LETTER OF TRANSMITTAL

DEPARTMENT OF HEALTH

ACTING SECRETARY

The Hon Peter Dutton MP
Minister for Health
Minister for Sport
Parliament House
Canberra ACT 2600

Dear Minister,

As required under subsection 63(1) of the Public Service Act 1999, I provide you with the Department of Health Annual Report for the period 1 July 2013 to 30 June 2014, which reports on the performance and functions of the Department for that period.

This report, for your presentation to the Parliament, reflects the Requirements for annual reports for departments, executive agencies and FMA Act Bodies (as approved by the Joint Committee of Public Accounts and Audit, updated May 2014).


In addition, reporting required under the Tobacco Plain Packaging Act 2011 and the National Health Act 1953 has been incorporated into this report.

The Department has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the Department and comply with the Commonwealth Fraud Control Guidelines.

Yours sincerely,

David Learmonth
Acting Secretary.

9 October 2014
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YEAR IN REVIEW

2013-14 was a year of change, challenge and accomplishment for the Department. The change of Government and new Ministerial team also brought changes to the Department’s title and responsibilities, notably the transfer of aged care to the new Department of Social Services and the return of sport into the Department.

The year has seen tremendously positive results from a number of the Department’s key programmes and initiatives.

Saving lives through cancer screening and immunisation

In 2013-14, the Department expanded the National Bowel Cancer Screening Programme by increasing the age range of people invited to undertake free screening. More than 1.2 million people were invited to undertake free screening over the past 12 months, potentially detecting more than 2,600 cancerous lesions.

With more than 9 out of 10 children fully immunised, Australia’s child immunisation rates remain high. However, there are still some parts of the country where coverage needs to be improved and greater efforts are needed to ensure immunity is not compromised in those communities.

Over 70 per cent of Australian girls aged over 15 years have received all three doses of the Human Papillomavirus (HPV) vaccine. This coverage rate is amongst the best in the world and is helping to reduce the rate of cervical abnormalities detected through cervical screening and is expected to ultimately lead to a reduction in cervical cancer.

From February 2013, the HPV vaccine has been available to boys. This is a world first. Results are currently being collected, with early indications that 60-65 per cent of boys aged 12-13 years have received all three doses of the HPV vaccine in the first year of programme delivery. Male coverage is expected to steadily improve in the coming years.

Improving health and wellbeing through sport

I was delighted to welcome sport back to the Department. Australians have a passion for sport but we need to strengthen the link between that passion and individual commitment to health and wellbeing. Establishing this link is particularly important for our children. In 2013-14, the Department contributed to development of policy to embed sport into school life, working in cooperation with our colleagues at the Australian Sports Commission. This resulted in the new Sporting Schools initiative funded in the 2014-15 Budget.

Reducing the damage caused by smoking

I am personally delighted at the continuing reduction in the rate of smoking amongst Australians. In 2013, the proportion of people aged over 14 who were daily smokers fell to 12.8 per cent. This is a significant decrease from 15.1 per cent in 2001, and almost half the 1991 rate of 24.3 per cent. It is clear that the Department’s world leading efforts, including plain packaging, more graphic health warnings on packs and public information campaigns, have played a pivotal role in reducing the terrible damage and loss of life caused by smoking.
Managing future health emergencies

In April 2014, the latest version of the Australian Health Management Plan for Pandemic Influenza was endorsed by all Australian Health Ministers. Drawing on lessons learned from the 2009 influenza pandemic, as well as international best practice, this plan puts Australia in a strong position to manage future influenza epidemics and other national health emergencies. The Chief Medical Officer will talk more about preparedness in his review.

Improving health outcomes globally

In 2013-14 the Australian Government, through the Department, maintained its active participation in international efforts to improve global health outcomes.

It has been a particular honour for me to contribute actively to global and regional public health efforts, on behalf of Australia.

At the May 2014 session, I concluded my term as Chair of the World Health Organization (WHO) Executive Board. I was privileged to oversee a productive phase in WHO governance and financial reform, during which Australia worked with global partners to help combat both communicable and non-communicable diseases, and strengthen health systems in developing countries.

In December 2013, I also completed 10 years as chair of the Organisation for Economic Co-operation and Development (OECD) Health Committee. During this period, the Health Committee oversaw the development of a substantial body of work by the OECD on health systems and economics.

FUTURE CHALLENGES

All of that said, challenges remain. Work on health is never done. Further improvement is needed in Indigenous health, tackling the burden of chronic disease, comprehensive and integrated use of eHealth, and curbing the rising costs of our health system.

Australia has one of the most efficient and effective health care systems in the world. However, advances in medical technologies and treatments, new pharmaceuticals, the rising incidence of chronic disease in the community and an ageing population, have meant that the cost of maintaining the health care system continues to rise. Ensuring Australia’s current world class health system is sustainable into the future will be the highest priority for the Department.

The challenge of obesity in children

Despite growing rates of childhood obesity internationally, the rates of childhood obesity in Australia stabilised. Overall rates of overweight and obesity in the population, however, including among children and adolescents, remain high and we need to keep working to encourage these rates to fall.

The challenge of chronic disease

As the leading cause of preventable death and disease in Australia, chronic diseases represent a significant challenge to the sustainability of our health system. The Department will take a particular focus on diabetes in 2014-15, with the development of a National Diabetes Strategy to improve targeting of health expenditure in diabetes prevention and management.

Forming smaller and more rational Government

The 2014-15 Budget contained a number of initiatives to cut red tape and streamline administration so that resources could be redirected back to health services.

To reduce bureaucracy and duplication, a number of agencies in the health portfolio are being closed or merged. The Department will take on the functions of the Australian National Preventive Health Agency. In addition the Department of Health will take on the functions of General Practice Education and Training Ltd and Health Workforce Australia during 2014-15, reinforcing our commitment to a health workforce that can deliver the services Australians require, regardless of where they live.

Reducing regulatory burden and cutting red tape

The Department will continue to deliver the Government’s priority of reducing regulatory burden and red tape for individuals, businesses and community organisations in the health sector. Opportunities will be sought to streamline and simplify systems for patients, doctors and other health providers, while maintaining appropriate and effective safeguards for safety, quality and efficacy of health products and services.

A FOND FAREWELL

Finally, I would like to thank the staff of the Department, past and present. None of the achievements I have listed could have been made without the dedication and commitment of our people. I would also like to acknowledge the staff who moved to other Departments as part of the Machinery of Government changes, particularly those staff from the aged care division, an area that I regard with great affection.

I must also mention the impressive role that Departmental staff take in the community, through supporting various charities and community events. The prime example of this is the Department’s long-standing support of Hartley Lifecare - which has helped children, adults and their families with physical and complex disabilities to get much needed accommodation support and respite. I am impressed and proud that, during my tenure as Secretary, the Department raised well over $1 million for Hartley Lifecare.

Professor Jane Halton PSM
Former Secretary
October 2014
Constant vigilance is required to protect Australia from evolving health threats. Australia must maintain its ability to detect, monitor and respond effectively to emerging and re-emerging communicable disease threats and other health emergencies, at a national and global level. The National Framework for Communicable Disease Control aims to support Australia’s efforts to respond to communicable diseases including emerging threats such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Ebola virus disease (EVD), and globally re-emerging threats such as measles, and polio. This report demonstrates Australia’s continuing achievements in addressing blood-borne viruses and sexually transmissible infections, and highlights the importance of Australia’s assistance to international disaster zones, such as in the aftermath of Typhoon Haiyan in the Philippines.

ENDORSING THE NATIONAL FRAMEWORK FOR COMMUNICABLE DISEASE CONTROL

For the first time, Australia is to take a truly national approach to controlling communicable disease, following Australian Health Ministers’ endorsement of The National Framework for Communicable Disease Control. The framework brings together Government, agencies and committees under the goal of strengthening our defences against communicable diseases to support the delivery of an integrated, national public health response.

Communicable diseases present an ever-changing risk to society, especially considering the speed and scale of national and international travel, most recently demonstrated by EVD, MERS-CoV and avian influenza (H7N9) in China.

Over time, the framework will assist the delivery of a number of outcomes, including better surveillance and public health laboratory testing, improved preparedness and response capacity, and implementation of evidence-based prevention policies. Additional outcomes will include more effective communication, strengthened leadership and governance, and improved partnerships, networks and international engagement.

The framework was developed with stakeholder consultation and in partnership with the Australian Government and State and Territory Governments through the Australian Health Protection Principal Committee. The Australian Government and State and Territory Governments are now working on an implementation plan to deliver these outcomes.

REMAINING ALERT: MERS-CoV

In my report last year, I highlighted the identification of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in September 2012. Back then, we were not sure of the infection transmission pathway, although we suspected it to be of animal origin.

Camels are now suspected to be the primary source of infection for humans, but the exact routes of direct or indirect exposure remain unclear. The virus has occasionally been spread between people who have had close contact, particularly in healthcare settings and the number of reported cases increased sharply in April and May 2014.
As of 30 June 2014, more than 700 laboratory confirmed cases of MERS-CoV had been identified, with around 36 per cent of those people dying. MERS-CoV can cause severe acute respiratory symptoms, particularly in people with a range of underlying conditions. All cases had a history of residence in or travel to the Middle East, or contact with travellers returning from these areas.

While MERS-CoV continues to be a significant problem in the Middle East, there have been no cases diagnosed to date in Australia.

KEEPING AN EYE ON EBOLA

The first Ebola virus outbreak was reported in Africa in 1976. Since then, 24 outbreaks have been reported in Africa. The current outbreak of EVD in West Africa is the largest ever reported. The virus has resulted in more than 1,000 laboratory confirmed cases and more than 900 deaths as at 30 June 2014 and these numbers are expected to increase substantially.²

The virus can cause serious illness, with sudden onset of fever, muscle aches, weakness, headache and sore throat. The next stage is characterised by vomiting, diarrhoea, rash and malfunction of liver and kidneys. Some cases present with profuse internal and external bleeding and progress to multi-organ failure with the case-fatality rate ranging between 50-90 per cent.

Fruit bats are considered to be the natural host of Ebola viruses, with periodic outbreaks among other species such as chimpanzees, gorillas, monkeys and forest antelope. The virus spreads through close contact with the blood secretions, organs or other body fluids of infected animals and people, and indirect contact with environments contaminated with such fluid, including in healthcare settings. EVD has not reached Australian shores. While the risk of cases of EVD being imported to Australia is low, in part due to the very low volume of travel between Australia and the affected regions, we need to remain vigilant. All States and Territories, in partnership with the Commonwealth, have been working together to have strong and consistent approaches to the detection, investigation and management of any Ebola cases.

² World Health Organization. Middle East Respiratory Syndrome Coronavirus (MERS-CoV) – updates 23 September 2012 to 22 July 2014.
³ http://www.who.int/csr/don/archive/disease/ebola/en
**PREPAREDNESS**

The Department has undertaken a range of planning and response measures in conjunction with the Communicable Diseases Network Australia to respond to the possible arrival of MERS-CoV in Australia, and to position us to respond to other emerging communicable diseases, including EVD. This includes issuing advice to health professionals, issuing situation updates, planning public health responses (including the management of contacts of cases, should they occur), planning surveillance, issuing communication materials and liaising with the Department of Foreign Affairs and Trade on travel advice.

I have communicated directly with doctors working in our hospitals, and with general practitioners about this outbreak in the Middle East to ensure any cases are detected early and measures quickly put in place to prevent further spread. Infection control in healthcare settings is vital to preventing the spread of MERS-CoV. The Office of Health Protection in the Department provides national coordination in the event of a health emergency drawing together the required expertise and ensuring representation from all relevant sectors.

Australia has also participated in the international community’s response to MERS-CoV through my role as Chair of the WHO International Health Regulations Emergency Committee, which advises and makes recommendations to the WHO Director General.

**ELIMINATING TRACHOMA BY 2020**

Australia is working hard to eliminate trachoma, one of the major causes of preventable blindness globally. Trachoma is a bacterial eye infection that generally occurs in dry, dusty environments and is linked to poor living conditions. It is almost exclusively found in remote and very remote Indigenous communities in the Northern Territory, South Australia and Western Australia. Some cases have also been identified in New South Wales and Queensland.

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*Figure 2: Trachoma prevalence in children aged 5-9 years in at risk communities in Australia*  

<table>
<thead>
<tr>
<th>No data / Not screened / Not at risk</th>
<th>No Trachoma</th>
<th>&lt;5%</th>
<th>&gt;5% and &lt;10%</th>
<th>&gt;10% and &lt;20%</th>
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The Australian Government is a signatory to the WHO’s Resolution to eliminate blinding trachoma by 2020, and is on track to meet this goal.

Concerted effort by the Australian Government and affected State and Territory jurisdictions has seen the national prevalence of trachoma fall from 14 per cent in 2009 to four per cent in 2013. A new agreement between the Australian Government and these jurisdictions is providing continued funding for additional trachoma screening and treatment activities from 2013-14 through to 2016-17.

A total of 4,213 children were screened in 2013, and the number of remote communities designated as being ‘at-risk’ of trachoma has reduced from 204 in 2012 to 173 in 2013.

During 2013, the Communicable Disease Network of Australia’s 2006 Trachoma Guidelines were updated. The new guidelines allow public health officials greater flexibility to direct resources towards community-wide treatment in areas of known high prevalence. These guidelines are based on the WHO’s Trachoma Strategy and adapted to Australian conditions.

**REDUCING THE INCIDENCE OF BBVs AND STIs**

Australia has made great progress in addressing blood-borne viruses (BBVs) and sexually transmissible infections (STIs). HIV prevalence in Australia is amongst the lowest in the world. Despite this, the rate of new diagnosis of HIV and some STIs is increasing, and Aboriginal and Torres Strait Islander peoples continue to be over-represented in notifications of STIs and viral hepatitis.

Australia’s five new national strategies set the direction for a coordinated, national response to HIV, hepatitis B, hepatitis C, STIs, and BBVs and STIs in the Aboriginal and Torres Strait Islander population until 2017.

The strategies have been endorsed by all Australian Health Ministers and contain targets which provide a renewed focus for action and a framework for accountability. Each national strategy identifies the priority actions that will support achievement of the targets across the areas of: prevention, testing, management, care and support, workforce, enabling environment, and surveillance, research and evaluation.

The strong partnership approach which brings together Governments, community and professional organisations, researchers, health professionals and affected communities will continue as we implement these new national strategies.
RENEWING OUR FOCUS ON HIV

Thirty years after the discovery of the HIV virus, the international HIV epidemic remains one of the greatest public health challenges. 1,235 new cases were diagnosed in Australia in 2013. Australia has joined other countries in committing to the global goal of an ‘AIDS free generation’ and to meeting the actions and targets endorsed in the 2011 United Nations Political Declaration on HIV/AIDS.

In April 2014, Australian Health Ministers endorsed the AIDS 2014 Legacy Statement. This statement was released during the 20th International AIDS Conference (AIDS 2014). The statement commits all Australian Health Ministers to work towards the virtual elimination of new Australian HIV transmissions by the end of 2020. This will involve taking all necessary action, in partnership with key affected communities and sector partners, to remove barriers to testing, treatment, prevention, care and support, across legal, regulatory, policy, social, political and economic domains.

The 7th National HIV Strategy 2014–2017 supports the statement through outlining the actions Australia will need to take to achieve the goal of virtual elimination of HIV. Key features of the strategy include the need to reinvigorate cultures of safe sex practices, particularly among key affected populations; increase access to and uptake of HIV testing; increase treatment uptake to 90 per cent of all people living with HIV; and support the primary care sector to take a greater role in the management of blood-borne viruses and sexually transmissible infections, including HIV.

PROVIDING ASSISTANCE DURING NATURAL DISASTERS

In November 2013, the Philippines Government requested assistance from the Australian Government following the impact of Typhoon Haiyan which caused a catastrophic disruption to housing, sanitation, food supplies and the health system in the Philippines, and resulted in more than 6,300 deaths.

As the centrepiece of the Australian Government’s $40 million response, two Australian Medical Assistance Teams (AUSMATs) were deployed to assist the community of Tacloban City in the Philippines’ Eastern Visayas region. The AUSMATs were staffed by health and medical professionals from every State and Territory of Australia, and New Zealand, and comprised doctors, nurses, paramedics, other allied health staff, and logisticians.

The AUSMATs worked out of a self-contained civilian field hospital between 13 November and 9 December 2013, and provided treatment to 2,734 patients. This emergency health facility became a referral point for most of the major foreign government and non-government teams in the event of critical illness of their staff, including the service men and women of the US Military.

This successful and comprehensive health response to a severe mass casualty incident again demonstrates Australia’s capability to successfully coordinate a multi-jurisdictional deployment of expert health and medical professionals following a disaster.

Professor Chris Baggoley
Chief Medical Officer
October 2014

I am pleased to provide this Chief Financial Officer’s Report including an overview of the Department’s 2013-14 financial results. The Department’s combined financial statements include the financial statements of the Therapeutic Goods Administration (TGA) and two departmental special accounts, the Office of the Gene Technology Regulator (OGTR) and the National Industrial Chemicals Notification and Assessment Scheme (NICNAS).

MACHINERY OF GOVERNMENT CHANGES

The Administrative Arrangements Order announced in September 2013 resulted in the transfer of the Ageing and Aged Care function and some Indigenous functions to the Department of Social Services and the Department of the Prime Minister and Cabinet respectively, and the Sports function returning to the Health portfolio. For the Department, this saw a net transfer out of some 1,300 staff. The financial statements are impacted by this significant change to the Department’s operations, with the Ageing and Aged Care function reporting for only a part year. As a consequence, comparability with previous financial year information is reduced.

2013-14 FINANCIAL RESULTS

In 2013-14 the Department oversaw 42 programmes, including part year for the Ageing and Aged Care and Sports programmes, on behalf of Government. Major administered items included:

- Administered expenses of $44.9 billion primarily related to paying personal benefits of $35.2 billion for medical and pharmaceutical services and private health insurance rebates. Grants expenditure was $6.2 billion with the majority of these made to non-profit organisations ($4.4 billion).
- Administered assets of $1.2 billion incorporating investments in health related agencies of $0.5 billion, and inventories of $0.2 billion predominantly being the National Medical Stockpile.
- Administered liabilities of $2.6 billion principally relate to personal benefits of $1.9 billion and provisions for subsidies of $0.4 billion.

The Department successfully delivered its activities to support the programmes administered.

Consistent with the Budget Estimates the Department incurred an operating deficit, prior to unfunded depreciation, of $2.4 million. The Department remains in a net asset position as at 30 June 2014.

Key administered expenditure is illustrated in Figures 4 and 5 on the next page.

The Auditor-General has provided the Department with an unmodified audit opinion for the 2013-14 financial statements. In conducting the 2013-14 financial statement audit the Auditor-General advised that the Department has in place appropriate financial controls which operate effectively. The Department’s business planning and budgeting framework ensured departmental resources are allocated to meet the Government’s priorities.
KEY BUSINESS REFORMS

The Department’s key reforms to be better placed to meet future financial challenges include:

- consolidation of grants administration activity into one division supported by a single grants management system; and
- capture of all core data used by the Department in a single Enterprise Data Warehouse to inform analysis, strategy and policy.

Implementing an electronic document management system and parliamentary workflow system has improved business processes in the Department, as will the shift from Lotus Notes to Outlook. Providing corporate services to portfolio agencies will be further expanded in 2014-15.

CHALLENGES AHEAD

The Department is facing a challenging environment in 2014-15 and over the forward estimates period, managing both the impact of a 2011-12 Strategic Review saves measure and wider Government savings targets.

The Department’s internal governance framework supports sound decision making in navigating future financial challenges.

From 1 July 2014, the use and management of public resources is governed by the Public Governance, Performance and Accountability Act 2013 (PGPA Act). The PGPA Act aims to improve performance, accountability, risk management and service delivery across Government.

Adopting the PGPA principles, the Department will take a risk-based approach to reviewing and streamlining where appropriate, its financial control and compliance systems, processes and reporting frameworks.

The programme of key business reforms and process improvements whilst maintaining robust budgetary expense controls will enable the Department to operate within agreed resources for 2014-15 and meet financial sustainability requirements.

The Department’s limited capital budget requires strong governance over the prioritisation of projects to meet the challenge of maintaining the existing asset base and deliver efficiencies through process improvement projects.

2013-14 FINANCIAL STATEMENTS

Information on the Department’s financial result can be obtained in Part 4 of the Annual Report including an analysis of the Department’s current year financial performance.

John Barbeler
Chief Financial Officer
October 2014