

# Financial Management (Performance Criteria) Amendment 2007 (No 2)\*

**Notifiable Instrument NI2007–147**

made under the

**Financial Management Act 1996, s19D (Amendment of Performance Criteria)**

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## **1 Name of instrument**

This instrument is the Financial Management (Performance Criteria) Amendment 2007 (No 2)

## **2 Commencement**

This instrument commences on the day after notification.

## **3 Notice of Decisions**

The performance criteria for the 2006-2007 financial year are amended as set out in the schedule.

## **4 Statement of reasons for amendments**

Section 19D of the Financial Management Act 1996 provides that the Minister may by instrument amend performance criteria. The current performance measure in Output Class 1.3 (see attached schedule), is unable to be reported and is therefore being deleted.

Katy Gallagher MLA  
Minister for Health

14 May 2007

\*Name amended under Legislation Act, s 60

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I amend the following performance criteria for the 2006-07 financial year.

Department	Output Class and Output	Description of performance criteria	Targets	
			2006-07 Budget papers	2006-07 Amended target
ACT Health	Output Class 1: Health and Community Care Output 1.3: Community Health Services	Mean waiting time from referral to service delivery, for Allied Health Priority One clients by service type (Nutrition, Occupational Therapy, Physiotherapy, Podiatry and Social Work)	2 days	Delete measure
		Mean waiting time from referral to service delivery, for Allied Health Priority Two clients by service type:		
		i) Nutrition	3 weeks	Delete measure
		ii) Occupational Therapy	15 weeks	
		iii) Physiotherapy	10 weeks	
		iv) Podiatry	6 weeks	
		v) Social Work	2 weeks	

### ***Section 19D - Statement of Reasons for Amendment***

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This statement outlines the reasons for the amendment of performance criteria under section 19D of the *Financial Management Act 1996*.

The data to measure this indicator is not yet collected in the information system used by ACT Health in a manner to enable an accurate presentation of results.

In addition, Community Health is changing the process of referrals to community based allied health services in order to improve services to clients. These changes will provide a single entry point into the system. The changes have an impact on the way data is collected and extracted from data sources. This indicator will be reported in future years when referral issues and data extraction issues have been resolved.

Establishment of a manual system to collect this data would be time consuming, costly and may not be sufficiently robust to meet audit scrutiny.