# PART 17

# Department of Health

### Summary of departmental portfolio budgets

| Page | Agency | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| 3-118 | Department of Health - controlled | 9,037,031 | 9,260,404 | 9,990,242 |
| | Department of Health - administered | 24,076 | 24,599 | 25,005 |
| 3-143 | Queensland Institute of Medical Research | 77,541 | 72,842 | 77,109 |
| 3-149 | Health Quality and Complaints Commission | 8,770 | 9,462 | 9,843 |

Note:
1. Explanations of variances are provided in the financial statements.

# DEPARTMENTAL OVERVIEW

## MINISTERIAL RESPONSIBILITY

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

## STRATEGIC ISSUES

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

Queensland Health's strategic priorities are:

- *Making Queenslanders healthier* with a focus on the promotion and protection of the health of all Queenslanders and the prevention of ill health by supporting healthy behaviours and lifestyle choices, improving access to cancer screening programs, managing preventable environmental health hazards, preventing and controlling communicable diseases and maintaining vaccination rates
- *Meeting Queenslanders' healthcare needs safely and sustainably* by addressing the challenge of meeting the healthcare needs of Queenslanders across the spectrum of care including the expansion of services available in the primary care setting, expansion of hospital and related services to meet the needs of a growing population and improving patient care, safety and patient outcomes
- *Reducing health service inequities across Queensland* by providing greater access to health services for specific population groups most at risk including closing the gap on health outcomes for rural and remote and Indigenous Queenslanders and improving access to mental health services across Queensland
- *Developing our staff and enhancing organisational performance* by valuing the role of people and resources in the organisation and the implementation of performance management, governance and accountability systems to best achieve the strategic priorities of the department.

The challenges for Queensland Health into the future include changing the community's focus to the prevention of illness and maintenance of good health; managing the complex process of care delivery by ensuring the right services are provided in the right place; building public confidence in the healthcare system; providing a seamless transition for patients as they move across healthcare providers and settings; attracting and retaining skilled professionals in rural and remote areas and specialist services and managing the growing demand for services within the economic and financial environment.

The Australian Government is a major contributor to the delivery of public health services. The funding reforms endorsed by the Council of Australian Governments in 2010, will deliver an additional $484.5 million operational and $257.4 million capital funding to Queensland over the next four years to support specific reform areas including emergency department access, elective surgery waiting lists, sub-acute care, health workforce reform, preventive health and health infrastructure.

## 2010-11 HIGHLIGHTS

In 2010-11 Queensland Health's budget will grow to $9.99 billion, an increase of 10.5% on the 2009-10 Budget. The department's capital program in 2010-11 will see $1.634 billion invested in health infrastructure.

*National Health and Hospitals Network Agreement*: Under the Health and Hospitals reform funding package endorsed by the Council of Australian Governments, Queensland will invest $484.5 million operational and $257.4 million capital funding over four years including the following:

- total funding of $102.5 million operational and $48 million capital over four years to facilitate improved emergency department waiting times and the achievement of a new National Access Target to ensure patients are admitted, deferred or discharged within four hours of presentation to an emergency department, where it is clinically appropriate to do so
- total funding of $132.9 million operational and $27.6 million capital over four years to implement access targets for elective surgery so that by December 2014, 95% of patients waiting for surgery in categories 1 and 2 will be treated within clinically recommended times, and category 3 patients by December 2015. This includes capital funding of $14.6 million over two years which has been allocated to the Nambour General Hospital interim service enhancements
- total funding of $199 million operational and $128 million capital funding over four years to establish new sub-acute beds in the areas of rehabilitation, sub-acute, mental health and palliative care
- $37.7 million capital funding over three years to increase hospital capacity and improve services to patients in the areas of emergency departments, elective surgery and sub-acute care through a funding pool
- $16.1 million capital funding over four years to expand multi-purpose services including increasing sub-acute bed numbers so elderly patients will be cared for in more appropriate aged care facilities across rural and regional Queensland.

*Regional Cancer Centres:* $194.5 million operational and $179.3 million capital funding over four years will be invested by the Government and Australian Government to provide new or upgraded cancer centres throughout Queensland including:

- enhancement to cancer services in North Queensland with 26 additional chemotherapy chairs, two additional linear accelerators and a Positron Emission Tomography scanner at Townsville and enhanced tele-oncology and chemotherapy treatment services at Mt Isa
- expansion of medical oncology services in Southern Queensland through the recruitment of additional medical, nursing and Allied Health staff, increase in the number of treatment spaces and the number of inpatient beds at Toowoomba with outreach services to be provided by the Princess Alexandra Hospital
- enhancement of regional cancer services to Central Queensland by increasing staff numbers, beds and day treatment spaces at Rockhampton, Bundaberg and Hervey Bay with outreach services to be provided by the Royal Brisbane and Women's Hospital.

*Children's Hearing Services:* $5.5 million additional funding in 2010-11 ($16.5 million over four years) to deliver:

- an increased number of cochlear implants to children in public hospitals
- expanded early intervention services to the children of Queensland with each child to receive the appropriate and timely follow-up therapy to ensure that their speech and language outcomes are optimised

- community development programs in Northern Queensland for Indigenous children to receive enhanced access to therapy services
- additional Auditory-Verbal therapy services through the private sector and funding to support the expansion of clinical space to the Hear and Say Centre.

*Sunshine Coast Interim Service Enhancements:* Total funding of $111.6 million operational over four years and $26.1 million capital over two years to enhance services on the Sunshine Coast, including:
- a new cardiac catheterisation laboratory, endoscopy and vascular surgery suites and improvements to neurosurgery services at the Nambour General Hospital (Capital funding provided by the Australian Government under the National Health and Hospitals Network agreement)
- Caloundra Hospital emergency department will increase clinical capability and capacity to meet rising demand until the opening of the Sunshine Coast University Hospital
- enhanced access to radiation oncology services for public patients
- increased access to a dedicated aero medical retrieval service.

*Priority Capital Program:* $6.85 million capital funding in 2010-11 ($121.2 million over four years) will be invested in a Priority Capital Program which will enable minor refurbishments and/or renewal activities on buildings and engineering services, additional ICT infrastructure and equipment replacement.

*Persistent Pain Strategy:* $39.1 million operational funding over four years to implement the *Statewide Persistent Pain Health Services Strategy 2010-15*, with four pilot sites to commence over two years from 2010-11 at the Gold Coast, Townsville, Princess Alexandra Hospital and Nambour General Hospital.

*Mental Health Stigma Campaign:* $8.5 million operational funding over four years to launch a mental health social marketing campaign through statewide mass advertising, community engagement and education activities to raise awareness of mental health issues.

*James Cook University Dental School Training Facilities*: $25 million additional funding contribution in 2010-11 ($45 million total funding over four years) towards building and operating dental clinic training facilities at the James Cook University Cairns and Townsville campuses.

*Queensland Institute of Medical Research:* $7.8 million additional funding in 2010-11 ($31.2 million total funding over four years) to support the Queensland Institute of Medical Research.

In 2010-11 Queensland Health has also committed to:
- progressing the new Queensland Children's Hospital, Gold Coast University Hospital and other major hospital expansions at Cairns, Mackay, Mt Isa, Robina, Rockhampton and Townsville at a total cost of $4.836 billion
- progressing developments on the Sunshine Coast including the new Sunshine Coast University Hospital (SCUH) to be opened with 450 beds in 2016, increasing to 738 beds by 2021 at a total cost of $1.972 billion and a co-located private Hospital on the SCUH site to open in 2013
- providing 'faster emergency care in our hospitals' by advancing expansions of adult and/or paediatric emergency departments at The Prince Charles, Logan, QEII, Toowoomba, Ipswich, Caboolture and Redland Hospitals at a total cost of $140.4 million

- completing a range of capital projects including the Cairns Base Hospital and Robina Hospital emergency department upgrades, Princess Alexandra Hospital redevelopment, Bundaberg Hospital expansion, Toowoomba Birthing Centre, Middlemount Community Health Centre, expanded oral health facilities at Gladstone and staff accommodation at Moranbah at a total cost of $167.5 million.

## RECENT ACHIEVEMENTS

Funding in 2009-10 enabled Queensland Health to progress a range of initiatives including:

*Cancer services:* investment in Cancer services enabled:
- the relocation of the Cairns Base Hospital Cancer Care Services Day Oncology Unit which allowed for the expansion of clinical treatment areas from seven to 12
- additional treatment sessions in Rockhampton through an increase in the number of visiting oncology and haematology specialists and the commissioning of additional chemotherapy chairs within the existing space to meet demand
- the provision of funding to five non-government organisations at Townsville (two), Cairns (two) and Toowoomba to develop proposals to build or enhance accommodation for patients travelling to receive treatment for cancer, heart disease and other illnesses
- the opening of the Cancer Council Queensland's new $2 million Central Queensland Cancer Support Centre in Rockhampton with a $1 million contribution from the State Government.

*Nurse Practitioners:* an additional 13.8 FTE nurse practitioners commenced in 2009-10 at various locations across Queensland and 24 Registered Nurses commenced the 2010 Master Nurse Practitioner program in speciality areas such as emergency departments, chronic disease, rural and remote and aged care.

*Mental Health:* achievements from the Queensland Plan for Mental Health include:
- commencement of construction of a 20 bed Community Care Unit at Coorparoo and a nine bed High Secure Unit at The Park – Centre for Mental Health
- planning for a 20 bed Acute Unit and 23 bed Medium Secure Unit at Caboolture
- near completion of a five bed Older Persons Extended Treatment Unit in Nambour
- the purchase of land for a 20 bed Community Care Unit at Redland Bay and a 15 bed Adolescent Extended Treatment Unit (near Redland Hospital) to replace the Barrett Adolescent Centre.

*Pandemic (H1N1) Supplementary Funding:* $6.5 million operational and $3.5 million capital funding was provided in 2009-10 to supplement the costs incurred in addressing the 2009 Pandemic (H1N1 Influenza Virus) including the purchase of an additional 55 ventilators and other equipment to support the increased demand on Intensive Care Units.

*Surgery Connect:* The Queensland Government aims to reduce the waiting time of long wait elective surgery patients through internal capacity expansion and outsourcing to the private sector. Since its inception in 2007, the Surgery Connect program has facilitated the treatment of more than 17,000 patients with 3,288 patients treated between 1 July 2009 and 31 March 2010 inclusive. This initiative is supported by $110 million in funding over three years from 2009-10.

*Mums and Bubs:* Newborn and Family Drop-in clinics have been established in 18 communities across Queensland to provide specialist advice to new parents on a range of issues, such as infant feeding and settling, infant development and bonding and parenting concerns.

*Capital Infrastructure:* investments in health infrastructure enabled:

- the completion of the new Capricorn Coast Hospital and Health Service in Yeppoon, the new Residential Aged Care Facility at Nambour, the Yarrabah Primary Health Care Centre and hospital redevelopments at Ingham and Innisfail
- the ongoing construction of the new Gold Coast University Hospital and other major hospital redevelopments at Cairns, Mackay, Mt Isa, Townsville, Robina, Rockhampton and Nambour
- the staged expansion of the adult emergency department at Cairns to provide additional treatment capacity, the continued expansion of the Bundaberg Base Hospital and detailed planning and design for expanded adult emergency services at Ipswich, Toowoomba, Redland, QEII and Logan
- the commencement of early works on the new Queensland Children's Hospital and the paediatric emergency department at The Prince Charles Hospital and detailed planning for new and improved paediatric emergency services at Ipswich, Caboolture, Redland and Logan
- rehabilitation and step down facilities have been expanded with the completion of renovations to Eventide Nursing Home at Sandgate and a new rehabilitation building at Rockhampton Base Hospital
- early works commenced on the new Translational Research Institute at the Princess Alexandra Hospital campus which will focus on a wide range of health and medical research areas including cancer, melanoma, liver and kidney disease, malaria, HIV, osteoporosis, obesity, arthritis and diabetes.

## DEPARTMENTAL SERVICES

The Government's Performance Management Framework is being progressively implemented. The Framework no longer uses the concepts of 'outputs' and 'performance measures' that were previously used in Service Delivery Statements. They are replaced with 'services' and 'service standards'. These terms are defined in the Budget Readers' Guide. Together, they begin to provide information about how efficiently and effectively agencies deliver services within their approved Budget.

All agencies reviewed their service structures and service standards as part of this transition year. Approved changes are included in this year's Service Delivery Statement. Results against measures that have been discontinued are included in Appendix A (Book 5 of the Service Delivery Statements) for this year only. A key aspect of improving performance information is reviewing performance data. As such, each year agencies will continue to review and improve their service standards to provide better information on the effectiveness and efficiency of their services.

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

### Prevention, Promotion and Protection

This service 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 service 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 service 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 service 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 service 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 service 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 service spans the health continuum through the provision of mental health promotion and prevention activities (including suicide prevention strategies), community-based services, acute inpatient services and extended treatment services. Mental health reform is guided by the *Fourth National Mental Health Plan* and the *Queensland Plan for Mental Health 2007-2017*. The aim of mental health services is to promote the mental health of the community, prevent the development of mental health problems where possible, and to provide timely access to assessment and treatment services.

## STAFFING[1]

| Service | Notes | 2009-10 Adjusted Budget | 2009-10 Est. actual | 2010-11 Estimate |
|---|---|---|---|---|
| **Services**[2,3] | | | | |
| Prevention, Promotion and Protection | | 3,296 | 3,330 | 3,420 |
| Primary Health Care | | 2,666 | 2,704 | 2,810 |
| Ambulatory Care | | 12,467 | 12,606 | 12,990 |
| Acute Care | | 31,228 | 31,598 | 32,604 |
| Rehabilitation and Extended Care | | 4,691 | 4,747 | 4,907 |
| Integrated Mental Health Services | | 6,077 | 6,140 | 6,307 |
| **Total services** | | **60,425** | **61,125** | **63,038** |
| **Total** | | **60,425** | **61,125** | **63,038** |

Notes:
1. Full-time equivalents (FTEs) as at 30 June.
2. Corporate FTEs are allocated across the services to which they relate.
3. Effective 1 July 2009, Queensland Health Shared Service Provider was incorporated into Queensland Health – controlled. Queensland Health Shared Service Provider FTEs are allocated across the services to which they relate.

## 2010-11 SERVICE SUMMARY[1]

| Service area | Total cost $'000 | Sources of revenue | | | |
|---|---|---|---|---|---|
| | | State Contribution[2] $'000 | User charges $'000 | C'wealth revenue $'000 | Other revenue $'000 |
| Prevention, Promotion and Protection | 511,927 | 293,481 | 19,209 | 194,325 | 4,912 |
| Primary Health Care | 567,268 | 486,539 | 1,615 | 77,385 | 1,729 |
| Ambulatory Care | 1,990,279 | 1,340,058 | 120,514 | 521,831 | 7,876 |
| Acute Care | 5,179,166 | 3,285,505 | 453,050 | 1,417,306 | 23,305 |
| Rehabilitation and Extended Care | 851,578 | 439,164 | 37,289 | 287,567 | 87,558 |
| Integrated Mental Health Services | 890,024 | 581,036 | 13,884 | 292,617 | 2,487 |
| **Total**[3] | **9,990,242** | **6,425,783** | **645,561** | **2,791,031** | **127,867** |

Notes:
1. Explanations of variances are provided in the financial statements.
2. Amounts shown as State Contribution may not reconcile to Service Revenue in the financial statements. Service Revenue now includes payments from the Australian Government 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 Service revenue or Equity injection.
3. Queensland Health Shared Service Provider Sources of revenue and total cost are allocated across the Service area to which they relate.

# DEPARTMENTAL STATEMENTS

## PERFORMANCE STATEMENT

| Service standards | Notes | 2009-10 Target/est. | 2009-10 Est. actual | 2010-11 Target/est. |
|---|---|---|---|---|
| **Service: Prevention, Promotion and Protection** | | | | |
| Percentage of the Queensland population who: | 1 | | | |
| • consume recommended amounts of fruit and vegetables | 2 | 9% | 8.45% | 9% |
| • engage in levels of physical activity for health benefit | 3 | 56% | 54% | 56% |
| • consume alcohol at risky and high risk levels | 4 | 11% | 11.4% | 11% |
| • smoke tobacco | | 15% | 15.5% | 15% |
| • adopt ultraviolet (UV) protective behaviours | 5 | 95% | 96% | 96% |
| Percentage of target population screened for: | | | | |
| • breast cancer | 6 | 57.5% | 57.4% | 57.5% |
| • cervical cancer | 7 | 59.5% | 59.8% | 60.0% |
| • bowel cancer | 8 | 42.5% | 41.4% | 41.4% |
| Vaccination rates at designated milestones for: | 9 | | | |
| • all children aged 2 years | | 92% | 90.8% | 92% |
| • Aboriginal and Torres Strait Islander children aged 2 years | | 92% | 90.5% | 92% |
| • Year 8 female students for Human Papilloma Virus (HPV) | 10 | 75% | 65% | 75% |
| New notifications of HIV infection | 11 | 185 | 185 | 190 |
| Percentage of Queensland population, meeting the requirements of the *Water Fluoridation Act 2008*, that receive fluoridated water from reticulated water supplies | 12 | 80% | 80% | 84% |
| Percentage and number of fall related hospitalisations for older people (aged over 65 years) in Queensland | 13,14 | 4.3%<br>21,546 | 2.7%<br>13,584 | 2.8%<br>14,076 |
| Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter | 15 | New measure | 60.8% | 60.8% |
| Number of high risk complaints investigated and the risk controlled | 16 | New measure | 865 | 865 |
| **State contribution ($000)** | | **357,396** | **279,333** | **293,481** |
| **Other revenue ($000)** | | **165,081** | **196,570** | **218,446** |
| **Total cost ($000)** | 17,18 | **522,477** | **475,903** | **511,927** |
| **Service: Primary Health Care** | | | | |
| Number of calls to 13 HEALTH (information and teletriage service) | 19 | 230,000 | 251,000 | 283,000 |
| Percentage of calls to 13 HEALTH (information and teletriage service) answered within 20 seconds | 19,20 | 80% | 83.16% | 80% |
| Number of children and adolescents oral health occasions of service (0-15 years) | 21,22 | 560,000 – 580,000 | 460,000 | 560,000 – 570,000 |
| Number of adult oral health weighted occasions of service (ages 16+) | 22,23 | 1,900,000 – 2,100,000 | 1,900,000 | 1,900,000 – 2,000,000 |

| Service standards | Notes | 2009-10 Target/est. | 2009-10 Est. actual | 2010-11 Target/est. |
|---|---|---|---|---|
| Number and age standardised rate of potentially preventable admitted patient episodes of care: | 24,25, 26,27,28 | | | |
| • Non-Aboriginal and Torres Strait Islander patients | | No: 124,000<br>Rate: 30 | No: 120,488<br>Rate: 27.9 | No: 125,000<br>Rate: 27 |
| • Aboriginal and Torres Strait Islander patients | 29,31 | No: 7,750<br>Rate: 83.4 | No: 8,330<br>Rate: 85.7 | No. 7,577<br>Rate: 81.1 |
| Percentage of women who, during their pregnancy were smoking after 20 weeks: | 24,28,30 | | | |
| • Non-Aboriginal and Torres Strait Islander women | | 14% | 13.1% | 12.5% |
| • Aboriginal and Torres Strait Islander women | 29 | 48.2% | 46.8% | 46% |
| **State contribution ($000)** | | **375,266** | **449,784** | **486,539** |
| **Other revenue ($000)** | | **60,861** | **71,508** | **80,729** |
| **Total cost ($000)** | 17,18 | **436,127** | **521,292** | **567,268** |
| | | | | |
| **Service: Ambulatory Care** | | | | |
| Total number of non-admitted occasions of service (including emergency services): | 24,32 | 11,000,000 - 11,500,000 | 10,872,652 | 10,500,000 – 11,000,000 |
| • Emergency services | | | 1,562,613 | |
| • Speciality clinics | 33 | | 3,408,080 | |
| • Diagnostic and outreach services | | | 5,901,959 | |
| Total non-admitted weighted activity units: | 34 | 250,000 – 275,000 | 262,261 | 250,000 – 275,000 |
| • Emergency services | | | 27,982 | |
| • Speciality clinics | | | 223,225 | |
| • Diagnostic and outreach services | | | 11,054 | |
| Percentage of women who gave birth and had 5 antenatal visits or more in the antenatal period: | 24 | | | |
| • Non-Aboriginal and Torres Strait Islander women | | 92% | 91.6% | 92.5% |
| • Aboriginal and Torres Strait Islander women | 29,35 | 78% | 76.6% | 84.5% |
| Proportion of patients attending emergency departments treated within standard timeframes for: | 36,37 | | | |
| • Category 1 (immediate) | | 100% | 98% | 100% |
| • Category 2 (within 10 minutes) | | 80% | 75% | 80% |
| • Category 3 (within 30 minutes) | | 75% | 58% | 75% |
| • Category 4 (within 1 hour) | | 70% | 62% | 70% |
| • Category 5 (within 2 hours) | | 70% | 85% | 70% |
| **State contribution ($000)** | | **1,250,886** | **1,261,337** | **1,340,058** |
| **Other revenue ($000)** | | **565,406** | **582,996** | **650,221** |
| **Total cost ($000)** | 17,18 | **1,816,292** | **1,844,333** | **1,990,279** |
| | | | | |
| **Service: Acute Care** | | | | |
| Acute admitted patient episodes of care | 24,25,38 | 850,000 – 890,000 | 888,432 | 900,000 – 950,000 |
| Acute admitted patient weighted activity units | 34,40 | 830,000 – 850,000 | 875,084 | 850,000 – 880,000 |
| Patient Days | 24,41 | 2,500,000 – 2,900,000 | 2,552,176 | 2,500,000 – 2,900,000 |

| Service standards | Notes | 2009-10 Target/est. | 2009-10 Est. actual | 2010-11 Target/est. |
|---|---|---|---|---|
| Number of available bed and available bed alternatives for public acute hospitals | 24,42 | 10,350 – 10,400 | 10,460 | 10,700 – 10,750 |
| Percentage of patients admitted from emergency departments within 8 hours | 43 | 65% | 66% | 80% |
| Percentage of admitted patients discharged against medical advice: | 24,44,45 | | | |
| • Non-Aboriginal and Torres Strait Islander patients | | 0.75% | 0.98% | 1.0% |
| • Aboriginal and Torres Strait Islander patients | 29 | 2.05% | 3.26% | 2.48% |
| Percentage of clinical indicator VLAD reviews (triggered as a result of variation from State average) completed within approved timeframes | 46 | 100% | 53% | 100% |
| Number of days waited at the 50th percentile for elective surgery: | 39,47 | | | |
| • Category 1 (30 days) | | .. | 11 | .. |
| • Category 2 (90 days) | | .. | 43 | .. |
| • Category 3 (365 days) | | .. | 85 | .. |
| Number of days waited at the 90th percentile for elective surgery: | 47 | | | |
| • Category 1 (30 days) | | 30 | 34 | 30 |
| • Category 2 (90 days) | | 90 | 119 | 90 |
| • Category 3 (365 days) | | 365 | 349 | 365 |
| Average cost per weighted activity unit for acute admitted patients | 48 | $4,500 - $4,800 | $4,600 | $5,000 - $5,300 |
| **State contribution ($000)** | | **3,037,865** | **3,059,985** | **3,285,505** |
| **Other revenue ($000)** | | **1,670,260** | **1,748,365** | **1,893,661** |
| **Total cost ($000)** | 17,18 | **4,708,125** | **4,808,350** | **5,179,166** |
| | | | | |
| **Service: Rehabilitation and Extended Care** | | | | |
| Sub and non acute patient days (including Maintenance care, Rehabilitation and Palliative Care) | 24,41 | 460,000 – 480,000 | 512,446 | 520,000 – 530,000 |
| Sub and non acute weighted activity units | 34,40 | 92,000 | 112,857 | 100,000 – 120,000 |
| Average number of public hospital beds occupied each day by nursing home type patients | 24,49 | 400 | 375 | 375 |
| Number of State Government Residential Aged Care Facilities and services meeting National Accreditation Standards | 50 | 20 | 20 | 20 |
| Average cost per weighted activity unit for sub and non acute patients | 51 | $4,400 - $4,800 | $5,100 | $5,400 - $5,700 |
| **State contribution ($000)** | | **399,092** | **409,044** | **439,164** |
| **Other revenue ($000)** | | **344,922** | **377,944** | **412,414** |
| **Total cost ($000)** | 17,18 | **744,014** | **786,988** | **851,578** |
| | | | | |
| **Service: Integrated Mental Health Services** | | | | |
| Mental health acute admitted patient episodes of care | 52,53 | 14,000 – 15,000 | 14,612 | 14,000 – 15,000 |
| Mental health acute admitted psychiatric care days | 53,54,55 | 190,000 – 200,000 | 220,100 | 190,000 – 200,000 |

| Service standards | Notes | 2009-10 Target/est. | 2009-10 Est. actual | 2010-11 Target/est. |
|---|---|---|---|---|
| Mental health extended treatment accrued mental health care days | 56,57 | 180,000 – 200,000 | 181,256 | 190,000 – 200,000 |
| Weighted activity unit for mental health acute admitted patient episodes of care | 34,40,58 | 55,000 | 63,067 | 60,000 – 75,000 |
| Mental health patients accessing community mental health care | 59,60,61 | 77,000 – 82,000 | 75,860 | 75,000 – 80,000 |
| Community mental health occasions of service | 61,62,63 | 1,300,000 – 1,350,000 | 858,749 | 850,000 – 950,000 |
| Re-admission rate to acute psychiatric care within 28 days of discharge | 64,65,66 | 15% - 20% | 16% | 15% - 20% |
| Rate of community follow-up within 7 days post-discharge from acute inpatient care | 65,67,68 | New measure | 45.4% | 50% - 60% |
| **State contribution ($000)** | | **536,094** | **544,290** | **581,036** |
| **Other revenue ($000)** | | **273,902** | **279,248** | **308,988** |
| **Total cost ($000)** | 17,18 | **809,996** | **823,538** | **890,024** |

Notes:

1. These performance indicators measure risk factors for adult Queenslanders associated with the burden of chronic disease and are reported for persons aged 18 years and older. All indicators are self-reported.
2. The 2010-11 Target/est. is set based on historical trends. This indicator will be revised in 2010-11 to align with the COAG endorsed indicators of mean daily number of serves of fruit and vegetables.
3. This service standard is for persons aged 18-75 years. The 2010-11 Target/est. is based on historical trends.
4. The 2010-11 Target/est. is set based on historical trends from data collected on a three yearly basis, with the last data collection in 2007. The National Health and Medical Research Council (NHMRC) Alcohol Guidelines 2001 have been used to define risky drinking in this reporting, to provide continuity with previous reports and national and state targets. The NHMRC released new guidelines for Australia in late 2009. These represent major changes that will be applied to drinking prevalence data and inform new service standards and target. Full alignment of reported indicators with the new service standards may take some time. Data will next be collected in mid 2010.
5. 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). The 2009-10 Est. actual is derived from usual reported behaviour in summer. Where as previous data was derived from usual reported behaviours on sunny days when outside for at least 15 minutes. The 2010-11 Target/est. is based on historical trends. This indicator will be revised in 2010-11 to align with the Toward Q2 defined sun safety indicator.
6. The 2009-10 Est. actual figure relates to the most recent period for which data has been available and reported (Jan 2007 – Dec 2008). The 2010-11 Target/est. relates to the next reporting period (Jan 2008 – Dec 2009). There has been an increase in the participation rate from 56.4% for the period Jan 2006 to Dec 2007 to 57.4% for the period Jan 2007 to Dec 2008. This increase can be attributed in part to the positive impact of the social marketing campaign and the recruitment of radiographer staff.
7. The 2009-10 Est. actual figure relates to the most recent period for which data has been available and reported (Jan 2007 – Dec 2008). The 2010-11 Target/est. relates to the next reporting period (Jan 2008 – Dec 2009). The increase in participation can be attributed to the positive impact of the social marketing campaign.
8. The 2009-10 Est. actual figure relates to the most recent period for which data has been available and reported (1 Jan 2008 - 31 Dec 2008). This figure is based on unpublished Australian Institute of Health and Welfare (AIHW) data which uses the Estimated Resident Population as the denominator. The 2009-10 Est. actual is projected to be lower than the 2009-10 Target/Est due to the inclusion of 50 year olds whose response rate is lower than 55 and 65 year olds. However, reporting for people invited in the last three months of the calendar year is influenced heavily by lag times to complete the Faecal Occult Blood Test (FOBT) kit; therefore, participation rates are likely to be understated. The National Bowel Cancer Screening Program (NBCSP) was suspended for six months between May and Nov 2009 due to a fault with the FOBT kit. Replacement FOBT kits were issued from 4 Nov 2009 and the potential impact of this remediation on participation rates are unclear. The 2010-11 Target/est. therefore remains the same as the 2009-10 Est. actual.
9. Coverage data for two year olds are reported quarterly by the Australian Childhood Immunisation Register (ACIR). Data for this report are calculated from the September 2009 and December 2009 quarters. While fluctuations are expected in vaccination coverage, rates for these cohorts dropped in this period due to the ACIR using different criteria for some of the vaccines reported.
10. HPV coverage for Year eight female students is based on estimates for dose three vaccinations. The target of 75% is consistent with targets for other vaccines delivered in the school program and with national targets for the program. The reported rates are preliminary as data are still being validated. This program will take some time to establish and it is expected that rates will improve over time. High coverage of multi-dose vaccination courses presents major challenges, particularly in the adolescent cohort. Uptake drops with each successive dose (coverage for dose 1 HPV is approximately 75.7%).
11. The 2009-10 and 2010-11 Target/est. have been set higher than previous due to known increases in 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). Queensland Health is implementing multi-strategy initiatives for STI and HIV/AIDS prevention aimed at improving health outcomes for people in high risk groups.

12. Over the next three years the water fluoridation project will increase access to fluoridated water to more than 90% of the Queensland population (as specified in the Water Fluoridation Act 2008) by 2012. The 2009-10 Target/est. is consistent with the calendar year rollout that required SEQ Water to be fluoridated by the end of 2009, and identified non-SEQ local governments to be completed in 2010. The 2010-11 Target/est. is based on the anticipated rollout by 31 December 2010.
13. The service standard provides an indication of the trends over time in effectively preventing falls and preventable hospitalisation. The 2009-10 Est. actual figure relates to the most recent period for which data is available and reported (Jul 2007 – Jun 2008) and using fall trends since 2000, adjusted for the relevant estimated population (2009). The 2010-11 Target/est is based on a similar methodology, including trends in estimated population change.
14. The decrease in the 2009-10 Est. actual and the 2010-11 Target/est. compared to the 2009-10 Target/est. is due to realignment of codes for falls to be consistent with national reporting. Independent of this change, the impact of the ageing population, increased number of people in the high risk bracket, migration of older people to Queensland and natural variation from year to year will affect the estimates. Data relates to hospitalisations for persons 65 years and older and not number of people admitted as the same person can have multiple hospitalisations. It is estimated that the number of older people who are hospitalised with a fall will increase slightly due to the projected increase in population in this age group.
15. BreastScreen Queensland aims to detect early breast cancer, thus ensuring better outcomes for women. The percentage of small invasive cancers (<15mm) in diameter of all invasive cancers detected through BreastScreen Queensland is a new service standard and a good indicator of the BreastScreen Queensland Program's success.
16. Previous performance indicators (Percentage of high risk issues managed through legislation that are investigated and resolved within agreed timeframes) has been amended to reflect the number of high risk complaints investigated and controlled as it represents a key measure for managing public health risk across Queensland. A composite service standard focused on high risk issues requiring immediate intervention by Queensland Health across a range of areas with considerable diversity. Examples of high risk issues 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.
17. Revenue allocated by service ($'s). Subsequent to the production of the 2009-10 Service Delivery Statement a complete review was undertaken of expenditure allocations across the services. A subsequent review has also been undertaken in relation to revenue allocation across services.
18. Effective 1 July 2009, Queensland Health Shared Service Provider was incorporated into Queensland Health – controlled. Queensland Health Shared Service Provider Total cost for 2009-10 Est. actual and 2010-11 Target/estimate are allocated across the services to which they relate.
19. 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 2009-10 can be attributed to the steady increase in call volume year on year due to media alerts, marketing campaigns and increases in services offered to the general public.
20. The increase in the 2009-10 Est. actual compared to the 2009-10 target can be directly linked to the swine flu pandemic in 2009 which required that more staff be rostered on to cope with the additional calls (21,000 more than targeted) and to maintain the grade of service (GOS). The 2010-11 target remains at 80% as it is internationally recognised as a suitable target/GOS (80% of calls answered within 20 seconds) for health call centres.
21. The 2009-10 Est. actual is lower than the 2009-10 Target/est. as there was reduced clinical time available due to staff being trained in the new Information System which is used to electronically collect data. There was also a reduction in the number of dental chairs available due to refurbishments and replacements of mobile dental clinics to ensure compliance with contemporary workplace health and safety and infection control (sterilising) requirements.
22. There are many issues currently affecting the delivery of oral health services e.g. changes in sterilisation practices, changes to workplace health and safety requirements in dental clinics, difficulty in recruitment of staff, inability to backfill, and the impact of the implementation of the Information System for Oral Health into the Child and Adolescent Oral Health Service.
23. A weighted occasion of service (WOOS) is a unit of measure of oral health services activity based on the nominal value of services provided as indicated by treatment item codes which are based on the Australian Dental Association (ADA), Australian schedule of Dental Services and Glossary edition 9 (ADA 2009) and additional codes allocated by Queensland Health. The treatment item codes describe the oral health care delivered to a patient at the appointment or service time.
24. The 2009-10 data are preliminary and involve estimation.
25. 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.
26. Age-standardised rates calculated per 1,000 population are used to increase the comparability when the populations being compared have different age profiles. 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.
27. Age-standardised rates for 2009-10 have been calculated using 2008 Estimated Resident Population (ERP) data and extrapolating to derive 2009 ERP counts. There are also currently no public ERPs for the Indigenous population for 2009. The 2009 Indigenous population was derived by extrapolation from the growth rate between 2007 and 2008.
28. Data pertains to admissions for Queensland residents only.
29. SDS annual targets have been set to align with those targets set in the National Partnership Agreements (NPA) for Closing the Gap in Indigenous Health Outcomes and for Indigenous Early Childhood. SDS targets are based on the achievement of the end targets for Closing the Gap in life expectancy by 2033 and halving the gap in mortality rates for Indigenous children under five by 2018.
30. Smoking is a risk factor for adverse events in pregnancy being associated with low birth weight (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. This aim is to improve the "quit rate" of those mothers who smoke during pregnancy and reduce the gap between non-Indigenous and Indigenous mothers.
31. The 2009-10 Est. actual reflects improved identification of Indigenous people in the data as well as an increase in hospitalisations for vaccine preventable conditions that can be explained by the swine flu pandemic in 2009-10.
32. Occasion of service (OOS) 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 health service facility.

33. OOS include all public acute hospitals but exclude any private practice activity. The 2009-10 Est. actual and 2010-11 Target/est. are lower than the 2009-10 target as it previously included OOS provided by 'dental hospitals' and selected dental clinics operating out of acute hospitals (amounting to ~260,000 OOS annually). Dental OOS are now reported separately.
34. 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).
35. Due to the timeframe (by 2018) that Queensland Health has agreed to reach this NPA target, there needs to be a significant change over a shorter period hence the 6.5% increase in the target since 2009-10. Queensland Health has implemented a number of measures that will assist in achieving this performance indicator / COAG target by 2018.
36. 2009-10 data is preliminary and represents 1 July 2009 to 28 February 2010 only. Includes data from 27 Queensland emergency department reporting hospitals, which represents approximately 80% of all emergency activity in Queensland.
37. Target/est. based on the clinically recommended times for treatments specified by the Australian College for Emergency Medicine and applied nationally as a performance benchmark.
38. All figures are "acute" admitted patient episodes (including qualified newborns) from public acute hospitals.
39. Targets/benchmarks are not included for this service standard as there are no national benchmarks at the 50th percentile, however the service standard has been included (without a target) as it is a nationally used standard measure.
40. The 2009-10 Est. actual is higher than the target as major hospitals have been responding to existing public demand for inpatient services, which was greater than the 2009-10 Target/est. The increase in the number of available beds has also contributed to the increase in activity.
41. 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.
42. 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.
43. There is no state or national benchmark for this service standard. The 2010-11 Target/est has been set to align with Queensland's goal to improve access to admitted patient services through the Patient Flow Strategy. Data is preliminary and represents 1 July 2009 to 28 February 2010 inclusive. Includes data from 27 Queensland Emergency Department Reporting Hospitals, which represents approximately 80% of all emergency activity in Queensland.
44. Strong evidence shows that patients discharging from hospital against medical advice are at high risk of being readmitted 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.
45. The 2009-10 Target/est. cannot be directly compared to the 2009-10 Est. actual or 2010-11 Target/est. due to a change in the indicator methodology. The change is to reflect a more accurate way of counting the measure. Previously, factors such as deceased patients and those receiving renal dialysis were included in the denominator. The 2009-10 Est. actual and the 2010-11 Target/est. have been amended to exclude these factors.
46. Variable Life Adjusted Displays (VLADs) are a clinical indicator monitoring tool providing opportunity for improving the quality of services provided. Variance between the 2009-10 Target/est. and the 2009-10 Est. actual is due to the variable maturity/experience of the Districts to conduct and report a VLAD review. A slight improvement from 2008-09 (37%) to 2009-10 (53%) has occurred as a result of improved local review processes and the introduction of a new information system in late 2009 assisting hospitals in completing VLAD reviews and monitoring their review status. The introduction of the new IT system is expected to further improve % of reviews completed with approved timeframes in 2010-11 along with the introduction of the new VLAD review process map which will provide hospitals with a consistent process for use as a guide when conducting a VLAD review.
47. 2009-10 Est. actual figures use preliminary data for the 1 July 2009 to 31 January 2010 inclusive. This performance indicator reports the 50$^{th}$ and 90$^{th}$ percentiles of the number of days patients waited for elective surgery. Targets have been set according to the clinically recommended waiting time for each category for the 90$^{th}$ percentile only. The aim is to have fewer days waited at the 50$^{th}$ and 90$^{th}$ percentile. Includes data from 32 Queensland Elective Surgery Reporting Hospitals, which represents approximately 95% of all elective surgery activity in Queensland.
48. The 2009-10 Est. actual and 2010-11 Target/est. for the average cost per WAU has escalated due to increases in costs related to enterprise bargaining agreements and non-labour.
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. Each residential aged care facility is required to meet the Accreditation Standards legislated under the Aged Care Act 1997, in order to maintain accreditation status and provide assurance of quality of care.
51. The increase in 2009-10 Est. actual and 2010-11 Target/est. is a result of improvements made in counting and the better identification of rehabilitation and extended care services. The increase also takes into account escalations for enterprise bargaining and non-labour cost increase.
52. 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.
53. The 2009-10 estimates have been calculated on a pro-rata basis from the July 2009 to December 2009 figures. Episodes in which the patient was admitted and discharged on the same day are excluded.
54. 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 overnight separations during the reference period.
55. 2009-10 Est. actual is higher than anticipated due to a large number of separations from the acute units of one facility with extended lengths of stay. However, this service standard is preliminary and is based on six months of data.
56. Mental health extended treatment accrued mental health care days are the total number of admitted patient care days provided in a designated extended treatment mental health service within the reference period. However, the data 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.
57. The 2009-10 estimates have been calculated pro rata from the 1 July 2009 to 28 February 2010.

58. The WAUs are the value for acute and extended treatment ward days in designated mental health wards of casemix funded facilities in 2009-10.
59. Title has been changed since last reporting to accurately identify what we are measuring.
60. Community mental health care refers to specialist mental health care provided by community mental health services and hospital-based ambulatory care services (across all mental health target populations [general, child and youth, older persons and forensic]). The 2009-10 Est. actual has been calculated on a pro-rata basis using data trends for the period July 2006 to December 2009.
61. This service standard was previously calculated uniquely at the Mental Health Network level. However, since the introduction of the state-wide clinical information system in November 2008 (Consumer Integrated Mental Health Application (CIMHA))), the service standard can be calculated uniquely at a state-wide level. The 2009-10 Target/est. was not met as it was based on data that included some duplication of consumer records due to multiple databases and statistical linkage work on 2006-07 data. The 2010-11 Target/est. set lower than previous to reflect improved reporting.
62. A community mental health occasion of service 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 specialist community mental health services and hospital-based ambulatory care services (across all mental health target populations (general, child and youth, older persons and forensic).
63. Transition to the new state-wide clinical information system in November 2008 has impacted on the reporting of activity data. This is primarily due to a range of data entry, system performance and other change management issues rather than change in access to or output of services. The Mental Health Directorate initiated strategies to address these issues but as a consequence the capacity to accurately predict activity for 2009-10 was limited. It is anticipated that these issues will continue to impact upon data entry in 2010-11.
64. A readmission is defined as a subsequent overnight or longer stay for the patient in the adult acute designated psychiatric unit of the original hospital that begins within 28 days of the original discharge.
65. 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.
66. The estimated 2009-10 volumes have been calculated pro rata from the July 2009 to October 2009 data.
67. This service standard refers to the number of separations from the mental health service organisation's general acute inpatient unit(s) for which a public sector community mental health service contact was recorded in the seven days immediately following that separation.
68. The identified target is an annual target, with the expectation that services will continue to work towards a higher longer-term target that would be considered appropriate clinical practice.

## INCOME STATEMENT[1]

| Department of Health | Notes | 2009-10 Adjusted Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **Income** | | | | |
| Service revenue | 2,10,19 | 8,326,338 | 8,369,986 | 9,092,426 |
| User charges | 3,11 | 465,268 | 647,430 | 645,561 |
| Grants and other contributions | 4,12 | 166,618 | 215,628 | 223,080 |
| Other revenue | 5,13 | 78,807 | 27,360 | 29,175 |
| Gains on sale/revaluation of property, plant and equipment and investments | | .. | .. | .. |
| **Total income** | | **9,037,031** | **9,260,404** | **9,990,242** |
| **Expenses** | | | | |
| Employee expenses | 6,14,20 | 5,884,149 | 5,945,736 | 6,475,188 |
| Supplies and services | 7,15,21 | 2,160,526 | 2,285,896 | 2,379,089 |
| Grants and subsidies | 8,16,22 | 573,574 | 590,781 | 676,522 |
| Depreciation and amortisation | 17,23 | 329,367 | 350,409 | 370,232 |
| Finance/borrowing costs | | .. | .. | .. |
| Other expenses | 9,18 | 85,415 | 85,031 | 87,211 |
| Losses on sale/revaluation of property, plant and equipment and investments | | 4,000 | 2,551 | 2,000 |
| **Total expenses** | | **9,037,031** | **9,260,404** | **9,990,242** |
| **OPERATING SURPLUS/(DEFICIT)** | | **..** | **..** | **..** |

## STATEMENT OF CHANGES IN EQUITY[1]

| Department of Health | Notes | 2009-10 Adjusted Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| Net effect of the changes in accounting policies and prior year adjustments | | .. | .. | .. |
| Increase/(decrease) in asset revaluation reserve | 24,28 | 119,057 | (338,721) | 117,538 |
| Net amount of all revenue and expense adjustments direct to equity not disclosed above | | .. | .. | .. |
| **Net income recognised directly in equity** | | **119,057** | **(338,721)** | **117,538** |
| Surplus/(deficit) for the period | | .. | .. | .. |
| **Total recognised income and expense for the period** | | **119,057** | **(338,721)** | **117,538** |
| Equity injection/(withdrawal) | 25,27,29 | 955,145 | 805,292 | 1,180,280 |
| Equity adjustments | 26 | .. | 56,500 | .. |
| **Total movement in equity for period** | | **1,074,202** | **523,071** | **1,297,818** |

## BALANCE SHEET[1]

| Department of Health | Notes | 2009-10 Adjusted Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CURRENT ASSETS** | | | | |
| Cash assets | 30,43,56 | 101,632 | 135,587 | 144,628 |
| Receivables | 31,44 | 292,578 | 300,736 | 303,793 |
| Other financial assets | | .. | .. | .. |
| Inventories | 32,45 | 95,172 | 122,035 | 123,556 |
| Other | 33 | 61,603 | 69,833 | 69,856 |
| Non-financial assets held for sale | | .. | .. | .. |
| **Total current assets** | | **550,985** | **628,191** | **641,833** |
| **NON-CURRENT ASSETS** | | | | |
| Receivables | 34,46 | .. | 14,200 | 14,673 |
| Other financial assets | 35,47,57 | 20,000 | 26,529 | 40,519 |
| Property, plant and equipment | 36,48,58 | 7,174,640 | 6,358,664 | 7,705,143 |
| Intangibles | 37,49,59 | 140,515 | 109,495 | 116,493 |
| Other | | 9,259 | 13,140 | 13,140 |
| **Total non-current assets** | | **7,344,414** | **6,522,028** | **7,889,968** |
| **TOTAL ASSETS** | | **7,895,399** | **7,150,219** | **8,531,801** |
| **CURRENT LIABILITIES** | | | | |
| Payables | 38,50,60 | 346,257 | 268,989 | 282,049 |
| Accrued employee benefits | 39,51 | 326,250 | 216,754 | 216,959 |
| Interest-bearing liabilities and derivatives | 40,52,61 | .. | 17,900 | 70,151 |
| Provisions | | .. | .. | .. |
| Other | | 6,754 | 8,947 | 8,947 |
| **Total current liabilities** | | **679,261** | **512,590** | **578,106** |
| **NON-CURRENT LIABILITIES** | | | | |
| Payables | | .. | .. | .. |
| Accrued employee benefits | | .. | .. | .. |
| Interest-bearing liabilities and derivatives | 53,62 | .. | 14,200 | 32,573 |
| Provisions | | .. | .. | .. |
| Other | | 1,419 | 1,776 | 1,651 |
| **Total non-current liabilities** | | **1,419** | **15,976** | **34,224** |
| **TOTAL LIABILITIES** | | **680,680** | **528,566** | **612,330** |
| **NET ASSETS/ (LIABILITIES)** | | **7,214,719** | **6,621,653** | **7,919,471** |
| **EQUITY** | | | | |
| Capital/contributed equity | 41,54,63 | 2,912,689 | 2,809,976 | 3,990,256 |
| Retained surplus/(accumulated deficit) | | 2,389,460 | 2,393,543 | 2,393,543 |
| Reserves: | | | | |
| - Asset revaluation reserve | 42,55,64 | 1,912,570 | 1,418,134 | 1,535,672 |
| - Other (specify) | | .. | .. | .. |
| **TOTAL EQUITY** | | **7,214,719** | **6,621,653** | **7,919,471** |

## CASH FLOW STATEMENT[1]

| Department of Health | Notes | 2009-10 Adjusted Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Service receipts | 65,79,93 | 8,326,338 | 8,369,986 | 9,092,426 |
| User charges | 66,80 | 450,702 | 635,764 | 633,544 |
| Grants and other contributions | 67,81 | 166,618 | 215,628 | 223,080 |
| GST input tax credits received | | 165,874 | 165,874 | 165,874 |
| Other | 68,82 | 78,331 | 26,884 | 28,699 |
| **Outflows:** | | | | |
| Employee costs | 69,83,94 | (5,883,944) | (6,245,531) | (6,474,983) |
| Supplies and services | 70,84,95 | (2,160,292) | (2,286,783) | (2,380,017) |
| GST paid on purchases | | (166,233) | (166,233) | (166,233) |
| Grants and subsidies | 71,85,96 | (573,574) | (590,781) | (676,522) |
| Borrowing costs | | .. | .. | .. |
| Other | 72,86 | (61,606) | (61,001) | (62,789) |
| **Net cash provided by/(used in) operating activities** | | **342,214** | **63,807** | **383,079** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Sales of property, plant and equipment | 73 | .. | 1,137 | .. |
| Investments redeemed | | .. | .. | .. |
| Loans and advances redeemed | | .. | .. | .. |
| **Outflows:** | | | | |
| Payments for property, plant and equipment | 74,87,97 | (1,207,062) | (869,318) | (1,584,242) |
| Payments for intangibles | 75,88,98 | (87,081) | (41,060) | (25,928) |
| Payments for investments | 76,89,99 | .. | (6,529) | (13,990) |
| Loans and advances made | | (309) | (309) | (309) |
| **Net cash provided by/(used in) investing activities** | | **(1,294,452)** | **(916,079)** | **(1,624,469)** |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Borrowings | 77,90,100 | .. | 17,900 | 70,151 |
| Equity injections | 78,91,101 | 1,123,585 | 994,774 | 1,389,584 |
| **Outflows:** | | | | |
| Borrowing redemptions | | .. | .. | .. |
| Finance lease payments | | .. | .. | .. |
| Equity withdrawals | 92,102 | (168,440) | (189,482) | (209,304) |
| **Net cash provided by/(used in) financing activities** | | **955,145** | **823,192** | **1,250,431** |
| **Net increase/(decrease) in cash held** | | **2,907** | **(29,080)** | **9,041** |
| **Cash at the beginning of financial year** | | **98,725** | **164,667** | **135,587** |
| Cash transfers from restructure | | .. | .. | .. |
| **Cash at the end of financial year** | | **101,632** | **135,587** | **144,628** |

## ADMINISTERED INCOME STATEMENT

| Department of Health | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **Revenues** | | | | |
| Commonwealth grants | | .. | .. | .. |
| Taxes, fees and fines | | 50 | 50 | 50 |
| Royalties, property income and other territorial Revenue | | .. | .. | .. |
| Interest | | .. | .. | .. |
| Administered revenue | 1,3,6 | 24,069 | 24,592 | 24,998 |
| Other | | .. | .. | .. |
| **Total revenues** | | **24,119** | **24,642** | **25,048** |
| **Expenses** | | | | |
| Supplies and services | | .. | .. | .. |
| Depreciation and amortisation | | .. | .. | .. |
| Grants and subsidies | 2,4,7 | 16,448 | 17,001 | 17,896 |
| Benefit payments | | .. | .. | .. |
| Borrowing costs | 5,8 | 7,621 | 7,591 | 7,102 |
| Other | | 7 | 7 | 7 |
| **Total expenses** | | **24,076** | **24,599** | **25,005** |
| **Net surplus or deficit before transfers to Government** | | **43** | **43** | **43** |
| **Transfers of administered revenue to Government** | | **43** | **43** | **43** |
| **OPERATING SURPLUS/(DEFICIT)** | | **..** | **..** | **..** |

## ADMINISTERED BALANCE SHEET

| Department of Health | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CURRENT ASSETS** | | | | |
| Cash assets | | 63 | 78 | 78 |
| Receivables | 9,13 | 7,300 | 7,802 | 7,802 |
| Inventories | | .. | .. | .. |
| Other | | .. | .. | .. |
| Non-financial assets held for sale | | .. | .. | .. |
| **Total current assets** | | **7,363** | **7,880** | **7,880** |
| **NON-CURRENT ASSETS** | | | | |
| Receivables | 10,14,17 | 105,298 | 104,812 | 96,503 |
| Other financial assets | | .. | .. | .. |
| Property, plant and equipment | | .. | .. | .. |
| Intangibles | | .. | .. | .. |
| Other | | .. | .. | .. |
| **Total non-current assets** | | **105,298** | **104,812** | **96,503** |
| **TOTAL ADMINISTERED ASSETS** | | **112,661** | **112,692** | **104,383** |
| **CURRENT LIABILITIES** | | | | |
| Payables | | 3 | .. | .. |
| Transfers to Government payable | | 59 | 97 | 97 |
| Interest-bearing liabilities | 11,15 | 7,300 | 7,783 | 7,783 |
| Other | | 1 | .. | .. |
| **Total current liabilities** | | **7,363** | **7,880** | **7,880** |
| **NON-CURRENT LIABILITIES** | | | | |
| Payables | | .. | .. | .. |
| Interest-bearing liabilities | 12,16,18 | 105,298 | 104,812 | 96,503 |
| Other | | .. | .. | .. |
| **Total non-current liabilities** | | **105,298** | **104,812** | **96,503** |
| **TOTAL ADMINISTERED LIABILITIES** | | **112,661** | **112,692** | **104,383** |
| **ADMINISTERED NET ASSETS/(LIABILITIES)** | | **..** | **..** | **..** |
| **EQUITY** | | | | |
| Capital/Contributed equity | | .. | .. | .. |
| Retained surplus/(Accumulated deficit) | | .. | .. | .. |
| Reserves: | | | | |
| - Asset revaluation reserve | | .. | .. | .. |
| - Other (specify) | | .. | .. | .. |
| **TOTAL ADMINISTERED EQUITY** | | **..** | **..** | **..** |

## ADMINISTERED CASH FLOW STATEMENT

| Department of Health | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Administered item receipts | 19,21,25 | 24,069 | 24,592 | 24,998 |
| Grants and other contributions | | .. | .. | .. |
| Taxes, fees and fines | | 50 | 50 | 50 |
| Royalties, property income and other territorial revenues | | .. | .. | .. |
| Other | | (7) | (7) | (7) |
| **Outflows**: | | | | |
| Transfers to Government | | (43) | (43) | (43) |
| Grants and subsidies | 20,22,26 | (16,448) | (17,001) | (17,896) |
| Supplies and services | | .. | .. | .. |
| Borrowing costs | | (7.621) | (7,591) | (7,102) |
| Other | | .. | .. | .. |
| **Net cash provided by/(used in) operating activities** | | **..** | **..** | **..** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | |
| **Inflows**: | | | | |
| Sales of property, plant and equipment | | .. | .. | .. |
| Investments redeemed | | .. | .. | .. |
| Loans and advances redeemed | 23,27 | 7,790 | 7,796 | 8,309 |
| **Outflows**: | | | | |
| Payments for property, plant and equipment and intangibles | | .. | .. | .. |
| Payments for investments | | .. | .. | .. |
| Loans and advances made | | .. | .. | .. |
| **Net cash provided by/(used in) investing activities** | | **7,790** | **7,796** | **8,309** |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | |
| **Inflows**: | | | | |
| Borrowings | | .. | .. | .. |
| Equity injections | | .. | .. | .. |
| **Outflows**: | | | | |
| Borrowing redemptions | 24,28 | (7,790) | (7,796) | (8,309) |
| Finance lease payments | | | | |
| Equity withdrawals | | .. | .. | .. |
| **Net cash provided by/(used in) financing activities** | | **(7,790)** | **(7,796)** | **(8,309)** |
| **Net increase/(decrease) in cash held** | | **..** | **..** | **..** |
| **Administered cash at beginning of financial year** | | **63** | **78** | **78** |
| Cash transfers from restructure | | .. | .. | .. |
| **Administered cash at end of financial year** | | **63** | **78** | **78** |

# EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

1. 2009-10 Adjusted Budget reflects inclusion of the Queensland Health Shared Service Provider (QHSSP) into Queensland Health controlled.

## Income statement

Major variations between 2009-10 Adjusted Budget and 2009-10 Estimated actual include:

2. Increase in Service revenue is associated with increased depreciation funding, funding carried forward from 2008-09 for enterprise bargaining arrangements and Australian Government funded elective surgery. Funding has been provided for Pandemic (H1N1) 2009 and wage arrangements for non-Government organisations. The increase is offset by reduced funding as Australian Government funding for essential vaccines was lower than forecast, Commonwealth Dental Health Program funding was not realised and Queensland Health's contribution to whole-of-Government agreements for Microsoft enterprise licencing and Microsoft Premier Support.
3. Increase is due to the inclusion of revenue received from the Australian Government for the provision of high cost drugs. Greater than expected revenue was received from the Department of Veterans' Affairs and other State Governments to cover costs from providing services to patients normally resident in other states. Greater than expected revenue was also received through the Pharmaceutical Benefits Scheme (PBS).
4. Increase is due to Australian Government funded Transition Care Program and higher than expected revenue from other Government departments.
5. Decrease in other revenue as on-cost reimbursements for Annual Leave Central Scheme (ALCS) and Long Service Leave Central Scheme (LSLCS) will no longer be recognised as revenue and will be credited against expenditure.
6. Increase in employee expense is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining arrangements. The increase is offset by on-cost reimbursements for ALCS and LSLCS credited against salaries and wages.
7. Increase is associated with the purchase of supplies and services to support higher than forecast expenditure for existing and new initiatives.
8. Increase is due to higher than forecast expenditure for existing initiatives, additional expenditure to support new initiatives and wage arrangements for non-Government organisations.
9. Decrease in other expenses is due to lower than forecast sundry expenditure for existing and new initiatives.

Major variations between 2009-10 Adjusted Budget and 2010-11 Estimate include:

10. Increase in Service revenue is for More Beds for Hospitals, the James Cook University Dental School Clinical Training, Australian Government funded Specific Purpose Payments (SPP), mental health service delivery, enterprise bargaining arrangements, associated with increased depreciation funding, increased service revenue associated with the LSLCS and Australian Government funds for the National Health and Hospitals Network Elective Surgery, Emergency Departments and Sub-Acute Care.
11. Increase is due to the inclusion of revenue received from the Australian Government for the provision of high cost drugs. Greater than expected revenue was received from other State Governments to cover costs from providing services to patients normally resident in other states, the Department of Veterans' Affairs, and the PBS.
12. Increase is due to Australian Government funded Transition Care Program and higher than expected revenue from other Government departments.
13. Decrease in other revenue as on-cost reimbursements for both ALCS and LSLCS will be credited against expenditure.
14. Increase in employee expenses is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining arrangements. The increase is offset by on-cost reimbursements for ALCS and LSLCS credited against salaries and wages.
15. Increase is associated with the purchase of supplies and services to support health service delivery for new and existing initiatives.
16. Increased expense is due to grants supporting the provision of clinical facilities for the new James Cook University Dental School, increased grants for the Queensland Institute of Medical Research (QIMR) and increased funding and wage arrangements for non-Government organisations.
17. Depreciation expense increases with additional capital investment.
18. Other expenses increase is due to sundry expenditure for existing and new initiatives.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

19. Increase in Service revenue is due to More Beds for Hospitals, the James Cook University Dental School Clinical Training, Australian Government funded SPP, mental health service delivery, enterprise bargaining arrangements, associated with increased depreciation funding, increased service revenue associated with the LSLCS and Australian Government funds for the National Health and Hospitals Network Elective Surgery, Emergency Departments and Sub-Acute Care.
20. Increase in employee expenses is associated with wage arrangements under enterprise bargaining arrangements, additional recruitment and increased expenditure for new and existing initiatives.
21. Increase is associated with the purchase of supplies and services to support health service delivery for new and existing initiatives.
22. Increased expense is due to grants supporting the provision of clinical facilities for the James Cook University Dental School, increased grants for QIMR and increased funding and wage arrangements for non-Government organisations.
23. Depreciation expense increases with additional capital investment.

## Statement of changes in equity

Major variations between 2009-10 Adjusted Budget and 2009-10 Estimated actual include:

24. Decrease as a result of reduction in asset values due to the outcomes of comprehensive revaluations and a negative indexation factor applied to the remaining buildings that were not comprehensively revalued.
25. Decrease in Equity is due to capital project deferrals including Queensland Children's Hospital, Robina Hospital Expansion, Sunshine Coast Health Service District additional bed capacity, Mackay Base Hospital Redevelopment and other capital projects

26. Increase is due to transfer of buildings from Department of Employment, Economic Development and Innovation to Queensland Health at the Coopers Plains Food and Health Services Precinct.

Major variations between 2009-10 Adjusted Budget and 2010-11 Estimate include:

27. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, Translational Research Institute (TRI) and information and communication technology (ICT) Infrastructure.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

28. Increase is due to adjustments in asset values due to the outcomes of comprehensive revaluations and an expected positive indexation factor applied to the remaining buildings that were not comprehensively revalued.
29. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals and TRI.

## Balance sheet

Major variations between 2009-10 Adjusted Budget and 2009-10 Estimated actual include:

30. Increase due to movements in accruals.
31. The 2008-09 closing balance was higher than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
32. Increase is due to 2008-09 financial year closing inventory balance flowing through to 2009-10 Est. actual.
33. The 2008-09 closing balance was higher than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
34. Increase is due to lease by CSIRO at Coopers Plains Food and Health Services Precinct.
35. Increase is due to investment by Government in TRI.
36. Reduction is due to deferrals in the capital program including Queensland Children's Hospital, Robina Hospital Expansion, Sunshine Coast Health Service District additional bed capacity, Mackay Base Hospital Redevelopment and other capital projects, as well as downward movement in valuation of buildings.
37. The 2008-09 closing balance was lower than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
38. The 2008-09 closing balance was lower than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
39. The decrease is due an adjustment for salaries and wages accrual, reduced from an accrual of 16 days in 2008-09 to an accrual of two days in 2009-10.
40. Increase is due to pre-payment of lease payments by the TRI.
41. Decrease reflects the deferral of equity related to the capital program.
42. Decrease is due to a reduction in the asset values due to outcomes of comprehensive revaluations and a negative indexation factor for remaining buildings that were not comprehensively revalued.

Major variations between 2009-10 Adjusted Budget and 2010-11 Estimate include:

43. Increase due to movements in accrual.
44. The 2008-09 closing balance was higher than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
45. Increase is due to 2008-09 financial year closing inventory balance flowing through to 2009-10 and 2010-11.
46. Increase is due to lease by CSIRO at Coopers Plains Food and Health Services Precinct.
47. Increase is due to investment by Government in TRI.
48. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, TRI and expected upward movement in valuation of buildings.
49. Decrease is due to deferrals related to software development.
50. The 2008-09 closing balance was lower than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
51. The decrease is due an adjustment for salaries and wages accrual, reduced from an accrual of 16 days in 2008-09 to an accrual of two days in 2009-10.
52. Increase is due to pre-payment of lease payments by the TRI.
53. Increase is due to reclassification of pre-paid lease payments by the TRI from current to non-recurrent.
54. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals and TRI.
55. Decrease is due reduction in asset values due to the outcomes of comprehensive revaluations and a negative indexation factor for remaining buildings that were not comprehensively re-valued.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

56. The increase in cash is due to operating activities.
57. Increase is due to investment by government in TRI.
58. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, TRI and expected upward movement in valuation of buildings.
59. Increase is due to expected increase in software development.
60. The 2008-09 closing balance was higher than the 2009-10 Budget. The variance is reflected in the 2009-10 Est. actual.
61. Increase is due to pre-payment of lease payments by the TRI.
62. Increase is due to reclassification of pre-paid lease payments by the TRI from current to non-current.
63. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, TRI and ICT Infrastructure.
64. Increase is due to expected upward movement in comprehensive revaluation and an expected positive indexation figure for remaining buildings.

## Cash flow statement

Major variations between 2009-10 Adjusted Budget and 2009-10 Estimated actual include:

65. Increase in Service receipts is associated with increased depreciation funding, funding carried forward from 2008-09 for enterprise bargaining arrangements and Australian Government funded elective surgery. Funding has been provided for Pandemic (H1N1) 2009 and wage arrangements for non-Government organisations. The increase is offset by reduced funding as Australian Government funding for essential vaccines was lower than forecast, Commonwealth Dental Health

Program funding was not realised and Queensland Health's contribution to whole-of-Government agreements for Microsoft enterprise licencing and Microsoft Premier Support.

66. Increase is due to the inclusion of revenue received from the Australian Government for the provision of high cost drugs. Greater than expected revenue was received from the Department of Veterans' Affairs and other State Governments to cover costs from providing services to patients normally resident in other states. Greater than expected revenue was also received through the PBS.
67. Increase is due to Australian Government funded Transition Care Program and higher than expected inflows from other Government departments.
68. Decrease in other revenue as on-cost reimbursements for ALCS and LSLCS will no longer be recognised as revenue and will be credited against expenditure.
69. The increased outflow in salary and wages is due to there being a 27th fortnight pay day in 2009-10.
70. Increase is associated with the purchase of supplies and services to support higher than forecast expenditure for existing and new initiatives.
71. Increase is due to higher than forecast expenditure for existing initiatives, additional expenditure to support new initiatives and wage arrangements for non-Government organisations.
72. Lower than forecast sundry expenses for existing and new initiatives.
73. Increase due to sale of several properties.
74. Reduction due to deferrals for property, plant and equipment associated with Queensland Children's Hospital, Robina Hospital Expansion, Sunshine Coast Health Service District additional bed capacity, Mackay Base Hospital Redevelopment and other capital projects.
75. Decrease in Intangibles due to deferrals related to software development.
76. Increase due to investment by Government in TRI.
77. Increase due to pre-payment of lease payments by the TRI.
78. Reduction due to deferrals in the capital program including Queensland Children's Hospital, Robina Hospital Expansion, Sunshine Coast Health Service District additional bed capacity, Mackay Base Hospital Redevelopment and other projects.

Major variations between 2009-10 Adjusted Budget and 2010-11 Estimate include:

79. The increase in Service receipts is for More Beds for Hospitals, the James Cook University Dental School Clinical Training, Australian Government funded Specific Purpose Payments (SPP), mental health service delivery, enterprise bargaining arrangements, increased depreciation funding, increased costs associated with the LSLCS and Australian Government funds for the National Health and Hospitals Network Elective Surgery, Emergency Departments and Sub-Acute Care.
80. Increase is due to the inclusion of revenue received from the Australian Government for the provision of high cost drugs. Greater than expected revenue was received from other State Governments to cover costs from providing services to patients normally resident in other states, the Department of Veterans' Affairs, and the PBS.
81. Increase is due to Australian Government funded Transition Care Program and higher than expected revenue from other Government departments.
82. Decrease in other revenue as on-cost reimbursements for ALCS and LSLCS will no longer be recognised as revenue and will be credited against expenditure.
83. Increase in Employee costs is associated with additional recruitment, increased costs for new and existing initiatives and increased expenditure for enterprise bargaining arrangements. The increase is offset by on-cost reimbursements for ALCS and LSLCS credited against salaries and wages.
84. Increase is associated with the purchase of supplies and services to support health service delivery for new and existing initiatives.
85. Increased expense due to grants supporting the provision of clinical facilities for the new James Cook University Dental School, increased grants for QIMR and increased funding and wage arrangements for non-Government organisations.
86. Other expenses increase is due to sundry expenditure for existing and new initiatives.
87. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, and TRI.
88. Decrease in Intangibles due to deferrals related to software development.
89. Increase due to investment by Government in TRI.
90. Increase due to pre-payment of lease payments by the TRI.
91. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, and TRI.
92. Increase in Equity withdrawal due to the return of cash for depreciation funding.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

93. Increase in Service receipts is due to More Beds for Hospitals, the James Cook University Dental School Clinical Training, Australian Government funded SPP, mental health service delivery, enterprise bargaining arrangements, increased depreciation funding, increased costs associated with the LSLCS and Australian Government funds for the National Health and Hospitals Network Elective Surgery, Emergency Departments and Sub-Acute Care.
94. Increase is associated with wage arrangements under enterprise bargaining arrangements, additional recruitment and costs for new and existing initiatives.
95. Increased expenditure associated with the purchasing of supplies and services to support health service delivery.
96. Increase is due to grants supporting the provision of clinical facilities for the James Cook University Dental School, increased grants for QIMR and increased funding and wage arrangements for non-Government organisations.
97. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, and TRI.
98. Decrease in Intangibles due to deferrals related to software development.
99. Increase due to investment by Government in TRI.
100. Increase due to pre-payment of lease payments by the TRI.
101. Increase reflects investment in the capital program including Gold Coast University Hospital, Queensland Children's Hospital, Mackay Base Hospital, Faster Emergency Care in our Hospitals, and TRI.
102. Increase in Equity Withdrawal due to the return of cash for depreciation funding.

## Administered income statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
1. Increase is due to funding provided for the Health Quality and Complaints Commission (HQCC) for wage increases under the enterprise bargaining framework.
2. Increase is due to on-payment of funding from the State Government by a grant to the HQCC for wage increases.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
3. Increase is due to funding provided for the HQCC for wage increases under the enterprise bargaining framework.
4. Increase is due to on-payment of funding from the Government by a grant to the HQCC for wage increases.
5. Decrease in interest associated with borrowings from Queensland Treasury Corporation (QTC) for the public component of the Mater Hospital redevelopment.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
6. Increase is due to funding provided for HQCC for wage increases under the enterprise bargaining framework.
7. Increase is due to on-payment of funding from the Government by a grant to the HQCC for wage increases.
8. Decrease in interest associated with the borrowings from QTC for the public component of the Mater Hospital redevelopment.

## Administered balance sheet

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
9. Increase reflects the transfer from non-current of the current receivable portion of the loan for the Mater Hospital for the redevelopment of the public hospital component.
10. Decrease reflects the transfer from non-current of the current receivable portion of the loan for the Mater Hospital for the redevelopment of the public hospital component.
11. Increase reflects the transfer from non-current of the current payable portion of the borrowings to QTC for the Mater Hospital redevelopment loan.
12. Decrease due to the transfer from non-current of the current payable portion of the borrowings to QTC for the Mater Hospital redevelopment loan.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
13. Increase reflects the transfer from non-current of the current receivable portion of the loan for the Mater Hospital for the redevelopment of the public hospital component.
14. Decrease reflects the repayment of the advance to the Mater Hospital with the repayment funded by Government and the transfer from non-current of the current receivable portion of the advance to the Mater Hospital.
15. Increase reflects the transfer from non-current of the current payable portion of the borrowings to QTC for the Mater Hospital redevelopment loan.
16. Decrease reflects the repayment of the borrowings to QTC for the Mater Hospital redevelopment loan and the transfer from non-current of the current payable portion of the borrowings to QTC.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
17. Decrease reflects the repayment of advance to the Mater Hospital.
18. Decrease reflects the repayment of borrowings to QTC of Mater Hospital redevelopment.

## Administered cash flow statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
19. Increase due to HQCC wage increases under the enterprise bargaining framework.
20. Increase due to grant associated with the HQCC wage increases under the enterprise bargaining framework.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
21. Increase due to HQCC wage increases under the enterprise bargaining framework.
22. Increase due to grant associated with the HQCC wage increases under the enterprise bargaining framework.
23. Increase due to full year repayment from Mater for advance of borrowings from QTC for funding the public component of the Mater Hospital redevelopment.
24. Increase due to repayments for loan from QTC for the Mater Hospital redevelopment.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
25. Increase due to HQCC wage increases under the enterprise bargaining framework.
26. Increase due to grant associated with the HQCC wage increases under the enterprise bargaining framework.
27. Increase due to full year repayment from Mater for advance of borrowings from QTC for funding the public component of the Mater Hospital redevelopment.
28. Increase due to Repayments for loan from QTC for the Mater Hospital redevelopment.

# 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 through QGen, QIMR's manufacturing facility for cell therapy. QIMR conducts medical research that aligns with the Government's *Smart State Strategy 2005–2015* and *Toward Q2: Tomorrow's Queensland* ambitions of Healthy – *Making Queenslanders Australia's healthiest people* and Strong – *Creating a diverse economy powered by bright ideas*. This is evident by the research undertaken by QIMR within the following research divisions and programs:

- Infectious Diseases
- Immunology
- Cancer and Cell Biology
- Human Genetics and Population Health
- Indigenous Health Research Program
- Mental Health Unit

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

In 2010-11, QIMR will receive funding of $14 million from the Government, an increase of $7.8 million from 2009-10. In addition the QIMR Trust will contribute $4.4 million, to fund QIMR research activities. These grants enable QIMR to successfully bid for competitive peer-reviewed medical research grants. The two largest funders of research to 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, the Queensland Tropical Health Alliance 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
- leading world-class research and encouraging innovation
- 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
- staffing of QIMR with 440 full-time equivalents at present
- establishing a Mental Health Division.

## REVIEW OF PERFORMANCE

### Recent achievements

QIMR's recent achievements include:

- clinical trials for a vaccine to combat the Group A Streptococcus (GAS) bacteria
- donor antigen presenting cells found to cause graft versus host disease in bone marrow transplantation patients
- the genetic risk of schizophrenia found to be the result of thousands of common genetic variations common to schizophrenia and bipolar disorder
- identification of four new arboviruses from Antarctica
- mapping the major chromosomes of *Giardia duodenali*; a common parasite that is often contracted from untreated water sources causing diarrhoea and vomiting
- mapping of the genome of *Schistosoma japonicum*; the first flatworm to be mapped
- mitigating dengue risk in areas in southern Vietnam through the use of community based, biological control interventions to control the number of dengue spreading mosquito larvae
- showed that the bacteria Wolbachia effectively shortens the life cycle of the mosquito Aedes aegypti, preventing it from spreading dengue fever
- the identification of elevated serum hyaluronic acid levels as a new diagnostic marker for the detection of cirrhosis in patients with haemochromatosis, removing the need for liver biopsy in 60% of patients.

### 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
- the expansion of the newly formed Mental Health Division which seeks to understand the causes of a range of major mental illnesses, including schizophrenia, bipolar and depression in order to improve detection and treatment
- in partnership with Q-Pharm Pty Ltd, QIMR is completing human trials to test potential new anti-malaria drugs
- the Older Australian Twins Study which aims to find out what influences memory and thinking as people age, in order to develop new approaches to slow the ageing process as well as prevent age-related decline in function and age-related diseases such as Alzheimer's disease
- manufacturing cellular vaccine for Phase I Immunotherapy clinical trials.

## INCOME STATEMENT

| Queensland Institute of Medical Research | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **Income** | | | | |
| User charges | | 6,420 | 5,372 | 5,100 |
| Grants and other contributions | 1,4 | 80,034 | 73,588 | 140,826 |
| Other revenue | | 5,175 | 6,901 | 8,019 |
| Gains on sale/revaluation of property, plant and equipment and investments | 2,5 | 1,859 | 7,966 | .. |
| **Total income** | | **93,488** | **93,827** | **153,945** |
| **Expenses** | | | | |
| Employee expenses | | 42,002 | 41,893 | 42,905 |
| Supplies and services | 3,6 | 27,865 | 24,377 | 27,198 |
| Grants and subsidies | | .. | .. | .. |
| Depreciation and amortisation | | 5,961 | 5,277 | 5,458 |
| Finance/borrowing costs | | .. | .. | .. |
| Other expenses | | 1,713 | 1,295 | 1,548 |
| Losses on sale/revaluation of property, plant and equipment and investments | | .. | .. | .. |
| **Total expenses** | | **77,541** | **72,842** | **77,109** |
| **OPERATING SURPLUS/(DEFICIT)** | | **15,947** | **20,985** | **76,836** |

## STATEMENT OF CHANGES IN EQUITY

| Queensland Institute of Medical Research | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| Net effect of the changes in accounting policies and prior year adjustments | | .. | .. | .. |
| Increase/(decrease) in asset revaluation reserve | | 3,319 | 895 | 904 |
| Net amount of all revenue and expense adjustments direct to equity not disclosed above | | .. | .. | .. |
| **Net income recognised directly in equity** | | **3,319** | **895** | **904** |
| Surplus/(deficit) for the period | | 15,947 | 20,985 | 76,836 |
| **Total recognised income and expense for the period** | | **19,266** | **21,880** | **77,740** |
| Equity injection/(withdrawal) | | .. | .. | .. |
| Equity adjustments (MoG transfers) | | .. | .. | .. |
| **Total movement in equity for period** | | **19,266** | **21,880** | **77,740** |

## BALANCE SHEET

| Queensland Institute of Medical Research | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CURRENT ASSETS** | | | | |
| Cash assets | | 36,084 | 67,698 | 81,428 |
| Receivables | 9 | 14,443 | 6,837 | 6,837 |
| Inventories | | 264 | 276 | 276 |
| Other | | 228 | 666 | 800 |
| Non-financial assets held for sale | | .. | .. | .. |
| **Total current assets** | | **51,019** | **75,477** | **89,341** |
| **NON-CURRENT ASSETS** | | | | |
| Receivables | | .. | .. | .. |
| Other financial assets | | 77,666 | 75,698 | 79,374 |
| Property, plant and equipment | 7,10 | 153,336 | 139,321 | 209,718 |
| Other | | .. | 619 | 619 |
| **Total non-current assets** | | **231,002** | **215,638** | **289,711** |
| **TOTAL ASSETS** | | **282,021** | **291,115** | **379,052** |
| **CURRENT LIABILITIES** | | | | |
| Payables | 8,11 | 65,802 | 79,826 | 90,023 |
| Accrued employee benefits | | 2,131 | 1,155 | 1,155 |
| Interest-bearing liabilities and derivatives | | 29 | 21 | 21 |
| Provisions | | 121 | 121 | 121 |
| Other | | .. | .. | .. |
| **Total current liabilities** | | **68,083** | **81,123** | **91,320** |
| **NON-CURRENT LIABILITIES** | | | | |
| Payables | | .. | .. | .. |
| Accrued employee benefits | | 630 | 786 | 786 |
| Interest-bearing liabilities and derivatives | | .. | .. | .. |
| Provisions | | .. | .. | .. |
| Other | | .. | .. | .. |
| **Total non-current liabilities** | | **630** | **786** | **786** |
| **TOTAL LIABILITIES** | | **68,713** | **81,909** | **92,106** |
| **NET ASSETS/(LIABILITIES)** | | **213,308** | **209,206** | **286,946** |
| **EQUITY** | | | | |
| Capital/contributed equity | | .. | .. | .. |
| Retained surplus/(accumulated deficit) | 12 | 161,330 | 162,414 | 239,250 |
| Reserves: | | | | |
| - Asset revaluation reserve | | 51,978 | 46,792 | 47,696 |
| - Other (specify) | | .. | .. | .. |
| **TOTAL EQUITY** | | **213,308** | **209,206** | **286,946** |

## CASH FLOW STATEMENT

| Queensland Institute of Medical Research | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| User charges | | 6,410 | 5,231 | 5,100 |
| Grants and other contributions | 14,16 | 80,034 | 74,351 | 140,826 |
| Interest received | | .. | 1,429 | 1,374 |
| Other | | 5,093 | 5,624 | 6,645 |
| **Outflows:** | | | | |
| Employee costs | | (41,942) | (42,089) | (42,905) |
| Supplies and services | | (27,865) | (26,859) | (27,332) |
| Grants and subsidies | 15,18 | (9,468) | (5,495) | 10,197 |
| Borrowing costs | | .. | .. | .. |
| Other | | (1,712) | 391 | (1,548) |
| **Net cash provided by/(used in) operating activities** | | **10,550** | **12,583** | **92,357** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Sales of property, plant and equipment | | .. | 11 | .. |
| Investments redeemed | 13 | .. | 13,800 | .. |
| Loans and advances redeemed | | .. | .. | .. |
| **Outflows:** | | | | |
| Payments for property, plant and equipment and intangibles | 17 | (24,896) | (22,217) | (74,951) |
| Payments for investments | | (233) | (2,611) | (3,676) |
| Loans and advances made | | .. | .. | .. |
| **Net cash provided by/(used in) investing activities** | | **(25,129)** | **(11,017)** | **(78,627)** |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Borrowings | | .. | 1 | .. |
| Equity injections | | .. | .. | .. |
| **Outflows:** | | | | |
| Borrowing redemptions | | .. | .. | .. |
| Finance lease payments | | .. | .. | .. |
| Equity withdrawals | | .. | .. | .. |
| **Net cash provided by/(used in) financing activities** | | **..** | **1** | **..** |
| **Net increase/(decrease) in cash held** | | **(14,579)** | **1,567** | **13,730** |
| **Cash at the beginning of financial year** | | **50,663** | **66,131** | **67,698** |
| Cash transfers from restructure | | .. | .. | .. |
| **Cash at the end of financial year** | | **36,084** | **67,698** | **81,428** |

# EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

## Income statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:

1. Income recognised for grants received for the construction of the Smart State Medical Research Centre (SSMRC). SSMRC est. budget for 2009-10 financial year less that budgeted due to delay to the work schedule caused by longer than expected demolition work and final contracts coming in under budget.
2. Gain in market value of managed fund investments greater than the 2% growth assumed in the Budget.
3. Decreases in supplies and services as the number of grants awarded and the associated expenditure was lower than estimated.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

4. Increase in 2010-11 Estimate relate to estimated expenditure for SSMRC ($73.9 million) and a $7.8 million increase from the State Government.
5. Conservative budget assumption of zero market growth of managed funds, compared with returns achieved in 2009-10.
6. Increase due to additional consultant's fees associated with a planned Endowment Fundraising Campaign.

## Balance sheet

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:

7. Decrease in property plant and equipment due to deferred expenditure for the SSMRC ($5.3M in 2008-09 and $3.6M in 2009-10). Building revaluation zero in 2008-09 compared to budget assumption of 3%, offset by reduced depreciation on buildings due to change in useful life.
8. Deferral of expenditure on SSMRC resulted in unexpended Grant funds that were budgeted to be spent in 2008-09 and 2009-10. Expenditure of research grant funds less than income received from granting bodies ($3.5M in 2008-09).
9. Decrease in receivables due to additional resources employed to reduce outstanding debtors and the receipt of National Health and Medical Research Council (NHMRC) Independent Research Institutes Infrastructure Support Scheme (IRIISS) funds budgeted to be received at the beginning of 2009-10 were received prior to end of the 2008-09 financial year.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

10. Increase in property plant and equipment due to the ramp up of 2010-11 estimated expenditure of the SSMRC ($73.9 million).
11. A total of $80.5 million of funding for SSMRC expected to be received during 2010-11, plus earnings on funds invested $3.6 million, less expenditure of $73.9 million.
12. Increases in retained surplus relate to the 2010-11 estimated expenditure of the SSMRC ($73.9M) and additional funding from State Government.

## Cash flow statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:

13. Redemption of managed fund investments to cover core operating costs and SSMRC construction costs.
14. Decrease in grants and other contributions due to income recognised for grants received for the construction of the SSMRC. Construction costs in the 2009-10 financial year was less than budgeted due to delay to the work schedule caused by longer than expected demolition work and final contracts coming in under budget. Expenditure of research grant funds lower than budget.
15. Increase in grants and subsidies resulting from unexpended funds for SSMRC. As expenditure has been lower than Budget, decrease in unexpended funds has been lower than Budget.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:

16. Increase in grants and other contributions as the expenditure for SSMRC is expected to ramp up in 2010-11 ($73.9 million) and additional funding from State Government.
17. 2010-11 estimated expenditure for the SSMRC is $73.9 million in 2010-11.
18. Increase in grants and subsidies due to unexpended funds for SSMRC. In 2009-10 expenditure on SSMRC project will be greater than grant funds received. In 2010-11 grant funds received will be greater than expenditure, resulting in an increase in unexpended grants balance.

# Health Quality and Complaints Commission

## OVERVIEW

The Health Quality and Complaints Commission (HQCC) is an independent statutory body established under the *Health Quality and Complaints Commission Act (2006)* 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 contributes to the Government's *Towards Q2: Tomorrow's Queensland Healthy* ambition – *Making Queenslanders Australia's healthiest people.*

The HQCC continues to develop an early warning system for healthcare in Queensland by analysing its unique data about providers - complaints and investigations, standards compliance reports, and Root Cause Analysis reports. For the first time, this data has been brought together and risk rated to create prototype profiles for Queensland's 227 acute hospitals and day surgeries. These profiles will be verified and shared with local healthcare facilities to identify local and systemic priorities for action. The HQCC will work with stakeholders to facilitate early intervention strategies to prevent patient harm, improve service quality and mitigate risk.

The 2010-11 estimated full-time equivalent (FTE) positions are 69.2 FTE (permanent) and 6.7 FTE (temporary).

## REVIEW OF PERFORMANCE

### Recent achievements

HQCC's recent achievements include:

- managed 1,689 healthcare complaints and 1,768 enquiries between 1 July 2009 and 31 March 2010
- reduced the complaint management timeframes to meet legislated deadlines
- commenced monitoring healthcare provider implementation of investigation recommendations to ensure identified issues have been remedied. As at 31 March 2010, providers had implemented 66% of all recommendations made by the HQCC
- monitored and reported on acute hospital and day surgery compliance with the HQCC's healthcare standards. The HQCC is currently finalising the review and developing impact assessment statements with a view to launching the revised standards on 1 July 2010
- the introduction of a new web-based Standards Reporting Tool for healthcare providers
- the drafting of an online strategy to support the HQCC's early warning system and the development of prototype profiles for acute hospitals and day surgeries.

### Future developments

The HQCC is committed to:

- the ongoing development of early warning system prototype profiles at the individual, facility and system levels
- continuing the full review of the HQCC's healthcare standards.

## DEPARTMENTAL SERVICES

The Government's Performance Management Framework is being progressively implemented. The Framework no longer uses the concepts of 'outputs' and 'performance measures' that were previously used in Service Delivery Statements. They are replaced with 'services' and 'service standards'. These terms are defined in the Budget Readers' Guide. Together, they begin to provide information about how efficiently and effectively agencies deliver services within their approved Budget.

All agencies reviewed their service structures and service standards as part of this transition year. Approved changes are included in this year's Service Delivery Statement. Results against measures that have been discontinued are included in Appendix A (Book 5 of the Service Delivery Statements) for this year only. A key aspect of improving performance information is reviewing performance data. As such, each year agencies will continue to review and improve their service standards to provide better information on the effectiveness and efficiency of their services.

# STATEMENTS

## PERFORMANCE STATEMENT

| Service standards | Notes | 2009-10 Target/est. | 2009-10 Est. actual | 2010-11 Target/est. |
|---|---|---|---|---|
| Number of enquiries and complaints closed | 1 | New measure | 4,300 | 4,300 |
| Number of conciliations closed | 2 | New measure | 140 | 140 |
| Number of investigations closed | 3,4 | 50 | 60 | 50 |
| % of health service providers reporting against standards (hospital and day surgery units) | | 100% | 100% | 100% |
| % of complaints in early resolution closed within 30 days | 5 | New measure | 99% | 100% |
| % of complaints in assessment closed within 90 days | 5 | New measure | 85% | 100% |
| % of investigations closed within 12 months | 3,6 | 70% | 60% | 70% |
| % of complaints in conciliation closed within 12 months | 7 | New measure | 50% | 75% |
| **State contribution ($'000)** | | **8,570** | **9,217** | **9,598** |
| **Other revenue ($'000)** | | **200** | **245** | **245** |
| **Total cost ($'000)** | | **8,770** | **9,462** | **9,843** |

Notes:
1. Two previous standards have been combined to form the one measure.
2. Conciliations were not previously reported. It has been determined that it is appropriate to report conciliations separately.
3. The title of the service standard has been amended to 'investigations closed' from 'investigations finalised' as investigations may be closed for a number of reasons outside of the control of the HQCC so it is a more accurate measure.
4. The 2009-10 Est. actual is higher than anticipated as additional resources were utilised to clear backlogs and to assist with investigations.
5. Actual is lower than anticipated however improved process methodologies have been adopted that will make reaching the Target more achievable in 2010-11.
6. The 2009-10 Est. actual is lower than anticipated as resources were allocated to clear a backlog in Investigations which has skewed this result.
7. Actual is lower than anticipated due to a change in conciliation process which is currently under review by the Commission.

## INCOME STATEMENT

| Health Quality Complaints Commission | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **Income** | | | | |
| User charges | | .. | .. | .. |
| Grants and other contributions | 1,5,8 | 8,570 | 9,217 | 9,598 |
| Other revenue | | 200 | 245 | 245 |
| Gains on sale/revaluation of property, plant and equipment and investments | | .. | .. | .. |
| **Total income** | | **8,770** | **9,462** | **9,843** |
| **Expenses** | | | | |
| Employee expenses | 2,6,9 | 5,994 | 7,035 | 7,290 |
| Supplies and services | 3,7 | 2,648 | 2,019 | 2,095 |
| Grants and subsidies | | .. | .. | .. |
| Depreciation and amortisation | 4 | 100 | 380 | 430 |
| Finance/borrowing costs | | .. | .. | .. |
| Other expenses | | 28 | 28 | 28 |
| Losses on sale/revaluation of property, plant and equipment and investments | | .. | .. | .. |
| **Total expenses** | | **8,770** | **9,462** | **9,843** |
| **OPERATING SURPLUS/(DEFICIT)** | | **..** | **..** | **..** |

## STATEMENT OF CHANGES IN EQUITY

| Health Quality Complaints Commission | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 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 | | .. | .. | .. |
| **Net income recognised directly in equity** | | **..** | **..** | **..** |
| Surplus/(deficit) for the period | | .. | .. | .. |
| **Total recognised income and expense for the period** | | .. | .. | .. |
| Equity injection/(withdrawal) | | .. | .. | .. |
| Equity adjustments (MoG transfers) | | .. | .. | .. |
| **Total movement in equity for period** | | **..** | **..** | **..** |

## BALANCE SHEET

| Health Quality Complaints Commission | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CURRENT ASSETS** | | | | |
| Cash assets | 10,12,14 | 2,540 | 1,489 | 1,919 |
| Receivables | | 88 | 239 | 239 |
| Other financial assets | | .. | .. | .. |
| Inventories | | .. | .. | .. |
| Other | | 12 | 39 | 39 |
| Non-financial assets held for sale | | .. | .. | .. |
| **Total current assets** | | **2,640** | **1,767** | **2,197** |
| **NON-CURRENT ASSETS** | | | | |
| Receivables | | .. | .. | .. |
| Other financial assets | | .. | .. | .. |
| Property, plant and equipment | 11,13,15 | 225 | 2,035 | 1,685 |
| Intangibles | | 576 | 648 | 568 |
| Other | | .. | .. | .. |
| **Total non-current assets** | | **801** | **2,683** | **2,253** |
| **TOTAL ASSETS** | | **3,441** | **4,450** | **4,450** |
| **CURRENT LIABILITIES** | | | | |
| Payables | | 600 | 803 | 803 |
| Accrued employee benefits | | 440 | 769 | 769 |
| Interest-bearing liabilities and derivatives | | .. | .. | .. |
| Provisions | | .. | .. | .. |
| Other | | .. | 139 | 139 |
| **Total current liabilities** | | **1,040** | **1,711** | **1,711** |
| **NON-CURRENT LIABILITIES** | | | | |
| Payables | | 198 | 124 | 124 |
| Accrued employee benefits | | .. | .. | .. |
| Interest-bearing liabilities and derivatives | | .. | .. | .. |
| Provisions | | .. | .. | .. |
| Other | | .. | 1,198 | 1,198 |
| **Total non-current liabilities** | | **198** | **1,322** | **1,322** |
| **TOTAL LIABILITIES** | | **1,238** | **3,033** | **3,033** |
| **NET ASSETS/(LIABILITIES)** | | **2,203** | **1,417** | **1,417** |
| **EQUITY** | | | | |
| Capital/contributed equity | | 1,619 | 1,417 | 1,417 |
| Retained surplus/(accumulated deficit) | | 584 | .. | .. |
| Reserves: | | | | |
| - Asset revaluation reserve | | .. | .. | .. |
| - Other (specify) | | .. | .. | .. |
| **TOTAL EQUITY** | | **2,203** | **1,417** | **1,417** |

## CASH FLOW STATEMENT

| Health Quality Complaints Commission | Notes | 2009-10 Budget $'000 | 2009-10 Est. act. $'000 | 2010-11 Estimate $'000 |
|---|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| User charges | | .. | .. | .. |
| Grants and other contributions | 16,20,23 | 8,570 | 9,217 | 9,598 |
| Other | | 200 | 245 | 245 |
| **Outflows:** | | | | |
| Employee costs | 17,21 | (5,994) | (7,035) | (7,290) |
| Supplies and services | 18,22 | (2,648) | (2,019) | (2,095) |
| Grants and subsidies | | .. | .. | .. |
| Borrowing costs | | .. | .. | .. |
| Other | | (28) | (28) | (28) |
| **Net cash provided by/(used in) operating activities** | 19 | **100** | **380** | **430** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Sales of property, plant and equipment | | .. | .. | .. |
| Investments redeemed | | .. | .. | .. |
| Loans and advances redeemed | | .. | .. | .. |
| **Outflows:** | | | | |
| Payments for property, plant and equipment and intangibles | | .. | .. | .. |
| Payments for investments | | .. | .. | .. |
| Loans and advances made | | .. | .. | .. |
| **Net cash provided by/(used in) investing activities** | | **..** | **..** | **..** |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | |
| **Inflows:** | | | | |
| Borrowings | | .. | .. | .. |
| Equity injections | | .. | .. | .. |
| **Outflows:** | | | | |
| Borrowing redemptions | | .. | .. | .. |
| Finance lease payments | | .. | .. | .. |
| Equity withdrawals | | .. | .. | .. |
| **Net cash provided by/(used in) financing activities** | | **..** | **..** | **..** |
| **Net increase/(decrease) in cash held** | | **100** | **380** | **430** |
| **Cash at the beginning of financial year** | | **2,440** | **1,109** | **1,489** |
| Cash transfers from restructure | | .. | .. | .. |
| **Cash at the end of financial year** | | **2,540** | **1,489** | **1,919** |

# EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

## Income statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
1. Increase due to the effect of the enterprise bargaining funding.
2. Increase due to increase in additional staff to develop an early warning system for healthcare in Queensland.
3. Decrease in supplies and services estimate due to the reduction in agency temporary staff.
4. Increase in depreciation estimate due to a change in methodology from Diminishing Value to Straight Line requested by Queensland Audit Office.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
5. Increase due to the effect of enterprise bargaining funding.
6. Increase in employee expenses due to increase in additional temporary staff to develop an early warning system for healthcare in Queensland.
7. Decrease in supplies and services estimate due to the reduction in agency temporary staff.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
8. Increase due to the effect of the enterprise bargaining funding.
9. Increase in employee expenses due to enterprise bargaining arrangements.

## Balance sheet

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
10. The decrease reflects the 2008-09 closing balance which was not included in the 2009-10 Budget. Variance has been reflected in the 2009-10 Est. actual.
11. The increase in property, plant and equipment is due to systems development.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
12. The decrease reflects the 2008-09 closing balance which was not included in the 2009-10 Budget. The variance has been reflected in the 2010-11 Estimate.
13. The increase in property, plant and equipment is due to systems development.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
14. Increase due to the effect of enterprise bargaining funding.
15. Reduction in property, plant and equipment relates to the one off systems development.

## Cash flow statement

Major variations between 2009-10 Budget and 2009-10 Estimated actual include:
16. Increase due to the effect of enterprise bargaining funding.
17. Increase in employee expenses due to increase in additional staff to develop an early warning system for healthcare in Queensland.
18. Decrease in supplies and services estimate due to the reduction in agency temporary staff.
19. Increase in Depreciation Estimate due to a change in methodology from Diminishing Value to Straight Line requested by Queensland Audit Office.

Major variations between 2009-10 Budget and 2010-11 Estimate include:
20. Increase due to the effect of enterprise bargaining funding transfers.
21. Increase in employee expenses due to increase in additional staff develop an early warning system for healthcare in Queensland.
22. Decrease in supplies and services estimate due to the reduction in temporary staff.

Major variations between 2009-10 Estimated actual and the 2010-11 Estimate include:
23. Increase due to the effect of enterprise bargaining funding transfers.