

Health Directorate  
ACT Local Hospital Network



Australian Capital Territory

# BUDGET 2016-17

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Budget  
Statements  
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# STRUCTURE AND CONTENT OF THE 2016-17 BUDGET PAPERS

The 2016-17 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 2016-17 Budget and forward estimates for the general government sector, the public trading enterprise sector and the total Territory Government. Details of the projected 2016-17 Budget results are provided, as well as background information on the development of the 2016-17 Budget, including economic conditions and federal financial relations. It also provides an overview of the Territory's infrastructure investment program and details of the 2016-17 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

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## Purpose

The ACT 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.

## 2016-17 Priorities

The Health Directorate is engaged in a comprehensive System Innovation Program (SIP) to strengthen the delivery of health care by focusing on patient centred care and enriching the patient experience. The SIP objectives include improving access to services, increasing efficiency and freeing up hospital capacity through contemporary service delivery solutions and models of care. SIP outcomes will be delivered across seven key organisation wide themes: Access; Quality; Mental Health; Innovation and Sustainability; Strategic Partners; Infrastructure; and Culture. The Program commenced in November 2015 and is scheduled to end in 2019-20.

Strategic and operational initiatives to be pursued in 2016-17 include:

- delivering the \$5 million Acute Ischaemic Stroke Unit, the \$4.6 million intensive care bed and the \$5.3 million expansion of trauma services at the Canberra Hospital;
- providing almost \$29 million to employ a further 54 staff in the expanded emergency department at Canberra Hospital and \$2 million for a new emergency department physician at Calvary Hospital;
- funding \$1.3 million for an additional 300 endoscopy services to further reduce elective surgery waiting lists;

- investing in new projects and improving health infrastructure such as the \$2.4 million supported accommodation for people with mental health conditions and the \$95.3 million infrastructure maintenance package;
- continuing to strengthen mental health services by providing \$2.7 million for two more beds at the Adult Mental Health Unit, \$3.9 million for three targeted mental health programs and the \$43.4 million for the operation of the Secure Mental Health Unit;
- strengthening non-government organisations, to deliver tailored health programs and care to their clients including \$1.3 million Aboriginal and Torres Strait Islander services and \$176,000 for the Early Morning Centre;
- researching, developing and delivering new and innovative techniques to improve care for patients through the establishment of a \$7.3 million genomic service and \$1.3 million for deep brain stimulation for people with Parkinson’s Disease;
- addressing the increased demand for drug treatment by providing \$8 million to increase the capacity of front line services, including \$2 million to specifically address family violence issues; and
- more funding for prevention and detection services such as the \$1.3 million sexual health expansion, \$507,000 for forensic chemistry and \$4.2 million for growth in outpatient services.

## Estimated Employment Level

**Table 1: Estimated Employment Level**

	<b>2014-15 Actual Outcome</b>	<b>2015-16 Budget</b>	<b>2015-16 Estimated Outcome<sup>1</sup></b>	<b>2016-17 Budget<sup>2</sup></b>
Staffing (FTE)	6,195	6,334	6,415	6,572

**Notes:**

1. The increase of 81 FTE in the 2015-16 estimated outcome is mainly due to the flow on effect of a higher FTE count at the end of 2014-15 than budgeted.
2. The increase of 157 FTE in the 2016-17 Budget from the 2015-16 estimated outcome is due to new initiatives.

## Strategic Objectives and Indicators

### Strategic Objective 1

#### *Removals from Waiting List for Elective Surgery*

##### **Strategic Indicator 1:** Number of People Removed From Waiting List

In order to improve access to elective surgery, the ACT Government has committed to reducing the number of people waiting more than the clinically recommended times for surgery.

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

	2015-16 Target	2015-16 Est. Outcome <sup>1</sup>	2016-17 Target
People removed from the ACT elective surgery waiting list for surgery	12,500	13,500	12,500

**Note:**

1. The higher than anticipated outcome for 2015-16 is a result of the Elective Surgery Blitz Program.

### 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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Percentage of assessed emergency clients seen within 24 hours <sup>1</sup>	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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Category			
Emergency — treatment starts within 48 hours	100%	100%	100%
Palliative — treatment starts within 2 weeks	90%	85%	90%
Radical — treatment starts within 4 weeks	90%	90%	90%

### Strategic Objective 4

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

**Strategic Indicator 4:** Participation Rate for Breast Screening

**Table 5: The proportion of women in the target age group (50 to 69 years) who had a breast screen in the 24 months prior to each counting period**

	2015-16 Target	2015-16 Est. Outcome <sup>1</sup>	2016-17 Target
Proportion of women aged 50 to 69 who have a breast screen	60%	55%	60%

**Note:**

1. It is anticipated the new screening site opened in the west of Canberra in December 2015 will facilitate access and increase participation.



## 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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 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%

## 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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	8%	<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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Mean percentage of overnight hospital beds in use	90%	85%	90%

## Strategic Objective 8

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

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). Preventable death rates fell by 36 per cent between 1997 and 2010 (from 142 to 91 deaths per 100,000) and rates of deaths from treatable conditions fell by 41 per cent between 1997 and 2010 (from 97 to 57 deaths per 100,000).

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

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

**Table 9: Life expectancy at birth in Australia 2014**

	ACT Rate	National Rate
Females	85.2	84.4
Males	81.4	80.3

Source: ABS 2014, Deaths, Australia, 2014, cat. no. 3302.0, ABS, Canberra.

## Strategic Objective 9

### *Lower Prevalence of Circulatory Disease than the National Average*

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

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. The median age of the ACT population (35 years in 2015) has increased by 2.9 years since 1990.

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

	ACT Rate	National Rate
Proportion of the population diagnosed with some form of cardiovascular disease <sup>1</sup>	3.7%	5.2%

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

#### **Note:**

1. The measure of cardiovascular disease includes: long-term conditions; diseases of the circulatory system category includes heart, stroke and vascular diseases, hypertensive disease, tachycardia and other diseases of the circulatory system.

## Strategic Objective 10

### *Lower Prevalence of Diabetes than the National Average*

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

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

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

	ACT Rate	National Rate
Prevalence of diabetes in the ACT	4.3%	5.1%

Source: Australian Health Survey: First Results, 2014-15. Australian Bureau of Statistics Catalogue No: 4364.0.55.001.

## Strategic Objective 11

### *Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status*

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

The immunisation rate provides an indication of the level of investment in public health services to minimise the incidence of vaccine preventable diseases. The ACT's Indigenous population has a much lower rate of immunisation than the general population. The ACT aims to minimise disparities between Indigenous and non Indigenous Australians through a targeted immunisation strategy.

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

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:			
12 to 15 months	≥90%	90%	≥95%
24 to 27 months <sup>1</sup>	≥90%	85%	≥95%
60 to 63 months	≥90%	90%	≥95%
All	≥90%	90%	≥95%

**Note:**

1. From December 2014 the definition of fully immunised was expanded in cohort two to include the 12 month Meningococcal C and 18 month Measles, Mumps, Rubella and Varicella vaccines. Due to these inclusions, coverage rates decreased in every jurisdiction.

## 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**

	<b>ACT Rate</b>	<b>National Rate</b>
Two year participation rate <sup>1</sup>	58.0%	58.2%

Source: *Cervical Screening in Australia 2012-13* (Published: Australian Institute of Health and Welfare, May 2015).

**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**

	<b>ACT Rate<sup>1</sup></b>	<b>National Rate</b>
DMFT index at 6 years	1.03	2.13
DMFT Index at 12 years	0.70	1.05

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

**Note:**

1. Lowest of all jurisdictions.

## Strategic Objective 14

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

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

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 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)**

	<b>2014-15 Outcome</b>	<b>Long Term Target</b>
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 Survey (ASSAD) show that 5.2 per cent of students 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**

	<b>2014 Outcome</b>	<b>National Rate</b>	<b>Long Term Target</b>
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	5%

Source: ASSAD confidentialised unit record files 2014, ACT Health. Australian secondary students' use of tobacco in 2014 report, The Cancer Council Victoria, October 2015.

## 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; Public Health Services; Cancer Services; Rehabilitation, Aged and Community Care; and Early Intervention and Prevention.

### Output Class 1: Health and Community Care

**Table 17: Output Class 1: Health and Community Care**

	<b>2015-16</b>	<b>2016-17</b>
	<b>Estimated Outcome</b>	<b>Budget</b>
	<b>\$'000</b>	<b>\$'000</b>
Total Cost <sup>1</sup>	1,262,128	1,320,305
Controlled Recurrent Payments	272,366	286,041

**Note:**

1. Total cost includes depreciation and amortisation of \$38.342 million in 2015-16 and \$41.141 million in 2016-17.

#### **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**

	<b>2015-16</b>	<b>2016-17</b>
	<b>Estimated Outcome</b>	<b>Budget</b>
	<b>\$'000</b>	<b>\$'000</b>
Total Cost	794,145	817,353
Controlled Recurrent Payments	102,335	107,124

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

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

The key strategic priorities for Mental Health, Justice Health and Alcohol and Drug Services are ensuring that peoples' 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**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	136,564	151,779
Controlled Recurrent Payments	49,173	52,094

### **Output 1.3: Public Health Services**

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

**Table 20: Output 1.3: Public Health Services**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	34,201	36,644
Controlled Recurrent Payments	26,302	27,274

### **Output 1.4: Cancer Services**

Canberra Hospital and Health Services provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services. Services are provided in inpatient, outpatient and community settings.

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

**Table 21: Output 1.4: Cancer Services**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	75,681	76,960
Controlled Recurrent Payments	8,733	8,860



### **Output 1.5: Rehabilitation, Aged and Community Care**

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

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

- 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**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	134,876	143,947
Controlled Recurrent Payments	45,999	49,422

### **Output 1.6: Early Intervention and Prevention**

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

**Table 23: Output 1.6: Early Intervention and Prevention**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	86,661	93,622
Controlled Recurrent Payments	39,824	41,267

## 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**

	2015-16 Targets	2015-16 Estimated Outcome	2016-17 Targets
	NWAU{15}	NWAU{15}	NWAU{16}
a. Admitted Services – National Weighted Activity Units <sup>1</sup>	71,644	72,262	74,466
b. Non-Admitted Services – National Weighted Activity Units <sup>1</sup>	27,275	31,248	28,411
c. Emergency Services – National Weighted Activity Units <sup>1</sup>	9,927	10,053	9,949
d. Acute Admitted Mental Health Services – National Weighted Activity Units <sup>1</sup>	4,060	4,284	4,414
e. Sub Acute Services – National Weighted Activity Units <sup>1</sup>	4,603	7,131	7,274
f. Calvary Services – National Weighted Activity Units (out of scope) <sup>1,2</sup>	1,391	1,319	1,345
g. Mean waiting time for clients on the dental services waiting list <sup>3</sup>	6 months	5 months	6 months
h. Percentage of the Women’s Health Service Intake Officer’s clients who receive an intake and assessment service within 14 working days of their initial referral	100%	100%	100%

**Notes:**

1. National Weighted Activity Unit (NWAU) is the ‘currency’ that is used to express the price weights for all services that are funded on an activity basis. NWAU {15} is the currency as defined by the Independent Hospital Pricing Authority in the National Efficient Price Determination 2015-16, while NWAU {16} is the currency for 2016-17.
2. This is activity that has a separate funding source to the National Health Reform Agreement. This includes Department of Veteran Affairs, Pharmaceutical Benefit Scheme, and Medicare Benefits Scheme activity which is deemed as out of scope and is not included in the targets for the Local Hospital Network Directorate.
3. The 2015-16 and 2016-17 targets of 6 months are linked to Commonwealth National Partnership funding to reduce public dental waiting lists. If Commonwealth funding ceases, achievement of this target would be compromised.

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

**Table 25: Accountability Indicators Output 1.2**

	2015-16 Targets	2015-16 Estimated Outcome	2016-17 Targets
a. Adult mental health program community service contacts <sup>1</sup>	120,000	121,000	155,000
b. Children and youth mental health program community service contacts <sup>2</sup>	65,000	73,000	75,000
c. Mental Health Rehabilitation and Specialty Services <sup>3,4</sup>	106,000	110,000	80,000
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
f. Justice Health Services community contacts. <sup>5</sup>	108,000	153,000	155,000
g. Percentage of current clients on opioid treatment with management plans	98%	98%	98%
h. Alcohol and Drug Services community contacts	70,000	70,000	70,000

**Notes:**

1. The Adult mental health program community service underwent a realignment in 2015-16 which now reflects the community component of adult mental health services in: Belconnen, City, Tuggeranong, Woden, Gungahlin, Mobile Intensive Treatment Team North, Crisis Assessment and Treatment Team and Children of Parents with Mental Illness community mental health services. This accounts for the significant increase in the 2016-17 target for 1.2.a and decrease in 1.2.c.
2. Reflects community programs of Child and Adolescent Mental Health Services (CAMHS) and youth services. Includes CAMHS North and South, The Cottage, Dialectical Behaviour Therapy Program, CAMHS Early Intervention, Perinatal Mental Health Consultation and Eating Disorders Program.
3. 'Mental Health Rehabilitation and Specialty Services' was known as ACT-wide mental Health program during 2015-16.
4. The ACT Wide Mental Health Services community service has undergone a realignment in 2015-16 and now reflects community program of ACT Wide Mental Health Services including: Aboriginal and Torres Strait Islander Services, MHS Intellectual Disability Neuropsychology, Mental Health Dual Diagnosis, Older Persons MH Community team.
5. The number of detainees currently in the Alexander Maconochie Centre has increased substantially since the 2015-16 target of 108,000 was set. This has had a direct impact on the number of service contacts performed by the Justice Health Services.

### Output 1.3: Public Health Services

**Table 26: Accountability Indicators Output 1.3**

	2015-16 Targets	2015-16 Estimated Outcome	2016-17 Targets
a. Samples analysed	8,500	11,900	11,500
b. Compliance of licensable, registrable and non licensable activities at time of inspection	85%	70%	85%
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	100%
d. Percentage of Health Protection Service's regulated businesses/activities who have access to Multi-year licenses/registrations <sup>1</sup>	75%	100%	n/a

**Note:**

1. Relates to activities regulated under the: *Public Health Act 1997*; *Food Act 2001*; *Medicines, Poisons and Therapeutic Goods Act 2008*; and *Radiation Protection Act 2008*. This measure has been deleted as 100% of businesses now have access to multi-year licenses/registrations.

### Output 1.4: Cancer Services

**Table 27: Accountability Indicators Output 1.4**

	2015-16 Targets	2015-16 Estimated Outcome	2016-17 Targets
a. Total breast screens <sup>1</sup>	16,500	18,000	18,500
b. Number of breast screens for women aged 50 to 69 <sup>2</sup>	12,800	13,500	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	90%	90%	90%

**Notes:**

1. The target for Total Screens for 2016-17 takes into account the Project Agreement for the Expansion of the BreastScreen Australia Program signed in May 2014 between the States and the Commonwealth. The agreement adds women aged 70-74 to the target age group for screening and provides performance benchmarks for the number of additional women aged 70-74 years to be screened by the ACT between 1 July 2013 and 30 June 2017.
2. The target for 2016-17 is derived by review of the target population numbers and the 60 per cent participation rate.

### **Output 1.5: Rehabilitation, Aged and Community Care**

**Table 28: Accountability Indicators Output 1.5**

	<b>2015-16 Targets</b>	<b>2015-16 Estimated Outcome</b>	<b>2016-17 Targets</b>
a. Number of nursing (domiciliary and clinic based) occasions of service	84,000	89,000	90,000
b. Number of allied health regional services (occasions of service)	25,000	29,000	30,000

### **Output 1.6 Early Intervention and Prevention**

**Table 29: Accountability Indicators Output 1.6**

	<b>2015-16 Targets</b>	<b>2015-16 Estimated Outcome</b>	<b>2016-17 Targets</b>
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	92%	93%	95%
b. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	40%	45%	40%
c. Proportion of children aged 0-14 who are entering substitute and kinship care within the ACT who attend the Child at Risk Health Unit for a health and wellbeing screen	90%	95%	90%

## Changes to Appropriation

**Table 30: Changes to appropriation – Controlled Recurrent Payments**

	2015-16 Estimated Outcome \$'000	2016-17 Budget \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000
<b>2015-16 Budget</b>	<b>264,857</b>	<b>288,009</b>	<b>291,148</b>	<b>328,161</b>	<b>328,161</b>
<b>FMA Section 16B Rollovers from 2014-15</b>					
Breastscreen Australia Expansion of Programme	521	-	-	-	-
Essential Vaccines	425	-	-	-	-
<b>2016-17 Budget Policy Adjustments</b>					
Additional Forensic Chemistry Capacity	-	249	258	-	-
Better Health Services – Calvary Hospital – Extra emergency department physician	-	466	484	496	508
Better Health Services – Calvary Hospital – Improving information technology network	-	250	-	-	-
Better Health Services – Canberra Hospital emergency department expansion	-	3,840	7,688	8,274	9,157
Better Health Services – City Health Centre – Feasibility	-	360	-	-	-
Better Health Services – Establishing the Canberra Clinical Genomic Service	-	907	1,759	2,307	2,315
Better Health Services – Expanding drug services	-	1,420	1,483	1,548	1,616
Better Health Services – Expanding the Intensive Care Unit	-	1,100	1,144	1,172	1,201
Better Health Services – Expanding the Neonatal Intensive Care Unit	-	1,267	1,318	1,350	1,385
Better Health Services – Expanding Trauma Services at the Canberra Hospital	-	1,100	1,385	1,413	1,442
Better Health Services – Improved Drugs and Poisons Information System (DAPIS)	-	-	-	(19)	(20)
Better Health Services – Improved palliative care services	-	500	520	533	546
Better Health Services – Improved pancreatic cancer services – Feasibility	-	200	-	-	-
Better Health Services – Improved services for patients with Parkinson's Disease	-	210	218	446	457
Better Health Services – Improved sexual health	-	300	312	320	328
Better Health Services – Improved stroke services	-	1,200	1,248	1,279	1,310
Better Health Services – More endoscopy surgery	-	300	312	320	328
Better Health Services – More outpatient services	-	1,005	1,045	1,071	1,097
Better Health Services – Primary health care for hard-to-reach populations	-	80	31	32	33
Better Health Services – Upgrading and maintaining ACT Health assets	-	1,040	-	-	-
Better Health Services – Upgrading the ACT Notifiable Diseases Database	-	50	-	-	-
Enhancing Health Services at the Alexander Maconochie Centre	-	402	414	-	-
Safer Families – Support and referral through specialist drug and alcohol treatment services	-	500	500	500	500

	2015-16 Estimated Outcome \$'000	2016-17 Budget \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000
Supporting Aboriginal and Torres Strait Islander Peoples – Improving health services	-	300	312	320	328
Supporting Good Mental Health – Enhanced rehabilitation and follow up services	-	500	790	818	848
Supporting Good Mental Health – Expansion of the Way Back Support Service	-	250	-	-	-
Supporting Good Mental Health – Improved and expanded community mental health services	-	725	-	-	-
Supporting Good Mental Health – More beds for the Adult Mental Health Unit	-	651	677	694	711
Supporting Good Mental Health – Secure Mental Health Unit	-	7,907	11,554	11,840	12,133
Supporting Good Mental Health – Support for people with mental health issues to recover and live in the community	-	150	798	1,219	1,249
Offset – New initiatives from Health Funding Envelope	-	(27,229)	(34,250)	(35,933)	(37,472)
Offset – University of Canberra Public Hospital – Car park and other items	(601)	(2,852)	-	-	-
Revised Health Central Policy Provision	-	-	8,637	(26,463)	(43,541)
<b>2016-17 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	16,059
Transfer – Mental Health Act 2015 from Health to JACS	-	(143)	(147)	(152)	(157)
Transfer – System Innovation Group from Capital Injection	11,900	-	-	-	-
Revised Funding Profile – Adult Public Dental Services	(287)	287	-	-	-
Revised Funding Profile – Essential Vaccines	(750)	750	-	-	-
Revised Funding Profile – Health Services – National Perinatal Depression Initiative	(23)	23	-	-	-
Revised Funding Profile – Health Services – Vaccine Preventable Disease Surveillance	(31)	31	-	-	-
Revised Funding Profile – Preventative Health	(145)	145	-	-	-
Revised Funding Profile – System Innovation Group	(4,101)	4,101	-	-	-
Commonwealth Grants – Essential Vaccines	601	(11)	(44)	(45)	(22)
Commonwealth Grants – OzFoodNet	-	-	143	145	147
Commonwealth Grants – Vaccine-Preventable Diseases Surveillance	-	-	36	37	38
Rebase Funding for In-scope Services	-	5,450	12,235	19,373	19,766
Social and Community Services (SACS) Pay Equity Award	-	63	94	253	941
University of Canberra Public Hospital – Car park	-	-	-	214	428
General Savings	-	(9,812)	(17,023)	(17,017)	(17,021)
<b>2016-17 Budget</b>	<b>272,366</b>	<b>286,041</b>	<b>295,079</b>	<b>304,506</b>	<b>304,799</b>

**Table 31: Changes to appropriation – Territorial**

	2015-16 Estimated Outcome \$'000	2016-17 Budget \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000
<b>2015-16 Budget</b>	<b>9,236</b>	<b>5,091</b>	<b>844</b>	<b>865</b>	<b>865</b>
<b>FMA Section 16B Rollovers from 2014-15</b>					
Calvary Public Hospital – Refurbishment more beds (Grant Component)	135	-	-	-	-
The Canberra Hospital Redevelopment (Grant Component)	500	-	-	-	-
<b>2016-17 Budget Policy Adjustments</b>					
Better Health Services – Upgrading and maintaining ACT Health assets	-	-	-	4,160	-
<b>2016-17 Budget Technical Adjustments</b>					
Capital Upgrades Indexation	-	-	-	-	22
Project Transfer – From Refurbishments for more beds to Calvary Car Park	(135)	-	-	-	-
Project Transfer – To Calvary Car park from Refurbishments for more beds	135	-	-	-	-
Revised Funding Profile – Calvary Public Hospital – Expanded hospital services	(1,879)	1,879	-	-	-
Revised Funding Profile – Calvary Public Hospital – Operating Theatre Upgrade	(2,442)	2,442	-	-	-
Revised Funding Profile – Calvary Public Hospital – Upgrade of medical imaging equipment	(791)	791	-	-	-
University of Canberra Public Hospital – Car park	-	11,200	-	-	-
<b>2016-17 Budget</b>	<b>4,759</b>	<b>21,403</b>	<b>844</b>	<b>5,025</b>	<b>887</b>



**Table 32: Changes to appropriation – Capital Injections, Controlled**

	2015-16 Estimated Outcome \$'000	2016-17 Budget \$'000	2017-18 Estimate \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000
<b>2015-16 Budget</b>	<b>166,147</b>	<b>70,900</b>	<b>12,032</b>	<b>4,352</b>	<b>4,352</b>
<b>FMA Section 16B Rollovers from 2014-15</b>					
Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	252	-	-	-	-
An E-Healthy Future	645	-	-	-	-
Building Upgrades	497	-	-	-	-
Clinical Equipment for Calvary Hospital	35	-	-	-	-
Continuity of Health Services Plan – Essential Infrastructure	523	-	-	-	-
Electrical/Fire/Safety Upgrades	513	-	-	-	-
Enhanced Community Health Centre – Belconnen	109	-	-	-	-
Identity and Access Management	554	-	-	-	-
Integrated Cancer Centre – Phase 2	66	-	-	-	-
Mechanical Systems Upgrades	543	-	-	-	-
Neonatal Intensive Care Unit – Video Streaming Services	32	-	-	-	-
Replacement of CT Scanner at the Canberra Hospital	388	-	-	-	-
Tuggeranong Health Centre – Stage 2	100	-	-	-	-
<b>2016-17 Budget Policy Adjustments</b>					
Better Health Services – Improved Drugs and Poisons Information System (DAPIS)	-	350	379	-	-
Better Health Services – Upgrading and maintaining ACT Health assets	-	20,000	40,000	35,328	-
Supporting Good Mental Health – Support for people with mental health issues to recover and live in the community	-	1,099	1,267	24	-
<b>2016-17 Budget Technical Adjustments</b>					
Capital Upgrades Indexation	-	-	-	-	109
Transfer – System Innovation Group to Controlled Recurrent Payments	(11,900)	-	-	-	-
Revised Funding Profile – Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	832	(832)	-	-	-
Revised Funding Profile – An E-Healthy Future	(7,500)	4,500	3,000	-	-
Revised Funding Profile – Calvary Public Hospital – Car park	(2,159)	2,159	-	-	-
Revised Funding Profile – Canberra Hospital – More beds	(990)	985	5	-	-
Revised Funding Profile – Clinical Services and Inpatient Unit Design and Infrastructure Expansion	11,900	(11,900)	-	-	-
Revised Funding Profile – Clinical Services Redevelopment – Phase 2	(225)	225	-	-	-
Revised Funding Profile – Clinical Services Redevelopment – Phase 3	(4,753)	4,753	-	-	-
Revised Funding Profile – Continuity of Health Services Plan – Essential Infrastructure	(2,039)	1,101	938	-	-
Revised Funding Profile – Critical Hospital Infrastructure Systems – Enhancing patient and staff safety	(1,246)	1,246	-	-	-

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>	<b>2017-18 Estimate \$'000</b>	<b>2018-19 Estimate \$'000</b>	<b>2019-20 Estimate \$'000</b>
Revised Funding Profile – Health Infrastructure – Project management continuation	2,095	(2,095)	-	-	-
Revised Funding Profile – Provision for Project Definition Planning	(700)	700	-	-	-
Revised Funding Profile – Secure Mental Health Unit	(8,210)	8,210	-	-	-
Revised Funding Profile – Staging, Decanting and Continuity of Services	(1,643)	893	750	-	-
Revised Funding Profile – Sterilising Services – Relocation and upgrade	(67)	(9,333)	2,109	7,291	-
Revised Funding Profile – The Canberra Hospital – Essential infrastructure and engineering works	(2,034)	2,034	-	-	-
Revised Funding Profile – The Canberra Hospital Redevelopment	775	(6,300)	5,525	-	-
University of Canberra Public Hospital	12,008	114,655	73,337	-	-
<b>2016-17 Budget</b>	<b>154,548</b>	<b>203,350</b>	<b>139,342</b>	<b>46,995</b>	<b>4,461</b>

## Summary of 2016-17 Agency Infrastructure Program

Table 33: 2016-17 Health Directorate Infrastructure Program

	2016-17 \$'000	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	Four Year Investment \$'000	Completion Date
<b>Capital Works Program</b>						
<b>New Works</b>						
Better Health Services – City Health Centre – Feasibility	360	0	0	0	360	Mar-17
Better Health Services – Upgrading and maintaining ACT Health assets	20,000	40,000	35,328	0	95,328	Jun-19
Supporting Good Mental Health – Support for people with mental health issues to recover and live in the community	1,099	1,267	24	0	2,390	Jan-18
<b>Total</b>	<b>21,459</b>	<b>41,267</b>	<b>35,352</b>	<b>0</b>	<b>98,078</b>	
<b>Capital Upgrades</b>						
<b>Health Directorate</b>						
Building upgrades	2,400	0	0	0	2,400	Jun-17
Electrical, Fire and Safety upgrades	1,200	0	0	0	1,200	Jun-17
Mechanical and Services Infrastructure	542	0	0	0	542	Jun-17
<b>Calvary Hospital</b>						
Building Works	423	0	0	0	423	Jan-17
Environmental Systems upgrades	160	0	0	0	160	Jan-17
Fire Safety upgrade	240	0	0	0	240	Jan-17
<b>Total</b>	<b>4,965</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,965</b>	
<b>Work In Progress</b>						
Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility	2,118	0	0	0	2,118	Jun-16
Calvary Public Hospital – Car park	2,159	0	0	0	2,159	Dec-15
Calvary Public Hospital – Expanded hospital services	1,879	0	0	0	1,879	Jun-17
Calvary Public Hospital – Operating theatre upgrade	4,827	0	0	0	4,827	Jun-17
Calvary Public Hospital – Upgrade of medical imaging equipment	2,674	0	0	0	2,674	Jun-17
Canberra Hospital – More beds	1,975	500	0	0	2,475	Jun-18
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	3,623	0	0	0	3,623	Nov-16
Clinical Services Redevelopment – Phase 2	225	0	0	0	225	Jun-17
Clinical Services Redevelopment – Phase 3	4,753	0	0	0	4,753	Jun-17
Continuity of Health Services Plan – Essential Infrastructure	4,625	938	0	0	5,563	Dec-17
Health Infrastructure Program – Project management continuation	7,156	0	0	0	7,156	Mar-17
Provision for Project Definition Planning	700	0	0	0	700	Jun-17
Secure Mental Health Unit	19,344	0	0	0	19,344	Sep-16
Staging, Decanting and Continuity of Services	893	750	0	0	1,643	Jun-18
Sterilising Services – Relocation and upgrade	567	9,400	7,291	0	17,258	Jun-19
The Canberra Hospital – Essential infrastructure and engineering works	4,220	0	0	0	4,220	Jul-17
The Canberra Hospital Redevelopment	0	5,525	0	0	5,525	Jun-18

	2016-17 \$'000	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	Four Year Investment \$'000	Completion Date
University of Canberra Public Hospital	114,655	73,337	0	0	187,992	Mar-18
University of Canberra Public Hospital – Car park	11,200	0	0	0	11,200	Mar-18
<b>Total</b>	<b>187,593</b>	<b>90,450</b>	<b>7,291</b>	<b>0</b>	<b>285,334</b>	
<b>Total Capital Works Program</b>	<b>214,017</b>	<b>131,717</b>	<b>42,643</b>	<b>0</b>	<b>388,377</b>	
<b>Information and Communication Technology (ICT)</b>						
<b>New Works</b>						
Better Health Services – Calvary Hospital – Improving information technology network	250	0	0	0	250	Dec-16
Better Health Services – Improved Drugs and Poisons Information System (DAPIS)	350	379	0	0	729	Jun-18
Better Health Services – Upgrading the ACT Notifiable Diseases Database	50	0	0	0	50	Jun-17
<b>Total</b>	<b>650</b>	<b>379</b>	<b>0</b>	<b>0</b>	<b>1,029</b>	
<b>Work In Progress</b>						
An E-Healthy Future	9,500	3,000	0	0	12,500	Jun-18
<b>Total</b>	<b>9,500</b>	<b>3,000</b>	<b>0</b>	<b>0</b>	<b>12,500</b>	
<b>Total ICT</b>	<b>10,150</b>	<b>3,379</b>	<b>0</b>	<b>0</b>	<b>13,529</b>	
<b>Property, Plant and Equipment (PPE)</b>						
<b>Work In Progress</b>						
Critical Hospital Infrastructure Systems – Enhancing patient and staff safety	1,246	0	0	0	1,246	Jun-17
<b>Total PPE</b>	<b>1,246</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,246</b>	
<b>Total Infrastructure Program</b>	<b>225,413</b>	<b>135,096</b>	<b>42,643</b>	<b>0</b>	<b>403,152</b>	

# Financial Statements

**Table 34: Health Directorate: Operating Statement**

2015-16 Budget \$'000		2015-16 Est'd Outcome \$'000	2016-17 Budget \$'000	Var %	2017-18 Estimate \$'000	2018-19 Estimate \$'000	2019-20 Estimate \$'000
<b>Income</b>							
<b>Revenue</b>							
264,857	Controlled Recurrent Payments	272,366	286,041	5	295,079	304,506	304,799
107,722	User Charges - Non ACT Government	108,722	110,984	2	113,515	116,355	119,263
812,060	User Charges - ACT Government	813,060	855,555	5	871,157	892,216	914,521
3,951	Grants from the Commonwealth	3,951	4,033	2	4,085	4,187	4,291
93	Interest	93	93	-	93	93	95
98	Distribution from Investments with the Territory Banking Account	98	98	-	98	98	100
16,185	Other Revenue	14,185	14,465	2	14,907	15,279	15,662
1,708	Resources Received Free of Charge	1,708	1,744	2	1,766	1,810	1,855
<b>1,206,674</b>	<b>Total Revenue</b>	<b>1,214,183</b>	<b>1,273,013</b>	<b>5</b>	<b>1,300,700</b>	<b>1,334,544</b>	<b>1,360,586</b>
<b>Gains</b>							
871	Other Gains	871	887	2	992	1,017	1,042
<b>871</b>	<b>Total Gains</b>	<b>871</b>	<b>887</b>	<b>2</b>	<b>992</b>	<b>1,017</b>	<b>1,042</b>
<b>1,207,545</b>	<b>Total Income</b>	<b>1,215,054</b>	<b>1,273,900</b>	<b>5</b>	<b>1,301,692</b>	<b>1,335,561</b>	<b>1,361,628</b>
<b>Expenses</b>							
683,043	Employee Expenses	685,619	720,752	5	739,117	756,043	766,487
81,444	Superannuation Expenses	85,561	91,872	7	94,581	95,691	97,036
346,359	Supplies and Services	349,593	358,113	2	362,556	374,546	384,682
39,794	Depreciation and Amortisation	38,342	41,141	7	45,910	50,789	52,820
401	Borrowing Costs	401	422	5	430	436	447
11,237	Cost of Goods Sold	11,237	11,829	5	12,059	12,199	12,504
85,269	Grants and Purchased Services	85,204	89,680	5	90,971	94,100	97,758
6,171	Other Expenses	6,171	6,496	5	6,623	6,701	6,869
<b>1,253,718</b>	<b>Total Expenses</b>	<b>1,262,128</b>	<b>1,320,305</b>	<b>5</b>	<b>1,352,247</b>	<b>1,390,505</b>	<b>1,418,603</b>
<b>-46,173</b>	<b>Operating Result</b>	<b>-47,074</b>	<b>-46,405</b>	<b>1</b>	<b>-50,555</b>	<b>-54,944</b>	<b>-56,975</b>
<b>-46,173</b>	<b>Total Comprehensive Income</b>	<b>-47,074</b>	<b>-46,405</b>	<b>1</b>	<b>-50,555</b>	<b>-54,944</b>	<b>-56,975</b>

**Table 35: Health Directorate: Balance Sheet**

<b>Budget at 30/6/16 \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>
<b>Current Assets</b>							
60,743	Cash and Cash Equivalents	63,826	56,493	-11	52,955	49,417	45,879
29,591	Receivables	31,103	35,945	16	40,787	45,629	50,471
3,015	Investments	3,027	3,027	-	3,027	3,027	3,027
8,207	Inventories	8,855	9,055	2	9,255	9,455	9,655
29	Assets Held for Sale	0	0	-	0	0	0
4,643	Other Current Assets	5,005	5,105	2	5,205	5,305	5,405
<b>106,228</b>	<b>Total Current Assets</b>	<b>111,816</b>	<b>109,625</b>	<b>-2</b>	<b>111,229</b>	<b>112,833</b>	<b>114,437</b>
<b>Non Current Assets</b>							
963,999	Property, Plant and Equipment	911,460	1,075,304	18	1,401,276	1,424,940	1,391,642
40,694	Intangibles	31,255	36,770	18	36,514	32,383	28,252
205,994	Capital Works in Progress	227,601	234,241	3	12,397	0	0
<b>1,210,687</b>	<b>Total Non Current Assets</b>	<b>1,170,316</b>	<b>1,346,315</b>	<b>15</b>	<b>1,450,187</b>	<b>1,457,323</b>	<b>1,419,894</b>
<b>1,316,915</b>	<b>TOTAL ASSETS</b>	<b>1,282,132</b>	<b>1,455,940</b>	<b>14</b>	<b>1,561,416</b>	<b>1,570,156</b>	<b>1,534,331</b>
<b>Current Liabilities</b>							
43,048	Payables	54,667	55,067	1	55,467	55,867	56,267
2,356	Finance Leases	0	0	-	0	0	0
212,696	Employee Benefits	213,305	227,790	7	242,276	256,762	271,248
923	Other Liabilities	565	765	35	965	1,165	1,365
<b>259,023</b>	<b>Total Current Liabilities</b>	<b>268,537</b>	<b>283,622</b>	<b>6</b>	<b>298,708</b>	<b>313,794</b>	<b>328,880</b>
<b>Non Current Liabilities</b>							
4,242	Finance Leases	0	0	-	0	0	0
18,168	Employee Benefits	16,403	18,181	11	19,784	21,387	22,990
1,375	Other	1,418	1,418	-	1,418	1,418	1,418
<b>23,785</b>	<b>Total Non Current Liabilities</b>	<b>17,821</b>	<b>19,599</b>	<b>10</b>	<b>21,202</b>	<b>22,805</b>	<b>24,408</b>
<b>282,808</b>	<b>TOTAL LIABILITIES</b>	<b>286,358</b>	<b>303,221</b>	<b>6</b>	<b>319,910</b>	<b>336,599</b>	<b>353,288</b>
<b>1,034,107</b>	<b>NET ASSETS</b>	<b>995,774</b>	<b>1,152,719</b>	<b>16</b>	<b>1,241,506</b>	<b>1,233,557</b>	<b>1,181,043</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
904,589	Accumulated Funds	866,346	1,023,291	18	1,112,078	1,104,129	1,051,615
129,518	Reserves	129,428	129,428	-	129,428	129,428	129,428
<b>1,034,107</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>995,774</b>	<b>1,152,719</b>	<b>16</b>	<b>1,241,506</b>	<b>1,233,557</b>	<b>1,181,043</b>

**Table 36: Health Directorate: Statement of Changes in Equity**

<b>Budget at 30/6/16 \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>
<b>Opening Equity</b>							
784,615	Opening Accumulated Funds	758,872	866,346	14	1,023,291	1,112,078	1,104,129
129,518	Opening Asset Revaluation Reserve	129,428	129,428	-	129,428	129,428	129,428
<b>914,133</b>	<b>Balance at the Start of the Reporting Period</b>	<b>888,300</b>	<b>995,774</b>	<b>12</b>	<b>1,152,719</b>	<b>1,241,506</b>	<b>1,233,557</b>
<b>Comprehensive Income</b>							
-46,173	Operating Result for the Period	-47,074	-46,405	1	-50,555	-54,944	-56,975
<b>-46,173</b>	<b>Total Comprehensive Income</b>	<b>-47,074</b>	<b>-46,405</b>	<b>1</b>	<b>-50,555</b>	<b>-54,944</b>	<b>-56,975</b>
<b>0</b>	<b>Total Movement in Reserves</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Transactions Involving Owners Affecting Accumulated Funds</b>							
166,147	Capital Injections	154,548	203,350	32	139,342	46,995	4,461
<b>166,147</b>	<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>	<b>154,548</b>	<b>203,350</b>	<b>32</b>	<b>139,342</b>	<b>46,995</b>	<b>4,461</b>
<b>Closing Equity</b>							
904,589	Closing Accumulated Funds	866,346	1,023,291	18	1,112,078	1,104,129	1,051,615
129,518	Closing Asset Revaluation Reserve	129,428	129,428	-	129,428	129,428	129,428
<b>1,034,107</b>	<b>Balance at the End of the Reporting Period</b>	<b>995,774</b>	<b>1,152,719</b>	<b>16</b>	<b>1,241,506</b>	<b>1,233,557</b>	<b>1,181,043</b>

**Table 37: Health Directorate: Cash Flow Statement**

<b>Budget at 30/6/16 \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Receipts</b>							
264,857	Controlled Recurrent Payments	272,366	286,041	5	295,079	304,506	304,799
917,060	User Charges	916,061	960,722	5	978,778	1,002,598	1,027,776
3,951	Grants Received from the Commonwealth	3,951	4,033	2	4,085	4,187	4,291
93	Interest Received	93	93	-	93	93	95
98	Distribution from Investments with the Territory Banking Account	98	98	-	98	98	100
70,436	Other Receipts	71,436	71,807	1	72,431	72,907	74,755
<b>1,256,495</b>	<b>Operating Receipts</b>	<b>1,264,005</b>	<b>1,322,794</b>	<b>5</b>	<b>1,350,564</b>	<b>1,384,389</b>	<b>1,411,816</b>
<b>Payments</b>							
664,802	Related to Employees	701,295	708,564	1	727,205	744,232	754,784
81,444	Related to Superannuation	84,186	87,772	4	90,378	91,383	92,621
349,084	Related to Supplies and Services	352,318	360,971	2	365,467	377,613	387,919
401	Borrowing Costs	401	422	5	430	452	472
85,269	Grants and Purchased Services	85,204	89,680	5	90,971	94,100	97,758
68,200	Other	68,200	68,927	1	69,210	69,216	70,869
<b>1,249,200</b>	<b>Operating Payments</b>	<b>1,291,604</b>	<b>1,316,336</b>	<b>2</b>	<b>1,343,661</b>	<b>1,376,996</b>	<b>1,404,423</b>
<b>7,295</b>	<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>-27,599</b>	<b>6,458</b>	<b>123</b>	<b>6,903</b>	<b>7,393</b>	<b>7,393</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>							
<b>Payments</b>							
175,528	Purchase of Property, Plant and Equipment and Capital Works	168,191	217,141	29	149,783	57,926	15,392
<b>175,528</b>	<b>Investing Payments</b>	<b>168,191</b>	<b>217,141</b>	<b>29</b>	<b>149,783</b>	<b>57,926</b>	<b>15,392</b>
<b>-175,528</b>	<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>	<b>-168,191</b>	<b>-217,141</b>	<b>-29</b>	<b>-149,783</b>	<b>-57,926</b>	<b>-15,392</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>							
<b>Receipts</b>							
166,147	Capital Injections from Government	154,548	203,350	32	139,342	46,995	4,461
<b>166,147</b>	<b>Financing Receipts</b>	<b>154,548</b>	<b>203,350</b>	<b>32</b>	<b>139,342</b>	<b>46,995</b>	<b>4,461</b>
<b>Payments</b>							
1,452	Repayment of Finance Leases	0	0	-	0	0	0
<b>1,452</b>	<b>Financing Payments</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>164,695</b>	<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>	<b>154,548</b>	<b>203,350</b>	<b>32</b>	<b>139,342</b>	<b>46,995</b>	<b>4,461</b>



Budget at 30/6/16 \$'000		2015-16 Est'd Outcome \$'000	Budget at 30/6/17 \$'000	Var %	Estimate at 30/6/18 \$'000	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000
-3,538	NET INCREASE / (DECREASE) IN CASH HELD	-41,242	-7,333	82	-3,538	-3,538	-3,538
64,281	CASH AT THE BEGINNING OF REPORTING PERIOD	105,068	63,826	-39	56,493	52,955	49,417
60,743	CASH AT THE END OF REPORTING PERIOD	63,826	56,493	-11	52,955	49,417	45,879

## Notes to the Controlled Budget Statements

Significant variations are as follows:

### ***Operating Statement***

- controlled recurrent payments: the increase of \$7.509 million in the 2015-16 estimated outcome from the 2015-16 original budget is mainly due the transfer of appropriation for the Systems Innovation Program (\$11.900 million) and roll overs from 2014-15 (\$0.946 million). These are offset by roll overs into 2016-17 (\$5.337 million).
- user charges — ACT Government: the increase of \$42.495 million in the 2016-17 Budget from the 2015-16 estimated outcome is due to an increase in payments from the ACT Local Hospital Network to the Health Directorate for services delivered by the Canberra Hospital and Health Services associated with growth and indexation.
- other revenue: the decrease of \$2.000 million in the 2015-16 estimated outcome from the 2015-16 original budget is due to a realignment of revenue to user charges.
- employee expenses: the increase of \$35.133 million in the 2016-17 Budget from the 2015-16 estimated outcome is mainly due to pay rises, growth and new initiatives.
- supplies and services: the increase of \$8.520 million in the 2016-17 Budget from the 2015-16 estimated outcome is mainly due to indexation, growth and new initiatives.
- grants and purchased services: the increase of \$4.476 million in the 2016-17 Budget from the 2015-16 estimated outcome is due to indexation, growth and new initiatives.

### ***Balance Sheet***

- cash and cash equivalents: the decrease of \$7.333 million in the 2016-17 Budget from the 2015-16 estimated outcome relates mainly to the completion of information technology projects.
- current receivables: the increase of \$4.842 million in the 2016-17 Budget from the 2015-16 estimated outcome is due to growth in chargeable services and the level of Goods and Services Tax (GST) payable to the Directorate.
- property, plant and equipment: the increase of \$163.844 million in the 2016-17 Budget from the 2015-16 estimated outcome is mainly due to the expected completion of Health Infrastructure Program (HIP) projects.
- intangibles:
  - the decrease of \$9.439 million in the 2015-16 estimated outcome from the original budget is mainly due to delays in 'An E-Healthy Future' projects; and
  - the increase of \$5.515 million in the 2016-17 Budget from the 2015-16 estimated outcome is due to the expected completion of projects under the 'An E-Healthy Future' program.

- capital works in progress: the increase of \$21.607 million in the 2015-16 estimated outcome from the original budget is due to delays in HIP projects.
- payables: the increase of \$11.619 million in the 2015-16 estimated outcome from the original budget is due to the 2014-15 audited outcome flow-on effect.
- current and non-current finance leases: the decrease of \$6.598 million in the 2015-16 estimated outcome from the original budget is due to a change in vehicle leases from finance leases to operating leases.
- current and non-current employee benefits:
  - the decrease of \$1.156 million in the 2015-16 estimated outcome from the original budget relates mainly to a change in the 2014-15 audited outcome flow-on effect; and
  - the increase of \$16.263 million in the 2016-17 Budget from the 2015-16 estimated outcome is mainly due to pay rises, accrued wages and growth in staff numbers.

***Statement of Changes in Equity and Cash Flow Statement***

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

**Table 38: Health Directorate: Statement of Income and Expenses on behalf of the Territory**

<b>2015-16 Budget \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>	<b>Var %</b>	<b>2017-18 Estimate \$'000</b>	<b>2018-19 Estimate \$'000</b>	<b>2019-20 Estimate \$'000</b>
	<b>Revenue</b>						
9,236	Payment for Expenses on Behalf of the Territory	4,759	21,403	350	844	5,025	887
1,308	Taxes, Fees and Fines	1,308	1,342	3	1,376	1,410	1,474
<b>10,544</b>	<b>Total Revenue</b>	<b>6,067</b>	<b>22,745</b>	<b>275</b>	<b>2,220</b>	<b>6,435</b>	<b>2,361</b>
	<b>Expenses</b>						
9,236	Grants and Purchased Services	4,759	21,403	350	844	5,025	887
1,308	Transfer Expenses	1,308	1,342	3	1,376	1,410	1,474
<b>10,544</b>	<b>Total Expenses</b>	<b>6,067</b>	<b>22,745</b>	<b>275</b>	<b>2,220</b>	<b>6,435</b>	<b>2,361</b>
<b>0</b>	<b>Operating Result</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>Total Comprehensive Income</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 39: Health Directorate: Statement of Assets and Liabilities on behalf of the Territory**

Budget at 30/6/16 \$'000		2015-16 Est'd Outcome \$'000	Budget at 30/6/17 \$'000	Var %	Estimate at 30/6/18 \$'000	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000
<b>Current Assets</b>							
268	Cash and Cash Equivalents	192	192	-	192	192	192
35	Receivables	112	112	-	112	112	112
<b>303</b>	<b>Total Current Assets</b>	<b>304</b>	<b>304</b>	<b>-</b>	<b>304</b>	<b>304</b>	<b>304</b>
<b>303</b>	<b>TOTAL ASSETS</b>	<b>304</b>	<b>304</b>	<b>-</b>	<b>304</b>	<b>304</b>	<b>304</b>
<b>Current Liabilities</b>							
300	Payables	300	300	-	300	300	300
<b>300</b>	<b>Total Current Liabilities</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>300</b>	<b>TOTAL LIABILITIES</b>	<b>300</b>	<b>300</b>	<b>-</b>	<b>300</b>	<b>300</b>	<b>300</b>
<b>3</b>	<b>NET ASSETS</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
3	Accumulated Funds	4	4	-	4	4	4
<b>3</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>4</b>	<b>4</b>	<b>4</b>

**Table 40: Health Directorate: Statement of Changes in Equity on behalf of the Territory**

<b>Budget at 30/6/16 \$'000</b>	<b>2015-16 Est'd Outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>	
<b>Opening Equity</b>							
3	Opening Accumulated Funds	4	4	-	4	4	4
<b>3</b>	<b>Balance at the Start of the Reporting Period</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>0</b>	<b>Total Movement in Reserves</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Closing Equity</b>							
3	Closing Accumulated Funds	4	4	-	4	4	4
<b>3</b>	<b>Balance at the End of the Reporting Period</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>4</b>	<b>4</b>	<b>4</b>

**Table 41: Health Directorate: Cash Flow Statement on behalf of the Territory**

<b>Budget at 30/6/16 \$'000</b>		<b>2015-16 Est'd outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Receipts</b>							
9,236	Cash from Government for EBT	4,759	21,403	350	844	5,025	887
1,308	Taxes, Fees and Fines	1,308	1,342	3	1,376	1,410	1,474
924	Other Receipts	477	2,140	349	84	502	88
<b>11,468</b>	<b>Operating Receipts</b>	<b>6,544</b>	<b>24,885</b>	<b>280</b>	<b>2,304</b>	<b>6,937</b>	<b>2,449</b>
<b>Payments</b>							
9,236	Grants and Purchased Services	4,759	21,403	350	844	5,025	887
924	Other	477	2,140	349	84	502	88
1,308	Territory Receipts to Government	1,358	1,342	-1	1,376	1,410	1,474
<b>11,468</b>	<b>Operating Payments</b>	<b>6,594</b>	<b>24,885</b>	<b>277</b>	<b>2,304</b>	<b>6,937</b>	<b>2,449</b>
<b>0</b>	<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>-50</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>NET INCREASE / (DECREASE) IN CASH HELD</b>	<b>-50</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>268</b>	<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>	<b>242</b>	<b>192</b>	<b>-21</b>	<b>192</b>	<b>192</b>	<b>192</b>
<b>268</b>	<b>CASH AT THE END OF REPORTING PERIOD</b>	<b>192</b>	<b>192</b>	<b>-</b>	<b>192</b>	<b>192</b>	<b>192</b>

## **Notes to the Territorial Budget Statements**

### ***Statement of Income and Expenses on Behalf of the Territory***

- Payment for expenses on behalf of the Territory and grants and purchased services:
  - the decrease of \$4.477 million in the 2015-16 estimated outcome from the 2015-16 Budget relates to the roll-over of Calvary Public Hospital capital works projects; and
  - the increase of \$16.644 million in the 2016-17 Budget from the 2015-16 estimated outcome is due to higher levels of capital works at Calvary Public Hospital and the University of Canberra Public Hospital – Car park.

### ***Statement of Cash Flows on Behalf of the Territory***

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



# ACT LOCAL HOSPITAL NETWORK

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## Purpose

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

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

## 2016-17 Priorities

Operational priorities to be pursued in 2016-17 include:

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

## Estimated Employment Level

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

## Strategic Objectives and Indicators

### 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	2015-16 Target	2015-16 Est. Outcome <sup>1</sup>	2016-17 Target
Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	88%	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%	56%	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%	72%	91%

**Notes:**

1. The 2015-16 estimated outcomes will be impacted by the Elective Surgery Longwait Reduction Strategy which is focused on the removal of longwait patients. With more longwait patients being admitted for surgery, the reported proportion of 'on time' surgeries will temporarily decrease.

### 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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
One (resuscitation seen immediately)	100%	100%	100%
Two (emergency seen within 10 mins)	80%	78%	80%
Three (urgent seen within 30 mins)	75%	45%	75%
Four (semi urgent seen within 60 mins)	70%	54%	70%
Five (non urgent seen within 120 mins)	70%	88%	70%
All Presentations	70%	58%	70%

**Strategic Indicator 2.2:** The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less

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

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
The proportion of Emergency Department presentations who either physically leave the Emergency Department for admission to hospital, are referred for treatment or are discharged, whose total time in the Emergency Department is within four hours	77%	64%	77%

### 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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Canberra Hospital	<1.0%	0.8%	<1.0%
Calvary Public Hospital	<0.5%	0.3%	<0.5%

**Note:**

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

**Strategic Indicator 3.2:** The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 Days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation)

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

**Table 5: The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 Days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation)**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Canberra Hospital	<2.0%	1.2%	<2.0%
Calvary Public Hospital	<1.0%	0.5%	<1.0%

**Strategic Indicator 3.3:** The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay

This provides an indication of the safety of hospital based services.

**Table 6: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Canberra Hospital	<2 per 10,000	1.1 per 10,000	<2 per 10,000
Calvary Public Hospital	<2 per 10,000	0.3 per 10,000	<2 per 10,000

**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**

	2015-16 Target	2015-16 Est. Outcome	2016-17 Target
Canberra Hospital	70%	81%	75%
Calvary Public Hospital	70%	82%	75%

## 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**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>
Total Cost	1,019,530	1,064,691
Controlled Recurrent Payments	601,790	633,489

## Accountability Indicators

### Output Class 1: ACT Local Hospital Network

**Table 9: Accountability Indicators Output 1.1**

	<b>2015-16 Targets</b>	<b>2015-16 Estimated Outcome</b>	<b>2016-17 Targets</b>
	NWAU{15}	NWAU{15}	NWAU{16}
a. Admitted Services – National Weighted Activity Units <sup>1</sup>	89,032	89,032	91,103
b. Non-admitted Services – National Weighted Activity Units <sup>1</sup>	17,759	18,724	18,246
c. Emergency Services – National Weighted Activity Units <sup>1</sup>	16,099	16,099	16,278
d. Acute Mental Health Services – National Weighted Activity Units <sup>1</sup>	6,611	6,611	7,120
e. Sub Acute Services – National Weighted Activity Units <sup>1</sup>	6,946	9,600	10,919
f. Total in Scope – National Weighted Activity Units <sup>1</sup>	136,447	140,066	143,666
g. Percentage of mental health clients with outcome measures completed	>65%	>65%	65%
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	75%	75%

**Note:**

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 {15} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2015-16, while NWAU {16} is the currency for 2016-17. These measures combine the results for Canberra Hospital and Calvary Public Hospital in-scope activity.

## Changes to Appropriation

**Table 10: Changes to appropriation – Controlled Recurrent Payments**

	<b>2015-16 Estimated Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>	<b>2017-18 Estimate \$'000</b>	<b>2018-19 Estimate \$'000</b>	<b>2019-20 Estimate \$'000</b>
<b>2015-16 Budget</b>	<b>605,162</b>	<b>631,503</b>	<b>649,580</b>	<b>669,422</b>	<b>669,422</b>
<b>2016-17 Budget Policy Adjustments</b>					
Offset – Decrease in Cross Border Revenue	-	4,524	62,382	61,042	65,287
Revised Health Central Policy Provision	-	-	-	-	(20,623)
<b>2016-17 Budget Technical Adjustments</b>					
Revised Indexation Parameters	-	-	-	-	27,781
Commonwealth Grants – National Health Reform and Public Hospitals Funding to Local Hospital Network	(3,372)	2,912	(56,013)	(62,081)	(68,553)
Rebase Funding for In-scope Services	-	(5,450)	(12,235)	(19,373)	(19,766)
<b>2016-17 Budget</b>	<b>601,790</b>	<b>633,489</b>	<b>643,714</b>	<b>649,010</b>	<b>653,548</b>

## Financial Statements

**Table 11: Local Hospital Network: Operating Statement**

<b>2015-16 Budget \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>2016-17 Budget \$'000</b>	<b>Var %</b>	<b>2017-18 Estimate \$'000</b>	<b>2018-19 Estimate \$'000</b>	<b>2019-20 Estimate \$'000</b>
<b>Revenue</b>							
605,162	Controlled Recurrent Payments	601,790	633,489	5	643,714	649,010	653,548
93,053	User Charges - Non ACT	93,053	90,372	-3	101,280	103,812	106,408
	Government						
321,427	Grants from the Commonwealth	324,687	340,830	5	358,553	377,198	396,812
<b>1,019,642</b>	<b>Total Revenue</b>	<b>1,019,530</b>	<b>1,064,691</b>	<b>4</b>	<b>1,103,547</b>	<b>1,130,020</b>	<b>1,156,768</b>
<b>Expenses</b>							
1,013,732	Grants and Purchased Services	1,013,732	1,058,595	4	1,097,139	1,123,284	1,149,688
5,910	Transfer Expenses	5,798	6,096	5	6,408	6,736	7,080
<b>1,019,642</b>	<b>Total Expenses</b>	<b>1,019,530</b>	<b>1,064,691</b>	<b>4</b>	<b>1,103,547</b>	<b>1,130,020</b>	<b>1,156,768</b>
<b>0</b>	<b>Operating Result</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>Total Comprehensive Income</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 12: Local Hospital Network: Balance Sheet**

Budget at 30/6/16 \$'000		2015-16 Est'd Outcome \$'000	Budget at 30/6/17 \$'000	Var %	Estimate at 30/6/18 \$'000	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000
<b>Current Assets</b>							
7,695	Cash and Cash Equivalents	4,902	4,902	-	4,902	4,902	4,902
17,489	Receivables	12,650	12,650	-	12,650	12,650	12,650
<b>25,184</b>	<b>Total Current Assets</b>	<b>17,552</b>	<b>17,552</b>	<b>-</b>	<b>17,552</b>	<b>17,552</b>	<b>17,552</b>
<b>25,184</b>	<b>TOTAL ASSETS</b>	<b>17,552</b>	<b>17,552</b>	<b>-</b>	<b>17,552</b>	<b>17,552</b>	<b>17,552</b>
<b>Current Liabilities</b>							
9,339	Payables	6,604	6,604	-	6,604	6,604	6,604
<b>9,339</b>	<b>Total Current Liabilities</b>	<b>6,604</b>	<b>6,604</b>	<b>-</b>	<b>6,604</b>	<b>6,604</b>	<b>6,604</b>
<b>9,339</b>	<b>TOTAL LIABILITIES</b>	<b>6,604</b>	<b>6,604</b>	<b>-</b>	<b>6,604</b>	<b>6,604</b>	<b>6,604</b>
<b>15,845</b>	<b>NET ASSETS</b>	<b>10,948</b>	<b>10,948</b>	<b>-</b>	<b>10,948</b>	<b>10,948</b>	<b>10,948</b>
<b>REPRESENTED BY FUNDS EMPLOYED</b>							
15,845	Accumulated Funds	10,948	10,948	-	10,948	10,948	10,948
<b>15,845</b>	<b>TOTAL FUNDS EMPLOYED</b>	<b>10,948</b>	<b>10,948</b>	<b>-</b>	<b>10,948</b>	<b>10,948</b>	<b>10,948</b>



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

<b>Budget at 30/6/16 \$'000</b>		<b>2015-16 Est'd Outcome \$'000</b>	<b>Budget at 30/6/17 \$'000</b>	<b>Var %</b>	<b>Estimate at 30/6/18 \$'000</b>	<b>Estimate at 30/6/19 \$'000</b>	<b>Estimate at 30/6/20 \$'000</b>
<b>Opening Equity</b>							
15,845	Opening Accumulated Funds	10,948	10,948	-	10,948	10,948	10,948
<b>15,845</b>	<b>Balance at the Start of the Reporting Period</b>	<b>10,948</b>	<b>10,948</b>	<b>-</b>	<b>10,948</b>	<b>10,948</b>	<b>10,948</b>
<b>0</b>	<b>Total Movement in Reserves</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Closing Equity</b>							
15,845	Closing Accumulated Funds	10,948	10,948	-	10,948	10,948	10,948
<b>15,845</b>	<b>Balance at the End of the Reporting Period</b>	<b>10,948</b>	<b>10,948</b>	<b>-</b>	<b>10,948</b>	<b>10,948</b>	<b>10,948</b>

**Table 14: Local Hospital Network: Cash Flow Statement**

Budget at 30/6/16 \$'000		2015-16 Est'd Outcome \$'000	Budget at 30/6/17 \$'000	Var %	Estimate at 30/6/18 \$'000	Estimate at 30/6/19 \$'000	Estimate at 30/6/20 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Receipts</b>							
605,162	Controlled Recurrent Payments	601,790	633,489	5	643,714	649,010	653,548
93,053	User Charges	93,053	90,372	-3	101,280	103,812	106,408
321,427	Grants Received from the Commonwealth	324,687	340,830	5	358,553	377,198	396,812
19,324	Other Receipts	19,324	19,553	1	20,301	21,089	21,994
<b>1,038,966</b>	<b>Operating Receipts</b>	<b>1,038,854</b>	<b>1,084,244</b>	<b>4</b>	<b>1,123,848</b>	<b>1,151,109</b>	<b>1,178,762</b>
<b>Payments</b>							
1,019,642	Grants and Purchased Services	1,019,530	1,064,691	4	1,103,547	1,130,020	1,156,768
19,324	Other	19,324	19,553	1	20,301	21,089	21,994
<b>1,038,966</b>	<b>Operating Payments</b>	<b>1,038,854</b>	<b>1,084,244</b>	<b>4</b>	<b>1,123,848</b>	<b>1,151,109</b>	<b>1,178,762</b>
<b>0</b>	<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>7,695</b>	<b>CASH AT THE BEGINNING OF REPORTING PERIOD</b>	<b>4,902</b>	<b>4,902</b>	<b>-</b>	<b>4,902</b>	<b>4,902</b>	<b>4,902</b>
<b>7,695</b>	<b>CASH AT THE END OF REPORTING PERIOD</b>	<b>4,902</b>	<b>4,902</b>	<b>-</b>	<b>4,902</b>	<b>4,902</b>	<b>4,902</b>

## **Notes to the Controlled Budget Statements**

Significant variations are as follows:

### ***Operating Statement***

- controlled recurrent payments:
  - the decrease of \$3.372 million in the 2015-16 estimated outcome from the original budget is due to increased Commonwealth payments under the National Health Reform Agreement (NHRA) due to final acquittals of 2013-14 and 2014-15 activity; and
  - the increase of \$31.699 million in the 2016-17 Budget from the 2015-16 estimated outcome reflects growth and indexation.
- grants from the Commonwealth:
  - the increase of \$3.260 million in the 2015-16 estimated outcome from the original budget is due to final acquittals of 2013-14 and 2014-15 activity; and
  - the increase of \$16.143 million in the 2016-17 Budget from the 2015-16 estimated outcome reflects growth and indexation.
- grants and purchased services: the increase of \$44.863 million in the 2016-17 Budget from the 2015-16 estimated outcome reflects growth and indexation.

### ***Balance Sheet***

- cash and cash equivalents: the decrease of \$2.793 million in the 2015-16 estimated outcome from the original budget relates to the 2014-15 audited outcome flow-on effect.
- receivables: the decrease of \$4.839 million in the 2015-16 estimated outcome from the original budget relates to outstanding cross border health receipts from the States and the Northern Territory.
- payables: the decrease of \$2.735 million in the 2015-16 estimated outcome from the original budget relates to outstanding cross border health payments to the States and the Northern Territory.

### ***Statement of Changes in Equity and Cash Flow Statement***

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