



Australian
Capital Territory
BUDGET
2018-19

Growing services
for our growing city

Budget Statements C

Health Directorate | ACT Local Hospital Network



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STRUCTURE AND CONTENT OF THE 2018-19 BUDGET PAPERS

The 2018-19 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 2018-19 Budget and forward estimates for the general government sector, the public trading enterprise sector and the total Territory Government.

Details of the projected 2018-19 Budget results are provided, as well as background information on the development of the 2018-19 Budget, including economic conditions and federal financial relations. It also provides an overview of the Territory's infrastructure investment program and details of the 2018-19 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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Contents

- HEALTH DIRECTORATE 1
 - Purpose 1
 - 2018-19 Priorities..... 1
 - Estimated Employment Level 2
 - Strategic Objectives and Indicators 3
 - Output Classes 11
 - Accountability Indicators 15
 - Changes to Appropriation..... 18
 - Summary of 2018-19 Infrastructure Program 23
 - Financial Statements..... 25
- ACT LOCAL HOSPITAL NETWORK 37
 - Purpose 37
 - 2018-19 Priorities..... 37
 - Estimated Employment Level 37
 - Strategic Objectives and Indicators 38
 - Output Classes 41
 - Accountability Indicators 42
 - Changes to Appropriation..... 43
 - Financial Statements..... 44

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HEALTH DIRECTORATE

Purpose

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

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

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

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

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

2018-19 Priorities

In line with the ACT Government announcement in March 2018, the ACT Health Directorate will separate into two distinct organisations from 1 October 2018, with one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning.

Both organisations will continue the reform work already underway to achieve ACT Health's commitment to the health of our growing community, a commitment to quality, innovation, engagement, accountability and a focus on strategic policy and planning stewardship of the health system.

These Budget Statements do not anticipate the planned restructure. It is the Government's intention to effect these changes during 2018-19. All Strategic indicators will be reassessed ahead of the ACT Health organisational restructure and transition at 1 October 2018.

During 2018-19, ACT Health will also finalise the Territory Wide Health Services Framework, which will provide the strategic framework for the planning of territory wide health services over the next decade. The ACT Health System Wide Review of data and reporting having been completed in 2017-18, will move into the implementation phase.

The work undertaken by ACT Health on the System Wide Data Review will contribute to an improved capacity within ACT Health to access and analyse detailed and robust data on activity, performance and financial outcomes.

In 2018-19 there will be a focus on core services within the ACT Health system enhancing the capacity in Emergency Surgery, Emergency Department and Elective Surgery to meet the growing demand for critical care services.

ACT Health will work to improve efficiency across the system and focus on providing care in the right place at the right time through initiatives such as Hospital in the Home which will be expanded in 2018-19.

ACT Health will focus on improving the efficiency and effectiveness of ACT mental health services, in particular relating to accommodation to support people with mental health issues to recover and live in our community.

Estimated Employment Level

Table 1: Estimated Employment Level

	2016-17 Actual Outcome	2017-18 Budget	2017-18 Estimated Outcome	2018-19 Budget
Staffing (FTE)	6,476	6,533	6,630 ¹	6,696

Note:

1. The increase in FTE relates to growth in demand/activity during the winter months associated with the flu season and increased elective surgery.

Strategic Objectives and Indicators

Strategic Objective 1

Reducing the Waiting List for Elective Surgery

Strategic Indicator 1: Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery

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

Strategic Indicator	2017-18 Target	2017-18 Est. Outcome	2018-19 Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery ¹	144	668	430

Note:

1. The target in 2018-19 has been revised upward from the previous financial year.

Strategic Objective 2

No Waiting for Access to Emergency Dental Health Services

Strategic Indicator 2: Percentage of assessed emergency clients seen within 24 hours

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

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

Strategic Indicator	2017-18 Target	2017-18 Est. Outcome	2018-19 Target
Percentage of assessed emergency clients seen within 24 hours ¹	100%	100%	100%

Note:

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

Strategic Objective 3

Improving Timeliness of Access to Radiotherapy Services

Strategic Indicator 3: Percentage of radiotherapy patients who commence treatment within standard timeframes

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

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

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome	2018–19 Target
Category			
Emergency — treatment starts within 48 hours	100%	100%	100%
Palliative — treatment starts within 2 weeks ¹	90%	60%	90%
Radical — treatment starts within 4 weeks ¹	90%	60%	90%

Note:

1. The performance in radiotherapy wait times is impacted by the increasingly complex treatment techniques and related treatment delivery times. This consequently decreases access to radiotherapy services. Radiation therapist staff shortages are also a factor influencing the negative impact on treatment waiting times. During 2017-18 all four linear accelerators typically worked at full capacity, noting that two machines are reaching end of life and are not suitable to some of the new techniques. Replacement of these machines is scheduled for 2018-19. Measures implemented to reduce wait times and improve throughput have increased the average monthly number of complex cases treated since 2016-17 by 28 year to date (2018). The monthly average of new referrals has increased by 30, showing consistent increases in demand.

Strategic Objective 4

Improving the Breast Screen Participation Rate for Women aged 50 to 74 years

Strategic Indicator 4: Participation rate for breast screening

Table 5: The proportion of women in the target age group (50 to 74 years) who had a breast screen in the 24 months prior to each counting period

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome	2018–19 Target
Proportion of women aged 50 to 74 who had a breast screen ¹	60%	55%	60%

Note:

1. This is a voluntary participation program and ACT Health continues to work with key stakeholders to encourage an increased participation rate for the target age group of 50 to 74. The target age group which was previously 50 to 69 has been increased to 50 to 74 in line with National Indicators.

Strategic Objective 5

Reducing the Usage of Seclusion in Mental Health Episodes

Strategic Indicator 5: Proportion of clients with a mental health seclusion episode

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

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

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome¹	2018–19 Target¹
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%	7%	<5%

Note:

1. Dhulwa is specifically used to treat complex patients and increases in seclusion can be expected following the opening of Dhulwa. As a result of the inclusion of Dhulwa patients, ACT Health has increased the target to less than 5 per cent for 2018–19.

Strategic Objective 6

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

Strategic Indicator 6: Acute psychiatric unit patient 28 day readmission rate

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

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

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome¹	2018–19 Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	n/a	<10%

Note:

1. Due to considerations of recommendations made under the ACT Auditor General's Report: Mental Health Services – Transition from Acute Care 2016, the estimated outcome was not available at the time of publishing.

Strategic Objective 7

Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Strategic Indicator 7: Percentage of overnight hospital beds in use

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

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

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome	2018–19 Target
Mean percentage of overnight hospital beds in use	90%	86%	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).

Strategic Indicator 8: Maintenance of the highest life expectancy at birth in Australia

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

Table 9: Life expectancy at birth in the ACT and Australia, by sex, 2014-2016

Strategic Indicator	ACT (Years)	National (Years)
Females	85.2	84.6
Males	81.3	80.4

Source: Australian Bureau of Statistics (ABS) 2017. Cat. no.33302.0.55.001, ABS, Canberra.

Strategic Objective 9

Lower Prevalence of Circulatory Disease than the National Average

Strategic Indicator 9: The proportion of the ACT population with heart or vascular disease, including stroke

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

While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.

Table 10: Proportion of the ACT population with heart or vascular disease, including stroke

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

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

Note:

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

Strategic Objective 10

Lower Prevalence of Overweight and Obese People

Strategic Indicator 10: The proportion of the ACT population that are overweight and obese

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

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

Strategic Indicator	Rate	2018–19
		Target
ACT	63.5%	≤63.0%
National	62.8%	n/a

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

Strategic Objective 11

Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status

Strategic Indicator 11: Immunisation rates—ACT Aboriginal and Torres Strait Islander population

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

Table 12: Immunisation rates—ACT Aboriginal and Torres Strait Islander population

Strategic Indicator	2017–18 Target	2017–18 Est. Outcome ¹	2018–19 Target
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:			
12 to 15 months	≥95%	93%	≥95%
24 to 27 months	≥95%	90%	≥95%
60 to 63 months	≥95%	96%	≥95%
All	≥95%	93%	≥95%

Note:

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

Strategic Objective 12

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

Strategic Indicator 12: Two year participation rate in the Cervical Screening Program

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

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

Strategic Indicator	ACT Rate	National Rate
Two year participation rate ¹	56.2%	56.9%

Source: Cervical Screening in Australia 2014-15 (Published: Australian Institute of Health and Welfare, 2017).

Note:

1. This is the age standardised participation rate for women aged between 50 and 69 years.

Strategic Objective 13

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

Strategic Indicator 13: The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12

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

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

Strategic Indicator	ACT Rate¹	National Rate
DMFT Index at 6 years	0.90	1.30
DMFT Index at 12 years	0.30	0.90

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

Note:

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

Strategic Objective 14

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

Strategic Indicator 14: Reduction in the rate of broken hips (fractured neck of femur)

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2015-16, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.6 per 1,000 persons in the ACT population. This is slightly above the long term target and follows a generally decreasing trend over a 10 year period.

Table 15: Reduction in the rate of broken hips (fractured neck of femur)

Strategic Indicator	2015–16 ACT Rate	Long Term Target
Rate per 1,000 people	6.6	5.3

Source: ACT Admitted Patient Care data

Strategic Objective 15

Reduction in the Youth Smoking Rate

Strategic Indicator 15: Percentage of persons aged 12 to 17 years who smoke regularly

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

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

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

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

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

Output Classes

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

Output Class 1: Health and Community Care

Table 17: Output Class 1: Health and Community Care

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000
Total Cost ¹	1,395,951	1,443,974
Controlled Recurrent Payments	297,851	310,654

Note:

1. Total cost includes depreciation and amortisation of \$45.601 million in 2017-18 and \$50.817 million in 2018-19.

Output 1.1: Acute Services

The Canberra Hospital provides a comprehensive range of acute care, including:

- tertiary inpatient, outpatient and ambulatory services to the ACT and surrounding NSW;
- emergency department, intensive care unit and retrieval services;
- a range of medical speciality services including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology and renal services;
- elective and emergency surgery services in general surgery; and
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics and paediatric surgery.

The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services while responding to the growing demand of 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

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000
Total Cost	872,076	915,942
Controlled Recurrent Payments	114,557	116,477

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

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

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

This means focusing on:

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

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

	2017-18	2018-19
	Estimated Outcome	Budget
	\$'000	\$'000
Total Cost	186,931	195,377
Controlled Recurrent Payments	59,226	63,282

Output 1.3: Population Health

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

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

Table 20: Output 1.3: Population Health

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000
Total Cost	53,180	52,934
Controlled Recurrent Payments	38,213	39,954

Output 1.4: Cancer Services

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

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

Table 21: Output 1.4: Cancer Services

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000
Total Cost	84,845	85,570
Controlled Recurrent Payments	9,259	10,881

Output 1.5: Rehabilitation, Aged and Community Care

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

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

- Opening of University of Canberra Hospital, transfer of appropriate services from Canberra Hospital and ensuring high quality of care at University of Canberra Hospital;
- Ensuring effective planning for discharge from public hospitals, including comprehensive aged care assessment where necessary, in order to provide appropriate support for independent living and minimise unplanned readmissions; and
- Ensuring that access is consistent with clinical need and timely for community based nursing and allied health services.

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

	2017-18	2018-19
	Estimated Outcome	Budget
	\$'000	\$'000
Total Cost	198,919	194,151
Controlled Recurrent Payments	76,596	80,060

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 23: Accountability Indicators Output 1.1

	2017–18 Targets	2017–18 Estimated Outcome	2018–19 Targets
	NWAU{17}	NWAU{17}	NWAU{18}
a. Admitted services ¹	82,273	78,469	83,543
b. Non-admitted services ¹	24,110	23,595	25,944
c. Emergency services ¹	11,634	11,666	12,415
d. Acute admitted mental health services ¹	5,148	5,701	5,766
e. Sub acute services ¹	6,417	7,345	8,024
f. Calvary services (out of scope) ^{1,2}	1,427	1,413	1,434

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 {17} is the currency as defined by the Independent Hospital Pricing Authority in the National Efficient Price Determination 2017–18, while NWAU {18} is the currency for 2018–19.
2. This is activity that has a separate funding source to the National Health Reform Agreement. This includes Department of Veteran's Affairs and Medicare Benefits Schedule activity which is deemed as out of scope and is not included in the targets for the Local Hospital Network Directorate.

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

Table 24: Accountability Indicators Output 1.2

	2017–18 Targets	2017–18 Estimated Outcome	2018–19 Targets
a. Adult mental health program community service contacts	198,000	192,000	198,000
b. Children and youth mental health program community service contacts	72,000	69,000	72,000
c. Mental health rehabilitation and specialty services	26,250	32,000	26,250
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention ¹	100%	100%	100%
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention ²	100%	100%	100%
f. Justice health services community contacts ³	155,000	159,000	155,000
g. Percentage of current clients on opioid treatment with management plans ⁴	98%	97%	98%
h. Alcohol and drug services community contacts ⁵	70,000	63,000	70,000

Notes:

1. Health assessments are made under Section 68 of the *Corrections Management Act 2007*.
2. This assessment is made under Section 160 of the *Children and Young People Act 2008*.
3. The overachievement in 2017–18 is attributed to the increased demand for health services in response to the increased number of detainees at the Alexander Maconochie Centre.
4. There are privately prescribed clients who use ACT Health services as a dosage point only and are not on an ACT Health Management Plan.
5. The program has experienced staff shortages with the allied health workforce throughout the year which impacts on service availability.

Output 1.3: Population Health

Table 25: Accountability Indicators Output 1.3

	2017–18 Targets	2017–18 Estimated Outcome	2018–19 Targets
a. Samples analysed	11,500	12,000	11,500
b. Total number of inspections and proactive site visits of food business	2,500	2,500	2,500
c. Number of teachers who complete Food&Me training	300	300	300
d. Number of It's Your Move schools recruited to the Program	12	14	12
e. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	95%	95%

Output 1.4: Cancer Services

Table 26: Accountability Indicators Output 1.4

	2017-18 Targets	2017-18 Estimated Outcome	2018-19 Targets
a. Total breast screens	18,500	18,200	18,500
b. Number of breast screens for women aged 50 to 69 ¹	13,000	13,000	n/a
c. Number of breast screens for women aged 50 to 74 ²	n/a	n/a	13,000
d. Percentage of women who receive results of screen within 28 days	100%	100%	100%
e. Percentage of screened patients who are assessed within 28 days	90%	93%	90%

Notes:

1. This measure has been discontinued and replaced by measure c.
2. The target age group has been updated from 50-69 to 50-74 in line with National Indicators.

Output 1.5: Rehabilitation, Aged and Community Care

Table 27: Accountability Indicators Output 1.5

	2017-18 Targets	2017-18 Estimated Outcome	2018-19 Targets
a. Number of nursing (domiciliary and clinic based) occasions of service	91,890	95,000	91,890
b. Number of allied health regional services (occasions of service)	30,630	27,000	30,630
c. Mean waiting time for clients on the dental services waiting list	6 months	6 months	6 months
d. Percentage of the Women's Health Service Intake Officer's clients who receive an intake and assessment service within 14 working days of their initial referral	100%	99%	100%
e. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	40%	47%	40%
f. Proportion of children aged 0-14 who are entering substitute and kinship care within the ACT who attend the Child at Risk Health Unit for a health and wellbeing screen	90%	96%	90%

Changes to Appropriation

Table 28: Changes to appropriation – Controlled Recurrent Payments

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
2017-18 Budget	313,371	295,122	289,254	286,290	286,290
2nd Appropriation					
<u>Better care when you need it</u>					
Meningococcal W vaccines	1,443	-	-	-	-
More surgeries	6,372	-	-	-	-
New ACT Health data warehouse	1,506	(80)	(80)	(80)	(80)
New medical imaging equipment	-	-	-	5	10
Rare cancers treatment trial	-	83	63	-	-
Replacement of polyethylene aluminium composite panels – Centenary Hospital for Women and Children	-	-	16	32	32
<u>Better support when it matters</u>					
Drug and Alcohol Court establishment	74	-	-	-	-
Integrating the Winnunga Model of Care and enhancing health services in the Alexander Maconochie Centre	-	797	814	-	-
2018-19 Budget Policy Decisions					
<u>Better healthcare for a growing community</u>					
ACT Health critical assets upgrades	-	-	40	220	350
ACT Health ICT upgrades	-	770	2,976	2,989	2,793
ACT Mental Health Recovery College Trial	-	396	443	50	-
ACT Pathology Laboratory information system replacement	-	2,554	2,789	6,230	(249)
Continuing Northside health care planning	-	1,000	-	-	-
Expanding counselling services for children and young people	-	412	424	437	-
Early planning to expand alcohol and drug services	-	250	-	-	-
Expanding Hospital in the Home	-	4,925	9,850	9,850	9,850
More mental health accommodation	(200)	2,241	1,854	2,981	3,783
More mental health outreach for young Canberrans	-	1,142	1,016	-	-
More mental health services for older Canberrans	-	744	757	776	795
More support for people with chronic illness	-	125	250	125	-
More resources for acute hospital care	-	11,521	11,700	11,887	12,079
More surgeries	-	15,818	16,052	16,296	16,550
Primary care integration	-	190	-	-	-
Protecting Canberra's kids	-	801	-	-	-
Strengthening health services at the Alexander Maconochie Centre	-	1,530	1,561	1,593	1,625
Stronger support for suicide prevention	-	350	-	-	-
Supporting mental health for people leaving prison	-	200	206	-	-

Table 28: Changes to appropriation – Controlled Recurrent Payments (continued)

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
<u>More schools, better schools</u>					
Needs-Based Funding for Students with Disability	-	600	618	637	656
<u>More support for families and inclusion</u>					
Drug and Alcohol Court	-	125	-	-	-
Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse	-	73	37	-	-
Offset - New facility for Winnunga Nimmityjah Aboriginal Health Service	-	-	-	(120)	(123)
Transfer - Controlled Recurrent Payments to Expenses on Behalf of the Territory for capital grants	(15,700)	(1,165)	(2,435)	(7,700)	-
ACT Health savings efficiencies	-	(3,752)	-	-	-
2018-19 Budget Technical Adjustments					
Comcare Premium Reduction	(6,921)	-	-	-	-
Rebasing the LHN	-	(28,640)	(34,040)	(57,771)	(99,147)
Revised Funding Profile - Support for bulk billing GPs	(350)	700	(350)	-	-
Revised Funding Profile - University of Canberra Hospital operational readiness	(640)	640	-	-	-
Revised Funding Profile - Breastscreen National Partnership Agreement	(87)	87	-	-	-
Revised Funding Profile - Medical Cannabis	-	(130)	-	-	-
Revised Funding Profile - More nurse-led Walk-in Centres	(272)	272	-	-	-
Revised Indexation Parameters	-	-	-	-	4,107
Revised Wage Parameters	-	1,353	10,180	20,831	28,334
Transfer - A Gender Agenda from CMTEDD to Health Directorate	167	167	166	-	-
Transfer - Contribution to the Strategic Office Accommodation Project to CMTEDD	(238)	(242)	(246)	(410)	(420)
Transfer - Healthy and active living from Health Directorate to CMTEDD	(844)	(815)	(780)	(763)	(782)
Transfer - More support for the Active Living Program from CMTEDD to Health Directorate	170	-	-	-	-
Return of SMS Savings	-	490	490	490	490
2018-19 Budget	297,851	310,654	313,625	294,875	266,943

Table 29: Changes to appropriation – Expenses on Behalf of the Territory

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
2017-18 Budget	18,593	865	887	909	909
FMA Section 16B Rollovers from 2016-17					
Calvary Public Hospital - Expanded hospital services	2,907	-	-	-	-
Calvary Public Hospital - Operating theatre upgrade	(48)	-	-	-	-
Calvary Public Hospital - Upgrade of medical imaging equipment	1,113	-	-	-	-
University of Canberra Hospital Car Park	1,000	-	-	-	-
2018-19 Budget Policy Decisions					
<u>Better healthcare for a growing community</u>					
ACT Health critical assets upgrades	-	590	2,370	-	-
Better facilities for Calvary Public Hospital	15,000	-	-	-	-
New facility for Winnunga Nimmityjah Aboriginal Health Service	700	1,165	2,435	7,700	-
2018-19 Budget Technical Adjustments					
Revised indexation parameters	-	-	-	-	23
S14B Transfer - University of Canberra Hospital Car Park	(11,200)	-	-	-	-
2018-19 Budget	28,065	2,620	5,692	8,609	932

Table 30: Changes to appropriation – Capital Injections, Controlled

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
2017-18 Budget	157,393	58,217	10,361	4,970	4,570
2nd Appropriation					
<u>Better care when you need it</u>					
New medical imaging equipment	-	500	-	-	-
Replacement of polyethylene aluminium composite panels - Centenary Hospital for Women and Children	1,625	-	-	-	-
FMA Section 16B Rollovers from 2016-17					
Better Infrastructure Fund	3,199	-	-	-	-
An E-Healthy Future	2,786	-	-	-	-
Improve the Drugs and Poisons Information System (DAPIS)	50	-	-	-	-
Upgrading and maintaining ACT Health assets	4,000	3,618	-	-	-
Bowes Street fit out	515	-	-	-	-
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	1,200	1,485	-	-	-
Clinical Services Redevelopment - Phase 2	264	-	-	-	-
Continuity of Health Services Plan - Essential Infrastructure	1,300	646	-	-	-
Critical Hospital Infrastructure Systems - Enhancing patient and staff safety	483	-	-	-	-
Health Infrastructure Program - Project management continuation	611	-	-	-	-
Major Building Plant Replacement and Upgrade	(88)	-	-	-	-
More nurse - led Walk in Centres	500	325	-	-	-
Ngunnawal Bush Healing Farm	-	320	-	-	-
Replacement of CT Scanner at the Canberra Hospital	100	-	-	-	-
Secure Mental Health Unit	1,504	1,000	-	-	-
Sterilising Services - Relocation and upgrade	31	-	-	-	-
The Canberra Hospital - Essential infrastructure and engineering works	390	-	-	-	-
The Canberra Hospital Redevelopment	2,130	-	-	-	-
University of Canberra Hospital	10,327	4,984	-	-	-
Improved infrastructure for acute aged care and cancer inpatients	2,200	-	-	-	-
2018-19 Budget Policy Decisions					
<u>Better healthcare for a growing community</u>					
ACT Health critical assets upgrades	-	12,100	12,780	-	-
ACT Health ICT upgrades	-	10,582	2,891	-	-
ACT Pathology Laboratory information system replacement	-	-	5,829	887	-
Expanding Centenary Hospital - More services for women and children	-	2,500	-	-	-
More mental health accommodation	-	123	6,233	5,560	320
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre	-	13,000	-	-	-

Table 30: Changes to appropriation – Capital Injections, Controlled (continued)

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
2018-19 Budget Technical Adjustments					
Offset – More mental health accommodation	(7)	(24)	(2,029)	-	-
Offset – New facility for Winnunga Nimmityjah Aboriginal Health Service	(1,000)	(5,000)	(5,600)	(400)	-
<u>Revised Funding Profile</u>					
An E-Healthy Future	(5,064)	1,854	3,210	-	-
Bowes Street Fit Out	(126)	126	-	-	-
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	(1,846)	923	923	-	-
Clinical Services Redevelopment - Phase 2	(217)	217	-	-	-
Clinical Services Redevelopment - Phase 3	(2,022)	1,011	1,011	-	-
Continuity of Health Services Plan - Essential Infrastructure	(169)	169	-	-	-
Health Infrastructure Program - Project management continuation	(490)	-	490	-	-
Improved infrastructure for acute aged care and cancer inpatients	(9,419)	(217)	9,636	-	-
More mobile dental clinics	(385)	385	-	-	-
More nurse - led Walk in Centres	(2,476)	1,238	1,238	-	-
Ngunnawal Bush Healing Farm	(1,355)	1,355	-	-	-
Protecting Canberrans from infectious diseases	(398)	398	-	-	-
Replacement of polyethylene aluminium composite panels - Centenary Hospital for Women and Children	(1,321)	1,321	-	-	-
Secure Mental Health Unit	(287)	287	-	-	-
Sterilising Services - Relocation and upgrade	(379)	379	-	-	-
Support for people with mental health issues to recover and live in the community	(2,029)	-	2,029	-	-
The Canberra Hospital - Essential infrastructure and engineering works	(1,748)	874	874	-	-
Training our future health workforce	(500)	500	-	-	-
University of Canberra Hospital	(30,268)	10,000	20,268	-	-
Upgrading and maintaining ACT Health assets	(25,321)	(10,000)	35,321	-	-
Revised Indexation Parameters	-	-	-	-	91
S14B Transfer - University of Canberra Hospital Car Park	11,200	-	-	-	-
University of Canberra Hospital Car Park	(8,180)	8,180	-	-	-
Upgrading and maintaining ACT Health assets	(4,187)	-	-	-	-
Better Infrastructure Fund underspend	-	(364)	-	-	-
Transfer - University of Canberra Hospital	(3,135)	-	-	-	-
Transfer - University of Canberra Hospital - Car Park	3,135	-	-	-	-
Savings - Staging, Decanting and Continuity of Services	(750)	-	-	-	-
Savings - The Canberra Hospital More Beds	(500)	-	-	-	-
Savings - The Canberra Hospital Redevelopment	(2,130)	-	-	-	-
2018-19 Budget	99,146	123,012	105,465	11,017	4,981

Summary of 2018-19 Infrastructure Program

Table 31: 2018-19 Health Directorate Infrastructure Program

Project	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Four Year Investment \$'000	Physical Completion Date
CAPITAL WORKS PROGRAM						
New Works						
<u>Construction</u>						
More Mental Health Accommodation	123	6,233	5,560	320	12,236	Sep-20
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre	13,000	-	-	-	13,000	n/a
Expanding Centenary Hospital - more services for women and children	2,500	-	-	-	2,500	n/a
Total	15,623	6,233	5,560	320	27,736	
<u>Capital Grants</u>						
Critical assets upgrades	590	2,370	-	-	2,960	Jun-20
New facility for Winnunga Nimmityjah Aboriginal Health Service	1,165	2,435	7,700	-	11,300	n/a
Total	1,755	4,805	7,700	-	14,260	
<u>ICT</u>						
ACT Pathology Laboratory information system replacement	-	5,829	887	-	6,716	Jun-21
ACT Health ICT upgrades	10,582	2,891	-	-	13,473	Jun-20
Total	10,582	8,720	887	-	20,189	
<u>Property, Plant and Equipment</u>						
ACT Health critical assets upgrades	12,100	12,780	-	-	24,880	Jun-20
New medical imaging equipment	500	-	-	-	500	Jun-19
Total	12,600	12,780	-	-	25,380	
<u>Better Infrastructure Fund</u>						
Improving health facilities - Departmental	3,988	4,461	4,570	4,661	17,680	
Improving health facilities - Territorial	865	887	909	932	3,593	
Total	4,853	5,348	5,479	5,593	21,273	
Work In Progress						
Ngunnawal Bush Healing Farm	1,675	-	-	-	1,675	Dec-16
Improved infrastructure for acute aged care and cancer inpatients	7,093	9,636	-	-	16,729	Jan-20
More mobile dental clinics	385	-	-	-	385	Dec-18
More nurse - led Walk in Centres	1,563	1,238	-	-	2,801	Aug-18

Table 31: 2018-19 Health Directorate Infrastructure Program (continued)

Project	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Four Year Investment \$'000	Physical Completion Date
Protecting Canberrans from infectious diseases	398	-	-	-	398	Jun-21
Training our future health workforce	1,200	300	-	-	1,500	Jun-20
Improve the Drugs and Poisons Information System (DAPIS)	300	-	-	-	300	Jun-19
Upgrading and maintaining ACT Health assets	28,946	35,321	-	-	64,267	Nov-19
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	2,408	923	-	-	3,331	Jun-18
Continuity of Health Services Plan - Essential Infrastructure	815	-	-	-	815	Mar-19
Secure Mental Health Unit	1,287	-	-	-	1,287	Nov-16
Sterilising Services - Relocation and upgrade	5,582	-	-	-	5,582	Jun-19
University of Canberra Hospital	14,984	20,268	-	-	35,252	Feb-18
Replacement of polyethylene aluminium composite panels - Centenary Hospital for Women and Children	1,321	-	-	-	1,321	Jul-18
Bowes Street fit-out	126	-	-	-	126	Apr-17
University of Canberra Hospital - Car Park	8,180	-	-	-	8,180	Jul-18
The Canberra Hospital - Essential infrastructure and engineering works	874	874	-	-	1,748	Jun-19
Health Infrastructure - Project management continuation	-	490	-	-	490	Jun-18
Clinical Services Redevelopment - Phase 3	1,011	1,011	-	-	2,022	Sep-18
Clinical Services Redevelopment - Phase 2	217	-	-	-	217	Jun-18
An E-Healthy Future	1,854	3,210	-	-	5,064	Dec-18
Total Work In Progress	80,219	73,271	-	-	153,490	
<u>Feasibility</u>						
Expanding Centenary Hospital - More services for women and children	225	-	-	-	225	-
Northside health care planning	2,750	-	-	-	2,750	-
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre	3,000	-	-	-	3,000	-
Total Feasibility	5,975	-	-	-	5,975	
Total Infrastructure Program	131,607	111,157	19,626	5,913	268,303	

Financial Statements

Table 32: Health Directorate: Operating Statement

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
Income							
Revenue							
313,371	Controlled Recurrent Payments	297,851	310,654	4	313,625	294,875	266,943
1,001,509	User Charges	1,003,484	1,051,282	5	1,080,547	1,128,645	1,187,435
4,085	Grants	4,435	4,546	3	4,659	4,775	4,894
191	Interest	191	191	-	195	199	204
1,766	Resources Received Free of Charge	2,050	2,062	1	2,097	2,156	2,151
14,930	Other Revenue	13,930	14,218	2	14,531	14,869	15,241
1,335,852	Total Revenue	1,321,941	1,382,953	5	1,415,654	1,445,519	1,476,868
Gains							
992	Other Gains	992	1,017	3	1,042	1,068	1,095
992	Total Gains	992	1,017	3	1,042	1,068	1,095
1,336,844	Total Income	1,322,933	1,383,970	5	1,416,696	1,446,587	1,477,963
Expenses							
748,651	Employee Expenses	749,788	780,388	4	800,166	814,654	828,558
95,393	Superannuation Expenses	95,596	99,666	4	102,028	105,169	105,956
382,898	Supplies and Services	385,492	396,291	3	405,045	418,708	425,071
45,601	Depreciation and Amortisation	45,601	50,817	11	55,530	55,874	56,546
95,149	Grants and Purchased Services	98,895	99,066	..	102,368	106,594	109,333
12,059	Cost of Goods Sold	9,559	9,636	1	9,877	10,125	10,377
430	Borrowing Costs	430	436	1	447	447	458
6,909	Other Expenses	10,590	7,674	-28	7,869	8,070	8,275
1,387,090	Total Expenses	1,395,951	1,443,974	3	1,483,330	1,519,641	1,544,574
-50,246	Operating Result	-73,018	-60,004	18	-66,634	-73,054	-66,611
-50,246	Total Comprehensive Income	-73,018	-60,004	18	-66,634	-73,054	-66,611

Table 33: Health Directorate: Balance Sheet

Budget at 30/6/18 \$'000	2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000	
Current Assets							
59,454	Cash and Cash Equivalents	81,698	81,745	..	80,522	74,034	75,246
3,019	Investments	3,029	3,029	-	3,029	3,029	3,029
42,742	Receivables	34,372	35,464	3	36,556	37,648	38,740
10,506	Inventories	9,218	9,418	2	9,618	9,818	10,018
6,157	Other Assets	7,239	7,339	1	7,439	7,539	7,639
121,878	Total Current Assets	135,556	136,995	1	137,164	132,068	134,672
Non Current Assets							
1,375,316	Property, Plant and Equipment	1,270,281	1,336,571	5	1,382,181	1,361,015	1,335,876
39,193	Intangible Assets	48,538	57,511	18	58,104	59,312	53,132
13,397	Capital Works in Progress	13,397	21,259	59	35,921	21,952	12,636
0	Other Assets	14,765	14,765	-	14,765	14,765	14,765
1,427,906	Total Non Current Assets	1,346,981	1,430,106	6	1,490,971	1,457,044	1,416,409
1,549,784	TOTAL ASSETS	1,482,537	1,567,101	6	1,628,135	1,589,112	1,551,081
Current Liabilities							
52,459	Payables	90,804	92,204	2	93,604	95,004	96,404
242,660	Employee Benefits	242,899	261,126	8	279,815	299,265	319,266
652	Other Liabilities	7,163	7,363	3	8,102	8,841	9,041
295,771	Total Current Liabilities	340,866	360,693	6	381,521	403,110	424,711
Non Current Liabilities							
18,922	Employee Benefits	17,643	19,372	10	21,286	23,250	25,248
0	Other Provisions	1,462	1,462	-	1,462	1,462	1,462
4,733	Other Liabilities	22,272	22,272	-	21,733	21,194	21,194
23,655	Total Non Current Liabilities	41,377	43,106	4	44,481	45,906	47,904
319,426	TOTAL LIABILITIES	382,243	403,799	6	426,002	449,016	472,615
1,230,358	NET ASSETS	1,100,294	1,163,302	6	1,202,133	1,140,096	1,078,466
1,099,327	Accumulated Funds	967,669	1,030,677	7	1,069,508	1,007,471	945,841
131,031	Asset Revaluation Surplus	132,625	132,625	-	132,625	132,625	132,625
1,230,358	TOTAL FUNDS EMPLOYED	1,100,294	1,163,302	6	1,202,133	1,140,096	1,078,466

Table 34: Health Directorate: Statement of Changes in Equity

Budget at 30/6/18 \$'000		2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000
	Opening Equity						
992,180	Opening Accumulated Funds	941,541	967,669	3	1,030,677	1,069,508	1,007,471
131,031	Opening Asset Revaluation Reserve	132,625	132,625	-	132,625	132,625	132,625
1,123,211	Balance at the Start of the Reporting Period	1,074,166	1,100,294	2	1,163,302	1,202,133	1,140,096
	Comprehensive Income						
-50,246	Operating Result - Including Economic Flows	-73,018	-60,004	18	-66,634	-73,054	-66,611
-50,246	Total Comprehensive Income	-73,018	-60,004	18	-66,634	-73,054	-66,611
0	Total Movement in Reserves	0	0	-	0	0	0
	Transactions Involving Owners Affecting Accumulated Funds						
157,393	Capital Injections	99,146	123,012	24	105,465	11,017	4,981
157,393	Total Transactions Involving Owners Affecting Accumulated Funds	99,146	123,012	24	105,465	11,017	4,981
	Closing Equity						
1,099,327	Closing Accumulated Funds	967,669	1,030,677	7	1,069,508	1,007,471	945,841
131,031	Closing Asset Revaluation Reserve	132,625	132,625	-	132,625	132,625	132,625
1,230,358	Balance at the end of the Reporting Period	1,100,294	1,163,302	6	1,202,133	1,140,096	1,078,466

Table 35: Health Directorate: Cash Flow Statement

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
313,371	Controlled Recurrent Payments	297,851	310,654	4	313,625	294,875	266,943
999,365	User Charges	1,000,015	1,047,059	5	1,076,240	1,124,287	1,183,034
4,085	Grants	4,435	4,546	3	4,659	4,775	4,894
191	Interest Received	191	191	-	195	199	204
72,454	Other	71,454	71,846	1	73,623	75,356	77,158
1,389,466	Operating Receipts	1,373,946	1,434,296	4	1,468,342	1,499,492	1,532,233
Payments							
736,739	Employee	734,321	764,710	4	783,949	797,626	810,945
91,190	Superannuation	91,393	95,358	4	97,613	100,754	101,541
384,809	Supplies and Services	385,794	396,106	3	405,990	419,544	425,972
95,149	Grants and Purchased Services	98,895	99,066	..	102,368	106,694	109,433
430	Borrowing Costs	430	452	5	472	472	483
12,059	Related to Cost of Goods Sold	9,559	9,636	1	9,877	10,125	10,377
57,437	Other	57,601	57,990	1	58,365	59,834	61,339
1,377,813	Operating Payments	1,377,993	1,423,318	3	1,458,634	1,495,049	1,520,090
11,653	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	-4,047	10,978	371	9,708	4,443	12,143
CASH FLOWS FROM INVESTING ACTIVITIES							
Receipts							
Payments							
167,834	Purchase of Property, Plant and Equipment	122,620	133,943	9	116,396	21,948	15,912
167,834	Investing Payments	122,620	133,943	9	116,396	21,948	15,912
-167,834	NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	-122,620	-133,943	-9	-116,396	-21,948	-15,912

Table 35: Health Directorate: Cash Flow Statement (continued)

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
CASH FLOWS FROM FINANCING ACTIVITIES							
Receipts							
157,393	Capital Injections	99,146	123,012	24	105,465	11,017	4,981
157,393	Financing Receipts	99,146	123,012	24	105,465	11,017	4,981
Payments							
157,393	NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	99,146	123,012	24	105,465	11,017	4,981
1,212	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	-27,521	47	100	-1,223	-6,488	1,212
58,242	CASH AT THE BEGINNING OF REPORTING PERIOD	109,219	81,698	-25	81,745	80,522	74,034
59,454	CASH AT THE END OF REPORTING PERIOD	81,698	81,745	..	80,522	74,034	75,246

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments:
 - the decrease of \$15.520 million (5 per cent) in the 2017-18 estimated outcome from the original budget is mainly due to the transfer of appropriation to Territorial for capital grants to Calvary Hospital and Winnunga Nimmityjah Aboriginal Health Service and workers compensation premium savings. These are offset by appropriation provided through the 2017-18 Budget Review; and
 - the increase of \$12.803 million (4 per cent) in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to indexation.
- user charges: the increase of \$47.798 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to increased funding from the ACT Local Hospital Network for indexation and growth in activity.
- employee expenses: the increase of \$30.600 million in the 2018-19 Budget from the 2017-18 estimated outcome is due to wage rises and new initiatives.
- superannuation expenses: the increase of \$4.070 million in the 2018-19 Budget from the 2017-18 estimated outcome is due to wage rises, an increase in the superannuation contribution rate and new initiatives.
- supplies and services: the increase of \$10.799 million in the 2018-19 Budget from the 2017-18 estimated outcome is due to indexation and new initiatives.
- depreciation and amortisation: the increase of \$5.216 million in the 2018-19 Budget from the 2017-18 estimated outcome is due to the completion of capital works projects including the University of Canberra Hospital.
- Other expenses: the increase of \$3.681 million in the 2017-18 estimated outcome from the original budget and the decrease of \$2.916 million in the 2018-19 Budget from the 2017-18 estimated outcome relates mainly to the transfer of the old Belconnen Health Centre to ACT Property Group.

Balance Sheet

- cash and cash equivalents: the increase of \$22.244 million in the 2017-18 estimated outcome from the original budget is mainly due to the flow on effect of the 2016-17 audited outcome.
- receivables: the decrease of \$8.370 million in the 2017-18 estimated outcome from the original budget is mainly due to the flow on effect of the 2016-17 audited outcome.

- property, plant and equipment: the decrease of \$105.035 million in the 2017-18 estimated outcome from the original budget and the increase of \$66.290 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to the timing of capital works projects.
- intangible assets: the increase of \$9.345 million in the 2017-18 estimated outcome from the original budget and the increase of \$8.973 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to the completion of 'An E-Healthy Future' projects.
- capital works in progress: the increase of \$7.862 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to new capital works projects including Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.
- non current other assets: the increase of \$14.765 million in the 2017-18 estimated outcome from the original budget relates to lease incentives for the multi-year lease on 2-6 Bowes Place Phillip.
- payables: the increase of \$38.345 million in the 2017-18 estimated outcome from the original budget is mainly due to the flow on effect of the 2016-17 audited outcome.
- current and non current employee benefits: the increase of \$19.956 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to wage rises.
- current and non current other liabilities: the increase of \$24.050 million in the 2017-18 estimated outcome from the original budget relates to the multi-year lease on 2-6 Bowes Place Phillip.

Statement of Changes in Equity

- capital injections:
 - the decrease of \$58.247 million in the 2017-18 estimated outcome from the original budget is mainly due to roll overs of capital works projects into 2018-19; and
 - the increase of \$23.866 million in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to roll overs from 2017-18 and new capital works projects.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

Financial Statements – Territorial

Table 36: Health Directorate: Statement of Income and Expenses on Behalf of the Territory

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
Revenue							
18,593	Payment for Expenses on Behalf of the Territory	28,065	2,620	-91	5,692	8,609	932
1,376	Taxes, Fees and Fines	1,376	1,410	2	1,474	1,532	1,578
19,969	Total Revenue	29,441	4,030	-86	7,166	10,141	2,510
19,969	Total Income	29,441	4,030	-86	7,166	10,141	2,510
Expenses							
18,593	Grants and Purchased Services	28,065	2,620	-91	5,692	8,609	932
1,376	Transfer Expenses	1,376	1,410	2	1,474	1,532	1,578
19,969	Total Expenses	29,441	4,030	-86	7,166	10,141	2,510
0	Operating Result	0	0	-	0	0	0
0	Total Comprehensive Income	0	0	-	0	0	0

Table 37: Health Directorate: Statement of Assets and Liabilities on Behalf of the Territory

Budget at 30/6/18 \$'000	2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000	
Current Assets							
349	Cash and Cash Equivalents	674	674	-	674	674	674
0	Receivables	51	51	-	51	51	51
349	Total Current Assets	725	725	-	725	725	725
Non Current Assets							
0	Total Non Current Assets	0	0	-	0	0	0
349	TOTAL ASSETS	725	725	-	725	725	725
Current Liabilities							
301	Payables	300	300	-	300	300	300
0	Other Liabilities	261	261	-	261	261	261
301	Total Current Liabilities	561	561	-	561	561	561
Non Current Liabilities							
0	Total Non Current Liabilities	0	0	-	0	0	0
301	TOTAL LIABILITIES	561	561	-	561	561	561
48	NET ASSETS	164	164	-	164	164	164
REPRESENTED BY FUNDS EMPLOYED							
48	Accumulated Funds	164	164	-	164	164	164
48	TOTAL FUNDS EMPLOYED	164	164	-	164	164	164

Table 38: Health Directorate: Statement of Changes in Equity on Behalf of the Territory

Budget at 30/6/18 \$'000	2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000	
Opening Equity							
48	Opening Accumulated Funds	164	164	-	164	164	164
48	Balance at the Start of the Reporting Period	164	164	-	164	164	164
0	Total Movement in Reserves	0	0	-	0	0	0
Closing Equity							
48	Closing Accumulated Funds	164	164	-	164	164	164
48	Balance at the end of the Reporting Period	164	164	-	164	164	164

Table 39: Health Directorate: Cash Flow Statement on behalf of the Territory

2017-18 Budget		2017-18 Estimated Outcome	2018-19 Budget	Var %	2019-20 Estimate	2020-21 Estimate	2021-22 Estimate
\$'000		\$'000	\$'000		\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
18,593	Payment for Expenses on Behalf of the Territory	28,065	2,620	-91	5,692	8,609	932
1,376	Taxes, Fees and Fines	1,376	1,410	2	1,474	1,532	1,578
1,859	Other	2,806	261	-91	568	860	92
21,828	Operating Receipts	32,247	4,291	-87	7,734	11,001	2,602
Payments							
18,593	Grants and Purchased Services	28,065	2,620	-91	5,692	8,609	932
1,376	Transfer of Territory Receipts to the ACT Government	1,376	1,410	2	1,474	1,532	1,578
1,859	Other	2,806	261	-91	568	860	92
21,828	Operating Payments	32,247	4,291	-87	7,734	11,001	2,602
349	CASH AT THE BEGINNING OF REPORTING PERIOD	674	674	-	674	674	674
349	CASH AT THE END OF REPORTING PERIOD	674	674	-	674	674	674

Notes to the Territorial Budget Statements

Significant variations are as follows:

Statement of Income and Expenses on Behalf of the Territory

- payment for Expenses on Behalf of the Territory and grants and purchased services:
 - the increase of \$9.472 million (51 per cent) in the 2017-18 estimated outcome from the original budget is mainly due to the new capital grants to Calvary Hospital and re-profiling of grants. These are offset by the transfer of the University of Canberra Hospital Car Park from a Territorial Grant to a Departmental asset; and
 - the decrease of \$25.445 million (91 per cent) in the 2018-19 Budget from the 2017-18 estimated outcome is due to higher capital grants to Calvary Hospital in 2017-18.

Cash Flow Statement

Variations in the Statement are explained in the notes above.

ACT LOCAL HOSPITAL NETWORK

Purpose

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

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

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

2018-19 Priorities

Operational initiatives to be pursued in 2018-19 include:

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

Estimated Employment Level

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

Strategic Objectives and Indicators

Strategic Objective 1

Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

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

Table 1: Percentage of elective surgery cases admitted on time by clinical urgency

Clinically recommended time by urgency category	2017–18 Target	2017–18 Estimated Outcome	2018–19 Target ¹
Urgent—admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	92%	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%	69%	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%	75%	91%

Note:

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

Strategic Objective 2

Improved Emergency Department Timeliness

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

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

	2017–18 Target	2017–18 Estimated Outcome	2018–19 Target
One (resuscitation seen immediately)	100%	100%	100%
Two (emergency seen within 10 mins)	80%	77%	80%
Three (urgent seen within 30 mins)	75%	37%	75%
Four (semi urgent seen within 60 mins)	70%	50%	70%
Five (non urgent seen within 120 mins)	70%	83%	70%
All presentations	70%	50%	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

	2017–18 Target	2017–18 Estimated Outcome	2018–19 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	90%	64%	90%

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 may distort 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

	2017–18 Target ¹	2017–18 Estimated Outcome	2018–19 Target ¹
Canberra Hospital	<1.0%	0.5%	<1.0%
Calvary Public Hospital	<0.5%	0.4%	<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)

	2017–18 Target ¹	2017–18 Estimated Outcome	2018–19 Target ¹
Canberra Hospital	<2.0%	1.3%	<2.0%
Calvary Public Hospital	<1.0%	0.5%	<1.0%

Note:

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

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

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

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

	2017–18 Target ¹	2017–18 Estimated Outcome	2018–19 Target ¹
Canberra Hospital	<2.0 per 10,000	1.1 per 10,000	<2.0 per 10,000
Calvary Public Hospital	<2.0 per 10,000	0.2 per 10,000	<2.0 per 10,000

Note:

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

Strategic Indicator 3.4: The estimated hand hygiene rate

The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.

Table 7: Estimated Hand Hygiene Rate

	2017–18 Target ¹	2017–18 Estimated Outcome	2018–19 Target ¹
Canberra Hospital	75%	86%	75%
Calvary Public Hospital	75%	80%	75%

Note:

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

Output Classes

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

The NHRA commits to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by the Independent Hospital Pricing Authority (IHPA). The NEP is based on the projected average cost of a National Weighted Activity Unit (NWAU).

An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentations or outpatient episode), by weighing it for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAU's, the simplest and least expensive are worth fractions of an NWAU. NWAU's are updated annually.

The 2018-19 National Efficient Price is \$5,012 per NWAU.

Output Class 1: ACT Local Hospital Network

Table 8: Output Class 1: ACT Local Hospital Network

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000
Total Cost	1,120,407	1,175,946
Controlled Recurrent Payments	612,364	669,990

Accountability Indicators

Output Class 1: ACT Local Hospital Network

Table 9: Accountability Indicators Output 1.1

	2017-18 Targets	2017-18 Estimated Outcome	2018-19 Targets
	NWAU{17}	NWAU{17}	NWAU{18}
a. Admitted Services – National Weighted Activity Units ¹	99,535	95,882	101,853
b. Non-admitted Services – National Weighted Activity Units ¹	18,411	17,186	18,897
c. Emergency Services – National Weighted Activity Units ¹	18,456	18,492	19,389
d. Acute Admitted Mental Health Services – National Weighted Activity Units ¹	7,956	8,338	8,433
e. Sub-Acute Services – National Weighted Activity Units ¹	9,291	9,268	10,125
f. Total in Scope – National Weighted Activity Units ¹	153,649	149,166	158,697
g. Percentage of mental health clients with outcome measures completed ²	65%	70%	65%
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	80%	75%

Notes:

1. National Weighted Activity Unit (NWAU) is the 'currency' that is used to express the price weights for all services that are funded on an activity basis. NWAU {17} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2017–18, while NWAU {18} is the currency for 2018–19. These measures combine the results for Canberra Hospital and Calvary Public Hospital in-scope activity.
2. The estimated outcome of 70 per cent indicates better outcomes for mental health clients.

Changes to Appropriation

Table 10: Changes to appropriation – Controlled Recurrent Payments

	2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
2017-18 Budget	656,143	658,512	659,774	667,867	667,867
2018-19 Budget Technical Adjustments					
2018-19 Commonwealth Budget - National Health Reform Agreement	(40,031)	(13,053)	(15,515)	(25,367)	(43,986)
Estimated Outcome - Cross Border Health payments	(3,748)	(4,109)	(4,211)	(5,083)	(5,209)
Rebasing LHN	-	28,640	34,040	57,771	99,147
Revised Indexation Parameters	-	-	-	-	7,354
2018-19 Budget	612,364	669,990	674,088	695,188	725,173

Financial Statements

Table 11: ACT Local Hospital Network: Operating Statement

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
Income							
Revenue							
656,143	Controlled Recurrent Payments	612,364	669,990	9	674,088	695,188	725,173
101,280	User Charges	105,028	107,921	3	110,619	113,385	116,219
362,984	Grants	403,015	398,035	-1	423,826	451,293	480,544
1,120,407	Total Revenue	1,120,407	1,175,946	5	1,208,533	1,259,866	1,321,936
0	Total Gains	0	0	-	0	0	0
1,120,407	Total Income	1,120,407	1,175,946	5	1,208,533	1,259,866	1,321,936
Expenses							
1,114,063	Grants and Purchased Services	1,113,930	1,169,126	5	1,201,351	1,252,299	1,313,960
6,344	Payments to ACT Government Agencies	6,477	6,820	5	7,182	7,567	7,976
1,120,407	Total Expenses	1,120,407	1,175,946	5	1,208,533	1,259,866	1,321,936
0	Operating Result	0	0	-	0	0	0
0	Total Comprehensive Income	0	0	-	0	0	0

Table 12: ACT Local Hospital Network: Balance Sheet

Budget at 30/6/18 \$'000		2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000
Current Assets							
3,147	Cash and Cash Equivalents	3,771	3,771	-	3,771	3,771	3,771
19,843	Receivables	24,218	24,218	-	24,218	24,218	24,218
22,990	Total Current Assets	27,989	27,989	-	27,989	27,989	27,989
Non Current Assets							
0	Total Non Current Assets	0	0	-	0	0	0
22,990	TOTAL ASSETS	27,989	27,989	-	27,989	27,989	27,989
Current Liabilities							
14,010	Payables	14,780	14,780	-	14,780	14,780	14,780
14,010	Total Current Liabilities	14,780	14,780	-	14,780	14,780	14,780
Non Current Liabilities							
0	Total Non Current Liabilities	0	0	-	0	0	0
14,010	TOTAL LIABILITIES	14,780	14,780	-	14,780	14,780	14,780
8,980	NET ASSETS	13,209	13,209	-	13,209	13,209	13,209
REPRESENTED BY FUNDS EMPLOYED							
8,980	Accumulated Funds	13,209	13,209	-	13,209	13,209	13,209
8,980	TOTAL FUNDS EMPLOYED	13,209	13,209	-	13,209	13,209	13,209

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

Budget at 30/6/18 \$'000		2017-18 Estimated Outcome \$'000	Budget at 30/6/19 \$'000	Var %	Estimate at 30/6/20 \$'000	Estimate at 30/6/21 \$'000	Estimate at 30/6/22 \$'000
	Opening Equity						
8,980	Opening Accumulated Funds	13,209	13,209	-	13,209	13,209	13,209
8,980	Balance at the Start of the Reporting Period	13,209	13,209	-	13,209	13,209	13,209
0	Total Movement in Reserves	0	0	-	0	0	0
	Closing Equity						
8,980	Closing Accumulated Funds	13,209	13,209	-	13,209	13,209	13,209
8,980	Balance at the End of the Reporting Period	13,209	13,209	-	13,209	13,209	13,209

Table 14: ACT Local Hospital Network: Cash Flow Statement

2017-18 Budget		2017-18 Estimated Outcome \$'000	2018-19 Budget \$'000	Var %	2019-20 Estimate \$'000	2020-21 Estimate \$'000	2021-22 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES							
Receipts							
656,143	Controlled Recurrent Payments	612,364	669,990	9	674,088	695,188	725,173
101,280	User Charges	105,028	107,921	3	110,619	113,385	116,219
362,984	Grants	403,015	398,035	-1	423,826	451,293	480,544
20,301	Other	20,301	21,089	4	21,994	21,994	22,544
1,140,708	Operating Receipts	1,140,708	1,197,035	5	1,230,527	1,281,860	1,344,480
Payments							
1,120,407	Grants and Purchased Services	1,120,407	1,175,946	5	1,208,533	1,259,866	1,321,936
20,301	Other	20,301	21,089	4	21,994	21,994	22,544
1,140,708	Operating Payments	1,140,708	1,197,035	5	1,230,527	1,281,860	1,344,480
0	NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	0	0	-	0	0	0
3,147	CASH AT THE BEGINNING OF REPORTING PERIOD	3,771	3,771	-	3,771	3,771	3,771
3,147	CASH AT THE END OF REPORTING PERIOD	3,771	3,771	-	3,771	3,771	3,771

Notes to the Controlled Budget Statements

Significant variations are as follows:

Operating Statement

- controlled recurrent payments:
 - the decrease of \$43.779 million (7 per cent) in the 2017-18 estimated outcome from the original budget is due to increased commonwealth and cross border revenue; and
 - the increase of \$57.626 million (9 per cent) in the 2018-19 Budget from the 2017-18 estimated outcome is mainly due to indexation and new initiatives.
- user charges: the increase of \$3.748 million in the 2017-18 estimated outcome from the original budget is due to increased cross border revenue.
- grants revenue: this funding relates to Activity Based Funding under the National Health Reform Agreement. The increase of \$40.031 million in the estimated outcome from the original budget is mainly due to back adjustments related to the 2015-16 and 2016-17 financial years.
- grants and purchased services: the increase of \$55.196 million in the 2018-19 Budget from the 2017-18 estimated outcome is due to indexation and new initiatives.

Balance Sheet

- receivables: the increase of \$4.375 million in the 2017-18 estimated outcome from the original budget is due to the flow on effect of the 2016-17 audited outcome and relates to outstanding cross border health receipts.

Cash Flow Statement

Variations in the Statement are explained in the notes above.