

HEALTH DIRECTORATE

Purpose

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

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

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

2011-12 Priorities

Strategic and operational initiatives to be pursued in 2011-12 include:

- implementing the national health reforms as agreed by the Council of Australian Governments (COAG);
- continuing to implement the National Healthcare Agreement (NHA) with the Commonwealth Government. The NHA outlines a number of priority areas for improving access, quality, and timeliness of primary and community care, hospital and extended care services. National reporting of progress against agreed targets will be a key feature of the agreement;
- continuing to implement the National Partnership Programs (NPPs);
- continuing to meet the growth in demand for acute care, obstetrics and gynaecology services, aged care, cancer treatment, mental health and critical care services through extra capacity and by redesigning care delivery systems;
- continuing implementation of a comprehensive capital asset development plan (CADP) to build a sustainable and modern health system to ensure safety, availability and viability of quality health care in the ACT for now and into the future;
- continuing to expand services for the rapidly growing number of ACT residents living with chronic illness;
- continuing work to improve health and wellbeing within the Aboriginal and Torres Strait Islander (ATSI) community;
- opening the newly constructed Mental Health Inpatient Facility at the Canberra Hospital;
- opening the new Women and Children's Hospital Stage 1; and
- maintaining accreditation with appropriate bodies.

Business and Corporate Strategies

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

The Health Directorate is committed to:

- implementing the new internal structure to meet the future needs of the Health Directorate;
- 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

2009-10 Actual Outcome	2010-11 Budget	2010-11 Est. Outcome	2011-12 Budget
4,887 Staffing (FTE) ¹	5,034	5,105	5,153

Note:

1. An increase of 91 positions funded through the 2011-12 Budget, of which 66 per cent will be nursing positions, 20 per cent are medical practitioners and the balance are allied health and support officers. This is offset by net FTE reductions of 43 resulting from the savings initiative.

Strategic Objectives and Indicators

The Health Directorate's strategic indicators for 2011-12 have been aligned to relate more closely to the priorities described below and which are outlined in *Your health - our priority* and the *ACT Health Corporate Plan 2010-12*.

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

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

Strategic Objectives and Indicators cont.

Strategic Indicators numbers 2 and 6 are new indicators in 2011-12 and have been added to provide information on the government's investment to improve and increase access to healthcare in the ACT. Strategic Indicators numbers 10 and 18 have also been added to provide additional information on how the Government is working to meet its priorities.

Strategic Objective 1: Timely Access to Better Care

Strategic Indicator 1: Waiting Times for Admission Following Emergency Department Care.¹

Proportion of persons who are admitted via the emergency department, who wait less than eight hours from commencement of treatment for admission to a ward. This provides an indication of the effectiveness of public hospitals in meeting the need for acute care and emergency department care.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Proportion of patients admitted to hospital who wait less than eight hours	75%	74%	75%

Note:

1. This indicator is likely to be replaced following implementation of national health reform, hence the long term target has been removed.

Strategic Objective 2: Removals from Waiting List for Elective Surgery

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

Strategic Indicator 2: Number of People Removed from Waiting List.

	2010-11 Est. Outcome	2011-12 Target
People removed from the ACT elective surgery waiting list for surgery	10,712	11,000

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

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

Strategic Objective 3: No Waiting for Access to Emergency Dental Health Services

Strategic Indicator 3: Percentage of Assessed Emergency Clients seen within 24 Hours.

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

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Percentage of emergency clients seen within 24 hours	100%	100%	100%	100%

Strategic Objectives and Indicators cont.

Strategic Objective 4: Reaching the Optimum Occupancy Rate for Acute Adult Overnight Hospital Beds

Strategic Indicator 4: The Mean Percentage of Adult Overnight Acute Medical and Surgical Beds in Use. This Provides an Indication of the Efficient Use of Resources Available for Hospital Services.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Percentage of adult overnight acute medical and surgical beds in use	85%	85%	85%	85%

Strategic Objective 5: Access to Radiotherapy Services

Strategic Indicator 5: Percentage of Radiotherapy Patients who Commence Treatment within Standard Time Frames. This Provides an Indication of the Effectiveness of Public Hospitals in Meeting the Need for Cancer Treatment Services.

Category	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Urgent - treatment starts within 48 hours	100%	100%	100%	100%
Semi Urgent - treatment starts within 4 weeks	95%	100%	95%	100%
Non Urgent - treatment starts within 6 weeks	95%	100%	95%	100%

Note: The reduced number of indicators for "Access to Radiotherapy Services" reflects the need to simplify the terms used to describe client groups and ensure a clear distinction between categories.

Strategic Objective 6: Government Capital Expenditure on Healthcare Infrastructure

Strategic Indicator 6: Capital Consumption.

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

Government ⁽¹⁾ capital expenditure as a proportion of government ⁽²⁾ capital consumption expenditure by healthcare facilities, 2006-07 to 2008-09	ACT Rate	National Rate
2006-07	1.26	1.60
2007-08	1.88	1.51
2008-09	2.76	1.90

Source: *Health Expenditure Australia 2008-09* (Australian Institute of Health and Welfare)

Notes:

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

Strategic Objectives and Indicators cont.

Strategic Objective 7: Management of Chronic Disease

Strategic Indicator 7: Maintenance of the Highest Life Expectancy at Birth in Australia.

Maintenance of the highest life expectancy at birth in Australia	ACT Rate	National Rate
Females	84.0	83.5
Males	80.3	78.7

Source: ABS 2008, Deaths, Australia, 2007, cat. no. 3302.0, ABS, Canberra.

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

Strategic Objective 8: Lower than National Average Prevalence of Circulatory Disease

Strategic Indicator 8: The Proportion of the ACT Population with Some Form of Circulatory Disease.

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

Source: National Health Survey 2007-08 updates

The ACT Chronic Disease Strategy 2008-2011 sets the direction for chronic disease prevention, detection and management in the ACT. Population projections suggest that the ACT population is ageing faster than other jurisdictions. The median age of the ACT population (34.5 years in 2005) has increased 6.4 years since 1985. While people of all ages can present with a chronic disease, the ageing of the population and its longer lifespan mean that chronic diseases will place major demands on the health system for workforce and financial resources.

Strategic Objective 9: Lower than National Average Prevalence of Diabetes

Strategic Indicator 9: The Proportion of the ACT Population Diagnosed with Some Form of Diabetes.

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

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

Source: National Health Survey 2007-08 Summary of Results 2007-08 (reissue) Australian Bureau of Statistics.

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

Strategic Objectives and Indicators cont.

Strategic Objective 10: Higher than National Average Proportion of Government Recurrent Health Funding Expenditure on Public Health Activities

Strategic Indicator 10: Proportion of Government Recurrent Health Funding Expenditure on Public Health Activities.

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

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

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

Strategic Objective 11: Improving Care for the Elderly

Strategic Indicator 11: Improved Hospital Access Times for Older Persons.¹

Percentage of admissions via the Emergency Department (ED) by persons 75 years or more who wait less than eight hours from commencement of treatment in ED to admission to ward. This provides an indication of the effectiveness of public hospitals in meeting the need for acute care and emergency department care for persons aged over 75 years.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Proportion of patients aged > 75 years of age admitted to hospital who wait less than eight hours	70%	63%	70%

Note 1: This indicator is likely to be replaced following the implementation of national health reform. Hence, the long term target has been removed.

Strategic Objective 12: Maintaining the Waiting Times for In-Hospital Assessments by the Aged Care Assessment Team

Strategic Indicator 12: The mean waiting time in working days between the request for, and provision of, assessment by the Aged Care Assessment Team (ACAT) for patients in public hospitals.

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

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Mean waiting time in working days	2 days	2.1 days	2 days	2 days

Strategic Objectives and Indicators cont.

Strategic Objective 13: Increasing the Rate of Discharge Planning

Strategic Indicator 13: The Proportion of Aged Care Clients under the Management of the Rehabilitation, Aged and Community Care Services Discharged with a Comprehensive Discharge Plan.

This provides an indication of the effectiveness of services in planning and organising for the needs of clients following their hospital episode and the level of integration of hospital and community based care.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Proportion of aged care clients with comprehensive discharge plan	98%	99%	99%	100%

Strategic Objective 14: Providing Comprehensive Services for Mental Health and Reducing the Usage of Seclusion

Strategic Indicator 14: The Proportion of Clients with Episodes of Seclusion of Public Mental Health in the ACT who are Subject to Seclusion during an Inpatient Episode.

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

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Proportion of clients of public mental health services in the ACT subject to seclusion during an inpatient episode	5%	3%	3%	<5%

Strategic Objective 15: Maintaining Consumer and Carer Participation on Relevant Mental Health Committees

Strategic Indicator 15: The Proportion of Mental Health ACT Committees in which Consumers and Carers are Represented.

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

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Proportion of Mental Health Services committees with consumer and carer representation	100%	100%	100%	100%

Strategic Objectives and Indicators cont.

Strategic Objective 16: Patients Return Rate to an ACT Public Mental Health Inpatient Unit lower than National Average.

Strategic Indicator 16: The Proportion of Clients Who Return To Hospital within 28 Days of Discharge from an ACT Public Mental Health Inpatient Unit.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	National Rate 2007-08 ¹
Proportion of clients who return to hospital within 28 days of discharge from an ACT public mental health inpatient unit	<10% ²	5%	<10% ²	13%

Source: COAG National Action Plan on Mental Health – Progress Report 2007-08.

Notes:

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

Strategic Objective 17: Maintaining Short Admission Waiting Times for Mental Health Clients Following Emergency Department Care

Strategic Indicator 17¹: The Proportion of Mental Health Clients Admitted to Hospital from the Emergency Department who wait less than Eight Hours from the Time Of Commencement of Treatment to the Time of Transfer to a Ward.

This provides an indication of the effectiveness of public hospitals in meeting the need for acute care and emergency department care for mental health clients.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Proportion of mental health clients admitted to hospital who wait less than eight hours	85%	83%	85%

Note:

1. This indicator is likely to be replaced following implementation of national health reform. Hence, the long term target has been removed.

Strategic Objective 18: Addressing gaps in Aboriginal and Torres Strait Islander Health Status

Strategic Indicator 18: Immunisation Rates – ACT Indigenous Population

This provides an indication of the public health services to minimise the incidence of vaccine preventable diseases, as recorded by the Australian Childhood Immunisation Register, in the ACT's indigenous population. Maintaining the immunisation coverage rates for vulnerable groups and, in particular, minimise disparities between indigenous and non-indigenous Australians.

	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Immunisation rates for vaccines in the national schedule for the ACT indigenous population:			
12 to 15 months	90%	≥90%	≥90%
24 to 27 months	90%	≥90%	≥90%
60 to 63 months	90%	≥90%	≥90%
All	90%	≥90%	≥90%

Strategic Objectives and Indicators cont.

Strategic Objective 19: Maximising the Quality of Hospital Services

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

Strategic Indicator 19.1: The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition. This provides an indication of the quality of theatre and post-operative care.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Canberra Hospital	<1.0%	0.44%	<1.0% ¹
Calvary Public Hospital	<0.5%	0.31%	<0.5%

Note:

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

Strategic Indicator 19.2: The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation). This provides an indication of the effectiveness of hospital-based and community services in the ACT in the treatment of persons who receive hospital-based care.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Canberra Hospital	<2.0%	1.37%	<2.0%
Calvary Public Hospital	<1.0%	1.14%	<1.0%

Strategic Indicator 19.3: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a bacteraemia infection during their stay. This provides an indication of the safety of hospital-based services.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target
Canberra Hospital	<7 per 10,000	6.71 per 10,000	<7 per 10,000
Calvary Public Hospital	<3 per 10,000	2.10 per 10,000	<3 per 10,000

Strategic Objective 20: High Participation Rate in the Cervical Screening Program

Strategic Indicator 20: Two-Year Participation Rate in the Cervical Screening Program.

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

	ACT Rate	National Rate
Two year participation rate	63.0%	61.2%

Source: *Cervical Screening in Australia 2007-08* (Australian Institute of Health and Welfare, May 2010)

Strategic Objectives and Indicators cont.

Strategic Objective 21: Improved Emergency Department Timeliness

Strategic Indicator 21: The proportion of Emergency Department presentations that are treated within clinically appropriate timeframes.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
One (resuscitation seen immediately)	100%	100%	100%	100%
Two (emergency seen within 10 mins)	80%	80%	80%	80%
Three (urgent seen within 30 mins) ¹	75%	56%	75%	75%
Four (semi-urgent seen within 60 mins) ¹	70%	53%	70%	70%
Five (non-urgent seen within 120 mins)	70%	77%	70%	70%
All Presentations ¹	70%	59%	70%	80%

Note:

- The below target 2010-11 estimated outcomes are related to the continuing demand for emergency department service in the ACT, with presentations up by 4% over the first 9 months of 2010-11

Strategic Objective 22: Improved Breast Screen Participation Rate for Women Aged 50-69 Years

Strategic Indicator 22: The Proportion of Women in the Target Age Group (50 to 69 Years) who have a Breast Screen in the 24 Months prior to Each Counting Period.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Proportion of women aged 50 to 69	60%	54%	60%	70%

Strategic Objective 23: High Comprehensive Discharge Plan Rate

Strategic Indicator 23: The Proportion of Patients with a Length of Stay Greater than 30 Days who have a Comprehensive Discharge Plan.

Discharge planning is the quality link between hospital, community-based services, non-government organisations, and carers. Doctors, nurses and allied health professionals continually assess patients during their stay to determine their post-hospital needs. 80 per cent of patients discharged from hospital are relatively straightforward. It is the 20 per cent of patients who have more complex needs, who require a more robust discharge plan. This indicator reports on the provision of complex discharge planning to target those patients whose length of stay is greater than 30 days.

	2010-11 Target	2010-11 Est. Outcome	2011-12 Target	Long Term Target
Proportion of patients with a length of stay greater than 30 days who have a comprehensive discharge plan	90%	94%	90%	90%

Strategic Objectives and Indicators cont.

Strategic Objective 24: Achieve Lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index

Strategic Indicator 24: The Mean Number of Teeth with Dental Decay, Missing or Filled Teeth at Ages 6 and 12.

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

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

Source: *Australia's Health 2008 (2002 data)*

Strategic Objective 25: Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years

Strategic Indicator 25: Reduction in the Rate of Broken Hips (Fractured Neck of Femur).

This provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2009-10, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 7 per 1,000 ACT population. Although there was a statistically significant increase from the previous year when the rate was 5.4 per 1,000 population, the general trend indicates a statistically significant decrease over the 10 year period from 2001-02.

	2009-10 Outcome	Long Term Target
Rate per 1,000 people	7.0	5.4

Strategic Objective 26: Reduction in the Youth Smoking Rate

Strategic Indicator 26: Percentage of Persons Aged 12-17 Years who Smoke Regularly.

The results from the 2008 Secondary School Alcohol and Drug Survey (ASSAD) show that 6.7 per cent of students were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2001 to 8.6 per cent. The national rate for current smoking in 2008 was 7.3 per cent.

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

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

Output Classes

New Health Directorate Output Structure

The Output Structure outlined in the following sections and the associated accountability indicators differ considerably from the output structure contained in the 2010-11 Budget Papers. The changes reflect a new functional structure adopted by the Health Directorate in March 2011. For comparative purposes, the budgeted cost and Government Payment for Output for 2010-11 is presented below along with the estimated outcome in the old structure.

	Total Cost		Government Payment for Outputs	
	2010-11 Budget \$'000	2010-11 Est. Outcome \$'000	2010-11 Budget \$'000	2010-11 Est. Outcome \$'000
Output Class 1:				
Health and Community Care	1,068,551	1,064,323	826,910	819,279
Output 1.1: Acute Services ¹	717,400	710,309	506,182	500,343
Output 1.2: Mental Health Services	74,381	74,146	71,594	71,482
Output 1.3: Community Health Services ²	101,494	106,193	93,636	93,254
Output 1.4: Public Health Services	29,041	28,965	27,146	27,119
Output 1.5: Cancer Services	38,543	38,442	31,751	31,719
Output 1.6: Aged Care and Rehabilitation Services	47,234	47,112	40,594	40,554
Output 1.7: Early Intervention and Prevention ³	60,458	59,156	56,007	54,808

Notes:

1. The reduction in total cost and price relates largely to the deferral of the Commonwealth National Health Reform funding into 2011-12.
2. The increase in total cost relates to the disposal of the Narrabundah Health Centre (\$5.3m).
3. The reduction in total cost and price relates largely to the deferral of 'A Healthy Future' funding.

Establishment of the of the new Output structure, has resulted in the movement of a number of accountability indicators. This has been mainly from the old Output 1.3 *Community Health Services*. Indicators 1.3b and 1.3h have been moved into Output 1.1 *Acute Services*, as 1.1e and 1.1f Indicators 1.3d, 1.3e and 1.3a have been moved into Output 1.2 *Mental Health, Justice Health and Alcohol and Drug Services*, as 1.2k, 1.2l and 1.2m. Finally, indicators 1.3f and 1.3g have been moved into Output 1.5 *Rehabilitation, Aged and Community Care* as, 1.5f and 1.5g.

	Total Cost ¹		Government Payment for Outputs	
	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000
Output Class 1:				
Health and Community Care	1,064,323	1,146,331	819,279	896,185
Output 1.1: Acute Services	684,249	735,950	481,536	527,350

Note 1: Total Cost includes depreciation of \$24.094 million in 2010-11 and \$29.018 million in 2011-12.

Output Description

The Government provides public hospital services at the Canberra Hospital and Calvary Public Hospital. These public hospitals provide 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.

Output Classes cont.

This means focussing on:

- reducing waiting times for admission to a hospital bed through emergency departments, with a specific emphasis on older patients who might otherwise experience long waits due to the complexity of their conditions;
- achieving national benchmark performance standards for waiting times for access to elective surgery for category one patients;
- ensuring timely access to public dental health care in cases of emergency need;
- achieving bed occupancy rates of approximately 85 per cent. Occupancy levels of around 85 per cent contribute positively to patient safety, reduce access block, ensure efficient workflows and minimise disruptions to elective surgery; and
- providing timely access to counselling services within the ACT Women's Health Service.

	Total Cost		Government Payment for Outputs	
	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000
Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	105,105	111,515	98,426	104,537

Output Description

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

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

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

Output Classes cont.

	Total Cost		Government Payment for Outputs	
	2010-11	2011-12	2010-11	2011-12
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
Output 1.3: Public Health Services	33,030	38,794	30,774	36,159

Output Description

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

	Total Cost		Government Payment for Outputs	
	2010-11	2011-12	2010-11	2011-12
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
Output 1.4: Cancer Services	59,639	66,586	50,421	56,794

Output Description

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

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

	Total Cost		Government Payment for Outputs	
	2010-11	2011-12	2010-11	2011-12
	Est. Outcome \$'000	Budget \$'000	Est. Outcome \$'000	Budget \$'000
Output 1.5: Rehabilitation, Aged and Community Care	117,867	122,490	101,204	108,378

Output Description

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

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

- ensuring that older persons in hospital wait the least possible time for access to comprehensive assessment by the Aged Care Assessment Team. This will assist in their safe return home with appropriate support, or access to appropriately supported residential accommodation;

- improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care; and,
- ensuring that access, consistent with clinical need, is timely for community-based nursing and allied health services and that community-based services are in place to better provide for the acute and post-acute health care needs of the community.

	Total Cost		Government Payment for Outputs	
	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000	2010-11 Est. Outcome \$'000	2011-12 Budget \$'000
Output 1.6:				
Early Intervention and Prevention	64,433	70,996	56,918	62,967

Output Description

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

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

Accountability Indicators

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output Class 1: Health and Community Care			
Output 1.1: Acute Services			
Patient activity			
a. Cost weighted patient separations 1	86,340 ¹	86,340 ¹	91,600 ²
b. Non-admitted occasions of service	291,490	291,490	300,235
c. Percentage of category one elective surgery patients who receive surgery within 30 days of listing	95%	90%	95%
d. Number of allied health care services provided for acute care patients in ACT Public Hospitals	98,460	98,460	101,400
e. Mean waiting time for clients on the dental services waiting list	12 months	12 months	12 months
f. Percentage of the Women's Health Service Intake Officer's clients who receive an intake and assessment service within 14 working days of their initial referral	100%	90%	100%

Notes:

1. Cost weights presented using AR-DRG Version 5.1 mapped to National Public Weights Round 12.
2. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights round 13. This figure reflects an estimated 3 per cent growth on the 2010-11 estimated outcome of 88,930 cost weights using round 13 weights.

Accountability Indicators cont.

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services			
Patient activity			
a. Cost weighted separations ¹	3,760 ¹	3,760 ¹	4,030 ²
b. Admitted patient separations	1,340	1,340	1,380
c. Adult services (18 - 64 years)	175,100	175,100	175,100
d. Children and youth services (0 - 17 years)	51,500	56,000	56,000
e. Older persons' services (65+ years)	20,600	18,000	18,600 ³
f. Older persons' services bed days	4,530	5,164	6,570 ⁴
g. Psychogeriatric inpatient episodes of care	113	155	n/a ⁵
h. Supported accommodation bed occupancy rate ⁶	95%	90%	95%
i. Proportion of clients seen at an ACT Health community facility within 7 days post discharge from inpatient services	75%	75%	75%
j. Percentage of clients with outcome measures completed	65%	59%	65%
k. Proportion of offenders and detainees at the Alexander Maconachie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
l. Proportion of offenders and detainees in Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention. ⁷	100%	97%	100%
m. Percentage of current clients on opioid treatment with management plans	90%	98%	98%

Notes:

1. Cost weights presented using AR-DRG Version 5.1 mapped to National Public Weights Round 12.
2. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13. This figure requests an estimated 4 per cent growth on the 2010-11 estimated outcome of 3,915 cost weights using Round 13 weights.
3. Change in counting methodology.
4. The bed days target has been adjusted due to the opening of additional Older Persons' beds.
5. This has been deleted as it is already counted in measure 1.2b.
6. The proportion of occupied supported accommodation bed days compared to the total available bed days. This provides an indication of the efficient use of resources available for supported accommodation services
7. Offenders detained for periods in which it is not possible to assess them due to staff unavailability are excluded from these measures.

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output 1.3: Public Health Services			
a. Samples analysed ¹	7,000	7,200	7,600 ¹
b. Inspection compliance of licensable, registrable and non licensable activities	85%	90%	85%
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	100%

Note:

1. Increase in the 2011-12 Target from the 2010-11 estimated outcome is mainly due to the introduction of road side drug testing. The number of specimens provided to the Health Protection Service Analytical Laboratory for analysis is in connection with legislation enforcement, other services to ACT Government agencies and private activity.

Accountability Indicators cont.

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output 1.4: Cancer Services			
Patient activity			
a. Cost weighted admitted patient separations ¹	4,710 ¹	4,710 ¹	5,040 ²
b. Non-admitted occasions of service	55,620	55,620	57,288
Breast screening			
a. Total breast screens	12,000	12,000	11,400 ³
b. Number of breast screens for women aged 50-69 ⁴	10,500	10,500	9,975 ³
c. % of women who receive results of screen within 28 days ⁵	100%	98%	100%
d. Percentage of screened who are assessed within 28 days ⁵	90%	71% ⁶	90%

Notes:

1. Cost weights presented using AR-DRG Version 5.1 mapped to National Public Weights Round 12. The number of hospital based services provided to clients. These provide an indication of the number of services provided for hospital based cancer patients.
2. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13. This figure reflects an estimated 3 per cent growth on the 2010-11 estimated outcome of 4,898 cost weights using Round 13 weights.
3. The reduced targets for BreastScreen ACT reflect the decision of NSW Health to take over responsibility for provision of Breast Screening Services in the regions of NSW surrounding the ACT.
4. The total number of women who have breast screens each year and the number of women in the major target group (aged 50 to 69 years) who access this service. This gives an indication of the total volume of services as well as providing an indication of the level of services provided to women in the target age group.
5. These provide an indication of the effectiveness of the service providing timely advice to women on the results of their breast screen.
6. There is a national shortage of radiologists who are experts in mammography. The Health Directorate continues to recruit, in the short-term, locums wherever possible.

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output 1.5: Rehabilitation, Aged and Community Care			
Patient activity			
a. Cost weighted admitted patient separations ¹	5,140 ¹	4,600 ^{1,6}	5,070 ²
b. Non-admitted occasions of service	2,230	2,230	2,230
c. Sub-acute service - episodes of care	1,640	1,640	1,640 ³
d. Sub-acute service - occupied bed days ⁴	22,660	21,754	22,849
e. No. of people assessed in falls clinics ⁵	420	420	420
f. No. of nursing (domiciliary and clinic based) occasions of service	80,000	80,000	80,000
g. No. of allied health regional services (occasions of service)	22,000	22,000	22,000

Notes:

1. Cost weights presented using AR-DRG Version 5.1 mapped to National Public Weights Round 12.
2. Cost weights presented using AR-DRG Version 5.2 mapped to National Public Weights Round 13. This figure reflects an estimated 3 per cent growth on the 2010-11 estimated outcome of 4,922 cost weights using Round 13 weights.
3. Episodes of care have not increased due to increased length of stay for people admitted to this service.
4. Provides an indication of the level of services. The bed days target has been adjusted due to the opening of additional sub-acute beds.
5. This is an indication of demand for this service and the effectiveness of aged care services in minimising the fall risks for older people.
6. Estimated outcome for 2010-11 is due to longer average length of stay for rehabilitation patients.

	2010-11 Targets	2010-11 Est. Outcome	2011-12 Targets
Output 1.6: Early Intervention and Prevention			
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	92%	92%	92%
b. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	30%	30%	30%
c. Proportion of children aged 0-14 who are entering substitute and kinship care within the ACT who attend the Child at Risk Health Unit for a health and wellbeing screen.	80%	80%	80%

Changes to Appropriation

Changes to Appropriation - Controlled

	2010-11	2011-12	2012-13	2013-14	2014-15
Government Payment for Outputs	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2010-11 Budget	826,910	872,135	935,868	1,014,446	1,014,446
2011-12 Budget Policy Adjustments					
Increased Critical Care Capacity	-	2,000	2,050	2,101	2,154
Growth in Demand for Acute Services	-	4,200	4,305	4,413	4,523
Women and Children's Hospital Operating Costs	-	1,500	2,000	2,050	2,100
Growth in Demand for Surgical Services	-	2,500	2,563	2,627	2,692
Growth in Cancer Services	-	1,000	1,025	1,051	1,077
Mental Health Growth including costs for the new Adult Mental Health Inpatient Unit	-	2,500	5,025	5,151	5,280
Rehabilitation, Aged and Community Care Growth	-	1,000	1,025	1,051	1,077
Chronic Disease Management	-	700	718	735	754
Expansion of Radiation Oncology Services	-	871	1,874	1,928	2,035
Recalculated Funding Envelope: Achievement of Benchmark	-	12,000	12,000	12,000	12,000
Higher Costs for ACT Blood Supply Plan	-	1,870	-	-	-
ACT Roadside Drug Testing Program	-	304	355	366	378
Expansion of the ACT Magistrates Court Forensic Mental Health Court Liaison Team	-	157	160	163	166
Mental Health Training	-	300	308	315	323
Offset - Base Funding Envelope	-	(16,271)	(20,585)	(21,107)	(21,692)
Revised Wage Parameters	(956)	(1,006)	(1,071)	(1,151)	(1,151)
Savings - Secure Adult Mental Health Facility	(21)	(42)	(43)	(44)	(45)
Savings Initiative	-	(5,622)	(6,720)	(6,792)	(6,865)
2011-12 Budget Technical Adjustments					
Revised Indexation Parameters	-	2,063	2,115	2,167	92,192
Revised Indexation Parameters - Community Sector Funding	-	(83)	(86)	(89)	276
Transfer - Personal Care Provision to Community Services Directorate	-	(13)	(13)	(14)	(14)
Rollover - A Healthy Future - Preventative Health Program	(1,011)	1,011	-	-	-
Rollover - GP Workforce Initiatives	(30)	30	-	-	-
Rollover - Health Workforce Development	(815)	815	-	-	-
Rollover - Health Services NP	(395)	395	-	-	-
Rollover - Indigenous Early Childhood Development NP	(176)	176	-	-	-
Rollover - Essential Vaccines NP	(500)	500	-	-	-
Rollover - Hospital and Health Workforce Reform NP	(260)	260	-	-	-
Rollover - Emergency Department NP	(1,750)	1,750	-	-	-
Rollover - National Health Reform NP - Elective Surgery	(810)	810	-	-	-
Rollover - National Health Reform NP - Flexible Funding	(3,022)	3,022	-	-	-
Rollover - Preventative Health NP	(40)	40	-	-	-
Cessation - Emergency Department, Sub Acute, Elective Surgery (Commonwealth Funded)	-	-	-	-	(14,103)

Changes to Appropriation cont.

Changes to Appropriation – Controlled cont.

	2010-11	2011-12	2012-13	2013-14	2014-15
Government Payment for Outputs	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
Commonwealth Grants - Health Services NPP	(89)	(173)	(645)	(902)	(902)
Commonwealth Grants - Elective Surgery Waiting List Reduction Program NPP	293	644	-	-	-
Commonwealth Grants - Hospital and Health Workforce Reform NPP	-	-	-	(1,320)	(1,320)
Commonwealth Grants - Preventative Health NPP	40	1,111	2,140	2,971	3,800
Commonwealth Grants - Indigenous Early Childhood Development NPP	1	2	3	13	(237)
Commonwealth Grants - Essential Vaccines NPP	(11)	191	230	(5,118)	(5,118)
Commonwealth Grants - Home and Community Care NPP	179	(99)	(21,562)	(22,028)	(22,557)
Commonwealth Grants - Home and Community Care Services for Veterans NPP	(1)	(100)	(108)	(115)	(122)
Commonwealth Grants - Aged Care Assessment NPP	1	3	(1,012)	(1,012)	(1,012)
Commonwealth Grants - National Health Reforms NPP	1,700	(1,824)	(2,173)	25	-
Hepatitis C Settlement Fund	42	42	-	-	-
A Seamless National Economy NPP	-	120	6	6	-
Cross Border Revenue	-	2,396	1,791	1,043	254
Revised Insurance Costs	-	3,000	3,075	3,152	3,231
2011-12 Budget	819,279	896,185	924,618	998,082	1,073,620
Changes to Appropriation - Territorial					
	2010-11	2011-12	2012-13	2013-14	2014-15
Payment for Expenses on Behalf of Territory	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2010-11 Budget	710	727	746	765	765
2011-12 Budget Technical Adjustment					
Revised Indexation Parameters	-	-	-	-	19
2011-12 Budget	710	727	746	765	784

Changes to Appropriation cont.

Changes to Appropriation - Controlled

	2010-11	2011-12	2012-13	2013-14	2014-15
Capital Injections	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2010-11 Budget	196,981	197,824	94,263	4,681	4,681
FMA Section 16B Rollover from 2009-10					
An E-Healthy Future	4,256	-	-	-	-
Procurement and Installation of a PET/CT Scanner	3,815	-	-	-	-
Clinical Equipment for Calvary Hospital	3,270	-	-	-	-
Digital Mammography	2,646	-	-	-	-
Linear Accelerator Procurement and Replacement	2,513	-	-	-	-
Neurosurgery Operating Theatre	2,146	-	-	-	-
Mental Health Assessment Unit	766	-	-	-	-
Elective Surgery (Commonwealth Funding)	686	-	-	-	-
Additional Beds	510	-	-	-	-
Walk In Centre - TCH	360	-	-	-	-
Radiation Equipment	250	-	-	-	-
Surgical Assessment and Planning Unit	144	-	-	-	-
Safety Upgrades	112	-	-	-	-
Neonatal Intensive Care Unit - Video Streaming Services	100	-	-	-	-
Ophthalmology Service	91	-	-	-	-
TCH 12 Building Works	54	-	-	-	-
Adult Mental Health Inpatient Facility - Forward Design	37	-	-	-	-
Fire Protection and Security Upgrades - Various Sites	5	-	-	-	-
New Gungahlin Health Centre	(2)	-	-	-	-
Adult Mental Health Inpatient Facility	(3)	-	-	-	-
Equipment Loans Scheme Relocation	(5)	-	-	-	-
Provision for Phase 1 CSR	(9)	-	-	-	-
Secure Adult Mental Health Inpatient Facility - Forward Design	(16)	-	-	-	-
ATSI Residential Alcohol & Other Drug Rehabilitation Facility	(21)	-	-	-	-
Mental Health Young Persons Unit	(56)	-	-	-	-
Women and Children's Hospital	(160)	-	-	-	-
Provision for Project Definition Planning	(419)	-	-	-	-
New Multistorey Car Park TCH	(5,483)	-	-	-	-
Refurbishment of Non-Clinical Accommodation at TCH	(35)	-	-	-	-
TCH Upgrades to Ambulatory Areas, Intensive Care Facilities, Pathology Laboratories and ED	(41)	-	-	-	-
Building Upgrades - Including Asbestos Removal Non-Acute Sites (Stage 1)	45	-	-	-	-
Address Building Condition and Asbestos Audit Requirements	307	-	-	-	-
Workplace Redesign to Meet Accommodation & OH&S Standards	191	-	-	-	-
Electrical Plumbing Floor Coverings & Air-Conditioning Upgrades (Stage 1)	180	-	-	-	-
Energy Savings and Sustainability Works	113	-	-	-	-
National Health Reform NP - Elective Surgery	1,688	-	-	-	-
National Health Reform NP - Emergency Department	1,669	-	-	-	-
National Health Reform NP - Flexible Funding Pool	2,359	-	-	-	-

Changes to Appropriation cont.

Changes to Appropriation - Controlled

	2010-11	2011-12	2012-13	2013-14	2014-15
Capital Injections	Est. Out.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2011-12 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	96
Rollover - Augmentation of Patient and Research Facilities	(284)	284	-	-	-
Rollover - Workplace Improvements	(100)	100	-	-	-
Rollover - TCH Discharge Lounge Relocation	(50)	50	-	-	-
Rollover - Digital Mammography	(2,458)	2,458	-	-	-
Rollover - Clinical Services Redevelopment - Phase 2	(14,600)	14,600	-	-	-
Rollover - National Health Reform - Emergency Department Capital	(4,819)	4,819	-	-	-
Rollover - National Health Reform - Elective Surgery Capital	(4,385)	4,385	-	-	-
Rollover - Mental Health Young Persons Unit	(589)	589	-	-	-
Rollover - ACT Health Skills Development Centre	(1,000)	1,000	-	-	-
Rollover - Adult Mental Health Inpatient Facility	(5,931)	5,931	-	-	-
Rollover - Refurbishment of Health Centre	(2,900)	2,900	-	-	-
Rollover - Provision for Phase 1 CSR	(3,000)	3,000	-	-	-
Rollover - Linear Accelerator Procurement and Replacement	(375)	375	-	-	-
Rollover - New Multistorey Car Park TCH	(2,280)	2,280	-	-	-
Revised Funding Profile - An E-Healthy Future	(11,000)	10,000	1,000	-	-
Revised Funding Profile - Tuggeranong Health Centre - Stage 2	-	(4,900)	4,900	-	-
Revised Funding Profile - Integrated Cancer Centre - Phase 1	(2,000)	(6,000)	8,000	-	-
Revised Funding Profile - Enhanced Community Health Centre - Belconnen	(4,969)	(9,090)	14,059	-	-
Revised Funding Profile - Women and Children's Hospital	(7,333)	(6,513)	13,846	-	-
Revised Funding Profile - New Gungahlin Health Centre	(6,073)	3,540	2,533	-	-
Revised Funding Profile - Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	(2,362)	400	1,962	-	-
Cessation - National Health Reform - Emergency Department Capital (Commonwealth Funded)	-	-	-	-	(835)
2011-12 Budget	142,774	282,739	199,172	7,512	3,942

2011-12 Capital Works Program

Controlled

	Estimated Total Cost \$'000	Estimated Expenditure Pre 2011-12 \$'000	2011-12 Financing \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	Physical Completion Date
New Capital Works						
Enhancing Canberra Hospital Facilities (Design)	41,000	-	20,000	21,000	-	Nov 2012
Staging, Decanting and Continuity of Services	19,430	-	14,600	4,830	-	Jun 2013
Clinical Services Redevelopment – Phase 3	25,700	-	15,700	10,000	-	Jun 2013
Integrated Cancer Centre – Phase 2	15,102	-	3,021	8,415	3,666	Sep 2013
Central Sterilising Services	17,270	-	1,760	15,510	-	Jun 2013
Northside Hospital Specification and Documentation	4,000	-	4,000	-	-	Jun 2012
Total New Capital Works	122,502	-	59,081	59,755	3,666	
Capital Upgrades						
Building Upgrades	561	-	561			
Energy Savings/Sustainability	300	-	300			
Safety/Security Upgrades	380	-	380			
Mechanical Systems Upgrades	600	-	600			
Patient/Medical Facilities	670	-	670			
Workplace Improvements	590	-	590			
Augmentation of Medical Offices	560	-	560			
Total Capital Upgrades	3,661	-	3,661			
Total New Works	126,163	-	62,742	59,755	3,666	
Works in Progress						
Clinical Services Redevelopment – Phase 2 ¹	9,800	400	9,400	-	-	Jun 2012
Tuggeranong Health Centre – Stage 2	14,000	-	5,100	8,900	-	Sep 2012
CADP Change Management and Communication Support	4,117	1,765	2,352	-	-	Jun 2012
National Health Reform	15,098	1,430	11,999	1,669	-	Aug 2012
Integrated Cancer Centre – Phase 1	27,900	1,500	11,000	15,400	-	Nov 2012
Enhanced Community Health Centre – Belconnen	51,344	1,400	19,000	30,944	-	Dec 2012
Mental Health Young Persons Unit	775	186	589	-	-	Jun 2012
ACT Health Skills Development Centre	1,300	300	1,000	-	-	Dec 2011
Adult Mental Health Inpatient Facility	23,630	10,003	13,627	-	-	Dec 2011
Women and Children's Hospital ¹	111,060	20,000	52,690	38,370	-	Sep 2012
New Gungahlin Health Centre	18,000	707	13,760	3,533	-	Jun 2012
Refurbishment of Health Centre – Tuggeranong	5,000	600	4,400	-	-	Sep 2012
Provision for Phase 1 CSR	26,630	16,600	9,973	57	-	Jul 2012
Provision for Project Definition Planning ¹	61,090	37,305	12,290	11,495	-	Jul 2013
Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	5,883	821	3,100	1,962	-	Jun 2013

2011-12 Capital Works Program cont.

Controlled cont.

	Estimated Total Cost \$'000	Estimated Expenditure Pre 2011-12 \$'000	2011-12 Financing \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	Physical Completion Date
Works in Progress cont.						
Linear Accelerator Procurement and Replacement	17,700	17,325	375	-	-	Jun 2012
Augmentation of Patient Research Facilities (Prior Year Capital Upgrades)	540	256	284	-	-	Dec 2011
Workplace Improvements (Prior Year Capital Upgrades)	640	540	100	-	-	Sep 2011
TCH Discharge Lounge Relocation (Prior Year Capital Upgrades)	150	100	50	-	-	Sep 2011
Total Works in Progress	394,657	111,238	171,089	112,330	-	
Total Controlled Capital Works	520,820	111,238	233,831	172,085	3,666	

Note:

- The 2011-12 Capital Works Program provides an additional \$3.5 million for the Women and Children's Hospital. An additional \$10.190 million has also been transferred to this project. The funding is transferred from Clinical Services Redevelopment – Phase 2 (\$5.2 million), Provision for Project Definition Planning (\$2.710 million) and New Multistorey Car Park TCH (\$2.280 million).

Territorial

	Estimated Total Cost \$'000	Estimated Expenditure Pre 2011-12 \$'000	2011-12 Financing \$'000	2012-13 Financing \$'000	2013-14 Financing \$'000	Physical Completion Date
Capital Upgrades						
Electrical and Water Efficiency Measures	92	-	92			
Upgrade of Chiller	350	-	350			
Upgrades to 6th Floor	285	-	285			
Total Capital Upgrades	727	-	727			
Total New Works	727	-	727			
Total Territorial Capital Works	727	-	727			

Health Directorate Operating Statement

2010-11 Budget \$'000		2010-11 Est.Outcome \$'000	2011-12 Budget \$'000	Var %	2012-13 Estimate \$'000	2013-14 Estimate \$'000	2014-15 Estimate \$'000
Income							
Revenue							
826,910	Government Payment for Outputs	819,279	896,185	9	924,618	998,082	1,073,620
200,619	User Charges - Non ACT Government	200,619	206,151	3	211,625	217,267	223,286
862	User Charges - ACT Government	862	885	3	909	934	959
278	Interest	278	278	-	278	278	278
11,838	Other Revenue	11,956	12,289	3	12,626	12,986	13,351
956	Resources Received Free of Charge	956	986	3	1,016	1,046	1,066
1,041,463	Total Revenue	1,033,950	1,116,774	8	1,151,072	1,230,593	1,312,560
Gains							
1,469	Other Gains	1,469	1,496	2	1,524	1,544	1,574
1,469	Total Gains	1,469	1,496	2	1,524	1,544	1,574
1,042,932	Total Income	1,035,419	1,118,270	8	1,152,596	1,232,137	1,314,134
Expenses							
476,461	Employee Expenses	471,985	506,241	7	538,879	582,471	624,817
60,568	Superannuation Expenses	60,100	61,869	3	63,582	65,296	67,169
278,561	Supplies and Services	265,731	291,564	10	300,621	318,194	334,944
26,038	Depreciation and Amortisation	24,094	29,018	20	38,345	45,214	45,440
401	Borrowing Costs	401	401	-	401	401	401
17,701	Cost of Goods Sold	17,701	18,763	6	19,514	20,295	20,805
200,456	Grants and Purchased Services	210,251	229,256	9	217,169	233,953	253,206
8,365	Other Expenses	14,060	9,219	-34	9,895	10,489	11,223
1,068,551	Total Ordinary Expenses	1,064,323	1,146,331	8	1,188,406	1,276,313	1,358,005
-25,619	Operating Result	-28,904	-28,061	3	-35,810	-44,176	-43,871
-25,619	Total Comprehensive Income	-28,904	-28,061	3	-35,810	-44,176	-43,871

Health Directorate Balance Sheet

Budget as at 30/6/11 \$'000		Est.Outcome as at 30/6/11 \$'000	Planned as at 30/6/12 \$'000	Var %	Planned as at 30/6/13 \$'000	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000
Current Assets							
505	Cash and Cash Equivalents	782	744	-5	706	668	630
53,356	Receivables	53,918	53,977	..	54,023	54,265	54,507
5,433	Inventories	6,242	6,242	-	6,242	6,242	6,242
0	Assets Held for Sale	234	234	-	234	234	234
1,348	Other	2,986	2,986	-	2,986	2,986	2,986
60,642	Total Current Assets	64,162	64,183	..	64,191	64,395	64,599
Non Current Assets							
3,000	Investments	3,000	3,000	-	3,000	3,000	3,000
617,090	Property, Plant and Equipment	626,371	645,350	3	1,090,414	1,083,535	1,062,048
44,228	Intangibles	30,732	63,005	105	71,539	61,881	52,130
154,890	Capital Works in Progress	83,764	294,979	252	11,436	0	0
819,208	Total Non Current Assets	743,867	1,006,334	35	1,176,389	1,148,416	1,117,178
879,850	TOTAL ASSETS	808,029	1,070,517	32	1,240,580	1,212,811	1,181,777
Current Liabilities							
35,010	Payables	41,023	40,223	-2	39,423	38,623	37,823
3,250	Finance Leases	2,161	1,471	-32	2,161	1,471	2,161
131,129	Employee Benefits	131,613	138,685	5	144,648	152,805	160,962
8,834	Other	17,066	17,066	-	17,066	17,066	17,066
178,223	Total Current Liabilities	191,863	197,445	3	203,298	209,965	218,012
Non Current Liabilities							
2,109	Finance Leases	3,711	4,401	19	3,711	4,401	3,711
14,621	Employee Benefits	14,295	15,833	11	17,371	18,909	20,447
16,730	Total Non Current Liabilities	18,006	20,234	12	21,082	23,310	24,158
194,953	TOTAL LIABILITIES	209,869	217,679	4	224,380	233,275	242,170
684,897	NET ASSETS	598,160	852,838	43	1,016,200	979,536	939,607
REPRESENTED BY FUNDS EMPLOYED							
549,503	Accumulated Funds	462,766	717,444	55	880,806	844,142	804,213
135,394	Reserves	135,394	135,394	-	135,394	135,394	135,394
684,897	TOTAL FUNDS EMPLOYED	598,160	852,838	43	1,016,200	979,536	939,607

**Health Directorate
Cash Flow Statement**

2010-11 Budget		2010-11 Est.Outcome	2011-12 Budget	Var	2012-13 Estimate	2013-14 Estimate	2014-15 Estimate
\$'000		\$'000	\$'000	%	\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
826,910	Cash from Government for Outputs	819,279	896,185	9	924,618	998,082	1,073,620
201,482	User Charges	208,482	206,977	-1	212,488	217,959	224,003
278	Interest Received	278	278	-	278	278	278
62,204	Other Revenue	62,322	63,982	3	65,747	67,127	67,522
1,090,874	Operating Receipts	1,090,361	1,167,422	7	1,203,131	1,283,446	1,365,423
Payments							
468,010	Related to Employees	466,750	497,814	7	531,415	572,812	615,158
60,568	Related to Superannuation	60,100	61,869	3	63,582	65,297	67,170
280,799	Related to Supplies and Services	266,227	291,420	9	300,623	317,796	334,565
401	Borrowing Costs	401	401	-	401	401	401
197,684	Grants and Purchased Services	210,251	229,256	9	217,169	233,953	253,206
75,157	Other	75,199	77,953	4	80,750	83,495	84,700
1,082,619	Operating Payments	1,078,928	1,158,713	7	1,193,940	1,273,754	1,355,200
8,255	NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES	11,433	8,709	-24	9,191	9,692	10,223
CASH FLOWS FROM INVESTING ACTIVITIES							
Payments							
211,452	Purchase of Property, Plant and Equipment and Capital Works	157,245	290,034	84	206,949	15,790	12,751
211,452	Investing Payments	157,245	290,034	84	206,949	15,790	12,751
-211,452	NET CASH INFLOW/ (OUTFLOW) FROM INVESTING ACTIVITIES	-157,245	-290,034	-84	-206,949	-15,790	-12,751
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
196,981	Capital Injection from Government	142,774	282,739	98	199,172	7,512	3,942
196,981	Financing Receipts	142,774	282,739	98	199,172	7,512	3,942
Payments							
1,452	Repayment of Finance Lease	1,452	1,452	-	1,452	1,452	1,452
1,452	Financing Payments	1,452	1,452	-	1,452	1,452	1,452
195,529	NET CASH INFLOW/ (OUTFLOW) FROM FINANCING ACTIVITIES	141,322	281,287	99	197,720	6,060	2,490
-7,668	NET INCREASE/ (DECREASE) IN CASH HELD	-4,490	-38	99	-38	-38	-38
8,173	CASH AT BEGINNING OF REPORTING PERIOD	5,272	782	-85	744	706	668
505	CASH AT THE END OF THE REPORTING PERIOD	782	744	-5	706	668	630

Health Directorate
Statement of Changes in Equity

Budget as at 30/6/11 \$'000		Est.Outcome as at 30/6/11 \$'000	Planned as at 30/6/12 \$'000	Var %	Planned as at 30/6/13 \$'000	Planned as at 30/6/14 \$'000	Planned as at 30/6/15 \$'000
Opening Equity							
378,141	Opening Accumulated Funds	348,896	462,766	33	717,444	880,806	844,142
135,394	Opening Asset Revaluation Reserve	135,394	135,394	-	135,394	135,394	135,394
513,535	Balance at the Start of the Reporting Period	484,290	598,160	24	852,838	1,016,200	979,536
Comprehensive Income							
-25,619	Operating Result for the Period	-28,904	-28,061	3	-35,810	-44,176	-43,871
-25,619	Total Comprehensive Income	-28,904	-28,061	3	-35,810	-44,176	-43,871
0	Total Movement In Reserves	0	0	-	0	0	0
Transactions Involving Owners Affecting Accumulated Funds							
196,981	Capital Injections	142,774	282,739	98	199,172	7,512	3,942
196,981	Total Transactions Involving Owners Affecting Accumulated Funds	142,774	282,739	98	199,172	7,512	3,942
Closing Equity							
549,503	Closing Accumulated Funds	462,766	717,444	55	880,806	844,142	804,213
135,394	Closing Asset Revaluation Reserve	135,394	135,394	-	135,394	135,394	135,394
684,897	Balance at the End of the Reporting Period	598,160	852,838	43	1,016,200	979,536	939,607

Notes to the Budget Statements

Significant variations are as follows:

Operating Statement

- government payment for outputs:
 - the decrease of \$7.631 million in the 2010-11 estimated outcome from the original budget relates to roll-overs into 2011-12 (\$8.809 million) and revised wage parameters (\$0.956 million), offset by increased Commonwealth funding (\$2.113 million); and
 - the increase of \$76.906 million in the 2011-12 Budget from the 2010-11 estimated outcome largely relates to growth and new initiatives (\$36.3 million), indexation (\$31.7 million), rollovers (\$14.1 million) and the full year effect of prior year new initiatives (\$2.2 million). These are offset by the savings initiative (\$5.6 million) and reduced Commonwealth funded program (\$1.1 million).

- employee expenses:
 - the decrease of \$4.476 million in the 2010-11 estimated outcome from the original budget largely relates to rollovers (\$4.898 million) and revised wage parameters (\$0.956 million), offset by increased Commonwealth funding (\$1.124 million); and
 - the increase of \$34.256 million in the 2011-12 Budget from the 2010-11 estimated outcome largely relates to wages increases (\$13.4 million), growth and new initiatives (\$16.1 million), the full year effect of prior year initiatives (\$0.6 million) and rollovers from 2010-11 (\$7 million), partially offset by the savings initiative (\$3.2 million).
- supplies and services:
 - the decrease of \$12.830 million in the 2010-11 estimated outcome from the original budget relates largely to the reallocation of funds to grants and purchased services and rollovers from 2010-11 into 2011-12; and
 - the increase of \$25.833 million in the 2011-12 Budget from the 2010-11 estimated outcome mainly relates to indexation (\$10.7 million), growth and new initiatives (\$13 million), rollovers from 2010-11 (\$4 million) and the full year effect of prior year new initiatives (\$0.5 million), partially offset by the savings initiative (\$2.4 million).
- depreciation and amortisation: the decrease of \$1.944 million in the 2010-11 estimated outcome from the original budget relates mainly to delays in the completion of major information technology projects and other capital works programs. The increases in depreciation and amortisation in the 2011-12 budget and out-years relates mainly to the completion of Capital Asset Development Plan projects including the ‘An e-Healthy Future’ information technology projects.
- cost of goods sold: the increase of \$1.062 million in the 2011-12 Budget from the 2010-11 estimated outcome relates to increased volume and cost of medical and surgical supplies to private hospitals.
- grants and purchased services:
 - the increase of \$9.795 million in the 2010-11 estimated outcome from the original budget relates mainly to the reallocation of expenses from supplies and services mainly for the payment of National Health Reform funding to Calvary Public Hospital; and
 - the increase of \$19.005 million in the 2011-12 Budget from the 2010-11 estimated outcome relates mainly to indexation on grants payments to non government organisations, including Calvary Public Hospital (\$7.6 million), new initiatives (\$3.9 million), prior year new initiatives (\$1.1 million), Home and Community Care growth (\$2.5 million) and rollovers (\$3 million).

Balance Sheet

- inventories: the increase of \$0.809 million in the 2010-11 estimated outcome from the original budget is due to the 2009-10 audited outcome flow-on effect.
- other current assets: the increase of \$1.638 million in the 2010-11 estimated outcome from the original budget relates to an increase in prepayments.

- property, plant and equipment:
 - the increase of \$9.281 million in the 2010-11 estimated outcome from the original budget relates largely to reclassification of assets from intangibles; and
 - the increase of \$18.979 million in the 2011-12 Budget from the 2010-11 estimated outcome reflects completed capital works projects net of depreciation.
- intangibles:
 - the decrease of \$13.496 million in the 2010-11 estimated outcome from the original budget relates to delays in the ‘An e-Healthy Future’ capital program and the reclassification of some assets as plant and equipment; and
 - the increase of \$32.273 million in 2011-12 Budget from the 2010-11 estimated outcome reflects the expected completion of projects under the ‘An e-Healthy Future’ capital program.
- capital works in progress: the decrease of \$71.126 million in the 2010-11 estimated outcome from the original budget and the increase of \$211.215 million in the 2011-12 Budget from the 2010-11 estimated outcome relate to the timing of the Capital Asset Development Plan projects currently underway or commencing in 2011-12.
- current payables: the increase of \$6.013 million in the 2010-11 estimated outcome from the original budget relates to the timing of invoices received by the Health Directorate.
- other current liabilities: the increase of \$8.232 million in the 2010-11 estimated outcome from the original budget relates to the 2009-10 audited outcome flow-on effect.

Cash Flow Statement

Variances in the statement are explained in the notes above.

Statement of Changes in Equity

Variances in the statement are explained in the notes above.

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

2010-11 Budget \$'000		2010-11 Est.Outcome \$'000	2011-12 Budget \$'000	Var %	2012-13 Estimate \$'000	2013-14 Estimate \$'000	2014-15 Estimate \$'000
Income							
Revenue							
710	Payment for Expenses on behalf of Territory	710	727	2	746	765	784
650	Taxes Fees and Fines	650	676	4	693	710	728
1,360	Total Revenue	1,360	1,403	3	1,439	1,475	1,512
Gains							
0	Total Gains	0	0	-	0	0	0
1,360	Total Income	1,360	1,403	3	1,439	1,475	1,512
Expenses							
710	Grants and Purchased Services	710	727	2	746	765	784
650	Transfer Expenses	650	676	4	693	710	728
1,360	Total Ordinary Expenses	1,360	1,403	3	1,439	1,475	1,512
0	Operating Result	0	0	-	0	0	0

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

Budget		Est.Outcome	Planned		Planned	Planned	Planned
as at 30/6/11		as at 30/6/11	as at 30/6/12	Var	as at 30/6/13	as at 30/6/14	as at 30/6/15
\$'000		\$'000	\$'000	%	\$'000	\$'000	\$'000
	Current Assets						
259	Cash and Cash Equivalents	295	295	-	295	295	295
42	Receivables	5	5	-	5	5	5
301	Total Current Assets	300	300	-	300	300	300
301	TOTAL ASSETS	300	300	-	300	300	300
	Current Liabilities						
301	Payables	300	300	-	300	300	300
301	Total Current Liabilities	300	300	-	300	300	300
301	TOTAL LIABILITIES	300	300	-	300	300	300
0	NET ASSETS	0	0	-	0	0	0
	REPRESENTED BY FUNDS EMPLOYED						
0	TOTAL FUNDS EMPLOYED	0	0	-	0	0	0

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

2010-11 Budget \$'000		2010-11 Est.Outcome \$'000	2011-12 Budget \$'000	Var %	2012-13 Estimate \$'000	2013-14 Estimate \$'000	2014-15 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
710	Cash from Government for EBT	710	727	2	746	765	784
650	Taxes, Fees and Fines	650	676	4	693	710	728
71	Other Revenue	189	73	-61	75	77	79
1,431	Operating Receipts	1,549	1,476	-5	1,514	1,552	1,591
Payments							
710	Grants and Purchased Services	710	727	2	746	765	784
71	Other	71	73	3	75	77	79
650	Territory Receipts to Government	650	676	4	693	710	728
1,431	Operating Payments	1,431	1,476	3	1,514	1,552	1,591
0	NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES	118	0	-100	0	0	0
0	NET INCREASE/ (DECREASE) IN CASH HELD	118	0	-100	0	0	0
259	CASH AT BEGINNING OF REPORTING PERIOD	177	295	67	295	295	295
259	CASH AT THE END OF THE REPORTING PERIOD	295	295	-	295	295	295

Notes to the Budget Statements

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