



Australian
Capital Territory
**BUDGET
2017-18**

For a better Canberra



Budget Statements C

Health Directorate | ACT Hospital Network



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STRUCTURE AND CONTENT OF THE 2017-18 BUDGET PAPERS

The 2017-18 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

Budget Paper 2 presents 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

Budget Paper 3 summarises the 2017-18 Budget and forward estimates for the general government sector, the public trading enterprise sector and the total Territory Government.

Details of the projected 2017-18 Budget results are provided, as well as background information on the development of the 2017-18 Budget, including economic conditions and federal financial relations. It also provides an overview of the Territory's infrastructure investment program and details of the 2017-18 expense, infrastructure and capital, and revenue initiatives. Full accrual financial statements and notes are provided for all sectors.

Budget Statements

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

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HEALTH DIRECTORATE

Purpose

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

- delivering patient and family centred care;
- strengthening partnerships;
- promoting good health and well-being;
- 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.

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

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

2017-18 Priorities

The Health Directorate is engaged in a comprehensive reform program. Building on existing continuous improvement processes, the Reform process is strengthening the delivery of health care by developing and implementing innovative solutions to address complex health issues at the systemic level. The Reform seeks to improve the efficiency and quality of publicly funded health services within the ACT. It is progressing strategies in alignment with the seven key themes of ACT Health: Access, Quality, Sustainability and Innovation, Strategic Partnerships, Infrastructure, Workforce and Culture, and Mental Health. The overall Reform Program commenced in November 2015 with a focus on patient access, patient centred care and system wide improvements and is scheduled to end in 2019-20.

During 2017-18, ACT Health will also continue to work on the development of a Territory Wide Health Services Framework, which will provide the strategic framework for the planning and delivery of territory wide health services over the next decade. The ACT Health System Wide Review of Data and Reporting, announced by the Minister for Health in late March 2017, will also continue throughout the year. A new Preventative Health Strategy will also be developed by the end of 2017, and will support a consolidated suite of targeted preventative health activities.

Strategic and operational initiatives to be pursued in 2017-18 include:

- funding \$16.1 million to ensure the operational readiness of the University of Canberra Public Hospital, providing excellent patient care experiences in a safe and secure environment;
- investing \$36 million over the next four years to support our nurses and providing funding to undertake planning work on the expansion of the Hospital in the Home program;
- establishment of a nurse-led walk in centre for the Gungahlin community of \$12.0 million as well as undertaking scoping work of \$0.5 million for a new walk in centre in the Weston Creek region;
- more funding for prevention and detection services such as the \$0.7 million for free vaccinations to protect babies, \$2.7 million for health checks for year seven students and \$4 million for preventative health measures;
- improving access to dental services with almost \$3.2 million to provide two extra mobile dental clinics;
- \$2.7 million to establish a new clinical school for nursing, midwifery and allied health staff in conjunction with the Faculty of Health at the University of Canberra;
- support for new or expanded bulk billing general practices with over \$1 million in grants over the next three years;

Infrastructure

- the Government will undertake feasibility and early forward design for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be built at the Canberra Hospital, the expansion of the Centenary Hospital for Women and Children, and expanded northside hospital facilities;
- \$17.3 million to refurbish and upgrade of the Acute Aged Care and Oncology wards at the Canberra Hospital to enhance patient safety and care as well as to improve the quality of inpatient services;
- \$12.1 million for a new purpose built facility for Aboriginal Community Health Services;

Mental Health

- The ACT Government will invest a total of \$23.8 million in a significant mental health funding package. The strategic and operational initiatives to be pursued include:
- almost \$14 million to expand services to include seven new rehabilitation beds at the Dhulwa mental health unit;
- \$4.8 million to invest in a range of programs and services to improve the mental health of Canberrans;

- \$2.9 million to establish a new Office for Mental Health for the ACT. The Office will enhance coordination of mental health services and work towards closing gaps in care for people with mental health conditions;
- over \$1.8 million to reduce the incidence of suicide in our community. This funding will support new and expanded services, including the Black Dog Institute's *LifeSpan Suicide Prevention Program*; and
- \$500,000 to upgrade the Brian Hennessy Rehabilitation Centre. The Centre provides accommodation and support for people with complex mental health issues.

Estimated Employment Level

Table 1: Estimated Employment Level

	2015-16 Actual Outcome	2016-17 Budget	2016-17 Estimated Outcome	2017-18 Budget
Staffing (FTE)	6,324	6,572	6,462	6,533

Strategic Objectives and Indicators

Strategic Objective 1

Reducing the Waiting List for Elective Surgery

Strategic Indicator 1: Reducing the Number of People Waiting Longer than Clinically Recommended Timeframes for Elective Surgery

The ACT Government is committed to reducing the number of paediatric patients classified as 'long wait' to zero and reducing the overall long wait list by 90 percent.

Table 2: The number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery ¹	n/a	n/a	144

Note:

1. This is a new measure in 2017-18.

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target
Percentage of assessed emergency clients seen within 24 hours ¹	100%	100%	100%

Note:

1. This does not include those clients who are offered an appointment within the required timeframe but do not accept that appointment.

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 timeframes

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target
Category			
Emergency — treatment starts within 48 hours	100%	100%	100%
Palliative — treatment starts within 2 weeks ¹	90%	85%	90%
Radical — treatment starts within 4 weeks ¹	90%	84%	90%

Note:

1. The Radiotherapy department experienced staff shortages during the early part of the reporting period which impacted on service availability. Staffing levels have increased during the year and the performance measures in all three categories have been met since December 2016.

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target
Proportion of women aged 50 to 69 who had a breast screen ¹	60%	56%	60%

Note:

1. This is a voluntary participation program and ACT Health continues to work with key stakeholders to encourage increased participation rate for the target age group of 50 - 69.

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome ¹	2017-18 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%	4%	<3%

Note:

1. The higher than expected result for 2016-17 is due to the Secure Mental Health Facility (Dhulwa) becoming operational midway through 2016-17. Dhulwa is specifically used to treat complex patients and increases in seclusion can be expected. ACT Health will maintain the target of less than 3 per cent into 2017-18 but will closely monitor the incidents of seclusion at Dhulwa before reviewing the target in 2018-19 for this measure.

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	9%	<10%

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome	2017-18 Target ¹
Mean percentage of overnight hospital beds in use	90%	85%	90%

Note:

1. The expected increase in inpatient demand is planned to be met within the current bed capacity.

Strategic Objective 8

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

Australians are living longer and gains in life expectancy are continuing. Potentially avoidable deaths are divided into potentially preventable deaths (those amenable to screening and primary prevention such as immunisation) and deaths from potentially treatable conditions (those amenable to therapeutic interventions).

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 the ACT and Australia, by sex, 2014

Strategic Indicator	ACT (Years)	National (Years)
Females	85.2	84.4
Males	81.4	80.3

Source: Australian Bureau of Statistics (ABS) 2015. Cat. no. 333030, ABS, Canberra.

Strategic Objective 9

Lower Prevalence of Circulatory Disease than the National Average

Strategic Indicator 9: The Proportion of the ACT Population with Heart or Vascular Disease, including Stroke

The prevalence of cardiovascular disease is an important indicator of general population health as it is a major cause of mortality and morbidity.

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 heart or vascular disease, including stroke

Strategic Indicator	ACT Rate	National Rate
Proportion of the population diagnosed with heart, or vascular disease, including stroke ¹	3.9%	4.7%

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Note:

1. The measure of heart or vascular disease includes angina, heart attack, other ischaemic heart diseases, stroke, other cerebrovascular diseases, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

Strategic Objective 10

Lower Prevalence of overweight and obese people

Strategic Indicator 10: The Proportion of the ACT Population that are Overweight and Obese

This indicator provides a marker of the success of healthy weight initiatives. Being overweight or obese is the most significant risk factor leading to Type 2 Diabetes.

Table 11: Proportion of the ACT Population that are overweight and obese

Strategic Indicator	Rate	2017-18 Target
ACT	63.5%	≤63%
National	62.8%	n/a

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

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 success of programs and services to minimise the incidence of vaccine preventable diseases. The Aboriginal and Torres Strait Islander population is at higher risk of vaccine-preventable diseases and associated complications. Although immunisation coverage rates for Aboriginal and Torres Strait Islander people fluctuate quarterly, annualised data indicates numbers are similar to the non-indigenous population.

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

Strategic Indicator	2016-17 Target	2016-17 Est. Outcome ¹	2017-18 Target
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:			
12 to 15 months	≥95%	93%	≥95%
24 to 27 months	≥95%	91%	≥95%
60 to 63 months	≥95%	93%	≥95%
All	≥95%	92%	≥95%

Note:

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

Strategic 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 exceed the national average for this indicator.

Table 13: Two year participation rate in the Cervical Screening Program

Strategic Indicator	ACT Rate	National Rate
Two year participation rate ¹	57.9%	57.8%

Source: *Cervical Screening in Australia 2013-14* (Published: Australian Institute of Health and Welfare, 2016).

Note:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

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 better the national average on the DMFT.

Table 14: The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12

Strategic Indicator	ACT Rate ¹	National Rate
dmft index at 6 years	0.90	1.30
DMFT Index at 12 years	0.30	0.90

Source: *Oral Health of Australian Children – The National Child Oral Health Study 2012-14*, (Published: University of Adelaide Press, 2016).

Note:

1. The ACT rate is lower than the national average.

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 2014-15, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.5 per 1,000 persons in the ACT population. This is slightly above the long term target and follows a generally decreasing trend over a 10 year period.

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

Strategic Indicator	2014-15 ACT Rate	Long Term Target
Rate per 1,000 people	5.5	5.3

Source: ACT Admitted Patient Care data, 2014-15.

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 2014 Australian Secondary School Alcohol and Drug (ASSAD) Survey show that 5.2 per cent of students in the ACT were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2002, 6.7 per cent in 2008 and 5.8 per cent in 2011.

The national rate for current smoking in youths in 2014 was 5.1 per cent.

Table 16: Percentage of persons aged 12 to 17 years who smoke regularly

	2014 ACT Rate	2014 National Rate	Long Term Target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

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 through: Acute Services; Mental Health, Justice Health and Alcohol and Drug Services; Population Health; Cancer Services; and Rehabilitation, Aged and Community Care.

Output Class 1: Health and Community Care

Table 17: Output Class 1: Health and Community Care

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000
Total Cost ¹	1,313,633	1,387,090
Controlled Recurrent Payments	291, 826	313,371

Note:

1. Total cost includes depreciation and amortisation of \$40.491 million in 2016-17 and \$45.601 million in 2017-18.

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 focusing on:

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

Table 18: Output 1.1: Acute Services

	2016-17 Estimated Outcome \$'000	2017-18 Budget ¹ \$'000
Total Cost	815,105	865,949
Controlled Recurrent Payments	112,588	117,542

Note:

1. A component of the increase in Total Cost and Controlled Recurrent Payments in the 2017-18 budget relates to the discontinuation of Output 1.6 Early Intervention and Prevention.

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

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

This means focusing on:

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

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

	2016-17	2017-18
	Estimated Outcome	Budget¹
	\$'000	\$'000
Total Cost	150,225	187,139
Controlled Recurrent Payments	51,972	63,303

Note:

1. A component of the increase in Total Cost and Controlled Recurrent Payments in the 2017-18 budget relates to the discontinuation of Output 1.6 Early Intervention and Prevention.

Output 1.3: Population Health

In the ACT, about 80 percent of the burden of disease is attributable to chronic conditions which can be managed but not cured, and for which prevention is the only means of reducing overall burden in the population. The ageing of the ACT population, in combination with risk factors such as obesity, smoking and lack of physical activity present a major challenge for ACT Health.

Population Health seeks to improve the health status of the ACT population through applying primary preventive measures. This involves the promotion of healthy behaviours and environments, as well as interventions to reduce hazards to health in the well population recognising that many of the social determinants of health such as income disparity, access to education, employment opportunities and quality housing are outside the sphere of influence of the health sector. These actions are not limited to the Health portfolio, but their aim is the improvement of the health of the population. The optimum preventive strategy depends on the disease to be prevented, the distribution of its risk factors in the population and the likelihood of achieving the desired reduction in the risk factors.

Table 20: Output 1.3: Population Health

	2016-17 Estimated Outcome \$'000	2017-18 Budget¹ \$'000
Total Cost	36,420	52,451
Controlled Recurrent Payments	27,395	39,666

Note:

1. A component of the increase in Total Cost and Controlled Recurrent Payments in the 2017-18 budget relates to the discontinuation of Output 1.6 Early Intervention and Prevention.

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 priorities for cancer care services are early detection and timely access to diagnostic and treatment services. These include ensuring that population screening rates for breast cancer meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks and there is timely access to chemotherapy and haematological treatments.

Table 21: Output 1.4: Cancer Services

	2016-17 Estimated Outcome \$'000	2017-18 Budget¹ \$'000
Total Cost	76,388	84,955
Controlled Recurrent Payments	9,014	10,197

Note:

1. A component of the increase in Total Cost and Controlled Recurrent Payments in the 2017-18 budget relates to the discontinuation of Output 1.6 Early Intervention and Prevention.

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 priorities for Rehabilitation, Aged and Community Care are:

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

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

	2016-17 Estimated Outcome \$'000	2017-18 Budget ¹ \$'000
Total Cost	143,269	196,596
Controlled Recurrent Payments	50,102	82,663

Note:

1. A component of the increase in Total Cost and Controlled Recurrent Payments in the 2017-18 budget relates to the discontinuation of Output 1.6 Early Intervention and Prevention.

Output 1.6: Early Intervention and Prevention

This Output has been discontinued in 2017-18. The funding previously reported through this Output has been absorbed into Outputs 1.1 to 1.5 in line with functional responsibilities. The three accountability indicators previously reported in this Output have also been retained and are now reported in Outputs 1.3 and 1.5.

Table 23: Output 1.6: Early Intervention and Prevention

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000
Total Cost	92,226	0
Controlled Recurrent Payments	40,755	0

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

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
	NWAU{16}	NWAU{16}	NWAU{17}
a. Admitted Services – National Weighted Activity Units ¹	74,466	79,550	82,273
b. Non-Admitted Services – National Weighted Activity Units ^{1,2}	28,411	25,075	24,110
c. Emergency Services – National Weighted Activity Units ¹	9,949	11,275	11,634
d. Acute Admitted Mental Health Services – National Weighted Activity Units ¹	4,414	5,022	5,148
e. Sub Acute Services – National Weighted Activity Units ^{1,2}	7,274	6,537	6,417
f. Calvary Services – National Weighted Activity Units (out of scope) ^{1,3}	1,345	1,412	1,427

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 {16} is the currency as defined by the Independent Hospital Pricing Authority in the National Efficient Price Determination 2016-17, while NWAU {17} is the currency for 2017-18.
2. The reduction in the 2017-18 Target from the 2016-17 estimated outcomes relates to back-casting adjustments for pricing model changes year on year. The back-casting adjustment has reduced the 2017-18 target by approximately 7 per cent.
3. This is activity that has a separate funding source to the National Health Reform Agreement. This includes Department of Veteran Affairs 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.

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

Table 25: Accountability Indicators Output 1.2

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
a. Adult mental health program community service contacts ¹	155,000	191,711	198,000
b. Children and youth mental health program community service contacts ¹	75,000	63,513	72,000
c. Mental Health Rehabilitation and Specialty Services ¹	80,000	27,574	26,250
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention ²	100%	100%	100%
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention ³	100%	98%	100%
f. Justice Health Services community contacts ⁴	155,000	158,210	155,000
g. Percentage of current clients on opioid treatment with management plans ⁵	98%	97%	98%
h. Alcohol and Drug Services community contacts ⁶	70,000	59,912	70,000

Note:

1. The targets set across the Adult Mental Health Program, Children and Youth Mental Health Program and Mental Health Rehabilitation and Specialty Services have been recalculated to exclude hospital based services and include other community based services that form part of the program. The target has reduced by 13,750 across these indicators and the impact of the change is included in the 2016-17 estimated outcome and 2017-18 targets.
2. Health assessments are made under Section 68 of the *Corrections Management Act 2007*.
3. This assessment is made under Section 160 of the *Children and Young People Act 2008*. The estimated outcome is 98 per cent, against the target of 100 per cent. On occasion there has been a delays in notification of the induction of a young person into the Bimberi Youth Justice Centre. This has resulted in a health assessment not being completed within 24 hours.
4. The overachievement in 2016-17 is attributed to the increased demand for health services in response to the increased number of detainees at the Alexander Maconochie Centre.
5. There are privately prescribed clients who use ACT Health services as a dosage point only and are not on an ACT Health Management Plan.
6. The program has experienced staff shortages with the allied health workforce throughout the year which impacts on service availability.

Output 1.3: Population Health

Table 26: Accountability Indicators Output 1.3

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
a. Samples analysed	11,500	10,800	11,500
b. Compliance of licensable, registrable and non licensable activities at time of inspection ¹	85%	74%	n/a
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 ¹	100%	100%	n/a
d. Total number of inspections and proactive site visits of food business ^{1,2}	n/a	n/a	2,500
e. Number of teachers who complete Food&Me training ²	n/a	n/a	300
f. Number of It's Your Move schools recruited to the Program ²	n/a	n/a	12
g. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register ³	95%	95%	95%

Note:

1. These indicators are being discontinued in 2017-18 and have been replaced by indicator d.
2. These indicators are new in 2017-18.
3. This indicator was reported through Output 1.6 Early Intervention and Prevention in 2016-17.

Output 1.4: Cancer Services

Table 27: Accountability Indicators Output 1.4

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
a. Total breast screens ¹	18,500	16,826	18,500
b. Number of breast screens for women aged 50 to 69 ¹	13,000	12,120	13,000
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 ²	90%	86%	90%

Note:

1. The estimated outcome reflects a national shortage of Radiographers which has reduced the number of screens able to be performed.
2. In August and November 2016 there were reduced assessment clinics due to unplanned leave of Radiologists.

Output 1.5: Rehabilitation, Aged and Community Care

Table 28: Accountability Indicators Output 1.5

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
a. Number of nursing (domiciliary and clinic based) occasions of service ¹	90,000	91,934	91,890
b. Number of allied health regional services (occasions of service) ¹	30,000	28,474	30,630
c. Mean waiting time for clients on the dental services waiting list ²	6 months	6 months	6 months
d. 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 ²	100%	100%	100%
e. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities ³	40%	40%	40%
f. 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 ³	90%	90%	90%

Notes:

1. This target has been increased by 2.1% due to expected increase in demand.
2. Indicators c and d were previously reported through Output 1.1 Acute Services.
3. Indicators e and f were previously reported through Output 1.6 Early Intervention and Prevention.

Changes to Appropriation

Table 29: Changes to appropriation – Controlled Recurrent Payments

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2016-17 Budget	286,041	295,079	304,506	304,799	304,799
2017-18 Budget Policy Adjustments					
Better care when you need it - 10 Year Health Planning: Northside Hospital Scoping	-	1,500	1,750	-	-
Better care when you need it – Pathology services	-	1,400	-	-	-
Better care when you need it - Expanding Hospital in the Home	-	136	-	-	-
Better care when you need it - Expanding Centenary Hospital – More services for women and children	-	300	225	-	-
Better care when you need it - Healthy and active living	-	1,000	1,000	1,000	1,000
Better care when you need it - Helping patients navigate the health system	-	100	-	-	-
Better care when you need it - Mental Health Supported Residential Accommodation	-	500	-	-	-
Better care when you need it - More mobile dental clinics	-	-	643	757	773
Better care when you need it - More nurse-led Walk in Centres	-	428	2,748	2,907	2,995
Better care when you need it - More nurses for Canberra	-	4,492	7,977	10,894	12,638
Better care when you need it - Promoting organ and tissue donation	-	50	50	50	-
Better care when you need it - Rehabilitation beds for Dhulwa Mental Health Unit	-	2,960	3,543	3,614	3,686
Better care when you need it - Suicide prevention	-	250	500	515	530
Better care when you need it - Supporting mental health for vulnerable Canberrans	-	1,425	879	897	915
Better care when you need it - Training our future health workforce	-	250	353	256	159
Better care when you need it - University of Canberra Public Hospital operational readiness	-	14,866	833	-	-
Better Support when it matters - Drug and Alcohol Court	-	75	-	-	-

Table 29: Changes to appropriation – Controlled Recurrent Payments (continued)

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2017-18 Budget Policy Adjustments					
Better care when you need it — New health centre for Aboriginal and Torres Strait Islander Canberrans	-	-	-	-	120
Better care when you need it — Office for Mental Health	-	507	782	798	814
Better care when you need it — Support for bulk billing GPs	-	350	350	350	-
Better care when you need it — Supporting Mental Health for Vulnerable Canberrans	-	709	-	-	-
Better care when you need it — Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) — Major expansion of services at Canberra Hospital	-	3,000	3,000	-	-
Better care when you need it — Whooping cough vaccinations for pregnant mums	-	182	183	183	184
Better care when you need it — Year 7 health checks	-	323	750	820	789
Medicinal Cannabis Scheme	334	305	52	-	-
System Innovation Program Savings	-	(4,728)	(7,977)	(10,894)	(12,638)
2017-18 Commonwealth Budget Update - savings	-	(3)	(3)	(3)	115
ACT Health Savings Efficiencies	-	-	(10,000)	(10,000)	(10,000)
2017-18 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	4,228
Transfer — Better care when you need it — Expanding Centenary Hospital — More services for women and children	500	-	-	-	-
Transfer — Better care when you need it — Planning for healthcare in Canberra's north	500	-	-	-	-
Transfer — Better care when you need it — Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) — Major expansion of services at Canberra Hospital	1,100	-	-	-	-
Transfer — Capital to Expense - Health Infrastructure Expense Pressure	1,842	-	-	-	-
Transfer — Capital to Expense — University of Canberra Public Hospital	4,595	-	-	-	-
Transfer — More Walk-in Centres	600	-	-	-	-
Transfer — University of Canberra Public Hospital Staffing for Facilities Management Commissioning	1,000	-	-	-	-
Transfer of Sexual Health and Family Planning ACT from the Education Directorate	-	31	32	33	34
Revised Funding Profile — Additional Forensic Chemistry Capacity	(99)	-	99	-	-

Table 29: Changes to appropriation – Controlled Recurrent Payments (continued)

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
Revised Funding Profile – Better Health Services – Establishing the Canberra Clinical Genomic Services	(370)	370	-	-	-
Revised Funding Profile – Better Health Services – Improved pancreatic cancer services – Feasibility	(175)	175	-	-	-
Revised Funding Profile - Essential Vaccines	(700)	700	-	-	-
Revised Funding Profile - Health Infrastructure Program - Project Management	(572)	572	-	-	-
Revised Funding Profile - Medicinal Cannabis	(130)	-	130	-	-
Revised Funding Profile - Preventative Health	(57)	57	-	-	-
Revised Funding Profile – Supporting Good Mental Health – Secure Mental Health Unit (Dhulwa)	(426)	426	-	-	-
Revised Funding Profile - System Innovation Program	(1,949)	1,949	-	-	-
Revised Funding Profile - Better support when it matters - Family Safety Hub	(208)	208	-	-	-
Transfer to JACS - Safer Families	-	(208)	-	-	-
2017-18 Commonwealth Budget Update - Essential Vaccines	-	3	3	3	70
2017-18 Commonwealth Budget Update - OzFoodNet	-	-	-	-	(147)
2017-18 Commonwealth Budget Update - Vaccine-Preventable Diseases Surveillance	-	-	-	-	(38)
Health Expense Supplementation	-	492	-	-	-
Rebasing LHN	-	(16,860)	(17,286)	(17,725)	(24,736)
2017-18 Budget	291,826	313,371	295,122	289,254	286,290

Table 30: Changes to appropriation – Expenses on Behalf of the Territory

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2016-17 Budget	21,403	844	5,025	887	887
2017-18 Budget Technical Adjustments					
Indexation for 2020-21 for Capital Upgrades	-	-	-	-	22
Transfer - Calvary Public Hospital - Expanded hospital services	1,100	-	-	-	-
Transfer - Calvary Public Hospital - Operating theatre upgrade	800	-	-	-	-
Transfer - Calvary Public Hospital - Upgrade of Medical imaging equipment	1,048	-	-	-	-
Transfer -The Canberra Hospital Redevelopment (Grant Component)	500	-	-	-	-
Revised Funding Profile - Better Health Services - Upgrading and maintaining ACT Health Assets	4,160	-	(4,160)	-	-
Revised Funding Profile - Calvary Public Hospital - Operating theatre upgrade	(4,827)	4,827	-	-	-
Revised Funding Profile - Calvary Public Hospital - Upgrade of Medical imaging equipment	(2,222)	2,222	-	-	-
Revised Funding Profile - The Canberra Hospital Redevelopment (Grant Component)	(500)	500	-	-	-
Revised Funding Profile - University of Canberra Public Hospital - Car Park	(10,200)	10,200	-	-	-
2017-18 Budget	11,262	18,593	865	887	909

Table 31: Changes to appropriation – Capital Injections, Controlled

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2016-17 Budget	203,350	139,342	46,995	4,461	4,461
FMA Section 16B Rollovers from 2015-16					
An E-Healthy Future	5,688	-	-	-	-
Calvary Public Hospital – Car Park	109	-	-	-	-
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	4,293	-	-	-	-
Integrated Cancer Centre - Phase 2	28	-	-	-	-
Major Building Plant Replacement and Upgrade	722	-	-	-	-
Ngunnawal Bush Healing Farm ¹	963	-	-	-	-
Prior year Better Infrastructure Fund	1,837	-	-	-	-
Replacement of CT Scanner at the Canberra Hospital	100	-	-	-	-
The Canberra Hospital - Essential Infrastructure and engineering works	567	-	-	-	-
2017-18 Budget Policy Adjustments					
Better care when you need it — Improved infrastructure for acute aged care and cancer inpatients	-	10,000	7,310	-	-
Better care when you need it — More mobile dental clinics	-	985	-	-	-
Better care when you need it — More nurse-led Walk in Centres	-	3,425	-	-	-
Better care when you need it — New health centre for Aboriginal and Torres Strait Islander Canberrans	-	1,000	5,000	5,600	400
Better care when you need it — Protecting Canberrans from infectious diseases	-	398	-	-	-
Better care when you need it — Training our future health workforce	-	700	700	300	-
Better care when you need it — University of Canberra Public Hospital operational readiness	-	376	-	-	-

Note:

1. This initiative was previously titled "Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility".

Table 31: Changes to appropriation – Capital Injections, Controlled (continued)

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2017-18 Budget Technical Adjustments					
Indexation for 2020-21 for Capital Upgrades	-	-	-	-	109
Transfer – Better Health Services – Upgrading and maintaining ACT Health Assets	(613)	-	-	-	-
Transfer – Bowes Street Fit Out	11,000	-	-	-	-
Transfer – Canberra Hospital Redevelopment	-	(2,825)	-	-	-
Transfer – Capital to Expense - Health Infrastructure Expense Pressure	(1,842)	-	-	-	-
Transfer – Capital to Expense – University of Canberra Public Hospital	(4,595)	-	-	-	-
Transfer – Clinical Services and Inpatient Unity Design and Infrastructure Expansion	(285)	-	-	-	-
Transfer - Clinical Services Redevelopment – Phase 3	(781)	-	-	-	-
Transfer – Continuity of Health Services Plan – Essential Infrastructure	(312)	(938)	-	-	-
Transfer - Health Infrastructure Program - Project management continuation	(1,244)	-	-	-	-
Transfer – More Walk in Centres	825	-	-	-	-
Transfer – Calvary Public Hospital - Car park	(2,159)	-	-	-	-
Transfer – Canberra Hospital - More beds	(1,975)	-	-	-	-
Transfer – Clinical Development - Phase 2	(225)	-	-	-	-
Transfer – Clinical Development - Phase 3	(1,000)	-	-	-	-
Transfer – Clinical Services and Inpatient Unit Design and Infrastructure Expansion	(1,000)	-	-	-	-
Transfer - Provision for Project Definition Planning	(700)	-	-	-	-
Transfer - Staging, Decanting and Continuity of Services	(503)	-	-	-	-
Transfer – Sterilising Services – Relocation and upgrade	-	(9,350)	(2,088)	-	-
Transfer – The Canberra Hospital Redevelopment	-	(2,700)	-	-	-
Transfer – Upgrading acute aged care and oncology facilities	2,200	-	-	-	-
Transfer – Upgrading and maintaining ACT Health Assets	-	(6,485)	-	-	-

Table 31: Changes to appropriation – Capital Injections, Controlled (continued)

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2017-18 Budget Technical Adjustments					
Revised Funding Profile - An E-Healthy Future	(6,000)	6,000	-	-	-
Revised Funding Profile - Better Health Services - Improve the Drugs and Poisons Information System (DAPIS)	(300)	-	300	-	-
Revised Funding Profile - Better health Services - Upgrading and maintaining ACT Health assets	(4,963)	5,576	-	-	-
Revised Funding Profile - Clinical Services and Inpatient Unit Design and Infrastructure Expansion	(910)	910	-	-	-
Revised Funding Profile - Clinical Services Redevelopment - Phase 3	(2,357)	2,357	-	-	-
Revised Funding Profile - Critical Hospital Infrastructure Systems - Enhancing patient and staff safety	(800)	800	-	-	-
Revised Funding Profile - Major Building Plant Replacement and Upgrade	(450)	450	-	-	-
Revised Funding Profile - Ngunnawal Bush Healing Farm ¹	(1,700)	1,700	-	-	-
Revised Funding Profile - Secure Mental Health Unit	(700)	700	-	-	-
Revised Funding Profile - Sterilising Services - Relocation and upgrade	(500)	500	-	-	-
Revised Funding Profile - Supporting Good Mental Health - Support for people with mental health issues to recover and live in the community	(899)	899	-	-	-
Revised Funding Profile - The Canberra Hospital - Essential infrastructure and engineering works	(1,500)	1,500	-	-	-
Revised Funding Profile - University of Canberra Public Hospital	(2,073)	2,073	-	-	-
2017-18 Budget	191,296	157,393	58,217	10,361	4,970

Note:

1. This initiative was previously titled "Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility".

Summary of 2017-18 Infrastructure Program

Table 32: 2017-18 Health Directorate Infrastructure Program

Project	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Four Year Investment \$'000	Physical Completion Date
CAPITAL WORKS PROGRAM						
New Works						
<u>Construction</u>						
Better care when you need it – Improved infrastructure for acute aged care and cancer inpatients	10,000	7,310	-	-	17,310	Jun-19
Better care when you need it – More nurse-led Walk in Centres	3,425	-	-	-	3,425	Jun-18
Better care when you need it – New health centre for Aboriginal and Torres Strait Islander Canberrans	1,000	5,000	5,600	400	12,000	Jul-20
Better care when you need it – Training our future health workforce	700	700	300	-	1,700	Dec-20
Better care when you need it – University Canberra Public Hospital Operational Readiness	376				376	Mar-18
Total	15,501	13,010	5,900	400	34,811	
<u>Feasibility</u>						
Better care when you need it – Expanding Centenary Hospital – More services for women and children	300	225	-	-	525	-
Better care when you need it – Planning for healthcare in Canberra's north	1,500	1,750	-	-	3,250	-
Better care when you need it – Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) – Major expansion of services at Canberra Hospital	3,000	3,000	-	-	6,000	-
Total	4,800	4,975	-	-	9,775	
<u>ICT</u>						
Better care when you need it – Protecting Canberrans from infectious diseases	398	-	-	-	398	Jun-18
Better care when you need it – Pathology Services	1,400	-	-	-	1,400	-
Total	1,798	-	-	-	1,798	

Table 32: 2017-18 Health Directorate Infrastructure Program (continued)

Project	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Four Year Investment \$'000	Physical Completion Date
<u>Property, Plant and Equipment (PPE)</u>						
Better care when you need it – More mobile dental clinics	985	-	-	-	985	Dec-18
Total	985	-	-	-	985	
<u>Better Infrastructure Fund</u>						
Better Infrastructure Fund – Departmental	4,245	4,352	4,461	4,570	17,629	-
Better Infrastructure Fund – Territorial	844	865	887	909	3,505	-
Total	5,089	5,217	5,348	5,479	21,134	
<u>Work In Progress</u>						
An E-Healthy Future	9,000	-	-	-	9,000	Jun-18
Better Health Services - Improved Drugs and Poisons Information System (DAPIS)	379	300	-	-	679	Jun-19
Better Health Services – Upgrading and maintaining ACT Health assets	39,091	35,328	-	-	74,419	Jun-19
Calvary Public Hospital – Operating theatre upgrade	4,827	-	-	-	4,827	Dec-17
Calvary Public Hospital – Upgrade of medical imaging equipment	2,222	-	-	-	2,222	Sep-17
Canberra Hospital – More beds	500	-	-	-	500	Jun-18
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	910	-	-	-	910	Nov-16
Critical Hospital Infrastructure Systems – Enhancing patient and staff safety	800	-	-	-	800	Jun-18
Clinical Services Redevelopment – Phase 3	2,357	-	-	-	2,357	Jun-18
Major Building Plant Replacement and Upgrade	450	-	-	-	450	Sep-17
Ngunnawal Bush Healing Farm ¹	1,700	-	-	-	1,700	Dec-16
Secure Mental Health Unit	700	-	-	-	700	Nov-16
Staging, Decanting and Continuity of Services	750	-	-	-	750	Feb-16
Sterilising Services – Relocation and upgrade	550	5,203	-	-	5,753	Jun-19
Supporting Good Mental Health – Support for people with mental health issues to recover and live in the community	2,166	24	-	-	2,190	Jun-18
The Canberra Hospital – Essential infrastructure and engineering works	1,500	-	-	-	1,500	Jul-17
The Canberra Hospital Redevelopment (Grant component)	500	-	-	-	500	Dec-17

Note:

1. This initiative was previously titled “Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility”.

Table 32: 2017-18 Health Directorate Infrastructure Program (continued)

Project	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Four Year Investment \$'000	Physical Completion Date
University of Canberra Public Hospital	75,410	-	-	-	75,410	Mar-18
University of Canberra Public Hospital Car Park (Grant)	10,200	-	-	-	10,200	May-18
Total	154,012	40,855	-	-	194,867	
Total Infrastructure Program	182,186	64,057	11,248	5,879	263,370	

Financial Statements

Table 33: Health Directorate: Operating Statement

2016-17 Budget		2016-17 Estimated Outcome	2017-18 Budget	Var %	2018-19 Estimate	2019-20 Estimate	2020-21 Estimate
\$'000		\$'000	\$'000		\$'000	\$'000	\$'000
Income							
Revenue							
286,041	Controlled Recurrent Payments	291,826	313,371	7	295,122	289,254	286,290
966,539	User Charges	966,392	1,001,509	4	1,025,893	1,051,589	1,077,853
4,033	Grants	4,033	4,085	1	4,187	4,291	4,398
191	Interest	191	191	-	191	195	199
1,744	Resources Received Free of Charge	1,744	1,766	1	1,810	1,855	1,901
14,465	Other Revenue	14,612	14,930	2	15,243	15,582	15,946
1,273,013	Total Revenue	1,278,798	1,335,852	4	1,342,446	1,362,766	1,386,587
Gains							
887	Other Gains	887	992	12	1,017	1,042	1,068
887	Total Gains	887	992	12	1,017	1,042	1,068
1,273,900	Total Income	1,279,685	1,336,844	4	1,343,463	1,363,808	1,387,655
Expenses							
720,752	Employee Expenses	712,051	748,651	5	754,637	765,130	775,637
91,872	Superannuation Expenses	91,894	95,393	4	95,457	96,283	97,055
358,113	Supplies and Services	359,237	382,898	7	379,793	384,767	394,715
41,141	Depreciation and Amortisation	40,491	45,601	13	50,776	52,911	53,225
89,680	Grants and Purchased Services	90,932	95,149	5	98,102	101,663	104,253
11,829	Cost of Goods Sold	11,829	12,059	2	12,199	12,504	12,817
422	Borrowing Costs	422	430	2	436	447	447
6,496	Other Expenses	6,777	6,909	2	6,994	7,169	7,349
1,320,305	Total Expenses	1,313,633	1,387,090	6	1,398,394	1,420,874	1,445,498
-46,405	Operating Result	-33,948	-50,246	-48	-54,931	-57,066	-57,843
-46,405	Total Comprehensive Income	-33,948	-50,246	-48	-54,931	-57,066	-57,843

Table 34: Health Directorate: Balance Sheet

Budget at 30/6/17 \$'000	2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	
Current Assets							
56,493	Cash and Cash Equivalents	58,242	59,454	2	60,666	61,878	63,090
3,027	Investments	3,019	3,019	-	3,019	3,019	3,019
35,945	Receivables	41,650	42,742	3	43,834	44,926	46,018
9,055	Inventories	10,306	10,506	2	10,706	10,906	11,106
5,105	Other Assets	6,057	6,157	2	6,257	6,357	6,457
109,625	Total Current Assets	119,274	121,878	2	124,482	127,086	129,690
Non Current Assets							
1,075,304	Property, Plant and Equipment	1,038,732	1,375,316	32	1,404,945	1,371,886	1,349,922
36,770	Intangible Assets	33,051	39,193	19	35,332	31,171	27,010
234,241	Capital Works in Progress	233,891	13,397	-94	6,000	11,600	400
1,346,315	Total Non Current Assets	1,305,674	1,427,906	9	1,446,277	1,414,657	1,377,332
1,455,940	TOTAL ASSETS	1,424,948	1,549,784	9	1,570,759	1,541,743	1,507,022
Current Liabilities							
55,067	Payables	51,059	52,459	3	53,859	55,259	56,659
227,790	Employee Benefits	228,174	242,660	6	257,146	271,632	286,581
765	Other Liabilities	452	652	44	852	1,052	1,252
283,622	Total Current Liabilities	279,685	295,771	6	311,857	327,943	344,492
Non Current Liabilities							
18,181	Employee Benefits	17,319	18,922	9	20,525	22,128	23,731
1,418	Other Liabilities	4,733	4,733	-	4,733	4,733	4,733
19,599	Total Non Current Liabilities	22,052	23,655	7	25,258	26,861	28,464
303,221	TOTAL LIABILITIES	301,737	319,426	6	337,115	354,804	372,956
1,152,719	NET ASSETS	1,123,211	1,230,358	10	1,233,644	1,186,939	1,134,066
1,023,291	Accumulated Funds	992,180	1,099,327	11	1,102,613	1,055,908	1,003,035
129,428	Asset Revaluation Surplus	131,031	131,031	-	131,031	131,031	131,031
1,152,719	TOTAL FUNDS EMPLOYED	1,123,211	1,230,358	10	1,233,644	1,186,939	1,134,066

Table 35: Health Directorate: Statement of Changes in Equity

Budget at 30/6/17 \$'000		2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000
	Opening Equity						
866,346	Opening Accumulated Funds	834,832	992,180	19	1,099,327	1,102,613	1,055,908
129,428	Opening Asset Revaluation Reserve	131,031	131,031	-	131,031	131,031	131,031
995,774	Balance at the Start of the Reporting Period	965,863	1,123,211	16	1,230,358	1,233,644	1,186,939
	Comprehensive Income						
-46,405	Operating Result - Including Economic Flows	-33,948	-50,246	-48	-54,931	-57,066	-57,843
-46,405	Total Comprehensive Income	-33,948	-50,246	-48	-54,931	-57,066	-57,843
0	Total Movement in Reserves	0	0	-	0	0	0
	Transactions Involving Owners Affecting Accumulated Funds						
203,350	Capital Injections	191,296	157,393	-18	58,217	10,361	4,970
203,350	Total Transactions Involving Owners Affecting Accumulated Funds	191,296	157,393	-18	58,217	10,361	4,970
	Closing Equity						
1,023,291	Closing Accumulated Funds	992,180	1,099,327	11	1,102,613	1,055,908	1,003,035
129,428	Closing Asset Revaluation Reserve	131,031	131,031	-	131,031	131,031	131,031
1,152,719	Balance at the end of the Reporting Period	1,123,211	1,230,358	10	1,233,644	1,186,939	1,134,066

Table 36: Health Directorate: Cash Flow Statement

2016-17 Budget		2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	Var %	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
286,041	Controlled Recurrent Payments	291,826	313,371	7	295,122	289,254	286,290
960,722	User Charges	960,575	999,365		1,023,670	1,049,332	1,075,596
4,033	Grants	4,033	4,085	1	4,187	4,291	4,398
93	Interest Received	191	191	-	191	195	199
98	Distribution from Investments with the Territory Banking Account	0	0	-	0	0	0
71,807	Other	71,954	72,454	1	72,871	74,674	76,433
1,322,794	Operating Receipts	1,328,579	1,389,466	5	1,396,041	1,417,746	1,442,916
Payments							
708,564	Employee	711,670	736,739	4	742,826	753,427	763,471
87,772	Superannuation	87,794	91,190	4	91,149	91,868	92,640
360,971	Supplies and Services	373,095	384,809	3	381,860	388,004	397,907
89,680	Grants and Purchased Services	90,932	95,149	5	98,102	101,663	104,353
422	Borrowing Costs	422	430	2	452	472	472
68,927	Other	69,208	69,496	..	69,509	70,169	71,930
1,316,336	Operating Payments	1,333,121	1,377,813	3	1,383,898	1,405,603	1,430,773
6,458	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	-4,542	11,653	357	12,143	12,143	12,143
CASH FLOWS FROM INVESTING ACTIVITIES							
Receipts							
Payments							
217,141	Purchase of Property, Plant and Equipment	235,087	167,834	-29	69,148	21,292	15,901
217,141	Investing Payments	235,087	167,834	-29	69,148	21,292	15,901

Table 36: Health Directorate: Cash Flow Statement (continued)

2016-17 Budget		2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	Var %	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
203,350	Capital Injections	191,296	157,393	-18	58,217	10,361	4,970
203,350	Financing Receipts	191,296	157,393	-18	58,217	10,361	4,970
Payments							
203,350	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	191,296	157,393	-18	58,217	10,361	4,970
-7,333	NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	-48,333	1,212	103	1,212	1,212	1,212
63,826	CASH AT THE BEGINNING OF REPORTING PERIOD	106,575	58,242	-45	59,454	60,666	61,878
56,493	CASH AT THE END OF REPORTING PERIOD	58,242	59,454	2	60,666	61,878	63,090

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments:
 - the increase of \$5.785 million (2 per cent) in the 2016-17 estimated outcome from the original budget is mainly due to the transfer of appropriation from Capital Injection, offset by roll overs into 2017-18; and
 - the increase of \$21.545 million (7 per cent) in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to indexation, new initiatives and roll overs into 2017-18.
- user charges: the increase of \$35.117 million in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to increased funding from the ACT Local Hospital Network for indexation and growth in activity.
- employee expenses:
 - the decrease of \$8.701 million in the 2016-17 estimated outcome from the original budget is mainly due to a reduction in the Present Value for Employee Benefits Liabilities and roll overs into 2017-18. These are offset by funding transfers from Capital Injection; and
 - the increase of \$36.600 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to indexation and new initiatives.
- superannuation expenses: the increase of \$3.499 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to indexation and new initiatives.
- supplies and services: the increase of \$23.661 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to indexation, new initiatives and roll overs from 2016-17.
- depreciation and amortisation: the increase of \$5.110 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to the completion of capital works projects including the University of Canberra Hospital.
- grants and purchased services: the increase of \$4.217 million in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to indexation and new initiatives.

Balance Sheet

- receivables: the increase of \$5.705 million in the 2016-17 estimated outcome from the original budget is mainly due to the flow on effect of the 2015-16 audited outcome.

- inventories: the increase of \$1.251 million in the 2016-17 estimated outcome from the original budget is mainly due to the flow on effect of the 2015-16 audited outcome.
- property, plant and equipment:
 - the decrease of \$36.572 million in the 2016-17 estimated outcome from the original budget is mainly due to delays in capital works projects; and
 - the increase of \$336.584 million in the 2017-18 budget from the 2016-17 estimated outcome is mainly due to the completion of capital works projects including the University of Canberra Hospital.
- intangible assets:
 - the decrease of \$3.719 million in the 2016-17 estimated outcome from the original budget is mainly due to delays to the 'An E-Healthy Future' project; and
 - the increase of \$6.142 million in the 2017-18 budget from the 2016-17 estimated outcome is mainly due to the completion of 'An E-Healthy Future' project.
- capital works in progress: the decrease of \$220.494 million in the 2017-18 budget from the 2016-17 estimated outcome is mainly due to the completion of capital works projects including the University of Canberra Hospital.
- payables: the decrease of \$4.008 million in the 2016-17 estimated outcome from the original budget is mainly due to the flow on effect of the 2015-16 audited outcome.
- current and non current employee benefits: the increase of \$16.089 million in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to pay rises and accrued wages.
- current and non current other liabilities: the increase of \$3.002 million in the 2016-17 estimated outcome from the original budget relates to the flow on effect of the 2015-16 audited outcome.

Statement of Changes in Equity

- capital injections:
 - the decrease of \$12.054 million in the 2016-17 estimated outcome from the original budget is mainly due to roll overs into 2017-18 and the transfer of appropriation to Controlled Recurrent Payments; and
 - the decrease of \$33.903 million in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to a lower level of capital works projects.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

Financial Statements

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

2016-17 Budget		2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	Var %	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
	Revenue						
21,403	Payment for Expenses on Behalf of the Territory	11,262	18,593	65	865	887	909
1,342	Taxes, Fees and Fines	1,342	1,376	3	1,410	1,474	1,532
22,745	Total Revenue	12,604	19,969	58	2,275	2,361	2,441
22,745	Total Income	12,604	19,969	58	2,275	2,361	2,441
	Expenses						
21,403	Grants and Purchased Services	11,262	18,593	65	865	887	909
1,342	Transfer Expenses	1,342	1,376	3	1,410	1,474	1,532
22,745	Total Expenses	12,604	19,969	58	2,275	2,361	2,441
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 30/6/17 \$'000		2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000
	Current Assets						
192	Cash and Cash Equivalents	349	349	-	349	349	349
112	Receivables	0	0	-	0	0	0
304	Total Current Assets	349	349	-	349	349	349
	Non Current Assets						
0	Total Non Current Assets	0	0	-	0	0	0
304	TOTAL ASSETS	349	349	-	349	349	349
	Current Liabilities						
300	Payables	301	301	-	301	301	301
300	Total Current Liabilities	301	301	-	301	301	301
	Non Current Liabilities						
0	Total Non Current Liabilities	0	0	-	0	0	0
300	TOTAL LIABILITIES	301	301	-	301	301	301
4	NET ASSETS	48	48	-	48	48	48
	REPRESENTED BY FUNDS EMPLOYED						
4	Accumulated Funds	48	48	-	48	48	48
4	TOTAL FUNDS EMPLOYED	48	48	-	48	48	48

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

Budget at 30/6/17 \$'000	2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000
Opening Equity						
4	Opening Accumulated Funds	48	48	-	48	48
4	Balance at the Start of the Reporting Period	48	48	-	48	48
0	Total Movement in Reserves	0	0	-	0	0
Closing Equity						
4	Closing Accumulated Funds	48	48	-	48	48
4	Balance at the end of the Reporting Period	48	48	-	48	48

Table 40: Health Directorate: Cash Flow Statement on behalf of the Territory

2016-17 Budget		2016-17 Estimated Outcome	2017-18 Budget	Var %	2018-19 Estimate	2019-20 Estimate	2020-21 Estimate
\$'000		\$'000	\$'000		\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
21,403	Payment for Expenses on Behalf of the Territory	11,262	18,593	65	865	887	909
1,342	Taxes, Fees and Fines	1,342	1,376	3	1,410	1,474	1,532
2,140	Other	1,126	1,859	65	86	88	90
24,885	Operating Receipts	13,730	21,828	59	2,361	2,449	2,531
Payments							
21,403	Grants and Purchased Services	11,262	18,593	65	865	887	909
1,342	Transfer of Territory Receipts to the ACT Government	1,342	1,376	3	1,410	1,474	1,532
2,140	Other	1,126	1,859	65	86	88	90
24,885	Operating Payments	13,730	21,828	59	2,361	2,449	2,531
192	CASH AT THE BEGINNING OF REPORTING PERIOD	349	349	-	349	349	349
192	CASH AT THE END OF REPORTING PERIOD	349	349	-	349	349	349

Notes to the Territorial Budget Statements

Significant variations are as follows:

Statement of Income and Expenses on behalf of the Territory

- payment for Expenses on Behalf of the Territory and grants and purchased services:
 - the decrease of \$10.141 million (47 per cent) in the 2016-17 estimated outcome from the original budget is mainly due to the reprofiling of capital grants to Calvary Hospital and the University of Canberra; and
 - the increase of \$7.331 million (65 per cent) in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to the roll over of capital grants from 2016-17.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

ACT LOCAL HOSPITAL NETWORK

Purpose

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

The ACT Local Hospital Network 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.

2017-18 Priorities

Operational initiatives to be pursued in 2017-18 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 Local Hospital Network does not employ any staff. All staff providing administrative support for the ACT Local Hospital Network are employed by the Health Directorate.

Strategic Objectives and Indicators

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	2016-17 Target	2016-17 Est. Outcome	2017-18 Target ¹
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%	91%	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%	82%	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%	88%	91%

Note:

1. In the 2014-15 Federal Budget, the Commonwealth discontinued the National Partnership Agreement for which elective surgery performance targets were agreed. The ACT continues to monitor and report on these performance measures both publicly and internally.

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

	2016-17 Target	2016-17 Est. Outcome	2017-18 Target ¹
One (resuscitation - seen immediately)	100%	99%	100%
Two (emergency - seen within 10 mins)	80%	77%	80%
Three (urgent - seen within 30 mins)	75%	50%	75%
Four (semi - urgent seen within 60 mins)	70%	63%	70%
Five (non urgent - seen within 120 mins)	70%	91%	70%
All Presentations	70%	62%	70%

Notes:

1. ACT Health continues to see improvements in Emergency Department timeliness performance and is committed to achieving the 2017-18 target.

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

	2016-17 Target	2016-17 Est. Outcome	2017-18 Target ¹
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	77%	72%	90%

Note:

1. The 2017-18 target reflects the staged approach to achieving the long term goal of 90% by the end of the financial year.

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

	2016-17 Target ¹	2016-17 Est. Outcome	2017-18 Target ¹
Canberra Hospital	<1.0%	0.7%	<1.0%
Calvary Public Hospital	<0.5%	0.2%	<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)

	2016-17 Target ¹	2016-17 Est. Outcome	2017-18 Target ¹
Canberra Hospital	<2.0%	1.3%	<2.0%
Calvary Public Hospital	<1.0%	0.6%	<1.0%

Note:

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

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

	2016-17 Target ¹	2016-17 Est. Outcome	2017-18 Target ¹
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. Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

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

	2016-17 Target ¹	2016-17 Est. Outcome	2017-18 Target ¹
Canberra Hospital	75%	83%	75%
Calvary Public Hospital	75%	82%	75%

Note:

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

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

	2016-17	2017-18
	Estimated Outcome	Budget
	\$'000	\$'000
Total Cost	1,064,691	1,120,407
Controlled Recurrent Payments	633,489	656,143

Accountability Indicators

Output Class 1: ACT Local Hospital Network

Output 1.1: ACT Local Hospital Network

Table 9: Accountability Indicators Output 1.1

	2016-17 Targets	2016-17 Estimated Outcome	2017-18 Targets
	NWAU{16}	NWAU{16}	NWAU{17}
a. Admitted Services – National Weighted Activity Units ¹	91,103	97,278	99,535
b. Non-admitted Services – National Weighted Activity Units ^{1,2}	18,246	18,919	18,411
c. Emergency Services – National Weighted Activity Units ¹	16,278	17,795	18,456
d. Acute Admitted Mental Health Services – National Weighted Activity Units ¹	7,120	7,765	7,956
e. Sub Acute Services – National Weighted Activity Units ^{1,2}	10,919	9,440	9,291
f. Total in Scope – National Weighted Activity Units ¹	143,666	151,197	153,649
g. Percentage of mental health clients with outcome measures completed ³	65%	69%	65%
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services ⁴	75%	73%	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 {16} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2016-17, while NWAU {17} is the currency for 2017-18. These measures combine the results for Canberra Hospital and Calvary Public Hospital in-scope activity.
2. The reduction in the 2017-18 Target from the 2016-17 estimated outcomes relates to back-casting adjustments for pricing model changes year on year. The back-casting adjustment has reduced the 2017-18 target by approximately 7 per cent.
3. The estimate outcome of 69 per cent indicates better outcomes for mental health clients.
4. Follow up is provided to clients discharged from both Canberra and Calvary mental health inpatient units by the community based mental health teams. During this reporting period there has been vacancies within these teams which impacts on service delivery.

Changes to Appropriation

Table 10: Changes to appropriation – Controlled Recurrent Payments

	2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
2016-17 Budget	633,489	643,714	649,010	653,548	653,548
2017-18 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	11,634
2017-18 Commonwealth Budget Update - National Health Reform	(48)	(4,500)	(7,875)	(11,611)	396,652
2017-18 Commonwealth Budget Update - Public Hospital Funding	48	69	91	112	(418,703)
Rebasing LHN	-	16,860	17,286	17,725	24,736
2017-18 Budget	633,489	656,143	658,512	659,774	667,867

Financial Statements

Table 11: ACT Local Hospital Network: Operating Statement

2016-17 Budget		2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	Var %	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
Income							
Revenue							
633,489	Controlled Recurrent Payments	633,489	656,143	4	658,512	659,774	667,867
90,372	User Charges	90,372	101,280	12	103,812	106,408	108,302
340,830	Grants	340,830	362,984	7	384,982	408,311	425,926
1,064,691	Total Revenue	1,064,691	1,120,407	5	1,147,306	1,174,493	1,202,095
0	Total Gains	0	0	-	0	0	0
1,064,691	Total Income	1,064,691	1,120,407	5	1,147,306	1,174,493	1,202,095
Expenses							
1,058,595	Grants and Purchased Services	1,058,643	1,114,063	5	1,140,651	1,167,508	1,202,095
6,096	Payments to ACT Government Agencies	6,048	6,344	5	6,655	6,985	0
1,064,691	Total Expenses	1,064,691	1,120,407	5	1,147,306	1,174,493	1,202,095
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 30/6/17 \$'000		2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000
	Current Assets						
4,902	Cash and Cash Equivalents	3,147	3,147	-	3,147	3,147	3,147
12,650	Receivables	19,843	19,843	-	19,843	19,843	19,843
17,552	Total Current Assets	22,990	22,990	-	22,990	22,990	22,990
	Non Current Assets						
0	Total Non Current Assets	0	0	-	0	0	0
17,552	TOTAL ASSETS	22,990	22,990	-	22,990	22,990	22,990
	Current Liabilities						
6,604	Payables	14,010	14,010	-	14,010	14,010	14,010
6,604	Total Current Liabilities	14,010	14,010	-	14,010	14,010	14,010
	Non Current Liabilities						
0	Total Non Current Liabilities	0	0	-	0	0	0
6,604	TOTAL LIABILITIES	14,010	14,010	-	14,010	14,010	14,010
10,948	NET ASSETS	8,980	8,980	-	8,980	8,980	8,980
	REPRESENTED BY FUNDS EMPLOYED						
10,948	Accumulated Funds	8,980	8,980	-	8,980	8,980	8,980
10,948	TOTAL FUNDS EMPLOYED	8,980	8,980	-	8,980	8,980	8,980

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

Budget at 30/6/17 \$'000		2016-17 Estimated Outcome \$'000	Budget at 30/6/18 \$'000	Var %	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000
	Opening Equity						
10,948	Opening Accumulated Funds	8,980	8,980	-	8,980	8,980	8,980
10,948	Balance at the Start of the Reporting Period	8,980	8,980	-	8,980	8,980	8,980
0	Total Movement in Reserves	0	0	-	0	0	0
	Closing Equity						
10,948	Closing Accumulated Funds	8,980	8,980	-	8,980	8,980	8,980
10,948	Balance at the end of the Reporting Period	8,980	8,980	-	8,980	8,980	8,980

Table 14: ACT Local Hospital Network: Cash Flow Statement

2016-17 Budget		2016-17 Estimated Outcome \$'000	2017-18 Budget \$'000	Var %	2018-19 Estimate \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
633,489	Controlled Recurrent Payments	633,489	656,143	4	658,512	659,774	667,867
90,372	User Charges	90,372	101,280		103,812	106,408	108,302
340,830	Grants	340,830	362,984	7	384,982	408,311	425,926
19,553	Other	19,553	20,301	4	21,089	21,994	21,994
1,084,244	Operating Receipts	1,084,244	1,140,708	5	1,168,395	1,196,487	1,224,089
Payments							
1,064,691	Grants and Purchased Services	1,064,691	1,120,407	5	1,147,306	1,174,493	1,202,095
19,553	Other	19,553	20,301	4	21,089	21,994	21,994
1,084,244	Operating Payments	1,084,244	1,140,708	5	1,168,395	1,196,487	1,224,089
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	0	0	-	0	0	0
0	NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	0	0	-	0	0	0
4,902	CASH AT THE BEGINNING OF REPORTING PERIOD	3,147	3,147	-	3,147	3,147	3,147
4,902	CASH AT THE END OF REPORTING PERIOD	3,147	3,147	-	3,147	3,147	3,147

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments: the increase of \$22.654 million (4 per cent) in the 2017-18 Budget from the 2016-17 estimated outcome is mainly due to indexation and new initiatives.
- user charges: the increase of \$10.908 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to increased cross border revenue, linked to indexation and growth in activity.
- grants revenue: this funding relates to Activity Based Funding under the National Health Reform Agreement. The increase of \$22.154 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to indexation and growth in activity.
- grants and purchased services: the increase of \$55.420 million in the 2017-18 Budget from the 2016-17 estimated outcome is due to indexation and new initiatives.

Balance Sheet

- cash and equivalents: the decrease of \$1.755 million in the 2016-17 estimated outcome from the original budget is due to the flow on effect of the 2015-16 audited outcome.
- receivables: the increase of \$7.193 million in the 2016-17 estimated outcome from the original budget is due to the flow on effect of the 2015-16 audited outcome and relates to outstanding cross border health receipts.
- payables: the increase of \$7.406 million in the 2016-17 estimated outcome from the original budget is due to the flow on effect of the 2015-16 audited outcome and relates to outstanding cross border health payments.

Cash Flow Statement

Variations in the Statement are explained in the notes above.