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# ACT HEALTH DIRECTORATE

## Purpose

The ACT Health Directorate (the Directorate) provides strategic leadership, policy advice and oversight of the public health system, supporting and enabling clinical excellence and research across the public health system, to improve Territory-wide health care in the ACT. The Directorate engages with its partners and stakeholders to ensure better health outcomes for all in the ACT and surrounding regions.

We develop strategies and set direction to meet community needs and expectations, striving for an innovative, effective and sustainable health service, now and into the future.

The Directorate’s key functions include:

* providing strategic leadership, policy advice, and oversight of the public health system;
* leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
* administering the ACT Government’s legislative program on health matters;
* engaging with the Directorate’s partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning;
* supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
* delivering a range of health prevention, promotion, and protection services;
* implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care;
* conducting public health system planning and evaluation for sustainable services, workforce and infrastructure, that supports effective resource allocation, innovation, and safe high-quality care;
* delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for the new public health services;
* commissioning value-based care that improves health outcomes; and
* monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The Directorate’s work and vision is underpinned by the *ACT Health Directorate Strategic Plan 2020-25,* which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

## 2021-22 Priorities

In 2021-22, the Directorate will focus on a phased approach to achieving a COVID-19 normal life in a safe manner. We will balance the risks posed by COVID-19 to ensure we do not overwhelm our health system. We will move through the phases of the National Plan to transition Australia’s National COVID-19 response. Movement through each phase is triggered when the average vaccination rates across the nation, as well as in the ACT, have reached the required thresholds.

Work will continue on planning and implementing initiatives to support:

* public health responses - test, trace, isolate and quarantine (TTIQ);
* public health social measures (public health restrictions);
* health system capacity, including the impact of COVID-19 in regional NSW;
* achieving and maintaining high vaccination rates, including in vulnerable and high risk groups;
* compliance activities; and
* mental health support measures.

The Directorate will continue focus and investment into key infrastructure projects for ACT health facilities, to ensure our health system meets the growing need of our city. This includes the continuation of planning and design works for a new northside hospital, which will bring modern hospital services closer to the growing and ageing northside population.

As part of planning for the new Northside Hospital, the Directorate will invest in the delivery of essential infrastructure upgrades at Calvary Public Hospital Bruce, to ensure the continued provision for safe and effective service for patients and staff.

The Directorate is committed to the delivery of the Canberra Hospital Master Plan and will commence early works for a new multi-storey carpark at the Canberra Hospital. The Master Plan will deliver major expansion of the Canberra Hospital, which will deliver significant healthcare infrastructure, including new emergency, surgical and critical care facilities.

To improve health services in our system, the Directorate will deliver a range of new health service initiatives, implement new health policy, design and develop new health systems across a broad range of services, address specific unmet health care needs, improve mental health services and provide investment in harm minimisation from drug and alcohol. This will be achieved by:

* delivering more timely, supportive, and accessible mental health programs for people in the ACT, targeting early intervention to provide better health outcomes. A key focus will be meeting the health needs of Aboriginal and Torres Strait Islander people, through the establishment of a culturally appropriate suicide prevention service, support for the continued delivery of the Detention Exit Community Outreach program and meeting the needs of Aboriginal and Torres Strait Islander detainees at the Alexander Machonchie Centre (AMC), through the Winnunga Model of Care;
* investment in evidence-based harm minimisation responses to illicit drugs through programs for harm reduction approaches to drug use and dependence to reduce health, social and economic harms resulting from drug use. Investment will include a fixed-site pill testing service;
* providing services within the Drug and Alcohol Court (DAC) program, a specialised criminal justice response to alcohol and drug related crime in the ACT. We will also partner with Winnunga Nimmityjah, to commence early planning and design for an Aboriginal and Torres Strait Islander residential alcohol and drug rehabilitation facility for the replacement of existing facilities;
* addressing specific unmet health needs in the community, including support for a Community Health run program, for the provision of sexual health education, information, and support for people with disabilities;
* leading the development of a co-design gender-focused peer-led health service with Non-Government Organisations and LGBTIQ+ stakeholders, and develop an implementation plan for the LGBTIQ+ Health Scoping Study to address health care concerns;
* supporting the implementation of the ‘Ratios Framework’ with the first stage of the introduction of nursing and midwifery ratios at Canberra Health Services and Calvary Public Hospital Bruce;
* implementing a new model of patient navigation to better coordinate care across the health system for people with chronic and complex conditions including a paediatric nurse liaison service; and
* progressing the design of an activity based management system tailored to the needs of the ACT public health system to assist our capacity to respond to increasing demand for health services.

## Estimated Employment Level

Table 1: Estimated Employment Level

|  | 2019-20  Actual  Outcome | 2020-21  Budget | 2020-21  Interim  Outcome | 2021-22  Budget1 |
| --- | --- | --- | --- | --- |
| **Staffing (FTE)** | 613 | 683 | 807 | 829 |

Note:

1. The increase in FTE relates to 2021-22 new initiatives.

## Strategic Objectives and Indicators

### Strategic Objective 1 – A Healthy Community

To enable people to live healthy and active lives and stay well and productive, the Directorate provides evidence-informed and strategic health policy advice to Government to drive system-wide strategies that set clear priorities for safety, quality, expenditure and activities. To achieve this objective, the Directorate engages with national and inter-jurisdictional forums, collaborates across the ACT Public Service and works with business, community, and health sector partners.

#### Strategic Indicator 1.1 - Improving the Mental Wellbeing of Canberrans

Percentage of ACT adults who self-report their mental health status as very good or excellent.

This indicator reflects people’s feelings and views about their mental health. Mental health is impacted by a range of factors, including access to appropriate preventive, early intervention, primary care, community, and acute services.

**Table 2: Percentage of ACT adults who self-report their mental health status as very good or excellent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
| **Target** | **Interim**  **Outcome1** | **Target** |
| Percentage of ACT adults who self-report their mental health as very good or excellent | >60% | 52% | >60% |

*Sources: ACT General Health Survey*

Note:

1. This result is reflective of the underlying prevalence of mental health and other conditions (for example, cancer and diabetes) in the community. For example, 6.1 per cent of respondents to the 2019 General Health Survey had probable serious mental illness, 17.1 per cent had anxiety and 15.0 per cent had depression. In addition, It is likely that there is an impact as a result of the COVID-19 pandemic. While the result from the 2020 General Health Survey is not significantly different to previous years, other surveys have reported a decline in self-rated mental health related to the pandemic.

#### Strategic Indicator 1.2 - Improving the Health Status of Canberrans

Percentage of ACT adults who self-report their health status as very good or excellent.

This indicator reflects people’s feelings and views about their physical health status. Physical health status at a population level is impacted by a range of factors, including access to appropriate preventive health, health protection, primary care and hospital services.

**Table 3: Percentage of ACT adults who self-report their health status as very good or excellent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
| **Target** | **Interim**  **Outcome** | **Target** |
| Percentage of ACT adults who self-report their health status as very good or excellent | >55% | 55% | >55% |

*Sources: ACT General Health Survey*

#### Strategic Indicator 1.3 - Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2020-21, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.0 per 1,000 persons in the ACT population. This is not significantly different to the long-term target and follows a generally decreasing trend over a 10 year period.

**Table 4: Reduction in the rate of broken hips (fractured neck of femur)**

|  |  |  |
| --- | --- | --- |
| **Strategic Indicator** | **2020-21**  **ACT Rate1** | **Long Term**  **Target** |
| Rate per 1,000 ACT residents aged 75 years and over | 5.0 | 5.3 |

*Source: ACT Admitted Patient Care data (Public Hospital data only)*

Note:

1. The rate of fractured neck of femur in ACT residents fluctuates from year to year due to a relatively small ACT population aged 75 years and over. Small changes in the number of cases have large influence over the calculated rate.

### Strategic Objective 2 – A safe, responsive, sustainable public health system

Effective delivery of government policy requires coordination, cohesion and alignment of efforts across the ACT public health system. The Directorate plans for our community’s future needs, carefully considering how to allocate resources to best improve health outcomes and enable safe, high-quality care for the community now and into the future. A Territory-wide Health Services Plan is currently being developed and will provide a system wide view of priorities for health service development and redesign across the ACT, over the next five to ten years.

The Directorate works to deliver high quality services through:

* ensuring our regulatory services remain responsive and risk based and facilitate regulatory compliance through co-design and engagement;
* embedding and utilising accurate and responsive health data and analytics that inform planning, decision making and service delivery;
* delivering high quality person-centred digital solutions that enable safe, timely and effective care, improve collaboration and innovation, and are on time and on budget; and
* driving a dynamic and innovative health and medical research environment that translates research into better health outcomes.

#### Strategic Indicator 2.1 - Performing more Elective Surgery

Increasing the number of elective surgery procedures performed.

**Table 5: Number of elective surgeries performed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
|  | **Target** | **Interim Outcome1** | **Target2** |
| Number of elective surgeries performed | >16,000 | 15,324 | 14,800 |

Notes:

1. As part of the COVID-19 recovery project, the ACT aimed to deliver more than 16,000 elective surgeries. The Territory achieved 95 per cent of the target and achieved a record number of surgeries for the year. Full achievement of the target was constrained mainly by the availability of sufficient clinical workforce, especially where public and private elective surgery was recovering nationwide from the early pandemic suspensions and border restrictions continued to impact on clinical workforce movement.
2. The 2020-21 target was above trend growth on account of the COVID-19 recovery project, as outlined above. The 2021‑22 target does not as yet take account of the introduction of a new non-admitted model of care for some urology services. This was funded through the 2019-20 Budget and becomes operational in 2021-22. Data on the impact of the new model of care on urology surgeries will be collected and analysed throughout 2021-22.

#### Strategic Indicator 2.2 - Reducing the Waiting List for Elective Surgery

Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery.

**Table 6: The number of patients waiting longer than clinically recommended timeframes for elective surgery**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
|  | **Target** | **Interim Outcome1** | **Target** |
| The number of patients waiting longer than clinically recommended timeframes for elective surgery | 430 | 773 | 430 |

Note:

1. At the end of 2019-20, due to the temporary suspension of non-essential surgery on account of COVID-19, the Territory recorded a high number of patients against this indicator, at 1,317. In 2020-21, the COVID-19 elective surgery recovery project targeted those patients who were overdue against clinically recommended timeframes as at 30 June 2020, with 99 per cent of those patients receiving their surgery by 30 June 2021. Record demand for elective surgery services in 2020-21, with 17,396 additions to the wait list, contributed to the result against the indicator remaining above target at the end of the period.

#### Strategic Indicator 2.3 - Improving Timeliness of Emergency Department Treatment

Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less. This provides an indication of the effectiveness of the public hospital system in meeting the need for Emergency Department services.

**Table 7: The Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
| **Target** | **Interim Outcome1** | **Target** |
| Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less | 90% | 57% | 90% |

Note:

1. The below target result continues to be influenced by the ‘seen on time’ results for patients in Triage Categories 3 and 4, as measured against the Australasian Triage Scale of the Australasian College of Emergency Medicine. The number of presentations in these triage categories made up approximately 80 per cent of total emergency department presentations in the period. Other influences on the result against this indicator can be high bed occupancy rates and high admission rates from the emergency department.

#### Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre

This indicator considers unplanned return to theatre because of some selected surgical complications for which clinical risk mitigation strategies are thought to reduce the risk of that complication occurring.

**Table 8: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
| **Target** | **Interim**  **Outcome** | **Target** |
| Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions | ≤20 | 12 | ≤20 |

#### Strategic Indicator 2.5 – Avoidable Readmissions to Hospital

This indicator considers the number of people readmitted to hospital with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.

**Table 9: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | **2020-21** | **2021-22** |
| **Target** | **Interim**  **Outcome1** | **Target** |
| Number of avoidable readmissions for selected conditions per 10,000 hospital admissions | ≤50 | 127 | ≤50 |

Note:

1. Since the setting of this target in 2020-21, the national methodology of inclusions and exclusions has been redefined, resulting in the above outcome. The results will continue to be monitored with a view to resetting the target in the 2022-23 Budget.

## Output Classes

The Directorate will undertake Territory wide planning of public health services, promote physically and mentally healthy communities and support continuous improvement of the public health system.

### Output Class 1: Public Health Services

Table 10: Output Class 1: Public Health Services

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1,2 |  | 395,048 | 450,447 |
| Controlled Recurrent Payments |  | 249,100 | 274,523 |

Notes:

1. Total cost includes depreciation and amortisation of $21.393 million in 2020-21 and $28.205 million in 2021-22.
2. The increase in total cost is impacted by the full year effect of a change in the funding flow for cross border health receipts, which are now required to be transacted through the Directorate resulting in an increase in total expenses and total revenue of $29 million.

#### Output 1.1: Improved Hospital Services

The Directorate seeks to improve hospital services in collaboration with its service partners by:

* planning and delivering an ACT wide health system service model;
* managing, developing, implementing and providing advice on health services planning processes across the system;
* developing strategic policy for the health system, including working with the Commonwealth on key health improvement initiatives;
* managing demand for and supply of health services across the Territory;
* improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy;
* preventing, and providing a timely response to, potential public health incidents;
* leading the development of strategies and policies towards funding sustainability;
* leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and
* commissioning and managing contracts for the provision of health services, including the public hospital provider through the Local Hospital Network, as well as partnerships with community sector organisations, peak bodies and advocacy groups.

**Table 11: Output 1.1: Improved Hospital Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1 |  | 85,219 | 98,465 |
| Controlled Recurrent Payments |  | 50,991 | 55,950 |

Note:

1. The increase in total cost is impacted by the full year effect of a change in the funding flow for cross border health receipts, which are now required to be transacted through the Directorate resulting in an increase in total expenses and total revenue.

#### Output 1.2: Healthy Communities

The Directorate seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. This includes influencing the social and environmental conditions that impact on population and individual health, comprising improved food and drink environments in schools, workplaces, food outlets and sporting clubs, monitoring of recreational and drinking water quality, food safety, communicable diseases control and general environmental health.

**Table 12: Output 1.2: Healthy Communities**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1 |  | 117,793 | 132,793 |
| Controlled Recurrent Payments |  | 72,330 | 81,578 |

Note:

1. The increase in total cost is impacted by the full year effect of a change in the funding flow for cross border health receipts, which are now required to be transacted through the Directorate resulting in an increase in total expenses and total revenue.

#### Output 1.3: Mentally Healthy Communities

The Directorate supports an integrated mental health system that allows people with access to appropriate treatment, care or support in a timely manner. The Directorate collaborates with stakeholders on strategic policy and service system planning, to ensure funding is targeted to provide safe, high quality programs and services that offer seamless transition through stepped care and interventions as needed. This comprehensive response includes:

* leadership through the Office for Mental Health and Wellbeing to a whole of government approach to sustainable, effective and coordinated sector innovation;
* promotion of mental health and social wellbeing for the community;
* raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination, while at the individual level, encouraging people to seek help when needed;
* prevention of suicide and attempted suicide;
* early intervention to increase resilience and reduce the impact of mental health issues;
* accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health concerns, including severe mental illness; and
* evaluation and research to support ongoing development and improvement of the programs and services available.

**Table 13: Output 1.3: Mentally Healthy Communities**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1 |  | 81,023 | 96,263 |
| Controlled Recurrent Payments |  | 49,762 | 56,553 |

Note:

1. The increase in total cost is impacted by the full year effect of a change in the funding flow for cross border health receipts, which are now required to be transacted through the Directorate resulting in an increase in total expenses and total revenue.

#### Output 1.4: Continuous Improvement of the ACT Public Health System

The Directorate provides strategic leadership and direction for the health system through development and administration of policies and legislation.

This includes:

* developing Territory-wide plans for health services, workforce and major capital investment;
* driving service improvement and innovation through a collaborative policy cycle;
* providing responsive policy advice to government reflecting the changing nature of the health sector;
* supporting delivery of high quality health services by building and maintaining intergovernmental partnerships; and
* conducting research programs that translate research evidence into improved healthcare.

**Table 14: Output 1.4: Continuous Improvement of the ACT Public Health System**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1 |  | 111,013 | 122,926 |
| Controlled Recurrent Payments |  | 76,017 | 80,442 |

Note:

1. The increase in total cost is impacted by the full year effect of a change in the funding flow for cross border health receipts, which are now required to be transacted through the Directorate resulting in an increase in total expenses and total revenue.

## Accountability Indicators

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 accountability indicators below refer to the interim outcome included in the draft 2020-21 Statement of Performance, which was unaudited at the time of preparing these budget statements.

Contextual information on each output class can be found in the ‘Output Classes’ section of this budget statement.

### Output Class 1: ACT Health Directorate

#### Output 1.1: Improved Hospital Services

**Table 15: Accountability Indicators Output 1.1**

|  | 2020-21 Targets | 2020-21  Interim  Outcome | 2021-22  Targets |
| --- | --- | --- | --- |
| 1. Percentage of all Emergency Department presentations treated within clinically appropriate timeframes1 | 70% | 48% | 70% |
| 1. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes | 100% | 98% | 100% |
| 1. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes2 | 80% | 63% | 80% |
| 1. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes2 | 93% | 73% | 93% |

Notes:

1. Percentage of patients who are treated within the Australasian Triage Scale waiting times as recommended by the Australasian College of Emergency Medicine (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
2. Admission within 30 days is clinically recommended for Category 1 (urgent) elective surgery patients.
3. Admission within 90 days is clinically recommended for Category 2 (semi-urgent) elective surgery patients.
4. Admission within 365 days is clinically recommended for Category 3 (non-urgent) elective surgery patients.

Variances between the 2020-21 Target and Interim Outcome:

1. ACT Emergency Departments continue to experience increases in presentations which exceed the rate of population growth. The reasons for this growth are a rapidly aging ACT population and increasing prevalence of chronic diseases. The complexity of these presentations requires extensive Emergency Department resources which requires longer times in emergency department for treatment. Higher demand and longer treatment times will result in longer waiting times.
2. The suspensions to non-essential elective surgeries in March 2020 due to the COVID-19 response led to many Category 2 and 3 patients becoming overdue for surgery. There were over 1,500 overdue patients at 30 June 2020, representing 25 percent of the waitlist, being mainly Category 2 and 3 listed patients. As more overdue Category 2 and 3 patients received their surgery (as part of the elective surgery recovery initiative in 2020-21, due to its focus on overdue patients), the percentage of patients treated on time remained below target.

#### Output 1.2: Healthy Communities

**Table 16: Accountability Indicators Output 1.2**

|  | 2020-21 Targets | 2020-21  Interim  Outcome | 2021-22  Targets |
| --- | --- | --- | --- |
| 1. Samples analysed1 | 12,500 | 11,254 | 12,500 |
| 1. Total number of inspections and proactive site visits of food business2 | 2,500 | 3,659 | 2,500 |
| 1. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Immunisation Register | 95% | 97% | 95% |
| 1. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population: |  |  |  |
| i. 12 to 15 months | 95% | 96% | 95% |
| ii. 24 to 27 months | 95% | 92% | 95% |
| iii. 60 to 63 months3 | 95% | 100% | 95% |
| iv. All | 95% | 96% | 95% |
| 1. Number of businesses making a pledge as part of the Healthier Choices Canberra Initiative | n/a | n/a | 60 |
| 1. Number of businesses signed up to provide and promote healthier food choices as part of the Healthier Choices Canberra initiative4 | 120 | 111 | n/a |

Notes:

1. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
2. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
3. Percentage of all 12-month-old children in the ACT who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
4. Percentage of ACT Aboriginal and Torres Strait Islander children - 12 to 15 months, 24 to 27 months, 60 to 63 months and all children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
5. This measure is replacing accountability indicator 1.2.f in 2021-22. It measures the cumulative number of businesses who have signed-up to make a pledge as part of up to the *Healthier Choices Canberra* Initiative. Participation in this program is voluntary and businesses can select to sign-up to the initiative and leave in the same financial year. At the end of 2019‑20 there were 104 businesses signed-up.
6. This measure is being replaced by accountability indicator 1.2.e in 2021-22.

Variances between the 2020-21 Target and Interim Outcome:

1. The variance is mainly due to reductions in operations by third parties utilising the laboratory’s services, an assessment of the underpinning drivers would be speculative. It should be noted that although samples analysed is down, the number of tests completed is still high as a large number of samples require multiple tests.
2. The variance is due to changes to administrative procedures, the implementation of a new food inspection database and complementary workforce management system. Site visits from March 2020 aimed to inform businesses of directives under the *Public Health Act 1997* relating to the current public health emergency, and to ensure their compliance.
3. The variance is due to work by the Health Protection Service to maintain and increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes follow-up of children reported as overdue for immunisations, promotional resources and information and ongoing collaboration with stakeholders and the Aboriginal and Torres Strait Islander community.
4. The variance was due to a change in focus. A key priority in the 2020 calendar year was to support existing businesses already on the program who were significantly impacted by COVID-19. The focus was to maintain engagement with existing businesses and support them during a period where they had to either close completely or pivot to takeaway service only and then reopen with restricted dining numbers and new COVID-19 safe measures in place.

#### Output 1.3: Mentally Healthy Communities

**Table 17: Accountability Indicators Output 1.3**

|  | 2020-21 Targets | 2020-21  Interim  Outcome | 2021-22  Targets |
| --- | --- | --- | --- |
| 1. Percentage of mental health clients with outcome measures completed1 | 65% | 78% | 65% |
| 1. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019‑2021 published | 1 | 1 | 1 |

Notes:

1. Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reporting period.
2. The annual progress report on the implementation of the office for Mental Health and Wellbeing Workplan is completed as a standalone component of Directorate’s Annual Report.

Variances between the 2020-21 Target and Interim Outcome:

1. The over achievement is due to a sustained effort to complete outcome measures for eligible consumers.

#### Output 1.4: Continuous Improvement of the ACT Public Health System

**Table 18: Accountability Indicators Output 1.4**

|  | 2020-21 Targets | 2020-21  Interim  Outcome | 2021-22  Targets |
| --- | --- | --- | --- |
| 1. Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly | 2 | 2 | 2 |
| 1. ACT Public Health Services Quarterly Performance Report | 4 | 4 | 4 |

Notes:

1. The Biannual Report of progress on implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly.
2. The number of ACT Public Health Service Quarterly Performance Reports published.

## Changes to Appropriation

Table 19: Changes to appropriation – Controlled Recurrent Payments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| **2020-21 Budget** | 263,923 | 240,612 | 239,357 | 238,199 | 237,228 |
|  |  |  |  |  |  |
| **2021-22 Budget Policy Decisions** |  |  |  |  |  |
|  |  |  |  |  |  |
| Better care in the community |  |  |  |  |  |
| Aboriginal and Torres Strait Islander specific mental health services | 0 | 250 | 524 | 537 | 651 |
| Addressing unmet need in sexual health support for people with disability | 0 | 125 | 256 | 263 | 269 |
| Continuing the Mental Health Detention Exit Community Outreach program | 0 | 300 | 308 | 315 | 0 |
| Continuing the Mental Health Discharge Accommodation program | 0 | 1,000 | 1,025 | 0 | 0 |
| Implementation of the LGBTIQ+ Scoping Study recommendations | 0 | 360 | 0 | 0 | 0 |
| More support for community delivered Mental Health | 0 | 667 | 2,758 | 2,520 | 2,581 |
|  |  |  |  |  |  |
| Community sector partnerships |  |  |  |  |  |
| More support for community sector organisations | 0 | 398 | 402 | 405 | 449 |
|  |  |  |  |  |  |
| COVID-19 Response |  |  |  |  |  |
| Continuing the COVID-19 Public Health support package | 0 | 10,671 | 0 | 0 | 0 |
| Expanded COVID-19 Vaccination program | 0 | 5,513 | 0 | 0 | 0 |
| Mental health support package | 0 | 220 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Improving our health system |  |  |  |  |  |
| Activity based management | 0 | 566 | 566 | 0 | 0 |
| Implementing a patient navigation services | 0 | 85 | 0 | 0 | 0 |
| Introduction of nursing and midwifery ratios | 0 | 292 | 592 | 600 | 608 |
| Reducing the impact of stroke | 0 | 89 | 177 | 177 | 177 |
| Winnunga health services for Aboriginal and Torres Strait Islander detainees at the AMC | 0 | 1,348 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| More alcohol and other drug services |  |  |  |  |  |
| Drug and Alcohol Court - more support | 0 | 1,395 | 1,430 | 0 | 0 |
| Fixed-site pill testing pilot | 0 | 260 | 0 | 0 | 0 |
| Reducing harm from addiction and overdoses | 0 | 340 | 344 | 147 | 151 |
| Watson Health Precinct redevelopment | 0 | 253 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget Technical Adjustments** |  |  |  |  |  |
|  |  |  |  |  |  |
| Revised Funding Profile |  |  |  |  |  |
| ACT Health Core IT Systems to align with the Digital Health Strategy | -2,620 | 1,620 | 1,000 | 0 | 0 |
| ACT Pathology Laboratory information system replacement | -7,057 | 2,654 | 2,202 | 2,201 | 0 |
| Birth of a Child Pilot | -278 | 278 | 0 | 0 | 0 |
| Community Health and Hospitals Program - Youth Mental Health Suicide Prevention | -989 | 989 | 0 | 0 | 0 |
| COVID-19 Stimulus measure - Mental Health Package | -672 | 672 | 0 | 0 | 0 |
| COVID-19 Vaccination Program | -696 | 696 | 0 | 0 | 0 |
| Health Innovation Funding | 0 | 238 | 0 | 0 | 0 |

Table 19: Changes to appropriation – Controlled Recurrent Payments (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| Implementation of Cultural Review | -643 | 643 | 0 | 0 | 0 |
| Supporting complex care in General Practice | -704 | 704 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Transfers |  |  |  |  |  |
| Care Closer to Home Project Management from LHN | 0 | 153 | 0 | 0 | 0 |
| Detention Exit Community Outreach from CHS | 0 | 275 | 282 | 289 | 296 |
| Gugan Gulwan Nurse funding from CHS | 0 | 180 | 180 | 180 | 184 |
| Professional Standards Unit cost to CMTEDD | 0 | -84 | -85 | -86 | -88 |
| Territory Records Office Expenses to CMTEDD | 0 | -132 | -134 | -137 | -140 |
| Winnunga Nurse funding from CHS | 0 | 171 | 173 | 175 | 178 |
|  |  |  |  |  |  |
| Change of funding source - COVID-19 Vaccination Program | 0 | -891 | 0 | 0 | 0 |
| Revised Economic Parameters | 0 | 1,336 | 2,760 | 4,220 | 9,474 |
| Superannuation Round Robin | 0 | 514 | 521 | 527 | 535 |
| Undrawn Funds | -1,164 | 0 | 0 | 0 | 0 |
| Workers Compensation Premium Adjustment | 0 | -237 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget** | **249,100** | **274,523** | **254,638** | **250,532** | **252,553** |

Table 20: Changes to appropriation – Expenses on Behalf of the Territory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| **2020-21 Budget** | 14,202 | 931 | 954 | 978 | 978 |
|  |  |  |  |  |  |
| **2021-22 Budget Policy Decisions** |  |  |  |  |  |
|  |  |  |  |  |  |
| Better care in the community |  |  |  |  |  |
| Expansion of palliative care services at Clare Holland House Hospice | 0 | 46 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Improving Canberra’s health infrastructure |  |  |  |  |  |
| Calvary critical infrastructure phase 2 | 0 | 8,645 | 10,171 | 1,000 | 0 |
|  |  |  |  |  |  |
| More alcohol and other drug services |  |  |  |  |  |
| Watson Health Precinct redevelopment | 0 | 250 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget Technical Adjustments** |  |  |  |  |  |
| Revised Economic Parameters | 0 | 0 | 0 | 0 | 24 |
| Revised Funding Profile and Transfer from Departmental - Calvary critical infrastructure phase 1 | -5,395 | 6,603 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget** | **8,807** | **16,475** | **11,125** | **1,978** | **1,002** |

Table 21: Changes to appropriation – Capital Injections, Controlled

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| **2020-21 Budget** | 34,610 | 66,293 | 36,071 | 5,499 | 11,273 |
|  |  |  |  |  |  |
| **2021-22 Budget Policy Decisions** |  |  |  |  |  |
|  |  |  |  |  |  |
| COVID-19 Response |  |  |  |  |  |
| Continuing the COVID-19 Public Health support package | 0 | 480 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Improving Canberra’s health infrastructure |  |  |  |  |  |
| A new carpark at Canberra Hospital | 0 | 500 | 2,500 | 0 | 0 |
| Calvary critical infrastructure phase 2 | 0 | 1,270 | 1,169 |  |  |
| Northside hospital development | 0 | 2,676 | 7,870 | 0 | 0 |
|  |  |  |  |  |  |
| More alcohol and other drug services |  |  |  |  |  |
| Watson Health Precinct redevelopment | 0 | 300 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget Technical Adjustments** |  |  |  |  |  |
|  |  |  |  |  |  |
| Fast-track - Phase 3 |  |  |  |  |  |
| Hydrotherapy pool in the south of Canberra - Early planning | 0 | 250 | 0 | 0 | 0 |
| Ngunnawal Bush Healing Farm - Upgrade to water tank monitoring system | 0 | 50 | 0 | 0 | 0 |
| QEII upgrades | 0 | 65 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Revised Funding Profile |  |  |  |  |  |
| ACT Health Core IT Systems | 15,627 | -15,627 | 0 | 0 | 0 |
| ACT Pathology Laboratory information system | -720 | 720 | 0 | 0 | -5,774 |
| Building Improvement Fund | -300 | 300 | 0 | 0 | 0 |
| Calvary critical infrastructure phase 1 | -866 | 866 | 0 | 0 | 0 |
| Community, Health and Hospitals Program - Alcohol & Other Residential Rehabilitation Expansion & Modernisation | -915 | -1,085 | 1,000 | 1,000 | 0 |
| Community, Health and Hospitals Program - Community Based Residential Eating Disorder Treatment Centre | -1,000 | -9,500 | 10,000 | 500 | 0 |
| COVID-19 and disease response management system | -7,263 | 7,263 | 0 | 0 | 0 |
| COVID-19 Public Health Response – Vaccination Program | -4,018 | 4,018 | 0 | 0 | 0 |
| Expanding Clare Holland House to strengthen palliative care | 798 | -798 | 0 | 0 | 0 |
| ICT Implementing real time prescription monitoring | -987 | 740 | 247 | 0 | 0 |
| Ngunnawal Bush Healing Farm | -933 | 933 | 0 | 0 | 0 |
| Protecting Canberrans from infectious diseases | -46 | 46 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Revised Economic Parameters | 0 | 0 | 0 | 0 | 13 |
| Transfer - Calvary critical infrastructure phase 1 to Territorial | -1,208 | 0 | 0 | 0 | 0 |
| Undrawn Funds | 2 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget** | **32,781** | **59,760** | **58,857** | **6,999** | **5,512** |

## Summary of 2021-22 Infrastructure Program

Table 22: 2021-22 ACT Health Directorate Infrastructure Program

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project** | **2021-22**  **$'000** | **2022-23**  **$'000** | **2023-24**  **$'000** | **2024-25**  **$'000** | **Four Year**  **Investment**  **$'000** | **Physical**  **Completion**  **Date** |
|  |  |  |  |  |  |  |
| **CAPITAL WORKS PROGRAM** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Work In Progress** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ACT Health Core IT Systems to align with the Digital Health Strategy | 31,745 | 32,001 | 5,009 | 5,009 | 73,764 | Jun-27 |
| ACT Pathology Laboratory Information System Replacement | 5,207 | 0 | 0 | 0 | 5,207 | Sep-22 |
| Calvary critical infrastructure phase 1 | 866 | 0 | 0 | 0 | 866 | Jun-22 |
| Community, Health and Hospitals Program - Alcohol & Other Rehabilitation Expansion & Modernisation | 508 | 2,592 | 1,000 | 0 | 4,100 | Jun-24 |
| Community, Health and Hospitals Program - Community Based Residential Eating Disorder Treatment Centre | 500 | 12,000 | 500 | 0 | 13,000 | Jun-23 |
| COVID-19 Disease Response Management System | 7,263 | 0 | 0 | 0 | 7,263 | Feb-22 |
| COVID-19 Public Health Response - Vaccination Program | 4,018 | 0 | 0 | 0 | 4,018 | Jun-22 |
| Expansion of Clare Holland House | 1,002 | 0 | 0 | 0 | 1,002 | Sep-21 |
| Implementing Real Time Prescription Monitoring | 1,315 | 247 | 0 | 0 | 1,562 | Jun-22 |
| Ngunnawal Bush Healing Farm | 933 | 0 | 0 | 0 | 933 | Jun-22 |
| Protecting Canberrans from Infectious Diseases | 46 | 0 | 0 | 0 | 46 | Feb-22 |
|  |  |  |  |  |  |  |
| **Total Work In Progress** | **53,403** | **46,840** | **6,509** | **5,009** | **111,761** |  |
|  |  |  |  |  |  |  |
| **Capital Upgrade Programs** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Better Infrastructure Fund - Health | 766 | 478 | 490 | 503 | 2,237 | Ongoing |
| Fast-track - Phase 3 - Hydrotherapy Pool in the South of Canberra - Early Planning | 250 | 0 | 0 | 0 | 250 | Dec-21 |
| Fast-track - Phase 3 - Ngunnawal Bush Healing Farm - Upgrade to Water Tank Monitoring System | 50 | 0 | 0 | 0 | 50 | Dec-21 |
| Fast-track – Phase 3 – QEII upgrades | 65 | 0 | 0 | 0 | 65 | Dec-21 |
|  |  |  |  |  |  |  |
| **Total Capital Upgrade Programs** | **1,131** | **478** | **490** | **503** | **2,602** |  |
|  |  |  |  |  |  |  |
| **New Work** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| A new carpark at Canberra Hospital | 500 | 2,500 | 0 | 0 | 3,000 | Jun-22 |
| Calvary critical infrastructure phase 2 | 1,270 | 1,169 | 0 | 0 | 2,439 | Dec-22 |
| Expanded COVID-19 Vaccination program | 480 | 0 | 0 | 0 | 480 | Dec-21 |
| Northside hospital development | 2,676 | 7,870 | 0 | 0 | 10,546 | Jun-23 |
| Watson Health Precinct redevelopment | 300 | 0 | 0 | 0 | 300 | Sep-22 |
|  |  |  |  |  |  |  |
| **Total New Capital** | **5,226** | **11,539** | **0** | **0** | **16,765** |  |
|  |  |  |  |  |  |  |

Table 22: 2021-22 ACT Health Directorate Infrastructure Program (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project** | **2021-22**  **$'000** | **2022-23**  **$'000** | **2023-24**  **$'000** | **2024-25**  **$'000** | **Four Year**  **Investment**  **$'000** | **Physical**  **Completion**  **Date** |
|  |  |  |  |  |  |  |
| **Territorial Capital Grants** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Better Infrastructure Fund – Calvary | 931 | 954 | 978 | 1,002 | 3,865 | Ongoing |
| Calvary critical infrastructure phase 1 | 6,603 | 0 | 0 | 0 | 6,603 | Jun-22 |
| Calvary critical infrastructure phase 2 | 8,645 | 10,171 | 1,000 | 0 | 19,816 | Jun-24 |
| Expansion of palliative care services at Clare Holland House Hospice | 46 | 0 | 0 | 0 | 46 | Apr-22 |
| Watson Health Precinct redevelopment | 250 | 0 | 0 | 0 | 250 | Jun-22 |
|  |  |  |  |  |  |  |
| **Total Territorial Grants** | **16,475** | **11,125** | **1,978** | **1,002** | **30,580** |  |
|  |  |  |  |  |  |  |
| **TOTAL INFRASTRUCTURE INVESTMENT PROGRAM** | **76,235** | **69,982** | **8,977** | **6,514** | **161,708** |  |

## Financial Statements – Controlled

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 Interim Outcome column reflects the interim outcome included in the draft 2020-21 Financial Statements, which were unaudited at the time of preparing these budget statements.

Table 23: ACT Health Directorate: Operating Statement

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Income** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Revenue** |  |  |  |  |  |  |
| 263,923 | Controlled Recurrent Payments | 249,100 | 274,523 | 10 | 254,638 | 250,532 | 252,553 |
| 107,614 | Sale of Goods and Services from Contracts with Customers | 17,954 | 9,887 | -45 | 10,453 | 11,054 | 11,682 |
| 2,636 | Grants and Contributions | 3,770 | 2,785 | -26 | 2,854 | 2,924 | 2,996 |
| 5,098 | Other Revenue | 99,126 | 131,991 | 33 | 123,285 | 126,367 | 128,894 |
|  |  |  |  |  |  |  |  |
| **379,271** | **Total Revenue** | **369,950** | **419,186** | **13** | **391,230** | **390,877** | **396,125** |
|  |  |  |  |  |  |  |  |
|  | **Gains** |  |  |  |  |  |  |
| 0 | Other Gains | 31 | 0 | -100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **0** | **Total Gains** | **31** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **379,271** | **Total Income** | **369,981** | **419,186** | **13** | **391,230** | **390,877** | **396,125** |
|  |  |  |  |  |  |  |  |
|  | **Expenses** |  |  |  |  |  |  |
| 89,946 | Employee Expenses | 87,312 | 101,402 | 16 | 86,645 | 88,109 | 90,498 |
| 12,213 | Superannuation Expenses | 14,068 | 13,699 | -3 | 12,190 | 12,372 | 12,509 |
| 110,324 | Supplies and Services | 101,355 | 108,376 | 7 | 100,391 | 96,380 | 95,480 |
| 24,202 | Depreciation and Amortisation | 21,393 | 28,025 | 31 | 33,258 | 37,412 | 39,885 |
| 165,752 | Grants and Purchased Services | 164,138 | 196,912 | 20 | 193,204 | 195,250 | 198,947 |
| 2 | Borrowing Costs | 45 | 2 | -96 | 2 | 2 | 2 |
| 1,982 | Other Expenses | 2,563 | 2,031 | -21 | 2,082 | 2,134 | 2,171 |
|  |  |  |  |  |  |  |  |
| **404,421** | **Total Expenses** | **390,874** | **450,447** | **15** | **427,772** | **431,659** | **439,492** |
|  |  |  |  |  |  |  |  |
| **-25,150** | **Operating Result** | **-20,893** | **-31,261** | **-50** | **-36,542** | **-40,782** | **-43,367** |
|  |  |  |  |  |  |  |  |
| **-25,150** | **Total Comprehensive Income** | **-21,377** | **-31,261** | **-46** | **-36,542** | **-40,782** | **-43,367** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **-25,150** | **Total Comprehensive Income** | **-21,377** | **-31,261** | **-46** | **-36,542** | **-40,782** | **-43,367** |
|  |  |  |  |  |  |  |  |

Table 24: ACT Health Directorate: Balance Sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/6/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Current Assets** |  |  |  |  |  |  |
| 7,519 | Cash and Cash Equivalents | 17,671 | 17,455 | -1 | 17,225 | 16,985 | 16,735 |
| 4,950 | Receivables | 3,665 | 3,749 | 2 | 3,835 | 3,921 | 4,007 |
| 2,637 | Other Assets | 4,562 | 4,597 | 1 | 4,632 | 4,667 | 4,702 |
|  |  |  |  |  |  |  |  |
| **15,106** | **Total Current Assets** | **25,898** | **25,801** | **..** | **25,692** | **25,573** | **25,444** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Assets** |  |  |  |  |  |  |
| 86,548 | Property, Plant and Equipment | 70,606 | 84,302 | 19 | 82,166 | 91,430 | 99,217 |
| 41,916 | Intangible Assets | 35,802 | 79,030 | 121 | 85,973 | 63,792 | 37,399 |
| 25,911 | Capital Works in Progress | 52,207 | 29,755 | -43 | 53,294 | 38,555 | 25,555 |
| 2,589 | Other Assets | 0 | 0 | - | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **156,964** | **Total Non Current Assets** | **158,615** | **193,087** | **22** | **221,433** | **193,777** | **162,171** |
|  |  |  |  |  |  |  |  |
| **172,070** | **TOTAL ASSETS** | **184,513** | **218,888** | **19** | **247,125** | **219,350** | **187,615** |
|  |  |  |  |  |  |  |  |
|  | **Current Liabilities** |  |  |  |  |  |  |
| 11,769 | Payables | 21,721 | 21,844 | 1 | 21,972 | 22,100 | 22,228 |
| 2,043 | Lease Liabilities | 2,742 | 2,797 | 2 | 2,852 | 2,907 | 2,962 |
| 31,055 | Employee Benefits | 33,432 | 39,632 | 19 | 45,888 | 52,230 | 58,684 |
| 1,335 | Other Liabilities | 700 | 700 | - | 700 | 700 | 700 |
|  |  |  |  |  |  |  |  |
| **46,202** | **Total Current Liabilities** | **58,595** | **64,973** | **11** | **71,412** | **77,937** | **84,574** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Liabilities** |  |  |  |  |  |  |
| 2,231 | Lease Liabilities | 683 | 702 | 3 | 721 | 740 | 759 |
| 1,420 | Employee Benefits | 1,569 | 1,601 | 2 | 1,634 | 1,667 | 1,700 |
| 107 | Other Provisions | 110 | 110 | - | 110 | 110 | 110 |
| 10,671 | Other Liabilities | 10,170 | 9,617 | -5 | 9,048 | 8,479 | 7,910 |
|  |  |  |  |  |  |  |  |
| **14,429** | **Non-Current Liabilities** | **12,532** | **12,030** | **-4** | **11,513** | **10,996** | **10,479** |
|  |  |  |  |  |  |  |  |
| **60,631** | **TOTAL LIABILITIES** | **71,127** | **77,003** | **8** | **82,925** | **88,933** | **95,053** |
|  |  |  |  |  |  |  |  |
| **111,439** | **NET ASSETS** | **113,386** | **141,885** | **25** | **164,200** | **130,417** | **92,562** |
|  |  |  |  |  |  |  |  |
| 94,015 | Accumulated Funds | 96,446 | 124,945 | 30 | 147,260 | 113,477 | 75,622 |
| 17,424 | Asset Revaluation Surplus | 16,940 | 16,940 | - | 16,940 | 16,940 | 16,940 |
|  |  |  |  |  |  |  |  |
| **111,439** | **TOTAL FUNDS EMPLOYED** | **113,386** | **141,885** | **25** | **164,200** | **130,417** | **92,562** |
|  |  |  |  |  |  |  |  |

Table 25: ACT Health Directorate: Statement of Changes in Equity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Opening Equity** |  |  |  |  |  |  |
| 84,555 | Opening Accumulated Funds | 84,558 | 96,446 | 14 | 124,945 | 147,260 | 113,477 |
| 17,424 | Opening Asset Revaluation Reserve | 17,424 | 16,940 | -3 | 16,940 | 16,940 | 16,940 |
|  |  |  |  |  |  |  |  |
| **101,979** | **Balance at the Start of the Reporting Period** | **101,982** | **113,386** | **11** | **141,885** | **164,200** | **130,417** |
|  |  |  |  |  |  |  |  |
|  | **Comprehensive Income** |  |  |  |  |  |  |
| -25,150 | Operating Result - Including Economic Flows | -20,893 | -31,261 | -50 | -36,542 | -40,782 | -43,367 |
| 0 | Inc/Dec in Asset Revaluation Reserve Surpluses | -484 | 0 | 100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **-25,150** | **Total Comprehensive Income** | **-21,377** | **-31,261** | **-46** | **-36,542** | **-40,782** | **-43,367** |
|  |  |  |  |  |  |  |  |
| **0** | **Total Movement in Reserves** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Transactions Involving Owners Affecting Accumulated Funds** | | | | | | |
| 34,610 | Capital Injections | 32,781 | 59,760 | 82 | 58,857 | 6,999 | 5,512 |
|  |  |  |  |  |  |  |  |
| **34,610** | **Total Transactions Involving Owners Affecting Accumulated Funds** | **32,781** | **59,760** | **82** | **58,857** | **6,999** | **5,512** |
|  |  |  |  |  |  |  |  |
|  | **Closing Equity** |  |  |  |  |  |  |
| 94,015 | Closing Accumulated Funds | 96,446 | 124,945 | 30 | 147,260 | 113,477 | 75,622 |
| 17,424 | Closing Asset Revaluation Reserve | 16,940 | 16,940 | - | 16,940 | 16,940 | 16,940 |
| **111,439** | **Balance at the end of the Reporting Period** | **113,386** | **141,885** | **25** | **164,200** | **130,417** | **92,562** |
|  |  |  |  |  |  |  |  |

Table 26: ACT Health Directorate: Cash Flow Statement

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 263,923 | Controlled Recurrent Payments | 249,100 | 274,523 | 10 | 254,638 | 250,532 | 252,553 |
| 107,614 | Sale of Goods and Services from Contracts with Customers | 24,703 | 9,887 | -60 | 10,453 | 11,054 | 11,682 |
| 0 | Grants and Contributions | 94,840 | 127,932 | 35 | 119,124 | 122,102 | 124,544 |
| 20,327 | Other | 23,083 | 19,527 | -15 | 19,959 | 20,115 | 20,596 |
| **391,864** | **Operating Receipts** | **391,726** | **431,869** | **10** | **404,174** | **403,803** | **409,375** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 86,547 | Employee | 80,985 | 95,722 | 18 | 80,922 | 82,300 | 84,577 |
| 12,353 | Superannuation | 14,071 | 13,699 | -3 | 12,190 | 12,372 | 12,509 |
| 107,548 | Supplies and Services | 100,799 | 105,591 | 5 | 97,537 | 93,456 | 92,484 |
| 166,252 | Grants and Purchased Services | 161,793 | 196,912 | 22 | 193,204 | 195,250 | 198,947 |
| 2 | Interest Expenses | 0 | 2 | # | 2 | 2 | 2 |
| 17,207 | Other | 16,297 | 17,496 | 7 | 17,876 | 17,980 | 18,413 |
| **389,909** | **Operating Payments** | **373,945** | **429,422** | **15** | **401,731** | **401,360** | **406,932** |
|  |  |  |  |  |  |  |  |
| **1,955** | **NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES** | **17,781** | **2,447** | **-86** | **2,443** | **2,443** | **2,443** |
|  | **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 0 | Proceeds from Sale of Property, Plant and Equipment | 31 | 0 | -100 | 0 | 0 | 0 |
| **0** | **Investing Receipts** | **31** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 38,008 | Purchase of Property, Plant and Equipment | 39,901 | 62,368 | 56 | 61,475 | 9,627 | 8,150 |
| **38,008** | **Investing Payments** | **39,901** | **62,368** | **56** | **61,475** | **9,627** | **8,150** |
|  |  |  |  |  |  |  |  |
| **-38,008** | **NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES** | **-39,870** | **-62,368** | **-56** | **-61,475** | **-9,627** | **-8,150** |
|  |  |  |  |  |  |  |  |

Table 26: ACT Health Directorate: Cash Flow Statement (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  | **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 34,610 | Capital Injections | 32,781 | 59,760 | 82 | 58,857 | 6,999 | 5,512 |
| **34,610** | **Financing Receipts** | **32,781** | **59,760** | **82** | **58,857** | **6,999** | **5,512** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 55 | Repayment of Lease Liabilities - Principal | 2,038 | 55 | -97 | 55 | 55 | 55 |
| **55** | **Financing Payments** | **2,038** | **55** | **-97** | **55** | **55** | **55** |
|  |  |  |  |  |  |  |  |
| **34,555** | **NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES** | **30,743** | **59,705** | **94** | **58,802** | **6,944** | **5,457** |
|  |  |  |  |  |  |  |  |
| **-1,498** | **NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS** | **8,654** | **-216** | **-102** | **-230** | **-240** | **-250** |
|  |  |  |  |  |  |  |  |
| **9,017** | **CASH AT THE BEGINNING OF REPORTING PERIOD** | **9,017** | **17,671** | **96** | **17,455** | **17,225** | **16,985** |
|  |  |  |  |  |  |  |  |
| **7,519** | **CASH AT THE END OF REPORTING PERIOD** | **17,671** | **17,455** | **-1** | **17,225** | **16,985** | **16,735** |
|  |  |  |  |  |  |  |  |

### Notes to the Controlled Budget Statements

Significant variations are as follows:

***Operating Statement***

* controlled recurrent payments:
  + the decrease of $14.823 million in the 2020-21 Interim Outcome from the original Budget relates mainly to the reprofiling of initiatives into 2021-22 mainly related to large information technology projects including the ‘ACT Pathology Laboratory Information System’ and ‘Core IT Systems to align with the Digital Health Strategy’; and
  + the increase of $25.423 million in the 2021-22 Budget from the 2020-21 Interim Outcome relates to indexation, new initiatives and reprofiling of initiatives from 2020‑21.
* sale of goods and services:
  + the decrease of $89.660 million in the 2020-21 Interim Outcome from the original Budget is mainly due to the reclassification of cross border revenue to ‘Other Revenue’; and
  + the decrease of $8.067 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to the reclassification of funding received under the *National Partnership on COVID-19 Response* to ‘Other Revenue’.
* grants and contributions: the increase of $1.134 million in the 2020-21 Interim Outcome from the original Budget and the reduction of $0.985 million in the 2021-22 Budget from the 2020-21 Interim Outcome relates to one-off resources received free of charge in 2020‑21 related to an information technology project.
* other revenue:
  + the increase of $94.028 million in the 2020-21 Interim Outcome from the original Budget is mainly due to the reclassification of cross border revenue from ‘sale of goods and services’; and
  + the increase $32.865 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to the full year impact of interstate cross border revenue flows through the Health Directorate and the reclassification of funding received under the *National Partnership on COVID-19 Response* from ‘sale of goods and services’.
* employee expenses: the increase of $14.090 million in the 2021-22 Budget from the 2020‑21 Interim Outcome relates mainly to indexation, new initiatives, and reprofiling of initiatives from 2020-21.
* depreciation:
  + the decrease of $2.809 million in the 2020-21 Interim Outcome from the original Budget is mainly due to roll over of information technology projects; and
  + the increase of $6.632 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to the expected completion of information technology projects during 2021-22.
* grants and purchased services: the increase of $32.774 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to the full year effect of cross border funding flows, which are now required to transact through the Directorate, before being on-passed to the ACT Local Hospital Network.

#### Balance Sheet

* cash and cash equivalents: the increase of $10.152 million in the 2020-21 Interim Outcome from the original Budget relates mainly to the increase in payables.
* receivables: the decrease of $1.285 million in the 2020-21 Interim Outcome from the original Budget reflects the timing and quantum of invoices issued in the June 2021 period.
* other assets: the increase of $1.925 million in the 2020-21 Interim Outcome from the original Budget relates mainly to prepayments of rental lease for the Directorate’s office accommodation.
* property, plant and equipment: the decrease of $15.942 million in the 2020-21 Interim Outcome from the original Budget relates mainly to delayed infrastructure and equipment projects, which are reflected in the higher capital works in progress balance. The increase of $13.696 million in the 2021-22 Budget reflects the catch-up in these projects.
* intangible assets:
  + the decrease of $6.114 million in the 2020-21 Interim Outcome from the original Budget is mainly due to delayed major information technology projects, which are reflected in the higher capital works in progress balance; and
  + the increase of $43.228 million in the 2021-22 Budget from the 2020-21 Interim Outcome reflects the ‘go-live’ of major information technology projects including the Digital Health Record.
* capital works in progress: the increase of $26.296 million in the 2020-21 Interim Outcome from the original Budget is mainly due to delays in infrastructure and information technology projects. The reduction of $22.452 million in the 2021-22 Budget relates to the planned completion of these projects.
* other assets: the decrease of $2.589 million in the 2020-21 Interim Outcome from the original Budget is mainly due to the lease incentive period relating to the Directorate’s office accommodation at Bowes Street, Phillip ending in February 2021.
* payables: the increase of $9.952 million in the 2020-21 Interim Outcome from the original Budget reflects the quantum and quantity of invoices received in the June 2021 period.
* current employee benefits:
  + the increase of $2.377 million in the  2020-21 Interim Outcome from the original Budget is mainly due to an increase in staffing levels associated with the COVID-19 response; and
  + the increase of $6.2 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to wage rises and an increase in staff associated with new initiatives.
* non-current lease liabilities: the decrease of $1.548 million in the 2020-21 Interim Outcome from the original Budget relates to right-of-use plant and equipment for motor vehicles and information technology equipment.

#### Cash Flow Statement

Variations in the Statement are explained in the notes above.

## Financial Statements – Territorial

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 Interim Outcome column reflects the interim outcome included in the draft 2020-21 Financial Statements, which were unaudited at the time of preparing these budget statements.

Table 27: ACT Health Directorate: Statement of Income and Expenses on behalf of the Territory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Revenue** |  |  |  |  |  |  |
| 14,202 | Payment for Expenses on Behalf of the Territory | 8,807 | 16,475 | 87 | 11,125 | 1,978 | 1,002 |
| 1,495 | Taxes, Licences, Fees and Fines | 1,131 | 1,540 | 36 | 1,578 | 1,617 | 1,657 |
|  |  |  |  |  |  |  |  |
| **15,697** | **Total Revenue** | **9,938** | **18,015** | **81** | **12,703** | **3,595** | **2,659** |
|  |  |  |  |  |  |  |  |
| **15,697** | **Total Income** | **9,938** | **18,015** | **81** | **12,703** | **3,595** | **2,659** |
|  |  |  |  |  |  |  |  |
|  | **Expenses** |  |  |  |  |  |  |
| 14,202 | Grants and Purchased Services | 8,807 | 16,475 | 87 | 11,125 | 1,978 | 1,002 |
| 1,495 | Transfer Expenses | 1,132 | 1,540 | 36 | 1,578 | 1,617 | 1,657 |
|  |  |  |  |  |  |  |  |
| **15,697** | **Total Expenses** | **9,939** | **18,015** | **81** | **12,703** | **3,595** | **2,659** |
|  |  |  |  |  |  |  |  |
| **0** | **Operating Result** | **-1** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **0** | **Total Comprehensive Income** | **-1** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |

Table 28: ACT Health Directorate: Statement of Assets and Liabilities on behalf of the Territory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Current Assets** |  |  |  |  |  |  |
| 28 | Cash and Cash Equivalents | 210 | 210 | - | 210 | 210 | 210 |
| 216 | Receivables | 33 | 33 | - | 33 | 33 | 33 |
|  |  |  |  |  |  |  |  |
| **244** | **Total Current Assets** | **243** | **243** | **-** | **243** | **243** | **243** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Assets** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **0** | **Total Non Current Assets** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **244** | **TOTAL ASSETS** | **243** | **243** | **-** | **243** | **243** | **243** |
|  |  |  |  |  |  |  |  |
|  | **Current Liabilities** |  |  |  |  |  |  |
| 244 | Payables | 244 | 244 | - | 244 | 244 | 244 |
|  |  |  |  |  |  |  |  |
| **244** | **Total Current Liabilities** | **244** | **244** | **-** | **244** | **244** | **244** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Liabilities** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **0** | **Non-Current Liabilities** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **244** | **TOTAL LIABILITIES** | **244** | **244** | **-** | **244** | **244** | **244** |
|  |  |  |  |  |  |  |  |
| **0** | **NET ASSETS** | **-1** | **-1** | **-** | **-1** | **-1** | **-1** |
|  |  |  |  |  |  |  |  |
|  | **REPRESENTED BY FUNDS EMPLOYED** | | | | | | |
|  |  |  |  |  |  |  |  |
| 0 | Accumulated Funds | -1 | -1 | - | -1 | -1 | -1 |
|  |  |  |  |  |  |  |  |
| **0** | **TOTAL FUNDS EMPLOYED** | **-1** | **-1** | **-** | **-1** | **-1** | **-1** |
|  |  |  |  |  |  |  |  |

Table 29: ACT Health Directorate: Statement of Changes in Equity on behalf of the Territory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Opening Equity** |  |  |  |  |  |  |
| 0 | Opening Accumulated Funds | 0 | -1 | # | -1 | -1 | -1 |
|  |  |  |  |  |  |  |  |
| **0** | **Balance at the Start of the Reporting Period** | **0** | **-1** | **#** | **-1** | **-1** | **-1** |
| 0 | Operating Result - Including Economic Flows | -1 | 0 | 100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **0** | **Total Movement in Reserves** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Closing Equity** |  |  |  |  |  |  |
| 0 | Closing Accumulated Funds | -1 | -1 | - | -1 | -1 | -1 |
|  |  |  |  |  |  |  |  |
| **0** | **Balance at the end of the Reporting Period** | **-1** | **-1** | **-** | **-1** | **-1** | **-1** |
|  |  |  |  |  |  |  |  |

Table 30: ACT Health Directorate: Cash Flow Statement on behalf of the Territory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21** |  | **2020-21** | **2021-22** | **Var** | **2022-23** | **2023-24** | **2024-25** |
| **Budget** |  | **Interim Outcome** | **Budget** | **%** | **Estimate** | **Estimate** | **Estimate** |
| **$'000** |  | **$'000** | **$'000** |  | **$'000** | **$'000** | **$'000** |
|  | **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 14,202 | Payment for Expenses on Behalf of the Territory | 8,807 | 16,475 | 87 | 11,125 | 1,978 | 1,002 |
| 1,495 | Taxes, Licences, Fees and Fines | 1,131 | 1,540 | 36 | 1,578 | 1,617 | 1,657 |
| 1,420 | Other | 614 | 1,631 | 166 | 1,112 | 197 | 97 |
| **17,117** | **Operating Receipts** | **10,552** | **19,646** | **86** | **13,815** | **3,792** | **2,756** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 14,202 | Grants and Purchased Services | 8,807 | 16,475 | 87 | 11,125 | 1,978 | 1,002 |
| 1,495 | Transfer of Territory Receipts to the ACT Government | 1,132 | 1,540 | 36 | 1,578 | 1,617 | 1,657 |
| 1,420 | Other | 431 | 1,631 | 278 | 1,112 | 197 | 97 |
| **17,117** | **Operating Payments** | **10,370** | **19,646** | **89** | **13,815** | **3,792** | **2,756** |
| **0** | **NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS** | **182** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **28** | **CASH AT THE BEGINNING OF REPORTING PERIOD** | **28** | **210** | **650** | **210** | **210** | **210** |
|  |  |  |  |  |  |  |  |
| **28** | **CASH AT THE END OF REPORTING PERIOD** | **210** | **210** | **-** | **210** | **210** | **210** |
|  |  |  |  |  |  |  |  |

### Notes to the Territorial Budget Statements

Significant variations are as follows:

***Statement of Income and Expenses on behalf of the Territory***

* payment for Expenses on Behalf of the Territory and grants and purchased services:
* the decrease of $5.395 million in the 2020-21 Interim Outcome from the 2020-21 Budget was due to reprofiling of the Calvary Critical Infrastructure phase 1 project; and
* the increase of $7.668 million in the 2021-22 Budget from the 2020-21 Interim Outcome is related to reprofiling of the Calvary Critical Infrastructure phase 1 project and 2021-22 new initiatives.
* taxes, fees and fines and transfer expenses: the decrease of $0.364 million in the 2020‑21 Interim Outcome from the original Budget was mainly due to a temporary exemption on food and infection control business licenses introduced in response to the COVID-19 pandemic.

#### Cash Flow Statement

Variations in the Statement are explained in the notes above.

**CANBERRA HEALTH SERVICES**

**Purpose**

Canberra Health Services partners with the community and consumers, creating exceptional health care together, by:

* delivering personal health services;
* working in partnerships to improve people’s health;
* improving the experience of our consumers by engaging and listening;
* providing leadership in research, education, and clinical excellence; and
* designing models of care that deliver the highest standards of safety and quality.

**2021-22 Priorities**

In 2021-22, there will be a continued focus on people-centred care and improving our performance against key safety and quality performance measures. There will also be a continued focus on timely care and patient flow to ensure our community is accessing the right care, at the right time, in the right place, with the right clinician.

To enable us to meet our goals, Canberra Health Services will support and facilitate delivery of an integrated digital health record system that supports safer patient care and efficiencies in clinical workflows. Canberra Health Services will also support delivery of major infrastructure projects that improves the care experience for patients, their families and carers.

Canberra Health Services will continue partnering with primary care providers to co-design and implement services that help address the challenges of preventing and managing chronic and complex conditions.

**Estimated Employment Level**

**Table 1: Estimated Employment Level**

|  | **2019-20**  **Actual**  **Outcome** | **2020-21**  **Budget** | **2020-21**  **Interim**  **Outcome** | **2021-22**  **Budget1** |
| --- | --- | --- | --- | --- |
| **Staffing (FTE)** | 6,667 | 6,752 | 6,888 | 7,127 |

**Note:**

1. 2021-22 Budget includes 210 FTE associated with the COVID-19 Clinical Health response and COVID-19 vaccination program.

**Strategic Objectives and Indicators**

### Strategic Objective 1 - Reducing the Usage of Seclusion in Mental Health Episodes

***Strategic Indicator 1.1 – The rate 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 2: The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | **2020-21** | | **2020-21** | | **2021-22** | |
|  | **Target** | | **Interim Outcome** | | **Target1** | |
| The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days | | <7 per 1,000 bed days | | 9.6 per 1,000 bed day | | N/A | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.

### Strategic Objective 2 - Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit

***Strategic Indicator 2.1 – Acute psychiatric unit patient 18 day readmission rate***

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

**Table 3: 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** | **2020-21** | | **2020-21** | | **2021-22** | |
|  | **Target** | | **Interim Outcome** | | **Target1** | |
| Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit | | <17% | | 15% | | N/A | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.

### Strategic Objective 3 - Maximising the Quality of Hospital Services

***Strategic Indicator 3.1 – Quality of care provided to patients***

This indicatorhighlights patients’ experience of the effectiveness and quality of care provided within Canberra Health Services.

**Table 4: Overall how would you rate the care you received in hospital**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target1** | |
| Patient Experience Survey – score of positive patient experience responses | >80 | | | 86 | | N/A | |
| Patient Experience Survey – Proportion of respondents rating their overall care as good or very good | N/A | | | N/A | | >85% | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, the Strategic Indicator has been amended to provide a more meaningful measure and provide greater clarity over measurement.

***Strategic Indicator 3.2 - 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 5: 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target** | |
| Number of admitted patients who acquire a SAB infection per 10,000 bed days1 | <2.0 per  10,000 | | | 1.28 per 10,000 | | <2.0 per 10,000 | |

**Note:**

1. This is an Australian Commission on Safety and Quality in Health Care national indicator.

***Strategic Indicator 3.3 – 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 6: Estimated Hand Hygiene Rate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim Outcome** | | **Target** | |
| Estimated hand hygiene1 | 80% | | | 83% | | 80% | |

**Note:**

1. Hospital targets are based on the national target as per the National Hand Hygiene Initiative of the Australian Commission on Safety and Quality in Health Care.

### Strategic Objective 4 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

***Strategic Indicator 4.1 – The percentage of overnight hospital beds in use***

**Table 7: The mean percentage of overnight hospital beds in use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target1** | |
| Mean percentage of overnight hospital beds in use | 90% | | | 88% | | N/A | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, the Strategic Indicator has been removed from 2021-22.

### Strategic Objective 5 - Percentage of women in the target age group (50-74 years) screened through BreastScreen Australia in a 24-month period

***Strategic Indicator 5.1 – Participation rate – proportion of women aged 50-74 who had a breast screen***

**Table 8: Participation rate – proportion of women aged 50 to 74 who had a breast screen**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target1** | |
| Participation rate, proportion of women aged 50 to 74 who had a breast screen2 | N/A | | | N/A | | 60% | |

**Notes:**

1. This is a National indicator reported on by BreastScreen Australia. The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year.
2. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been transferred from an Accountability Indicator to a Strategic Indicator from  
   2021-22.

### Strategic Objective 6 – Timely access to inpatient beds for mental health consumers

***Strategic Indicator 6.1 – Proportion of mental health patients whose emergency department length of stay is greater than 24 hours***

This indicator measures timely access to inpatient beds for mental health consumers.

**Table 9: Proportion of Mental Health Patients whose Emergency Department length of stay is greater than 24 hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target** | |
| Proportion of mental health patients whose emergency department length of stay is greater than 24 hours1 | N/A | | | N/A | | 0% | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.

**Strategic Objective 7 – Reducing the impacts of occupational violence on our staff**

***Strategic Indicator 7.1 – The reduction in occasions of staff absence cause by occupational violence***

This indicator details the rate of staff absence due to reported occupational violence incidents (i.e. staff time lost from the workplace).

**Table 10: Reduction in occasions of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target** | |
| Occasions of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence)1 | N/A | | | N/A | | 5.8 per million hours worked | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.

### Strategic Objective 8 - Improving quality of care for inpatients at Canberra Health Services for patients 80 years or older

***Strategic Indicator 8.1 - Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission***

**Table 11: Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target** | |
| Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission1 | N/A | | | N/A | | 100% | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.

### Strategic Objective 9 - Improving partnerships with primary health care providers

***Strategic Indicator 9.1 - Proportion of patients who present to Canberra Health Services’ Emergency Department or a Walk in Centre who have a recorded registered primary health care provider***

**Table 12: Proportion of patients who present to Canberra Health Services’ Emergency Department or a Walk in Centre who have a recorded registered primary health care provider**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategic Indicator** | | **2020-21** | **2020-21** | | **2021-22** | |
|  | | **Target** | **Interim**  **Outcome** | | **Target** | |
| Proportion of patients who present to CHS Emergency Department or a Walk in Centre who have a recorded registered primary health care provider1 | N/A | | | N/A | | 100% | |

**Note:**

1. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.

**Output Classes**

Canberra Health Services aims to deliver the best possible health care 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; Women, Youth and Children; Cancer Services; and Rehabilitation, Aged and Community Care.

### Output Class 1: Health and Community Care

**Table 13: Output Class 1: Health and Community Care**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost1 |  | 1,472,715 | 1,550,618 |
| Controlled Recurrent Payments2 |  | - | - |

**Notes:**

1. Total cost includes depreciation and amortisation of $42.262 million in 2020-21 and $38.220 million in 2021-22.
2. Canberra Health Services receives funding through the Local Hospital Network as Grants and Contributions and not from Controlled Recurrent Payments.

***Output 1.1: Acute Services***

Canberra Health Services 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; 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 14: Output 1.1: Acute Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost |  | 985,100 | 1,038,152 |
| Controlled Recurrent Payments1 |  | - | - |

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network as Grants and Contributions and not from Controlled Recurrent Payments.

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

Canberra Health Services 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 prisons 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 15: Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost |  | 192,900 | 209,179 |
| Controlled Recurrent Payments1 |  | - | - |

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network as Grants and Contributions and not from Controlled Recurrent Payments.

***Output 1.3: Cancer Services***

Canberra 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 16: Output 1.3: Cancer Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost |  | 85,986 | 88,497 |
| Controlled Recurrent Payments1 |  | - | - |

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network as Grants and Contributions and not from Controlled Recurrent Payments.

***Output 1.4:*** ***Subacute and Community Services***

The provision of timely and effective, coordinated and comprehensive services which optimise the functionality and quality of life of patients. Following illness, injury or surgery, subacute services enable individuals to safely transition to community living. Community based services sees care delivered safely and closely to where people live.

The key priorities for Subacute and Community Services are:

* ensuring consistent and timely access to appropriate care and services, based on clinical need. This includes the efficient and appropriate transfer of people from acute to subacute settings, rehabilitation and ensuring community-based services are in place to support health care needs;
* ensuring effective planning for discharge and care planning occurs, including comprehensive aged care assessment where necessary, in order to provide appropriate support for independent living and minimise unplanned readmissions to hospital;
* for services that receive Commonwealth Aged Care funding, complying with the Commonwealth’s Quality and Safety requirements;
* reduced waiting times for access to emergency Dental Health Services; and
* achieving lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index.

**Table 17: Output 1.4: Subacute and Community Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost |  | 208,729 | 214,790 |
| Controlled Recurrent Payments1 |  | - | - |

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network as Grants and Contributions and not from Controlled Recurrent Payments.

**Accountability Indicators**

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 Interim Outcome column reflects the interim outcome included in the draft 2020-21 Statement of Performance, which were unaudited at the time of preparing these budget statements.

### Output Class 1: Health and Community Care

***Output 1.1: Acute Services***

**Table 18: Accountability Indicators Output 1.1**

|  | **2020-21 Targets** | **2020-21**  **Interim**  **Outcome** | **2021-22**  **Targets** |
| --- | --- | --- | --- |
| 1. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions1 | N/A | N/A | <=20 |
| 1. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions2 | N/A | N/A | <123 |
| **Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency** | | | |
| 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 emergency3 | 100% | 98% | 100% |
| 1. 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 emergency4 | 80% | 54% | 80% |
| 1. Non-urgent – admission within 365 days is desirable 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 emergency5 | 93% | 49% | 93% |
| **The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes** | | | |
| 1. One (resuscitation seen immediately)6 | 100% | 100% | 100% |
| 1. Two (emergency seen within 10 mins)7 | 80% | 78% | 80% |
| 1. Three (urgent seen within 30 mins)8 | 75% | 29% | 75% |
| 1. Four (semi urgent seen within 60 mins)9 | 70% | 43% | 70% |
| 1. Five (non-urgent seen within 120 mins)10 | 70% | 77% | 70% |
| 1. All presentations 11 | 70% | 46% | 70% |
| **National Weighted Activity Units** |  |  |  |
| 1. Admitted Acute Care {NWAU 21}12 | N/A | N/A | 82,000 |
| 1. Non-admitted services {NWAU 21}13 | N/A | N/A | 25,500 |
| 1. Emergency services {NWAU 21}14 | N/A | N/A | 12,500 |

**Note(s):**

1. As a result of a review of all performance indicators against the ACT Government’s Performance Accountability Framework, this is a new measure for 2021-22.
2. As a result of a review of all performance indicators against the ACT Government’s Performance Accountability Framework, this is a new measure for 2021-22.
3. Percentage of elective surgery cases admitted on time by clinical urgency—urgent (within 30 days of listing).
4. Percentage of elective surgery cases admitted on time by clinical urgency—semi-urgent (within 90 days of listing).
5. Percentage of elective surgery cases admitted on time by clinical urgency—non-urgent (within 365 days of listing).
6. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category one (Immediately).
7. The proportion of triage category two Emergency Department presentations that are treated within clinically appropriate timeframes (10 minutes).
8. The proportion of triage category three Emergency Department presentations that are treated within clinically appropriate timeframes (30 minutes).
9. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category four (60 minutes).
10. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category five (120 minutes).
11. The proportion of all Emergency Department presentations that are treated within clinically appropriate timeframes.
12. Number of national weighted activity units for admitted services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level. Please note Admitted Acute Care NWAU includes figures that relate to output 1.3 – Cancer Services.
13. Number of national weighted activity units for non-admitted services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level. Please note Non-admitted services NWAU includes figures that relate to output 1.3 – Cancer Services.
14. Number of national weighted activity units for emergency services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level.

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

**Table 19: Accountability Indicators Output 1.2**

|  | | **2020-21 Targets** | | **2020-21**  **Interim**  **Outcome** | **2021-22**  **Targets** |
| --- | --- | --- | --- | --- | --- |
| 1. Adult mental health program community service contacts1 | | 198,000 | | 213,771 | N/A |
| 1. Children and youth mental health program community service contacts2 | | 72,000 | | 109,356 | N/A |
| 1. Mental health rehabilitation and specialty services3 | | 26,250 | | 35,496 | N/A |
| 1. Alcohol and drug services community contacts4 | | 70,000 | | 53,048 | N/A |
| 1. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention | | 100% | | 100% | 100% |
| 1. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention | | 100% | | 99% | 100% |
| 1. Justice health services community contacts5 | | 150,000 | | 114,717 | N/A |
| 1. Proportion of current clients on opioid treatment with management plans | | 98% | | 97% | 98% |
| 1. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services | | 75% | | 70% | 75% |
| 1. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days6 | | N/A | | N/A | <7 per 1,000 bed days |
| 1. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit7 | | N/A | | N/A | <17% |
| **National Weighted Activity Units** | | | | | |
| 1. Acute admitted mental health services {NWAU 21}8 | N/A | | N/A | | 7,300 |

**Note(s):**

1. The number of adult mental health program community service contract completed in the period. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
2. The number of children and youth mental health program community service contacts completed in the period. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
3. The number of community contacts for Mental Health Rehabilitation and Specialty Services completed in the period. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
4. The number of patient service events completed by Alcohol and Drug Services. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
5. The number of community contacts completed in the period by Justice Health Services. As a result of review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
6. The number of seclusion events of mental health patients whilst being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator was previously reported as a Strategic indicator in 2019-20.
7. The proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator was previously reported as a Strategic indicator in 2019-20.
8. Number of national weighted activity units for acute admitted mental health services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Service level.

***Output 1.3: Cancer Services***

**Table 20: Accountability Indicators Output 1.3**

|  | **2020-21 Targets** | | **2020-21**  **Interim**  **Outcome** | **2021-22**  **Targets** |
| --- | --- | --- | --- | --- |
| 1. Participation rate, proportion of women aged 50 to 74 who had a breast screen1 | 60% | | 56% | N/A |
| 1. Total breast screens2 | 19,500 | | 19,595 | N/A |
| 1. Percentage of screened patients who are assessed within 28 days3 | 90% | | 96% | 90% |
| **Radiotherapy Treatment Within Standard Timeframes** | |  |  |  |
| 1. Emergency – treatment starts within 48 hours4 | 100% | | 100% | 100% |
| 1. Palliative – treatment starts within 2 weeks5 | 90% | | 95% | 90% |
| 1. Radical – treatment starts within 4 weeks6 | 90% | | 97% | 90% |

**Note(s):**

1. The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this accountability indicator has been discontinued and will be reported as a strategic indicator.
2. Total number of breast screens completed in the period. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
3. The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
4. The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.
5. The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.
6. The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.

***Output 1.4: Subacute and Community Services***

**Table 21: Accountability Indicators Output 1.4**

|  | **2020-21**  **Targets** | | **2020-21**  **Interim**  **Outcome** | | **2021-22**  **Targets** |
| --- | --- | --- | --- | --- | --- |
| 1. Mean waiting time for clients on the dental services waiting list1 | 12 months | | 13.5 months | | 12 months |
| 1. Sub-acute bed days of care at University of Canberra Hospital2 | 27,600 | | 37,550 | | N/A |
| 1. Walk-in Centre presentations to Gungahlin3 | 20,000 | | 16,608 | | N/A |
| 1. Walk-in Centre presentations to Belconnen4 | 24,000 | | 19,614 | | N/A |
| 1. Walk-in Centre presentations to Tuggeranong5 | 24,000 | | 18,741 | | N/A |
| 1. Median wait time to be seen, in minutes (all Walk-in Centre’s combined)6 | <30 minutes | | 11 minutes | | <30 minutes |
| **National Weighted Activity Units** | | | | | |
| 1. Sub-Acute services {NWAU 21}7 | | N/A | | N/A | 8,700 |

**Note(s):**

1. Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
2. Sub-acute bed days of care at University of Canberra Hospital in the period. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
3. Total patient presentations in the period to the Gungahlin Walk-in Centre. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
4. Total patient presentations in the period to the Belconnen Walk-in Centre. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
5. Total patient presentations in the period to the Tuggeranong Walk-in Centre. As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
6. Median wait time to be seen for clients at all Walk-in Centres.
7. Number of national weighted activity units for sub-acute services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level.

**Changes to Appropriation**

**Table 22: Changes to appropriation – Capital Injections, Controlled**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| **2020-21 Budget** | 83 731 | 62 481 | 34 859 | 4 434 | 4 434 |
|  |  |  |  |  |  |
| **FMA Section 16B Rollovers from 2019-20** | #REF! | #REF! | #REF! | #REF! | #REF! |
| Commonwealth Grant - Health Innovation Fund | (4 922) | 4 922 | - | - | - |
| Commonwealth Grant - Community, Health and Hospital Program - Australian Capital Territory Initiatives | (4 768) | 4 768 | - | - | - |
|  |  |  |  |  |  |
| **2021-22 Budget Policy Decisions** |  |  |  |  |  |
| Fast Track Phase 3 - Upgrades to non-acute sites | - | 405 | - | - | - |
| Improving Canberra’s health infrastructure – Calvary critical infrastructure | - | 1 200 | 4 590 | 4 700 | - |
| Improving Canberra’s health infrastructure – Canberra Health Services warehouse and logistics facility | - | 767 | 500 | - | - |
| Improving Canberra’s health infrastructure – Cancer Research Centre | - | 760 | 6 035 | - | - |
| Improving Canberra’s health infrastructure – Expanding Endoscopy Services | - | 175 | 650 | - | - |
|  |  |  |  |  |  |
| **2021-22 Budget Technical Adjustments** |  |  |  |  |  |
| Revised Funding Profile - Better care when you need it - New medical imaging equipment | (500) | 500 | - | - | - |
| Revised Funding Profile - Better care when you need it - Training our future health workforce | (752) | 752 | - | - | - |
| Revised Funding Profile - Better Health Services - Upgrading and maintaining ACT Health assets | (2 160) | 2 160 | - | - | - |
| Revised Funding Profile - Better healthcare for a growing community - ACT Health critical assets upgrades | (2 147) | (1 353) | 3 500 | - | - |
| Revised Funding Profile - Better Healthcare for a growing community - Delivering the Inner North Walk in Centre | (409) | 409 | - | - | - |
| Revised Funding Profile - Better healthcare for a growing community - Delivering the Weston Creek Walk in Centre | (247) | 247 | - | - | - |
| Revised Funding Profile - Better healthcare for a growing community - More mental health accommodation | (502) | 502 | - | - | - |
| Revised Funding Profile - Better Infrastructure Fund | (382) | 382 | - | - | - |
| Revised Funding Profile - Clinical Services and Inpatient Unit Design and Infrastructure Expansion | (74) | 74 | - | - | - |
| Revised Funding Profile - Clinical Services Redevelopment - Phase 2 | (208) | 208 | - | - | - |
| Revised Funding Profile - Clinical Services Redevelopment - Phase 3 | (237) | 237 | - | - | - |
|  |  |  |  |  |  |
| **Table 22: Changes to appropriation – Capital Injections, Controlled (continued)** | | | | | |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| Revised Funding Profile - Expanding pharmacy services at The Canberra Hospital | (540) | (2 935) | 3 475 | - | - |
| Revised Funding Profile - Expanding the Centenary Hospital for Women and Children | (4 580) | (2 371) | 6 951 | - | - |
| Revised Funding Profile - Imaging services at the Weston Creek Walk-in Centre | (660) | (2 548) | 3 208 | - | - |
| Revised Funding Profile - Improved Infrastructure for Acute Aged Care and Cancer Inpatients | (1 135) | 1 135 | - | - | - |
| Revised Funding Profile - More mental health services at The Canberra Hospital | (2 015) | 2 015 | - | - | - |
| Revised Funding Profile - More public medical imaging services for Canberra Hospital | (891) | (6 000) | 4 991 | 1 900 | - |
| Revised Funding Profile - Opioid treatment services on Canberra’s northside | (36) | - | 36 | - | - |
| Revised Funding Profile - Sterilising Services - Relocation and upgrade | (190) | 190 | - | - | - |
| Revised Funding Profile - The Canberra Hospital - Essential infrastructure and engineering works | (658) | 108 | 550 | - | - |
| Revised Funding Profile - University of Canberra Public Hospital | (800) | 800 | - | - | - |
| Revised Funding Profile - University of Canberra Public Hospital Car Park | (307) | 307 | - | - | - |
| Revised Funding Profile - Upgrade and refurbishment of buildings at Canberra Hospital | - | (2 000) | 2 000 | - | - |
| Revised Funding Profile - Upgrade and Refurbishment of Critical Buildings at Canberra Hospital | (1 000) | (700) | 1 700 | - | - |
| Revised Funding Profile - Walk-in health centre - Coombs pilot | (250) | 250 | - | - | - |
| Revised Indexation Parameters - Better Infrastructure Fund | - | - | - | - | 111 |
| Undrawn Funds | (241) | - | - | - | - |
|  |  |  |  |  |  |
| **2021-22 Budget** | **53 120** | **67 847** | **73 045** | **11 034** | **4 545** |

**Summary of 2021-22 Infrastructure Program**

**Table 23: 2021-22 Canberra Health Services Infrastructure Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project** | **2021-22**  **$'000** | **2022-23**  **$'000** | **2023-24**  **$'000** | **2024-25**  **$'000** | **Four Year**  **Investment**  **$'000** | **Physical**  **Completion**  **Date** |
|  |  |  |  |  |  |  |
| **CAPITAL WORKS PROGRAM** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Work In Progress** |  |  |  |  |  |  |
| Better care when you need it – New medical imaging equipment | 500 | - | - | - | 500 | Jun-22 |
| Better care when you need it — Training our future health workforce | 1 052 | - | - | - | 1 052 | Jun-22 |
| Better Health Services – Upgrading and maintaining ACT Health assets | 4 860 | 1 500 | - | - | 6 360 | Dec-22 |
| Better healthcare for a growing community - ACT Health critical assets upgrades | 5 747 | 7 500 | - | - | 13 247 | Dec-22 |
| Better healthcare for a growing community - More mental health accommodation | 588 | - | - | - | 588 | Mar-21 |
| Better healthcare for a growing community – Delivering the Weston Creek Walk in Centre | 247 | - | - | - | 247 | Completed |
| Clinical Services and Inpatient Unit Design and Infrastructure Expansion | 74 | - | - | - | 74 | Completed |
| Clinical Services Redevelopment  – Phase 2 | 208 | - | - | - | 208 | Completed |
| Clinical Services Redevelopment  – Phase 3 | 237 | - | - | - | 237 | Completed |
| Community, Health and Hospitals Program – Australian Capital Territory Initiatives | 9 768 | - | - | - | 9 768 | Dec-21 |
| Delivering the Inner North Walk in Centre | 409 | - | - | - | 409 | Completed |
| Expanding pharmacy services at The Canberra Hospital | 540 | 4 475 | - | - | 5 015 | Aug-22 |
| Expanding the Centenary Hospital for Women and Children | 13 620 | 22 513 | - | - | 36 133 | Sep-23 |
| Health Innovation Fund | 4 922 | - | - | - | 4 922 | Sep-21 |
| Imaging services at the Weston Creek Walk-in Centre | 2 462 | 3 208 | - | - | 5 670 | Oct-22 |
| Improved Infrastructure for Acute Aged Care and Cancer Inpatients | 1 135 | - | - | - | 1 135 | Dec-21 |
| More mental health services at The Canberra Hospital | 2 015 | - | - | - | 2 015 | Oct-21 |
| More public medical imaging services for Canberra Hospital | 2 000 | 7 291 | 1 900 | - | 11 191 | Jul-23 |
| Opioid treatment services on Canberra’s northside | - | 36 | - | - | 36 | Mar-21 |
| Sterilising Services – Relocation and upgrade | 490 | - | - | - | 490 | Completed |
| The Canberra Hospital – Essential infrastructure and engineering works | 708 | 550 | - | - | 1 258 | Dec-22 |
| **Table 23: 2021-22 Canberra Health Services Infrastructure Program (continued)** | | | | | | |
| **Project** | **2021-22**  **$'000** | **2022-23**  **$'000** | **2023-24**  **$'000** | **2024-25**  **$'000** | **Four Year**  **Investment**  **$'000** | **Physical**  **Completion**  **Date** |
|  |  |  |  |  |  |  |
| University of Canberra Public Hospital | 800 | - | - | - | 800 | Completed |
| University of Canberra Public Hospital Car Park (Grant) | 307 | - | - | - | 307 | Completed |
| Upgrade and refurbishment of buildings at Canberra Hospital | 6 999 | 8 872 | - | - | 15 871 | Jul-22 |
| Upgrade and Refurbishment of Critical Buildings at Canberra Hospital | - | 1 000 | - | - | 1 000 | Jul-22 |
| Walk-in health centre – Coombs pilot | 250 | - | - | - | 250 | Dec-21 |
|  |  |  |  |  |  |  |
| **Total Work In Progress** | **59 938** | **56 945** | **1 900** | **-** | **118 783** |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Capital Upgrade Programs** |  |  |  |  |  |  |
| Better Infrastructure Fund | 4 602 | 4 075 | 4 434 | 4 545 | 17 656 | Ongoing |
| Fast Track Phase 3 - Upgrades to non-acute sites | 405 | - | - | - | - | Dec-21 |
|  |  |  |  |  |  |  |
| **Total Capital Upgrade Programs** | **5 007** | **4 075** | **4 434** | **4 545** | **18 061** |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Work** |  |  |  |  |  |  |
| Improving Canberra's health infrastructure - Calvary critical infrastructure | 1 200 | 4 590 | 4 700 | - | 10 490 | Jun-24 |
| Improving Canberra's health infrastructure - Canberra Health Services warehouse and logistics facility | 767 | 500 | - | - | 1 267 | Sep-22 |
| Improving Canberra's health infrastructure - Cancer Research Centre | 760 | 6 285 | - | - | 7 045 | Dec-22 |
| Investing in public health care - Expanding endoscopy services | 175 | 650 | - | - | 825 | Dec-22 |
|  |  |  |  |  |  |  |
| **Total New Capital** | **2 902** | **12 025** | **4 700** | **-** | **19 627** |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TOTAL INFRASTRUCTURE INVESTMENT PROGRAM** | **67 847** | **73 045** | **11 034** | **4 545** | **156 066** |  |

**Financial Statements – Controlled**

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 Interim Outcome column reflects the interim outcome included in the draft 2020-21 Financial Statements, which were unaudited at the time of preparing these budget statements.

**Table 24: Canberra Health Services: Operating Statement**

| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | **Income** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Revenue** |  |  |  |  |  |  |
| 1 264 981 | Sale of Goods and Services from Contracts with Customers | 124 658 | 118 555 | -5 | 123 988 | 127 179 | 129 845 |
| 78 786 | Grants and Contributions | 1 294 575 | 1 367 477 | 6 | 1 346 981 | 1 380 466 | 1 397 158 |
| 199 | Investment Revenue | 30 | 204 | 580 | 207 | 211 | 215 |
| 15 760 | Other Revenue | 7 358 | 16 083 | 119 | 16 436 | 16 847 | 17 184 |
|  |  |  |  |  |  |  |  |
| **1 359 726** | **Total Revenue** | **1 426 621** | **1 502 319** | **5** | **1 487 612** | **1 524 703** | **1 544 402** |
|  |  |  |  |  |  |  |  |
|  | **Gains** |  |  |  |  |  |  |
| 0 | Other Gains | 299 | 0 | -100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **0** | **Total Gains** | **299** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **1 359 726** | **Total Income** | **1 426 920** | **1 502 319** | **5** | **1 487 612** | **1 524 703** | **1 544 402** |
|  |  |  |  |  |  |  |  |
|  | **Expenses** |  |  |  |  |  |  |
| 813 133 | Employee Expenses | 834 801 | 907 841 | 9 | 894 285 | 914 414 | 925 406 |
| 113 413 | Superannuation Expenses | 117 456 | 129 649 | 10 | 126 784 | 127 973 | 129 207 |
| 413 517 | Supplies and Services | 418 269 | 437 444 | 5 | 442 623 | 458 004 | 465 312 |
| 33 247 | Depreciation and Amortisation | 42 262 | 38 220 | -10 | 40 203 | 40 849 | 41 373 |
| 17 934 | Grants and Purchased Services | 33 152 | 20 598 | -38 | 17 319 | 17 860 | 18 174 |
| 10 125 | Cost of Goods Sold | 10 244 | 10 377 | 1 | 10 636 | 10 902 | 11 175 |
| 479 | Borrowing Costs | 90 | 490 | 444 | 490 | 490 | 490 |
| 5 850 | Other Expenses | 16 441 | 5 999 | -64 | 6 045 | 6 091 | 6 136 |
|  |  |  |  |  |  |  |  |
| **1 407 698** | **Total Expenses** | **1 472 715** | **1 550 618** | **5** | **1 538 385** | **1 576 583** | **1 597 273** |
|  |  |  |  |  |  |  |  |
| **(47 972)** | **Operating Result** | **(45 795)** | **(48 299)** | **-5** | **(50 773)** | **(51 880)** | **(52 871)** |
| - | **Other Comprehensive Income** | 908 | 0 |  | 0 | 0 | 0 |
| 0 | Other Movements | 1 289 | 0 | -100 | 0 | 0 | 0 |
| 0 | Increase/(Decrease) in Asset Revaluation Surplus | (381) | 0 | 100 | 0 | 0 | 0 |
| **0** | **Total Other Comprehensive Income** | **908** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **(47 972)** | **Total Comprehensive Income** | **(44 887)** | **(48 299)** | **-8** | **(50 773)** | **(51 880)** | **(52 871)** |
|  |  |  |  |  |  |  |  |

Table 25: Canberra Health Services: Balance Sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Current Assets** |  |  |  |  |  |  |
| 41 778 | Cash and Cash Equivalents | 34 511 | 35 929 | 4 | 37 351 | 38 773 | 40 195 |
| 28 644 | Receivables | 31 798 | 32 806 | 3 | 33 812 | 34 818 | 35 824 |
| 10 874 | Inventories | 16 552 | 16 752 | 1 | 16 952 | 17 152 | 17 352 |
| 1 091 | Other Assets | 2 627 | 2 692 | 2 | 2 757 | 2 822 | 2 887 |
|  |  |  |  |  |  |  |  |
| **82 387** | **Total Current Assets** | **85 488** | **88 179** | **3** | **90 872** | **93 565** | **96 258** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Assets** |  |  |  |  |  |  |
| 1 229 267 | Property, Plant and Equipment | 1 152 163 | 1 208 874 | 5 | 1 196 649 | 1 188 157 | 1 180 797 |
| 43 352 | Capital Works in Progress | 116 177 | 92 494 | -21 | 147 639 | 136 394 | 117 004 |
|  |  |  |  |  |  |  |  |
| **1 272 619** | **Total Non-Current Assets** | **1 268 340** | **1 301 368** | **3** | **1 344 288** | **1 324 551** | **1 297 801** |
|  |  |  |  |  |  |  |  |
| **1 355 006** | **TOTAL ASSETS** | **1 353 828** | **1 389 547** | **3** | **1 435 160** | **1 418 116** | **1 394 059** |
|  |  |  |  |  |  |  |  |
|  | **Current Liabilities** |  |  |  |  |  |  |
| 54 949 | Payables | 56 706 | 58 536 | 3 | 60 377 | 62 218 | 64 059 |
| 0 | Interest-Bearing Liabilities | 407 | 407 | - | 407 | 407 | 407 |
| 2 590 | Lease Liabilities | 1 579 | 2 265 | 43 | 2 951 | 3 637 | 4 323 |
| 302 241 | Employee Benefits | 302 448 | 320 249 | 6 | 338 533 | 357 278 | 376 490 |
| 0 | Other Provisions | 13 400 | 13 400 | - | 13 400 | 13 400 | 13 400 |
| 28 777 | Other Liabilities | 603 | 803 | 33 | 1 003 | 1 203 | 1 403 |
|  |  |  |  |  |  |  |  |
| **388 557** | **Total Current Liabilities** | **375 143** | **395 660** | **5** | **416 671** | **438 143** | **460 082** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Liabilities** |  |  |  |  |  |  |
| 0 | Interest-Bearing Liabilities | 445 | 445 | - | 445 | 445 | 445 |
| 2 200 | Lease Liabilities | 1 648 | 2 013 | 22 | 2 378 | 2 743 | 3 108 |
| 18 629 | Employee Benefits | 16 679 | 18 645 | 12 | 20 610 | 22 575 | 24 540 |
| 0 | Other Provisions | 1 986 | 1 986 | - | 1 986 | 1 986 | 1 986 |
| 1 177 | Other Liabilities | 0 | 0 | - | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **22 006** | **Non-Current Liabilities** | **20 758** | **23 089** | **11** | **25 419** | **27 749** | **30 079** |
|  |  |  |  |  |  |  |  |
| **410 563** | **TOTAL LIABILITIES** | **395 901** | **418 749** | **6** | **442 090** | **465 892** | **490 161** |
|  |  |  |  |  |  |  |  |
| **944 443** | **NET ASSETS** | **957 927** | **970 798** | **1** | **993 070** | **952 224** | **903 898** |
|  |  |  |  |  |  |  |  |
| 878 526 | Accumulated Funds | 892 391 | 905 262 | 1 | 927 534 | 886 688 | 838 362 |
| 65 917 | Asset Revaluation Surplus | 65 536 | 65 536 | - | 65 536 | 65 536 | 65 536 |
|  |  |  |  |  |  |  |  |
| **944 443** | **TOTAL FUNDS EMPLOYED** | **957 927** | **970 798** | **1** | **993 070** | **952 224** | **903 898** |
|  |  |  |  |  |  |  |  |

Table 26: Canberra Health Services: Statement of Changes in Equity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Opening Equity** |  |  |  |  |  |  |
| 842 767 | Opening Accumulated Funds | 842 767 | 885 714 | 5 | 905 262 | 927 534 | 886 688 |
| 65 917 | Opening Asset Revaluation Reserve | 65 917 | 65 536 | -1 | 65 536 | 65 536 | 65 536 |
|  |  |  |  |  |  |  |  |
| **908 684** | **Balance at the Start of the Reporting Period** | **908 684** | **951 250** | **5** | **970 798** | **993 070** | **952 224** |
|  |  |  |  |  |  |  |  |
|  | **Comprehensive Income** |  |  |  |  |  |  |
| 0 | Net Effect of Correction of an Error | 1 289 | 0 | -100 | 0 | 0 | 0 |
| (47 972) | Operating Result - Including Economic Flows | (45 795) | (48 299) | -5 | (50 773) | (51 880) | (52 871) |
| 0 | Inc/Dec in Asset Revaluation Reserve Surpluses | (381) | 0 | 100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **(47 972)** | **Total Comprehensive Income** | **(44 887)** | **(48 299)** | **-8** | **(50 773)** | **(51 880)** | **(52 871)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **0** | **Total Movement in Reserves** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Transactions Involving Owners Affecting Accumulated Funds** | | | | | | |
| 83 731 | Capital Injections | 53 120 | 67 847 | 28 | 73 045 | 11 034 | 4 545 |
| 0 | Inc/Dec in Net Assets due to Admin Restructure | 41 010 | 0 | -100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **83 731** | **Total Transactions Involving Owners Affecting Accumulated Funds** | **94 130** | **67 847** | **-28** | **73 045** | **11 034** | **4 545** |
|  |  |  |  |  |  |  |  |
|  | **Closing Equity** |  |  |  |  |  |  |
| 878 526 | Closing Accumulated Funds | 892 391 | 905 262 | 1 | 927 534 | 886 688 | 838 362 |
| 65 917 | Closing Asset Revaluation Reserve | 65 536 | 65 536 | - | 65 536 | 65 536 | 65 536 |
|  |  |  |  |  |  |  |  |
| **944 443** | **Balance at the end of the Reporting Period** | **957 927** | **970 798** | **1** | **993 070** | **952 224** | **903 898** |
|  |  |  |  |  |  |  |  |

Table 27: Canberra Health Services: Cash Flow Statement

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 1 260 622 | Sale of Goods and Services from Contracts with Customers | 140 061 | 116 670 | -17 | 119 817 | 122 995 | 125 748 |
| 4 775 | Grants and Contributions | 1 191 289 | 1 290 143 | 8 | 1 270 100 | 1 301 620 | 1 316 309 |
| 199 | Investment Receipts | 120 | 204 | 70 | 207 | 211 | 215 |
| 0 | Goods and Services Tax Input Tax Credits from the Australian Taxation Office | 34 666 | 0 | -100 | 0 | 0 | 0 |
| 0 | Goods and Services Tax Collected from Customers | 5 801 | 0 | -100 | 0 | 0 | 0 |
| 76 244 | Other | (1 399) | 77 998 | # | 78 377 | 78 816 | 79 173 |
| **1 341 840** | **Operating Receipts** | **1 370 538** | **1 485 015** | **8** | **1 468 501** | **1 503 642** | **1 521 445** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 800 261 | Employee | 821 964 | 891 908 | 9 | 877 856 | 897 524 | 908 049 |
| 108 998 | Superannuation | 116 570 | 125 234 | 7 | 122 369 | 123 558 | 124 792 |
| 343 566 | Supplies and Services | 331 997 | 366 774 | 10 | 370 147 | 383 578 | 388 990 |
| 18 036 | Grants and Purchased Services | 37 973 | 20 723 | -45 | 17 444 | 18 106 | 18 420 |
| 504 | Interest Expenses | 0 | 515 | # | 515 | 515 | 515 |
| 0 | Goods and Services Tax Paid to Suppliers | 41 379 | 0 | -100 | 0 | 0 | 0 |
| 10 125 | Related to Cost of Goods Sold | (3 245) | 10 377 | 420 | 10 636 | 10 902 | 11 175 |
| 57 614 | Other | 20 444 | 59 063 | 189 | 59 109 | 59 155 | 59 200 |
| **1 339 104** | **Operating Payments** | **1 367 082** | **1 474 594** | **8** | **1 458 076** | **1 493 338** | **1 511 141** |
|  |  |  |  |  |  |  |  |
| **2 736** | **NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES** | **3 456** | **10 421** | **202** | **10 425** | **10 304** | **10 304** |
|  | **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 0 | Proceeds from Sale of Property, Plant and Equipment | 299 | 0 | -100 | 0 | 0 | 0 |
| **0** | **Investing Receipts** | **299** | **0** | **-100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 92 062 | Purchase of Property, Plant and Equipment | 67 253 | 76 155 | 13 | 81 353 | 19 221 | 12 732 |
| **92 062** | **Investing Payments** | **67 253** | **76 155** | **13** | **81 353** | **19 221** | **12 732** |
|  |  |  |  |  |  |  |  |
| **(92 062)** | **NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES** | **(66 954)** | **(76 155)** | **-14** | **(81 353)** | **(19 221)** | **(12 732)** |
|  |  |  |  |  |  |  |  |

Table 27: Canberra Health Services: Cash Flow Statement (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  | **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 83 731 | Capital Injections | 53 120 | 67 847 | 28 | 73 045 | 11 034 | 4 545 |
| **83 731** | **Financing Receipts** | **53 120** | **67 847** | **28** | **73 045** | **11 034** | **4 545** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 0 | Repayment of Borrowings | 810 | 0 | -100 | 0 | 0 | 0 |
| 695 | Repayment of Lease Liabilities - Principal | 2 369 | 695 | -71 | 695 | 695 | 695 |
| **695** | **Financing Payments** | **3 179** | **695** | **-78** | **695** | **695** | **695** |
|  |  |  |  |  |  |  |  |
| **83 036** | **NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES** | **49 941** | **67 152** | **34** | **72 350** | **10 339** | **3 850** |
|  |  |  |  |  |  |  |  |
| **(6 290)** | **NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS** | **(13 557)** | **1 418** | **110** | **1 422** | **1 422** | **1 422** |
|  |  |  |  |  |  |  |  |
| **48 068** | **CASH AT THE BEGINNING OF REPORTING PERIOD** | **48 068** | **34 511** | **-28** | **35 929** | **37 351** | **38 773** |
|  |  |  |  |  |  |  |  |
| **41 778** | **CASH AT THE END OF REPORTING PERIOD** | **34 511** | **35 929** | **4** | **37 351** | **38 773** | **40 195** |
|  |  |  |  |  |  |  |  |

**Notes to the Controlled Budget Statements**

Significant variations between the original 2020-21 Budget and the 2020-21 interim outcome and the variances between the 2020-21 interim outcome and the 2021-22 Budget are as follows:

***Operating Statement***

* Sales of Goods and Services from Contracts with Customers: following accounting standard changes, the payments received via the ACT Local Hospital Network are now recognised Grants and Contributions.
* Grants and Contributions: following accounting standard changes, the payments received via the ACT Local Hospital Network are now recognised as Grants and Contributions not Sales of Goods and Services from Contracts with Customers.
* Other Revenue: the increase of $8.725 million between the 2020-21 interim outcome and 2021-22 Budget primarily relates to reduced revenue being received in 2020-21 as a result of COVID-19.
* Grants and Purchased Services: the increase of $15.218 million between the   
  2020-21 Budget and the 2020-21 interim outcome relates primarily to increased purchased services related to the Reboot Initiative for elective surgeries occurring in 2020-21. The reduction between the 2020-21 interim outcome and the 2021-22 is associated with the cessation of the Reboot Initiative for the 2021-22 year.
* Depreciation and Amortisation: the increase of $9.015 million from the 2020-21 Budget to the 2020-21 interim outcome is primarily due to the change of asset useful lives.
* Other Expenses: the increase of $10.591 million from the 2020-21 Budget to the   
  2020-21 interim outcome relates primarily to a reduction in bad and doubtful debt expenses and offset by the write-off of building assets associated with the Canberra Hospital Expansion project.

***Balance Sheet***

* Capital works in progress: the increase of $72.825 million from the 2020-21 Budget to the 2020-21 interim outcome is mainly due to delays in the completion of capital works projects in 2020-21 as a result on COVID-19.
* Current and non-current employee benefits: the increase of $19.767 million in the 2021‑22 Budget from the 2020-21 interim outcome is mainly due to wage rises and growth in staff.
* Current and non-current other liabilities: the decrease in other liabilities of $29.351 million from the 2020-21 Budget to the 2020-21 interim outcome is due to the recognition of revenue received in advance and the reclassification of Other Provisions from Other Liabilities.

***Statement of Changes in Equity***

* Capital injections: the increase of $14.727 million in the 2021-22 Budget from the 2020‑21 interim outcome is due to the reprofiling of Capital Works program and new capital investment which is summarised on the Infrastructure table.

***Cash Flow Statement***

Variations in the Statement are explained in the notes above.

**ACT LOCAL HOSPITAL NETWORK**

**Purpose**

The ACT Local Hospital Network (LHN), established in accordance with the *National Health Reform Agreement 2020-25*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate. The ACT LHN is supported by the ACT Health Directorate’s staff.

The LHN receives funding from the Commonwealth, the ACT and other state and territory governments. Funding from other state and territory governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN funds public hospital and health services provided through the following main providers:

* Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital as well as the network of community health centres and walk-in-centres;
* Calvary Health Care ACT Limited, which includes Calvary Public Hospital Bruce and Clare Holland House Hospice; and
* Tresillian Family Care Centres, for the Queen Elizabeth II Family Centre.

The LHN also funds services provided under contract through a number of private hospitals in the ACT.

**2021-22 Priorities**

The LHN will receive and distribute funding for public hospital services under the *National Health Reform Agreement* (NHRA) for the purchase of public hospital services.

In 2021-22, funding will be provided to Canberra Health Services and Calvary Health Care ACT Limited for the following new initiatives:

* support for the increase in demands for a range of key hospital services including:
  + emergency surgery;
  + elective surgeries;
  + endoscopy procedures;
  + intensive care capacity;
  + neonatology services at Centenary Hospital for Women and Children;
  + both inpatient and community palliative care services through Clare Holland House Hospice;
  + acute and sub-acute admitted mental health services; and
  + expansion of medical imaging to a 24/7 service at Calvary Public Hospital Bruce, to meet additional emergency department demand.
* support for the public health system for the continued response to the COVID-19 pandemic, including the rollout of the National Vaccination program;
* increase in nursing and midwifery staffing ratios at Canberra Health Services and Calvary Public Hospital Bruce;
* support for expanded community mental health services; and
* support for improved patient navigation to better coordinate care across the health system for people with chronic and complex conditions including a Paediatric Nurse Liaison Service.

**Estimated Employment Level**

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

**Local Hospital Network - Strategic Objectives and Indicators**

**Strategic Objective 1**

***Establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery***

**Table 1: Number of Public Hospital Performance Agreements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020–21** | **2020–21** | **2021–22** |
| **Target** | **Outcome** | **Target** |
| Performance Agreements with Public Hospital Service Providers in place1 | 2 | 2 | n/a |
| Funding and performance agreements in place with all ACT Local Hospital Network non-government providers2 | n/a | n/a | 100% |

**Notes:**

1. This Strategic Indicator is being replace by the following indicator.
2. This measure will extend to the performance of all ACT Local Hospital Network providers other than Canberra Health Services (this includes Calvary Health Care ACT, Tresillian and private hospitals). Canberra Health Services (CHS) is excluded from this measure as the mechanism to monitor CHS funding and performance is through the CHS Budget Statements.

**Output Classes**

The LHN will receive funding under the NHRA and fund public hospital services mainly from Canberra Health Services, Calvary Health Care ACT Limited and Tresillian Family Care Centres.

The NHRA commits the Commonwealth to fund public hospitals using Activity Based Funding for in-scope services 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). The LHN also receives block funding from the Commonwealth for services not in scope to be funded on an activity basis.

NWAU is the measure of health service activity used by the Commonwealth under the NHRA. The NEP is expressed as a price per NWAU. The NWAU measure provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive activities are worth fractions of an NWAU. NWAUs are reviewed and updated by IHPA annually.

The 2021-22 National Efficient Price is $5,597 per NWAU.

**Output Class 1: ACT Local Hospital Network**

**Table 2: Output Class 1: ACT Local Hospital Network**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2020-21** | **2021-22** |
|  |  | **Interim Outcome** | **Budget** |
|  |  | **$'000** | **$'000** |
| Total Cost |  | 1,493,435 | 1,606,633 |
| Controlled Recurrent Payments |  | 907,735 | 973,456 |

**Accountability Indicators**

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 accountability indicators below refer to the interim outcome included in the draft 2020-21 Statement of Performance, which was unaudited at the time of preparing these budget statements.

**Output Class 1: ACT Local Hospital Network**

**Table 3: Accountability Indicators Output 1.1**

|  | **2020-21 Targets** | **2020-21**  **Interim**  **Outcome** | **2021-22**  **Targets** |
| --- | --- | --- | --- |
|  | NWAU{20} | NWAU{20} | NWAU{21} |
| 1. Admitted Services | 104,329 | 103,447 | 105,100 |
| 1. Non-admitted Services1 | 28,815 | 31,069 | 31,600 |
| 1. Emergency Services | 19,324 | 20,022 | 20,300 |
| 1. Acute Admitted Mental Health Services | 10,384 | 10,793 | 11,000 |
| 1. Sub-Acute Services | 14,124 | 13,803 | 14,000 |
| 1. Total in Scope | 176,976 | 179,134 | 182,000 |

**Notes:**

Activity funded by the LHN is consistent with the criteria in the National Health Reform Agreement. National Weighted Activity Unit (NWAU) is the measure that is used to express the price weights for all services that are funded on an activity basis. NWAU {21} is the measure as defined by the Independent Hospital Pricing Authority in the National Price Determination 2021-22. NWAU {21} is not directly comparable to NWAU {20}. These measures combine the results for Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the ‘General List of In-Scope Public Hospital Services’.

a. Excludes mental health and sub-acute services.

b. Excludes community mental health services.

**Variances between the 2020-21 Target and Interim Outcome:**

1. The 2020-21 result is not finalised and is subject to change once validations have been completed. The preliminary result is above target and reflects an increase in non-admitted activity due to the opening of additional non-admitted clinics at the University of Canberra Hospital and the Canberra Hospital and improved data capture of non-admitted community-based services.

**Changes to Appropriation**

**Table 4: Changes to appropriation – Controlled Recurrent Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| **2020-21 Budget** | 900,173 | 821,874 | 799,058 | 788,192 | 775,515 |
|  |  |  |  |  |  |
| **2nd Appropriation** |  |  |  |  |  |
| Treasurers Advance | 13,000 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget Policy Adjustments** |  |  |  |  |  |
|  |  |  |  |  |  |
| Better care in the community |  |  |  |  |  |
| Continuing to support the Home Assessment and Acute Response Team | 0 | 1,223 | 0 | 0 | 0 |
| Drug and Alcohol Court - more support | 0 | 2,402 | 2,382 | 0 | 0 |
| Expansion of palliative care services at Clare Holland House Hospice | 0 | 1,474 | 4,509 | 4,772 | 5,302 |
| More support for community sector organisations | 0 | 101 | 102 | 103 | 115 |
| Planning for additional supported accommodation houses | 0 | 184 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| COVID-19 Response |  |  |  |  |  |
| Continuing the COVID-19 public health support package | 0 | 17,469 | 0 | 0 | 0 |
| Continuing the COVID-19 public health support package - Savings | 0 | -1,562 | 0 | 0 | 0 |
| Expanded COVID-19 vaccination program | 0 | 14,031 | 0 | 0 | 0 |
| Mental health support package | 0 | 40 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Expanding critical public hospital services |  |  |  |  |  |
| Additional ICU capacity | 0 | 2,373 | 7,123 | 9,357 | 9,501 |
| Additional neonatology cots | 0 | 2,468 | 3,589 | 4,579 | 4,646 |
| Delivering a better Canberra Hospital emergency department | 0 | 5,180 | 5,833 | 5,899 | 5,967 |
| Delivering more elective surgeries | 0 | 5,385 | 1,020 | 266 | 318 |
| More emergency surgery capacity | 0 | 6,752 | 9,075 | 11,463 | 11,666 |
| More services at Calvary Public Hospital Bruce | 0 | 3,628 | 3,951 | 4,056 | 4,164 |
|  |  |  |  |  |  |
| Improving Canberra’s health infrastructure |  |  |  |  |  |
| Calvary critical infrastructure | 0 | 429 | 495 | 562 | 631 |
| Canberra Health Services warehouse and logistics facility | 0 | 533 | 480 | 498 | 517 |
| Cancer Research Centre | 0 | 0 | 0 | 68 | 136 |
| Expanding endoscopy services | 0 | 2,233 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| Improving our public health system |  |  |  |  |  |
| Commonwealth Redress Scheme - continuation | 0 | 32 | 33 | 33 | 33 |
| Expanding acute mental health services | 0 | 9,266 | 10,578 | 10,735 | 10,898 |
| Extension of temporary contract positions | 0 | 988 | 0 | 0 | 0 |
| Implementing a patient navigation services | 0 | 197 | 1,794 | 1,964 | 2,385 |
| Introduction of nursing and midwifery ratios | 0 | 4,081 | 14,238 | 14,625 | 15,023 |
| Sustainable Health Funding – Enhanced Base | 0 | 68,300 | 70,100 | 71,900 | 73,800 |
| Winnunga Health Services for Aboriginal and Torres Strait Islander Detainees at the AMC | 0 | 128 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget Technical Adjustments** |  |  |  |  |  |
|  |  |  |  |  |  |
| Commonwealth Grant |  |  |  |  |  |
| Schedule Stillbirth Autopsies and Investigations | 0 | 83 | 0 | 0 | 0 |
| Specialist Dementia Program | 0 | 0 | -268 | 0 | 0 |

**Table 4: Changes to appropriation – Controlled Recurrent Payments (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020-21 Interim Outcome**  **$'000** | **2021-22 Budget**  **$'000** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |
| Transfers |  |  |  |  |  |
| Care Closer to Home transfer to AHD | 0 | -153 | 0 | 0 | 0 |
| Detention Exit Community Outreach to ACTHD | 0 | -275 | -282 | -289 | -296 |
| Guan Gulwan Nurse funding to ACTHD | 0 | -180 | -180 | -180 | -184 |
| Professional Standards Unit to CMTEDD | 0 | -907 | -922 | -938 | -955 |
| Winnunga Nurse funding to ACTHD | 0 | -171 | -173 | -175 | -178 |
|  |  |  |  |  |  |
| Revised Funding - Health Innovation Fund | -838 | 600 | 0 | 0 | 0 |
| Revised Indexation Parameters | 0 | 7,264 | 15,140 | 23,480 | 14,629 |
| Superannuation Round Robin | 0 | 5,988 | 6,519 | 6,589 | 8,606 |
| Undrawn Funds | -4,600 | 0 | 0 | 0 | -34 |
| Vaccination Program adjustment to Commonwealth Flows | 0 | -4,314 | 0 | 0 | 0 |
| Workers Compensation Premium Adjustment | 0 | -3,688 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **2021-22 Budget** | **907,735** | **973,456** | **954,194** | **957,559** | **942,205** |

**Financial Statements – Controlled**

Due to the release of the 2021-22 Budget on 6 October 2021, the 2020-21 Interim Outcome column reflects the interim outcome included in the draft 2020-21 Financial Statements, which were unaudited at the time of preparing these budget statements.

**Table 5: ACT Local Hospital Network: Operating Statement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Income** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Revenue** |  |  |  |  |  |  |
| 900,173 | Controlled Recurrent Payments | 907,735 | 973,456 | 7 | 954,194 | 957,559 | 942,205 |
| 200,685 | Sale of Goods and Services from Contracts with Customers | 115,079 | 116,219 | 1 | 119,124 | 122,102 | 124,544 |
| 488,965 | Grants and Contributions | 465,619 | 516,958 | 11 | 511,779 | 545,045 | 580,473 |
|  |  |  |  |  |  |  |  |
| **1,589,823** | **Total Revenue** | **1,488,433** | **1,606,633** | **8** | **1,585,097** | **1,624,706** | **1,647,222** |
|  |  |  |  |  |  |  |  |
| **0** | **Total Gains** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **1,589,823** | **Total Income** | **1,488,433** | **1,606,633** | **8** | **1,585,097** | **1,624,706** | **1,647,222** |
|  |  |  |  |  |  |  |  |
|  | **Expenses** |  |  |  |  |  |  |
| 1,571,375 | Grants and Purchased Services | 1,473,415 | 1,586,945 | 8 | 1,576,603 | 1,615,660 | 1,637,588 |
| 18,448 | Payments to ACT Government Agencies | 20,020 | 19,688 | -2 | 8,494 | 9,046 | 9,634 |
|  |  |  |  |  |  |  |  |
| **1,589,823** | **Total Expenses** | **1,493,435** | **1,606,633** | **8** | **1,585,097** | **1,624,706** | **1,647,222** |
|  |  |  |  |  |  |  |  |
| **0** | **Operating Result** | **-5,002** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **0** | **Total Comprehensive Income** | **-5,002** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |

Table 6: ACT Local Hospital Network: Balance Sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Current Assets** |  |  |  |  |  |  |
| 0 | Cash and Cash Equivalents | 2,178 | 2,178 | - | 2,178 | 2,178 | 2,178 |
| 63,831 | Receivables | 61,953 | 61,953 | - | 61,953 | 61,953 | 61,953 |
|  |  |  |  |  |  |  |  |
| **63,831** | **Total Current Assets** | **64,131** | **64,131** | **-** | **64,131** | **64,131** | **64,131** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Assets** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **0** | **Total Non-Current Assets** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **63,831** | **TOTAL ASSETS** | **64,131** | **64,131** | **-** | **64,131** | **64,131** | **64,131** |
|  |  |  |  |  |  |  |  |
|  | **Current Liabilities** |  |  |  |  |  |  |
| 38,969 | Payables | 41,687 | 41,687 | - | 41,687 | 41,687 | 41,687 |
| 0 | Other Liabilities | 2,584 | 2,584 | - | 2,584 | 2,584 | 2,584 |
|  |  |  |  |  |  |  |  |
| **38,969** | **Total Current Liabilities** | **44,271** | **44,271** | **-** | **44,271** | **44,271** | **44,271** |
|  |  |  |  |  |  |  |  |
|  | **Non Current Liabilities** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **0** | **Non-Current Liabilities** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **38,969** | **TOTAL LIABILITIES** | **44,271** | **44,271** | **-** | **44,271** | **44,271** | **44,271** |
|  |  |  |  |  |  |  |  |
| **24,862** | **NET ASSETS** | **19,860** | **19,860** | **-** | **19,860** | **19,860** | **19,860** |
|  | **REPRESENTED BY FUNDS EMPLOYED** | | | | | | |
|  |  |  |  |  |  |  |  |
| 24,862 | Accumulated Funds | 19,860 | 19,860 | - | 19,860 | 19,860 | 19,860 |
|  |  |  |  |  |  |  |  |
| **24,862** | **TOTAL FUNDS EMPLOYED** | **19,860** | **19,860** | **-** | **19,860** | **19,860** | **19,860** |
|  |  |  |  |  |  |  |  |

Table 7: ACT Local Hospital Network: Statement of Changes in Equity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget**  **at**  **30/6/21**  **$'000** |  | **Interim**  **Outcome at**  **30/06/21**  **$'000** | **Budget**  **at**  **30/6/22**  **$'000** | **Var**  **%** | **Estimate**  **at**  **30/6/23**  **$'000** | **Estimate**  **at**  **30/6/24**  **$'000** | **Estimate**  **at**  **30/6/25**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **Opening Equity** |  |  |  |  |  |  |
| 24,862 | Opening Accumulated Funds | 24,862 | 19,860 | -20 | 19,860 | 19,860 | 19,860 |
|  |  |  |  |  |  |  |  |
| **24,862** | **Balance at the Start of the Reporting Period** | **24,862** | **19,860** | **-20** | **19,860** | **19,860** | **19,860** |
| 0 | Operating Result - Including Economic Flows | -5,002 | 0 | 100 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |
| **0** | **Total Movement in Reserves** | **0** | **0** | **-** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
|  | **Closing Equity** |  |  |  |  |  |  |
| 24,862 | Closing Accumulated Funds | 19,860 | 19,860 | - | 19,860 | 19,860 | 19,860 |
|  |  |  |  |  |  |  |  |
| **24,862** | **Balance at the end of the Reporting Period** | **19,860** | **19,860** | **-** | **19,860** | **19,860** | **19,860** |
|  |  |  |  |  |  |  |  |

Table 8: ACT Local Hospital Network: Cash Flow Statement

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2020-21 Budget**  **$'000** |  | **2020-21 Interim Outcome $'000** | **2021-22 Budget**  **$'000** | **Var**  **%** | **2022-23 Estimate**  **$'000** | **2023-24 Estimate**  **$'000** | **2024-25 Estimate**  **$'000** |
|  |  |  |  |  |  |  |  |
|  | **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
|  | **Receipts** |  |  |  |  |  |  |
| 900,173 | Controlled Recurrent Payments | 907,735 | 973,456 | 7 | 954,194 | 957,559 | 942,205 |
| 200,685 | Sale of Goods and Services from Contracts with Customers | 116,816 | 116,219 | -1 | 119,124 | 122,102 | 124,544 |
| 482,993 | Grants and Contributions | 462,231 | 516,958 | 12 | 511,779 | 545,045 | 580,473 |
| 21,994 | Other | 113,153 | 140,772 | 24 | 144,110 | 147,527 | 150,421 |
| **1,605,845** | **Operating Receipts** | **1,599,935** | **1,747,405** | **9** | **1,729,207** | **1,772,233** | **1,797,643** |
|  |  |  |  |  |  |  |  |
|  | **Payments** |  |  |  |  |  |  |
| 1,589,823 | Grants and Purchased Services | 1,490,866 | 1,605,742 | 8 | 1,585,097 | 1,624,706 | 1,647,222 |
| 0 | Payments to General Government Agencies for Outputs | 0 | 891 | # | 0 | 0 | 0 |
| 21,994 | Other | 112,863 | 140,772 | 25 | 144,110 | 147,527 | 150,421 |
| **1,611,817** | **Operating Payments** | **1,603,729** | **1,747,405** | **9** | **1,729,207** | **1,772,233** | **1,797,643** |
|  |  |  |  |  |  |  |  |
| **-5,972** | **NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES** | **-3,794** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **-5,972** | **NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS** | **-3,794** | **0** | **100** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **5,972** | **CASH AT THE BEGINNING OF REPORTING PERIOD** | **5,972** | **2,178** | **-64** | **2,178** | **2,178** | **2,178** |
|  |  |  |  |  |  |  |  |
| **0** | **CASH AT THE END OF REPORTING PERIOD** | **2,178** | **2,178** | **-** | **2,178** | **2,178** | **2,178** |
|  |  |  |  |  |  |  |  |

**Notes to the Controlled Budget Statements**

Significant variations are as follows:

***Operating Statement***

* controlled recurrent payments:
  + the increase of $7.562 million in the 2020-21 Interim Outcome from the original Budget is due to additional funding to support the COVID-19 response ($8.4 million) and the reprofiling of Commonwealth Health Innovation Funding ($0.838 million); and
  + the increase of $65.721 million in the 2021-22 Budget from the 2020‑21 Interim Outcome is mainly due to indexation and new initiatives.
* sale of goods and services: the decrease of $85.606 million in the 2020-21 Interim Outcome from the 2020-21 original Budget is due to a change in treatment of cross border health revenue. The change removes the doubling-up of these funds through this revenue category and the grants and purchased services expense category.
* grants and contributions (revenue):
  + the decrease of $23.346 million in the 2020-21 Interim Outcome from the original Budget is due to lower Commonwealth funding received through the National Partnership for COVID-19 Response (NPCR) and the National Health Reform Agreement. The lower NPCR revenue relates mainly to the downstream repayment of funding from the 2019-20 financial year; and
  + the increase of $51.339 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due indexation and activity growth in Commonwealth National Health Reform Agreement funding.
* grants and purchased services (expenses):
  + the decrease of $97.960 million in the 2020-21 Interim Outcome from the original Budget is mainly due to a change in treatment of cross border health expenses. The change removes the doubling-up of these funds through this revenue category and the grants and purchased services expense category; and
  + the increase of $113.530 million in the 2021-22 Budget from the 2020-21 Interim Outcome is mainly due to indexation, new initiatives and changes in superannuation contribution rates.

***Balance Sheet***

* Receivables: the decrease of $1.878 million in the 2020-21 Interim Outcome from the original Budget relates to surplus Commonwealth private hospital financial viability payment funds held at 30 June 2020. These funds have been either utilised or returned to the Commonwealth in 2020-21.
* payables: the increase of $2.718 million in the 2020-21 Interim Outcome from the original Budget is due to outstanding cross border health payments.
* Other Liabilities: the increase of $2.584 million in the 2020-21 Interim Outcome from the original Budget relates to outstanding funding owed to the Commonwealth which is related to the 2019-20 reconciliation of the National Partnership for COVID-19 Response.

***Cash Flow Statement***

Variations in the Statement are explained in the notes above.