

# PART 17

## Department of Health

### Summary of departmental portfolio Budgets

Page	Agency	2009–10 Estimate \$'000
3-157	Department of Health - controlled	9,037,031
	Department of Health - administered	24,076
3-180	Queensland Health Shared Service Provider	129,487
3-186	Queensland Institute of Medical Research	77,541
3-192	Health Quality and Complaints Commission	8,770

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# Departmental Overview

## Ministerial responsibility

The Deputy Premier has Ministerial responsibility for Queensland Health and a number of statutory bodies including the Queensland Institute of Medical Research and Health Quality and Complaints Commission.

## Strategic Issues

Queensland Health's mission is to create dependable health care and better health for all Queenslanders. To achieve this, the *Queensland Health Strategic Plan 2007-12* is being updated to articulate four new strategic priorities which confirm our commitment to meeting the *Toward Q2: Tomorrow's Queensland* ambition of *Healthy – Making Queenslanders Australia's healthiest people*, for which Queensland Health is the lead agency, and to addressing the challenges articulated in *Advancing Health Action* (2008).

The new strategic priorities are:

- *Making Queenslanders healthier* with a focus on prevention, promotion and protection as effective interventions in addressing rates of chronic disease
- *Meeting Queenslanders' healthcare needs safely and sustainably* by addressing the challenge of meeting the healthcare needs of Queenslanders across the continuum of care
- *Reducing health service inequities across Queensland* which seeks to provide greater equity of access to health services for specific population groups most at risk
- *Developing our staff and enhancing organisational performance* which values the role of people and resources in our organisation while maximising our achievement of these strategic priorities.

The challenges for Queensland Health into the future include the increasing prevalence of chronic disease and predominately preventable illnesses requiring lifelong medical care, obesity, the ageing population, increased community expectations for health services, and the changing health workforce. As demand for services and health costs continue to rise including the increasing costs of new technologies, new drugs and health care innovations, we are faced with the challenge of delivering safe and sustainable services while ensuring the best use of finite resources.

The Australian Government is a major contributor to the delivery of public health services and the recent funding reforms endorsed by the Council of Australian Governments (COAG) will deliver more than \$2 billion in funding to Queensland in 2009-10. This includes funding under the new National Healthcare Agreement (effective from 1 July 2009) and National Partnership Agreements in specific reform areas such as hospitals and health workforce reform, preventive health and in areas such as health infrastructure and health services. These agreements will direct additional Commonwealth and State funds to key areas of health system to improve health services and outcomes for all Queenslanders while at the same time providing greater flexibility to the Queensland Government in determining priorities for investment.

Queensland Health is committed to promoting a partnership approach between governments, non-government organisations, consumers and the private sector to facilitate the development of innovative solutions to the health care needs of Queenslanders ensuring access to high quality health care.

## 2009–10 Highlights

In 2009-10 the Queensland Health budget will grow to \$9.037 billion, an increase of 8.2% on the 2008-09 budget. Queensland Health is committed to *'Faster emergency care in our hospitals'* with funding allocated for:

- *Expanded emergency departments:* Total funding of \$125.7 million capital and \$19.5 million operational over three years, to deliver:
  - the expansion of adult and/or paediatric emergency departments at Logan, QEII, Bundaberg and Redland Hospitals commencing in 2009-10 with \$31 million.
  - further emergency department enhancements with construction to commence in 2011-12 including upgrades to emergency departments at Ipswich, Caboolture and Toowoomba Hospitals and a dedicated paediatrics emergency department at The Prince Charles Hospital
- *Expanded rehabilitation and step down facilities:* \$13 million additional operational funding (\$69.9 million operational and \$14.7 million capital total funding over four years) to improve rehabilitation and transition care facilities at Eventide, Sandgate, Rockhampton and Townsville.
- *More Nurse Practitioners:* \$7.9 million total operational funding over three years including \$0.87 million in 2009-10 to train and recruit 30 nurse practitioners to work in our busiest emergency departments. This is in addition to the \$34.5 million already committed from 2008-09 to train and recruit nurse practitioners in areas of need including rural and remote regions and emergency departments.

Funding has also been allocated to upgrade and/or enhance services provided by Queensland Health, including:

*Surgery Connect:* Funding of \$110 million over three years, which includes an additional \$90 million announced during the 2009 State Election to provide an additional 20,000 elective operations including 3,300 operations on children with \$30 million allocated in 2009-10.

*Cancer services:* \$12.3 million operational funding in 2009-10 (Total funding of \$37 million operational and \$6.5 million capital funding over three years) to enhance cancer services including:

- additional cancer treatment sessions will be provided by visiting oncology specialists from 2009-10 prior to the development of a new oncology centre at Rockhampton by 2011
- new and/or enhanced accommodation for patients travelling to receive treatment for cancer, heart disease and other illnesses through grants to non-government organisations totalling \$5 million per year for three years
- funding for the operation of five Australian Government funded chemotherapy chairs at Cairns.

*Mums and Bubs:* \$4.9 million operational and \$1 million capital funding (Total funding of \$16.7 million operational and \$26 million capital over three years) to improve services for mothers and babies, including:

- an expansion of the neo-natal intensive care unit at the Townsville Hospital to provide additional intensive care and special care nursery cots
- new and/or enhanced maternity services that will provide one-on-one midwifery support to women in nine rural and regional locations including Atherton, Gladstone, Longreach, Dalby, Ipswich, Caboolture, Logan, Charters Towers and Proserpine

- nine new newborn and family drop-in clinics at Hervey Bay, Mt Isa, Bundaberg, Caboolture, Redcliffe/Deception Bay, Kingaroy, Longreach, Proserpine and Emerald to provide specialist advice to new parents in rural and regional Queensland
- the opening of a birthing centre at the Toowoomba Hospital.

*Geriatric on-line assessment tools:* \$0.25 million additional operational funding (\$1.1 million over four years) to deliver new on-line tools to assist doctors and nurses in assessing elderly patients faster and in more locations across Queensland.

*Sustainable Resource Communities:* \$3.6 million additional capital funding (\$11.4 million over four years from 2008-09) has been allocated from the \$100 million whole-of-Government Sustainable Resource Communities support package for key mining areas to create new jobs for Queenslanders including new dialysis patient accommodation at Mt Isa; extension and renovation to the Middlemount Community Health Centre; a new aged care annex attached to the Cloncurry Hospital; and new staff accommodation at Moranbah, Clermont, Dysart and Mt Isa.

Also in 2009-10 Queensland Health has committed to:

- continue the five major hospital projects that will establish new tertiary hospitals on the Gold Coast and Sunshine Coast, a new Queensland Children's Hospital in Brisbane and redevelop the Cairns and Mackay Hospitals at a cost of \$5.468 billion
- continue the \$122 million Ipswich Hospital expansion to meet growth in service demand by providing additional beds from 2011-12
- expand the current developments at the Townsville and Rockhampton Hospitals providing additional beds, operating theatres and expanded support services for the people of Central and North Queensland with additional funding from the Australian Government
- the establishment of an Academic and Research Centre linked with the new Queensland Children's Hospital to help attract and retain leading specialists in child and youth health at a cost of \$80 million capital funding over five years including \$6 million in 2009-10
- additional doctors, nurses and allied health professionals will be employed as part of the "100,000 jobs to keep Queensland strong policy" with a target of employing at least 3,500 doctors, nurses and allied health workers over the next three years
- progressing capital projects to enhance mental health services, including \$46.4 million in 2009-10 under the *Queensland Plan for Mental Health 2007-17*
- progress the delivery of Primary Health Care Centres at Saibai Island and Yarrabah
- completing a range of capital projects including consolidation of the Community, Mental and Oral Health at Gladstone and the Ingham hospital redevelopment.

The current Global Financial Crisis has impacted negatively on the ability for Public Private Partnership (PPP) proposals to be value for money. In light of the current market conditions, the Queensland Government has decided to reorder the construction of the Sunshine Coast University Hospital (SCUH) and proceed with the earlier construction of a private hospital comprising approximately 110 public beds on the SCUH site by 2013-14. The construction of the public hospital, to be collocated on the site, will now commence in 2013-14, for completion in 2016-17. This will enable a higher prospect for a PPP to be achieved for the public hospital as market conditions normalise.

The availability of public beds on the SCUH site in Kawana will represent the first stage of the establishment of the SCUH, with further construction on the site to see the public hospital capacity expand to 550 beds by 2016-17 with the capacity to further expand to 650 beds. The Queensland Government will evaluate the potential value for money represented by a PPP in 2010-11 to determine whether the hospital will be delivered using a PPP.

## **2008–09 Achievements**

Funding in 2008-09 enabled Queensland Health to progress a range of initiatives including:

*Capital infrastructure* – Investment in health infrastructure enabled:

- commencement of the Mt Isa Hospital redevelopment
- continuation of the redevelopment at Robina Hospital
- the completion of capital works projects including Miles and Collinsville hospital redevelopments, Browns Plains Health Precinct, Redcliffe emergency department upgrade, Nundah Community Health Centre and QEII Elective Surgery Centre.

*Information and communication technology*: \$122.5 million, including capital and non-capital expenditure, was invested in 2008-09 to develop clinical solutions to support direct patient care, upgrade to supporting infrastructure including telecommunications and continued investment in the e-Health strategy to enable enhanced delivery of health services.

*Demand management* – Funding was committed in 2008-09 to meet increasing demand, health service infrastructure improvements and provide extra services including:

- \$80 million operational funding to address the increasing demand on health services by delivering more health services across Queensland including performing extra elective surgery procedures, additional dialysis, birthing and emergency department services
- the refurbishment of helipads at the Princess Alexandra Hospital (PAH), Innisfail, Thursday Island, Cooktown and Wujal-Wujal. The PAH helipad construction is underway, Thursday Island in tender documentation stage and construction documentation has commenced for Innisfail, Cooktown and Wujul-Wujal
- the delivery of ten new single surgery mobile dental clinics, refurbishment of 20 mobile dental clinics, purchase of additional instrumentation to support offsite instrument reprocessing and the finalisation of the tender process for design, construction and delivery of double surgery mobile dental clinic
- the opening of the new Gold Coast day surgery centre which is expected to perform up to 6,000 elective procedures per year
- \$7.1 million operational funding (\$54.9 million over four years) for the Medical Aids Subsidy Scheme (MASS) to address the growth in demand and increase the level of assistance provided for various aids and equipment, particularly for high needs clients. In 2009-10 MASS will provide aids and equipment subsidies to nearly 120,000 clients
- \$7 million capital funding provided to commence the second stage of the Eventide, Sandgate redevelopment to enhance the provision of rehabilitation services by converting 44 aged care beds to rehabilitation beds
- nurse practitioners have commenced in priority areas including emergency departments and rural and remote areas; and staff have commenced the Neonatal Intensive Care and Special Care training
- \$2.4 million capital funding for improved medical image management in regional hubs and planning for electronic image viewing at rural and remote sites through the radiology informatics program

- \$2 million operational funding for the implementation of strategies to address the increasing burden of disease due to sexually transmissible infections (STIs), in particular human immunodeficiency virus (HIV) through community-based funding and new health service initiatives.

## **Departmental Outputs**

Queensland Health reports service delivery under six outputs that reflect the department's planning priorities and supports investment decision-making across the health continuum.

### **Prevention, Promotion and Protection**

This output aims to prevent illness and injury, actively promote and protect the good health and wellbeing for Queenslanders, and reduce the health status gap between the most and least advantaged in the community. This output is directed at the entire well population or specific sub populations rather than individual treatment and care, using a range of strategies such as disease control, regulation, social marketing, community development and screening.

### **Primary Health Care**

This output addresses health problems or established risk factors of individuals and small targeted groups providing curative, promotive, preventative and rehabilitative services. Although primary health care services are largely provided by General Practitioners or other non-government health care providers, Queensland Health through multidisciplinary teams of healthcare professionals, provides a range of primary health care services that include early detection and intervention services and risk factor management programs through community health facilities, child health centres and dental clinics.

### **Ambulatory Care**

This output aims to provide equitable access to quality emergency medical services provided in public hospital emergency departments and services provided through Queensland's public hospital outpatient departments including a range of pre-admission, post acute and other specialist medical, allied health, nursing and ancillary outpatient services.

### **Acute Care**

This output aims to increase equity of access to high quality acute hospital services on a Statewide basis and includes the provision of medical, surgical and obstetric services to people treated as acute admitted patients in Queensland's public acute hospitals.

### **Rehabilitation and Extended Care**

This output predominantly targets the needs of people with prolonged conditions and chronic consequences. The goal is to improve the functional status of a patient with an impairment or disability, slow the progression and assist them to maintain and better manage their health condition. It includes rehabilitation, palliative care, respite, psychogeriatric, geriatric evaluation and management, residential aged care services, residential services for young people with physical and intellectual disabilities and it also includes extended care services that focus on maintaining a person's health and current functional status.

### **Integrated Mental Health Services**

This output spans the health continuum through the provision of mental health promotion and prevention activities (including suicide prevention strategies), community-based services, acute mental health inpatient services, and extended treatment services within designated mental health units. Mental health reform is guided by the *National Mental Health Strategy* and the *Queensland Plan for Mental Health 2007-2017*, has a recovery focus and provision of community-based services enabling consumers to access a wide range of services closer to their accommodation and support networks.

## Staffing<sup>1</sup>

Department of Health	Notes	2008–09 Budget	2008–09 Est. Actual	2009–10 Estimate
<b>OUTPUTS</b>				
Prevention, Promotion and Protection		3,159	3,171	3,209
Primary Health Care		2,570	2,580	2,596
Ambulatory Care		11,998	12,045	12,138
Acute Care		29,868	29,984	30,405
Rehabilitation and Extended Care		4,488	4,505	4,567
Integrated Mental Health Services		5,879	5,902	5,917
<b>Total outputs</b>	<sup>2</sup>	<b>57,962</b>	<b>58,187</b>	<b>58,832</b>
<b>SHARED SERVICE INITIATIVE</b>				
Queensland Health Shared Service Provider		1,316	1,714	1,593
<b>Total shared service initiative</b>		<b>1,316</b>	<b>1,714</b>	<b>1,593</b>
<b>Total</b>		<b>59,278</b>	<b>59,901</b>	<b>60,425</b>

Note/s:

1. Full-time equivalents (FTEs) as at 30 June.
2. Corporate FTEs are allocated across the outputs to which they relate.

## 2009–10 Output Summary

Output	Total cost \$'000	Sources of revenue			
		State contribution <sup>1</sup> \$'000	User charges \$'000	C'wealth revenue \$'000	Other revenue \$'000
Prevention, Promotion and Protection	522,477	357,396	15,641	143,128	6,312
Primary Health Care	436,127	375,266	1,487	56,029	3,345
Ambulatory Care	1,816,292	1,250,886	40,548	506,133	18,725
Acute Care	4,708,125	3,037,865	373,016	1,257,341	39,903
Rehabilitation and Extended Care	744,014	399,092	30,273	240,124	74,525
Integrated Mental Health Services	809,996	536,094	4,303	261,458	8,141
<b>Total</b>	<b>9,037,031</b>	<b>5,956,599</b>	<b>465,268</b>	<b>2,464,213</b>	<b>150,951</b>

Note/s:

1. Amounts shown as State contribution may not reconcile to Output Receipts in the financial statements. Output receipts now include payments from the Commonwealth due to a decision by the Council of Australian Governments (COAG) in November 2008 to make the majority of Commonwealth payments directly to consolidated funds. Departments receive the payments through Output Revenue or Equity injection.

# Departmental Statements

## Performance Statement

Department of Health	Notes	2008–09 Target/Est.	2008–09 Est. Actual	2009–10 Target/Est.
<b>Output: Prevention, Promotion and Protection</b>				
Percentage of the Queensland population who:	1			
• consume recommended amounts of fruit and vegetables	2	8%	8%	9%
• engage in levels of physical activity for health benefit	3	50%	56%	56%
• consume alcohol at risky and high risk levels	4	11%	12%	11%
• smoke tobacco	5	18%	16%	15%
• adopt ultraviolet (UV) protective behaviors		95%	93%	95%
Percentage of target population screened for:				
• breast cancer	6, 7	58.5%	56.4%	57.5%
• cervical cancer	7	58.5%	59.2%	59.5%
• bowel cancer	8	40%	43.6%	42.5%
Vaccination rates at designated milestones for:	9			
• all children aged 2 years		92%	92%	92%
• Aboriginal and Torres Strait Islander children aged 2 years		92%	92.7%	92%
• Year 8 female students for Human Papilloma Virus (HPV)		80%	64.5%	75%
New notifications of HIV infection	10	<160	173	185
Percentage of Queensland population, meeting the requirements of the <i>Water Fluoridation Act 2008</i> , that receive fluoridated water from reticulated water supplies	11	66%	54%	80%
Percentage and number of fall related hospitalisations for older people (aged over 65 years) in Queensland	12	3.9% 18,000	4.2% 20,866	4.3% 21,546
Percentage of women screened through the BreastScreen Queensland Program diagnosed with breast cancer that undergo mastectomy	13	30%	34%	30%
Percentage of women treated for low grade cervical abnormalities in accordance with national guidelines	14	..	..	..
Percentage of high risk issues managed through legislation that are investigated and resolved within agreed timeframes	15	100%	100%	100%
<b>State contribution (\$000)</b>		<b>320,389</b>	<b>326,171</b>	<b>357,396</b>
<b>Other revenue (\$000)</b>		<b>140,325</b>	<b>142,857</b>	<b>165,081</b>
<b>Total cost (\$000)</b>		<b>460,714</b>	<b>469,028</b>	<b>522,477</b>
<b>Output: Primary Health Care</b>				
Number of calls to 13 HEALTH (information and teletriage service)	16	190,000	202,000	230,000
Percentage of calls to 13 HEALTH (information and teletriage service) answered within 20 seconds	16	80%	83.2%	80%



Department of Health	Notes	2008–09 Target/Est.	2008–09 Est. Actual	2009–10 Target/Est.
Number of children and adolescents oral health occasions of service (0-15 years)	17, 18, 19	550,000 – 570,000	556,739	560,000 – 580,000
Number of adult oral health weighted occasions of service (ages 16+)	19, 20	1,700,000 – 1,900,000	1,923,616	1,900,000 – 2,100,000
Number and age standardised rate of potentially preventable admitted patient episodes of care:	21, 22, 23, 24, 25, 26			
• Non-Aboriginal and Torres Strait Islander patients		No: 124,000 Rate: 30	No: 120,600 Rate: 28.7	No: 124,000 Rate: 30
• Aboriginal and Torres Strait Islander patients		No: 9,600 Rate: 115	No: 7,750 Rate: 84.6	No: 7,750 Rate: 83.4
Percentage of women who, during their pregnancy, were smoking after 20 weeks:	21, 26, 27			
• Non-Aboriginal and Torres Strait Islander women		17.3%	15.1%	14%
• Aboriginal and Torres Strait Islander women	28	45.9%	49.6%	48.2%
<b>State contribution (\$000)</b>		<b>337,344</b>	<b>343,432</b>	<b>375,266</b>
<b>Other revenue (\$000)</b>		<b>30,111</b>	<b>30,654</b>	<b>60,861</b>
<b>Total cost (\$000)</b>		<b>367,455</b>	<b>374,086</b>	<b>436,127</b>

#### Output: Ambulatory Care

Total number of non-admitted occasions of service (including emergency services):	21, 29	11,000,000 – 11,500,000	10,865,420	11,000,000 – 11,500,000
• Emergency services			1,578,504	
• Specialty clinics	30		3,287,950	
• Diagnostic and outreach services			5,998,966	
Total non-admitted weighted activity units:	31, 34	260,000 – 290,000	250,082	250,000 – 275,000
• Emergency services			26,882	
• Specialty clinics			212,000	
• Diagnostic and outreach services			11,200	
Percentage of women who gave birth and had 5 antenatal visits or more in the antenatal period:	21, 35			
• Non-Aboriginal and Torres Strait Islander women		91.7%	90.6%	92%
• Aboriginal and Torres Strait Islander women	28	81.8%	75.5%	78%
Proportion of patients attending emergency departments treated within standard timeframes for:	38			
• Category 1 (immediate)		100%	99%	100%
• Category 2 (within 10 minutes)		80%	71%	80%
• Category 3 (within 30 minutes)		75%	57%	75%
• Category 4 (within 1 hour)		70%	60%	70%
• Category 5 (within 2 hours)		70%	84%	70%
<b>State contribution (\$000)</b>		<b>1,127,267</b>	<b>1,147,611</b>	<b>1,250,886</b>
<b>Other revenue (\$000)</b>		<b>597,965</b>	<b>608,756</b>	<b>565,406</b>
<b>Total cost (\$000)</b>		<b>1,725,232</b>	<b>1,756,367</b>	<b>1,816,292</b>

#### Output: Acute Care

Acute admitted patient episodes of care	21, 22, 39	810,000 – 820,000	849,609	850,000 – 890,000
Acute admitted patient weighted activity units	31	820,000 – 840,000	822,000	830,000 – 850,000
Patient Days	21, 40	2,450,000 – 2,500,000	2,502,376	2,500,000 – 2,900,000

Department of Health	Notes	2008–09 Target/Est.	2008–09 Est. Actual	2009–10 Target/Est.
Number of available bed and available bed alternatives for public acute hospitals	21, 44	10,250 – 10,350	10,310	10,350 – 10,400
Percentage of patients admitted from emergency departments within 8 hours	37	65%	65%	65%
Percentage of admitted patients discharged against medical advice:	21, 45			
• Non-Aboriginal and Torres Strait Islander patients		0.75%	0.77%	0.75%
• Aboriginal and Torres Strait Islander patients	28	1.99%	2.19%	2.05%
Percentage of clinical indicator VLAD reviews (triggered as a result of variation from State average) completed within approved timeframes	46	100%	37%	100%
Number of days waited at the 50 <sup>th</sup> percentile for elective surgery	47, 48	..		..
• Category 1 (30 days)			12	
• Category 2 (90 days)			42	
• Category 3 (365 days)			86	
Number of days waited at the 90 <sup>th</sup> percentile for elective surgery	47			
• Category 1 (30 days)		30	35	30
• Category 2 (90 days)		90	112	90
• Category 3 (365 days)		365	349	365
Average cost per weighted activity unit for acute admitted patients	31, 32, 33	\$3,990 – \$4,180	\$4,380	\$4,500 – \$4,800
<b>State contribution (\$000)</b>		<b>2,784,997</b>	<b>2,835,257</b>	<b>3,037,865</b>
<b>Other revenue (\$000)</b>		<b>1,586,084</b>	<b>1,614,708</b>	<b>1,670,260</b>
<b>Total cost (\$000)</b>		<b>4,371,081</b>	<b>4,449,965</b>	<b>4,708,125</b>

#### Output: Rehabilitation and Extended Care

Sub and Non Acute Patient days (including Maintenance care, Rehabilitation, Palliative care)	21, 40, 41	500,000	462,593	460,000 – 480,000
Sub and Non Acute weighted activity units	31, 42	100,000 – 121,000	90,000	92,000
Average number of public hospital beds occupied each day by nursing home type patients	21, 49	400	408	400
Number of State Government Residential Aged Care Facilities and services meeting National Accreditation Standards	36	21	20	20
Average cost per weighted activity unit for Sub and Non Acute Patients	31, 33	\$4,500 – \$4,900	\$4,325	\$4,400 – \$4,800
<b>State contribution (\$000)</b>		<b>377,655</b>	<b>384,470</b>	<b>399,092</b>
<b>Other revenue (\$000)</b>		<b>279,593</b>	<b>284,639</b>	<b>344,922</b>
<b>Total cost (\$000)</b>		<b>657,248</b>	<b>669,109</b>	<b>744,014</b>

#### Output: Integrated Mental Health Services

Mental health acute admitted patient episodes of care	50, 51	13,000 – 14,000	14,618	14,000 – 15,000
Mental health acute admitted psychiatric care days	51, 52	180,000 – 190,000	194,294	190,000 – 200,000
Mental health extended treatment accrued mental health care days	51, 53, 54	180,000 – 200,000	182,669	180,000 – 200,000
Weighted activity unit for mental health acute admitted patient episodes of care	55	55,000	55,000	55,000

Department of Health	Notes	2008-09 Target/Est.	2008-09 Est. Actual	2009-10 Target/Est.
Mental health patients provided with community mental health care	56, 57	84,000 – 86,000	86,870	77,000 – 82,000
Community mental health care service contacts	58	1,215,000 – 1,270,000	1,321,091	1,300,000 – 1,350,000
28 day re-admission rate	59	15% – 20%	16.9%	15% – 20%
<b>State contribution (\$000)</b>		<b>509,487</b>	<b>518,682</b>	<b>536,094</b>
<b>Other revenue (\$000)</b>		<b>260,795</b>	<b>265,502</b>	<b>273,902</b>
<b>Total cost (\$000)</b>		<b>770,282</b>	<b>784,184</b>	<b>809,996</b>

Note/s:

- These performance indicators measure risk factors for adult Queenslanders associated with the burden of chronic disease.
- This indicator will be revised in 2009-10 to align with the COAG endorsed indicators of mean daily number of serves of vegetables and mean daily number of serves of fruit.
- This measure is for persons aged 18-75 years. The 2009-10 Target/Est. is set based on historical trends.
- Data is collected every three years, with the last data collection in 2007. The 2008-09 Est Actual is based on 2007 data for persons aged 14 years and older. The National Health & Medical Research Council (NHMRC) has reviewed the Alcohol Drinking Guidelines for Australia with new guidelines released in March 2009. These represent major changes that will be applied to drinking prevalence data and inform a new measure and target. However, full alignment of reported indicators with the new measures may take some time. Data will next be collected in 2010.
- Adopting at least one of three protective behaviours as outlined in the National Skin Cancer Awareness Campaign (sunscreen, hat and staying out of the sun). This indicator will be revised in 2009-10 to align with the Toward Q2 defined sun safety indicator.
- The 2009-10 Target/Est. and the 2008-09 Est. Actual are lower than the 2008-09 Target/Est. due to the increasing number of women in the target age group (aged 50-69 years), through ageing and migration. Therefore the number of women in the target population has increased at a rate that is faster than our screening capacity. There is currently a national shortage of radiographers. However, Queensland Health is actively trying to recruit more radiographers to the program. The implementation of digital technology will assist in addressing capacity issues.
- The 2008-09 Est. Actual figure relates to the most recent period for which data has been available and reported (Jan 2006 – Dec 2007). The 2009-10 Target/Est. relates to the next reporting period (Jan 2007 – Dec 2008).
- The Phase 1 target population was people turning 55 and 65 years of age, as well as invitees and participants in the pilot program in Mackay. The Phase 2 target population is people turning 50, 55 or 65 years only. The lower 2009-10 Target/Est. is due to an anticipated reduction in the participation rate between phase 1 and phase 2 due to the inclusion of the 50 year olds whose response rate is lower than 55 and 65 year olds.
- Vaccination rates of 100% across the population are unrealistic to achieve for a variety of reasons including conscientious objection. For Year 8 female students for the HPV the reported data are estimates for dose 3 vaccination coverage rates. The rates for the school program were 75% and 70% for dose 1 and dose 2 respectively. The decline in coverage rates for each dose is consistent with other multi-dose vaccination courses. Preliminary data available only includes those vaccinated in the school program and not through GPs. The coverage rate is lower than the target because delivery of dose 3 is often late in the year (Oct/Nov) combined with a delay in the reporting of these results means that current data is not available prior to the publication of this document. It is expected that over time the coverage rate will reach 80%. However, the 2009-10 Target/Est. has been revised to 75%, which is more realistic at this stage of the program. Uptake of the vaccination depends on parental consent, which may have been impeded by considerable media coverage of adverse events associated with the vaccination.
- The 2008-09 Est. Actual is higher than the 2008-09 Target/Est. for new notifications of HIV infection primarily due to increasing risky sexual behaviour in men who have sex with men (MSM) combined with a higher prevalence of other sexually transmissible infections (STIs) in MSM (reflective of the higher prevalence of other STIs in the general community). The 2009-10 Target/Est. is also reflective of this. Queensland Health is implementing multi-strategy interventions for STI and HIV/AIDS prevention aimed at improving health outcomes for people in high risk groups.
- Queensland Health is chair of a high-level group responsible for implementation of the fluoridation program. Over the next four years this project aims to increase access to fluoridated water to more than 90% of the Queensland population (as specified in the *Water Fluoridation Act 2008*) by 2012. The 2008-09 Target/Est. is consistent with the calendar year rollout that required SEQ Water to be fluoridated by the end of 2008, and identified non-SEQ local governments to be completed in 2009. The 2009-10 Target/Est. is based on the anticipated rollout by 31 December 2009.
- The measure provides an indication of the trends over time in effectively preventing falls and preventable hospitalisation. The 2008-09 Est. Actual and the 2009-10 Target/Est. are based on fall trends since 2000, adjusted for the 2007 estimated population. The increase above the 2008-09 Target/Est. is due to the ageing population, increased number of people in the high risk bracket, migration of older people to QLD and natural variation from year to year. Data relates to hospitalisations for persons 65+ and not number of people admitted as the same person can have multiple hospitalisations. It is estimated that the percentage and number of older people who are hospitalised with a fall will increase slightly due to the projected population increase in this age group.
- BreastScreen Queensland aims to detect early breast cancer, thus reducing the need for mastectomy. Decisions around surgical treatment (mastectomy vs conserving surgery) are impacted by many factors, including the size and/or type of cancer which has been diagnosed. The 2008-09 Est. Actual is higher due to a decline in the latest reporting period in the proportion of cancers which are classed as small (<15 mm) cancers, which may impact the mastectomy rate. If there is a shift to larger or more aggressive cancers it would follow that there would be a slight increase in the mastectomy rate.

14. Data currently not available as the identification of a target, in accordance with National Health and Medical Research Council (NHMRC) guidelines, will be informed by a Queensland Health audit to determine initial baseline data. Changes to national guidelines means that colposcopies are not required for women with low grade cervical abnormalities. Auditing is in progress, however due to the complexity of this indicator, results need to be validated prior to release to ensure the reliability of the data produced. Extensive consultation with key stakeholders, particularly pathology laboratories, will be undertaken as part of this process.
15. A composite measure focused on high risk complaints across a range of areas with enormous diversity. A risk management classification is applied based on the specifics of the complaint. Public health risks are controlled while the issue is being resolved. Examples of high risk issues managed through legislation are: significant communicable disease outbreaks; suspected intentional food contamination of public health importance; significant environmental health, food and food borne illness complaints; and other significant environmental health incidents such as radiation safety and protection issues.
16. 13 HEALTH is a significant primary health care service provided by Queensland Health on a 24 hour, seven-day-a-week Statewide basis. The increase in 2008-09 activity is largely due to advertising campaigns and the promotion of 13 HEALTH as a source of information and advice in health alerts (e.g. H1N1 influenza). The 2009-10 Target/Est for percentage of calls answered within 20 seconds will remain at 80% as this reflects the funding model for the service.
17. The 2009-10 Target/Est. has been amended to report on ages 0 to 15 inclusive whereas the measure was age 4 to 15 inclusive in the 2008-09 SDS for Oral Health.
18. To count an oral health occasion of service (OOS) the following guiding principles apply: documentation of a clinical intervention in the Oral Health Patient Record and a treatment item number associated with it, undertaken at a separate appointment time, excluding x-rays. This includes, in the hospital context, OOS to non-admitted patients attending designated dental units/clinics funded from the facility's operating expenditure that are operated and managed by the facility. In the community context, it is intended that all community oral health services funded through the facility be reported, regardless of where the services are provided. Group sessions are counted separately.
19. There are many issues confronting the delivery of oral health services e.g. sterilisation practices, workplace health & safety, recruitment, inability to backfill, and the ongoing implementation of the Information System for Oral Health into the Child and Adolescent Oral Health Service.
20. The 2009-10 Target/Est has been amended to report weighted occasion of service (WOOS) on ages 16+ and those attending the University of Queensland, School of Dentistry under the agreement with Queensland Health. The 2008-09 Target/Est was based on ages 0 to 3 inclusive and 16+. A WOOS is a unit of measure of oral health services activity based on the nominal value of staff time and material as indicated by treatment items, assigned using the Australian Dental Association (ADA), Australian Schedule of Dental Services and Glossary editions 8 (ADA 2004) and 9 (ADA 2009), with some extra descriptive codes added with approval of the ADA that describe the oral health care delivered to a patient.
21. The 2008-09 data are preliminary and involve estimation.
22. An episode of care is defined in the Queensland Health Data Dictionary as a phase of treatment. There may be more than one episode of care within the one hospital stay. An episode of care ends when the principal clinical intent (and thus care type) changes or when the patient is formally separated from the facility.
23. Age-standardised rates calculated per 1,000 population are used to increase the comparability when the populations being compared have different age profiles. The reported age-standardised rates indicate that Indigenous people in Queensland are almost three times as likely to be hospitalised for a potentially preventable condition than non-Indigenous people. Potentially preventable hospitalisations include where the patient was admitted for one of a specified set of acute, chronic and vaccine-preventable conditions. Implementation of suitable strategies could reduce hospitalisations for specified conditions e.g. improved access to appropriate primary health care allowing earlier intervention and treatment.
24. Age-standardised rates for 2008-09 have been calculated using preliminary 2008 Estimated Resident Population (ERP) data. There are currently no public ERPs for the Indigenous population for 2008. The 2008 Indigenous population was derived by extrapolation from the growth rate between 2006 and 2007. The 2008-09 SDS listed age-standardised rates per 100 population; this has been amended to a rate per 1,000 for the 2009-10 SDS, as rate per 1,000 is a generally accepted method of measuring these rates.
25. The 2008-09 Target/Est. cannot be directly compared with the 2008-9 Est. Actual due to a change in the data set definition. The 2008-09 Est. Actuals exclude episodes for diabetes complications where Renal Dialysis (Z49) was recorded as the 'principal diagnosis' and diabetes (E10 – E14) was listed as 'other diagnosis'. This change was made after analysis detected some hospital coding anomalies which inflated the potentially preventable figures. This was particularly evident for the Indigenous figures.
26. Data pertains to Queensland residents only.
27. Smoking is a risk factor for adverse events in pregnancy being associated with low birthweight (less than 2,500 grams), preterm birth, foetal growth restriction, congenital anomalies and perinatal death. Strategies to address issues include education during antenatal visits and population-wide education campaigns aiming to reduce the underlying prevalence of smoking in women of child bearing age to improve foetal outcomes, for example, birthweight where the level of effectiveness can be measured. The aim is to improve the "quit rate" of those mothers who smoke during pregnancy and reduce the gap between non-Indigenous and Indigenous mothers.
28. This was a new measure in the 2008-09 SDS and was based on partial data rather than full year effect. The intent of the target is to close the gap between Indigenous and non-Indigenous Australians with the 2009-10 Target/Est. aligning with the required annual gain to close the gap between Indigenous and non-Indigenous populations.
29. Occasion of service is defined in the Queensland Health Data Dictionary as an occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility
30. Occasions of service (OOS) include all public acute hospitals but exclude any private practice activity. The 2008-09 Est. Actual is lower than the 2008-09 Target/Est. because the previous measures included OOS provided by 'dental hospitals' and selected dental clinics operating out of acute hospitals (amounting to ~260,000 occasions annually). Due to changes in reporting of hospital-funded activity these dental OOS are now reported separately, and no longer part of the Monthly Activity Collection for hospitals.

31. The Casemix Funding Model (CFM) defines activity in terms of a single measure called a Weighted Activity Unit (WAU). The WAU provides a common unit of comparison between the variable components of the CFM, so that all activity can be measured consistently. It is a measure of the relative value of care provided to patients, across various treatment modalities (including renal dialysis treatment provided outside the actual hospital). The previously used term "Weighted Separations" only referred to admitted acute inpatients, therefore could not be used as a common unit of measure across all patient care types.
32. The 2008-09 Est. Actual and 2009-10 Target Est. average cost per weighted activity unit for acute admitted patients has increased due to increases in the EB costs and non-labour increases that include clinical supplies, pathology, prosthetics and drugs.
33. An improvement in the quality of classifications of episodes of care for sub and non acute patients and the associated patient costing detail has resulted in a shift between the cost per acute weighted activity (increase) and the cost per weighted activity for sub and non acute (decrease).
34. The 2008-09 Target/Est. was not achieved as the Ambulatory weighted activity was reduced by 14,000 due to the change in reporting of ambulatory mental health activity. The 2009-10 Target/Est has been revised in-line with the change in reporting. All non-admitted mental health activity has been removed from the weighted activity. It was identified that there was no consistency of recording ambulatory occasions of service for mental health across the health services due to a mix of a community or hospital-based service delivery models. This area of activity is being developed further by Mental Health Branch for future inclusions.
35. Antenatal care is a significant factor in improving morbidity and mortality and was recognised as an important factor in improving maternal and perinatal outcomes in the 'Overcoming Indigenous Disadvantage Key Indicators 2007 Report'. If all risk factors were controlled during pregnancy, an increase of approximately 5% is required in 2008-09 for Aboriginal and Torres Strait Islander women to achieve parity with non-Indigenous mothers by 2015-16.
36. During 2008-09 Queensland Health divested itself of the provision of residential aged care at the Yeppoon Nursing Home. The aged care places were transferred to RSL Care Yeppoon.
37. There is no state or national benchmark figure for this measure, the 2008-09 and 2009-10 Target/Est. reflect the statewide target for provision of incentive funding under the Business Rules. 2008-09 data is preliminary and involves estimation, calculated on a pro-rata basis using the 2008-09 year to February inclusive. Includes data from 27 Queensland Emergency Department Reporting Hospitals, which represents approximately 80% of all emergency activity in Queensland.
38. Target/Est are based on the clinically recommended times for treatments specified by the Australian College for Emergency Medicine and applied nationally as a performance benchmark.
39. All figures are "acute" admitted patient episodes (including qualified newborns) from public acute hospitals.
40. Sub and non acute patient (SNAP) days pertain to the following care types: rehabilitation, palliative care, maintenance care, geriatric evaluation and management, and psychogeriatric care. The Queensland Health Data Dictionary defines the primary goal of care for a SNAP as the enhancement or maintenance of quality of life, current health status or functional ability. They can be either within a designated SNAP ward or a general ward setting.
41. The 2008-09 Target/Est was set based on 2007-08 YTD estimated actuals which were approximately 25,000 over the end of year actual figure. The 2009-10 Target/Est. has been revised in light of the baseline activity being lower than that which previous targets were based on.
42. The 2008-09 Target/Est. has been identified as an overestimation of the sub and non acute activity. A review has resulted in improvements in Queensland Health's reporting system. This sector is complex and has a calculation based on clinical scoring of "activity of daily living" (ADL) and general ward sub and non acute patients. The mix and data capture for this patient cohort has improved with improved scores and a more accurate alignment of designated clinical units in the hospitals.
43. Patient days are defined in the Queensland Health Data Dictionary as the total number of days or part days of stay for all patients who were admitted for an episode of care and who underwent separation during the reference period. Same day patients are counted as having a stay of one day.
44. The Queensland Health Data Dictionary defines an "available bed" as a bed which is immediately available to be used by an admitted patient if required and an "available bed alternative" is an item of furniture, for example, trolley and cot, non-recognised beds occupied or not, which is immediately available for use by admitted patients. They are immediately available for use if located in a suitable place for patient care, and there are nursing and auxiliary staff available, or who could be made available within a reasonable period, to service patients who may occupy them.
45. Strong evidence shows that patients discharging from hospital against medical advice are at high risk of being re-admitted with subsequent and avoidable complications. Research defining the size of the problem in Queensland public hospitals has been undertaken and appropriate protocols to address this are to be developed and tested.
46. Variable Life Adjusted Displays (VLADs) are a clinical indicator monitoring tool providing opportunity for improving the quality of services provided which has been in place since April 2007. Variance between the 2008-09 Target/Est to the 2008-09 Est. Actual is due to the variable maturity/experience of the Districts to conduct and report a VLAD review. There was a total of 145 Lower Level VLADs flagged in this period. 10 out of 31 Hospitals submitted reports within the approved timeframes for 75% or more of their VLADs flagged. Hospitals have developed their own policy on conducting an investigation in conjunction with the governing VLAD Implementation Standard describing the mandatory auditable requirements regarding the dissemination of VLAD. In late 2008 educational materials were provided to all hospitals and presentations conducted to assist in conducting and reporting VLAD reviews.
47. The 2008-09 Est. Actual and the 2008-09 and 2009-10 Target/Est reports the number of days waited by patients for elective surgery from the date the patient was added to the waiting list at the 50th and 90th percentile. The median (50% percentile) represents the number of days within which half the patients treated received their surgery. The 90% percentile wait shows that 90% of the patients treated received their surgery within the specified number of days. It is an indicator of effectiveness of access to public hospitals. The 2008-09 and 2009-10 Target/Est are benchmarks rather than targets and have been set according to the clinically recommended waiting time for each category for the 90th percentile only. Queensland is working towards meeting these benchmarks over time, but this is unlikely to be achieved in 2009-10. The aim is to have fewer days waited at the 50th and 90th percentile. Includes data from 32 Queensland Elective Surgery Reporting Hospitals, which represents approximately 95% of all elective surgery activity in Queensland. 2008-09 Est. Actual data is preliminary and involves estimation, calculated on a pro-rata basis using the 2008-09 year to January inclusive. Targets are not included for this measure as it is inappropriate to specify targets at the 50<sup>th</sup> percentile; however the measure has been included (without a target) as it is a nationally used standard measure. Queensland Health is aiming to achieve 90% of patients treated within clinically recommended time.

48. Targets/ benchmarks are not included for this measure as there are no national benchmarks at the 50<sup>th</sup> percentile; however the measure has been included (without a target) as it is a nationally used standard measure. Queensland Health is aiming to achieve 90% of patients treated within the clinically recommended time.
49. A nursing home type patient is someone who has been in hospital for 35 or more consecutive days and a clinical decision has been made that they do not require acute care.
50. Mental health acute admitted patient episodes of care are defined as the total number of completed overnight separations from acute general psychiatric inpatient unit(s) occurring within the reference period. Adult acute designated psychiatric units are those with PYAA standard unit codes. Since 2006-07 there has been a decrease in overall length of stay, however bed occupancy has remained relatively stable during this period which suggests increased accessibility and greater throughput as a cause for the greater than expected number of episodes.
51. 2008-09 estimates have been calculated on a pro-rata basis using July 2008 to December 2008 figures. Episodes in which the patient was admitted and discharged on the same day are excluded from all figures.
52. Mental health acute admitted psychiatric care days are defined as the total number of patient days in the acute general psychiatric inpatient unit(s) accounted for by completed overnight formal separations during the reference period. Adult acute designated psychiatric units are those with PYAA standard unit codes. Since 2006-07 there has been a slight decrease in overall length of stay, however bed occupancy has remained relatively stable during this period which suggests increased accessibility and greater throughput as a cause for the greater than expected number of care days.
53. Mental health extended treatment accrued mental health care days are the total number of admitted patient care days provided in a designated mental health service within the reference period.
54. 2008-09 estimates calculated pro rata from the July 2008 to February 2009 figures. Extended treatment psychiatric units are those with PYAQ, PYSH, PYSM, PYDD, PYPG, and PYET standard unit codes in acute hospitals, and all units in psychiatric hospitals. Excludes a small number of psychogeriatric and mental health acquired brain injury extended treatment beds that do not report accrued patient day data to the Monthly Activity Collection.
55. The weighted activity units are the value for acute and extended treatment ward days in designated mental health wards of the casemix funded facilities for 2008-09.
56. Includes community-based activity across all mental health programs (general, child and youth, older persons and forensic). Community mental health care refers to specialist mental health care provided by community mental health services and hospital-based ambulatory care services. The 2009-10 Target/Est has been calculated on a pro-rata basis based on data trends for the period July 2005 to September 2008.
57. Data reflects a unique client count at the mental health network level. The target for 2009-10 has been set to account for the improved counting provided by the new state-wide information system implemented in November 2008 which eliminates duplicate patient counting, however with the expected population growth and the potential impacts of the increase in clinical community staff and other initiatives funded through the *Queensland Plan for Mental Health 2007-12* there will be an increase in the number of patients actually treated.
58. A community mental health care service contact refers to the provision of a clinically significant service by a mental health service provider for a particular consumer which results in a dated entry being made in the consumer's clinical record. Community mental health service contacts are provided by community mental health services (including those provided by hospital-based ambulatory services).
59. 2008-09 estimates were calculated pro rata using July 2008 to October 2008 figures. To be in scope, the initial admitted patient episode of care must (a) occur in an adult acute designated psychiatric unit, (b) involve an overnight or longer stay and (c) the episode must not end with statistical discharge or transfer. Same-day stays are excluded, as are episodes ending in statistical discharge, transfer or death. A readmission is defined as a subsequent overnight or longer episode for the patient in the adult acute designated psychiatric unit of the original hospital that begins within 28 days of the original discharge. Adult acute designated psychiatric units are those with PYAA standard unit codes.

## Income Statement

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>Income</b>				
Output revenue	1,8,15	5,457,139	5,616,956	8,326,338
User charges	2,9,16	377,038	434,357	465,268
Grants and other contributions	3,10,17	2,458,795	2,391,304	166,618
Other revenue	4,11,18	59,040	60,122	78,807
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
<b>Total income</b>		<b>8,352,012</b>	<b>8,502,739</b>	<b>9,037,031</b>
<b>Expenses</b>				
Employee expenses	5,12,19	5,199,486	5,334,744	5,782,001
Supplies and services	6,13,20	2,104,733	2,200,454	2,265,651
Grants and subsidies		561,360	563,316	573,574
Depreciation and amortisation	7,14,21	389,362	312,897	326,774
Finance/borrowing costs		..	..	..
Other expenses		93,071	87,328	85,031
Losses on sale/revaluation of property, plant and equipment and investments		4,000	4,000	4,000
<b>Total expenses</b>		<b>8,352,012</b>	<b>8,502,739</b>	<b>9,037,031</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Statement of Changes in Equity

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		107,144	140,588	119,057
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
<b>Net income recognised directly in equity</b>		<b>107,144</b>	<b>140,588</b>	<b>119,057</b>
Surplus/(deficit) for the period		..	..	..
<b>Total recognised income and expense for the period</b>		<b>107,144</b>	<b>140,588</b>	<b>119,057</b>
Equity injection/(withdrawal)		633,012	427,053	955,145
Equity adjustments		(669)	(25,954)	..
<b>Total movement in equity for period</b>		<b>739,487</b>	<b>541,687</b>	<b>1,074,202</b>

## Balance Sheet

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CURRENT ASSETS</b>				
Cash assets	22,31	618,560	81,723	82,037
Receivables	23,32	214,491	287,796	290,853
Other financial assets		..	..	..
Inventories		89,738	93,340	94,861
Other		49,248	61,553	61,576
Non-financial assets held for sale		..	..	..
<b>Total current assets</b>		<b>972,037</b>	<b>524,412</b>	<b>529,327</b>
<b>NON-CURRENT ASSETS</b>				
Receivables		..	..	..
Other financial assets		20,000	20,000	20,000
Property, plant and equipment	24,33,40	6,642,407	6,141,311	7,151,846
Intangibles	25,34,41	88,757	68,623	140,515
Other		925	9,259	9,259
<b>Total non-current assets</b>		<b>6,752,089</b>	<b>6,239,193</b>	<b>7,321,620</b>
<b>TOTAL ASSETS</b>		<b>7,724,126</b>	<b>6,763,605</b>	<b>7,850,947</b>
<b>CURRENT LIABILITIES</b>				
Payables	26,35,42	293,483	323,946	337,006
Employee benefit obligations	27,36	550,683	319,858	320,063
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		6,611	6,754	6,754
<b>Total current liabilities</b>		<b>850,777</b>	<b>650,558</b>	<b>663,823</b>
<b>NON-CURRENT LIABILITIES</b>				
Payables		..	..	..
Employee benefits obligations		..	..	..
Interest-bearing liabilities and derivatives	28,37	50,000	..	..
Provisions		..	..	..
Other		1,592	1,544	1,419
<b>Total non-current liabilities</b>		<b>51,592</b>	<b>1,544</b>	<b>1,419</b>
<b>TOTAL LIABILITIES</b>		<b>902,369</b>	<b>652,102</b>	<b>665,242</b>
<b>NET ASSETS/(LIABILITIES)</b>		<b>6,821,757</b>	<b>6,111,503</b>	<b>7,185,705</b>
<b>EQUITY</b>				
Capital/contributed equity	29,38,43	2,198,938	1,927,429	2,882,574
Retained surplus/(accumulated deficit)		2,387,901	2,390,561	2,390,561
Reserves:				
- Asset revaluation reserve	30,39,44	2,234,918	1,793,513	1,912,570
- Other (specify)		..	..	..
<b>TOTAL EQUITY</b>		<b>6,821,757</b>	<b>6,111,503</b>	<b>7,185,705</b>



## Cash Flow Statement

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Inflows:</b>				
Output receipts	45,55,65	5,457,139	5,656,356	8,326,338
User charges	46,56,66	362,778	420,097	450,702
Grants and other contributions	47,57,67	2,458,795	2,391,304	166,618
GST input tax credits received		165,874	165,874	165,874
Other		58,562	59,646	78,331
<b>Outflows:</b>				
Employee costs	48,58,68	(5,189,077)	(5,335,394)	(5,781,796)
		)	)	)
Supplies and services	49,59,69	(2,104,499)	(2,200,220)	(2,265,417)
GST paid on purchases		(166,233)	(166,233)	(166,233)
Grants and subsidies		(561,360)	(563,316)	(573,574)
Other	50,60,70	(79,772)	(463,638)	(61,222)
<b>Net cash provided by/(used in) operating activities</b>		<b>402,207</b>	<b>(35,524)</b>	<b>339,621</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment		9,602	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
<b>Outflows:</b>				
Payments for property, plant and equipment	51,61,71	(976,005)	(785,999)	(1,207,062)
Payments for intangibles	51,61,71	(44,501)	(14,824)	(87,081)
Payments for investments			..	..
Loans and advances made		(309)	(309)	(309)
<b>Net cash provided by/(used in) investing activities</b>		<b>(1,011,213)</b>	<b>(801,132)</b>	<b>(1,294,452)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Inflows:</b>				
Borrowings	52,62	50,000		
Equity injections	53,63,72	776,894	633,735	1,123,585
<b>Outflows:</b>				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals	54,64,73	(143,882)	(246,082)	(168,440)
<b>Net cash provided by/(used in) financing activities</b>		<b>683,012</b>	<b>387,653</b>	<b>955,145</b>
<b>Net increase/(decrease) in cash held</b>		<b>74,006</b>	<b>(449,003)</b>	<b>314</b>
<b>Cash at the beginning of financial year</b>		<b>544,554</b>	<b>530,728</b>	<b>81,723</b>
Cash transfers from restructure		..	(2)	..
<b>Cash at the end of financial year</b>		<b>618,560</b>	<b>81,723</b>	<b>82,037</b>

## Administered Income Statement

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>Revenues</b>				
Commonwealth grants		..	..	..
Taxes, fees and fines		50	50	50
Royalties, property income and other territorial Revenue		..	..	..
Interest		..	..	..
Administered revenue	1,3,5,6,8	24,131	25,340	24,069
Other		..	..	..
<b>Total revenues</b>		<b>24,181</b>	<b>25,390</b>	<b>24,119</b>
<b>Expenses</b>				
Supplies and services		..	..	..
Depreciation and amortisation				
Grants and subsidies	2,4,7	16,023	17,232	16,448
Benefit payments				
Borrowing costs	5,8	8,108	8,108	7,621
Other		7	7	7
<b>Total expenses</b>		<b>24,138</b>	<b>25,347</b>	<b>24,076</b>
<b>Net surplus or deficit before transfers to Government</b>		<b>43</b>	<b>43</b>	<b>43</b>
<b>Transfers of administered revenue to Government</b>		<b>43</b>	<b>43</b>	<b>43</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Administered Balance Sheet

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CURRENT ASSETS</b>				
Cash assets		47	63	63
Receivables	9,13	12	7,300	7,300
Inventories				
Other		..	..	..
Non-financial assets held for sale		..	..	..
<b>Total current assets</b>		<b>59</b>	<b>7,363</b>	<b>7,363</b>
<b>NON-CURRENT ASSETS</b>				
Receivables	10,14,17	120,769	113,088	105,298
Other financial assets		..	..	..
Property, plant and equipment		..	..	..
Intangibles		..	..	..
Other		..	..	..
<b>Total non-current assets</b>		<b>120,769</b>	<b>113,088</b>	<b>105,298</b>
<b>TOTAL ADMINISTERED ASSETS</b>		<b>120,828</b>	<b>120,451</b>	<b>112,661</b>
<b>CURRENT LIABILITIES</b>				
Payables		..	3	3
Transfers to Government payable		59	59	59
Interest-bearing liabilities	11,15	..	7,300	7,300
Other		..	1	1
<b>Total current liabilities</b>		<b>59</b>	<b>7,363</b>	<b>7,363</b>
<b>NON-CURRENT LIABILITIES</b>				
Payables		..	..	..
Interest-bearing liabilities	12,16,18	120,769	113,088	105,298
Other		..	..	..
<b>Total non-current liabilities</b>		<b>120,769</b>	<b>113,088</b>	<b>105,298</b>
<b>TOTAL ADMINISTERED LIABILITIES</b>		<b>120,828</b>	<b>120,451</b>	<b>112,661</b>
<b>ADMINISTERED NET ASSETS/(LIABILITIES)</b>				
<b>EQUITY</b>				
Capital/Contributed equity		..	..	..
Retained surplus/(Accumulated deficit)		..	..	..
Reserves:		..	..	..
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
<b>TOTAL ADMINISTERED EQUITY</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Administered Cash Flow Statement

Department of Health	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Inflows:</b>				
Administered item receipts	19,21,26	24,131	25,340	24,069
Grants and other contributions		..	..	..
Taxes, fees and fines		50	50	50
Royalties, property income and other territorial revenues		..	..	..
Other		(7)	(7)	(7)
<b>Outflows:</b>				
Transfers to Government		(43)	(43)	(43)
Grants and subsidies	20,22,27	(16,023)	(17,232)	(16,448)
Supplies and services		..	..	..
Borrowing costs	23,28	(8,108)	(8,108)	(7,621)
Other		..	..	..
<b>Net cash provided by/(used in) operating activities</b>		..	..	..
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed	24,29	7,303	7,303	7,790
<b>Outflows:</b>				
Payments for property, plant and equipment and intangibles		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
<b>Net cash provided by/(used in) investing activities</b>		<b>7,303</b>	<b>7,303</b>	<b>7,790</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Inflows:</b>				
Borrowings		..	..	..
Equity injections		..	..	..
<b>Outflows:</b>				
Borrowing redemptions	25,30	(7,303)	(7,303)	(7,790)
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
<b>Net cash provided by/(used in) financing activities</b>		<b>(7,303)</b>	<b>(7,303)</b>	<b>(7,790)</b>
<b>Net increase/(decrease) in cash held</b>		..	..	..
<b>Administered cash at beginning of financial year</b>		<b>47</b>	<b>63</b>	<b>63</b>
Cash transfers from restructure		..	..	..
<b>Administered cash at end of financial year</b>		<b>47</b>	<b>63</b>	<b>63</b>

# Explanation of Variances in the Financial Statements

## Department of Health

### Income Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

1. Additional funding provided for increased elective surgery, e-Health programs, Information Communication Technology (ICT) infrastructure, and the impact of wage increases under the proposed enterprise bargaining framework. Increases also reflect payments from the Australian Government directly to the Queensland Treasury Consolidated Fund as per a decision by the Council of Australian Governments (COAG) in November 2008.
2. Increases reflect additional Veteran Affairs revenue, interstate hospital patient fees and QComp revenue.
3. Reduction due to funding from the Australian Government reflected as Output revenue offset by increased Australian Government funding for immunisation programs and long stay patients programs. Decrease is also due to the reclassification of Motor Accident Insurance Commission (MAIC) revenue to User charges.
4. Other revenue increase relates to salary recoveries and other reimbursements from external agencies.
5. Increases in Employee expenses were due to the costs incurred under the proposed enterprise bargaining framework. This increase was offset by the transfer of employee expenses for the Linen Service to the Queensland Health Shared Service Provider (SSP).
6. Increases in supplies and services were due to procuring linen services from SSP and increase in ICT programs including e-health, ICT infrastructure and clinical enablement program.
7. Decrease in Depreciation expense were due to the methodology and re-estimation of buildings in 2007-08 which has resulted in the reduction in the annual depreciation charge.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

8. Increases due to funding from the Australian Government reflecting as Output revenue. Increased funding is also provided for wage increases under the proposed enterprise bargaining framework, elective surgery, depreciation, rehabilitation and step-down facilities and transfers from Queensland Ambulance Service for medically authorised transport. Funding increases also reflect the Government's ongoing commitment to mental health and critical service needs.
9. Increases reflect additional Veteran Affairs revenue, interstate hospital patient fees and QComp revenue.
10. Decreases in Grants and other contributions are due to funding from the Australian Government being reflected as Output revenue.
11. Other revenue increase relate to salary recoveries and other reimbursements from external agencies.
12. Increase in Employee expenses includes the impact of wage increases under the proposed enterprise bargaining framework, additional recruitment for hospital redevelopments and mental health programs.
13. Increase in Supplies and services due to associated costs of procurement of linen services from SSP and increase in ICT programs including e-health, ICT infrastructure and clinical enablement programs.
14. Decreases in Depreciation expense due to the methodology and re-estimation of buildings in 2007-08 which has resulted in the reduction in the annual depreciation charge.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

15. Increases due to funding from the Australian Government reflecting as Output revenue. Increased funding is also provided for wage increases under the proposed enterprise bargaining framework, elective surgery, depreciation, rehabilitation and step-down facilities and transfers from Queensland Ambulance Service for medically authorised transport. Funding increases also reflect the Government's ongoing commitment to mental health and critical service needs.
16. Increases reflect additional Veteran Affairs revenue, interstate hospital patient fees and QComp revenue.
17. Decreases in Grants and other contributions reflects the reallocation of Australian Government funding to Output Revenue and the reclassification of MAIC revenue from Grants to User charges.
18. Other revenue increase relate to salary recoveries and other reimbursements from external agencies.
19. Increases in Employee expenses includes the impact of wage increases under the proposed enterprise bargaining framework, additional recruitment for hospital redevelopments and mental health programs.
20. Increases in Supplies and Services due to associated costs of procuring linen services from SSP and increase in ICT programs including e-health, ICT infrastructure and clinical enablement programs.
21. Depreciation expenses to increase consistent with the increase to property, plant and equipment.

### Balance Sheet

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

22. Cash has decreased due to Annual Leave Central Scheme (ALCS) whereby annual leave obligations for general Government sector employees are funded centrally. Queensland Health no longer holds the liability for its employees' annual leave entitlements. These liabilities are held by the Consolidated Fund at a whole-of-Government level and Queensland Health compensated the Consolidated Fund with a cash equivalent transfer.
23. Increase reflects the 2007-08 year end balance flow through effect.
24. Decrease in Property, plant and equipment due to delays in the capital program and the review and adjustment of the re-evaluation methodology.
25. Decrease in Intangibles due to reduction in the expected software development work in progress.
26. Increase reflects the 2007-08 year end balance flow through effect.
27. Decrease reflects the reduction in the Annual Leave provision due to the ALCS outlined in note 22 above.
28. Draw down of borrowings no longer required.
29. Decrease reflects the deferral of equity injections to outer years.
30. The decrease in asset re-evaluation reserve reflects the review and adjustment of the re-evaluation methodology.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

31. Cash has decreased due to ALCS outlined in Note 22 above.
32. Increase reflects the 2007-08 year end balance flow through effect.
33. Increase reflects the investment for capital program including the Gold Coast University Hospital, Queensland Children's Hospital (QCH), Bundaberg Hospital expansion, Faster Care in our Emergency Departments, Mackay Base Hospital redevelopment, Mount Isa Health campus, Princess Alexandra Hospital redevelopment, Robina, Townsville and Rockhampton Hospital expansions and the QCH Academic and Research Centre.

34. Increase in Intangibles reflects the significant investment in the e-Health program.
35. Increase reflects the 2007-08 year end balance flow through effect.
36. Decrease reflects the ALCS outlined in Note 22 above.
37. Draw down of borrowings no longer required.
38. Increase due to additional capital investment under the Major Hospitals projects.
39. The decrease in asset revaluation reserve reflects the review and adjustment of the revaluation methodology.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

40. Increase due to capital investment as outlined in Note 23.
41. Increase in Intangibles reflects the significant investment in the e-Health program.
42. Increase reflects the 2007-08 year end balance flow through effect.
43. Increase due to additional capital investment under the Major Hospitals projects. Refer note 33
44. The increase in asset revaluation reserve reflects additional capital investment being offset by the comprehensive revaluation and interim indexation of assets.

## Cash Flow Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

45. Additional Output receipts due to increased investment in elective surgery, e-Health programs, (ICT) infrastructure, Australian Government inflows reflecting as Output receipts and increased funding for the impact of wage increases under the proposed enterprise bargaining framework.
46. Increased due to additional Veteran Affairs receipts, interstate hospital patient fees and QComp receipts.
47. Reduction due to inflows from the Australian Government reflected as output receipts being offset by increased Australian Government inflows for immunisation programs and long stay patients programs. Decrease is also due to the reclassification of MAIC revenue from Grants to User Charges.
48. Increase in Employee costs were due to the additional costs under the proposed enterprise bargaining framework. This increase was offset by the transfer of employee costs for Linen Service to SSP.
49. Increases in Supplies and services were due to procuring linen services from SSP and increase in ICT programs including e-Health, ICT infrastructure and clinical enablement program.
50. Increased other outflows was due to ALCS detailed in Note 22 above.
51. Decrease in payments for property, plant and equipment and intangibles reflected the delays in the implementation of capital programs.
52. Draw down of borrowings no longer required.
53. Decrease reflects the deferral of equity injections to outer years.
54. Increased due to increased investment in capital programs with associated equity withdrawals including e-Health.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

55. Additional Output receipts for increased elective surgery, e-Health programs, ICT infrastructure. Australian Government inflows reflected as output receipts and increases in funding due to the impact of wage increases under the proposed enterprise bargaining framework.
56. Increases reflect additional Veteran Affairs receipts, interstate hospital patient fees and QComp receipts.
57. Decrease due to the Australian Government funding reflected as Output receipts, this is to be offset by increased Australian Government funding for immunisation programs and long stay patient programs.
58. Increase in Employee costs due to the additional costs under the proposed enterprise bargaining framework. This increase was offset by the transfer of employee costs for Linen Service to SSP.
59. Increases in Supplies and services were due to procuring linen services from SSP and increase in ICT programs including e-Health, ICT infrastructure and clinical enablement program.
60. Decrease in Other outflows due to ALCS detailed in Note 22 above
61. Increase in payments for property, plant and equipment and intangibles reflects the additional investment for capital programs including e-Health projects listed under Note 33 above.
62. Draw down of borrowings no longer required.
63. Increase due to equity injections for capital investments including e-Health, ICT infrastructure and those outlined in Note 33 above.
64. Increased equity withdrawals associated with increased investment in e-Health and ICT infrastructure.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

65. Increase in Output receipts for programs detailed in Note 55 above.
66. Increases reflect additional veteran affairs receipts, interstate hospital patient fees and QComp revenue.
67. Decrease in Grants and other contributions reflect Australian Government funding being reflected in output receipts.
68. Increase in Employee expense includes the impact of wage increases under the proposed enterprise bargaining framework, additional recruitment for hospital redevelopments and mental health programs.
69. Increases in Outflows for Supplies and services due to associated costs of the procurement of linen services from SSP and increase in ICT programs including e-Health, ICT infrastructure and clinical enablement program.
70. Decreases in other outflows due to ALCS detailed in Note 22 above.
71. Increase in outflow payments for property, plant and equipment and intangibles reflect the additional investment for capital programs including e-Health and projects listed under Note 33 above.
72. Increase in inflows Equity injections for capital investments including e-Health, ICT infrastructure and including projects listed in Note 33 above.
73. Decrease reflects the 2008-09 year end balance flow through effect and deferral of equity injections to outer years. This is offset by the continuing investment in projects associated with equity withdrawals such as e-Health.

## Administered Income Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

1. Additional revenue received for the Health Quality and Complaints Commission (HQCC) to cover the cost of fitout in the new building for the collocation of the Commissions.
2. On-payment of funding from Government by a grant to the Health Quality and Complaints Commission.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

3. Decreased funding received for the HQCC for additional leases offset by increased recurrent funding from Government received for the HQCC to cover the cost of fitout in the new building for the collocation of the Commissions.

4. Increase reflects the expenditure for the HQCC for additional leases costs and the increase in recurrent expenditure associated with the HQCC cost of fit-out in the new building for the collocation of the Commissions.
5. Decrease in interest due to decrease in borrowings balance from Queensland Treasury Corporation (QTC) for funding public component of Mater Hospital redevelopment.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

6. Decrease in funding received for the HQCC's additional leases and decreased 2009-10 recurrent funding from Government received for the HQCC to cover the cost of fitout in the new building for the collocation of the Commissions.
7. Decrease in 2009-10 expenditure associated with the HQCC cost of fit-out in the new building for the collocation of the Commissions.
8. Decrease in interest due to decrease in borrowings from QTC for funding public component of Mater Hospital redevelopment.

## **Administered Balance sheet**

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

9. Increase reflects the recognition of the current receivable portion of the loan to the public component of the Mater Hospital redevelopment.
10. On-payment of funds to the Mater for the redevelopment of the public hospital component. The receivable for this will be extinguished once the redevelopment is completed with the repayment of the underlying borrowings by Government over a fifteen year term. Decrease due to the recognition of the current receivable portion of the advance to the Mater.
11. Increase reflects the recognition of the current payable portion of the borrowings to QTC of Mater Hospital redevelopment loan.
12. Funding for the public component of the Mater Hospital redevelopment is by way of the department drawing down borrowings from QTC. Borrowings have been drawn down over the term of the redevelopment with funds passed on to the Mater. Repayment of the borrowings will be funded by Government. Decrease due to the recognition of the current payable portion of the borrowings to QTC of Mater Hospital redevelopment loan.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

13. Increase reflects the recognition of the current receivable portion of the loan to the Mater for the redevelopment of the public hospital component.
14. Decrease reflects the repayment of advance to the Mater with the repayment funded by Government and the recognition of the current receivable portion of the advance to the Mater.
15. Increase reflects the recognition of the current payable portion of the borrowings to QTC of Mater Hospital redevelopment loan.
16. Decrease reflects the repayment of borrowings to QTC of Mater Hospital redevelopment loan and the recognition of the current payable portion of the borrowings to QTC.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

17. Decrease reflects the repayment of advance to the Mater with the repayment funded by Government.
18. Decrease reflects the repayment of borrowings to QTC of Mater Hospital redevelopment loan.

## **Administered Cash Flow Statement**

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

19. Additional funding provided for the HQCC for the fitout in the new building for the collocation of the Commissions.
20. Increases in outflows reflect additional costs associated with the HQCC's fit-out in the new building for the collocation of the Commissions.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

21. Decrease in inflows received for the HQCC for additional leases.
22. Increase in outflows reflects the expenses for the HQCC for additional leases and the increase in recurrent expenditure associated with the HQCC cost of fitout in the new building for the collocation of the Commissions.
23. Decreased interest due to decrease in borrowings from QTC for funding public component of Mater Hospital redevelopment.
24. Increase due to full year repayment from Mater for advance of borrowings from QTC for Mater Hospital redevelopment.
25. Repayments for loan from QTC for the Mater Hospital redevelopment.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

26. Decreased funding received for the HQCC for additional leases and decreased 2009-10 recurrent funding from Government received for the HQCC to cover the cost of fitout in the new building for the collocation of the Commissions.
27. Decrease in outflows reflects the reduction in 2009-10 expenditure associated with the HQCC's Commission cost of fitout in the new building for the collocation of the Commissions.
28. Decrease in interest due to decrease in borrowings from QTC for funding public component of Mater Hospital redevelopment.
29. Increase due to full year repayment from Mater for advance of borrowings from QTC for Mater Hospital redevelopment.
30. Repayments for loan from QTC for the Mater Hospital redevelopment.

# Shared Service Initiative

## Queensland Health Shared Service Provider

### Overview

The Shared Service Initiative is a whole-of-Government approach to corporate services delivery. The vision is to provide high quality, cost-effective corporate support services across the Queensland Government. Shared services is underpinned by standardising business processes, consolidating technology and pooling resources and expertise.

Hosted by Queensland Health, the Queensland Health Shared Service Provider (QHSSP) employs approximately 1,714 full-time equivalent staff. The Service aims to provide efficient, quality and innovative corporate services that support the delivery of health services and promote organisational effectiveness for Queensland Health. The QHSSP delivers the following services:

- Finance
- Supply
- Payroll
- Recruitment and Selection
- Staff travel (corporate office)
- Metropolitan and Wide Bay Linen

### Review of Performance

#### Recent achievements

- The seamless transition of Metropolitan and Wide Bay Linen services into the scope of QHSSP services as of 1 July 2008.
- The introduction of the Vacancy Administration Database for Effective Recruitment (VADER) information management system which replaced out-dated databases with a single application.
- Introduction of the South West Queensland Supply Model brings consistency, uniformity, and economy of scale to over 30 facilities.
- Implementation of a balanced scorecard that links to the broader Queensland Health priorities and directly correlates with organisational and workforce performance and is monitored through rigorous performance measures and clearly articulates accountabilities.
- The introduction of the Metropolitan Linen Service data base system for client set-up information. A knowledge sharing web-based system with user interface, enabling improved calculation of linen supply quantities and reducing risk of human error.

#### Future developments

- Implementation of solutions to support end to end business processes. In particular, the delivery of systems to ensure continuity and stability of the payroll and rostering processes.
- Ongoing implementation of the Supply Chain Management Integration Strategy (SCMIS). The strategy seeks to design, develop and implement a model of service delivery that supports a lean, high performance supply chain that achieves “best practice” standards.



# Statements

## Performance Statement

Queensland Health Shared Service Provider	Notes	2008-09 Target/Est.	2008-09 Est. Actual	2009-10 Target/Est.
<b>Financial performance measures</b>				
\$ SSP Operating Surplus/(Deficit) (\$'000)		..	..	..
% Labour costs as % of total expenses	1	84.36%	78.74%	78.89%
<b>Non-financial performance measures</b>				
Number of FTE SSP	2	1,316	1,714	1,593
% of Operating Level Agreements signed	3	100%	100%	100%

Note/s:

1. The reduction in the 2008-09 Est. Actual compared to the 2008-09 Target/Est. is due to the non-reciprocal transfer of Queensland Health Linen Services to QHSSP from Queensland Health which has seen a reduction in the labour costs as a percentage of total expenses. Non-labour costs incurred by QHSSP associated with the transfer include linen replacement, repair and maintenance, water and chemicals, transportation etc.
2. The non-reciprocal transfer of Queensland Health Linen Services to QHSSP has seen a 277 increase in FTEs. Delays in implementing a whole-of-government systems has resulted in QHSSP requiring additional processing staff (approximately 121 FTE).
3. Queensland Health has one Operating Level Agreement with the Queensland Health Shared Service Provider.

## Income Statement

Queensland Health Shared Service Provider	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>Income</b>				
User charges	1,2,3	98,438	127,189	129,487
Grants and other contributions		..	..	..
Other revenue		..	..	..
Gains on sale/revaluation of property, plant and equipment and investments				
<b>Total income</b>		<b>98,438</b>	<b>127,189</b>	<b>129,487</b>
<b>Expenses</b>				
Employee expenses	1,2,3	83,040	100,145	102,148
Supplies and services	1,2,3	14,869	24,080	24,362
Grants and subsidies		..	..	..
Depreciation and amortisation	1,2	154	2,589	2,593
Finance/borrowing costs		..	..	..
Other expenses		375	375	384
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
<b>Total expenses</b>		<b>98,438</b>	<b>127,189</b>	<b>129,487</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Statement of Changes in Equity

Queensland Health Shared Service Provider	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	..
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
<b>Net income recognised directly in equity</b>		<b>..</b>	<b>..</b>	<b>..</b>
Surplus/(deficit) for the period		..	..	..
<b>Total recognised income and expense for the period</b>		<b>..</b>	<b>..</b>	<b>..</b>
Equity injection/(withdrawal)		..	..	..
Equity adjustments	4	..	25,285	..
<b>Total movement in equity for period</b>		<b>..</b>	<b>25,285</b>	<b>..</b>

## Balance Sheet

Queensland Health Shared Service Provider	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CURRENT ASSETS</b>				
Cash assets	5,6,7	10,316	17,002	19,595
Receivables	5,6	812	1,725	1,725
Other financial assets		..	..	..
Inventories	5,6	..	311	311
Other		63	27	27
Non-financial assets held for sale		..	..	..
<b>Total current assets</b>		<b>11,191</b>	<b>19,065</b>	<b>21,658</b>
<b>NON-CURRENT ASSETS</b>				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	5,6	558	25,387	22,794
Intangibles		..	..	..
Other		..	..	..
<b>Total non-current assets</b>		<b>558</b>	<b>25,387</b>	<b>22,794</b>
<b>TOTAL ASSETS</b>		<b>11,749</b>	<b>44,452</b>	<b>44,452</b>
<b>CURRENT LIABILITIES</b>				
Payables	5,6	545	9,251	9,251
Employee benefits obligations	5,6	7,543	6,187	6,187
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
<b>Total current liabilities</b>		<b>8,088</b>	<b>15,438</b>	<b>15,438</b>
<b>NON-CURRENT LIABILITIES</b>				
Payables		..	..	..
Employee benefits obligations		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
<b>Total non-current liabilities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>		<b>8,088</b>	<b>15,438</b>	<b>15,438</b>
<b>NET ASSETS/(LIABILITIES)</b>		<b>3,661</b>	<b>29,014</b>	<b>29,014</b>
<b>EQUITY</b>				
Capital/contributed equity	5,6	4,839	30,115	30,115
Retained surplus/(Accumulated deficit)		(1,178)	(1,101)	(1,101)
Reserves:				
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
<b>TOTAL EQUITY</b>		<b>3,661</b>	<b>29,014</b>	<b>29,014</b>

## Cash Flow Statement

Queensland Health Shared Service Provider	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Inflows:</b>				
User charges	7,8,9	98,438	127,189	129,487
Grants and other contributions		..	..	..
Other		..	..	..
<b>Outflows:</b>				
Employee costs	7,8,9	(83,040)	(100,145)	(102,148)
Supplies and services	7,8,9	(14,869)	(24,080)	(24,362)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(375)	(375)	(384)
<b>Net cash provided by/(used in) operating activities</b>		<b>154</b>	<b>2,589</b>	<b>2,593</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
<b>Outflows:</b>				
Payments for property, plant and equipment and intangibles		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
<b>Net cash provided by/(used in) investing activities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Inflows:</b>				
Borrowings		..	..	..
Equity injections		..	..	..
<b>Outflows:</b>				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
<b>Net cash provided by/(used in) financing activities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>		<b>154</b>	<b>2,589</b>	<b>2,593</b>
<b>Cash at the beginning of financial year</b>	7,8	<b>10,162</b>	<b>14,411</b>	<b>17,002</b>
Cash transfers from restructure		..	2	..
<b>Cash at the end of financial year</b>		<b>10,316</b>	<b>17,002</b>	<b>19,595</b>

# Explanation of Variances in the Financial Statements

## Queensland Health Shared Service Provider

### Income Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

1. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP).

Major variations between 2008-09 Budget and 2009-10 Estimate include:

2. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP) and increase in operating level agreement for labour and non-labour escalation.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

3. Increase in operating level agreement for labour and non-labour escalation.

### Statement of Changes in Equity

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

4. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP).

### Balance sheet

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

5. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP).

Major variations between 2008-09 Budget and 2009-10 Estimate include:

6. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP).

### Statement of cash flows

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

7. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP).

Major variations between 2008-09 Budget and 2009-10 Estimate include:

8. Reflects the non-reciprocal transfer of Queensland Health Linen Services to Queensland Health Shared Service Provider (QHSSP) and increase in operating level agreement for labour and non-labour escalation.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

9. Increase in operating level agreement for labour and non-labour escalation.

# Statutory Bodies

## Queensland Institute of Medical Research

### Overview

Established under the *Queensland Institute of Medical Research Act 1945* as a statutory body, the Queensland Institute of Medical Research (QIMR) is one of the largest medical research organisations in the southern hemisphere, globally recognised for the quality of its research. QIMR conducts medical research with an emphasis on a translational approach facilitated through QIMR's equity in QGen Pty Ltd. QIMR conducts medical research which aligns with the Queensland Government's *Smart State Strategy 2005–2015* through the following research divisions and programs:

- Infectious Diseases
- Immunology
- Cancer and Cell Biology
- Human Genetics and Population Health
- Indigenous Health Research Program
- Mental Health
- Australian Centre for International and Tropical Health
- Centre for Vaccine Developments.

The QIMR Trust was established to receive, manage and invest donations and bequests to QIMR in order to support QIMR research activities.

In 2008-09, QIMR received a grant of \$6.4 million from the Queensland Government and a \$5.1 million contribution from the QIMR Trust, to fund QIMR research activities. QIMR has successfully bid for a number of competitive peer-reviewed medical research grants. The two largest funders of research at QIMR are the National Health and Medical Research Council Australia (NHMRC) and the National Institutes of Health (USA). QIMR also receives significant funding from other bodies such as the Cancer Council Queensland and the Leukaemia Foundation of Queensland.

QIMR has partnerships in the Cooperative Research Centre (CRC) for Aboriginal Health, the Australian Centre for International and Tropical Health, the Griffith Medical Research College, the Australian Centre for Vaccine Development, and participation in start up companies.

QIMR's current activities include:

- researching the causes and mechanisms of cancer and common diseases, including those which particularly affect Queenslanders (skin cancer, dengue fever, etc)
- researching diseases of the third world such as malaria, schistosomiasis, dengue fever and leishmaniasis
- maintaining the Indigenous Health Research Program which conducts research in the areas of respiratory diseases, cancer, healthy skin, diabetes, rheumatic fever, dementia and heart disease
- establishing further translational medicine programs that enable the preparation and testing of new experimental therapies and vaccines
- establishing medical research collaborations within Queensland, Australia and overseas
- the establishment of Indigenous education programs to encourage students to pursue a career in Indigenous research in the fields of health or science
- accommodating more than 100 full-time and part-time PhD and honours students from Queensland universities

- hosting approximately 105 visiting scientists from Australia and overseas
- assisting Queensland Health to protect and commercialise its intellectual property, which has resulted in the creation of Replikun Pty Ltd.

## **Review of Performance**

### **Recent achievements**

QIMR's recent achievements include:

- the identification of a gene that influences the ovarian cancer outcome
- ovarian cancer risk factor results released from one of the world's largest ovarian cancer studies, revealing key lifestyle factors which increase a woman's risk of developing the disease
- QIMR scientist received one of only 12 Australia Fellowships (in 2009) which provided funding to further research in the field of epigenetics
- commencement of phase II trial for the treatment of nasopharyngeal cancer, involving a collaboration between QIMR and the Hong Kong University
- the identification of novel proteins that control genome stability and their relevance to the pathogenesis and early diagnosis of cancer
- the identification of a drug that promotes spinal cord healing
- the identification of obesity and reflux as major risk factors for the development of oesophageal cancer
- the demonstration that whole inactivated parasites in very low number can induce immunity to multiple strains of malaria
- the description of new technologies to determine the age of mosquitoes, relevant to their ability to transmit dengue and other infectious diseases
- the demonstration that scabies mite proteins can inhibit immunological pathways, relevant to their ability to predispose to serious skin infections and renal and heart diseases
- the commencement of a clinical trial to determine whether hookworm infection can treat coeliac disease
- the commencement of a study to determine the ability of azithromycin to prevent complications of bronchiectasis in Aboriginal and Torres Strait Islander children
- the identification of hormones that can exacerbate graft-versus-host disease in the treatment of leukaemia.

### **Future developments**

Future developments for QIMR include:

- the construction of the QIMR Smart State Medical Research Centre (SSMRC) which will be occupied by approximately 400 scientists who will conduct research into mental health, biosecurity, bioinformatics, epigenetics, tropical health and high school research
- a trial to examine the effect of maintenance azithromycin on the prevention of pulmonary exacerbations in Indigenous children with bronchiectasis. QIMR will collaborate with the Menzies School of Health Research and the Starship Hospital, Auckland.

## Income Statement

Queensland Institute of Medical Research	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>Income</b>				
User charges		6,215	7,080	6,420
Grants and other contributions	1,4	122,743	71,154	80,034
Other revenue	3,6	6,240	3,941	5,175
Gains on sale/revaluation of property, plant and equipment and investments	2,5	3,596	(8,108)	1,859
<b>Total income</b>		<b>138,794</b>	<b>74,067</b>	<b>93,488</b>
<b>Expenses</b>				
Employee expenses		38,935	39,421	42,002
Supplies and services		21,743	28,758	27,865
Grants and subsidies		..	..	..
Depreciation and amortisation		4,862	5,651	5,961
Finance/borrowing costs		..	..	..
Other expenses		355	1,412	1,713
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
<b>Total expenses</b>		<b>65,895</b>	<b>75,242</b>	<b>77,541</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>72,899</b>	<b>(1,175)</b>	<b>15,947</b>

## Statement of Changes in Equity

Queensland Institute of Medical Research	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		9,565	2,762	3,319
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
<b>Net income recognised directly in equity</b>		<b>9,565</b>	<b>2,762</b>	<b>3,319</b>
Surplus/(deficit) for the period		72,899	(1,175)	15,947
<b>Total recognised income and expense for the period</b>		<b>82,464</b>	<b>1,587</b>	<b>19,266</b>
Equity injection/(withdrawal)		..	..	..
Equity adjustments (MoG transfers)		..	..	..
<b>Total movement in equity for period</b>		<b>82,464</b>	<b>1,587</b>	<b>19,266</b>



## Balance Sheet

Queensland Institute of Medical Research	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CURRENT ASSETS</b>				
Cash assets		38,656	50,663	36,084
Receivables		11,124	14,351	14,443
Other financial assets		..	..	..
Inventories		276	264	264
Other		550	228	228
Non-financial assets held for sale		..	..	..
<b>Total current assets</b>		<b>50,606</b>	<b>65,506</b>	<b>51,019</b>
<b>NON-CURRENT ASSETS</b>				
Receivables		..	..	..
Other financial assets	7,10	102,530	75,575	77,666
Property, plant and equipment	11	131,898	131,082	153,336
Intangibles		..	..	..
Other		..	..	..
<b>Total non-current assets</b>		<b>234,428</b>	<b>206,657</b>	<b>231,002</b>
<b>TOTAL ASSETS</b>		<b>285,034</b>	<b>272,163</b>	<b>282,021</b>
<b>CURRENT LIABILITIES</b>				
Payables	8,12	13,039	75,270	65,802
Employee benefits obligations		1,937	2,071	2,131
Interest-bearing liabilities and derivatives		27	29	29
Provisions		121	121	121
Other		225	..	..
<b>Total current liabilities</b>		<b>15,349</b>	<b>77,491</b>	<b>68,083</b>
<b>NON-CURRENT LIABILITIES</b>				
Payables		..	..	..
Employee benefits obligations		456	630	630
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
<b>Total non-current liabilities</b>		<b>456</b>	<b>630</b>	<b>630</b>
<b>TOTAL LIABILITIES</b>		<b>15,805</b>	<b>78,121</b>	<b>68,713</b>
<b>NET ASSETS/(LIABILITIES)</b>		<b>269,229</b>	<b>194,042</b>	<b>213,308</b>
<b>EQUITY</b>				
Capital/contributed equity		..	..	..
Retained surplus/(Accumulated deficit)		226,118	145,383	161,330
Reserves:				
- Asset revaluation reserve	9	43,111	48,659	51,978
- Other (specify)		..	..	..
<b>TOTAL EQUITY</b>		<b>269,229</b>	<b>194,042</b>	<b>213,308</b>

## Cash Flow Statement

Queensland Institute of Medical Research	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Inflows:</b>				
User charges		6,285	7,062	6,410
Grants and other contributions		67,743	71,154	80,034
Other		5,971	3,944	5,093
<b>Outflows:</b>				
Employee costs		(38,875)	(39,361)	(41,942)
Supplies and services		(21,743)	(29,087)	(27,865)
Grants and subsidies	14,15	2,989	(4,893)	(9,468)
Borrowing costs		..	..	..
Other		(332)	(1,382)	(1,712)
<b>Net cash provided by/(used in) operating activities</b>		<b>22,038</b>	<b>7,437</b>	<b>10,550</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment	13,16	..	..	..
Investments redeemed		..	12,545	..
Loans and advances redeemed		..	..	..
<b>Outflows:</b>				
Payments for property, plant and equipment and intangibles	17	(22,620)	(16,645)	(24,896)
Payments for investments		(954)	..	(233)
Loans and advances made		..	..	..
<b>Net cash provided by/(used in) investing activities</b>		<b>(23,574)</b>	<b>(4,100)</b>	<b>(25,129)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Inflows:</b>				
Borrowings		..	..	..
Equity injections		..	..	..
<b>Outflows:</b>				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
<b>Net cash provided by/(used in) financing activities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>		<b>(1,536)</b>	<b>3,337</b>	<b>(14,579)</b>
<b>Cash at the beginning of financial year</b>		<b>40,192</b>	<b>47,326</b>	<b>50,663</b>
Cash transfers from restructure		..	..	..
<b>Cash at the end of financial year</b>		<b>38,656</b>	<b>50,663</b>	<b>36,084</b>

# Explanation of Variances in the Financial Statements

## Queensland Institute of Medical Research

### Income Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

1. Grants of \$75 million from State and Commonwealth Governments for the construction of Smart State Medical Research Centre (SSMRC) were included in 2008-09 Budget. 2008-09 Est. Actual on construction is \$14.3 million, with the remainder of grants funding to be pushed out past 2009-10. It is anticipated that the bulk of the grant funding will be expended in 2010-11.
2. Depressed stock market did not return budgeted increase in investment market (Estimated loss on market value \$8.1 million);
3. Budget interest earned on grants for SSMRC not brought to account but capitalised in accordance with the terms of the funding agreement (\$3.3 million).

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

4. Revenue recognised from construction costs of SSMRC expected to be \$7.5 million higher in 2009-10 than 2008-09 as the program of work has been revised forward. The major expenditure is now expected to occur in 2010-11;
5. Share investments expected to recover some of market value losses experienced in 2008-09, \$10 million variance to losses forecast in 2008-09;
6. The Business Case prepared for the SSMRC includes capital fundraising of \$2 million for the 2009-10 financial year.

### Balance Sheet

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

7. Redemption of managed funds (\$12.5 million); loss on market value of investments \$8.1 million;
8. Deferral of expenditure on SSMRC resulted in unexpended Grant funds that were budgeted to be spent in 2008-09 (\$55 million).
9. Independent building valuation for 2007-08 \$12.4 million higher than forecast. 2008-09 valuation assumed 12% increase in value. Revised estimated actual for 2008-09 assumes 3% increase, a decrease of \$6.8 million on budget.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

10. Increase (\$2.1M) due to reinvested dividends plus anticipated increase in market value (estimate 3% growth).
11. Increase in property assets due to budget expenditure on Smart State Medical Research Centre (SSMRC) of \$21.9 million in 2009-10.
12. Budget expenditure on SSMRC in 2009-10 is greater than grants received by \$11.9 million. Funds received are recognised in Payables. Grant revenue is recognised using the matching principle i.e. once funds are spent, revenue is recognised with the subsequent effect of reducing the liability.

### Cash Flow Statement

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

13. Redemption of managed funds (\$12.5 million);
14. Estimated actual expenditure on grant projects for 2008-09 based on current financial year trend expected to be \$8.3 million greater than budget.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

15. Increase \$4.5m due to expected surplus of capital expenditure against capital grant funds.
16. No managed fund investments expected to be redeemed in 2009-10;
17. Expenditure on Smart State Medical Research Centre of \$21.9 million in 2009-10, \$14.3 million in 2008-09; \$1 million budget for upgrade of Financial Management Systems.

# Health Quality and Complaints Commission

## Overview

Established under the Health Quality and Complaints Commission Act (2006), the Health Quality and Complaints Commission (HQCC) is an independent statutory body established to monitor, review and report on the quality of health services; recommend action to improve the quality of health services; manage healthcare complaints and investigations; help consumers and providers to resolve complaints; and preserve and promote health rights.

The HQCC's goal to improve the quality and safety of health services contributes to the Governments *Toward Q2: Tomorrow's Queensland target* and the *Advancing Health Action 2008* ambitions. The 2009-10 estimated Full-Time Equivalent (FTE) positions are 58.3 FTE (permanent) and 11 FTE (temporary).

## Review of Performance

### Recent achievements

- Implemented phase one of the HQCC stakeholder engagement strategy.
- Increased engagement with Aboriginal and Torres Strait Islander peoples.
- Partnered with Smart Service Queensland in delivering HQCC information to regional and remote Queenslanders through the Queensland Government Agent Program.
- Monitored and reported on 226 hospital and day surgery facilities' in alignment with the HQCC's seven standards and compliance with section 20 of the *HQCC Act*.
- Enhanced the standards reporting tool to improve data collection and the user experience.
- Developed a prototype knowledge management (KM) system to identify emerging quality and safety issues.
- Improved the complaints and investigations case management system.
- Trialled a hybrid investigation model to guide collaboration with external agencies, reducing investigation timeframes, increasing cooperation and eliminating duplication.
- Closed five Bundaberg Special Process claims, with three claims awaiting finalisation.
- Relocated with the Queensland Ombudsman, Commission for Children and Young People and Child Guardian, Anti-Discrimination Commission and Commonwealth Ombudsman to create a one stop shop for complaints handling and opportunities for cooperation and organisational efficiencies.

### Future developments

- Implement phase two of the HQCC stakeholder engagement strategy.
- Develop a comprehensive KM framework to improve health quality and safety outcomes through risk mapping as a predictor of performance.
- Develop an online strategy to support enhanced KM and stakeholder engagement.
- Enhance the prototype KM system to support generation of provider profiles.
- Implement an online complaints system.
- Trial a verification framework to confirm provider compliance with the *HQCC Act*.
- After the HQCC released the management of acute myocardial infarction (AMI) standards in 2007, HQCC will now consult with general practitioners and other providers involved in the management of AMI as part of implementation of the AMI standard.
- Review the seven HQCC standards.
- Increase devolution of complaints and investigations where appropriate.
- Increase emphasis on pre-emptive investigations based upon emerging information/data.

# Statements

## Performance Statement

Health Quality and Complaints Commission	Notes	2008-09 Target/Est.	2008-09 Est. Actual	2009-10 Target/Est.
Number of enquiries closed		2,500	2,300	2,300
Number of complaints closed	1	4,000	5,000	5,000
Number of investigations finalised	2	40	85	50
Number of standards released or reviewed		7	7	7
% HQCC investigation recommendations accepted by agency	3	80%	..	..
% of health service providers reporting against standards (hospital and day surgery units)		100%	100%	100%
% of complaints assessed within 90 days of the start of the assessment stage		75%	90%	95%
% of investigations finalised within 12 months	4	50%	70%	70%
<b>State contribution (\$'000)</b>		<b>8,528</b>	<b>8,720</b>	<b>8,570</b>
<b>Other revenue(\$'000)</b>		<b>250</b>	<b>250</b>	<b>200</b>
<b>Total cost (\$'000)</b>		<b>8,778</b>	<b>8,970</b>	<b>8,770</b>

### Notes:

1. The total number of complaints closed includes complaints and enquiries.
2. Additional contract staff were employed in 2008-09 to assist with investigations.
3. HQCC are unable to collect this data at present. HQCC is developing a methodology and information management systems to measure this target. It is anticipated that reporting on this measure will begin in 2010-11.
4. The increase in the percentage of investigations finalised within 12 months was achieved through the employment of additional contract staff.

## Income Statement

Health Quality and Complaints Commission	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>Income</b>				
User charges		..	..	..
Grants and other contributions	1,3	8,528	8,720	8,570
Other revenue		250	250	200
Gains on sale/revaluation of property, plant and equipment and investments				
<b>Total income</b>		<b>8,778</b>	<b>8,970</b>	<b>8,770</b>
<b>Expenses</b>				
Employee expenses	2	6,704	6,896	5,994
Supplies and services		1,946	1,946	2,648
Grants and subsidies		..	..	..
Depreciation and amortisation		100	100	100
Finance/borrowing costs		..	..	..
Other expenses		28	28	28
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
<b>Total expenses</b>		<b>8,778</b>	<b>8,970</b>	<b>8,770</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Statement of Changes in Equity

Health Quality and Complaints Commission	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	..
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
<b>Net income recognised directly in equity</b>		<b>..</b>	<b>..</b>	<b>..</b>
Surplus/(deficit) for the period		..	..	..
<b>Total recognised income and expense for the period</b>		<b>..</b>	<b>..</b>	<b>..</b>
Equity injection/(withdrawal)		..	..	..
Equity adjustments (MoG transfers)		..	..	..
<b>Total movement in equity for period</b>		<b>..</b>	<b>..</b>	<b>..</b>

## Balance Sheet

Health Quality and Complaints Commission	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CURRENT ASSETS</b>				
Cash assets	4,6	3,411	2,440	2,540
Receivables		88	88	88
Other financial assets		..	..	..
Inventories		..	..	..
Other		16	12	12
Non-financial assets held for sale		..	..	..
<b>Total current assets</b>		<b>3,515</b>	<b>2,540</b>	<b>2,640</b>
<b>NON-CURRENT ASSETS</b>				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	7	314	325	225
Intangibles		11	576	576
Other		..	..	..
<b>Total non-current assets</b>		<b>325</b>	<b>901</b>	<b>801</b>
<b>TOTAL ASSETS</b>		<b>3,840</b>	<b>3,441</b>	<b>3,441</b>
<b>CURRENT LIABILITIES</b>				
Payables		370	600	600
Employee benefits obligations	5	323	440	440
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
<b>Total current liabilities</b>		<b>693</b>	<b>1,040</b>	<b>1,040</b>
<b>NON-CURRENT LIABILITIES</b>				
Payables		143	198	198
Employee benefits obligations		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		143	198	198
<b>Total non-current liabilities</b>		<b>836</b>	<b>1,238</b>	<b>1,238</b>
<b>TOTAL LIABILITIES</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>NET ASSETS/(LIABILITIES)</b>		<b>3,004</b>	<b>2,203</b>	<b>2,203</b>
<b>EQUITY</b>				
Capital/contributed equity		1,619	1,619	1,619
Retained surplus/(Accumulated deficit)		1,385	584	584
Reserves:				
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
<b>TOTAL EQUITY</b>		<b>3,004</b>	<b>2,203</b>	<b>2,203</b>

## Cash Flow Statement

Health Quality and Complaints Commission	Notes	2008-09 Budget \$'000	2008-09 Est. Act. \$'000	2009-10 Estimate \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Inflows:</b>				
User charges		..	..	..
Grants and other contributions		8,528	8,720	8,570
Other		250	250	200
<b>Outflows:</b>				
Employee costs	8,10	(6,704)	(6,896)	(5,994)
Supplies and services	9,11	(1,946)	(1,946)	(2,648)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(28)	(28)	(28)
<b>Net cash provided by/(used in) operating activities</b>		<b>100</b>	<b>100</b>	<b>100</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
<b>Outflows:</b>				
Payments for property, plant and equipment and intangibles		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
<b>Net cash provided by/(used in) investing activities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Inflows:</b>				
Borrowings		..	..	..
Equity injections		..	..	..
<b>Outflows:</b>				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
<b>Net cash provided by/(used in) financing activities</b>		<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>		<b>100</b>	<b>100</b>	<b>100</b>
<b>Cash at the beginning of financial year</b>		<b>3,311</b>	<b>2,340</b>	<b>2,440</b>
Cash transfers from restructure		..	..	..
<b>Cash at the end of financial year</b>		<b>3,411</b>	<b>2,440</b>	<b>2,540</b>



# **Explanation of Variances in the Financial Statements**

## **Health Quality and Complaints Commission**

### **Income statement**

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

1. The 2008-09 Est Actual is more than the 2008-09 budget due to the effect of the enterprise bargaining funding transfer which occurred in 2008-09.
2. Increase in Employee expenses due to increase in additional temporary staff to implement key projects outlined in the Parliamentary review of the Health Quality and Complaints Commission.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

3. Decrease in Grants and other contributions Estimate due to one off funding for relocation to 53 Albert Street.

### **Balance sheet**

Major variations between 2008-09 Budget and 2008-09 Estimated Actual include:

4. The decrease reflects the 2007-08 year end balance flow through effect.
5. The increase in employee benefits is due to number of temporary staff.

Major variations between 2008-09 Budget and 2009-10 Estimate include:

6. Reduction in Cash assets due to increase in temporary staffing to implement key projects outlined in the Parliamentary review of the Health Quality and Complaints Commission.
7. Reduction in property, plant and equipment relates to the one off purchase of equipment for new premises at 53 Albert Street.

### **Statement of cash flows**

Major variations between 2008-09 Budget and 2009-10 Estimate include:

8. Reduction in employee costs attributed to a decrease in temporary staffing costs.
9. Increased Supplies and services reflects estimated increases in relocating to new premises.

Major variations between 2008-09 Estimated Actual and the 2009-10 Estimate include:

10. Reduction in employee costs attributed to a decrease in temporary staffing costs.
11. Increased Supplies and services reflects estimated increases in relocating to new premises.