

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-018

OUTCOME 0: Whole of Portfolio

Topic: EFFICIENCY DIVIDEND

Written Question on Notice

Senator Humphries asked:

- a) What is the effect of the efficiency dividend increase from 1.5 per cent to 4 per cent on the Department/Agency's budget bottom line during financial years 2012/13, 13/14, 14/15?
- b) What percentage of the department/agency's budget is designated to staffing?
- c) What is the size of the department/agency's staffing establishment? Include figures for FTE, PT, casual, contractors, and consultants.
- d) What specific strategies will the department/agency adopt to ensure continued operation within budget?
- e) Will or has consideration been made to reducing staffing complement including contractors, and consultants?

Answer:

a) - c)
Please refer to table.

Agency:	a) What is the effect of the efficiency dividend increase from 1.5 percent to 4 percent on the department/agency's budget bottom line during financial years 2012/13, 13/14, 14/15?	b) What percentage of the department/agency's budget is designated to staffing?	c) What is the size of the department/agency's staffing establishment? Include figures for FTE, PT, casual, contractors, and consultants.
Aged Care Standards and Accreditation Agency Ltd	ACSAA does not receive or make appropriations		
Australian Commission on Safety and Quality in Health Care	AHMAC cost sharing formula for 2012/13 funding is \$11.300m. There are no implications from the Efficiency Dividend on the ACSQHC budget in 2012-13.		
Australian Institute of Health and Welfare	Appropriation will reduce by \$0.41m in 2012-13 \$0.412m in 2013-14 \$0.415m in 2014-15	67% for 2011-12	325.08 FTE at Feb 2012 includes part time and casual staff
Australian National Preventative Health Agency	Appropriation will reduce by \$0.140m in 2012-13 \$0.144m in 2013-14 \$0.136m in 2014-15	79% for 2011-12	41.23 FTE at Feb 2012 includes part time, casual and contracting staff
Australian Organ and Tissue Donation and Transplantation Authority	Appropriation will reduce by \$0.151m in 2012-13 \$0.152m in 2013-14 \$0.153m in 2014-15	68% in 2011-12	34.24FTE at Feb 2012 includes part time and casual staff
Australian Radiation Protection and Nuclear Safety Agency	Appropriation will reduce by \$0.347m in 2012-13 \$0.347m in 2013-14 \$0.352m in 2014-15	55% for 2011-12	151.81 FTE at Feb 2012 includes part time and casual staff
Cancer Australia	Departmental appropriation will reduce by \$0.324m in 2012-13 \$0.299m in 2013-14 \$0.300m in 2014-15	66.5% for 2011-12	54.31 FTE at Feb 2012 includes part time, casual and contracting staff
Department of Health and Ageing	Departmental appropriation will reduce by \$13.776m in 2012-13 \$13.398m in 2013-14 \$12.802m in 2014-15	69% for 2011-12	4,830 FTE at Feb 2012 includes staff in DoHA, OGTR, NICNAS & TGA and part time and casual staff. Departmental systems do not give the number of contractors or consultants.
Food Standards Australia New Zealand	Appropriation will reduce by \$0.483m in 2012-13 \$0.479m in 2013-14 \$0.483m in 2014-15	70% for 2011-12	128.77 FTE at Feb 2012 includes part time, casual and contracting staff
General Practice Education and Training Ltd	The efficiency dividend does not apply to GPET		
Health Workforce Australia	HWA is funded by a multi-year funding agreement with DoHA which ends 30 June 2013. As such HWA has not been subject to the efficiency dividend		

Agency:	a) What is the effect of the efficiency dividend increase from 1.5 percent to 4 percent on the department/agency's budget bottom line during financial years 2012/13, 13/14, 14/15?	b) What percentage of the department/agency's budget is designated to staffing?	c) What is the size of the department/agency's staffing establishment? Include figures for FTE, PT, casual, contractors, and consultants.
Independent Hospital Pricing Authority	Appropriation will reduce by \$0.684m in 2012-13 Out year budgets not yet agreed	Final budget allocations have not yet been agreed	37 FTE at Feb 2012 - NB not yet fully staffed; during establishment phase
National Blood Authority	Appropriation will reduce by \$0.200m in 2012-13 \$0.199m in 2013-14 \$0.202m in 2014-15	52% for 2012-13	36 FTE at Feb 2012 includes part time and casual staff
National Health and Medical Research Council	Appropriation will reduce by \$1.056m in 2012-13 Appropriation for out years is expected to be \$43.841m in 2013-14 \$44.178m in 2014-15	50% for 2011-12	233.9 FTE at Feb 2012 includes part time, casual and contracting staff
National Health Performance Authority	Appropriation will reduce by \$1.311m in 2012-13 \$1.352m in 2013-14 \$0.738m in 2014-15	Departmental allocation not yet established	29 FTE at March 2012 includes contracting staff
Office of Gene Technology Regulator	Appropriation will reduce by \$0.186m in 2012-13 It is projected to be \$7.905m in 2013-14, \$7.966m in 2014-15 \$8.044m in 2015-16.	73% for 2011-12	50.6 FTE at Feb 2012 includes part time and casual staff
Private Health and Insurance Administration Council	The efficiency dividend does not apply to PHIAC		
Private Health and Insurance Ombudsman	Appropriation will reduce by \$0.048m in 2012-13 \$0.048m in 2013-14 \$0.049m in 2014-15	47% for 2011-12	12.83 FTE at Feb 2012 includes part time and contracting staff
Professional Services Review	Appropriation will reduce by \$0.148m in 2012-13 \$0.149m in 2013-14 \$0.151m in 2014-15	51.15% for 2011-12	25.96 FTE as at Feb 2012 includes part time and casual staff

- d) Across the Portfolio, a range of strategies have been or are in the process of being implemented to ensure continued operations within budget, through the reviews of both administrative arrangements and corporate expenditure.

The Department is already realising efficiencies in the administration of grants programs, travel, video conferencing, printing, publishing, shared corporate services, Information Technology and data management. The Department is now looking at the way it delivers some core programs so it can focus effort on delivering legislative and regulatory responsibilities and the Government's priorities including health reform.

- e) Yes.