

AUSTRALIAN DIGITAL HEALTH AGENCY

Entity Resources and Planned Performance

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Section 1: Entity Overview and Resources

1.1 STRATEGIC DIRECTION STATEMENT¹

The Australian Government is committed to the delivery of a world-leading national digital health capability that will advance the efficiency, quality and delivery of health care to improve the health outcomes of all Australians.

The Australian Digital Health Agency (the Agency) has responsibility for the strategic management and governance of the National Digital Health Strategy and the design, delivery and operations of the national digital healthcare system including the My Health Record system.

The Agency provides the leadership, coordination and delivery of a collaborative and innovative approach to utilising technology to support and enhance a clinically safe and connected national health system. This will give individuals more control of their health and their health information, and support healthcare professionals to provide informed health care through access to current clinical and treatment information.

In 2018-19, the Agency will prioritise the implementation of the first year of the National Digital Health Strategy – *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*² – approved by Australia’s Health Ministers on 4 August 2017. The Strategy articulates the need for a coordinated approach to the delivery of digital health within Australia, and identifies seven strategic priority outcomes.

1. Health information that is available whenever and wherever it is needed

Every Australian will have a My Health Record, unless they choose not to. They will control what goes into their My Health Record, and who is allowed access to it. They can choose to share their health information with authorised healthcare providers involved with their care.

Healthcare providers will be able to contribute to and use health information in the My Health Record system when providing health care to their patients; with potentially lifesaving access to reports of a person’s medications, allergies, laboratory tests and chronic conditions. This will support significant improvements in the safety, quality and efficiency of health care for all Australians.

2. Health information that can be exchanged securely

Every healthcare provider will have the ability to communicate with other professionals and their patients via secure digital channels. By 2022, patients will also be able to communicate with their healthcare providers using these digital channels, which will end dependence on paper-based correspondence that is today sent by fax machine, post or hand-delivered by the consumer.

¹ For more information about the strategic direction of the Australian Digital Health Agency, refer to the current Corporate Plan, available at: www.digitalhealth.gov.au/about-the-agency/corporate-plan

² Available at: www.digitalhealth.gov.au/about-the-agency/publications/australias-national-digital-health-strategy

3. High-quality data with a commonly understood meaning that can be used with confidence

The Agency will co-produce with the community the priority areas for standards, and agreed plans and timeframes to better connect health care across the health sector. By 2022, the safety and quality of care will be improved by ensuring Australia has a connected health system that seamlessly shares high quality data with the right people at the right time.

4. Better availability and access to prescriptions and medicines information

All patients and their healthcare providers will have access to consolidated views of their medications through the My Health Record system, with more data on dispensed medicines available. By 2022, people will be able to request their medications online, and all prescribers and pharmacists will have access to electronic prescribing and dispensing, improving the safety of our systems.

5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency

Innovative models of care will support at least two health reform priorities such as the management of chronic illness, the health of babies and young children, end of life care and improving information sharing in urgent and emergency care.

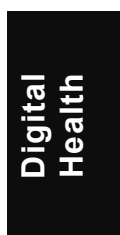
6. A workforce confidently using digital health technologies to deliver health and care

Change and adoption activities will continue to focus on the use of the My Health Record by general practitioners, pharmacists and public hospital emergency department staff to support the My Health Record expansion. High level engagement with specialty groups, allied health, aged care and private hospitals will continue. By 2022, all healthcare practitioners will be able to confidently and efficiently use digital technologies and services to interact with patients, use and contribute to their health record and exchange with the rest of the health system.

7. A thriving digital health industry delivering world-class innovation

The Agency will continue working with software developers and mobile app developers to connect to the My Health Record, and will continue international advocacy of Australia's achievements in digital health. By 2022, Australians will have a variety of digital apps and services to support their health and care needs, including through the use of data from their medical records. Healthcare professionals will be able to take advantage of innovative tools that are not only safe and secure, but integrate with their workflow and improve efficiency.

To deliver on this important work, the Australian Government will enter into an Intergovernmental Agreement with the States and Territories for the continued support of the Australian Digital Health Agency and to work together to build a world-class national digital health capability.



1.2 ENTITY RESOURCE STATEMENT

Table 1.1 shows the total funding from all sources available to the entity for its operations and to deliver programs and services on behalf of the Government.

The table summarises how resources will be applied by outcome (Government strategic policy objectives) and by administered (on behalf of the Government or the public) and departmental (for the entity's operations) classification.

For more detailed information on special accounts and special appropriations, refer to *Budget Paper No. 4 – Agency Resourcing*.

Information in this table is presented on a resourcing (i.e. appropriations/cash available) basis, whilst the 'Budgeted expenses by outcome' tables in Section 2 and the financial statements in Section 3 are presented on an accrual basis.

Table 1.1: Australian Digital Health Agency Resource Statement – Budget Estimates for 2018-19 as at Budget May 2018

	2017-18 Estimated actual \$'000	2018-19 Estimate \$'000
Opening balance/cash reserves at 1 July	46,549	50,810
Funds from Government		
Annual appropriations ^(a)		
Ordinary annual services ^(a)		
Outcome 1	197,062	219,270
Other services ^(b)		
Equity injection	53,464	37,542
Total annual appropriations	250,526	256,812
Amounts received from related entities ^(c)		
Amounts from the Portfolio Department	2,764	-
Amounts from other entities	-	-
Total amounts received from related entities	2,764	-
Total funds from Government	253,290	256,812
Funds from other sources		
Interest	2,476	639
Sale of goods and services	-	-
Other	32,287	32,250
Total funds from other sources	34,763	32,889
Total net resourcing for Australian Digital Health Agency	334,602	340,511
	2017-18	2018-19
Average staffing level (number)	233	250

All figures are GST exclusive.

^(a) Appropriation Bill (No. 1) 2018-19.

^(b) Appropriation Bill (No. 2) 2018-19.

^(c) Funding provided by a Government entity that is not specified within the annual appropriation bills as a payment to the corporate entity.

1.3 BUDGET MEASURES

Budget measures in Part 1 relating to the Australian Digital Health Agency are detailed in Budget Paper No. 2 and are summarised below.

Table 1.2: Australian Digital Health Agency 2018-19 Budget Measures

Program	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000
Healthy Active Beginnings ^(a)					
Australian Digital Health Agency					
Departmental expenses 1.1	-	3,700	1,300	-	-
Total	-	3,700	1,300	-	-

^(a) Full details of this measure are published under Department of Health Health (Table 1.2)



Section 2: Outcomes and Planned Performance

Government outcomes are the intended results, impacts or consequences of actions by the Government on the Australian community. Commonwealth programs are the primary vehicle by which Government entities achieve the intended results of their outcome statements. Entities are required to identify the programs that contribute to Government outcomes over the Budget and forward years.

Each outcome is described below together with its related programs. The following provides detailed information on expenses for each outcome and program, further broken down by funding source.

Note:

Performance reporting requirements in the Portfolio Budget Statements are part of the enhanced Commonwealth performance framework established by the *Public Governance, Performance and Accountability Act 2013*. It is anticipated that the performance criteria described in Portfolio Budget Statements will be read with broader information provided in an entity's Corporate Plans and Annual Performance Statements – included in Annual Reports – to provide an entity's complete performance story.

The Australian Digital Health Agency's most recent Corporate Plan is available at: www.digitalhealth.gov.au/about-the-agency/corporate-plan

The Australian Digital Health Agency's most recent Annual Performance Statement is available at: www.digitalhealth.gov.au/about-the-agency/publications/reports/annual-report

2.1 BUDGETED EXPENSES AND PERFORMANCE

Outcome 1

To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians

Program Contributing to Outcome 1

Program 1.1: Digital Health

Linked Programs

Other Commonwealth entities that contribute to Outcome 1
Department of Health Program 1.2: Health Innovation and Technology The Department of Health has policy responsibility for improving health outcomes for Australians through digital healthcare systems.
Department of Human Services Program 1.2: Services to the Community – Health The Department of Human Services contributes to the achievement of this Outcome by supporting the operation of the My Health Record system.

Budgeted Expenses for the Australian Digital Health Agency

Table 2.1.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

Table 2.1.1: Budgeted Expenses for the Australian Digital Health Agency

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward Year 1 \$'000	2020-21 Forward Year 2 \$'000	2021-22 Forward Year 3 \$'000
Program 1.1: Digital Health					
Revenue from Government					
Ordinary annual services	197,062	219,270	1,300	-	-
Amounts from related entities	2,764	-	-	-	-
Revenues from independent sources	34,763	32,889	-	-	-
Expenses not requiring appropriation in the Budget year ^(a)	-	-	-	-	-
Operating deficit (surplus) ^(b)	20,693	41,150	-	-	-
Total for Program 1.1	255,282	293,309	1,300	-	-
Total expenses for Outcome 1	255,282	293,309	1,300	-	-

	2017-18	2018-19
Average staffing level (number)	233	250

^(a) Expenses not requiring appropriation in the Budget year are made up of net assets received free of charge.

^(b) Deficits in 2017-18 and 2018-19 relates to the carry forward of 2016-17 COAG funding under the Intergovernmental Agreement (IGA) for the delivery of the agreed Work Plan and also an allowance for depreciation/amortisation. There is no impact on the financial sustainability of the Agency resulting from the operating loss in 2017-18 and 2018-19 with carry forward expenditure covered through funding received in 2016-17, which was recorded as revenue for accounting purposes in that year. Depreciation/amortisation has no impact on underlying cash.

Planned Performance for the Australian Digital Health Agency

Table 2.1.2 below details the performance criteria for the program associated with Outcome 1. It also summarises how the program is delivered and where 2018-19 Budget measures have materially changed the program.

Table 2.1.2: Performance Criteria for the Australian Digital Health Agency

Purpose
Better health for all Australians enabled by seamless, safe, secure digital health services and technologies that provide a range of innovative, easy to use tools for both patients and providers.
Outcome 1
To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians.
Program 1.1: Digital Health
In collaboration with consumers, healthcare providers and the health industry, ³ the Australian Digital Health Agency will deliver an effective national digital health capability that will achieve significant improvements in the quality and delivery of health care, and increased efficiency of the Australian health system. Used effectively, digital information can help save lives, improve health and wellbeing and support a sustainable health system that delivers safe, high quality health services for all Australians.
Delivery
<p>A. Health information that is available whenever and wherever it is needed</p> <ul style="list-style-type: none"> • Create a My Health Record for every Australian, unless they choose not to have one. • Enhance clinical management and care by making more medicines, pathology and diagnostic imaging results available through the My Health Record and accessible by authorised healthcare providers. • Enable all Australians to access their information at any time online and through mobile devices. <p>B. Health information that can be exchanged securely</p> <ul style="list-style-type: none"> • Promote national adoption of standards to enable seamless, secure, and confidential information sharing across all healthcare providers and consumers. • Enable healthcare providers to search for other healthcare providers within their chosen system, and easily and securely share clinical correspondence. • Ensure systems safeguard patients' health data in line with standards, and enable it to be shared securely at their discretion. Patients will spend less time having to retell their story, and their healthcare providers will be able to work together more effectively to provide coordinated care.

³ Health industry includes entities such as peak health organisations, health software vendors, and consumer health organisations (including insurers).

C. High-quality data with a commonly understood meaning that can be used with confidence

- Consult publicly on a vision and roadmap for implementation of interoperability between all public and private health and care services in Australia.
- Promote the collection of patient data in standard ways so it can be shared in real time with patients and their providers.
- Enable healthcare providers to access more complete information about a person under their care, irrespective of whether that person received health services in the public, private or community setting.

D. Better availability and access to prescriptions and medicines information

- Provide all consumers and their healthcare providers with the means to access prescribed and dispensed medications through the My Health Record, reducing the incidence of medication errors and adverse drug events.
- Promote use of medicines information to improve the decisions made by healthcare providers and consumers about medicines management and use.
- Commence policy work with the Department of Health to enable digital paper-free options for all medication management in Australia, which would allow individuals to request their medications online, and all prescribers and pharmacists to have access to electronic prescribing and dispensing.

E. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency

- Introduce at least two pioneering initiatives – co-produced between consumers, governments, providers and entrepreneurs – to test evidence-based digital empowerment of key health priorities.
- Focus on priority health reform areas such as Health Care Homes, chronic disease management, babies' and children's health, end-of-life care or emergency care.

F. A workforce confidently using digital health technologies to deliver health and care

- Develop resources and offer assistance to peak associations to support their professions on how, when and where technology and data could be used in everyday clinical practice.
- Provide all healthcare professionals with access to resources that will support them in the confident and efficient use of digital services.

G. A thriving digital health industry delivering world-class innovation

- Promote the achievements of Australian innovation in digital health within our region and globally.
- Consult with industry and trade agencies on ways the Agency can create opportunities for industry and the Australian economy by capitalising on the significant public and private sector investment in digital health.
- Provide a platform for industry and innovators to foster an agile and self-improving health system that is sustainable.

Performance criteria				
A. Health information that is available whenever and wherever it is needed				
Deliver a national opt-out model for the My Health Record and enhance the system to improve participation, usage, content and engagement with the service.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
Release a minimum of two upgrades to the My Health Record System to support the opt-out participation model and to improve the end user experience and mobile access.	Deliver a national opt-out model for the My Health Record by 31 December 2018, and release a minimum of two upgrades to the system to increase content, improve the end user experience, mobile access, management of family records, allergies, medicines view, and access controls.	Continue to deliver a reliable and secure My Health Record system and to continuously improve the end user experience.		
Increase My Health Record system adoption by public and private hospitals.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
41 additional public hospitals and health services (out of a total of 1,107 ⁴) and 15 private hospitals (out of a total of 209 ⁵) have been connected to the My Health Record.	Connect an additional 30 public hospitals and 15 private hospitals to the My Health Record.	Connect an additional 30 public and 15 private hospitals to the My Health Record each year.		
Establish foundation sources of pathology and diagnostic imaging reports in the My Health Record with key implementation partners from public hospital networks and the private sector.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
Five States and Territories, three private diagnostic imaging providers and four private pathology providers have connected and are sharing diagnostics reports with the My Health Record.	Six States and Territories, and more than 60% of private pathology labs and 10% of private diagnostic imaging practices connected and sharing reports with the My Health Record.	All States and Territories, and more than 80% of private pathology labs and 20% of private diagnostic imaging practices connected and sharing reports with the My Health Record.	All States and Territories, and more than 83% of private pathology labs and 30% of private diagnostic imaging practices connected and sharing reports with the My Health Record.	All States and Territories, and more than 85% of private pathology labs and 35% of private diagnostic imaging practices connected and sharing reports with the My Health Record.

⁴ Total number of public hospital and health services reported by State and Territory jurisdictions on 1 May 2018, with 802 public hospitals and health services connected to the My Health Record system prior to May 2018.

⁵ Total number of private hospitals and clinics contracted with the Australian Digital Health Agency for connection to My Health Record on 1 May 2018, with 178 private hospitals and clinics connected prior to May 2018.

Maintain availability of the My Health Record system.⁶				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
99.5% of the time	99% of the time	99% of the time	99% of the time	99% of the time
B. Health information that can be exchanged securely				
Establish a trustworthy, seamless process for a message to flow securely from one provider to another and over time to consumers.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
Finalised industry specification and guidelines for secure messaging and implemented a messaging proof of concept in Victoria and New South Wales.	Establish a federated provider directory and information exchange trust framework to support information exchange and implement specifications and guidelines and extend use of interoperable messaging from initial sites.	Co-produce a conformance, compliance and accreditation framework and process, building on existing schemes.	Establish sustainable operational models for national infrastructure to support information exchange, including provider identification and addressing services.	As per 2020-21.
C. High-quality data with a commonly understood meaning that can be used with confidence				
Strengthen and improve the tools for digital interoperability in the Australia health sector.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
Public consultation on interoperability standards was undertaken, leading to an agreed vision and national Interoperability Roadmap encompassing both public and private sectors.	Broaden consultation on Interoperability Roadmap and agree timeframes and targets for implementation. Develop an Interoperability Roadmap for Australia.	Base-level requirements for using interoperable digital technology in the provision of care in Australia agreed with governments, peak clinical bodies and other key stakeholders.	Establish a digital health maturity support service to support jurisdictions and health services to increase their digital health maturity.	As per 2020-21.



⁶ Excluding planned outages.

D. Better availability and access to prescriptions and medicines information				
Improve the accuracy, timeliness, visibility and accessibility of medicines information in the My Health Record system.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
Commenced uploading public hospital pharmacy dispense records to the My Health Record from the Northern Territory and New South Wales. A minimum of 50% of dispensed pharmacy prescriptions supplied to consumers were registered with a My Health Record.	80% of community pharmacies connect and upload dispensed prescription records to the My Health Record. Support Department of Health on digital signatures policy development.	90% of community pharmacies connect and upload dispensed prescription records to the My Health Record.	More than 95% of community pharmacies connect and upload dispensed prescription records to the My Health Record.	More than 97% of community pharmacies connect and upload dispensed prescription records to the My Health Record.
E. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency				
Trial new models of health care to test their effectiveness in real-world environments to accelerate national uptake of initiatives with greatest benefit.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
Two projects arising from the National Children's Digital Health Collaborative, an end-of-life care project, and use of My Health Record in emergency care environments commenced.	Proceed with at least two pioneering initiatives to test evidence-based digital empowerment of key health priorities.	Support projects as approved by Agency Board.		

F. A workforce confidently using digital health technologies to deliver health and care				
Support healthcare professionals to trust in, and capitalise on, the benefits of digital technologies.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
N/A ⁷	Support governments and educational institutions to develop curricular to build digital workforce capability.	As per 2018-19.		
G. A thriving digital health industry delivering world-class innovation				
Drive innovation by working with industry, healthcare consumers and the research sector to expand existing digital tools and create new ones that meet the changing needs of patients and providers.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
N/A ⁸	Support the Mobile Gateway Program and implement a secondary use framework for the My Health Record.	Improve the Developer Partner Program to reduce barriers to innovation and aid integration with the My Health Record system and other digital services.	Provide best practice design principles and guidelines to enrich the user experience to accelerate adoption.	As per 2020-21.
Material changes to Program 1.1 resulting from the following measures:				
<ul style="list-style-type: none"> • <i>Healthy Active Beginnings</i> 				



⁷ This is a new performance criterion, therefore there is no estimated result for 2017-18.

⁸ Ibid.

Section 3: Budgeted Financial Statements

Section 3 presents budgeted financial statements that provide a comprehensive snapshot of entity finances for the 2018-19 Budget year, including the impact of Budget measures and resourcing on financial statements.

3.1 BUDGETED FINANCIAL STATEMENTS

3.1.1 Differences Between Entity Resourcing and Financial Statements

This section is not applicable to the Australian Digital Health Agency (the Agency).

3.1.2 Explanatory Notes and Analysis of Budgeted Financial Statements

The Agency became operational on 1 July 2016. Relevant financial statement balances have transferred from the National e-Health Transition Authority and the Department of Health. The Australian Government has agreed to continue and improve the operation of digital health to 30 June 2022.

Departmental Resources

Comprehensive Income Statement

Resourcing includes funding for the delivery of the Agency's program, as well as the associated agency management costs. The Agency is jointly funded by the Australian, State and Territory Governments.

The Government has approved operating deficits in 2017-18 and 2018-19, which relate to the carry forward of 2016-17 Council of Australian Governments funding under the Intergovernmental Agreement (IGA) for the delivery of the agreed Work Plan and an allowance for depreciation/amortisation. There is no impact on the financial sustainability of the Agency resulting from the operating deficits.

Balance Sheet

My Health Record increases in value through Government contributions and from internal resources.

3.2 BUDGETED FINANCIAL STATEMENTS TABLES

Table 3.1: Comprehensive Income Statement (showing net cost of services for the period ended 30 June)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward estimate \$'000	2020-21 Forward estimate \$'000	2021-22 Forward estimate \$'000
EXPENSES					
Employee benefits	36,179	42,120	-	-	-
Supplier expenses	201,663	225,239	1,300	-	-
Depreciation and amortisation	16,858	25,950	-	-	-
Write-down and impairment of assets	582	-	-	-	-
Total expenses	255,282	293,309	1,300	-	-
LESS:					
OWN-SOURCE INCOME					
Revenue					
Interest	2,476	639	-	-	-
Other revenue	35,051	32,250	-	-	-
Total revenue	37,527	32,889	-	-	-
Gains					
Other	-	-	-	-	-
Total gains	-	-	-	-	-
Total own-source income	37,527	32,889	-	-	-
Net cost of (contribution by) services	217,755	260,420	1,300	-	-
Revenue from Government	197,062	219,270	1,300	-	-
Surplus (deficit)	(20,693)	(41,150)	-	-	-
Surplus (deficit) attributable to the Australian Government	(20,693)	(41,150)	-	-	-
OTHER COMPREHENSIVE INCOME					
Changes in asset revaluation reserves	-	-	-	-	-
Total other comprehensive income (loss)	-	-	-	-	-
Total comprehensive income (loss) attributable to the Australian Government ^(a)	(20,693)	(41,150)	-	-	-

^(a) Deficits in 2017-18 and 2018-19 relates to the carry forward of 2016-17 COAG funding under the Intergovernmental Agreement (IGA) for the delivery of the agreed Work Plan and also an allowance for depreciation/amortisation. There is no impact on the financial sustainability of the Agency resulting from the operating loss in 2017-18 and 2018-19 with carry forward expenditure covered through funding received in 2016-17, which was recorded as revenue for accounting purposes in that year. Depreciation/amortisation has no impact on underlying cash.

Table 3.2: Budgeted Departmental Balance Sheet (as at 30 June)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward estimate \$'000	2020-21 Forward estimate \$'000	2021-22 Forward estimate \$'000
ASSETS					
Financial assets					
Cash and cash equivalents	50,810	35,610	35,610	35,610	35,610
Trade and other receivables	2,475	2,475	2,475	2,475	2,475
Total financial assets	53,285	38,085	38,085	38,085	38,085
Non-financial assets					
Land and Buildings	1,831	1,140	1,140	1,140	1,140
Property, plant and equipment	599	41	41	41	41
Intangibles	78,459	91,300	91,300	91,300	91,300
Other	395	395	395	395	395
Total non-financial assets	81,284	92,876	92,876	92,876	92,876
Total assets	134,569	130,961	130,961	130,961	130,961
LIABILITIES					
Payables					
Suppliers	14,590	14,590	14,590	14,590	14,590
Other payables	588	588	588	588	588
Total payables	15,178	15,178	15,178	15,178	15,178
Provisions					
Employees	6,674	6,674	6,674	6,674	6,674
Other provisions	338	338	338	338	338
Total provisions	7,012	7,012	7,012	7,012	7,012
Total liabilities	22,190	22,190	22,190	22,190	22,190
Net assets	112,379	108,771	108,771	108,771	108,771
EQUITY					
Contributed equity	112,877	150,419	150,419	150,419	150,419
Reserves	776	776	776	776	776
Retained surpluses or accumulated deficits	(1,274)	(42,424)	(42,424)	(42,424)	(42,424)
Total equity	112,379	108,771	108,771	108,771	108,771

Table 3.3: Departmental Statement of Changes in Equity – Summary of Movement (Budget year 2018-19)

	Retained earnings	Asset revaluation reserve	Contributed equity/ capital	Total equity
	\$'000	\$'000	\$'000	\$'000
Opening balance as at 1 July 2018				
Balance carried forward from previous period	(1,274)	776	112,877	112,379
Surplus (deficit) for the period	(41,150)	-	-	(41,150)
Appropriation (equity injection)	-	-	37,542	37,542
Estimated closing balance as at 30 June 2019	(42,424)	776	150,419	108,771



Table 3.4: Budgeted Departmental Statement of Cash Flows (for the period ended 30 June)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward estimate \$'000	2020-21 Forward estimate \$'000	2021-22 Forward estimate \$'000
OPERATING ACTIVITIES					
Cash received					
Appropriations	197,062	219,270	1,300	-	-
Interest	2,568	639	-	-	-
Net GST received	14,291	16,597	-	-	-
Other cash received	40,805	32,250	-	-	-
Total cash received	254,726	268,756	1,300	-	-
Cash used					
Employees	35,028	41,827	-	-	-
Suppliers	212,510	242,129	1,300	-	-
Net GST paid	-	-	-	-	-
Total cash used	247,538	283,956	1,300	-	-
Net cash from (or used by) operating activities	7,188	(15,200)	-	-	-
INVESTING ACTIVITIES					
Cash received					
Investments realised	6,001	-	-	-	-
Total cash used	6,001	-	-	-	-
Cash used					
Purchase of property, plant and equipment	56,391	37,542	-	-	-
Total cash used	56,391	37,542	-	-	-
Net cash from (or used by) investing activities	(50,390)	(37,542)	-	-	-
FINANCING ACTIVITIES					
Cash received					
Contributed equity	53,464	37,542	-	-	-
Total cash received	53,464	37,542	-	-	-
Net cash from (or used by) financing activities	53,464	37,542	-	-	-
Net increase (or decrease) in cash held	10,262	(15,200)	-	-	-
Cash and cash equivalents at the beginning of the reporting period	40,548	50,810	35,610	35,610	35,610
Cash and cash equivalents at the end of the reporting period	50,810	35,610	35,610	35,610	35,610

Table 3.5: Departmental Capital Budget Statement (for the period ended 30 June)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward estimate \$'000	2020-21 Forward estimate \$'000	2021-22 Forward estimate \$'000
CAPITAL APPROPRIATIONS					
Equity injections - Bill 2	53,464	37,542	-	-	-
Total capital appropriations	53,464	37,542	-	-	-
Total new capital appropriations represented by:					
Purchase of non-financial assets	53,464	37,542	-	-	-
Total items	53,464	37,542	-	-	-
PURCHASE OF NON-FINANCIAL ASSETS					
Funded by capital appropriations - equity injection ^(a)	53,464	37,542	-	-	-
Funded internally from departmental resources	2,927	-	-	-	-
Total acquisitions of non-financial assets	56,391	37,542	-	-	-
RECONCILIATION OF CASH USED TO ACQUIRE ASSETS TO ASSET MOVEMENT TABLE					
Total purchases	56,391	37,542	-	-	-
Total cash used to acquire assets	56,391	37,542	-	-	-

^(a) Includes both current Bill 2, prior Act 2/4/6 appropriations and special capital appropriations.



Table 3.6: Statement of Asset Movements (Budget year 2018-19)

	Buildings	Other property, plant and equipment	Intangibles	Total
	\$'000	\$'000	\$'000	\$'000
As at 1 July 2018				
Gross book value	3,290	2,919	121,628	127,837
Accumulated depreciation/ amortisation and impairment	(1,459)	(2,320)	(43,169)	(46,948)
Opening net book balance	1,831	599	78,459	80,889
CAPITAL ASSET ADDITIONS				
Estimated expenditure on new or replacement assets				
By purchase - appropriation equity	-	-	37,542	37,542
By purchase - internal resources	-	-	-	-
Total additions	-	-	37,542	37,542
Other movements				
Depreciation/amortisation expense	(301)	(948)	(24,701)	(25,950)
Revaluations	(390)	390	-	-
Total other movements	(691)	(558)	(24,701)	(25,950)
As at 30 June 2019				
Gross book value	2,900	3,309	159,170	165,379
Accumulated depreciation/ amortisation and impairment	(1,760)	(3,268)	(67,870)	(72,898)
Closing net book balance	1,140	41	91,300	92,481