



Australian Capital Territory

Budget

2015-16

Budget Statements
Health Directorate
ACT Local Hospital Network

For Canberra

Guide to the Budget Papers

Structure and content of the 2015-16 Budget Papers

The 2015-16 Budget is presented in three papers and a series of agency Budget Statements.

Budget Paper 1: Budget Speech

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

Budget Paper 2: Budget in Brief

A summary of the overall budgetary position together with information on the Government's expenditure priorities in key service delivery areas.

Budget Paper 3: Budget Outlook

Summarises the 2015-16 Budget and forward estimates for the general government sector, the public trading enterprise sector and the total Territory Government. Details of the projected 2015-16 Budget results are provided, as well as background information on the development of the 2015-16 Budget, including economic conditions and federal financial relations.

Also provides an overview of the Territory's infrastructure investment program and details of the 2015-16 expense, infrastructure and capital, and revenue initiatives.

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

Budget Statements

Information on each directorate and Territory authority and corporation is broken up into several smaller documents. This includes output classes (where relevant), descriptions of functions, roles and responsibilities, together with major strategic priorities.

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HEALTH DIRECTORATE

Purpose

ACT Health partners with the community and consumers for better health outcomes by:

- delivering patient and family centred care;
- strengthening partnerships;
- promoting good health and wellbeing;
- improving access to appropriate healthcare; and
- having robust safety and quality systems.

We aim for sustainability and improved efficiency in the use of resources, by designing sustainable services to deliver outcomes efficiently, and embedding a culture of research and innovation.

ACT Health continues to strengthen clinical governance of its processes, and strives to be accountable to both the government and the community.

ACT Health aims to support our people and strengthen teams, by helping staff to reach their potential, promoting a learning culture and providing high-level leadership.

2015-16 Priorities

Strategic and operational initiatives to be pursued in 2015-16 include:

- continuing to meet the growth in the demand for services across acute care, mental health, palliative care, women's and children's, outpatients and community health;
- providing increased community mental health, alcohol and other drug treatment services including supportive accommodation, Crisis Assessment and Treatment Team, self-harm diversion, specialist drug treatment and support for people with psychogeriatric conditions;
- continuing work to improve health and wellbeing within the Aboriginal and Torres Strait Islander community;
- continuing to support a reduction in the burden of chronic disease and the related increasing costs of health care through a range of programs to promote and support healthy life styles;
- increasing the level of elective surgery operations provided for the ACT community; and
- strengthening the capacity of non-government organisations to deliver specialist drug treatment and support services.

Business and Corporate Strategies

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

The Health Directorate is committed to:

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

Estimated Employment Level

Table 1: Estimated Employment Level

	2013-14 Actual Outcome	2014-15 Budget	2014-15 Est. Outcome	2015-16 Budget
Staffing (FTE)^{1,2}	5,873	6,093	6,186	6,334

Notes:

1. The increase of 93 FTE in the 2014-15 estimated outcome is mainly due to the flow on effect of a higher FTE count at the end of 2013-14 than budgeted.
2. The increase of 148 FTE in the 2015-16 Budget from the 2014-15 estimated outcome is mainly due to the implementation of new and continuing initiatives.

Strategic Objectives and Indicators

Strategic Objective 1

Removals from Waiting List for Elective Surgery

Strategic Indicator 1: Number of People Removed From Waiting List

In order to improve access to elective surgery, the ACT Government has committed to an increase in the number of elective surgery operations provided in the Territory, and to reduce the number of people waiting more than the clinically recommended times for that surgery.

Table 2: The number of people removed from the ACT elective surgery waiting lists managed by ACT public hospitals. This may include public patients treated in private hospitals

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
People removed from the ACT elective surgery waiting list for surgery	12,000	12,000	12,500

Strategic Objective 2

No Waiting for Access to Emergency Dental Health Services

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

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

Table 3: The percentage of assessed emergency clients seen within 24 hours

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
Percentage of assessed emergency clients seen within 24 hours	100%	100%	100%

Strategic Objective 3

Improving Timeliness of Access to Radiotherapy Services

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

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

Table 4: The percentage of cancer patients who commence radiotherapy treatment within standard time frames

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
Category			
Emergency — treatment starts within 48 hours	100%	98%	100%
Palliative — treatment starts within 2 weeks	90%	90%	90%
Radical — treatment starts within 4 weeks	90%	98%	90%

Strategic Objective 4

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

Strategic Indicator 4: Participation Rate for Breast Screening

Table 5: The proportion of women aged 50 to 69 years who had a breast screen in the 24 months prior to each counting period

	2014-15 Target	2014-15 Est. Outcome ¹	2015-16 Target
Proportion of women aged 50 to 69 who have a breast screen	60%	55%	60%

Note:

1. The Program has an annual Recruitment Plan, which outlines the objectives, strategies, timelines, evaluation, and expected outcomes required to meet the BreastScreen Australia National Accreditation Standards in relation to health promotion. BreastScreen ACT has readily available appointments but is experiencing difficulty filling them. A number of initiatives are underway to raise awareness and profile of the service, particularly within the this group of women.

Strategic Objective 5

Reducing the Usage of Seclusion in Mental Health Episodes

Strategic Indicator 5: Proportion of Clients with a Mental Health Seclusion Episode

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

Table 6: The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit

	2014-15 Target	2014-15 Est. Outcome ¹	2015-16 Target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	<3%	5%	<3%

Note:

1. The higher estimated seclusion result for 2014-15 is due to a period of a very high level of clinical acuity in the Adult Mental Health Unit (AMHU) at Canberra Hospital in December 2014 and January 2015. ACT Health is a national leader in reducing Seclusion and Restraint in mental health inpatient settings.

Strategic Objective 6

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

Strategic Indicator 6: Acute Psychiatric Unit Patient 28 Day Readmission Rate

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

Table 7: The proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target	National Rate
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	8%	<10%	14.7%

Strategic Objective 7

Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Strategic Indicator 7: Percentage of Overnight Hospital Beds in Use

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

Table 8: The mean percentage of overnight hospital beds in use

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
Mean percentage of overnight hospital beds in use	90%	85%	90%

Strategic Objective 8

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

Australians are living longer and gains in life expectancy are continuing. Premature deaths (those of people aged under 75 years) from leading potentially preventable chronic diseases have decreased by 17% between 1997 and 2007.

Strategic Indicator 8: Maintenance of the Highest Life Expectancy at Birth in Australia

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

Table 9: Life expectancy at birth in Australia 2013

	ACT Rate	National Rate
Females	85.0	84.3
Males	81.7	80.1

Source: ABS 2013, Deaths, Australia, 2013, cat. no. 3302.0, ABS, Canberra.

Strategic Objective 9

Lower Prevalence of Circulatory Disease than the National Average

Strategic Indicator 9: The Proportion of the ACT Population with Some Form of Cardiovascular Disease

Population projections suggest that the ACT population is ageing faster than other jurisdictions, however the population is still younger than the National average having a median age of 34.6 years in 2013 compared with 37.3 years. While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.

Table 10: Proportion of the ACT Population with Some Form of Cardiovascular Disease

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

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

Strategic Objective 10

Lower Prevalence of Diabetes than the National Average

Strategic Indicator 10: The Proportion of the ACT Population Diagnosed with Some Form of Diabetes

This indicator provides a marker of the success of prevention and early intervention initiatives. The self reported prevalence of diabetes in Australia has more than doubled over the past 25 years. A number of factors may have contributed to this, such as changed criteria for the diagnosis of diabetes, increased public awareness and an increase in the prevalence of risk factors such as obesity and sedentary behaviour. Prevalence rates may also increase in the short term as a result of early intervention and detection campaigns. This would be a positive result as undiagnosed diabetes can have significant impacts on long term health. The prevalence of diabetes in the ACT is similar to the national rate.

Table 11: Proportion of the ACT Population Diagnosed with Some Form of Diabetes

	ACT Rate	National Rate¹
Prevalence of diabetes in the ACT	3.8%	3.7%

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

Note:

1. Updated estimates include persons who reported they had diabetes but that it was not current at the time of interview. These persons were excluded from previous diabetes estimates published in Australian Health Survey.

Strategic Objective 11

Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status

Strategic Indicator 11: Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population

The immunisation rate provides an indication of the level of investment in public health services to minimise the incidence of vaccine preventable diseases. The ACT's Aboriginal and Torres Strait Islander population has a lower rate of immunisation than the general population at 24-27 months. The rates of immunisation coverage for Aboriginal and Torres Strait Islander children at 12-15 months and 60-63 months is higher than the general population. The ACT aims to increase immunisation coverage rates for all Aboriginal and Torres Strait Islander children through a targeted immunisation strategy.

Table 12: Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population

	2014-15 Target	2014-15 Est. Outcome¹	2015-16 Target
Immunisation rates for vaccines in the national schedule for the ACT indigenous population:			
12 to 15 months	≥90%	93.8%	≥90%
24 to 27 months ²	≥90%	88.7%	≥90%
60 to 63 months	≥90%	95.7%	≥90%
All	≥90%	92.7%	≥90%

Notes:

1. The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.
2. From quarter ending 31 December 2014, meningococcal C (given at 12 months), and dose 2 measles, mumps, rubella (MMR) and dose 1 varicella (given as MMRV at 18 months) were included in the definition of fully immunised for the 24-27 month cohort. The coverage rate has dropped because the criteria to be assessed as fully immunised now includes more vaccines.

Strategic Objective 12

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

Strategic Indicator 12: Two Year Participation Rate in the Cervical Screening Program

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

Table 13: Two Year Participation Rate in the Cervical Screening Program

	ACT Rate	National Rate
Two year participation rate	57.6%	57.2%

Source: *Cervical Screening in Australia 2010-11* (Published: Australian Institute of Health and Welfare, June 2013).

Strategic Objective 13

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

Strategic Indicator 13: The Mean Number of Teeth with Dental Decay, Missing or Filled Teeth at Ages 6 and 12

This gives an indication of the effectiveness of dental prevention, early intervention and treatment services in the ACT. The aim for the ACT is to be lower than the national average on the DMFT index.

Table 14: The Mean Number of Teeth with Dental Decay, Missing or Filled Teeth at Ages 6 and 12

	ACT Rate¹	National Rate
DMFT index at 6 years	1.03	2.13
DMFT Index at 12 years	0.70	1.05

Source: *Child Dental Health Survey, 2009* (Published: Australian Institute of Health and Welfare, 2013).

Note:

1. Lowest of all jurisdictions.

Strategic Objective 14

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

Strategic Indicator 14: Reduction in the Rate of Broken Hips (Fractured Neck of Femur)

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2013-14, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.3 per 1,000 persons in the ACT population.

Table 15: Reduction in the Rate of Broken Hips (Fractured Neck of Femur)

	2013-14 Outcome	2015-16 Target
Rate per 1,000 people	5.3	5.3

Source: ACT Admitted Patient Care data, 2013-14.

Strategic Objective 15

Reduction in the Youth Smoking Rate

Strategic Indicator 15: Percentage of Persons Aged 12 to 17 Years Who Smoke Regularly

Results from the 2011 Australian Secondary School Alcohol and Drug Survey (ASSAD) show that 5.8 per cent of students were current smokers in that year. This represents a significant decline in current smoking from 20.5 per cent of students in 1999.

The proportion of ACT students reporting to be current smokers in 2011 is slightly lower than the national average of 6.7 per cent.

Table 16: Percentage of Persons Aged 12 to 17 Years Who Smoke Regularly

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

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

Output Classes

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

Output Class 1: Health and Community Care

Table 17: Output Class 1: Health and Community Care

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost ¹	1,191,644	1,253,718
Government Payment for Outputs	252,456	264,857

Note:

1. Total cost includes depreciation and amortisation of \$38.395 million in 2014-15 and \$39.794 million in 2015-16.

Output 1.1: Acute Services

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

This means focussing on:

1. strategies to meet performance targets for the emergency department, elective and emergency surgery; and
2. continuing to increase the capacity of acute care services.

Table 18: Output 1.1: Acute Services

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	753,595	788,298
Government Payment for Outputs	96,184	97,404

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

The Health Directorate 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 peoples' homes across the Territory. These services work to provide integrated and responsive care to a range of services, including hospital based specialist services, and therapeutic rehabilitation, counselling, supported accommodation services and other community based services.

The key strategic 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 focussing on:

1. ensuring timely access to emergency mental health care;
2. 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;
3. providing community and hospital based alcohol and drug services;
4. providing health assessments and care for people detained in corrective facilities; and
5. engagement and liaison with community sector services, primary care and other government agencies providing support and shared care arrangements.

Table 19: Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	127,275	135,532
Government Payment for Outputs	47,648	48,299

Output 1.3: Public Health Services

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

Table 20: Output 1.3: Public Health Services

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	32,687	33,937
Government Payment for Outputs	25,976	26,077

Output 1.4: Cancer Services

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

Table 21: Output Class 1.4: Cancer Services

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	73,896	75,627
Government Payment for Outputs	8,189	8,212

Output 1.5: Rehabilitation, Aged and Community Care

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

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

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

Table 22: Output 1.5: Rehabilitation, Aged and Community Care

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	129,181	133,835
Government Payment for Outputs	44,995	45,113

Output 1.6: Early Intervention and Prevention

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

Table 23: Output 1.6: Early Intervention and Prevention

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	75,010	86,489
Government Payment for Outputs	29,464	39,752

Accountability Indicators

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 24: Accountability Indicators Output 1.1

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
	NWAU{14}	NWAU{14}	NWAU{15}
a. Admitted Services – National Weighted Activity Units ^{1,2}	72,058	68,769	71,644
b. Non-Admitted Services – National Weighted Activity Units ¹	26,966	26,740	27,275
c. Emergency Services – National Weighted Activity Units ¹	9,720	9,732	9,927
d. Acute Admitted Mental Health Services – National Weighted Activity Units ^{1,2}	841	3,980	4,060
e. Sub Acute Services – National Weighted Activity Units ¹	3,942	4,512	4,603
f. Calvary Services – National Weighted Activity Units (out of scope) ^{1,3}	1,567	1,364	1,391
g. Mean waiting time for clients on the dental services waiting list ⁴	6 months	5 months	6 months
h. Percentage of the Women’s Health Service Intake Officer’s clients who receive an intake and assessment service within 14 working days of their initial referral	100%	100%	100%

Notes:

1. 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 {14} is the currency as defined by the Independent Hospital Pricing Authority in the National Efficient Price Determination 2014-15 while NWAU {15} is the currency for 2015-16.
2. The 2014-15 target for Admitted Services incorrectly included some Acute Admitted Mental Health Services. The 2014-15 target for Admitted Services should have been 70,032 with the Acute Admitted Mental Health Services target being 2,867.
3. This is activity that has a separate funding source to the National Health Reform Agreement. This includes Department of Veteran Affairs, Pharmaceutical Benefit Scheme, and Medicare Benefits Scheme activity which is deemed as out of scope and is not included in the targets for the Local Hospital Network Directorate.
4. The 2014-15 estimated outcome and the 2015-16 target of 6 months are linked to Commonwealth National Partnership funding to reduce public dental waiting lists.

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

Table 25: Accountability Indicators Output 1.2

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
a. Adult mental health program community service contacts ¹	109,000	112,000	120,000
b. Children and youth mental health program community service contacts ²	65,000	63,000	65,000
c. ACT wide mental health program community service contacts	100,000	104,000	106,000
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	95%	100%
f. Justice Health Services community contacts	105,000	108,000	108,000
g. Percentage of current clients on opioid treatment with management plans	98%	99%	98%
h. Alcohol and Drug Services community contacts	70,000	67,000	70,000

Notes:

1. Reflects community component of adult mental health services. Includes all community mental health services included in program area. This consists of Belconnen, City, Tuggeranong, Woden, Gungahlin, Children of parents with mental illness (COPMI) community mental health services.
2. Reflects community program of Child and Adolescent Mental Health Services (CAMHS) and youth services. Includes CAMHS North and South, The Cottage, DBT Program, CAMHS Early Intervention, Peri natal MH Consultation and Eating Disorders Program (EDP).

Output 1.3: Public Health Services

Table 26: Accountability Indicators Output 1.3

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
a. Samples analysed	8,500	9,700	8,500
b. Compliance of licensable, registrable and non licensable activities at time of inspection	85%	78%	85%
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	100%
d. Percentage of Health Protection Service's regulated businesses/activities who have access to Multi-year licenses/registrations ²	20%	50%	75%
e. Legalisation amendments to allow for deregulation of temporary non-profit community organisations (TNPCOs) that sell food ^{1,3}	1	1	n/a

Notes:

1. Relates to legislative amendments to the *Food Act 2001*.
2. Relates to activities regulated under the: *Public Health Act 1997*; *Food Act 2001*; *Medicines, Poisons and Therapeutic Goods Act 2008*; and *Radiation Protection Act 2008*.
3. Measure has been discontinued due to the outcome being successfully achieved in 2014-15 and as such this sector is now deregulated and there is no longer any need for this measure.

Output 1.4: Cancer Services

Table 27: Accountability Indicators Output 1.4

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
a. Total breast screens ¹	15,500	15,000	16,500
b. Number of breast screens for women aged 50 to 69 ²	12,950	11,000	12,800
c. Percentage of women who receive results of screen within 28 days	100%	100%	100%
d. Percentage of screened patients who are assessed within 28 days	90%	90%	90%

Notes:

1. The target for Total Screens for 2015-16 takes into account the Project Agreement for the Expansion of the BreastScreen Australia Program signed in May 2014 between the States and the Commonwealth. The agreement adds women aged 70-74 to the target age group for screening and provides performance benchmarks for the number of additional women aged 70-74 years to be screened by the ACT.
2. The estimated outcome for 2014-15 is due to screening capacity being impacted by the introduction of the electronic BreastScreen Information System (BIS) on 1 December. To enable staff to become familiar and confident in the new product, screening and assessment appointments were reduced in December, January and February.

Output 1.5: Rehabilitation, Aged and Community Care

Table 28: Accountability Indicators Output 1.5

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
a. Number of nursing (domiciliary and clinic based) occasions of service	82,000	84,000	84,000
b. Number of allied health regional services (occasions of service)	22,600	25,000	25,000

Output 1.6: Early Intervention and Prevention

Table 29: Accountability Indicators Output 1.6

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	92%	93%	92%
b. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	40%	40%	40%
c. Proportion of children aged 0-14 who are entering substitute and kinship care within the ACT who attend the Child at Risk Health Unit for a health and wellbeing screen	90%	95%	90%

Changes to Appropriation

Table 30: Changes to appropriation—Government Payment for Outputs, Controlled

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
2014-15 Budget	257,615	297,675	343,767	374,275	374,275
FMA s16B Rollovers from 2013-14					
Enterprise Bargaining Agreements	2,924	-	-	-	-
2015-16 Budget Policy Adjustments					
Aboriginal and Torres Strait Islander Smoking Cessation Program	-	212	-	-	-
Additional Elective Surgeries and Procedures	-	7,300	7,480	-	-
Canberra Hospital – More beds	-	-	-	33	36
Care in the Right Place – More community, outpatient and primary care services	-	3,364	3,465	3,545	3,627
Critical Hospital Infrastructure Systems – Enhancing patient and staff safety	-	209	632	648	664
End of Life Care at Home	-	585	602	614	627
Enhancing Mental Health Services – Early intervention	-	196	269	275	280
Enhancing Mental Health Services – Hospital care	-	433	594	606	618
Enhancing Mental Health Services – Improved services	-	2,245	3,082	3,150	3,219
Enhancing Mental Health Services – More community services	-	2,915	4,432	4,523	4,619
Enhancing Mental Health Services – Secure Mental Health staff	-	409	-	-	-
Healthy Weight Initiative – Healthier lifestyles	-	524	796	584	596
More Acute Hospital Services – Emergency specialists	-	1,372	1,414	1,442	1,471
More Acute Hospital Services – General Hospital beds	-	3,921	6,281	6,418	6,552
More Acute Hospital Services – Hospital in the home	-	352	362	371	380
More Acute Hospital Services – Intensive care beds	-	1,396	2,877	2,940	3,004
More Services – Hospital and community care	-	5,852	6,027	-	-
Specialist Drug Treatment Services	-	800	-	-	-
Sterilising Services – Relocation and upgrade	-	-	-	(1,627)	(1,813)
Women's and Children's Health – Expanding services	-	1,043	1,074	1,099	1,124
Women's and Children's Health – Neonatal intensive care	-	504	1,039	1,060	1,081
Women's and Children's Health – QEII expansion	-	676	696	710	725
Offset – Base Funding Envelope	-	(39,111)	(40,726)	(25,883)	(26,431)
Contribution to Urban Renewal and Access Canberra	-	(391)	(439)	(315)	(322)
Health Central Policy Provision	-	-	-	(36,548)	(38,716)
Funding Envelope Adjustment to reflect Commonwealth Indexation	-	-	-	(13,108)	(14,307)
Adjustments to Funding Envelope	-	(7,466)	(29,073)	(29,038)	(28,918)

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
2015-16 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	18,200
Revised Indexation Parameters – Community Service Obligations	-	(249)	(322)	(399)	(481)
Rebase Funding for In-scope Services	-	(15,037)	(15,755)	4,387	26,201
Return Healthy Weight Initiative Funding to Health Funding Envelope	-	-	-	-	194
Social and Community Services (SACS) Pay Equity Award	-	(85)	44	199	649
Transfer – Active Living Program from Health to CMTEDD	-	(87)	-	-	-
Transfer – Healthier Lifestyles from Health to CMTEDD	-	(150)	(400)	(410)	(420)
Transfer – Public Health Protection and Regulation from Health to CMTEDD	(382)	(727)	(749)	(772)	(795)
Revised Funding Profile – Active Living Program	(87)	87	-	-	-
Revised Funding Profile – BreastScreen Australia Expansion	(100)	100	-	-	-
Revised Funding Profile – Health Infrastructure – Project management continuation	(876)	(35)	911	-	-
Revised Funding Profile – Health Promotion Grant	(761)	761	-	-	-
Revised Funding Profile – Health Workforce Australia	(76)	76	-	-	-
Revised Funding Profile – Commonwealth Grants – Essential Vaccines NP	(750)	750	-	-	-
Revised Funding Profile – Commonwealth Grants – Preventive Health NP	(517)	517	-	-	-
Savings – Additional NHR funding from LHN	(4,373)	-	-	-	-
Savings – Health Funding Envelope	-	(4,000)	(4,000)	(4,000)	(4,000)
Commonwealth Grants – Correction from 2014-15 Budget	-	-	-	4,009	4,009
Commonwealth Grants – Adult Public Dental Services NPA	-	(933)	(4,864)	(6,430)	(6,430)
Commonwealth Grants – BreastScreen Australia, Expansion of Programme	-	167	43	-	-
Commonwealth Grants – National Bowel Cancer Screening	-	-	-	-	(184)
Commonwealth Grants – Essential Vaccines	(172)	(1,100)	(1,337)	(1,210)	(1,173)
Commonwealth Grants – National Perinatal Depression Initiative	11	(213)	(213)	-	-
2015-16 Budget	252,456	264,857	288,009	291,148	328,161

Table 31: Changes to appropriation—Territorial

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
2014-15 Budget	7,619	803	823	844	844
2015-16 Budget Policy Adjustments					
Calvary Public Hospital – Expanded hospital services	-	3,079	-	-	-
Calvary Public Hospital – Operating theatre upgrade	-	3,242	2,385	-	-
Calvary Public Hospital – Upgrade of medical imaging equipment	-	1,839	1,883	-	-
2015-16 Budget Technical Adjustments					
Capital Upgrades Indexation	-	-	-	-	21
Revised Funding Profile – Calvary Public Hospital – Car park	(273)	273	-	-	-
2015-16 Budget	7,346	9,236	5,091	844	865

Table 32: Changes to appropriation—Capital Injections, Controlled

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
2014-15 Budget	132,251	136,753	18,395	4,246	4,246
FMA s16B Rollovers from 2013-14					
Clinical Services Redevelopment – Phase 3	3,421	-	-	-	-
Health Infrastructure Program – Project Management	3,334	-	-	-	-
An E-Healthy Future	2,549	-	-	-	-
Staging and Decanting – Moving to Our Future	738	-	-	-	-
Major Building Plant Replacement and Upgrade	619	-	-	-	-
Integrated Cancer Centre – Phase 2	523	-	-	-	-
Digital Mammography	496	-	-	-	-
Mobile Dental Clinic	372	-	-	-	-
Provision for Project Definition Planning	352	-	-	-	-
Clinical Equipment for Calvary Hospital	310	-	-	-	-
Belconnen and Tuggeranong Walk-In Centres	307	-	-	-	-
Tuggeranong Health Centre – Stage 2	275	-	-	-	-
Staging, Decanting and Continuity of Services	249	-	-	-	-
Continuity of Health Services Plan – Essential Infrastructure	216	-	-	-	-
Women and Children’s Hospital	212	-	-	-	-
Identity and Access Management	168	-	-	-	-
Medical Facilities Upgrades	158	-	-	-	-
Facilities Improvements to Laboratory and Outpatients Areas	150	-	-	-	-
Heating, Ventilation and Air Conditioning Systems Upgrades	144	-	-	-	-
Enhanced Community Health Centre – Belconnen	124	-	-	-	-

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
New Gungahlin Health Centre	92	-	-	-	-
Neonatal Intensive Care Unit – Video Streaming Services	92	-	-	-	-
Calvary Hospital Car Park – Design	88	-	-	-	-
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	79	-	-	-	-
Building Upgrades	77	-	-	-	-
Linear Accelerator Procurement and Replacement	69	-	-	-	-
Augmentation of Medical and Administrative Offices to meet Organisational Change and Growth	55	-	-	-	-
Building Upgrades to Address Condition Report Findings including Works to Bathrooms, Plumbing and Other Works	40	-	-	-	-
Replacement of CT Scanner at the Canberra Hospital	38	-	-	-	-
Additional Air Quality Performance Station	29	-	-	-	-
Fire/Safety/Security Upgrades to Address outcomes of Fire Reports, Improve Access Control to Plant Rooms, Upgrade Flooring and Other Works	25	-	-	-	-
Ambulatory Care Improvements at the Canberra Hospital including Respiratory Medicine and Gastroenterology Areas	20	-	-	-	-
Mechanical Systems Upgrades	16	-	-	-	-
Upgrade of Medical and Administrative Offices	9	-	-	-	-
Adult Acute Mental Health Inpatient Facility	6	-	-	-	-
2015-16 Budget Policy Adjustments					
Canberra Hospital – More beds	-	990	990	495	-
Critical Hospital Infrastructure Systems – Enhancing patient and staff safety	-	1,646	-	-	-
Sterilising Services – Relocation and upgrade	-	99	9,900	7,291	-
2015-16 Budget Technical Adjustments					
Capital Upgrades Indexation	-	-	-	-	106
Project Transfer – From Clinical Services Redevelopment – Phase 3 to Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(900)	-	-	-	-
Project Transfer – From Enhanced Community Centre Backup Power to Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(998)	-	-	-	-
Project Transfer – From Staging and Decanting – Moving To Our Future to Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(900)	-	-	-	-
Project Transfer – From Staging and Decanting – Moving To Our Future to Women and Children's Hospital	(520)	-	-	-	-

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
Project Transfer – From Staging, Decanting and Continuity of Services to Women and Children's Hospital	(1,000)	-	-	-	-
Project Transfer – To Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility From Various Projects	2,798	-	-	-	-
Project Transfer – To Women and Children's Hospital From Various Projects	1,520	-	-	-	-
Revised Funding Profile – Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	(3,548)	598	2,950	-	-
Revised Funding Profile – An E-Healthy Future	(8,000)	3,000	5,000	-	-
Revised Funding Profile – Calvary Public Hospital – Car Park	(10,222)	10,222	-	-	-
Revised Funding Profile – Clinical Services and Inpatient Unit Design and Infrastructure Expansion	(4,182)	(11,341)	15,523	-	-
Revised Funding Profile – Clinical Services Redevelopment – Phase 2	(834)	834	-	-	-
Revised Funding Profile – Clinical Services Redevelopment – Phase 3	(6,504)	6,504	-	-	-
Revised Funding Profile – Continuity of Health Services Plan – Essential Infrastructure	(9,640)	6,116	3,524	-	-
Revised Funding Profile – Health Infrastructure Program – Project management continuation	(5,289)	(3,962)	9,251	-	-
Revised Funding Profile – Major Building Plant Replacement and Upgrade	(894)	894	-	-	-
Revised Funding Profile – Provision for Project Definition Planning	(950)	950	-	-	-
Revised Funding Profile – Secure Mental Health Unit	(2,855)	785	2,070	-	-
Revised Funding Profile – Staging and Decanting – Moving To Our Future	(5,441)	5,441	-	-	-
Revised Funding Profile – Staging, Decanting and Continuity of Services	(347)	347	-	-	-
Revised Funding Profile – The Canberra Hospital – Essential infrastructure and engineering works	(3,167)	981	2,186	-	-
Revised Funding Profile – The Canberra Hospital Redevelopment	(3,052)	1,941	1,111	-	-
Revised Funding Profile – The Canberra Hospital Redevelopment – Calvary component	(622)	622	-	-	-
Revised Funding Profile – University of Canberra Public Hospital – Design	(2,727)	2,727	-	-	-
Savings – Mental Health Young Persons Unit	(633)	-	-	-	-
Savings – New Gungahlin Health Centre	(460)	-	-	-	-
2015-16 Budget	78,336	166,147	70,900	12,032	4,352

Financial Statements

Table 33: Health Directorate: Operating Statement

2014-15 Budget \$'000		2014-15 Est'd outcome \$'000	2015-16 Budget \$'000	Var %	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
Income							
Revenue							
257,615	Government Payment for Outputs	252,456	264,857	5	288,009	291,148	328,161
105,806	User Charges - Non ACT Government	105,200	107,722	2	109,959	112,465	115,278
757,356	User Charges - ACT Government	760,945	812,060	7	852,677	871,917	897,879
4,245	Grants from the Commonwealth	3,858	3,951	2	4,033	4,085	4,187
100	Interest	93	93	-	93	93	93
178	Distribution from Investments with the Territory Banking Account	98	98	-	98	98	98
16,722	Other Revenue	15,808	16,185	2	16,515	17,008	17,433
792	Resources Received Free of Charge	1,668	1,708	2	1,744	1,766	1,810
1,142,814	Total Revenue	1,140,126	1,206,674	6	1,273,128	1,298,580	1,364,939
Gains							
1,574	Other Gains	1,337	871	-35	887	992	1,017
1,574	Total Gains	1,337	871	-35	887	992	1,017
1,144,388	Total Income	1,141,463	1,207,545	6	1,274,015	1,299,572	1,365,956
635,448	Employee Expenses	648,014	683,043	5	718,998	733,032	770,110
79,614	Superannuation Expenses	79,500	81,444	2	85,731	87,404	91,825
319,790	Supplies and Services	331,106	346,359	5	364,593	371,708	390,507
38,395	Depreciation and Amortisation	38,395	39,794	4	42,593	43,767	43,862
401	Borrowing Costs	374	401	7	422	430	452
10,934	Cost of Goods Sold	10,841	11,237	4	11,829	12,059	12,669
92,810	Grants and Purchased Services	77,485	85,269	10	89,758	91,509	96,138
11,357	Other Expenses	5,929	6,171	4	6,496	6,623	6,958
1,188,749	Total Expenses	1,191,644	1,253,718	5	1,320,420	1,346,532	1,412,521
-44,361	Operating Result	-50,181	-46,173	8	-46,405	-46,960	-46,565
-44,361	Total Comprehensive Income	-50,181	-46,173	8	-46,405	-46,960	-46,565

Table 34: Health Directorate: Balance Sheet

Budget At 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
Current Assets							
42,075	Cash and Cash Equivalents	64,281	60,743	-6	57,205	53,667	50,129
73,236	Receivables	24,749	29,591	20	34,433	39,275	44,117
3,011	Investments	3,015	3,015	-	3,015	3,015	3,015
8,513	Inventories	8,007	8,207	2	8,407	8,607	8,807
34	Assets Held for Sale	29	29	-	29	29	29
4,172	Other Current Assets	4,543	4,643	2	4,743	4,843	4,943
131,041	Total Current Assets	104,624	106,228	2	107,832	109,436	111,040
Non Current Assets							
200	Receivables	0	0	-	0	0	0
1,015,328	Property, Plant and Equipment	891,379	963,999	8	1,188,380	1,184,622	1,169,731
30,411	Intangibles	25,753	40,694	58	41,709	37,724	33,739
130,259	Capital Works in Progress	156,370	205,994	32	20,352	8,252	0
1,176,198	Total Non Current Assets	1,073,502	1,210,687	13	1,250,441	1,230,598	1,203,470
1,307,239	TOTAL ASSETS	1,178,126	1,316,915	12	1,358,273	1,340,034	1,314,510
Current Liabilities							
88,172	Payables	42,848	43,048	..	43,248	43,448	43,648
2,515	Finance Leases	2,256	2,356	4	2,456	2,556	2,656
187,149	Employee Benefits	196,168	212,696	8	227,181	241,667	256,153
2,624	Other Liabilities	723	923	28	1,123	1,323	1,523
280,460	Total Current Liabilities	241,995	259,023	7	274,008	288,994	303,980
Non Current Liabilities							
4,362	Finance Leases	4,142	4,242	2	4,342	4,442	4,542
15,692	Employee Benefits	16,481	18,168	10	19,946	21,549	23,152
1,503	Other	1,375	1,375	-	1,375	1,375	1,375
21,557	Total Non Current Liabilities	21,998	23,785	8	25,663	27,366	29,069
302,017	TOTAL LIABILITIES	263,993	282,808	7	299,671	316,360	333,049
1,005,222	NET ASSETS	914,133	1,034,107	13	1,058,602	1,023,674	981,461
REPRESENTED BY FUNDS EMPLOYED							
861,215	Accumulated Funds	784,615	904,589	15	929,084	894,156	851,943
144,007	Reserves	129,518	129,518	-	129,518	129,518	129,518
1,005,222	TOTAL FUNDS EMPLOYED	914,133	1,034,107	13	1,058,602	1,023,674	981,461

Table 35: Health Directorate: Statement of Changes in Equity

Budget At 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
Opening Equity							
773,325	Opening Accumulated Funds	756,460	784,615	4	904,589	929,084	894,156
144,007	Opening Asset Revaluation Reserve	129,518	129,518	-	129,518	129,518	129,518
917,332	Balance at the Start of the Reporting Period	885,978	914,133	3	1,034,107	1,058,602	1,023,674
Comprehensive Income							
-44,361	Operating Result for the Period	-50,181	-46,173	8	-46,405	-46,960	-46,565
-44,361	Total Comprehensive Income	-50,181	-46,173	8	-46,405	-46,960	-46,565
0	Total Movement in Reserves	0	0	-	0	0	0
Transactions Involving Owners Affecting Accumulated Funds							
132,251	Capital Injections	78,336	166,147	112	70,900	12,032	4,352
132,251	Total Transactions Involving Owners Affecting Accumulated Funds	78,336	166,147	112	70,900	12,032	4,352
Closing Equity							
861,215	Closing Accumulated Funds	784,615	904,589	15	929,084	894,156	851,943
144,007	Closing Asset Revaluation Reserve	129,518	129,518	-	129,518	129,518	129,518
1,005,222	Balance at the End of the Reporting Period	914,133	1,034,107	13	1,058,602	1,023,674	981,461

Table 36: Health Directorate: Cash Flow Statement

Budget At 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
257,615	Cash from Government for Outputs	252,456	264,857	5	288,009	291,148	328,161
862,920	User Charges	865,913	917,060	6	959,894	981,640	1,010,415
4,245	Grants Received from the Commonwealth	3,858	3,951	2	4,033	4,085	4,187
100	Interest Received	93	93	-	93	93	93
178	Distribution from Investments with the Territory Banking Account	98	98	-	98	98	98
71,696	Other Receipts	70,050	70,436	1	70,782	71,380	71,830
1,196,754	Operating Receipts	1,192,468	1,256,495	5	1,322,909	1,348,444	1,414,784
Payments							
637,897	Related to Employees	651,934	664,802	2	702,710	716,917	753,992
81,675	Related to Superannuation	82,095	81,444	-1	85,731	87,404	91,825
320,619	Related to Supplies and Services	336,553	349,084	4	367,451	374,619	393,573
401	Borrowing Costs	374	401	7	422	430	452
92,810	Grants and Purchased Services	77,485	85,269	10	89,758	91,509	96,138
75,832	Other	67,741	68,200	1	68,927	69,210	69,959
1,209,234	Operating Payments	1,216,182	1,249,200	3	1,314,999	1,340,089	1,405,939
-12,480	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	-23,714	7,295	131	7,910	8,355	8,845
CASH FLOWS FROM INVESTING ACTIVITIES							
Payments							
141,060	Purchase of Property, Plant and Equipment and Capital Works	96,145	175,528	83	80,896	22,473	15,283
141,060	Investing Payments	96,145	175,528	83	80,896	22,473	15,283
-141,060	NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	-96,145	-175,528	-83	-80,896	-22,473	-15,283
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
132,251	Capital Injections from Government	78,336	166,147	112	70,900	12,032	4,352
132,251	Financing Receipts	78,336	166,147	112	70,900	12,032	4,352

Budget At 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
	Payments						
1,452	Repayment of Finance Leases	1,452	1,452	-	1,452	1,452	1,452
1,452	Financing Payments	1,452	1,452	-	1,452	1,452	1,452
130,799	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	76,884	164,695	114	69,448	10,580	2,900
-22,741	NET INCREASE / (DECREASE) IN CASH HELD	-42,975	-3,538	92	-3,538	-3,538	-3,538
64,816	CASH AT THE BEGINNING OF REPORTING PERIOD	107,256	64,281	-40	60,743	57,205	53,667
42,075	CASH AT THE END OF REPORTING PERIOD	64,281	60,743	-6	57,205	53,667	50,129

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- government payment for outputs: the decrease of \$5.159 million in the 2014-15 estimated outcome from the 2014-15 original budget is mainly due to the return of savings to government for Commonwealth funds not required (\$4.373 million) and roll overs into 2015-16 (\$3.167 million). These are offset by additional funding for enterprise bargaining agreements (\$2.924 million).
- user charges — ACT Government: the increase of \$51.115 million in the 2015-16 Budget from the 2014-15 estimated outcome is due to an increase in payments from the ACT Local Hospital Network to the Health Directorate for services delivered by the Canberra Hospital and Health Services associated with growth and indexation.
- employee expenses:
 - the increase of \$12.566 million in the 2014-15 estimated outcome from the original budget relates to an increase in employee leave entitlements due to a change to the 'present value' (\$6.305 million) and a reallocation of expenses from grants and purchased services; and
 - the increase of \$35.029 million in the 2015-16 Budget from the 2014-15 estimated outcome is mainly due to planned growth in expenses, and new and continuing initiatives.
- supplies and services:
 - the increase of \$11.316 million in the 2014-15 estimated outcome from the original budget is due to a reallocation of expenses from grants and purchased services and other expenses; and
 - the increase of \$15.253 million in the 2015-16 Budget from the 2014-15 estimated outcome is mainly due to indexation, growth and new initiatives.
- grants and purchased services:
 - the decrease of \$15.325 million in the 2014-15 estimated outcome from the original budget is mainly due to a reallocation of expense to employee expenses and supplies and services to align budget with actual service delivery; and
 - the increase of \$7.784 million in the 2015-16 Budget from the 2014-15 estimated outcome is due to indexation, growth and new initiatives.
- other expenses: the decrease of \$5.428 million in the 2014-15 estimated outcome from the original budget relates to a reclassification of payments to the National Blood Authority to supplies and services.

Balance Sheet

- cash and cash equivalents: the increase of \$22.206 million in the 2014-15 estimated outcome from the original budget relates to NSW cross border payments for prior years.
- current receivables:
 - the decrease of \$48.487 million in the 2014-15 estimated outcome from the original budget is due to the 2013-14 audited outcome flow-on effect; and
 - the increase of \$4.842 million in the 2015-16 Budget from the 2014-15 estimated outcome is due to growth in chargeable services and the level of Goods and Services Tax (GST) payable to the Directorate.
- property, plant and equipment:
 - the decrease of \$123.949 million in the 2014-15 estimated outcome from the original budget is mainly due to delays in projects under the Health Infrastructure Program (HIP); and
 - the increase of \$72.620 million in the 2015-16 Budget from the 2014-15 estimated outcome is mainly due to expected completion of HIP projects.
- intangibles:
 - the decrease of \$4.658 million in the 2014-15 estimated outcome from the original budget is mainly due to delays in 'An E-Healthy Future' projects; and
 - the increase of \$14.941 million in 2015-16 Budget from the 2014-15 estimated outcome is due to the expected completion of projects under the 'An E-Healthy Future' program.
- capital works in progress: the increase of \$26.111 million in the 2014-15 estimated outcome from the original budget and the increase of \$49.624 million in the 2015-16 Budget from the 2014-15 estimated outcome is due to the timing of HIP projects currently underway or commencing in 2015-16.
- payables: the decrease of \$45.324 million in the 2014-15 estimated outcome from the original budget is due to the 2013-14 audited outcome flow-on effect.
- current and non-current employee benefits: the increase of \$9.808 million in the 2014-15 estimated outcome from the original budget relates mainly to a change in the 'present value' for calculation of employee entitlements.
- other current liabilities: the decrease of \$1.901 million in the 2014-15 estimated outcome from the original budget is due to the 2013-14 audited outcome flow-on effect.

Statement of Changes in Equity and Cash Flow Statement

- variations in the statement are explained in the notes above.

Table 37: Health Directorate: Statement of Income and Expenses on Behalf of the Territory

2014-15 Budget \$'000		2014-15 Est'd outcome \$'000	2015-16 Budget \$'000	Var %	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
	Revenue						
7,619	Payment for Expenses on Behalf of the Territory	7,346	9,236	26	5,091	844	865
1,275	Taxes, Fees and Fines	1,275	1,308	3	1,342	1,376	1,410
8,894	Total Revenue	8,621	10,544	22	6,433	2,220	2,275
	Expenses						
7,619	Grants and Purchased Services	7,346	9,236	26	5,091	844	865
1,275	Transfer Expenses	1,275	1,308	3	1,342	1,376	1,410
8,894	Total Expenses	8,621	10,544	22	6,433	2,220	2,275
0	Operating Result	0	0	-	0	0	0
0	Total Comprehensive Income	0	0	-	0	0	0

Table 38: Health Directorate: Statement of Assets and Liabilities on Behalf of the Territory

Budget at 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
	Current Assets						
295	Cash and Cash Equivalents	268	268	-	268	268	268
5	Receivables	35	35	-	35	35	35
300	Total Current Assets	303	303	-	303	303	303
300	TOTAL ASSETS	303	303	-	303	303	303
	Current Liabilities						
300	Payables	300	300	-	300	300	300
300	Total Current Liabilities	300	300	-	300	300	300
300	TOTAL LIABILITIES	300	300	-	300	300	300
0	NET ASSETS	3	3	-	3	3	3
	REPRESENTED BY FUNDS EMPLOYED						
0	Accumulated Funds	3	3	-	3	3	3
0	TOTAL FUNDS EMPLOYED	3	3	-	3	3	3

Table 39: Health Directorate: Statement of Changes in Equity on Behalf of the Territory

Budget at 30/6/15 \$'000	2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000	
Opening Equity							
0	Opening Accumulated Funds	3	3	-	3	3	3
0	Balance at the Start of the Reporting Period	3	3	-	3	3	3
0	Total Movement in Reserves	0	0	-	0	0	0
Closing Equity							
0	Closing Accumulated Funds	3	3	-	3	3	3
0	Balance at the End of the Reporting Period	3	3	-	3	3	3

Table 40: Health Directorate: Statement of Cash Flows on Behalf of the Territory

2014-15 Budget \$'000		2014-15 Est'd outcome \$'000	2015-16 Budget \$'000	Var %	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
7,619	Cash from Government for EBT	7,346	9,236	26	5,091	844	865
1,275	Taxes, Fees and Fines	1,275	1,308	3	1,342	1,376	1,410
763	Other Receipts	736	924	26	509	84	86
9,657	Operating Receipts	9,357	11,468	23	6,942	2,304	2,361
Payments							
7,619	Grants and Purchased Services	7,346	9,236	26	5,091	844	865
763	Other	736	924	26	509	84	86
1,275	Territory Receipts to Government	1,275	1,308	3	1,342	1,376	1,410
9,657	Operating Payments	9,357	11,468	23	6,942	2,304	2,361
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	0	0	-	0	0	0
295	CASH AT THE BEGINNING OF REPORTING PERIOD	268	268	-	268	268	268
295	CASH AT THE END OF REPORTING PERIOD	268	268	-	268	268	268

Notes to the Territorial Budget Statements

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 \$1.890 million in the 2015-16 Budget from the 2014-15 estimated outcome relates to higher levels of funding for capital works at Calvary Public Hospital.

Statement of Cash Flows on Behalf of the Territory

- Variations in the statement are explained in the note above.

ACT LOCAL HOSPITAL NETWORK

Purpose

The ACT Local Hospital Network (ACT LHN) was established under the *Health Act 1953* (the Act), and is administered by the Director-General of the Health Directorate and supported by staff from the Health Directorate.

The ACT Local Hospital Council (Council), constituted under the Act, provides advice to the Director-General of the Health Directorate on the clinical and corporate governance framework needed to support the improvement in standards of patient care and services provided through the ACT LHN. The Council also advises on ways to support, encourage and facilitate community and clinician involvement in the planning of services that form part of the ACT LHN. The Council reports to the Minister for Health on the state of the ACT LHN and any recommendations relating to improvement of the ACT LHN that the Council considers necessary.

The ACT LHN receives Activity Based Funding (ABF) from both the Commonwealth and the ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:

- Canberra Hospital;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

2015-16 Priorities

Operational priorities to be pursued in 2015-16 include:

- receiving and distributing funding for public hospital services under the *National Health Reform Agreement* (NHRA); and
- purchasing public hospital services from four ACT public hospital providers.

Estimated Employment Level

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

Strategic Objectives and Indicators

The ACT Local Hospital Network (ACT LHN) consists of a networked system that includes the Canberra Hospital and Health Services, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre. The ACT LHN has a yearly *Service Level Agreement* (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the ACT LHN. This SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets. The ACT Government manages system-wide public hospital service delivery, planning and performance, including the purchasing of public hospital services and capital planning, and is responsible for the management of the ACT LHN.

The following Strategic Indicators include some of the major performance indicators implemented under the requirements of the *National Health Reform Agreement*.

Strategic Objective 1

Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Strategic Indicator 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Table 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Clinically recommended time by urgency category	2014-15	2014-15 Est.	2015-16
	Target	Outcome	Target
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%	97%	100%
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	78%	70%	78%
Non urgent – admission at some time in the future acceptable 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	91%	85%	91%

Strategic Objective 2

Improved Emergency Department Timeliness

Strategic Indicator 2.1: The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes

Table 2: The proportion of Emergency Department presentations that are treated within clinically appropriate timeframes

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
One (resuscitation seen immediately)	100%	100%	100%
Two (emergency seen within 10 mins)	80%	79%	80%
Three (urgent seen within 30 mins)	75%	48%	75%
Four (semi urgent seen within 60 mins)	70%	53%	70%
Five (non urgent seen within 120 mins)	70%	85%	70%
All Presentations	70%	59%	70%

Strategic Indicator 2.2: The proportion of Emergency Department Presentations whose Length of Stay in the Emergency Department is four Hours or less

Table 3: The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
The proportion of Emergency Department presentations who either physically leave the Emergency Department for admission to hospital, are referred for treatment or are discharged, whose total time in the Emergency Department is within four hours. ¹	77%	63%	77%

Note:

1. This measure was introduced in 2013-14 as part of the National Health Reform Agreement (NHRA) - National Partnership Agreement (NPA) - on improving public hospitals. The ceasing of the NPA was confirmed in the 2014-15 Commonwealth budget. Whilst the ACT and other jurisdictions have ceased to be measured against national targets through that NPA, this measure will continue to be reported in the ACT.

Strategic Objective 3

Maximising the Quality of Hospital Services

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

Strategic Indicator 3.1: The Proportion of People who Undergo a Surgical Operation Requiring an Unplanned Return to the Operating Theatre within a Single Episode of Care due to Complications of their Primary Condition

This indicator represents the quality of theatre and post operative care.

Table 4: The Proportion of People who Undergo a Surgical Operation Requiring an Unplanned Return to the Operating Theatre within a Single Episode of Care due to Complications of their Primary Condition

	2014-15 Target ¹	2014-15 Est. Outcome	2015-16 Target ¹
Canberra Hospital	<1.0%	0.9%	<1.0%
Calvary Public Hospital	<0.5%	0.3%	<0.5%

Note:

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

Strategic Indicator 3.2: The Proportion of People Separated from ACT Public Hospitals who are re-admitted to Hospital within 28 Days of their Separation due to Complications of their Condition (where the re-admission was unforeseen at the time of separation)

This indicator highlights the effectiveness of hospital based and community services in the ACT in the treatment of persons who receive hospital based care.

Table 5: The Proportion of People Separated from ACT public hospitals who are re-admitted to Hospital within 28 Days of their Separation due to Complications of their Condition (where the re-admission was unforeseen at the time of separation)

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
Canberra Hospital	<2.0%	1.3%	<2.0%
Calvary Public Hospital	<1.0%	0.7%	<1.0%

Strategic Indicator 3.3: 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 6: 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

	2014-15 Target	2014-15 Est. Outcome ¹	2015-16 Target
Canberra Hospital	<2 per 10,000	1.2 per 10,000	<2 per 10,000
Calvary Public Hospital	<2 per 10,000	0.3 per 10,000	<2 per 10,000

Note:

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

Strategic Indicator 3.4: The Estimated Hand Hygiene Rate

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 7: Estimated Hand Hygiene Rate

	2014-15 Target	2014-15 Est. Outcome	2015-16 Target
Canberra Hospital	70%	73%	70%
Calvary Public Hospital	70%	78%	70%

Output Classes

The ACT Local Hospital Network will receive funding under the NHRA and purchase public hospital services from the Canberra Hospital and Health Services, Calvary Hospital, Clare Holland House and Queen Elizabeth II Family Centre.

Output Class 1: ACT Local Hospital Network

Table 8: Output Class 1: ACT Local Hospital Network

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000
Total Cost	961,421	1,019,642
Government Payment for Outputs	567,279	605,162

Accountability Indicators

Output Class 1: ACT Local Hospital Network

Table 9: Accountability Indicators Output 1.1

	2014-15 Targets	2014-15 Estimated Outcome	2015-16 Targets
	NWAU{14}	NWAU{14}	NWAU{15}
a. Admitted Services – National Weighted Activity Units ¹	86,324	87,315	89,032
b. Non-admitted Services – National Weighted Activity Units ^{1,2}	10,272	17,410	17,759
c. Emergency Services – National Weighted Activity Units ¹	15,929	15,783	16,099
d. Acute Admitted Mental Health Services – National Weighted Activity Units ¹	4,778	6,482	6,611
e. Sub Acute Services – National Weighted Activity Units ¹	6,360	6,810	6,946
f. Total in Scope – National Weighted Activity Units ¹	123,663	133,800	136,447
g. Percentage of mental health clients with outcome measures completed	>65%	65%	>65%
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services ³	85%	75%	75%

Notes:

1. 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 {14} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2014-15, while NWAU {15} is the currency for 2015-16. These measures combine the results for Canberra Hospital and Calvary Public Hospital in-scope activity.
2. The estimated outcome is due to the capacity to capture additional non-admitted patient activity that will be accepted by the National Health Funding Body for activity-based funding purposes.
3. Changes in data collection methodology and system integration have resulted in better capturing of clients with an inpatient episode during the reporting period and those who have a recorded contact within the 7 days following their discharge.

Changes to Appropriation

Table 10: Changes to appropriation—Government Payment for Outputs, Controlled

	2014-15 Estimated Outcome \$'000	2015-16 Budget \$'000	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
2014-15 Budget	601,725	620,140	638,494	647,035	647,035
FMA Section 16B Rollovers from 2013-14					
Commonwealth Grants – Additional NHR funding	4,373	-	-	-	-
2015-16 Budget Policy Adjustments					
Offset for increased Cross Border Revenue	(11,976)	(7,000)	(7,000)	(8,000)	(2,000)
2015-16 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	32,352
Rebase Funding for In-scope Services	-	15,037	15,755	(4,387)	(26,201)
National Health Reform Funding to Local Hospital Network	(26,843)	(23,015)	(15,746)	14,932	18,236
2015-16 Budget	567,279	605,162	631,503	649,580	669,422

Financial Statements

Table 11: ACT Local Hospital Network: Operating Statement

2014-15 Budget \$'000		2014-15 Est'd outcome \$'000	2015-16 Budget \$'000	Var %	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
Revenue							
601,725	Government Payment for Outputs	567,279	605,162	7	631,503	649,580	669,422
84,249	User Charges - Non ACT Government	89,525	93,053	4	94,896	163,662	164,854
271,080	Grants from the Commonwealth	304,617	321,427	6	343,889	296,132	308,381
957,054	Total Revenue	961,421	1,019,642	6	1,070,288	1,109,374	1,142,657
Expenses							
936,600	Grants and Purchased Services	955,826	1,013,732	6	1,064,045	1,109,374	1,142,657
14,853	Other Expenses	0	0	-	0	0	0
5,601	Transfer Expenses	5,595	5,910	6	6,243	0	0
957,054	Total Expenses	961,421	1,019,642	6	1,070,288	1,109,374	1,142,657
0	Operating Result	0	0	-	0	0	0
0	Total Comprehensive Income	0	0	-	0	0	0

Table 12: ACT Local Hospital Network: Balance Sheet

Budget at 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
	Current Assets						
15,502	Cash and Cash Equivalents	7,695	7,695	-	7,695	7,695	7,695
1,177	Receivables	17,489	17,489	-	17,489	17,489	17,489
16,679	Total Current Assets	25,184	25,184	-	25,184	25,184	25,184
16,679	TOTAL ASSETS	25,184	25,184	-	25,184	25,184	25,184
	Current Liabilities						
0	Payables	9,339	9,339	-	9,339	9,339	9,339
0	Total Current Liabilities	9,339	9,339	-	9,339	9,339	9,339
0	TOTAL LIABILITIES	9,339	9,339	-	9,339	9,339	9,339
16,679	NET ASSETS	15,845	15,845	-	15,845	15,845	15,845
	REPRESENTED BY FUNDS EMPLOYED						
16,679	Accumulated Funds	15,845	15,845	-	15,845	15,845	15,845
16,679	TOTAL FUNDS EMPLOYED	15,845	15,845	-	15,845	15,845	15,845

Table 13: ACT Local Hospital Network: Statement of Changes in Equity

Budget at 30/6/15 \$'000		2014-15 Est'd outcome \$'000	Budget At 30/6/16 \$'000	Var %	Estimate At 30/6/17 \$'000	Estimate At 30/6/18 \$'000	Estimate At 30/6/19 \$'000
Opening Equity							
16,679	Opening Accumulated Funds	26,845	15,845	-41	15,845	15,845	15,845
16,679	Balance at the Start of the Reporting Period	26,845	15,845	-41	15,845	15,845	15,845
Transactions Involving Owners Affecting Accumulated Funds							
0	Capital Distributions to Government	-11,000	0	100	0	0	0
0	Total Transactions Involving Owners Affecting Accumulated Funds	-11,000	0	100	0	0	0
Closing Equity							
16,679	Closing Accumulated Funds	15,845	15,845	-	15,845	15,845	15,845
16,679	Balance at the End of the Reporting Period	15,845	15,845	-	15,845	15,845	15,845

Table 14: ACT Local Hospital Network: Cash Flow Statement

2014-15 Budget \$'000		2014-15 Est'd outcome \$'000	2015-16 Budget \$'000	Var %	2016-17 Estimate \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
601,725	Cash from Government for Outputs	567,279	605,162	7	631,503	649,580	669,422
84,249	User Charges	89,525	93,053	4	94,896	163,662	164,854
271,080	Grants Received from the Commonwealth	310,956	321,427	3	343,889	296,132	308,381
18,623	Other Receipts	18,623	19,324	4	20,283	21,292	22,352
975,677	Operating Receipts	986,383	1,038,966	5	1,090,571	1,130,666	1,165,009
Payments							
942,201	Grants and Purchased Services	961,342	1,019,642	6	1,070,288	1,109,374	1,142,657
33,476	Other	18,623	19,324	4	20,283	21,292	22,352
975,677	Operating Payments	979,965	1,038,966	6	1,090,571	1,130,666	1,165,009
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	6,418	0	-100	0	0	0
CASH FLOWS FROM FINANCING ACTIVITIES							
Payments							
0	Distributions to Government	11,000	0	-100	0	0	0
0	Financing Payments	11,000	0	-100	0	0	0
0	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	-11,000	0	100	0	0	0
0	NET INCREASE / (DECREASE) IN CASH HELD	-4,582	0	100	0	0	0
15,502	CASH AT THE BEGINNING OF REPORTING PERIOD	12,277	7,695	-37	7,695	7,695	7,695
15,502	CASH AT THE END OF REPORTING PERIOD	7,695	7,695	-	7,695	7,695	7,695

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- government payment for outputs:
 - the decrease of \$34.446 million in the 2014-15 estimated outcome from the original budget is due to increased Commonwealth payments (\$33.537 million) under the National Health Reform Agreement (NHRA) due to higher activity than estimated in the 2014-15 Budget and higher cost border revenue (\$5.276 million). These are offset by Commonwealth funding for the 'Public Hospital System – Additional Funding NPA' (\$4.373 million); and
 - the increase of \$37.883 million in the 2015-16 Budget from the 2014-15 estimated outcome reflects growth and indexation.
- user charges - non ACT Government: the increase of \$5.276 million in the 2014-15 estimated outcome from the original budget relates to increased cross border revenue due to higher activity.
- grants from the Commonwealth:
 - the increase of \$33.537 million in the 2014-15 estimated outcome from the original budget is due to higher activity than estimated in the 2014-15 Budget; and
 - The increase of \$16.810 million in the 2015-16 Budget from the 2014-15 estimated outcome reflects growth and indexation.
- grants and purchased services:
 - the increase of \$19.226 million in the 2014-15 estimated outcome from the original budget is due the reclassification of cross border health costs (\$14.853 million) from other expenses and Commonwealth funding for the 'Public Hospital System – Additional Funding NPA' (\$4.373 million); and
 - the increase of \$57.906 million in the 2015-16 Budget from the 2014-15 estimated outcome reflects growth and indexation.
- other expenses: the decrease of \$14.853 million in the 2014-15 estimated outcome from the original budget is due to the reclassification of cross border health costs to grants and purchased services.

Balance Sheet

- cash and cash equivalents: the decrease of \$7.807 million in the 2014-15 estimated outcome from the original budget relates to the return of surplus cash to Government relating to the 2012-13 financial outcome (\$11 million).

- receivables: the increase of \$16.312 million in the 2014-15 estimated outcome from the original budget relates to outstanding cross border health payments from the States and the Northern Territory.
- payables: in increase of \$9.339 million in the 2014-15 estimated outcome from the original budget relates to outstanding cross border health payments to the States and the Northern Territory.

Statement of Changes in Equity and Cash Flow Statement

- variations in the statement are explained in the notes above.