative Care ACT Respite Hub pilot	0	300	608	0	0
Screwdriver ready - Ngunnawal bush healing farm - design finalising and master planning	0	50	0	0	0
Screwdriver ready - Watson Hostel design	0	200	0	0	0
Winnunga Model of Care at the Alexander Maconochie Centre	0	499	0	0	0
Youth Support Package - Mental Health	0	250	0	0	0
2020-21 Budget Technical Adjustments					
Commonwealth Grant - Community, Health and Hospitals Program - Alcohol & Other Residential Rehabilitation Expansion & Modernisation	0	200	0	0	0
Commonwealth Grant - Community, Health and Hospitals Program - Community Based Residential Eating Disorder Treatment Centre	0	500	0	0	0
Commonwealth Grant - Community, Health and Hospitals Program - Youth Mental Health Suicide Prevention	784	2,250	1,460	1,480	0
Revised Economic Parameters	0	0	0	-319	4,489

Table 19: Changes to appropriation – Controlled Recurrent Payments (continued)

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Revised Funding Profile - ACT Health Core IT Systems to align with the Digital Health Strategy	-895	895	0	0	0
Revised Funding Profile - ACT Pathology Laboratory Information System Replacement Project	-2,327	2,327	0	0	0
Revised Funding Profile - Canberra hospital campus master plan	-400	400	0	0	0
Revised Funding Profile - City Health Centre Feasibility Centre	-134	134	0	0	0
Revised Funding Profile - Domestic and Family Violence	-533	533	0	0	0
Revised Funding Profile - Drug & Alcohol Court	-174	174	0	0	0
Revised Funding Profile - Essential Vaccines	-500	500	0	0	0
Revised Funding Profile - Increased Provision of Naloxone	-260	260	0	0	0
Revised Funding Profile - Investing in medical and health research	-1,000	1,000	0	0	0
Revised Funding Profile - Northside Hospital Scoping Study	-2,211	2,211	0	0	0
Revised Funding Profile - Nurses and Midwives: Towards a Safer Culture	-64	64	0	0	0
Revised Funding Profile - Scoping for a Medically supervised injecting facility	-200	200	0	0	0
Revised Funding Profile - Workplace Culture Review	-1,052	1,052	0	0	0
Transfer - ACT Audit of Surgical Mortality funding from CHS	0	82	84	86	88
Transfer - ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019-2028 to CHS	0	-180	-180	-180	-180
Transfer - Canberra Hospital Foundation from CHS	0	619	634	650	667
Transfer - Capacity Building for Mental Health Carers to CHS	0	-231	0	0	0
Transfer - Encourage more clinical trials to CHS	0	-153	0	0	0
Transfer - Expansion of ACT Eating Disorder Services to CHS	0	-442	-683	-683	-683
Transfer - Finance function to CHS	0	-164	-332	-336	-340
Transfer - Funds from Northside Hospital Project to Clare Holland House Project	0	-500	0	0	0
Transfer - Goods & Services Procurement costs to CHS	0	-386	-396	-406	-416
Transfer - Hospital in the Home project management from LHN	0	419	419	419	419
Transfer - Injury Management costs to CHS	0	-829	-850	-871	-893
Transfer - Ministerial and Government Services staff to CHS	0	-207	-212	-217	-223
Transfer - Office of the Chief Psychiatrist FTE from CHS	0	74	76	77	78
Transfer - Professional Standards Unit costs to CHS	0	-895	-917	-940	-964
Transfer - Winnunga Nimmityjah Aboriginal Health and Community Services from ACT Health Territorial	2,435	0	0	0	0
Undrawn Funds	-2,376	0	0	0	0
Workers Compensation Premium Adjustment	-2,335	1,129	1,329	1,329	1,329
2020-21 Budget	226,778	263,923	240,612	239,357	238,199

Table 20: Changes to appropriation – Expenses on Behalf of the Territory

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
2019-20 Budget	12,182	8,623	932	957	957
2020-21 Budget Policy Decisions					
Calvary Critical Infrastructure	0	8,780	0	0	0
2020-21 Budget Technical Adjustments					
Commonwealth Grant - Health Innovation Fund - Winnunga Nimmityjah Aboriginal Health and Community Services	0	4,500	0	0	0
Revised Funding Profile - Expanding Centenary Hospital for Women and Children	-3,000	1,500	1,500	0	0
Revised Funding Profile - Winnunga Nimmityjah Aboriginal Health and Community Services	7,700	-7,700	0	0	0
Revised Indexation Parameters	0	-1	-1	-3	21
Transfer - Expanding Centenary Hospital for Women and Children to CHS	0	-1,500	-1,500	0	0
Transfer - Winnunga Nimmityjah Aboriginal Health and Community Services to ACT Health Departmental	-2,435	0	0	0	0
2020-21 Budget	14,447	14,202	931	954	978

Table 21: Changes to appropriation – Capital Injections, Controlled

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
2019-20 Budget	83,368	58,787	38,054	16,380	12,366
FMA Section 16B Rollovers from 2018-19					
ACT Health ICT upgrades	6,233	0	0	0	0
An E-Healthy Future	-517	0	0	0	0
Bowes Street fit out	129	0	0	0	0
Canberra Hospital Expansion Project	916	0	0	0	0
Drugs and Poisons Information System	22	0	0	0	0
Expanding Clare Holland House to strengthen palliative care	659	-659	0	0	0
Expanding the Centenary Hospital for Women and Children	295	0	0	0	0
Inner North Walk-in-Centre	80	0	0	0	0
Ngunnawal Bush Healing Farm	1,534	0	0	0	0
University of Canberra Hospital	2,840	0	0	0	0
2020-21 Budget Policy Decisions					
Calvary Critical Infrastructure	0	2,074	0	0	0
COVID-19 Disease Management System	0	7,515	0	0	0
COVID-19 Public Health Response - Vaccination Program	0	4,485	0	0	0
Screwdriver ready - Karralika Fadden infrastructure upgrade	0	300	0	0	0
Transfer - ACT Health Core IT funding to COVID-19 Disease Management System	0	-7,515	0	0	0
2020-21 Budget Technical Adjustments					
Commonwealth Grant - Community, Health and Hospitals Program - Alcohol & Other Residential Rehabilitation Expansion & Modernisation	0	915	1,593	1,592	0
Commonwealth Grant - Community, Health and Hospitals Program - Community Based Residential eating disorder treatment centre	0	1,000	10,000	2,000	0
Revised Funding Profile - ACT Health Core IT Systems to align with the Digital Health Strategy	-2,985	-8,515	21,868	15,621	-7,357
Revised Funding Profile - ACT Health ICT upgrades	-2,190	2,190	0	0	0
Revised Funding Profile - ACT Pathology Laboratory Information System	-5,727	1,240	4,487	0	0
Revised Funding Profile - Bowes Street fit out	-48	48	0	0	0
Revised Funding Profile - Expanding Clare Holland House to strengthen palliative care	0	200	-200	0	0
Revised Funding Profile - ICT Implementing real time prescription monitoring	-300	300	0	0	0
Revised Funding Profile - Implementing real time prescription monitoring	-188	-387	575	0	0
Revised Funding Profile - Ngunnawal Bush Healing Farm	-1,277	1,277	0	0	0
Revised Funding Profile - Protecting Canberrans from infectious diseases	-398	398	0	0	0
Savings - Delivering the Inner North Walk in Centre	-79	0	0	0	0
Transfer - Better Infrastructure Funding from CHS	0	457	466	478	490
Transfer - Centenary Hospital to CHS	-65,700	-30,000	-10,550	0	0
Transfer - Northside Hospital Planning to Clare Holland House Project	0	500	0	0	0
Transfer - University of Canberra Hospital ICP Projects from CHS	2,338	0	0	0	0
2020-21 Budget	19,005	34,610	66,293	36,071	5,499

Summary of 2020-21 Infrastructure Program

Table 22: 2020-21 ACT Health Directorate Infrastructure Program

Project	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Four Year Investment \$'000	Physical Completion Date
CAPITAL WORKS PROGRAM						
Work In Progress						
ACT Health Core IT Systems to align with the Digital Health Strategy	8,544	47,372	32,001	5,009	92,926	Jun-27
ACT Health ICT upgrades	2,190	-	-	-	2,190	Apr-22
ACT Pathology Laboratory information system replacement	2,127	4,487	-	-	6,614	Sep-22
Bowes Street Fit Out	48	-	-	-	48	Dec-20
City Health Centre Feasibility	134	-	-	-	134	Jun-21
Continuing Northside health care planning	1,711	-	-	-	1,711	Jun-22
Expanding Clare Holland House to strengthen palliative care	2,041	1,800	-	-	3,841	Jun-21
Implementing real time prescription monitoring	1,239	575	-	-	1,814	Jun-22
Ngunnawal Bush Healing Farm	1,277	-	-	-	1,277	Dec-21
Protecting Canberrans from infectious diseases	398	-	-	-	398	Feb-22
Total Work In Progress	19,709	54,234	32,001	5,009	110,953	
Capital Upgrade Programs						
Better Infrastructure Fund - Health	457	466	478	490	1,891	Jun-21
Screwdriver Ready - Karralika Fadden infrastructure upgrade	300	-	-	-	300	Dec-20
Screwdriver Ready - Ngunnawal Bush Healing Farm - design finalising and master planning	50	-	-	-	50	Dec-20
Screwdriver Ready - Watson Hostel design	200	-	-	-	200	Dec-20
Total Capital Upgrade Programs	1,007	466	478	490	2,441	
New Works						
Calvary Critical Infrastructure	2,074	-	-	-	2,074	Jun-21
Community, Health and Hospitals Program - Alcohol & Other Residential Rehabilitation Expansion & Modernisation	915	1,593	1,592	-	4,100	Jun-23
Community, Health and Hospitals Program - Community Based Residential Eating Disorder Treatment Centre	1,000	10,000	2,000	-	13,000	Jun-23
COVID-19 Disease Management System	7,515	-	-	-	7,515	Feb-22
COVID-19 Public Health Response – Vaccination Program	4,485	-	-	-	4,485	Sep-21
Total New Works	15,989	11,593	3,592	-	31,174	

Table 22: 2020-21 ACT Health Directorate Infrastructure Program (continued)

Project	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Four Year Investment \$'000	Physical Completion Date
Territorial Capital Grants						
Better Infrastructure Fund - Calvary	908	931	954	978	3,771	Jun-21
Calvary Critical Infrastructure	8,780	-	-	-	8,780	Jun-21
Health Innovation Fund - Winnunga Nimmityjah Aboriginal Health and Community Services	4,500	-	-	-	4,500	Jun-21
More surgical theatres at Calvary Public Hospital	14	-	-	-	14	Jun-21
Total Territorial Capital Grants	14,202	931	954	978	17,065	
TOTAL INFRASTRUCTURE INVESTMENT PROGRAM	50,907	67,224	37,025	6,477	161,633	

Financial Statements

Table 23: ACT Health Directorate: Operating Statement

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Income							
Revenue							
229,341	Controlled Recurrent Payments	226,778	263,923	16	240,612	239,357	238,199
9,001	Sale of Goods and Services from Contracts with Customers	12,701	107,614	747	126,106	129,577	133,156
10,176	Grants and Contributions	2,638	2,636	..	2,701	2,769	2,838
5,364	Other Revenue	5,051	5,098	1	4,059	4,161	4,265
253,882	Total Revenue	247,168	379,271	53	373,478	375,864	378,458
Gains							
0	Other Gains	25	0	-100	0	0	0
0	Total Gains	25	0	-100	0	0	0
253,882	Total Income	247,193	379,271	53	373,478	375,864	378,458
Expenses							
74,719	Employee Expenses	74,568	89,946	21	81,415	80,784	81,186
12,420	Superannuation Expenses	11,096	12,213	10	11,516	11,555	11,771
97,377	Supplies and Services	87,080	110,324	27	95,451	95,884	94,346
24,503	Depreciation and Amortisation	25,663	24,202	-6	29,989	35,210	39,016
63,975	Grants and Purchased Services	66,433	165,752	150	184,299	186,841	190,389
2	Borrowing Costs	66	2	-97	2	2	2
1,934	Other Expenses	1,817	1,982	9	2,031	2,082	2,134
274,930	Total Expenses	266,723	404,421	52	404,703	412,358	418,844
-21,048	Operating Result	-19,530	-25,150	-29	-31,225	-36,494	-40,386
-21,048	Total Comprehensive Income	-7,850	-25,150	-220	-31,225	-36,494	-40,386
-21,048	Total Comprehensive Income	-7,850	-25,150	-220	-31,225	-36,494	-40,386

Table 24: ACT Health Directorate: Balance Sheet

Budget at 30/6/20 \$'000	2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
Current Assets						
3,736	9,017	7,519	-17	7,313	7,103	6,893
3,270	4,868	4,950	2	5,034	5,120	5,206
954	2,602	2,637	1	2,672	2,707	2,742
7,960	16,487	15,106	-8	15,019	14,930	14,841
Non Current Assets						
80,086	80,723	86,548	7	90,001	86,845	94,579
140,614	39,610	41,916	6	69,194	73,938	48,414
82,750	19,607	25,911	32	34,211	36,211	23,211
9,241	2,589	2,589	-	2,589	2,589	2,589
312,691	142,529	156,964	10	195,995	199,583	168,793
320,651	159,016	172,070	8	211,014	214,513	183,634
Current Liabilities						
4,809	11,650	11,769	1	11,892	12,020	12,148
55	1,988	2,043	3	2,098	2,153	2,208
22,890	27,137	31,055	14	35,255	39,511	43,853
0	1,335	1,335	-	1,335	1,335	1,335
27,754	42,110	46,202	10	50,580	55,019	59,544
Non Current Liabilities						
19	2,212	2,231	1	2,250	2,269	2,288
1,276	1,399	1,420	2	1,452	1,485	1,518
102	107	107	-	107	107	107
13,397	11,209	10,671	-5	10,118	9,549	8,980
14,794	14,927	14,429	-3	13,927	13,410	12,893
42,548	57,037	60,631	6	64,507	68,429	72,437
278,103	101,979	111,439	9	146,507	146,084	111,197
278,103	84,555	94,015	11	129,083	128,660	93,773
0	17,424	17,424	-	17,424	17,424	17,424
278,103	101,979	111,439	9	146,507	146,084	111,197

Table 25: ACT Health Directorate: Statement of Changes in Equity

Budget at 30/6/20 \$'000		2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
	Opening Equity						
215,783	Opening Accumulated Funds	86,174	84,555	-2	94,015	129,083	128,660
0	Opening Asset Revaluation Reserve	5,727	17,424	204	17,424	17,424	17,424
215,783	Balance at the Start of the Reporting Period	91,901	101,979	11	111,439	146,507	146,084
	Comprehensive Income						
0	Post Audit Adjustments	-17	0	100	0	0	0
-21,048	Operating Result - Including Economic Flows	-19,530	-25,150	-29	-31,225	-36,494	-40,386
0	Inc/Dec in Asset Revaluation Reserve Surpluses	11,697	0	-100	0	0	0
-21,048	Total Comprehensive Income	-7,850	-25,150	-220	-31,225	-36,494	-40,386
0	Total Movement in Reserves	0	0	-	0	0	0
	Transactions Involving Owners Affecting Accumulated Funds						
83,368	Capital Injections	19,005	34,610	82	66,293	36,071	5,499
0	Inc/Dec in Net Assets due to Admin Restructure	-1,077	0	100	0	0	0
83,368	Total Transactions Involving Owners Affecting Accumulated Funds	17,928	34,610	93	66,293	36,071	5,499
	Closing Equity						
278,103	Closing Accumulated Funds	84,555	94,015	11	129,083	128,660	93,773
0	Closing Asset Revaluation Reserve	17,424	17,424	-	17,424	17,424	17,424
278,103	Balance at the end of the Reporting Period	101,979	111,439	9	146,507	146,084	111,197

Table 26: ACT Health Directorate: Cash Flow Statement

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
229,341	Controlled Recurrent Payments	226,778	263,923	16	240,612	239,357	238,199
9,001	Sale of Goods and Services from Contracts with Customers	12,395	107,614	768	126,106	129,577	133,156
5,367	Other	17,748	20,327	15	19,428	19,959	20,115
243,709	Operating Receipts	256,921	391,864	53	386,146	388,893	391,470
Payments							
73,054	Employee	70,198	86,547	23	77,735	77,061	77,377
12,420	Superannuation	11,228	12,353	10	11,516	11,555	11,771
87,298	Supplies and Services	84,208	107,548	28	92,750	93,115	91,508
63,975	Grants and Purchased Services	70,003	166,252	137	184,299	186,841	190,389
2	Interest Expenses	0	2	#	2	2	2
1,934	Other	17,395	17,207	-1	17,397	17,876	17,980
238,683	Operating Payments	253,032	389,909	54	383,699	386,450	389,027
5,026	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	3,889	1,955	-50	2,447	2,443	2,443
CASH FLOWS FROM INVESTING ACTIVITIES							
Receipts							
0	Proceeds from Sale of Property, Plant and Equipment	25	0	-100	0	0	0
0	Investing Receipts	25	0	-100	0	0	0
Payments							
89,032	Purchase of Property, Plant and Equipment	17,330	38,008	119	68,891	38,669	8,097
89,032	Investing Payments	17,330	38,008	119	68,891	38,669	8,097
-89,032	NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	-17,305	-38,008	-120	-68,891	-38,669	-8,097

Table 26: ACT Health Directorate: Cash Flow Statement (continued)

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
83,368	Capital Injections	19,005	34,610	82	66,293	36,071	5,499
83,368	Financing Receipts	19,005	34,610	82	66,293	36,071	5,499
Payments							
55	Repayment of Lease Liabilities - Principal	2,016	55	-97	55	55	55
55	Financing Payments	2,016	55	-97	55	55	55
83,313	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	16,989	34,555	103	66,238	36,016	5,444
-693	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	3,573	-1,498	-142	-206	-210	-210
4,429	CASH AT THE BEGINNING OF REPORTING PERIOD	5,444	9,017	66	7,519	7,313	7,103
3,736	CASH AT THE END OF REPORTING PERIOD	9,017	7,519	-17	7,313	7,103	6,893

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments: the increase of \$37.145 million in the 2020-21 Budget from the 2019-20 audited outcome relates to indexation, new initiatives, responses to the COVID-19 pandemic including support packages, the vaccination program and roll overs from 2019-20.
- sale of goods and services:
 - the increase of \$3.700 million in the 2019-20 audited outcome from the original Budget is mainly due to Commonwealth funding under the *National Partnership on COVID-19 Response*; and
 - the increase of \$94.913 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to a change in funding flows for cross border health receipts, which are now required to transact through the ACT Health Directorate, before being on-passed to the ACT Local Hospital Network. In addition, increased funding under the *National Partnership on COVID-19 Response* is anticipated, including funding that will be on-passed to the ACT Education Directorate and Transport Canberra and City Services for COVID-19 related additional cleaning costs.
- grants and contributions: the decrease of \$7.538 million in the 2019-20 audited outcome from the 2019-20 original Budget is due mainly to the transfer of resources received free of charge by Shared Services to Canberra Health Services.
- employee expenses: the increase of \$15.378 million in the 2020-21 Budget from the 2019-20 audited outcome relates mainly to new initiatives, roll overs and enterprise bargaining agreement increases.
- supplies and services:
 - the decrease of \$10.297 million in the 2019-20 audited outcome from the original Budget is mainly due to the roll over of infrastructure and information technology projects, and the transfer of resources received free of charge by Shared Services to Canberra Health Services; and
 - the increase of \$23.244 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to indexation, new initiatives including COVID-19 response and vaccination program, Commonwealth *Community, Health and Hospitals Program* funding and roll overs.

- grants and purchased services: the increase of \$99.319 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to a change in the funding flows for cross border health costs, which are now required to transact through the ACT Health Directorate, before being on-passed to the ACT Local Hospital Network. The increase is also due to indexation, new initiatives, additional COVID-19 support package funding and increased funding under the Commonwealth Community, Health and Hospitals Program.

Balance Sheet

- cash and cash equivalents: the increase of \$5.281 million in the 2019-20 audited outcome from the original Budget relates mainly to the increase in payables.
- intangible assets: the decrease of \$101.004 million in the 2019-20 audited outcome from the original Budget is mainly due to a correction to the asset base for the separation of the old Health Directorate and Canberra Health Services in October 2018.
- capital works in progress: the decrease of \$63.143 million in the 2019-20 audited outcome from the original Budget is mainly due to the transfer of the Centenary Hospital expansion project to Canberra Health Services.
- other assets: the decrease of \$6.652 million in the 2019-20 audited outcome from the original Budget is mainly due to a reduction in lease incentives relating to the Directorate's office accommodation at Bowes Street, Phillip.
- payables: the increase of \$6.841 million in the 2019-20 audited outcome from the original Budget is mainly due to a higher level of invoices and accrued expense recognised in June 2020.
- current employee benefits:
 - the increase of \$4.247 million in the 2019-20 audited outcome from the original Budget is mainly due to changes in the net present value used to calculate annual and long service leave balances, wage rises and an increase in staff associated with new initiatives; and
 - the increase of \$3.918 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to wage rises and an increase in staff associated with new initiatives.
- non-current lease liabilities: the increase of \$2.193 million in the 2019-20 audited outcome from the original Budget relates to a change in accounting standards for lease liabilities.
- non-current other liabilities: the decrease of \$2.188 million in the 2019-20 audited outcome from the original Budget relates to a reduction in the liability for the Directorate's office accommodation at Bowes Street, Phillip.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

Financial Statements – Territorial

Table 27: ACT Health Directorate: Statement of Income and Expenses on behalf of the Territory

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Revenue							
12,182	Payment for Expenses on Behalf of the Territory	14,447	14,202	-2	931	954	978
1,474	Taxes, Licences, Fees and Fines	1,392	1,495	7	1,540	1,578	1,617
13,656	Total Revenue	15,839	15,697	-1	2,471	2,532	2,595
13,656	Total Income	15,839	15,697	-1	2,471	2,532	2,595
Expenses							
12,182	Grants and Purchased Services	14,622	14,202	-3	931	954	978
1,474	Transfer Expenses	1,387	1,495	8	1,540	1,578	1,617
13,656	Total Expenses	16,009	15,697	-2	2,471	2,532	2,595
0	Operating Result	-170	0	100	0	0	0
0	Total Comprehensive Income	-170	0	100	0	0	0

Table 28: ACT Health Directorate: Statement of Assets and Liabilities on behalf of the Territory

Budget at 30/6/20 \$'000		2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
Current Assets							
1,089	Cash and Cash Equivalents	28	28	-	28	28	28
1,578	Receivables	216	216	-	216	216	216
2,667	Total Current Assets	244	244	-	244	244	244
Non Current Assets							
0	Total Non Current Assets	0	0	-	0	0	0
2,667	TOTAL ASSETS	244	244	-	244	244	244
Current Liabilities							
300	Payables	244	244	-	244	244	244
300	Total Current Liabilities	244	244	-	244	244	244
Non Current Liabilities							
0	Non-Current Liabilities	0	0	-	0	0	0
300	TOTAL LIABILITIES	244	244	-	244	244	244
2,367	NET ASSETS	0	0	-	0	0	0
REPRESENTED BY FUNDS EMPLOYED							
2,367	Accumulated Funds	0	0	-	0	0	0
2,367	TOTAL FUNDS EMPLOYED	0	0	-	0	0	0

Table 29: ACT Health Directorate: Statement of Changes in Equity on behalf of the Territory

Budget at 30/6/20 \$'000		2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
	Opening Equity						
2,367	Opening Accumulated Funds	170	0	-100	0	0	0
2,367	Balance at the Start of the Reporting Period	170	0	-100	0	0	0
0	Operating Result - Including Economic Flows	-170	0	100	0	0	0
0	Total Movement in Reserves	0	0	-	0	0	0
	Closing Equity						
2,367	Closing Accumulated Funds	0	0	-	0	0	0
2,367	Balance at the end of the Reporting Period	0	0	-	0	0	0

Table 30: ACT Health Directorate: Cash Flow Statement on behalf of the Territory

2019-20 Budget		2019-20 Audited Outcome	2020-21 Budget	Var %	2021-22 Estimate	2022-23 Estimate	2023-24 Estimate
\$'000		\$'000	\$'000		\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
12,182	Payment for Expenses on Behalf of the Territory	14,447	14,202	-2	931	954	978
1,474	Taxes, Licences, Fees and Fines	1,379	1,495	8	1,540	1,578	1,617
1,218	Other	1,265	1,420	12	93	95	97
14,874	Operating Receipts	17,091	17,117	..	2,564	2,627	2,692
Payments							
12,182	Grants and Purchased Services	14,665	14,202	-3	931	954	978
1,474	Transfer of Territory Receipts to the ACT Government	1,387	1,495	8	1,540	1,578	1,617
1,218	Other	1,467	1,420	-3	93	95	97
14,874	Operating Payments	17,519	17,117	-2	2,564	2,627	2,692
0	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	-428	0	100	0	0	0
1,089	CASH AT THE BEGINNING OF REPORTING PERIOD	456	28	-94	28	28	28
1,089	CASH AT THE END OF REPORTING PERIOD	28	28	-	28	28	28

Notes to the Territorial Budget Statements

Significant variations are as follows:

Statement of Income and Expenses on behalf of the Territory

- payment for Expenses on Behalf of the Territory and grants and purchased services: the increase of \$2.265 million in the 2019-20 audited outcome from the 2019-20 Budget was due to reprofiling of the Winnunga Nimmityjah Aboriginal Health and Community Services capital grant (\$5.265 million) offset by reprofiling of the expansion of the Centenary Hospital for Women and Children (-\$3.000 million).

Cash Flow Statement

Variations in the Statement are explained in the notes above.

CANBERRA HEALTH SERVICES

Purpose

Canberra Health Services partners with the community and consumers, creating exceptional health care together, by:

- delivering personal health services;
- working in partnerships to improve people's health;
- improving the experience of our consumers by engaging and listening;
- providing leadership in research, education, and clinical excellence; and
- designing models of care that deliver the highest standards of safety and quality.

2020-21 Priorities

Canberra Health Services will continue with reform activities to achieve the commitment of the health of our growing community, a commitment to quality, innovation, engagement, accountability and a focus on strategic policy and planning stewardship of the health system.

In 2020-21, there will be a continued focus on people-centred care and improving our performance against key safety and quality performance measures. There will be a continued focus on Elective Surgery and Emergency Department performance to ensure people receive the right treatment, at the right time, in the right place.

As a leading specialist provider, Canberra Health Services will develop its Clinical Services Plan and Garran Campus Master Plan enhancing future service forecasting and decision making.

Canberra Health Services will be partnering with service providers to develop an ACT-wide palliative care service, commencing with the design of a new palliative care ward at Canberra Hospital.

There will be an increased focus on supporting child and adolescent mental health services through a mobile outreach support service.

Additionally, Canberra Health Services will expand our range of services available at the five nurse-led Walk-in Centres and provide increased Hospital in the Home service options for the community.

Estimated Employment Level

Table 1: Estimated Employment Level

	2018-19 Actual Outcome	2019-20 Budget	2019-20 Actual Outcome	2020-21 Budget
Staffing (FTE)	6,660	6,529	6,667	6,752

Strategic Objectives and Indicators

Strategic Objective 1

Reducing the Usage of Seclusion in Mental Health Episodes

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

Table 2: The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days.	<7 per 1,000 bed days ¹	10.8 per 1,000 bed days ²	<7 per 1,000 bed days

Notes:

1. For 2019-20, Canberra Health Services have adopted the national standard and counting methodology for this indicator which is reported as a rate per 1,000 bed days.
2. During 2019-20, a small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate.

Strategic Objective 2

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

This indicator reflects the quality of care provided to acute mental health patients.

Table 3: 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 care¹

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	14%	<17%

Note:

1. The methodology for this measure in 2019-20 changed to reflect the national counting methodology which now incorporates all Mental Health inpatient readmissions as opposed to the previous measure of unplanned readmissions only. The Strategic Objective measures Canberra Health Services performance only.

Strategic Objective 3

Maximising the Quality of Hospital Services

This indicator highlights the effectiveness and quality of care provided to patients within CHS from a patient's perspective.

Table 4: Overall how would you rate the care you received in hospital

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Patient Experience Survey – score of positive patient experience responses	>80	86	>80

Strategic Objective 4

The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay. This provides an indication of the safety of hospital based services.

Table 5: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay¹

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Number of admitted patients who acquire a SAB infection per 10,000 bed days	<2.0 per 10,000	0.90 per 10,000	<2.0 per 10,000

Note:

- Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

Strategic Objective 5

The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.

Table 6: Estimated Hand Hygiene Rate¹

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Canberra Hospital	80%	87%	80%

Note:

- Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

Strategic Objective 6

Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Table 7: The mean percentage of overnight hospital beds in use

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Mean percentage of overnight hospital beds in use	90%	88%	90%

Output Classes

Canberra Health Services 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 through: Acute Services; Mental Health, Justice Health and Alcohol and Drug Services; Women, Youth and Children; Cancer Services; and Rehabilitation, Aged and Community Care.

Output Class 1: Health and Community Care

Table 8: Output Class 1: Health and Community Care

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost ^{1,2}	1,419,693	1,400,967
Controlled Recurrent Payments ³	0	0

Notes:

1. Total cost includes depreciation and amortisation of \$32.375 million in 2019-20 and \$33.247 million in 2020-21.
2. The decrease in Total Cost for 2020-21 Budget from the 2019-20 Audited Outcome is due mainly to the impacts of COVID-19.
3. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

Output 1.1: Acute Services

Canberra Health Services provides a comprehensive range of acute care, including:

- tertiary inpatient, outpatient and ambulatory services to the ACT and surrounding NSW;
- emergency department, intensive care unit and retrieval services;
- a range of medical speciality services including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology and renal services;
- elective and emergency surgery services; and
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics and paediatric surgery.

The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services while responding to the growing demand of services.

This means focusing on:

- strategies to improve access to services, including for the emergency department and elective surgery; and
- continuing to increase the efficiency of acute care services.

Table 9: Output 1.1: Acute Services

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	919,301	905,136
Controlled Recurrent Payments ¹	-	-

Note:

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

Canberra Health Services provides a range of Mental Health, Justice Health and Alcohol and Drug Services through the public and community sectors in hospitals, community health centres and other community settings, adult and youth correctional facilities and people's homes across the Territory. These services work to provide integrated and responsive care to a range of services including hospital-based specialist services, therapeutic rehabilitation, counselling, supported accommodation services and other community-based services.

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

This means focusing on:

- ensuring timely access to emergency mental health care;
- ensuring that public and community mental health services in the ACT provide people with appropriate assessment, treatment and care that result in improved mental health outcomes;
- providing community and hospital-based alcohol and drug services;
- providing health assessments and care for people detained in corrective facilities; and
- engagement and liaison with community sector services, primary care and other government agencies providing support and shared care arrangements.

Table 10: Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	195,854	195,546
Controlled Recurrent Payments ¹	-	-

Note:

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

Output 1.3: Cancer Services

Canberra Health 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 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 cancer meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks and there is timely access to chemotherapy and haematological treatments.

Table 11: Output 1.3: Cancer Services

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	86 008	84,683
Controlled Recurrent Payments ¹	-	-

Note:

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

Output 1.4: Subacute and Community Services

The provision of timely and effective, coordinated and comprehensive services which optimise the functionality and quality of life of adult patients. Following illness, injury or surgery, subacute services enable individuals to safely transition to community living. Community based services sees care delivered safely and closely to where people live.

The key priorities for Subacute and Community Services are:

- ensuring consistent and timely access to appropriate care and services, based on clinical need. This includes the efficient and appropriate transfer of people from acute to subacute settings, rehabilitation and ensuring community-based services are in place to support healthcare needs;
- ensuring effective planning for discharge and care planning occurs, including comprehensive aged care assessment where necessary, in order to provide appropriate support for independent living and minimise unplanned readmissions to hospital;
- for services that receive Commonwealth aged care funding, complying with the Commonwealth's Quality and Safety requirements;
- reduced waiting times for access to emergency Dental Health Services; and
- achieving lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index.

Table 12: Output 1.4: Subacute and Community Services

	2019-20	2020-21
	Audited Outcome	Budget
	\$'000	\$'000
Total Cost	218,530	215,603
Controlled Recurrent Payments ¹	-	-

Note:

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

Accountability Indicators

The half yearly performance report (31 December 2020) pursuant to section 30E of the *Financial Management Act 1996* is presented in combination with these budget statements. Contextual information on each output class can be found in the 'Output Classes' section of this budget statement.

Information on the 2019-20 Targets and outcome can be found in the Annual Report at <https://health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>

Targets do not include Calvary Public Hospital and Clare Holland House activity that is included in the Local Hospital Network Directorate.

Output Class 1: Health and Community Care

Output 1.1: Acute Services

Table 13: Accountability Indicators Output 1.1

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency				
a. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	100%	99%	-1
b. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency ¹	80%	80%	58%	-27
c. Non-urgent – admission within 365 is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency ²	93%	93%	48%	-48
The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes				
d. One (resuscitation seen immediately)	100%	100%	100%	-
e. Two (emergency seen within 10 mins)	80%	80%	78%	-3
f. Three (urgent seen within 30 mins) ³	75%	75%	32%	-57
g. Four (semi urgent seen within 60 mins) ⁴	70%	70%	48%	-31
h. Five (non-urgent seen within 120 mins) ⁵	70%	70%	83%	19
i. All presentations ⁶	70%	70%	49%	-30
Total Cost (\$'000)	905,136	452,568	467,939	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

Notes:

- a. Percentage of elective surgery cases admitted on time by clinical urgency—urgent (within 30 days of listing).
- b. Percentage of elective surgery cases admitted on time by clinical urgency—semi-urgent (within 90 days of listing).
- c. Percentage of elective surgery cases admitted on time by clinical urgency—non-urgent (within 365 days of listing).
- d. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category one (Immediately).
- e. The proportion of triage category two Emergency Department presentations that were treated within clinically appropriate timeframes (10 minutes).
- f. The proportion of triage category three Emergency Department presentations that were treated within clinically appropriate timeframes (30 minutes).
- g. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category four (60 minutes).
- h. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category five (120 minutes).
- i. The proportion of all Emergency Department presentations that were treated within clinically appropriate timeframes.

Variations between YTD Targets and YTD Result:

1. The number of Category 2 patients suspended during the COVID-19 elective surgery moratorium in March, April and early May 2020, led to a large number becoming overdue. This cohort represents a significant percentage of the total number of Category 2 patients on the waitlist, as they have received their surgery outside Category 2 time frames. This has dropped the percentage of those done within timeframe. This is appropriate clinically in the post COVID-19 situation.
2. The number of Category 2 and 3 patients made overdue because of the COVID-19 elective surgery moratorium in March, April and May 2020 displaced the less urgent Category 3 patients waiting for their elective surgery. In addition, a number of Category 3 patients became overdue as a result of the moratorium, and as they received their surgery, the percentage completed on time also reduced. This contributed to the under achieved result.
3. Since restrictions relating to the pandemic have been lifted in the ACT, we've seen activity in our emergency department returning to peak (pre-COVID-19) levels placing significant pressure on the Canberra Health Services emergency department. In addition, a steady increase in mental health related presentations has placed additional increased pressure on the emergency departments ability to meet this target. As such, the target has not been achieved largely due to these factors.
4. Triage category four patients did not achieve target largely due to steady increases in emergency department presentations post the COVID-19 pandemic and increase in more urgent triage categories who have to be seen ahead of triage category 4 patients.
5. This target was achieved due to Canberra Health Services emergency department staff being able to identify a number of patients presenting for care that were more clinically appropriately treated by one of the four walk in centres, or primary care and did not require emergency department intervention. Furthermore, triage category five presentations are a smaller cohort of demand when compared with other triage categories where we're experiencing record levels of presentation to our emergency department.
6. The overall all target for all triage categories was not met, this was largely due to the unprecedented increase in demand experienced across a number of triage categories which has impacted Canberra Health Services emergency departments ability to achieve this target.

Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

Table 14: Accountability Indicators Output 1.2

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Adult mental health program community service contacts ¹	198,000	99,000	110,898	12
b. Children and youth mental health program community service contacts ²	72,000	36,000	56,299	56
c. Mental health rehabilitation and specialty services ³	26,250	13,125	18,257	39
d. Alcohol and drug services community contacts ⁴	70,000	35,000	26,770	-24
e. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%	-
f. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	100%	-
g. Justice health services community contacts ⁵	150,000	75,000	56,286	-25
h. Percentage of current clients on opioid treatment with management plans	98%	98%	97%	-1
i. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services ⁶	75%	75%	70%	-5
Total Cost (\$'000)	195,546	97,773	99,731	2
Controlled Recurrent Payments (\$'000)	-	-	-	-

Notes:

- The number of adult mental health program community service contacts completed in the period.
- The number of children and youth mental health program community service contacts completed in the period.
- The number of community contacts for Mental Health Rehabilitation and Specialty Services completed in the period.
- The number of patient service events completed by Alcohol and Drug Services.
- The proportion of detainees at the Alexander Maconochie Centre who have a health assessment completed within 24 hours of detention.
- The proportion of detainees in Bimberi Youth Detention Centre who have a health assessment completed within 24 hours of detention.
- The number of community contacts completed in the period by Justice Health Services.
- Percentage of current clients on opioid treatment who have management plans.
- Proportion of mental health clients contacted by a Canberra Health Services and or a Health Directorate community facility within 7 days of discharge from inpatient services.

Variations between YTD Targets and YTD Result:

- The result over target is mostly attributed to increased staffing across the Adult Community Mental Health Services (ACMHS) program coupled with an increase in service demand and some previous changes in work practices associated with the initial COVID-19 response (e.g. more service provision through increased phone contacts as opposed to face to face contacts). Furthermore, the ACT Government mental health stimulus funding which was used to expand both the Home Assessment and Acute Response Team and Access Mental Health Team has correlated with increased staffing levels and activity in these areas.
- The Child and Adolescent Mental Health Services (CAMHS) program is over target due to an increase in service demand and there has been an expansion in the CAMHS programs through budget initiatives.
- The over target result is mostly attributed to reduced staff vacancies across the Rehabilitation and Specialty Services (RSS) program coupled with increased demand associated with COVID-19 response.
- The under achievement is related to a reduction in occasions of service due to health professional vacancies and the ongoing challenges in filling these vacancies.

5. Under achievement is due to multiple factors, including a total detainee reduction. The introduction of Buvidal for the Opioid Maintenance Treatment (OMT) program mean that detainees require monthly injections rather than daily medication, hence reducing associated activity. In addition, COVID-19 restrictions impacted the availability of doctors and despite Telehealth options, there was an impact on service delivery.
6. In the ACT, a proportion of inpatient admissions included interstate residents who are subsequently discharged from an ACT acute public setting or transferred back to an appropriate interstate facility / residence and do not need a 7-day post discharge follow up from ACT based community mental health services as interstate services would complete follow up in this instance. Additionally, this data also captures clients who are transferred between inpatient facilities within the ACT.

Output 1.3: Cancer Services

Table 15: Accountability Indicators Output 1.3

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Participation rate, proportion of women aged 50 to 74 who had a breast screen ¹	60%	60%	56%	-7
b. Total breast screens	19,500	9,750	10,043	3
c. Percentage of screened patients who are assessed within 28 days ²	90%	90%	99%	10
Radiotherapy Treatment Within Standard Timeframes				
d. Emergency – treatment starts within 48 hours	100%	100%	100%	-
e. Palliative – treatment starts within 2 weeks ³	90%	90%	96%	7
f. Radical – treatment starts within 4 weeks ⁴	90%	90%	98%	9
Total Cost (\$'000)	84,683	42,342	43,794	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

Notes:

- a. The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year.
- b. Total number of breast screens completed in the period.
- c. The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
- d. The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.
- e. The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.
- f. The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.

Variances between YTD Targets and YTD Result:

1. Screening attendance, and therefore the participation rate, has remained consistent despite the lack of promotional activity due to COVID-19. The participation rate for the ACT remains above the national average. Under achievement largely due to this being a voluntary service and the factors raised above.
2. Timeliness to assessment has continued to improve as a result of the previously outlined quality activities and having a full establishment of breast radiologists to staff the assessment clinics. Furthermore, every effort is made to ensure women are assessed in a timely manner in the event service delivery is impacted by COVID-19. This outcome has been achieved within existing resources as it relates to timeliness and not capacity.
3. The positive variance is due to the install of new planning software and linear accelerators, that have helped the department improve efficiency in our planning and treatment processes.
4. The positive variance is due to the install of new planning software and linear accelerators, that have helped the department improve efficiency in our planning and treatment processes.

Output 1.4: Subacute and Community Services

Table 16: Accountability Indicators Output 1.4

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Mean waiting time for clients on the dental services waiting list ¹	12 months	12 months	14 months	16
b. Sub-acute bed days of care at University of Canberra Hospital ²	27,600	13,800	18,958	37
c. Walk-in Centre presentations to Gungahlin ³	20,000	10,000	7,904	-21
d. Walk-in Centre presentations to Belconnen ⁴	24,000	12,000	9,214	-23
e. Walk-in Centre presentations to Tuggeranong ⁵	24,000	12,000	9,324	-22
f. Median wait time to be seen, in minutes (all Walk-in Centre's combined)	<30 minutes	<30 minutes	13 minutes	-
Total Cost (\$'000)	215,603	107,802	111,221	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

Notes:

- Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
- Sub-acute bed days of care at University of Canberra Hospital in the period.
- Total patient presentations in the period to the Gungahlin Walk-in Centre.
- Total patient presentations in the period to the Belconnen Walk-in Centre.
- Total patient presentations in the period to the Tuggeranong Walk-in Centre.
- Median wait time to be seen for client at all Walk-in Centres.

Variances between YTD Targets and YTD Result:

- Due to COVID-19 no clients were removed from the waiting list in July 2020 as ADA restrictions prevented these treatments. A Canberra Health Services targeted strategy has been implemented to reduce the number of patients waiting for dental treatment. This involves promotion of the Restorative Referral Scheme (RRS) program undertaken by private sector dental providers, to take more public cases waiting for treatment. As a result, the number of clients now treated in Canberra Health Services facilities has decreased substantially, with the focus on managing more acute and complex patients, with the RRS treating the remainder of more routine patients. The waiting time target was not achieved due to a combination of the above reasons.
- Additional unfunded beds remain open at University of Canberra Hospital from March 2020 to continue to manage the CHS COVID-19 response, some of these beds closed post September 2020. However, significant additional sub-acute bed days had already occurred in early 2020-21 due to the above reason.
- Half yearly figures are below target largely due to COVID-19 and the impact this had on clients presenting to the Gungahlin WiC earlier in the financial year of 2020-21.
- Half yearly figures are below target largely due to COVID-19 and the impact this had on clients presenting to the Belconnen WiC earlier in the financial year of 2020-21.
- Half yearly figures are below target largely due to COVID-19 and the impact this had on clients presenting to the Tuggeranong WiC earlier in the financial year of 2020-21.

Changes to Appropriation

Table 17: Changes to appropriation – Capital Injections, Controlled

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
2019-20 Budget	69 965	58 252	10 847	7 078	4 778
FMA Section 16B Rollovers from 2018-19					
ACT Health Critical Assets Upgrades	1 676	0	0	0	0
Better Infrastructure Fund	563	0	0	0	0
Cancer Inpatients and Acute Aged Care	188	0	0	0	0
Clinical Services and Inpatient Unit Design and Infrastructure Expansion (CSIUDIE)	180	0	0	0	0
Clinical Services Redeployment - Phase 3	1 758	0	0	0	0
Continuity of Health Services Plan - Essential Infrastructure	355	0	0	0	0
Expanding the Centenary Hospital - More Services for Women and Children	353	0	0	0	0
Improved Infrastructure for Acute Aged Care and Cancer Inpatients	-86	0	0	0	0
More Mental Health Accommodation	436	0	0	0	0
More Mobile Dental Clinics	12	0	0	0	0
More Nurse-led Walk In Centres	453	0	0	0	0
Secure Mental Health Unit	439	0	0	0	0
Sterilising Services - Relocation and Upgrade	867	0	0	0	0
University of Canberra Hospital Car Park	379	0	0	0	0
Upgrading and Maintaining ACT Health Assets	2 292	0	0	0	0
Walk-In Centres and Inner North Community Health Infrastructure	256	0	0	0	0
2020-21 Budget Policy Decisions					
Outpatient Imaging Service at Weston Creek Walk-in Centre	0	660	5 010	0	0
Screwdriver Ready - Additional Mental Health HDU Beds	0	375	0	0	0
Screwdriver Ready - Inner North Community Health Centre Additional Works	0	300	0	0	0
Upgrade and Refurbishment of Buildings at Canberra Hospital	0	763	9 699	6 172	0
Walk-in Health Centre - Coombs pilot	0	250	0	0	0
2020-21 Budget Technical Adjustments					
Commonwealth Grant - Community, Health and Hospitals Program – Expansion of the Intensive Care Unit	0	13 500	0	0	0
Commonwealth Grant - Health Innovation Fund – Mental Health Ward 12B	0	8 100	0	0	0
Revised Funding Profile - Accommodation to Support People with Mental Health Issues	-1 320	1 320	0	0	0
Revised Funding Profile - Better care when you need it - More Nurse-led Walk In Centres	-417	48	0	0	0
Revised Funding Profile - Better care when you need it - New Medical Imaging Equipment	-500	500	0	0	0
Revised Funding Profile - Better care when you need it – Replacement of polyethylene aluminium composite panels – Centenary Hospital for Women and Children	-474	0	0	0	0
Revised Funding Profile - Better care when you need it - Training our future Health Workforce	-1 352	1 052	300	0	0

Table 17: Changes to appropriation – Capital Injections, Controlled (continued)

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Revised Funding Profile - Better care when you need it - University of Canberra Hospital Operational Readiness	290	-290	0	0	0
Revised Funding Profile - Better healthcare for a growing community - Expanding Centenary Hospital - More services for women and children	-3 069	-16 434	3 941	15 562	0
Revised Funding Profile - Better Healthcare for a Growing Community - ACT Health Critical Assets Upgrades	-3 845	-11 052	7 100	4 000	0
Revised Funding Profile - Better Healthcare for a Growing Community - Delivering the Weston Creek Walk In Centre	-51	651	0	0	0
Revised Funding Profile - Better Health Services – Upgrading and maintaining ACT Health assets	5 654	-2 554	3 000	1 500	
Revised Funding Profile - Better Infrastructure Fund	-387	1 387	0	0	0
Revised Funding Profile - Clinical Services and Inpatient Unit Design and Infrastructure Expansion	-245	-241	0	0	0
Revised Funding Profile - Clinical Services Redevelopment - Phase 2	-208	208	0	0	0
Revised Funding Profile - Clinical Services Redevelopment - Phase 3	-532	375	0	0	0
Revised Funding Profile - Continuity of Health Services Plan - Essential Infrastructure	-51	51	0	0	0
Revised Funding Profile - Delivering the Inner North Walk In Centre	-31	31	0	0	0
Revised Funding Profile - Expanding Pharmacy Services at The Canberra Hospital	-2 112	-2 363	3 475	1 000	0
Revised Funding Profile - Expansion of the Intensive Care Unit	0	-4 000	4 000	0	0
Revised Funding Profile - Health Infrastructure Program - Project Management Continuation	192	-192	0	0	0
Revised Funding Profile - Improved Infrastructure for Acute Aged Care and Cancer Inpatients	-1 475	3 075	0	0	0
Revised Funding Profile - Mental Health Ward 12B	0	-1 000	1 000	0	0
Revised Funding Profile - More Mental Health Services at the Canberra Hospital	-1 416	1 416	0	0	0
Revised Funding Profile - More Public Medical Imaging Services for Canberra Hospital	9	-1 909	1 900	0	0
Revised Funding Profile - Opioid Treatment Services on Canberra's Northside	-484	484	0	0	0
Revised Funding Profile - Secure Mental Health Unit	-1 007	484	0	0	0
Revised Funding Profile - Sterilising Services - Relocation and Upgrade	-548	548	0	0	0
Revised Funding Profile - The Canberra Hospital - Essential Infrastructure and Engineering Works	-1 636	1 036	600	0	0
Revised Funding Profile - University of Canberra Public Hospital	0	-2 800	0	0	0
Revised Funding Profile - University of Canberra Public Hospital Car Park (Grant)	-1 858	655	0	0	0
Revised Indexation Parameters - Better Infrastructure Fund	0	2	25	25	146
Transfer - Better Infrastructure Funding to ACT Health Directorate	0	-457	-466	-478	-490
Transfer - Centenary Hospital for Women and Children from ACT Health Directorate	5 500	31 500	12 050	0	0
Transfer - University of Canberra Hospital to ACT Health Directorate	-2 338	0	0	0	0
2020-21 Budget	66 375	83 731	62 481	34 859	4 434

Summary of 2020-21 Infrastructure Program

Table 18: 2020-21 Canberra Health Services Infrastructure Program

Project	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Four Year Investment \$'000	Physical Completion Date
CAPITAL WORKS PROGRAM						
Work In Progress						
Better care when you need it — More nurse-led Walk in Centres	48	-	-	-	48	Mar-20
Better care when you need it — New medical imaging equipment	500	-	-	-	500	Jun-21
Better care when you need it — Training our future health workforce	1 352	300	-	-	1 652	Jun-21
Better Health Services — Upgrading and maintaining ACT Health assets	13 724	3 000	1 500	-	18 224	Mar-21
Better healthcare for a growing community - ACT Health critical assets upgrades	5 147	7 100	4 000	-	14 502	Dec-21
Better healthcare for a growing community - More mental health accommodation	4 721	86	-	-	4 807	Dec-20
Better healthcare for a growing community — Delivering the Weston Creek Walk in Centre	395	-	-	-	395	Mar-20
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	245	-	-	-	245	Jun-21
Clinical Services Redevelopment — Phase 2	208	-	-	-	208	Jun-20
Clinical Services Redevelopment — Phase 3	375	-	-	-	375	Jan-20
Community, Health and Hospitals Program — Australian Capital Territory Initiatives	8 500	5 000	-	-	13 500	Jun-22
Continuity of Health Services Plan — Essential Infrastructure	51	-	-	-	51	Jun-20
Delivering the Inner North Walk in Centre	901	-	-	-	901	Aug-20
Expanding pharmacy services at The Canberra Hospital	955	3 475	1 000	-	5 430	Dec-21
Expanding the Centenary Hospital for Women and Children	15 066	15 991	15,562	-	46 619	Sep-23
Health Infrastructure Program — Project management continuation	298	-	-	-	298	Jun-18
Health Innovation Fund	8 100	-	-	-	8 100	Jul-21
Improved Infrastructure for Acute Aged Care and Cancer Inpatients	7 075	-	-	-	7 075	Mar-21
More mental health services at The Canberra Hospital	2 172	-	-	-	2 172	May-21
More public medical imaging services for Canberra Hospital	891	8 000	2 300	-	11 191	Dec-22
Opioid treatment services on Canberra's northside	484	-	-	-	484	Nov-20
Secure Mental Health Unit	484	-	-	-	484	Feb-20
Sterilising Services — Relocation and upgrade	548	-	-	-	548	Jun-20
The Canberra Hospital — Essential infrastructure and engineering works	1 036	600	-	-	1 636	Apr-22

Table 18: 2020-21 Canberra Health Services Infrastructure Program (continued)

Project	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Four Year Investment \$'000	Physical Completion Date
University of Canberra Public Hospital	1 950	-	-	-	1 950	Jul-18
University of Canberra Public Hospital Car Park (Grant)	655	-	-	-	655	Jul-18
Total Work In Progress	75 881	43 552	24 362	-	143 795	
Capital Upgrade Programs						
Better Infrastructure Fund	5 502	4 220	4 325	4 434	18 481	Sep-20
Screwdriver initiatives of the agency	675	-	-	-	675	Jun-21
Total Capital Upgrade Programs	6 177	4 220	4 325	4 434	19 156	
New Work						
Upgrade and refurbishment of buildings at Canberra Hospital	763	9 699	6 172	-	16 634	Jun-23
Walk-in health centre – Coombs pilot	250	-	-	-	250	Jun-21
Imaging services at the Weston Creek Walk-in Centre	660	5 010	-	-	5 670	Jun-22
Total New Capital	1 673	14 709	6 172	-	22 554	
TOTAL INFRASTRUCTURE INVESTMENT PROGRAM	83 731	62 481	34 859	4 434	185 505	

Financial Statements

Table 19: Canberra Health Services: Operating Statement

2019-20 Budget	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000	
Income							
Revenue							
1 158 567	Sale of Goods and Services from Contracts with Customers	101 420	116 787	15	118 279	123 684	126 775
7 798	Grants and Contributions	1 243 509	1 226 980	-1	1 209 370	1 217 048	1 232 361
195	Investment Revenue	0	199	#	204	207	211
14 528	Other Revenue	10 353	15 760	52	16 083	16 436	16 847
1 181 088	Total Revenue	1 355 282	1 359 726	..	1 343 936	1 357 375	1 376 194
Gains							
0	Other Gains	191	0	-100	0	0	0
0	Total Gains	191	0	-100	0	0	0
1 181 088	Total Income	1 355 473	1 359 726	..	1 343 936	1 357 375	1 376 194
Expenses							
742 095	Employee Expenses	823 416	813 133	-1	804 686	809 765	816 242
101 832	Superannuation Expenses	108 530	113 413	4	105 951	106 179	106 891
315 579	Supplies and Services	407 751	413 517	1	409 352	417 243	428 749
32 375	Depreciation and Amortisation	31 975	33 247	4	38 220	40 118	40 594
16 766	Grants and Purchased Services	20 843	17 934	-14	17 160	17 587	17 860
9 877	Cost of Goods Sold	19 341	10 125	-48	10 377	10 636	10 902
479	Borrowing Costs	63	479	660	490	490	490
5 703	Other Expenses	7 774	5 850	-25	5 999	6 045	6 091
1 224 706	Total Expenses	1 419 693	1 407 698	-1	1 392 235	1 408 063	1 427 819
-43 618	Operating Result	-64 220	-47 972	25	-48 299	-50 688	-51 625
Other Comprehensive Income							
0	Increase/(Decrease) in Asset Revaluation Surplus	-58 520	0	100	0	0	0
0	Total Other Comprehensive Income	-58 520	0	100	0	0	0
-43 618	Total Comprehensive Income	-122 740	-47 972	61	-48 299	-50 688	-51 625

Table 20: Canberra Health Services: Balance Sheet

Budget at 30/6/20 \$'000	2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000	
Current Assets							
47 878	Cash and Cash Equivalents	48 068	41 778	-13	43 196	44 618	46 040
29 443	Receivables	27 634	28 644	4	29 652	30 658	31 664
7 284	Inventories	10 674	10 874	2	11 074	11 274	11 474
4 917	Other Assets	1 026	1 091	6	1 156	1 221	1 286
89 522	Total Current Assets	87 402	82 387	-6	85 078	87 771	90 464
Non Current Assets							
1 164 990	Property, Plant and Equipment	1 143 986	1 229 267	7	1 288 741	1 264 226	1 247 044
14 375	Capital Works in Progress	68 071	43 352	-36	18 217	47 551	38 651
1 669	Other Assets	0	0	-	0	0	0
1 181 034	Total Non Current Assets	1 212 057	1 272 619	5	1 306 958	1 311 777	1 285 695
1 270 556	TOTAL ASSETS	1 299 459	1 355 006	4	1 392 036	1 399 548	1 376 159
Current Liabilities							
46 391	Payables	53 669	54 949	2	56 779	58 620	60 461
425	Interest-Bearing Liabilities	0	0	-	0	0	0
686	Lease Liabilities	1 904	2 590	36	3 276	3 962	4 648
256 413	Employee Benefits	287 324	302 241	5	320 042	338 326	357 071
8 927	Other Liabilities	28 038	28 777	3	28 977	29 177	29 377
312 842	Total Current Liabilities	370 935	388 557	5	409 074	430 085	451 557
Non Current Liabilities							
2 069	Interest-Bearing Liabilities	0	0	-	0	0	0
365	Lease Liabilities	1 835	2 200	20	2 565	2 930	3 295
18 123	Employee Benefits	16 828	18 629	11	20 595	22 560	24 525
91	Other Provisions	0	0	-	0	0	0
0	Other Liabilities	1 177	1 177	-	1 177	1 177	1 177
20 648	Non-Current Liabilities	19 840	22 006	11	24 337	26 667	28 997
333 490	TOTAL LIABILITIES	390 775	410 563	5	433 411	456 752	480 554
937 066	NET ASSETS	908 684	944 443	4	958 625	942 796	895 605
806 902	Accumulated Funds	842 767	878 526	4	892 708	876 879	829 688
130 164	Asset Revaluation Surplus	65 917	65 917	-	65 917	65 917	65 917
937 066	TOTAL FUNDS EMPLOYED	908 684	944 443	4	958 625	942 796	895 605

Table 21: Canberra Health Services: Statement of Changes in Equity

Budget at 30/6/20 \$'000		2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
Opening Equity							
780 555	Opening Accumulated Funds	835 165	842 767	1	878 526	892 708	876 879
130 164	Opening Asset Revaluation Reserve	124 438	65 917	-47	65 917	65 917	65 917
910 719	Balance at the Start of the Reporting Period	959 603	908 684	-5	944 443	958 625	942 796
Comprehensive Income							
-43 618	Operating Result - Including Economic Flows	-64 220	-47 972	25	-48 299	-50 688	-51 625
0	Inc/Dec in Asset Revaluation Reserve Surpluses	-58 520	0	100	0	0	0
-43 618	Total Comprehensive Income	-122 740	-47 972	61	-48 299	-50 688	-51 625
0	Total Movement in Reserves	0	0	-	0	0	0
Transactions Involving Owners Affecting Accumulated Funds							
69 965	Capital Injections	66 375	83 731	26	62 481	34 859	4 434
0	Inc/Dec in Net Assets due to Admin Restructure	5 447	0	-100	0	0	0
69 965	Total Transactions Involving Owners Affecting Accumulated Funds	71 822	83 731	17	62 481	34 859	4 434
Closing Equity							
806 902	Closing Accumulated Funds	842 767	878 526	4	892 708	876 879	829 688
130 164	Closing Asset Revaluation Reserve	65 917	65 917	-	65 917	65 917	65 917
937 066	Balance at the end of the Reporting Period	908 684	944 443	4	958 625	942 796	895 605

Table 22: Canberra Health Services: Cash Flow Statement

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
1 154 259	Sale of Goods and Services from Contracts with Customers	110 210	1 260 622	#	1 242 551	1 253 623	1 269 867
4 659	Grants and Contributions	1 191 699	4 775	-100	4 894	5 016	5 141
195	Investment Receipts	90	199	121	204	207	211
0	Goods and Services Tax Input Tax Credits from the Australian Taxation Office	34 666	0	-100	0	0	0
0	Goods and Services Tax Collected from Customers	5 801	0	-100	0	0	0
73 607	Other	16 026	76 244	376	77 998	78 377	78 816
1 232 720	Operating Receipts	1 358 492	1 341 840	-1	1 325 647	1 337 223	1 354 035
Payments							
727 446	Employee	778 572	800 261	3	788 753	793 336	799 352
97 417	Superannuation	107 131	108 998	2	101 536	101 764	102 476
316 524	Supplies and Services	343 150	343 566	..	337 697	343 726	353 225
16 766	Grants and Purchased Services	20 595	18 036	-12	17 285	17 712	18 106
504	Interest Expenses	0	504	#	515	515	515
0	Goods and Services Tax Paid to Suppliers	41 379	0	-100	0	0	0
9 877	Related to Cost of Goods Sold	0	10 125	#	10 377	10 636	10 902
56 188	Other	24 084	57 614	139	59 063	59 109	59 155
1 224 722	Operating Payments	1 314 911	1 339 104	2	1 315 226	1 326 798	1 343 731
7 998	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	43 581	2 736	-94	10 421	10 425	10 304
CASH FLOWS FROM INVESTING ACTIVITIES							
Receipts							
0	Proceeds from Sale of Property, Plant and Equipment	192	0	-100	0	0	0
0	Investing Receipts	192	0	-100	0	0	0
Payments							
78 298	Purchase of Property, Plant and Equipment	96 764	92 062	-5	70 789	43 167	12 621
78 298	Investing Payments	96 764	92 062	-5	70 789	43 167	12 621
-78 298	NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	-96 572	-92 062	5	-70 789	-43 167	-12 621

Table 22: Canberra Health Services: Cash Flow Statement (continued)

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
69 965	Capital Injections	66 375	83 731	26	62 481	34 859	4 434
69 965	Financing Receipts	66 375	83 731	26	62 481	34 859	4 434
Payments							
0	Repayment of Borrowings	386	0	-100	0	0	0
695	Repayment of Lease Liabilities - Principal	1 939	695	-64	695	695	695
695	Financing Payments	2 325	695	-70	695	695	695
69 270	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	64 050	83 036	30	61 786	34 164	3 739
-1 030	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	11 059	-6 290	-157	1 418	1 422	1 422
48 908	CASH AT THE BEGINNING OF REPORTING PERIOD	37 009	48 068	30	41 778	43 196	44 618
47 878	CASH AT THE END OF REPORTING PERIOD	48 068	41 778	-13	43 196	44 618	46 040

Notes to the Controlled Budget Statements

Significant variations between the original 2019-20 Budget and the 2019-20 audited outcome and the variances between the 2019-20 audited outcome and the 2020-21 Budget are as follows:

Operating Statement

- Sales of Goods and Services from Contracts with Customers: following accounting standard changes, the payments received via the ACT Local Hospital Network appear as Grants and Contributions. The increase of \$15.367 million between the 2019-20 audited outcome and 2020-21 Budget primarily relate to reduced revenue being received from patients in 2019-20 as a result of COVID-19.
- Other Revenue: The increase of \$5.407 million between the 2019-20 audited outcome and 2020-21 Budget primarily relates to reduced revenue being received in 2019-20 as a result of COVID-19.
- Grants and Purchased Services: The decrease of \$2.909 million between the 2019-20 audited outcome and the 2020-21 Budget relates primarily to increased purchased services being incurrent in 2019-20 as a result of the COVID-19 response.
- Cost of Goods Sold: The decrease of \$9.216 million between the audit outcome and the 2020-21 budget primarily relates to abnormally high purchases in 2019-20 to support the COVID-19 response.
- Other Expenses: The decrease of \$1.924 million from the 2019-20 audited outcome to the 2020-21 budget predominantly relates to higher bad and doubtful debt expenses being incurred in 2019-20 resulting from a review of debts owed to Canberra Health Services.

Balance Sheet

- Capital works in progress: the decrease of \$15.281 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to delays in the completion of capital works projects in 2019-20 as a result of COVID-19.
- Current and non current employee benefits: the increase of \$16.718 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to wage rises and growth in staff.

Statement of Changes in Equity

- Capital injections: the increase of \$17.356 million in the 2020-21 Budget from the 2019-20 audited outcome is due to the reprofiling of Capital Works program and new capital investment which is summarised on the Infrastructure table.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

ACT LOCAL HOSPITAL NETWORK

Purpose

The ACT Local Hospital Network, established in accordance with the *National Health Reform Agreement*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate. The ACT Local Hospital Network is supported by the ACT Health Directorate's staff.

The ACT Local Hospital Network receives funding from the Commonwealth, the ACT and other state and territory governments. Funding from other state and territory governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The ACT Local Hospital Network funds public hospital and health services provided through the following providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital;
- Calvary Health Care ACT Limited, through Calvary Public Hospital Bruce and Clare Holland House Hospice; and
- Tresillian Family Care Centres, through the Queen Elizabeth II Family Centre.

2020-21 Priorities

Operational initiatives to be pursued in 2020-21 include:

- receiving and distributing funding for public hospital services under the *National Health Reform Agreement* (NHRA);
- funding public hospital and health services delivered by three ACT public hospital and health service providers; and
- continuing to support the public hospital system in response to the COVID-19 pandemic, including prevention, preparedness, vaccination and recovery of services impacted by the COVID-19 shutdown.

Estimated Employment Level

The ACT Local Hospital Network does not employ any staff. All staff providing administrative support for the ACT Local Hospital Network are employed by the ACT Health Directorate.

Strategic Objectives and Indicators

Strategic Objective 1

Establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery

Table 1: Number of Public Hospital Performance Agreements

	2019–20 Target	2019–20 Outcome	2020–21 Target
Performance Agreements with Public Hospital Service Providers in place ¹	2	2	2

Note:

1. The Canberra Hospital and the University of Canberra Hospital are contracted under the same agreement, as is Calvary Public Hospital Bruce and Clare Holland House.

Output Classes

The ACT Local Hospital Network will receive funding under the NHRA and purchase public hospital services from Canberra Health Services, Calvary Health Care ACT Limited and Tresillian Family Care Centres.

The NHRA commits the Commonwealth to fund public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by the Independent Hospital Pricing Authority (IHPA). The NEP is based on the projected average cost of a National Weighted Activity Unit (NWAU). The ACT Local Hospital Network also receives block funding from the Commonwealth for services not in scope to be funded on an activity basis.

An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAU's, the simplest and least expensive are worth fractions of an NWAU. NWAU's are updated annually.

The 2020-21 National Efficient Price is \$5,320 per NWAU.

Output Class 1: ACT Local Hospital Network.

Table 2: Output Class 1: ACT Local Hospital Network.

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	1,445,521	1,589,823
Controlled Recurrent Payments	869,147	900,173

Accountability Indicators

The half yearly performance report (31 December 2020) pursuant to section 30E of the *Financial Management Act 1996* is presented in combination with these budget statements. Contextual information on each output class can be found in the 'Output Classes' section of this budget statement.

Information on the 2019-20 Targets and outcome can be found in the Annual Report at health.act.gov.au.

Output Class 1: ACT Local Hospital Network.

Table 3: Accountability Indicators Output 1.1

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
	NWAU{20}	NWAU{20}	NWAU{20}	
a. Admitted Services – National Weighted Activity Units	104,329	52,165	51,179	-2
b. Non-admitted Services – National Weighted Activity Units ¹	28,815	14,408	16,588	15
c. Emergency Services – National Weighted Activity Units	19,324	9,662	9,746	1
d. Acute Admitted Mental Health Services – National Weighted Activity Units	10,384	5,192	5,326	3
e. Sub-Acute Services – National Weighted Activity Units ¹	14,124	7,062	7,729	9
f. Total in Scope – National Weighted Activity Units	176,976	88,488	90,569	2
Total Cost (\$'000) ²	1,589,823	794,912	838,758	6
Controlled Recurrent Payments (\$'000) ³	900,173	450,087	530,838	18

Notes:

National Weighted Activity Unit (NWAU) is the 'currency' that is used to express the price weights for all services that are funded on an activity basis. NWAU {20} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2020-21. NWAU {20} is not directly comparable to NWAU {19}. These measures combine the results for Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

- a. Excludes mental health and sub-acute services.
- b. Excludes community mental health services.

Variations between YTD Targets and YTD Result:

1. The higher than target result is due to improved data capture and activity recording.
2. The higher level of Total Cost above the pro-rata target reflects the timing of payments to services providers to account for the due date for annual insurance and workers compensation premiums and the advance payment of the first drawdown for January 2021 in December 2020.
3. The higher level of Controlled Recurrent Payment above the pro-rata target reflects the timing of payments to services providers to account for the due date for annual insurance and workers compensation premiums, the advance receipt of the first drawdown for January 2021 in December 2020 and the retention of a cash buffer.

Changes to Appropriation

Table 4: Changes to appropriation – Controlled Recurrent Payments

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
2019-20 Budget	771,178	785,961	798,551	786,369	779,650
2nd Appropriation					
COVID-19 Public Health Response	61,050	0	0	0	0
Supporting growing demand for health services	59,696	0	0	0	0
FMA Section 16B Rollovers from 2018-19					
Medical Officers EBA backpay	8,632	0	0	0	0
Property, Plant and Equipment	5,873	0	0	0	0
Rare cancer treatment trial (MoST)	23	0	0	0	0
2020-21 Budget Policy Adjustments					
Adolescent Mobile Outreach Service Continuation - Stage 1	0	1,016	0	0	0
Adolescent Mobile Outreach Service Continuation - Stage 2	0	0	1,031	1,052	1,073
Calvary Public Hospital additional services	0	6,534	0	0	0
COVID-19 Mental Health Support Package	0	720	0	0	0
COVID-19 Public Health Response - 2020-21 - Stage 1	0	26,541	0	0	0
COVID-19 Public Health Response - 2020-21 - Stage 2	0	250	0	0	0
COVID-19 Public Health Response - Vaccination Program	0	6,731	8,628	0	0
Expanding Mental Health Support and Services	0	754	145	147	149
Expanding the Police, Ambulance and Clinician Early Response (PACER) service - Stage 1	0	240	0	0	0
Expanding the Police, Ambulance and Clinician Early Response (PACER) service - Stage 2	0	509	1,043	1,069	1,095
Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse	0	30	0	0	0
Imaging services at the Weston Creek Walk-in Centre	0	0	331	-317	-338
Improving Safety of Older Drivers	0	300	0	0	0
Investigating insourcing options	0	145	0	0	0
Savings - COVID-19 Public Health Response - 2020-21	0	-1,679	0	0	0
Savings - Office of the Co-ordinator General for the Whole of Government	0	-166	0	0	0
Screwdriver ready - Canberra Hospital Campus - Ward 12B design	0	375	0	0	0
Supporting growing demand for health services	0	60,000	0	0	0
Walk-in health centre - Coombs pilot	0	0	166	169	172
Walk-in health centres - Planning and feasibility	0	542	1,458	0	0
Winnunga Model of Care at the Alexander Maconochie Centre	0	334	0	0	0
2020-21 Budget Technical Adjustments					
Commonwealth Grant - Health Innovation Funding	0	838	0	0	0
Commonwealth Grant - Health Innovation Fund - Hospital Discharge liaison pilot program	0	1,000	0	0	0
Commonwealth Grant - Health Innovation Fund - Mental Health Increase Calvary Capacity	0	1,900	0	0	0
Commonwealth Grant - Specialist Dementia Program	0	337	264	268	0
Commonwealth Grant - Lymphoedema Compression Garment Scheme	0	34	34	34	34
Revised Indexation Parameters	0	0	0	0	-3,956

Table 4: Changes to appropriation – Controlled Recurrent Payments (continued)

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Transfer - ACT Audit of Surgical Mortality to ACTHD	0	-82	-84	-86	-88
Transfer - ACT Strategic Priorities for Aboriginal and Torres Strait	0	180	180	180	180
Transfer - Canberra Hospital Foundation funding to ACTHD	0	-619	-634	-650	-667
Transfer - Capacity Building for Mental Health Carers from ACTHD	0	231	0	0	0
Transfer - Encourage Clinical trials from ACTHD	0	153	0	0	0
Transfer - Expansion of ACT Eating Disorder Services from ACTHD	0	442	683	683	683
Transfer - Finance function from ACTHD	0	164	332	336	340
Transfer - Goods & Services Procurement cost from ACTHD	0	386	396	406	416
Transfer - Hospital in the Home project management to ACTHD	0	-419	-419	-419	-419
Transfer - Injury Management cost from ACTHD	0	829	850	871	893
Transfer - Ministerial and Government Services Staff from ACTHD	0	207	212	217	223
Transfer - Office of Chief of Psychiatrist FTE to ACTHD	0	-74	-76	-77	-78
Transfer - Professional Standards Unit cost from ACTHD	0	895	917	940	964
Transfer - Urinalysis from JACS	0	442	0	0	0
Undrawn Funds	-39,640	0	0	0	0
Workers Compensation Premium Adjustment	2,335	4,192	7,866	7,866	7,866
2020-21 Budget	869,147	900,173	821,874	799,058	788,192

Financial Statements

Table 5: ACT Local Hospital Network: Operating Statement

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
Income							
Revenue							
771,178	Controlled Recurrent Payments	869,147	900,173	4	821,874	799,058	788,192
110,619	Sale of Goods and Services from Contracts with Customers	116,596	200,685	72	232,438	238,248	244,204
423,826	Grants and Contributions	469,732	488,965	4	480,544	511,779	545,045
1,305,623	Total Revenue	1,455,475	1,589,823	9	1,534,856	1,549,085	1,577,441
0	Total Gains	0	0	-	0	0	0
1,305,623	Total Income	1,455,475	1,589,823	9	1,534,856	1,549,085	1,577,441
Expenses							
1,298,441	Grants and Purchased Services	1,434,253	1,571,375	10	1,526,880	1,540,591	1,568,395
7,182	Payments to ACT Government Agencies	11,268	18,448	64	7,976	8,494	9,046
1,305,623	Total Expenses	1,445,521	1,589,823	10	1,534,856	1,549,085	1,577,441
0	Operating Result	9,954	0	-100	0	0	0
0	Total Comprehensive Income	9,954	0	-100	0	0	0

Table 6: ACT Local Hospital Network: Balance Sheet

Budget at 30/6/20 \$'000	2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
Current Assets						
500	Cash and Cash Equivalents	5,972	0	-100	0	0
34,887	Receivables	63,831	63,831	-	63,831	63,831
35,387	Total Current Assets	69,803	63,831	-9	63,831	63,831
Non Current Assets						
0	Total Non Current Assets	0	0	-	0	0
35,387	TOTAL ASSETS	69,803	63,831	-9	63,831	63,831
Current Liabilities						
15,606	Payables	38,969	38,969	-	38,969	38,969
0	Other Liabilities	5,972	0	-100	0	0
15,606	Total Current Liabilities	44,941	38,969	-13	38,969	38,969
Non Current Liabilities						
0	Non-Current Liabilities	0	0	-	0	0
15,606	TOTAL LIABILITIES	44,941	38,969	-13	38,969	38,969
19,781	NET ASSETS	24,862	24,862	-	24,862	24,862
REPRESENTED BY FUNDS EMPLOYED						
19,781	Accumulated Funds	24,862	24,862	-	24,862	24,862
19,781	TOTAL FUNDS EMPLOYED	24,862	24,862	-	24,862	24,862

Table 7: ACT Local Hospital Network: Statement of Changes in Equity

Budget at 30/6/20 \$'000		2019-20 Audited Outcome \$'000	Budget at 30/6/21 \$'000	Var %	Estimate at 30/6/22 \$'000	Estimate at 30/6/23 \$'000	Estimate at 30/6/24 \$'000
	Opening Equity						
19,781	Opening Accumulated Funds	14,908	24,862	67	24,862	24,862	24,862
19,781	Balance at the Start of the Reporting Period	14,908	24,862	67	24,862	24,862	24,862
0	Operating Result - Including Economic Flows	9,954	0	-100	0	0	0
0	Total Movement in Reserves	0	0	-	0	0	0
	Closing Equity						
19,781	Closing Accumulated Funds	24,862	24,862	-	24,862	24,862	24,862
19,781	Balance at the end of the Reporting Period	24,862	24,862	-	24,862	24,862	24,862

Table 8: ACT Local Hospital Network: Cash Flow Statement

2019-20 Budget		2019-20 Audited Outcome \$'000	2020-21 Budget \$'000	Var %	2021-22 Estimate \$'000	2022-23 Estimate \$'000	2023-24 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
771,178	Controlled Recurrent Payments	869,147	900,173	4	821,874	799,058	788,192
110,619	Sale of Goods and Services from Contracts with Customers	109,590	200,685	83	232,438	238,248	244,204
423,826	Grants and Contributions	475,703	482,993	2	480,544	511,779	545,045
21,994	Other	24,382	21,994	-10	22,544	22,544	22,544
1,327,617	Operating Receipts	1,478,822	1,605,845	9	1,557,400	1,571,629	1,599,985
Payments							
1,305,623	Grants and Purchased Services	1,448,181	1,589,823	10	1,534,856	1,549,085	1,577,441
21,994	Other	24,669	21,994	-11	22,544	22,544	22,544
1,327,617	Operating Payments	1,472,850	1,611,817	9	1,557,400	1,571,629	1,599,985
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	5,972	-5,972	-200	0	0	0
0	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	5,972	-5,972	-200	0	0	0
500	CASH AT THE BEGINNING OF REPORTING PERIOD	0	5,972	#	0	0	0
500	CASH AT THE END OF REPORTING PERIOD	5,972	0	-100	0	0	0

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments:
 - the increase of \$97.969 million (13 per cent) in the 2019-20 audited outcome from the original budget is mainly due to additional funding to support growing demand for health services (\$59.696 million), the COVID-19 response (\$31.499 million) and roll overs from 2018-19 (\$14.528 million). These were offset by the return of appropriation due to increased Commonwealth revenue (\$10.209 million); and
 - the increase of \$31.026 million (4 per cent) in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to indexation and new initiatives.
- sale of goods and services: the increase of \$84.089 million in the 2020-21 Budget from the 2019-20 audited outcome is due to a change in funding flows for cross border health revenue. These funds are now required to flow from the ACT Local Hospital Network (LHN) to the ACT Health Directorate, where they will be paid back to the LHN (effectively showing twice as revenue and expenses).
- grants and contributions revenue:
 - the increase of \$45.906 million in the 2019-20 audited outcome from the original budget is due to additional Commonwealth funding received through the National Partnership for COVID-19 Response (\$35.697 million) and the National Health Reform Agreement (\$10.209 million); and
 - the increase of \$19.233 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to Commonwealth indexation and activity growth in National Health Reform Agreement funding.
- grants and purchased services:
 - the increase of \$135.812 million in the 2019-20 audited outcome from the original Budget is mainly due to additional funding to support growing demand for health services (\$59.696 million), the COVID-19 response (\$56.517 million) and roll overs from 2018-19 (\$14.528 million).
 - the increase of \$137.122 million in the 2020-21 Budget from the 2019-20 audited outcome is mainly due to the change in funding flows for cross border health receipts, indexation and new initiatives.

Balance Sheet

- cash and cash equivalents: the increase of \$5.472 million in the 2019-20 audited outcome from the original Budget relates to surplus Commonwealth private hospital financial viability payment funds held at 30 June 2020. These funds have been either utilised or returned to the Commonwealth in 2020-21.

- receivables: the increase of \$28.944 million in the 2019-20 audited outcome from the original Budget is due mainly to outstanding cross border health receipts.
- payables: the increase of \$23.363 million in the 2019-20 audited outcome from the original Budget is due mainly to outstanding cross border health payments.
- other Liabilities: the increase of \$5.972 million in the 2019-20 audited outcome from the original Budget relates to surplus Commonwealth private hospital financial viability payment funds held at 30 June 2020. These funds have been either utilised or returned to the Commonwealth in 2020-21.

Cash Flow Statement

Variations in the Statement are explained in the notes above.