

ACT HEALTH

Objectives

ACT Health aims to increase the community's capacity for healthy living by planning, providing and purchasing quality community based health services, major trauma and tertiary health care, managing public health risks, and promoting health and early care interventions.

In providing services, ACT Health's objectives are to:

- increase the community's capacity to live healthily;
- ensure access to health and community services is fair and equitable;
- ensure health services in the community are appropriate and of a high quality;
- meet the health needs of an ageing population;
- gain best value for the community through promoting efficiency and sound resource management;
- meet consumers' needs for services that are better coordinated and integrated;
- focus on prevention and early intervention throughout people's lives;
- improve the good health of the ACT population and narrow the health gap between the general community and the poor and disadvantaged;
- strengthen the health of the community through a whole of Government approach to health issues, together with community partnerships to develop sustainable social care supports;
- support an active lifestyle at all stages of people's lives;
- improve mental health and reduce the barriers facing people with mental health problems;
- reduce harm from alcohol and other drug use;
- ensure quality information drives effective decision making; and
- build an effective organisation with a skilled, satisfied and accountable workforce.

2006-07 Priorities

Strategic and operational initiatives to be pursued in 2006-07 include:

- achieving the efficiencies and reforms that will bring ACT hospital costs closer to the national average;
- opening of a new sub and non acute facility at Calvary Public Hospital, comprising psycho-geriatric beds and transitional/rehabilitation beds;
- meeting the continued growth in demand for acute care, aged care, cancer treatment, mental health and community health services through extra capacity and by redesigning our care delivery systems through the Access Improvement Program;
- providing of additional elective surgery episodes for the long wait category two and three patients on the elective surgery waiting list;

- commencing of the National Bowel Cancer Screening Program to offer screening for bowel cancer to indigenous Australians between 45 and 74 years of age and all other Australians between 55 and 74 years of age;
- implementing of a range of security measures to enhance the safety of patients and staff at The Canberra Hospital (TCH) in response to increasing levels of aggression and violence demonstrated by some patients and visitors to TCH;
- implementing of the draft Mental Health Promotion, Prevention and Early Intervention Action Plan 2005-2008;
- developing a stockpile of antiviral medication, personal protective equipment, and laboratory primers for typing of influenza isolates, as part of pandemic influenza preparedness;
- implementing of new radiation safety legislation that will regulate both ionising radiation and non-ionising radiation, as well as radiation protection of the environment;
- introducing of food safety programs for the highest risk food businesses in the ACT;
- implementing projects that will maximise the recruitment and retention of those health professionals who are the main contributors to health workforce shortages; and
- progressing towards the implementation of the national Shared Electronic Health Record.

Business and Corporate Strategies

In order to achieve its objectives, efficiency measures and manage business and financial risks, ACT Health, together with its partners, will maximise and allocate the community's resources to achieve:

- a comprehensive health system that protects and improves the health of people; and
- a system of care and support that improves the quality of life for vulnerable groups.

Estimated Employment Level

	2005-06 Est Outcome	2006-07 Budget
Staffing (Headcount)	4,849	4,767

Output Classes

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output Class 1: Health and Community Care	689,990	751,220	535,664	592,119
Output 1.1: Acute Services	456,448	489,967	329,055	352,001

Note:

1. This output includes depreciation costs of \$14.917 million in the 2005-06 estimated outcome and \$15.682 million in the 2006-07 Budget.

Output Description

The Government provides public hospital services at TCH and Calvary Public Hospital. These public hospitals provide the full range of acute care including inpatient, outpatient and emergency department services. The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services. This means focussing on:

- reducing waiting times for admission to a hospital bed through emergency departments, with a specific emphasis on older patients who would otherwise experience long waits due to the complexity of their conditions;
- achieving benchmark performance standards for waiting times for access to elective surgery; and
- achieving bed occupancy rates of less than 90 per cent. Occupancy levels of 90 per cent or less contribute to patient safety, reduce access block, ensure efficient workflows and minimise disruptions to elective surgery.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.2: Mental Health Services	48,603	50,915	46,448	49,353

Output Description

Mental Health ACT provides a range of services in hospitals, community health centres and people's homes across the Territory. Mental Health ACT works with its community partners to provide integrated and responsive mental health services including hospital-based specialist services, supported accommodation services and community based service responses.

Output Classes cont.

The key strategic priorities for mental health 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 through reducing excessive waiting times for urgent admissions to acute psychiatric units; and
- ensuring that Mental Health ACT provides consumers with appropriate assessment, treatment and care that results in improved mental health outcomes.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.3: Community Health Services	105,058	99,881	91,312	92,900

Output Description

Community Health provides a range of community based health services in a number of settings across the ACT, including health promotion and clinical programs such as maternal and child health services, immunisation, youth health services, women's health services, alcohol and drug services, dental services, corrections health, aboriginal liaison and interpreter services. There are also a wide range of allied health and nursing services that meet the needs of many people with chronic conditions as well as providing responses to acute presentations, including inpatient services and pre and post hospital care.

The key strategic priorities for community health include early intervention, improved access to community health care and better integration between acute, primary and community based care. This includes:

- ensuring timely access to public dental health care in cases of emergency need;
- providing health care assessments for people detained in corrective facilities;
- working with the acute care sector to ensure effective provision of allied health care to people in hospitals in order to maximise health outcomes;
- improving accessibility to, and the appropriateness of services, for women of culturally and linguistically diverse backgrounds;
- providing timely access to counselling services within the ACT Women's Health Service;
- ensuring that access consistent with clinical need is timely for community-based nursing and allied health services; and
- ensuring that community-based services are in place to better provide for the acute and post-acute health care needs of the community.

Output Classes cont.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.4: Public Health Services	21,336	23,716	19,929	22,385

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 the monitoring of prevention, early intervention and integrated care services to ensure that the ACT maintains its position as the healthiest jurisdiction in Australia. This includes:

- maintaining the ACT's position as the jurisdiction with the greatest life expectancy in Australia;
- reducing the incidence of cardiovascular disease in the community; and
- ensuring that the rate of hip fractures declines over the long-term.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.5: Cancer Services	19,001	21,027	14,448	16,033

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. This includes:

- ensuring that population screening rates for breast and cervical cancer meet targets; and
- waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks.

Output Classes cont.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.6: Aged Care and Rehabilitation Services	22,639	32,006	18,124	28,067

Output Description

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

The key strategic priorities for Aged Care and Rehabilitation Services are:

- reducing excessive waiting times for admission to a hospital bed through emergency departments;
- 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 facilitating their safe return home with appropriate support, or access to appropriate supported residential accommodation; and
- improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care.

	Total Cost		Government Payment for Outputs	
	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000	2005-06 Est. Outcome \$'000	2006-07 Budget \$'000
Output 1.7: Early Intervention and Prevention	16,905	33,708	16,348	31,380

Output Description

Increasing the focus on initiatives that prevent or intervene early in 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;
- maintaining immunisation rates for children above 90 per cent;
- providing hearing screening for all newborns in the ACT that meet the screening criteria;
- 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;

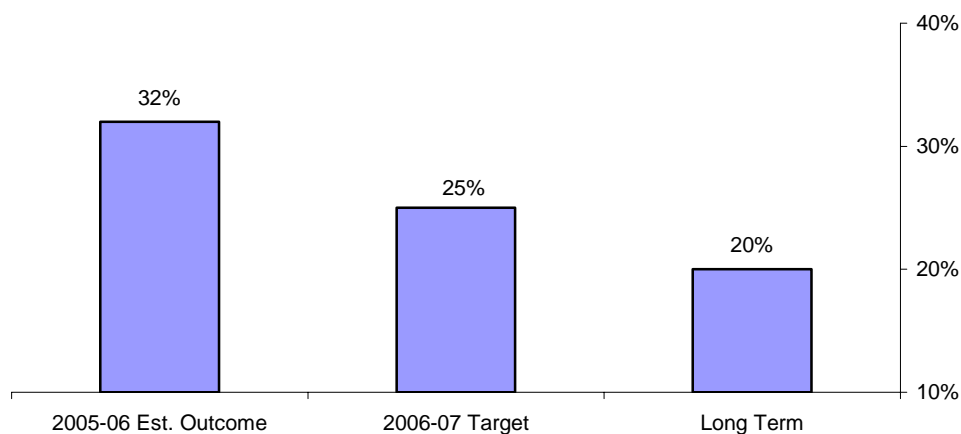
- providing screening services for children who are entering substitute and kinship care to increase the early identification and intervention of health issues; and
- reporting the number of females screened for cervical abnormalities (total screened and number of women in the target age group of 20-69 years).

Strategic Indicators

Strategic Indicator 1 Emergency Department access block

Acute Care Services

Proportion of persons who are admitted via the emergency department who wait more than 8 hours from commencement of treatment to admission in a ward. This provides an indication of the effectiveness of public hospitals in meeting the need for acute care and emergency department care.



Strategic Indicator 2 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 maximum mean outcome over time. Given the nature of the indicators, small fluctuations during a particular period can skew results. The success of ACT Health in meeting these indicators requires a consideration of performance over time rather than for any given period.

1. Rate of unplanned return to the operating theatre

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

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
The Canberra Hospital	0.7%	0.9%	<0.7%
Calvary Public Hospital	0.3%	0.2%	<0.46% ¹

Note:

1. The revised target for 2006-07 for Calvary Public Hospital reflects the national benchmark for unplanned return to the operating theatre. The nature and complexity of the services provided by a hospital can impact on the rate of unplanned returns to the operating theatre.

Strategic Indicators cont.

2. Rate of unplanned hospital readmission

The proportion of people separated from hospital 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.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
The Canberra Hospital	2.5%	1.7%	2.0%
Calvary Public Hospital	1.1%	0.7%	1.0%

3. Rate of post-operative pulmonary embolism

The proportion of people admitted to hospital for longer than 7 days who underwent a surgical procedure during that stay and subsequently experienced a post-operative pulmonary embolism. This provides an indication of the quality of care and the effectiveness of the hospital system in meeting the needs of patients, as pulmonary emboli are to some extent avoidable through the use of appropriate prophylaxis.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
The Canberra Hospital	<1.0%	1.6% ¹	<1.0%
Calvary Public Hospital	<1.0%	1.7% ¹	<1.0%

Note:

1. The small numbers of people captured by this indicator can result in an apparent negative result. However, the estimated outcome for 2005-06 is within acceptable margins.

4. Hospital acquired infection rate (bacteraemia)

The proportion of people admitted to hospitals that acquire a bacteraemial infection during their stay. This provides an indication of the safety of hospital-based services.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
The Canberra Hospital	0.7%	0.2%	0.5%
Calvary Public Hospital	0.1%	0.1%	0.1%

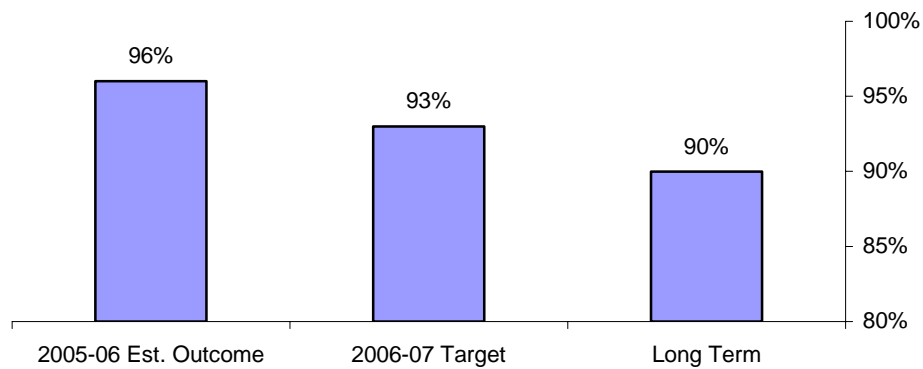
Strategic Indicators cont.

Strategic Indicator 3

Reaching the optimum occupancy rate for acute overnight hospital beds

Bed occupancy

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.

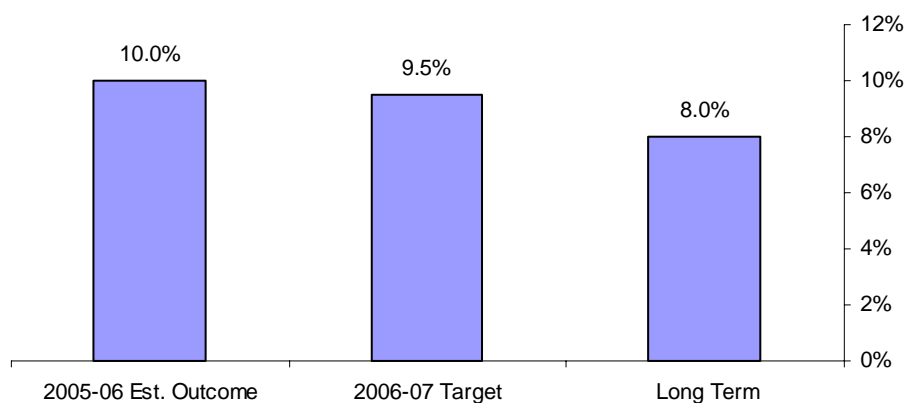


Strategic Indicator 4

Reducing the usage of seclusion

Seclusion rate

The proportion of clients of Mental Health ACT who are subject to seclusion during an inpatient episode. This measures the effectiveness of care provided by Mental Health ACT over time in providing services that minimise the need for seclusion.



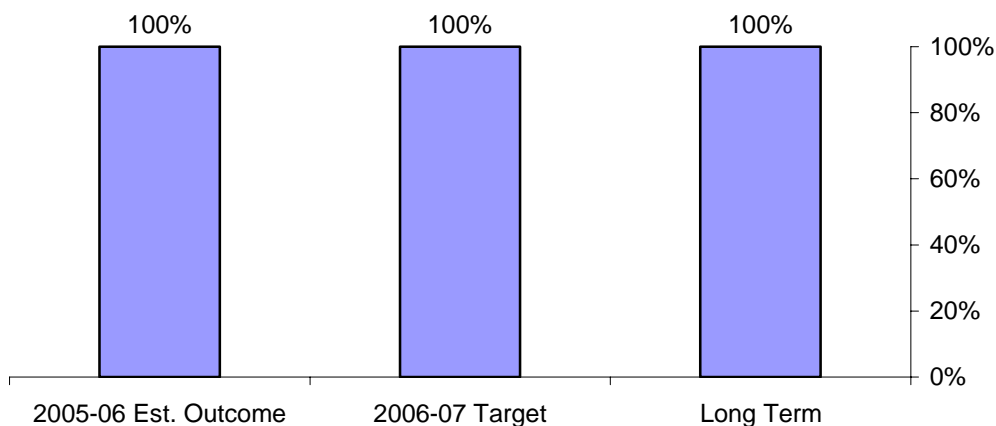
Strategic Indicators cont.

Strategic Indicator 5

Increasing consumer and carer participation

Consumers and carer representation on mental health committees

The proportion of Mental Health ACT committees upon which consumers and carers are represented.

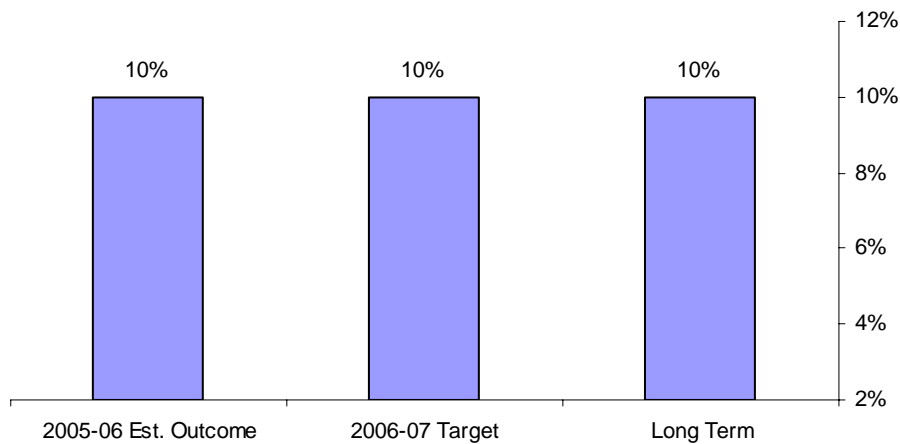


Strategic Indicator 6

Access to acute care (mental health clients)

Mental health acute care

The proportion of mental health clients admitted to hospital from the emergency department who wait more than 8 hours from the time of commencement of treatment to the time of transfer to a ward. The long-term aim is to maintain a maximum level of 10 per cent.



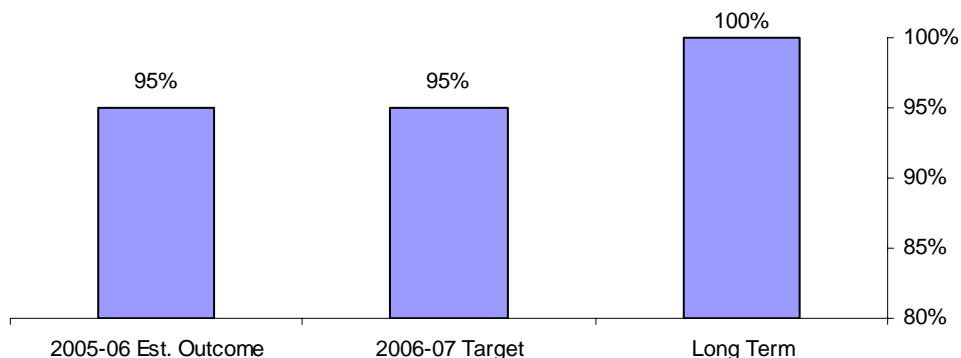
Strategic Indicators cont.

Strategic Indicator 7

No waiting for access to emergency dental health services

Oral health

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



Strategic Indicator 8

Achieve lower than the Australian average in the decayed, missing or filled teeth (DMFT) index

Age	ACT	Australia
DMFT index at 5/6 years	1.83	1.56
DMFT Index at 12 years	1.39	0.84

Source: Child Dental Health Survey 2000 (Published in 2004)

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 in 2006.

Strategic Indicator 9

Maintenance of the highest life expectancy at birth in Australia

Life expectancy at birth	ACT	Australia	Next Best State (WA)
Females	83.3	82.6	82.9
Males	79.2	77.4	77.9

Source: Australia's Health 2004 (Life expectancy 2000-02)

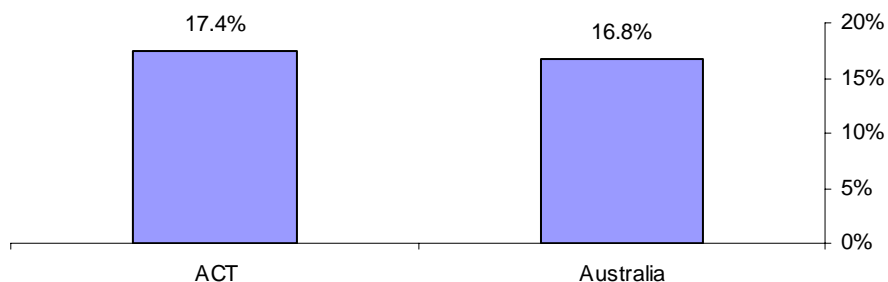
Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services, such as economic and environmental factors. The ACT has the highest life expectancy of any jurisdiction in Australia. The Government aims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

Strategic Indicators cont.

Strategic Indicator 10 Prevalence of cardiovascular disease

Cardiovascular disease

The proportion of the ACT population diagnosed with some form of cardiovascular disease. The Government aims to better the Australian average by 2007.

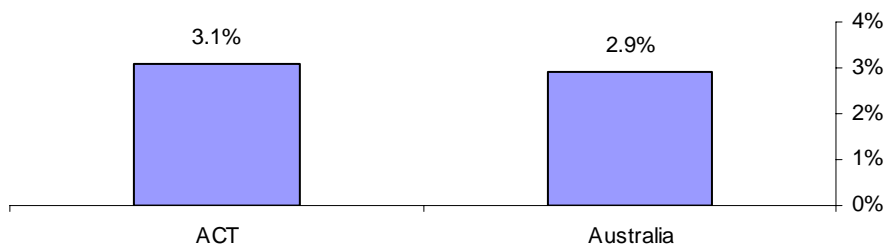


Source: National Health Survey 2001

Strategic Indicator 11 Prevalence of diabetes

Diabetes

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. Prevalence rates may increase in the short term as a result of early intervention and detection campaigns. This would be a positive result as experts predict that only half of those with diabetes are aware of their condition. This can have significant impacts on their long-term health.



Source: National Health Survey 2001

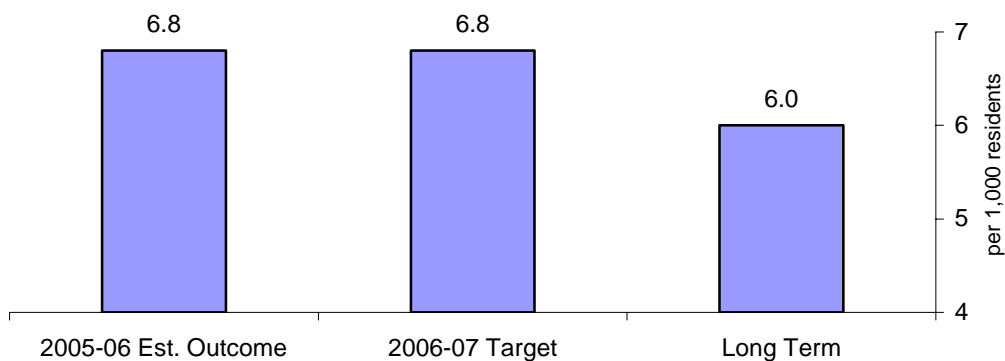
Strategic Indicators cont.

Strategic Indicator 12

Reduction in the rate of fractured femur (broken hip)

Reducing the risk of fractured femurs in ACT residents aged over 75 years

The reduction or maintenance of the rate of fractured femurs for ACT residents aged over 75 years. This provides an indication of the success of public and community health initiatives to prevent hip fractures. At present the rate for ACT residents is 6.8 fractures per 1,000 ACT residents aged over 75 years. The ageing of the population will significantly increase the number of people in this age group.

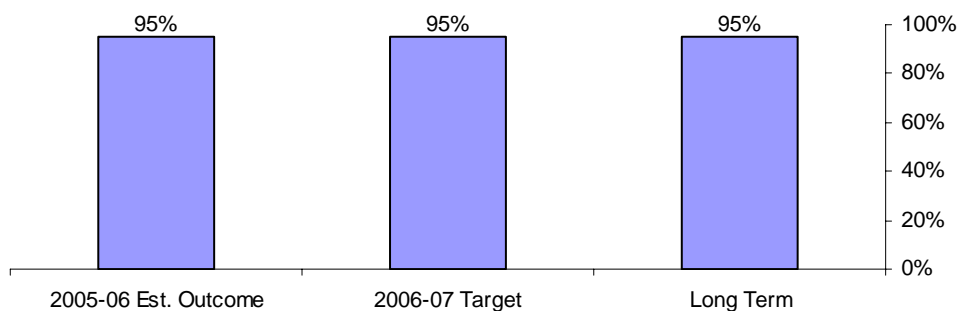


Strategic Indicator 13

Access to radiotherapy services

Radiotherapy access times

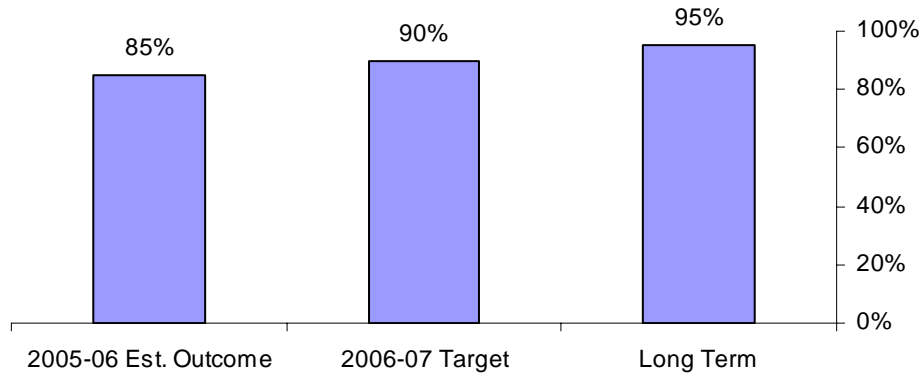
Percentage of urgent radiotherapy patients who receive care within 48 hours.



Strategic Indicators cont.

Radiotherapy access times cont.

Percentage of all radiotherapy patients who receive care within standard timeframes.

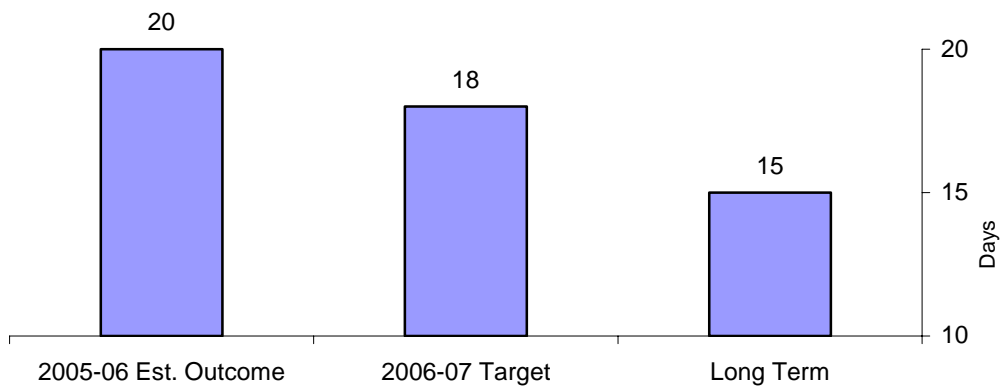


Strategic Indicator 14

Reducing the average length of stay for acute rehabilitation care

Acute rehabilitation average length of stay

This provides an indication of the capacity and effectiveness of sub-acute and community based services.



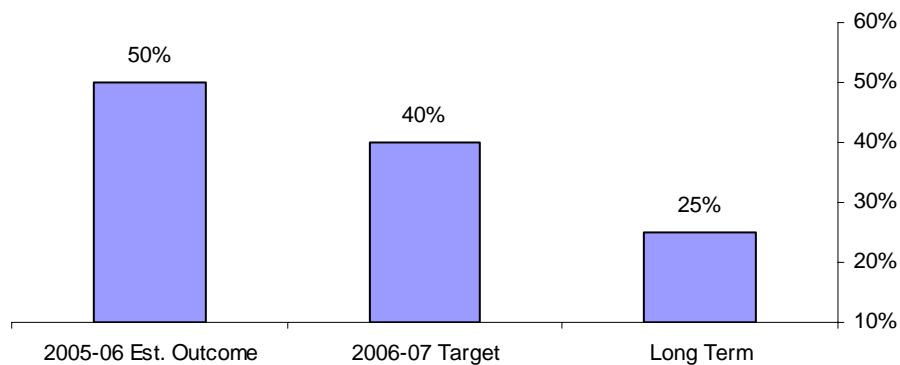
Strategic Indicators cont.

Strategic Indicator 15

Improving hospital access times for older persons

Improving hospital access times for persons aged over 75 years

Percentage of admissions via Emergency Department (ED) by persons 75 years or more who wait more than 8 hours from commencement of treatment in ED to admission to ward.

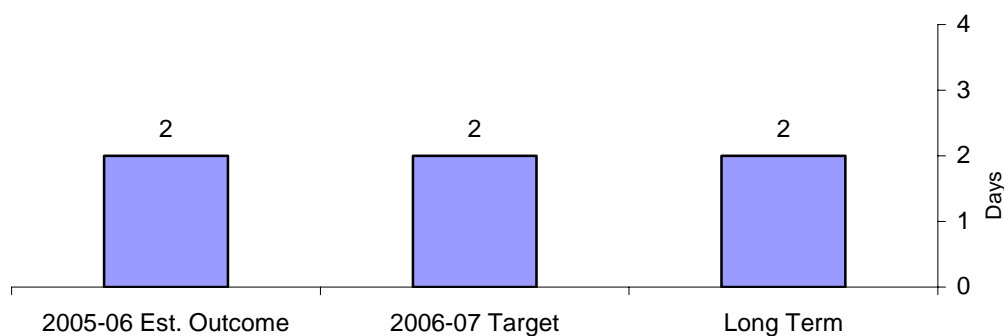


Strategic Indicator 16

Maintain the waiting times for in-hospital assessments by the Aged Care Assessment Team

Aged Care Assessment Team

This is measured by 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.



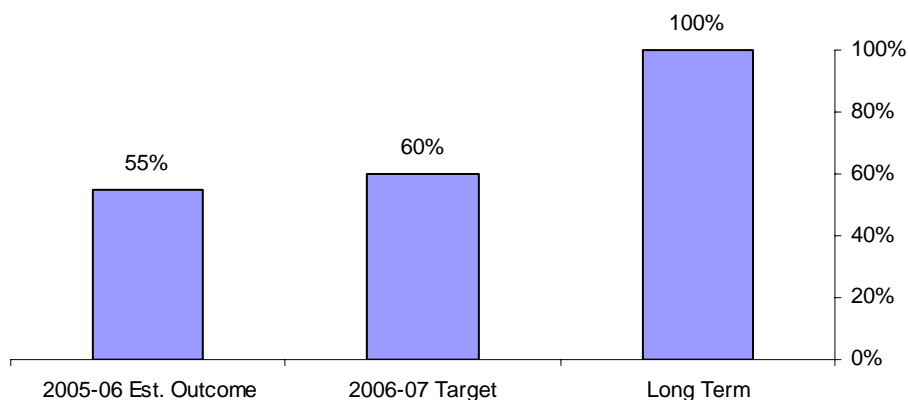
Strategic Indicators cont.

Strategic Indicator 17

Increasing the rate of discharge planning

Discharge planning

Proportion of aged care clients 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.

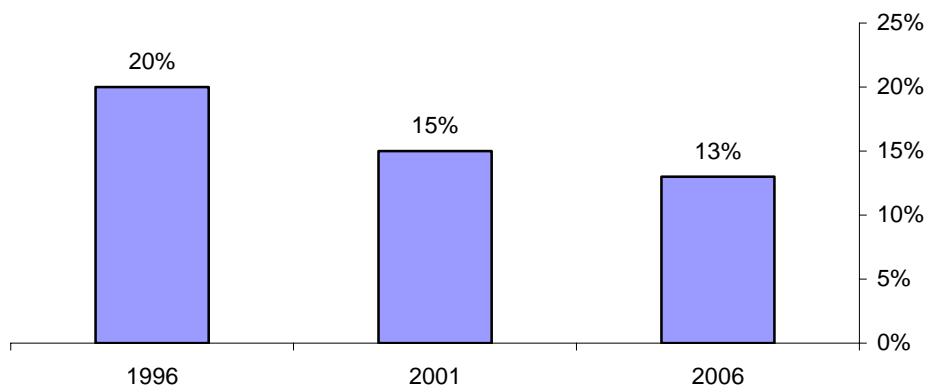


Strategic Indicator 18

Reduction in the youth smoking rate

Percentage of persons aged 12-17 years who smoke regularly

The ACT rate has dropped significantly since 1996 from 20 per cent. The Government aims to maintain this drop in youth smoking with the objective of reaching 13 per cent in 2006. The national rate in 2001 (latest available data) was 14 per cent.

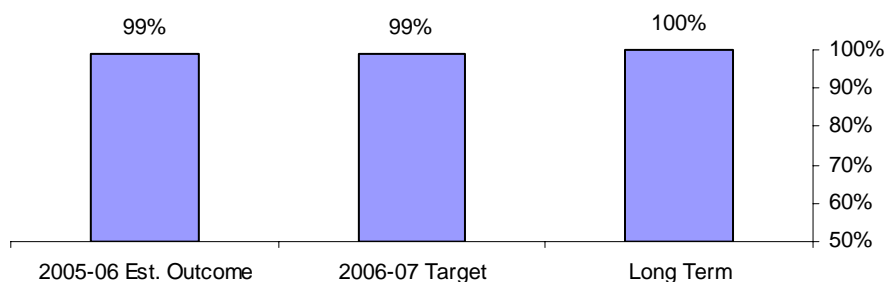


Strategic Indicators cont.

Strategic Indicator 19 Universal newborn hearing screening

Newborn hearing screening

The Government has provided funding to expand the Newborn Hearing Screening Program to cover all babies who meet the criteria for screening. The Newborn Hearing Screening Program will extend beyond the public system to include babies born in ACT private hospitals. This ensures that any anomaly in hearing test results can be attended to within weeks of birth, thus making treatment more effective in the short and long term.



Strategic Indicator 20 Number of additions to the cervical screening register

Cervical screening register

Increase in the number of women who have their cervical cytology results forwarded to the cervical cytology register annually (up to 33,000 in 2006-07). This level of reporting of cervical screens provides an indication of the effectiveness of early intervention health messages.

Strategic Indicator 21 Emergency department timeliness

Waiting times for treatment by triage category

The proportion of Emergency Department presentations who are treated within clinically appropriate timeframes.

Triage Category	2005-06 Est. Outcome	2006-07 Target	Long term Target
One (resuscitation seen immediately)	100%	100%	100%
Two (emergency seen within 10 mins)	80%	80%	80%
Three (urgent seen within 30 mins) ¹	41%	60%	75%
Four (semi-urgent seen within 60 mins) ¹	42%	60%	75%
Five (non-urgent seen within 120 mins)	81%	85%	85%

Note:

1. Target for category three and four for 2006-07 is below the long term target due to current level of performance in these triage categories. The impact of the Access Improvement Program over 2006-07 and future years will result in a gradual return to at/or above, target performance for these triage categories.

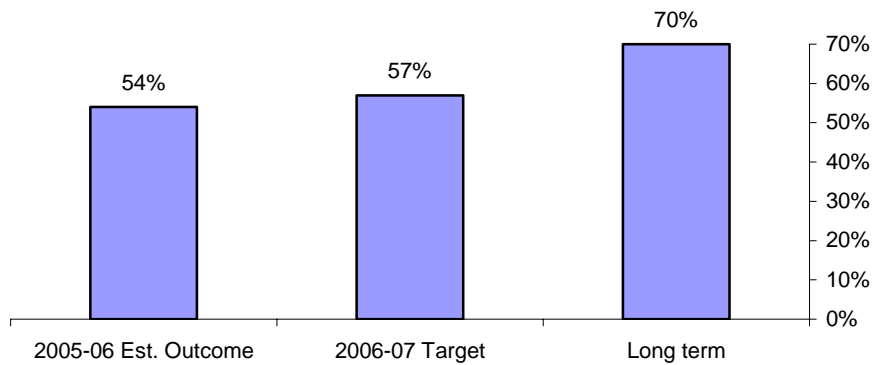
Strategic Indicators cont.

Strategic Indicator 22

Breast screen participation rate for women aged 50-69 years

Breast Screening

Increase to 70 per cent over time, 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. The latest available national breast screen average participation rate is 57 per cent (2001).



Accountability Indicators

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
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Output Class 1: Health and Community Care

Output 1.1: Acute Services

Patient activity

a. Cost weighted patient separations	61,285	66,940 ¹	68,940 ²
b. Non-admitted occasions of service	219,310	225,000	234,000
c. Percentage of category one elective surgery patients who receive surgery within 30 days of listing	100%	95%	95%

This provides an indication of the responsiveness of the hospital system to those in urgent need of elective surgery.

Notes:

1. The estimated outcome for 2005-06 is 9 per cent above the original target. This increase comprises an increase in activity (3 per cent) and a continuation of the increase in compliance with national reporting requirements (6 per cent). National reporting guidelines require, a change of care type to be recorded as an additional hospital episode. These changes occur when a person changes from one type of care to another. The care types recorded in accordance with national definitions include: acute care; rehabilitation care; palliative care; geriatric evaluation and management; psychogeriatric care; maintenance care; and newborn care.
2. Reflects estimated growth in inpatient activity (approx 3 per cent) over 2006-07.

Output 1.2 Mental Health Services

Patient activity

a. Admitted patient separations	1,300	1,250	1,200 ¹
b. Adult services	140,800	150,000	153,000
c. Children and youth services	24,300	34,000	34,680
d. Older persons' services	12,400	12,400	12,640

The number of people who use the various community based service responses. This provides an indication of the volume of care provided by Mental Health ACT.

e. Supported accommodation bed occupancy rate	95%	97%	95%
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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.

f. The proportion of clients seen at an ACT Health community facility during the 7 days post discharge from the inpatient services.	75%	75%	75%
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This provides an indication of the effectiveness of Mental Health ACT in providing an integrated response to the needs of its clients.

g. Percentage of clients with outcome measures completed	75%	53%	60%
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This provides a data platform for analysis of the appropriateness and effectiveness of mental health services in ensuring that client needs are met.

Note:

1. Reflects continuation of trend in reduction of inpatient services with a corresponding increase in community based services.

Accountability Indicators cont.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
Output Class 1: Health and Community Care			
Output 1.3: Community Health Services			
a. Number of opioid treatment clients with management plans	450	450	450
This provides an indication of the comprehensiveness of the service responses for people on opioid treatments.			
b. Mean waiting time for clients on the dental services waiting list	8 months	12 months	12 months
The responsiveness of Community Health to clients of the dental program provides an indication of the capacity of the adult dental program in meeting the needs of the community. The increase in mean waiting times for 2006-07 is a result of the establishment of a single waiting list for all types of services. The maximum 12 months for all services, including recall services, provides ACT consumers with access over and above what is available in most of Australia, which is better than the maximum 2 year recall period.			
c. Proportion of offenders and detainees in Quamby and the Belconnen Remand Centre with health care assessment plans within 24 hours of detention	100%	100%	100%
This provides an indication of the effectiveness of Community Health in providing for the health needs of detainees and offenders.			
d. Number of allied health care services provided for acute care patients in ACT public hospitals	85,000	91,000	91,000
This provides an indication of the level of allied health services provided to hospital based patients by Community Health.			
e. Proportion of new referrals to Community Health, aged over 65 years with a completed falls assessment	60%	Deleted	-
f. Number of nursing (domiciliary and clinic based occasions of service) ¹	-	-	88,000
g. Number of allied health regional services (occasions of service) ¹	-	-	26,000
h. The Women's Health Service Intake Officer/s will provide an intake and assessment service to clients within 14 working days of their initial referral.	-	-	100%
i. Proportion of clients discharged from ACT Public Hospitals to a Community Health Program who have a completed discharge plan ¹	-	-	50%
j. Mean waiting time from referral to service delivery, for Allied Health Priority One clients by service type (Nutrition, Occupational Therapy, Physiotherapy, Podiatry and Social Work) ¹	-	-	2 working days

Accountability Indicators cont.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
Output Class 1: Health and Community Care cont.			
Output 1.3: Community Health Services cont.			
k. Mean waiting time from referral to service delivery, for Allied Health Priority Two clients by service type ¹ :			
i) Nutrition	-	-	3 weeks
ii) Occupational Therapy	-	-	15 weeks
iii) Physiotherapy	-	-	10 weeks
iv) Podiatry	-	-	6 weeks
v) Social Work	-	-	2 weeks

Note:

1. New Measure

Output Class 1: Health and Community Care			
Output 1.4: Public Health Services			
a. Samples analysed	7,000	6,900	7,000
The number of specimens provided to the Health Protection Service Analytical Laboratory for analyses in connection with legislation enforcement, other services to ACT Government agencies and private activity.			
b. Inspection compliance of licensable, registrable and non-licensable activities	70%	88%	80% ¹
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. The 2005-06 estimated outcome continues to be above target due to education and enforcement activities undertaken by the Health Protection Service. However, this level of compliance is not expected to be maintained due to new legislative requirements for smoking in enclosed public places and anticipated changes to food safety requirements under the Food Act.

Output 1.5: Cancer Services			
<i>Patient activity</i>			
a. Cost weighted admitted patient separations	3,140	3,140	3,200
b. Non-admitted occasions of service	34,400	37,000	37,800
The number of hospital based services provided to clients. This provides an indication of the volume of care provided for hospital based cancer patients.			
<i>Breast screening</i>			
c. Waiting time for results is less than 28 days	100%	100%	100%
d. Waiting time between the making of an appointment and the breast screen is less than 28 days	90%	82%	90%

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. This provides an indication of the effectiveness of the service in providing timely advice to women on the results of their breast screen.

Accountability Indicators cont.

	2005-06 Targets	2005-06 Est. Outcome	2006-07 Target
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Output Class 1: Health and Community Care

Output 1.6: Aged Care and Rehabilitation Services

Patient activity

a. Cost weighted admitted patient separations ¹	3,350	4,200	3,180 ¹
b. Non-admitted occasions of service	1,290	1,500	1,550
c. Sub-acute service – episodes of care ²	-	-	710 ²
d. Sub-acute service – occupied bed days ²	-	-	10,600 ²

This provides an indication of the level of services provided.

e. Number of people assessed in falls clinics	420	420	420
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This provides an indication of the demand for this service and the effectiveness of aged care services in minimising the fall risks for older people.

Notes:

- The fall in cost weighted separations in 2006-07 is from the lower average cost weight for rehabilitation care (not a lower number of episodes of care). This lower costs results from the nationwide movement to establish sub-acute services that reduces the length of time that acute inpatient rehabilitation care rather than a reduction in the usage of inpatient rehabilitation.
- New measure.

Output 1.7: 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	91%	92%	92%
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The proportion of coverage for the primary immunisation schedule, measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register.

Breast Screening

b. Total screens	12,000	12,000	12,000
c. Number of screens for women aged 50-69	9,950	9,950	9,950

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.

d. Proportion of clients attending "Well Women's Check" within the Women's Health Service that are from culturally and linguistically diverse communities. ¹	-	-	20%
e. 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. ¹	-	-	80%

Note:

- New measure.

Changes to Appropriation

Changes to Appropriation - Departmental

	2005-06	2006-07	2007-08	2008-09	2009-10
Government Payment for Outputs	Est. Outc.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2005-06 Budget	530,072	559,950	583,946	608,604	608,604
2006-07 Budget Policy Adjustments					
Wage Negotiations - Medical Officers EBA	2,650	5,430	7,500	7,615	7,731
Continuation of Growth Initiatives	-	-	-	-	13,655
Home and Community Care	-	1,803	3,763	5,894	8,210
Health Service-wide Aged Care Support	-	1,350	1,523	1,560	1,600
Critical Care Capacity	-	1,200	1,230	1,260	1,290
Cancer Service	-	500	525	551	577
Mental Health Capacity	-	1,200	1,230	1,261	1,292
Community Based Health Care	-	380	513	525	538
Increased Access and Capacity to Acute Care	-	2,900	2,973	3,047	3,123
Access Improvement Program	-	750	-	-	-
Increase Security to Manage Aggressive Patients and Visitors	-	290	297	305	312
Additional Elective Surgery	-	2,500	2,563	2,627	2,693
Mental Health Promotion Prevention & Early Intervention	-	758	777	796	816
Pandemic Influenza Plan Implementation Costs	-	100	103	105	108
Targeted Workforce Initiatives	-	1,000	1,025	1,051	1,077
COAG and National E-Health Transition Authority Support	-	687	396	1,199	808
Second Magnetic Resonance Imaging Machine (Net)	-	-	(500)	(500)	(500)
Food Safety Programs	-	210	212	221	225
Manual Handling	-	299	306	314	322
Implementing Radiation Safety Legislation	-	60	125	125	130
National Bowel Cancer Screening Program	-	150	205	210	215
Linear Accelerator	-	500	2,169	4,000	4,000
Consolidating Human Resources and Financial Functions	-	(633)	(1,518)	(1,517)	(1,516)
Reducing General Procurement	-	(1,318)	(2,702)	(2,770)	(2,840)
Reducing Motor Vehicle Expenses	-	(401)	(528)	(587)	(598)
Consolidating Procurement Savings	-	(398)	(597)	(597)	(597)
Streamlined Community Sector Purchasing	-	(62)	(436)	(447)	(458)
Integration of Function: HealthPact into ACT Health	-	2,503	2,560	2,630	2,698
Rationalising Boards and Committees	-	(125)	(250)	(250)	(250)
Streamlined Grants Administration	-	(224)	(435)	(445)	(455)
Consolidating Information Technology Services	-	(3,411)	(3,430)	(3,449)	(3,469)
Rationalising Accommodation	-	(37)	(73)	(73)	(73)
Integration of Functions: Smoke Free Area Regulation into DJCS	-	(118)	(118)	(118)	(118)

Changes to Appropriation – Departmental cont.

	2005-06	2006-07	2007-08	2008-09	2009-10
Government Payment for Outputs cont.	Est. Outc.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2006-07 Budget Policy Adjustments cont.					
Integration of Functions: Community and Health Services Complaints Commissioner Unit to DJCS	1,100	-	-	-	-
Integration of Functions: Tobacco Licensing into DJCS	-	(118)	(118)	(118)	(118)
2006-07 Budget Technical Adjustments					
Health Insurance Premiums	(1,800)	5,801	6,970	7,150	7,330
Growth Capacity	-	-	11,479	24,252	39,779
Revised Indexation Parameters	-	(48)	(318)	(552)	11,999
Revised Commonwealth Specific Purposes Payments	184	658	622	617	626
Revised Employer Superannuation Contribution Rates	-	16,268	16,480	16,694	16,911
Deferred GPO	(2,630)	2,630	-	-	-
Revised Revenue Adjustments	-	(10,865)	(14,235)	(18,141)	(21,253)
2006-07 Budget	529,576	592,119	624,234	663,049	704,424

Changes to Appropriation - Territorial

	2005-06	2006-07	2007-08	2008-09	2009-10
Payment for Expenses on Behalf of Territory	Est. Outc.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2005-06 Budget	18,631	6,167	3,476	3,547	3,547
2006-07 Budget Policy Adjustments					
Integration of Functions: HealthPact into ACT Health	-	(2,772)	(2,836)	(2,907)	(2,980)
2006-07 Budget Technical Adjustments					
Revised Indexation Parameters	-	-	-	-	73
Rollovers - Capital Works - Calvary	(1,470)	1,470	-	-	-
2006-07 Budget	17,161	4,865	640	640	640

Changes to Appropriation - Departmental

	2005-06	2006-07	2007-08	2008-09	2009-10
Capital Injections	Est. Outc.	Budget	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
2005-06 Budget	19,964	8,608	3,210	3,210	3,210
2006-07 Budget Policy Adjustments					
Second Magnetic Resonance Imaging Machine	-	500	-	-	-
Capital Offsets	-	(500)	-	-	-
Replacement Linear Accelerator	1,500	-	-	-	-
2006-07 Capital Works Program	-	8,050	11,700	400	500
2006-07 Budget Technical Adjustments					
Rollover - Capital Works - Various Projects	(1,540)	1,540	-	-	-
Return of Discontinuing Projects	(1,050)	-	-	-	-
2006-07 Budget	18,874	18,198	14,910	3,610	3,710

2006-07 Capital Works Program

Departmental

	Estimated Total Cost \$'000	Estimated Expenditure Pre 2006-07 \$'000	2006-07 Financing \$'000	2007-08 Financing \$'000	2008-09 Financing \$'000	Expected Completion Date
New Capital Works						
<i>The Canberra Hospital</i>						
Linear Accelerator Procurement and Replacement ¹	18,700	-	6,100	11,700	400	Jun 2010
Extra Car parking	1,950	-	1,950	-	-	Feb 2007
Total New Works	20,650	-	8,050	11,700	400	
Capital Upgrades						
Building Refurbishment and Upgrades	1,070	-	1,070			
Electrical, Lift and Major Plant Upgrades	650	-	650			
Environment and Safety	1,045	-	1,045			
OH&S and Access	445	-	445			
Total Capital Upgrades	3,210	-	3,210			
Total New Capital Works	23,860	-	11,260	11,700	400	
Works in Progress						
Refurbish Roof of Old Analytical Lab Building - Holder	1,000	700	300	-	-	Oct 2006
<i>The Canberra Hospital</i>						
Medical Records Relocation TCH	3,380	500	2,880	-	-	May 2007
Fire Systems Upgrade (Phase 1) TCH	2,600	400	2,200	-	-	Jun 2007
Imaging Department Reception and work area refurbishment	375	235	140	-	-	Aug 2006
Total Works in Progress	7,355	1,835	5,520	-	-	
Total Departmental Capital Works	31,215	1,835	16,780	11,700	400	

Note:

1. \$0.5 million forecast for the 2009-10 financial year.

Territorial

	Estimated Total Expenditure Cost \$'000	Estimated Pre 2006-07 \$'000	2006-07 Financing \$'000	2007-08 Financing \$'000	2008-09 Financing \$'000	Expected Completion Date
Capital Upgrades						
Building Refurbishment and Upgrades	340	-	340			
Electrical, Lift and Major Plant Upgrades	300	-	300			
Total Capital Upgrades	640	-	640			
Works in Progress						
Calvary Hospital Sterilising Facility (Incl. TCH Equipment)	1,775	1,200	575	-	-	Nov 2006
Sub/Non-Acute Inpatient Services	4,600	1,150	3,450	-	-	Dec 2006
Plant & Building Upgrade	4,192	3,992	200	-	-	Jul 2006
Total Works in Progress	10,567	6,342	4,225	-	-	
Total Territorial Capital Works	11,207	6,342	4,865	-	-	

Commonwealth Grants

The major Commonwealth payments for which the Portfolio has responsibility are:

Name of Grant	Activities Funded by Grant	2006-07 Estimate \$'000
Australian Health Care Agreement	This relates to public patients treated in the ACT. It also includes national mental health, palliative care and quality improvement.	113,031
Home and Community Care	Expansion and development of home and community care services designed to provide basic maintenance and support services for identified target groups.	11,012
National Public Health Outcomes Agreement	Provides a range of public health services including: breast cancer screening; family planning; funds to combat AIDS; drug education campaigns; women's health program; female genital mutilation; alternative birthing; and cervical cancer screening.	3,462
Australian Immunisation Agreement	Provision of funding for vaccines listed under the National Immunisation Program, including vaccines for the childhood immunisation program, influenza and pneumococcal vaccines for people aged 65 years and over.	1,963
Illicit Drug Diversion	This Grant program provides early intervention in the criminal justice process and opportunities for individuals to access assessment, with a view to treatment rather than progressing through the criminal justice system. In addition, funding is provided to support needle and syringe programs.	1,300
High Cost Drugs	Provision of highly specialised drug therapies under the <i>National Health Act 1953</i> .	8,845
Pathways Home Program	Provide rehabilitation/transitional and psycho geriatric services to support persons who have completed an acute hospital episode but require an intensive period of recuperation and rehabilitation in order to successfully return to community living.	2,600
Aged Care Assessment Team	Funding is provided to support Aged Care Client Assessments undertaken by the Aged Care Assessment Team.	502
Youth Health Services	Funding of a range of innovative health services for homeless youth in the ACT.	58
Total		142,773

ACT Health Operating Statement

2005-06 Budget \$'000		2005-06 Est.Outcome \$'000	2006-07 Budget \$'000	Var %	2007-08 Estimate \$'000	2008-09 Estimate \$'000	2009-10 Estimate \$'000
Income							
Revenue							
533,205	Government Payment for Outputs	535,664	592,119	11	624,234	663,049	704,424
107,219	User Charges - Non ACT Government	125,759	127,954	2	134,133	140,020	146,205
2,508	User Charges - ACT Government	2,208	2,426	10	1,934	1,983	2,032
6,500	Grants from the Commonwealth	8,000	8,845	11	9,199	9,567	9,950
1,236	Interest	1,236	228	-82	228	228	228
5,608	Other Revenue	6,430	5,470	-15	5,607	5,747	5,890
664	Resources Received free of charge	674	686	2	703	721	739
656,940	Total Revenue	679,971	737,728	8	776,038	821,315	869,468
Gains							
0	Total Gains	0	0	-	0	0	0
656,940	Total Income	679,971	737,728	8	776,038	821,315	869,468
Expenses							
298,100	Employee Expenses	301,124	318,465	6	332,729	353,295	375,189
37,606	Superannuation Expenses	38,258	55,296	45	56,020	57,194	58,465
179,356	Supplies and Services	185,713	203,070	9	217,228	230,319	244,271
14,963	Depreciation and Amortisation	14,917	15,682	5	16,220	16,420	16,420
8,032	Cost of Goods Sold	9,032	9,482	5	10,074	10,685	11,335
130,834	Grants and Purchased Services	132,042	146,273	11	155,115	164,464	174,404
2,382	Other Expenses	8,904	2,952	-67	3,136	3,326	3,528
671,273	Total Ordinary Expenses	689,990	751,220	9	790,522	835,703	883,612
-14,333	Operating Result	-10,019	-13,492	-35	-14,484	-14,388	-14,144

ACT Health Balance Sheet

Budget as at 30/6/06 \$'000		Est.Outcome as at 30/6/06 \$'000	Planned as at 30/6/07 \$'000	Var %	Planned as at 30/6/08 \$'000	Planned as at 30/6/09 \$'000	Planned as at 30/6/10 \$'000
Current Assets							
4,026	Cash	584	8,561	#	7,743	6,941	6,145
20,593	Receivables	28,192	27,937	-1	27,937	27,937	27,937
1,567	Investments	16,106	1,000	-94	1,000	1,000	1,000
6,006	Inventories	5,686	5,686	-	5,686	5,686	5,686
1,289	Other	1,016	1,016	-	1,016	1,016	1,016
33,481	Total Current Assets	51,584	44,200	-14	43,382	42,580	41,784
Non Current Assets							
3,000	Investments	3,000	3,000	-	3,000	3,000	3,000
385,202	Property, Plant and Equipment	377,880	387,984	3	394,659	389,182	384,015
9,797	Intangibles	5,676	12,595	122	10,722	9,728	8,763
2,000	Capital Works in Progress	5,553	3,693	-33	3,693	3,693	3,693
399,999	Total Non Current Assets	392,109	407,272	4	412,074	405,603	399,471
433,480	TOTAL ASSETS	443,693	451,472	2	455,456	448,183	441,255
Current Liabilities							
19,486	Payables	20,181	19,403	-4	18,603	17,803	17,003
650	Interest Bearing Liabilities	1,250	1,250	-	1,250	1,250	1,250
0	Finance Leases	18	18	-	18	18	18
48,230	Employee Benefits	50,221	50,827	1	53,612	56,366	59,120
1,391	Other	3,271	3,271	-	3,271	3,271	3,271
69,757	Total Current Liabilities	74,941	74,769	..	76,754	78,708	80,662
Non Current Liabilities							
852	Payables	696	696	-	696	696	696
39	Finance Leases	21	21	-	21	21	21
31,712	Employee Benefits	30,786	32,033	4	33,606	35,157	36,709
32,603	Total Non Current Liabilities	31,503	32,750	4	34,323	35,874	37,426
102,360	TOTAL LIABILITIES	106,444	107,519	1	111,077	114,582	118,088
331,120	NET ASSETS	337,249	343,953	2	344,379	333,601	323,167
REPRESENTED BY FUNDS EMPLOYED							
330,645	Accumulated Funds	336,774	343,478	2	343,904	333,126	322,692
475	Reserves	475	475	-	475	475	475
331,120	TOTAL FUNDS EMPLOYED	337,249	343,953	2	344,379	333,601	323,167

ACT Health Cash Flow Statement

2005-06 Budget \$'000		2005-06 Est.Outcome \$'000	2006-07 Budget \$'000	Var %	2007-08 Estimate \$'000	2008-09 Estimate \$'000	2009-10 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
530,072	Cash from Government for Outputs	529,576	592,119	12	624,234	663,049	704,424
109,727	User Charges	117,706	130,641	11	136,067	142,003	148,237
1,236	Interest Received	1,236	228	-82	228	228	228
6,500	Grants Received from the Commonwealth	8,000	8,845	11	9,199	9,567	9,950
27,681	Other Revenue	41,076	40,212	-2	40,543	40,680	40,826
675,216	Operating Receipts	697,594	772,045	11	810,271	855,527	903,665
Payments							
329,737	Related to Employees	332,630	370,081	11	384,391	406,185	429,348
179,492	Related to Supplies and Services	185,839	203,185	9	217,325	230,397	244,332
130,834	Grants and Purchased Services	132,042	146,273	11	155,115	164,464	174,404
32,487	Other	47,264	47,176	..	48,146	48,944	49,799
672,550	Operating Payments	697,775	766,715	10	804,977	849,990	897,883
2,666	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	-181	5,330	#	5,294	5,537	5,782
CASH FLOWS FROM INVESTING ACTIVITIES							
Payments							
40,803	Purchase of Property, Plant and Equipment	41,025	30,845	-25	21,022	9,949	10,288
40,803	Investing Payments	41,025	30,845	-25	21,022	9,949	10,288
-40,803	NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	-41,025	-30,845	25	-21,022	-9,949	-10,288
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
19,964	Capital Injection from Government	18,874	18,198	-4	14,910	3,610	3,710
0	Receipt of Transferred Cash Balances	0	188	#	0	0	0
19,964	Financing Receipts	18,874	18,386	-3	14,910	3,610	3,710

ACT Health Cash Flow Statement

2005-06 Budget \$'000		2005-06 Est.Outcome \$'000	2006-07 Budget \$'000	Var %	2007-08 Estimate \$'000	2008-09 Estimate \$'000	2009-10 Estimate \$'000
19,964	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	18,874	18,386	-3	14,910	3,610	3,710
-18,173	NET INCREASE/(DECREASE) IN CASH HELD	-22,332	-7,129	68	-818	-802	-796
26,116	CASH AT BEGINNING OF REPORTING PERIOD	40,772	18,440	-55	11,311	10,493	9,691
7,943	CASH AT THE END OF THE REPORTING PERIOD	18,440	11,311	-39	10,493	9,691	8,895

Notes to the Budget Statements

Significant variations are as follows:

Operating Statement

- government payment for outputs:
 - the increase of \$2.459 million in the 2005-06 estimated outcome from the original budget is due to medical officers Enterprise Bargaining Agreement (EBA) funding (\$2.650 million), delayed transfer of the Commissioner for Health Complaints function (\$1.1 million), deferred programs (\$0.325 million) and increased Commonwealth specific purpose payments (\$0.184 million). These are offset by savings returned to government associated with the 2005-06 insurance premium (\$1.8 million);
 - the increase of \$56.455 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to EBA funding (\$16.250 million), indexation (\$3.5 million), growth funding (\$14.711 million), new initiatives (\$9.107 million), insurance premium funding (\$8.6 million), transfer of HealthPACT (\$2.799 million), full year effect of sub-acute facility (\$4.264 million), full year effect of other prior year initiatives and savings (\$3.142 million) and increased notional superannuation contribution rates (\$16.268 million). These are offset by the transfer of the Commissioner for Health Complaints (\$1.1 million), function transfers and rationalisation (\$7.418 million), increased cross border revenue (\$10.865 million) and the removal of one-off funding for hospital equipment in 2005-06 (\$2 million);
- user charges – non ACT government:
 - the increase of \$18.540 million in the 2005-06 estimated outcome from the original budget is mainly due to higher cross border revenue from NSW (\$13.039 million), increased sterilising revenue from Calvary Public Hospital (\$1.208 million), increased medical and surgical supplies sales to private hospitals (\$1 million) and other activity

driven revenue (\$4.1 million). This is partially offset by lower than expected parking revenue at TCH (\$0.805 million); and

- the increase of \$2.195 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to increased private patient revenue and the introduction of a second Magnetic Resource Imaging (MRI) machine at TCH.
- grants from the Commonwealth: the increase of \$1.5 million in the 2005-06 estimated outcome from the original budget is due to increased highly specialised drugs reimbursements from the Commonwealth for highly specialised drugs. This growth in pharmaceuticals is expected to continue, resulting in a further \$0.845 million increase in the 2006-07 Budget;
- interest: the decrease of \$1.008 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to cash management reforms commencing in 2006-07;
- other revenue: the increase of \$0.822 million in the 2005-06 estimated outcome from the original budget is mainly due to legal payments from ACTIA. The decrease of \$0.960 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to lower estimated insurance payments;
- employee expenses:
 - the increase of \$3.024 million in the 2005-06 estimated outcome from the original budget is mainly due to increased funding provided for the medical officer EBA outcome (\$2.038 million), the delayed transfer of the Commissioner of Health Complaints (\$0.708 million) and higher activity driven expenses offset by lower comcare premium expenses; and
 - the increase of \$17.341 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to wage increases (\$11.859 million), growth funding (\$8.516 million) and new initiatives (\$3.466 million). These are offset by the transfer of budget from employee expenses to supplies and services (\$4.494 million) reflecting consolidation of human resource finances and information technology functions, other function consolidations and rationalisations (\$0.638 million) and the transfer of the Commissioner of Health Complaints (\$0.708 million).
- superannuation expenses:
 - the increase of \$0.652 million in the 2005-06 estimated outcome from the original budget is mainly due to increased funding provided for the medical officers EBA outcome (\$0.255 million) and increased activity funded from higher third party revenue (\$0.4 million); and
 - the increase of \$17.038 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to increased notional superannuation contribution rates.
- supplies and services:
 - the increase of \$6.357 million in the 2005-06 estimated outcome from the original budget is mainly due to increased hospital activity funded from third party revenue (\$4.098 million), one-off paid car parking implementation costs (\$1.1 million), transfer of budget from other expense categories to supplies and services (\$1.456 million), increased funding provided for non-salary components of the medical officer EBA (\$0.699 million) and the transfer of the Commissioner of Health

Complaints (\$0.292 million). These are offset by one-off savings on the 2005-06 ACTIA insurance premium (\$1.8 million); and

- the increase of \$17.357 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to new initiatives (\$3.432 million), insurance premium funding (\$8.6 million), indexation (\$4.480 million), growth funding (\$3.168 million), transfer of budget from other expense categories to supplies and services resulting from the integration of functions (\$5.431 million) and non-salary components of the medical officers EBA (\$0.680 million). These are offset by consolidations and rationalisations of information technology services, procurement, human resources, finance functions, motor vehicle expenses, grants administration and accommodation, (\$6.294 million), paid car parking implementation costs in 2005-06 (\$1.1 million) and the transfer of the Commissioner of Health Complaints (\$0.292 million).
- grants and purchased services:
 - the increase of \$1.208 million in the 2005-06 estimated outcome from the original budget is mainly due to increased payments to Calvary Public Hospital for sterilising services (\$0.478 million), allocation of one-off equipment funds (\$0.234 million) and medical officers EBA funding (\$0.221 million); and
 - the increase of \$14.231 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to the full year effect of the sub and non-acute facility (\$5.464 million), integration of HealthPACT into ACT Health (\$2.255 million), new initiatives (\$2.074 million), indexation (\$1.166 million), growth funding (\$1.694 million) and EBA funding (\$2.103 million).
- other expenses: the increase of \$6.522 million in the 2005-06 estimated outcome from the original budget is mainly due to the transfer of properties to other ACT Government agencies (\$5.318 million) and increased legal expenses (\$1.2 million). The decrease of \$5.952 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to one-off property transfers in 2005-06.

Balance Sheet

- cash: the decrease of \$3.442 million in the 2005-06 estimated outcome from the original budget represents a transfer of cash to investments. The increase of \$7.977 million in the 2006-07 Budget from the 2005-06 estimated outcome reflects cash management arrangements;
- receivables: the increase of \$7.599 million in the 2005-06 estimated outcome from the original budget is mainly due to the recognition of NSW cross border revenues;
- investments: the increase of \$14.539 million in the 2005-06 estimated outcome from the original budget is mainly due to delayed expenditure on a number of large information technology projects and the transfer of cash into investments. The decrease of \$15.106 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to cash management reforms;
- property, plant and equipment: the decrease of \$7.322 million in the 2005-06 estimated outcome from the original budget is mainly due to the delays in capital works and information technology projects. The increase of \$10.104 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to the completion of projects delayed in 2005-06 and the new 2006-07 capital works program;

- capital works in progress: the increase of \$3.553 million in the 2005-06 estimated outcome from the original budget is mainly due to delays in capital works programs including the refurbishment of the roof of the old analytical laboratory building (Holder), medical records relocation (TCH), fire systems upgrade (TCH) and imaging department reception and work area refurbishment. The decrease of \$1.860 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to the completion of the above projects;
- interest bearing liabilities: the increase of \$0.6 million in the 2005-06 estimated outcome from the original budget is mainly due to higher levels of un-presented cheques;
- employee benefits - current: the increase of \$1.991 million in the 2005-06 estimated outcome from the original budget is mainly due to wage increases flowing from EBA negotiations and the revised allocation of long service leave between current and non-current liabilities;
- other current liabilities: the increase of \$1.880 million in the 2005-06 estimated outcome from the original budget is mainly due to higher levels of revenue received in advance flowing from the 2004-05 audited financial statements; and
- employee benefits – non current: the decrease of \$0.926 million in the 2005-06 estimated outcome from the original budget is mainly due to a revised allocation of long service leave between current and non-current liabilities.

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

2005-06 Budget \$'000		2005-06 Est.Outcome \$'000	2006-07 Budget \$'000	Var %	2007-08 Estimate \$'000	2008-09 Estimate \$'000	2009-10 Estimate \$'000
Income							
Revenue							
18,631	Payment for Expenses on behalf of the Territory	17,161	4,865	-72	640	640	640
695	Taxes Fees and Fines	695	720	4	746	774	803
126,935	Grants from the Commonwealth	124,319	133,928	8	137,210	143,994	151,031
146,261	Total Revenue	142,175	139,513	-2	138,596	145,408	152,474
Gains							
0	Total Gains	0	0	-	0	0	0
146,261	Total Income	142,175	139,513	-2	138,596	145,408	152,474
Expenses							
18,631	Grants and Purchased Services	17,161	4,865	-72	640	640	640
127,630	Transfer Expenses	125,014	134,648	8	137,956	144,768	151,834
146,261	Total Ordinary Expenses	142,175	139,513	-2	138,596	145,408	152,474
0	Operating Result	0	0	-	0	0	0

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

Budget as at 30/6/06 \$'000		Est.Outcome as at 30/6/06 \$'000	Planned as at 30/6/07 \$'000	Var %	Planned as at 30/6/08 \$'000	Planned as at 30/6/09 \$'000	Planned as at 30/6/10 \$'000
	Current Assets						
289	Cash	100	100	-	100	100	100
11	Receivables	200	200	-	200	200	200
300	Total Current Assets	300	300	-	300	300	300
300	TOTAL ASSETS	300	300	-	300	300	300
	Current Liabilities						
300	Payables	300	300	-	300	300	300
300	Total Current Liabilities	300	300	-	300	300	300
300	TOTAL LIABILITIES	300	300	-	300	300	300
0	NET ASSETS	0	0	-	0	0	0
	REPRESENTED BY FUNDS EMPLOYED						
0	Accumulated Funds	0	0	-	0	0	0
0	TOTAL FUNDS EMPLOYED	0	0	-	0	0	0

ACT Health
Budgeted Statement of Cashflows on Behalf of the Territory

2005-06 Budget \$'000		2005-06 Est.Outcome \$'000	2006-07 Budget \$'000	Var %	2007-08 Estimate \$'000	2008-09 Estimate \$'000	2009-10 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
18,631	Cash from Government for EBT	17,161	4,865	-72	640	640	640
695	Taxes, Fees and Fines	695	720	4	746	774	803
126,935	Grants Received from the Commonwealth	124,319	133,928	8	137,210	144,034	151,031
1,593	Other Revenue	1,633	487	-70	64	64	64
147,854	Operating Receipts	143,808	140,000	-3	138,660	145,512	152,538
Payments							
18,631	Grants and Purchased Services	17,161	4,865	-72	640	640	640
1,593	Other	1,446	487	-66	64	64	64
127,630	Territory Receipts to Government	125,014	134,648	8	137,956	144,808	151,834
147,854	Operating Payments	143,621	140,000	-3	138,660	145,512	152,538
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	187	0	-100	0	0	0
0	NET INCREASE/(DECREASE) IN CASH HELD	187	0	-100	0	0	0
289	CASH AT BEGINNING OF REPORTING PERIOD	-87	100	215	100	100	100
289	CASH AT THE END OF THE REPORTING PERIOD	100	100	-	100	100	100

Notes to the 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: the decrease of \$1.470 million in the 2005-06 estimated outcome from the original budget is due to the deferral of capital works programs into 2006-07. The decrease of \$12.296 million in the 2006-07 Budget from the 2005-06 estimated outcome is due to a smaller capital works program in 2006-07 and the integration of functions into ACT Health;
- grants from the Commonwealth: the decrease of \$2.616 million in the 2005-06 estimated outcome from the original budget is mainly due to the deferral of the Pathways Home

grant into 2006-07. The increase of \$9.609 million in the 2006-07 Budget from the 2005-06 estimated outcome is mainly due to increases in the Australian Health Care Agreement (\$5.756 million), Home and Community Care (\$0.881 million), Australian Immunisation Agreement (\$0.337 million) and the Pathways Home grant (\$2.6 million);

- grants and purchased services: these variances are the same as those identified for 'payment for expenses on behalf of the Territory'; and
- transfer expenses: these variances are the same as those identified for 'grants from the Commonwealth'.