

PART 8

Minister for Health

Summary of Portfolio Budgets

Page	Agency	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
2-112	Queensland Health - controlled	7,151,142	7,456,983	8,352,012
	Queensland Health - administered	16,209	18,469	24,138
2-137	Queensland Health Shared Service Provider	121,625	96,255	98,438
2-144	Queensland Institute of Medical Research	58,436	60,190	65,895
2-150	Health Quality and Complaints Commission	9,536	11,561	8,778

Note:

1. Explanations of variances are provided in financial statements section.

Queensland Health

Departmental Overview

Strategic Issues

Queensland Health has committed to two key objectives in reforming Queensland's health system: the first is to improve access to safe and sustainable health services, and the second is to better meet people's needs across the health continuum. These strategic directions are reflected in the *Queensland Health Strategic Plan 2007–2012*, the *Queensland Statewide Health Services Plan 2007–2012* and align with the Government's priority of Fostering healthy individuals and communities.

The challenges currently facing Queensland's health system are common to health systems in developed nations worldwide. An ageing population, increasing prevalence of chronic diseases, many of which are preventable, and greater public expectations are responsible for a rising demand for health services. A further challenge for Queensland is its status as one of the fastest growing but most dispersed populations in Australia.

Queensland Health cannot meet these challenges alone. We will work with our partners including the Australian Government and other organisations, consumers and the private sector to develop collaborative solutions to the health care needs of Queenslanders and facilitate access to high quality health care. We are continuing negotiations for a new Health Care Agreement to be in place from July 2009 and we are aiming to achieve a more equitable share of public hospital funding from the Australian Government.

Queensland Health continues the major reforms announced in the *Action Plan – Building a better health service for Queensland (October 2005)* to create dependable health care and better health for all Queenslanders. Between June 2005 and April 2008, we increased the number of employed doctors from 4,552 to 6,125, nurses from 21,911 to 26,924 and allied health professional from 6,934 to 8,744.

2008-09 Highlights

In 2008-09 the Health budget will grow to \$8.352 billion, an increase of 16.8% on the 2007-08 Budget, including \$114.7 million in new recurrent funding and \$330.9 million in additional capital funding approved in the 2008-09 State Budget. This year, Queensland Health will focus on addressing demand management and critical service needs within our hospitals as well as supporting projects to be delivered under the *South East Queensland Infrastructure Plan and Program*.

In 2008-09, significant investment in major hospital redevelopments will continue including the new Gold Coast University Hospital, Sunshine Coast Hospital, the Queensland Children's Hospital, expansion of Robina Hospital and the Princess Alexandra Hospital upgrade.

In 2008-09, \$37.5 million capital funding will be invested in new hospital redevelopments including:

- redevelopment of the Cairns Base Hospital, currently estimated at around \$450 million, will expand health services to meet the needs of the residents of Cairns and the surrounding catchment areas. The redevelopment will include a new clinical wing to provide more surgical and day beds, additional cardiac care facilities and a day surgery

unit. In 2008-09 \$24.2 million will enable land acquisition and a detailed design phase following finalisation of the master plan

- redevelopment of the Mackay Base Hospital (\$405 million total investment) will expand clinical services to include additional operating theatres, a special dedicated coronary care unit and larger intensive care unit
- Mt Isa Health Campus redevelopment (\$65.2 million total investment) will include outpatients, primary and community health facilities in a new building on the current hospital site.

The Queensland Government has committed recurrent funding of \$110 million in 2008-09 (\$654 million over four years) and capital funding of \$190 million (\$472 million over four years) to meet increasing demand, health service infrastructure improvements and extra services resulting from hospital redevelopments. Funding in 2008-09 will address the following priorities:

- \$80 million additional funding will be provided to the three Area Health Services to meet increased demand for health services, particularly in areas of unavoidable activity including urgent admissions to hospitals, emergency surgery and birthing services.
- \$25 million capital funding (\$28.6 million over two years) to refurbish helipads at the Princess Alexandra Hospital, Innisfail, Torres, Cooktown and Wujal-Wujal
- \$10 million increased capital funding (\$15.5 million over two years) for the redevelopment of the Logan Annexe to accommodate additional acute services
- \$9.7 million increased capital funding (\$14.2 million over three years) towards the procurement of nine new mobile dental clinics and refurbishment of some of the existing fleet to ensure compliance with contemporary infection control policies and workplace health and safety legislation
- \$7.1 million additional funding (\$54.9 million over four years) to address growth in demand for the Medical Aids Subsidy Scheme and provide increased subsidies to clients
- \$7 million increased capital funding (\$10 million over two years) for expansion of the Townsville Hospital emergency department and medical imaging services to address current capacity issues
- \$7 million capital funding to develop the Healthy Ageing Precinct to support aged care beds and rehabilitation for older patients including implementation of a range of ambulatory care and functional rehabilitation to promote hospital avoidance strategies
- \$3.1 million increased funding (\$35.8 million over four years) for expansions to the nursing workforce including nurse practitioners in priority areas of need and specialist nurses in neonatal intensive care and special care nurseries
- \$3 million capital funding (\$35.5 million over three years) for the rural enhancement program to replace or refurbish rural and regional facilities within the Central Area Health Service
- \$3 million additional funding for renal health initiatives including training of the Indigenous health workforce and an ABO-incompatible kidney transplant pilot
- \$2.4 million additional capital funding (\$3.9 million over three years) to extend the scope of the radiology informatics program
- \$2 million increased funding to implement strategies to address the increasing burden of disease due to sexually transmissible infections (STIs) including HIV/AIDS and target high risk populations
- \$1.9 million capital funding (\$7.2 million over two years) for replacement or redevelopment of clinics in north Queensland
- \$1.4 million additional funding (\$4.2 million over three years) to develop the *Deadly Ears, Deadly Kids, Deadly Communities* program which provides hearing health services

for Aboriginal and Torres Strait Islander children and young people (aged 0-12 years) at high risk of Chronic Otitis Media

- \$1 million additional funding (\$9 million over four years) for enhanced maternity care in rural regions and improved health resources to at risk population groups.

In 2008-09, the Department of Corrective Services commences transferring prisoner medical and health services to Queensland Health to improve the coordination of health services.

2007-08 Achievements

Funding in 2007-08 enabled Queensland Health to progress a number of initiatives including:

Capital infrastructure – In 2007-08, investment in health infrastructure included:

- completion of community health facilities at Nundah, Rockhampton and Gin Gin and continuation of community health projects at Weipa, Browns Plains and North Lakes and the Thursday Island Chronic Disease Centre
- opening new emergency departments at The Prince Charles and Robina Hospitals and finalisation of upgrades to emergency departments at Dalby Hospital, Gold Coast, Gympie, Logan and Redland Hospitals
- improving staff accommodation through the Regional Accommodation Program and in conjunction with other projects in remote locations and at selected hospitals
- continued planning and development for the three new tertiary hospitals..

Information and communication technology – \$112.3 million in 2007-08, including capital and non-capital expenditure, has been invested to develop clinical solutions to support direct patient care, the upgrade of wide area networks and increases in bandwidth to over 300 hospitals and health facilities and continued refinement of the e-Health strategy.

Elective surgery – \$50 million funding enabled Queensland hospitals to deliver more elective surgery services to approximately 7,000 patients and allows clinicians to take immediate action to relieve pressure on other essential health services.

Queensland Plan for Mental Health 2007-2017 – \$45.5 million in 2007-08, including an estimated \$9.4 million in capital expenditure, has expanded the capacity of mental health services by establishing and accommodating over 200 new community mental health positions and by commencing work to develop and upgrade more than 270 inpatient beds.

Review of the Mental Health Act 2000 (Butler Review) – \$9.3 million in 2007-08 was provided to Queensland Health and the Mental Health Review Tribunal to implement recommendations from the Butler Review. This has enabled, among other things, the establishment of the Queensland Health Victim Support Service and victim information registers, the commencement of recruitment for additional clinical positions and other positions to support the 50% increase in mental health court sittings.

Patient transfers – \$25.4 million additional funding in 2007-08 supported the increasing costs of providing inter-facility transfers and aeromedical retrievals.

Outpatient services – \$20 million has enabled the implementation of strategies to improve outpatient services including strategies to reduce waiting times for specialist outpatient services in Queensland public hospitals and development of innovative and complementary models of care.

Workforce – Additional funding was provided in 2007-08 to improve the recruitment, retention and preparation of the health workforce. This included:

- \$15.1 million to enhance the clinical education and training of doctors, nurses and allied health professionals
- \$5.9 million to create more positions for medical graduates to ensure an adequate supply of medical specialists
- \$4 million to increase our capacity to provide high quality clinical education and training for the increasing numbers of medical students graduating in Queensland
- \$2.08 million to establish five additional rural generalist positions.

Departmental Outputs

The services delivered by Queensland Health are consolidated into six new outputs for the purposes of regular performance reporting under the Queensland Government's financial management framework. Queensland Health's new output structure reflects the department's planning priorities as articulated in the *Queensland Statewide Health Services Plan 2007-2012* and supports investment decision-making based on the health continuum. The 2007-08 estimated actual data are provided for the previous outputs performance measures reported in the 2007-08 Ministerial Portfolio Statement.

Prevention, Promotion and Protection

The prevention, promotion and protection program aims to prevent illness and injury, promote and protect good health and wellbeing of the population, and reduce the health status gap between the most and least advantaged in the community. This output targets the entire population (or sub-populations), rather than provision of treatment and care services for individuals. Queensland Health works in partnership with other government departments, local government, the private sector, other health sector providers, non-government organisations and the community to promote and protect the health of the community.

Primary Health Care

The primary health care output aims to improve health and detect and treat conditions early in their course. Primary health care services are provided to individuals and targeted small groups who are generally well, and/or who have established risk factors, and/or who experience the early effects of ill-health and who without intervention, may progress to having acute or chronic consequences from their condition. The services include early detection and intervention services and risk factor management programs. Primary health care services are largely provided by general practitioners or other non-government health care providers. Queensland Health provides a range of primary health care services through community health facilities, child health centres and dental clinics.

Ambulatory Care

The ambulatory care output aims to provide equitable access to quality emergency and outpatient services provided by Queensland's public hospitals. This output incorporates 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 as well as emergency medical services provided in the public hospital emergency departments.

Acute Care

The acute care output aims to increase equity and access to high quality acute hospital services for patients on a State-wide basis. This output includes the provision of medical,

surgical and obstetric services provided to people treated as publicly admitted patients with acute conditions in Queensland's hospitals who are admitted to hospital on an overnight basis as well as people who are admitted to hospital and discharged on the same date.

Rehabilitation and Extended Care

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

Integrated Mental Health Services

The integrated mental health output spans the health continuum through the provision of mental health promotion, illness prevention activities (eg suicide prevention) community-based, acute mental health inpatient services, outpatient treatment and mental health support services as well as the extended treatment services provided through designated mental health units. The department supports a recovery oriented mental health service delivery system and continues to invest in community mental health services to enable consumers to access a wide range of services closer to where they live and to their natural support networks. Mental health reform in Queensland will be guided by the *National Mental Health Strategy* and the *Queensland Plan for Mental Health 2007-2017*.

Output linkages with Government outcomes

Queensland Health's outputs link to the Queensland Government's outcome of Healthy, active individuals and communities and to the Government's priority of Fostering healthy individuals and communities by:

- continuing to improve the standard and accessibility of hospital and health services
- increasing the quality of life by promoting good nutrition, active lifestyles and social participation
- building on reforms to the child safety system to improve the wellbeing of Queensland children.

Queensland Health also contributes to the following Queensland Government priorities:

- Building on economic success by continuing to build our capacity as one of the largest employers in Queensland
- Embracing growth in cities and regions through flexible approaches to health service planning and delivery
- Strengthening educational outcomes through a strategy of lifelong learning opportunities for our workforce to meet current and future needs
- Strengthening Indigenous communities by improving the delivery of health services to Aboriginal and Torres Strait Islander communities
- Managing climate change and protecting the environment through the implementation of water and energy efficiency and conservation strategies in Queensland Health facilities
- Modernising the federation and delivering accountable Government by working with other states and territories and the Australian Government to improve consistency and collaboration on key policy and service delivery issues.

Staffing¹

Output	Notes	2007-08 Budget	2007-08 Est. Actual	2008-09 Estimate
Outputs				
Prevention, Promotion and Protection		2,904	3,007	3,159
Primary Health Care		2,334	2,416	2,570
Ambulatory Care		10,890	11,388	11,998
Acute Care		26,705	27,927	29,868
Rehabilitation and Extended Care		4,149	4,295	4,488
Integrated Mental Health Services		5,396	5,542	5,879
Total outputs	2	52,378	54,575	57,962
SHARED SERVICE INITIATIVE				
Queensland Health Shared Service Provider		1,450	1,316	1,316
Total shared service initiative		1,450	1,316	1,316
Total		53,828	55,891	59,278

Notes:

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

2008-09 Output Summary¹

Output	Total cost \$'000	Sources of revenue			
		Appropriation \$'000	User charges \$'000	C'wealth revenue \$'000	Other revenue \$'000
Prevention, Promotion and Protection	460,714	320,389	11,680	123,270	5,375
Primary Health Care	367,455	337,344	1,362	25,966	2,783
Ambulatory Care	1,725,232	1,127,267	30,457	544,288	23,220
Acute Care	4,371,081	2,784,997	302,700	1,216,042	67,342
Rehabilitation and Extended Care	657,248	377,655	26,612	177,807	75,174
Integrated Mental Health Services	770,282	509,487	4,227	249,378	7,190
Total	8,352,012	5,457,139	377,038	2,336,751	181,084

Note:

1. Explanations of variances are provided in the financial statements section.

Departmental Statements

Performance Statement

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Output name: Prevention, Promotion and Protection				
Percentage of the Queensland population who:	1	New measure		
• consume recommended amounts of fruit and vegetables			7%	8%
• engage in levels of physical activity for health benefit			48%	50%
• consume alcohol at risky and high risk levels	2		11%	11%
• smoke tobacco			18%	18%
• adopt ultraviolet (UV) protective behaviours	3		95%	95%
Percentage of target population screened for:				
• breast cancer	4	59.5%	58.2%	58.5%
• cervical cancer		New measure	58.5%	58.5%
• bowel cancer	5	New measure	40%	40%
Vaccination rates at designated milestones for:		New measure		
• all children aged 2 years			92%	92%
• Aboriginal and Torres Strait Islander children aged 2 years			92%	92%
• Year 8 female students for Human Papilloma Virus (HPV)			80%	80%
New notifications of HIV infection	6	<150	160	<160
Percentage of Queensland population, meeting the requirements of the Fluoridation Act, that receive fluoridated water from reticulated water supplies	7	New measure	5%	66%
Percentage and number of older people (aged over 65 years) in Queensland who are hospitalised with a fall	8	New measure	3.9% 18,000	3.9% 18,000
Percentage of women screened through the BreastScreen Queensland Program diagnosed with breast cancer that undergo mastectomy	9	New measure	30%	30%
Percentage of women treated for low grade cervical abnormalities in accordance with national guidelines	10	New measure	New measure	n/a
Percentage of high risk issues managed through legislation that are investigated and resolved within agreed timeframes	11	New measure	90%	100%
State contribution (\$000)		284,594	288,099	320,389
Other revenue (\$000)		115,364	164,656	140,325
Total cost (\$000)		399,958	452,755	460,714

Output name: Primary Health Care

Number of calls to 13 HEALTH (information and teletriage service)	12	New measure	186,682	190,000
Number of children and adolescents oral health occasions of service	13	New measure	565,000	550,000 – 570,000

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Number of adult oral health weighted occasions of service	14	New measure	1,848,000	1,700,000 – 1,900,000
Number and age standardised rate of potentially preventable admitted patient episodes of care:	15, 16, 17, 18	New measure		
• Non-Aboriginal and Torres Strait Islander patients			No: 122,000 Rate: 3.0	No: 124,000 Rate: 3.0
• Aboriginal and Torres Strait Islander patients			No: 9,570 Rate: 11.7	No: 9,600 Rate: 11.5
Percentage of women who, during their pregnancy, were smoking after 20 weeks:	17, 18, 19	New measure		
• Non-Aboriginal and Torres Strait Islander women			18.4%	17.3%
• Aboriginal and Torres Strait Islander women			49.6%	45.9%
Percentage of calls to 13 HEALTH (information and teletriage service) answered within 20 seconds	12	New measure	86.5%	80%
State contribution (\$000)		281,935	282,923	337,344
Other revenue (\$000)		39,866	34,652	30,111
Total cost (\$000)		321,801	317,575	367,455

Output name: Ambulatory Care

Total number of non-admitted occasions of service (including emergency services):	17, 20, 21	9,500,000 –	10,653,319=	11,000,000 – 11,500,000
• Emergency services		10,500,000	1,516,583	
• Specialty clinics			3,453,956	
• Diagnostic and outreach services			5,682,780	
Total non-admitted weighted activity units:	22	New measure	270,929=	260,000 – 290,000
• Emergency services			26,665	
• Specialty clinics			239,163	
• Diagnostic and outreach services			5,101	
Percentage of women who gave birth and had 5 antenatal visits or more in the antenatal period:	17, 23	New measure		
• Non-Aboriginal and Torres Strait Islander women			91.3%	91.7%
• Aboriginal and Torres Strait Islander women			79.1%	81.8%
Proportion of patients attending emergency departments treated within standard timeframes for:	24			
• Category 1 (immediate)		100%	98%	100%
• Category 2 (within 10 minutes)		80%	68%	80%
• Category 3 (within 30 minutes)		75%	55%	75%
• Category 4 (within 1 hour)		70%	56%	70%
• Category 5 (within 2 hours)		70%	92%	70%
State contribution (\$000)		979,839	986,507	1,127,267
Other revenue (\$000)		521,901	565,035	597,965
Total cost (\$000)		1,501,740	1,551,542	1,725,232

Output name: Acute Care

Acute admitted patient episodes of care	15, 17, 25	770,000 – 790,000	805,106	810,000 – 820,000
Acute admitted patient weighted activity units	22	New measure	811,727	820,000 – 840,000

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Patient days	17, 25, 26	2,300,000 – 2,400,000	2,416,866	2,450,000 – 2,500,000
Number of available bed and available bed alternatives for public acute hospitals	17, 27	New measure	10,234	10,250 – 10,350
Percentage of patients admitted from emergency departments within 8 hours	24	New measure	66%	65%
Percentage of admitted patients discharged against medical advice:	17, 25, 28	New measure		
• Non-Aboriginal and Torres Strait Islander patients			0.75%	0.75%
• Aboriginal and Torres Strait Islander patients			1.99%	1.99%
Percentage of reviews of clinical indicators (highlighted or potentially showing variation from State average pattern) completed within approved timeframes	29	New measure	36%	100%
Number of days waited at the 50 th percentile for elective surgery	30	New measure		n/a
• Category 1 (30 days)			13	
• Category 2 (90 days)			39	
• Category 3 (365 days)			77	
Number of days waited at the 90 th percentile for elective surgery	30	New measure		
• Category 1 (30 days)			35	30
• Category 2 (90 days)			108	90
• Category 3 (365 days)			372	365
Average cost per weighted activity unit for acute admitted patients	22	New measure	\$3,860	\$3,990 – \$4,180
State contribution (\$000)		2,305,477	2,355,173	2,784,997
Other revenue (\$000)		1,383,016	1,504,926	1,586,084
Total cost (\$000)		3,688,493	3,860,099	4,371,081

Output name: Rehabilitation and Extended Care

Sub and Non Acute Patient days (including Maintenance care, Rehabilitation, Palliative care)	17, 31	New measure	475,677	500,000
Sub and Non Acute weighted activity units	22	New measure	110,330	100,000 – 121,000
Average number of public hospital beds occupied each day by nursing home type patients	17, 32	New measure	436	400
Number of State Government Residential Aged Care Facilities and services meeting National Accreditation Standards	33	21	21	21
Average cost per weighted activity unit for Sub and Non Acute Patients	22, 31	New measure	\$4,000	\$4,500 – \$4,900
State contribution (\$000)		320,103	320,080	377,655
Other revenue (\$000)		248,654	266,832	279,593
Total cost (\$000)		568,757	586,912	657,248

Output name: Integrated Mental Health Services

Mental health acute admitted patient episodes of care	34, 35, 36	New measure	13,915	13,000 – 14,000
Mental health acute admitted psychiatric care days	35, 36, 37	New measure	188,933	180,000 – 190,000

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Mental health extended treatment accrued mental health care days	36, 38	New measure	185,543	180,000 – 200,000
Weighted activity unit for mental health acute admitted patient episodes of care	39	New measure	55,000	55,000
Mental health patients provided with community mental health care	40, 41	80,000-82,000	84,278	84,000 – 86,000
Community mental health care service contacts	40, 42	New measure	1,147,394	1,215,000 – 1,270,000
28 day re-admission rate	35, 43	New measure	16.1%	15% – 20%
State contribution (\$000)		449,933	449,914	509,487
Other revenue (\$000)		220,460	238,186	260,795
Total cost (\$000)		670,393	688,100	770,282

Notes:

1. This measure reflects the need to address risk factors associated with the burden of disease relating to chronic disease.
2. The National Health and Medical Research Council (NHMRC) is reviewing the Alcohol Drinking Guidelines for Australia. Due for release in April 2008, major changes are proposed. Once endorsed, the new guidelines will be applied to drinking prevalence data and will inform a new measure and target.
3. Adopting at least one of five protective behaviours as outlined in the *National Skin Cancer Awareness Campaign*.
4. The 2008-09 Target Estimate and the 2007-08 Estimated Actual for breast cancer screening are lower than the 2007-08 Target Estimate due to significant increases in the number of women in the target age group (aged 50-69 years), both through ageing and migration. This means that the number of women in the target population for breast cancer screening has increased at a rate that is faster than our screening capacity. There is currently a national shortage of radiographers. However, Queensland Health is actively trying to recruit more radiographers to the program and is implementing a return to work strategy targeting radiographers who have been out of the workforce for some time.
5. Measured on annual percentages based on a two year screening interval. The target population during Phase 1 of the National Bowel Cancer Screening Program is currently all eligible persons aged 55 or 65 years.
6. The 2007-08 Estimated Actual number of new HIV diagnoses is greater than the 2007-08 Target Estimate primarily because of increasing risky sexual behaviour in men who have sex with men (MSM) combined with a higher prevalence of other sexually transmissible infections (STIs) in MSM (reflective of the higher prevalence of other STIs in the general community). Queensland Health aims to develop, deliver and evaluate a multi-strategy intervention for STI and HIV/AIDS prevention aimed at improving health outcomes for people in high risk groups.
7. Queensland Health is chair of a high-level group responsible for implementation of the fluoridation program. Over the next four years this project aims to increase access to fluoridated water to more than 90% of the Queensland population (as specified in the Fluoridation Act) by 2012. The 2008-09 Target Estimate is consistent with the targets requiring SEQ Water to be fluoridated by the end of 2008, and other non-SEQ local governments to be completed in 2009. The timetable for other local governments in 2009 (by June) cannot be specified at this time.
8. This measure will provide an indication of trends over time as effectively preventing falls, and preventable hospitalisations, requires action across the health sector. It will measure the department's success in this critical area.
9. BreastScreen Queensland aims to detect early breast cancer, thus reducing the need for mastectomy.
10. Identification of a target for the future, in accordance with NHMRC guidelines, will be informed by a Queensland Health audit to provide the initial baseline data. Changes to national guidelines means that colposcopies are not required for women with low grade cervical abnormalities.
11. A composite measure focused on high risk complaints across a range of areas with enormous diversity. A risk management classification is applied based on the specifics of the complaint. Resolution rather than initiation of investigation is the desirable endpoint. Examples of high risk issues managed through legislation are: significant communicable disease outbreaks; suspected intentional food contamination of public health importance; significant environmental health, food and food borne illness complaints; and other significant environmental health incidents such as radiation safety and protection issues.
12. 13 HEALTH is a significant primary health care service provided by Queensland Health on a 24 hour, seven-day-a-week State-wide basis, providing access to health information, triage and referral to people in Queensland.
13. The new measure "children and adolescents" defines the age range as ages 4 to 15 inclusive whereas the discontinued measure "school aged children" was age 4 to Grade 10 (regardless of client's age). To count an Oral Health Occasion of Service the following guiding principles apply: documentation of a clinical intervention in the Oral Health Patient Record and a treatment item number associated with it, done at a separate appointment time, excluding x-rays. Group sessions are counted separately. This includes, in the hospital context, occasions of service to non-admitted patients attending designated dental units/clinics funded from the facility's operating expenditure that are operated and managed by the facility. In the community context, it is intended that all community oral health services funded through the facility be reported, regardless of where the services are provided.
14. A Weighted Occasion of Service (WOOS) is a unit of measure of oral health services activity based on the nominal value of staff time and material as indicated by treatment items, assigned using the Australian Schedule of Dental Services and Glossary 8th edition (Australian Dental Association, ADA 2004, with some extra descriptive codes added with approval of the ADA) that describe the oral health care delivered to a patient. Due to adult patient eligibility, the Adult Oral Health WOOS include treatment provided to all patients aged 0-3 and 16+ and those attending the University Of Queensland School Of Dentistry under the agreement with Queensland Health.
15. 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.
16. Age-standardised rates calculated per 1,000 population are used to increase the comparability when the populations

being compared have different age profiles. The reported age-standardised rates indicate that Indigenous people in Queensland are nearly four times more likely to be hospitalised for a potentially preventable condition than non-Indigenous people. Potentially preventable hospitalisations (in the Australian Hospital Statistics published by the Australian Institute of Health and Welfare) include where the patient was admitted for one of a specified set of acute, chronic and vaccine-preventable conditions. Specified acute conditions include dehydration and gastroenteritis, cellulitis and certain ear, nose and throat infections. Specified chronic conditions include asthma, diabetes complications, angina and hypertension. Implementation of suitable strategies could reduce hospitalisations for specified conditions eg improved access to appropriate primary health care allowing earlier intervention and treatment.

17. The 2007-08 data are preliminary and involve estimation.
18. Data pertain to Queensland residents only.
19. Smoking is a risk factor for adverse events in pregnancy being associated with low birthweight (less than 2,500 grams), preterm birth, foetal growth restriction, congenital anomalies and perinatal death, which has been acknowledged in publications such as the Productivity Commission's Overcoming Indigenous Disadvantage Key Indicators 2007 Report. Strategies including education during antenatal visits and population-wide education campaigns aim to reduce the underlying prevalence of smoking in women of child bearing age to improve foetal outcomes, for example, birthweight where the level of effectiveness can be measured. The aim is to improve the "quit rate" of those mothers who smoked at all during pregnancy and reduce the gap between non-Indigenous and Aboriginal and Torres Strait Islander mothers.
20. Occasion of service is defined in the Queensland Health Data Dictionary as an occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.
21. Occasions of service include public hospitals and dental hospitals but exclude any private practice activity.
22. The Queensland Health Casemix Funding Model (CFM) defines activity in terms of a single measure called a Weighted Activity Unit (WAU). The WAU provides a common unit of comparison between the variable components of the CFM, so that all activity can be measured consistently. It is a measure of the relative value of care provided to patients, across various treatment modalities (including renal dialysis treatment provided outside the actual hospital). The previously used term "Weighted Separations" only referred to admitted acute inpatients, therefore could not be used as a common unit of measure across all patient care types.
23. Data presented pertain to women who gave birth in public hospitals. Antenatal care is a significant factor in improving morbidity and mortality and was recognised as an important factor in improving maternal and perinatal outcomes in the Overcoming Indigenous Disadvantage Key Indicators 2007 Report. If all risk factors were controlled during pregnancy, an increase of approximately 5% is required in 2008-09 for Aboriginal and Torres Strait Islander women to achieve parity with non-Indigenous mothers by 2015-16. This measure aligns with National Antenatal Care guidelines, Queensland Health Service District measures and Maternity Services Reform.
24. The 2007-08 data are preliminary and involve estimation, calculated on a pro-rata basis using the 2007-08 year data to December inclusive. Includes data from 27 Queensland Emergency Department Reporting Hospitals, which represents approximately 80% of all emergency department activity in Queensland.
25. All figures are "acute" admitted patient episodes (including qualified newborns) from public acute hospitals.
26. Patient days are defined in the Queensland Health Data Dictionary as the total number of days or part days of stay for all patients who were admitted for an episode of care and who underwent separation during the reference period.
27. 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" as 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.
28. Strong evidence shows that patients discharging from hospital against medical advice are at high risk of being re-admitted with subsequent and avoidable complications. Research defining the size of the problem in Queensland public hospitals has been undertaken and appropriate protocols to address this are to be developed and tested.
29. A new methodology introduced in 2007-08, Variable Life Adjusted Displays (VLADs) are a monitoring tool to be used for improving the quality of services provided. Variance from the 2007-08 Estimated Actual to the 2008-09 Target Estimate is due to initial implementation issues. Investigating staff seeking clarification on the VLAD statistical methodology resulted in low compliance with submitting a response within 30 days combined with staff developing a practical understanding of how to conduct, complete and submit an investigation. Hospitals have developed their own policy on conducting an investigation in conjunction with the governing VLAD Implementation Standard describing the mandatory auditable requirements regarding the dissemination of VLAD. Given hospitals should now have mechanisms established, 100% compliance is estimated for 2008-09. Monthly dissemination of hospital performance on 30 clinical indicators to public and private hospitals commenced March 2007.
30. The 2007-08 Estimated Actual and the 2007-08 and 2008-09 Target Estimate reports the number of days waited by patients for elective surgery from the date the patient was added to the waiting list at the 50th and 90th percentile. It is an indicator of effectiveness of access to public hospitals and aligns Queensland with the national standard and demonstrates the number of days within which 50% and 90% of patients are admitted. Targets have been set according to the clinically recommended waiting time for each category for the 90th percentile only as this represents 90% of patients. The aim is to have fewer days waited at the 50th and 90th percentile. Includes data from 32 Queensland Elective Surgery Reporting Hospitals, which represents approximately 95% of all elective surgery activity in Queensland.
31. This combines measures from the 2007-08 Ministerial Portfolio Statement with the addition of other extended care patients. Sub and non acute patient 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 sub or non-acute patient (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.
32. 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.
33. Note that two services in the Central Area Health Service will be due for re-accreditation in late 2008 by the Aged Care Standards and Accreditation Agency as part of an ongoing regular review. The Southern Area Health Service expects accreditation to be granted to two of its services which will be due for re-accreditation in late 2008.
34. 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.
35. The specification has been modified from previous years to only include patients treated in designated acute general psychiatric units and to exclude acute inpatient activity provided in designated specialist child and youth and older

- person's inpatient services.
36. The 2007-08 estimates have been calculated on a pro-rata basis by applying the July 2006 to November 2006 proportion of the 2006-07 financial year throughput to the preliminary figures for July 2007 to November 2007.
 37. Mental health acute admitted psychiatric care days are defined as the total number of patient days in the acute general psychiatric inpatient unit(s) accounted for by completed overnight formal separations during the reference period.
 38. 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. Accrued mental health care days are the total number of admitted patient care days provided in a designated mental health service within the reference period.
 39. The weighted activity units are the value for adult acute, adult extended, adult rehabilitation, child psychiatric and secure ward days in designated mental health wards of the casemix funded facilities for 2007-08.
 40. Includes community-based activity across all mental health programs (general, child and youth, older persons and forensic). Community mental health care refers to specialist mental health care provided by community mental health services and hospital-based ambulatory care services. The 2007-08 financial year estimates for the Community Mental Health Care indicators have been calculated based on data trends for the period July 2004 to December 2007.
 41. Data reflects a unique client count at the mental health network level.
 42. Community mental health service contacts are provided by Community Mental Health Services (including those provided by hospital-based ambulatory services) occurring during the reference period. A service contact is 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.
 43. The 28 day readmission rate is defined as the percentage of separations from acute general psychiatric inpatient units that result in readmission to the same public sector acute general psychiatric inpatient unit within 28 days of discharge. 2007-08 data are preliminary and involve estimation.

Performance Statement

Discontinued Measures from the 2007-08 Ministerial Portfolio Statement

Following a review by the department, Queensland Health's output reporting structure changed from 1 July 2007. Performance measures provided in the 2007-08 Ministerial Portfolio Statement have been revised and mapped to the new departmental outputs, and where appropriate, new measures have been developed. The following table provides estimated actuals against targets for measures that are discontinued from 1 July 2008.

Discontinued Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Output name: Treatment and Management – Acute Inpatient Services				
Acute inpatient weighted episodes of care		810,000 – 830,000	846,827	Discontinued
Same day episodes of care	1	380,000 – 390,000	397,676	Discontinued
Same day episodes of care as a proportion of total episodes of care	1	49% – 50%	49%	Discontinued
Average Length of stay (days)		3.05	3.00	Discontinued
Facilities and services with recognised third party accreditation including use of patient satisfaction assessment systems	2	143	118	Discontinued
Elective surgery patients receiving treatment in specified timeframe:	3			Discontinued
• Category 1 (30 days)		95%	88%	
• Category 2 (90 days)		95%	77%	
Average cost per weighted episode of care	4	n/a	\$3,730	Discontinued

Output name: Treatment and Management – Non Inpatient Services

Total emergency medicine occasions of service	5	850,000 – 900,000	1,000,000	Discontinued
Number of adult occasions of services:	6			Discontinued
• Emergency/immediate dental clients	7	264,000 – 275,000	318,000	
• General dental clients	7	276,000 – 296,000	220,000	

Discontinued Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Facilities and services with recognised third party accreditation including use of patient satisfaction assessment systems	8	466	398	Discontinued

Output name: Integrated Mental Health Services

Mental health acute inpatient episodes of care	1, 9	20,000 – 21,000	20,120	Discontinued
Mental health acute inpatient occupied bed days	9	255,000 – 270,000	264,237	Discontinued
Mental health acute inpatient average length of stay	9, 10	9.0 – 9.5	13.1	Discontinued
Services accredited under the National Health Standards for Mental Health Services	11	18	18	Discontinued

Output name: Health Maintenance Services

Rehabilitation occupied bed days		190,000 – 210,000	211,591	Discontinued
Palliative care occupied bed days		44,000 – 49,000	45,812	Discontinued

Output name: Public Health Services

Number of women screened for breast cancer	12	218,000	210,000	Discontinued
Number of women screened for cervical cancer		367,500	380,000	Discontinued
Number of clients participating in the opioid treatment program		3,600	3,527	Discontinued
Number of schools supported by the School Nurse Program		265	265	Discontinued
Number of occasions of service of oral health treatment for school aged children	6, 13	595,000 – 615,000	525,000	Discontinued
Proportion of breast screening services meeting national accreditation requirements		100%	100%	Discontinued
Percentage of clients assessed as being in compliance with their radiation safety and protection plans		93%	90%	Discontinued
Level of cure of all notified cases of tuberculosis		96% – 100%	98%	Discontinued
Proportion of vaccination service providers who receive vaccines within the acceptable time from receipt of order		95% – 100%	95%	Discontinued
Proportion of selected communicable disease outbreak investigations initiated within 24 hours of notification		90% – 100%	95%	Discontinued
Proportion of environmental health, food and food borne illness complaints, investigations initiated within one working day of notification		90% – 100%	95%	Discontinued

Notes:

1. An episode of care is defined in the Queensland Health Data Dictionary (QHDD) as a phase of treatment. There may be more than one episode of care within the one hospital stay.
2. The number of inpatient facilities/services with external third party accreditation has not met the 2007-08 Target Estimate due to amalgamation of Health Service Districts which has led to the realignment of third party accreditation providers. Some Districts are recommencing the accreditation process which can take three to four years, from initial contracting with an accrediting agency to final assessment. Eighty-four facilities/services are preparing for accreditation and expect to gain this in the next three to four years. 'Acute inpatient' services includes recognised public acute hospitals, acute-other; acute outpost, public psychiatric residential facility and public dental hospital. It does not include aged care facilities, public nursing homes, flexible residential care services or public young disabled residential care.
3. The 2007-08 Estimated Actual and 2007-08 Target Estimate report the proportion of patients waiting within clinically recommended timeframes. This reporting protocol has been used to align with the State-wide Waiting List performance

targets. Includes data from 32 Queensland Elective Surgery Reporting Hospitals, which represents approximately 95% of all elective surgery activity in Queensland.

4. This figure is based on preliminary 2007-08 data from the Clinical Benchmarking System and applied to acute inpatients only. The cost weights used are the National Hospital Cost Data Collection (2005-06).
5. The 2007-08 data are preliminary and involve estimation, calculated on a pro-rata basis using the 2007-08 year data to December inclusive. Includes data from 27 Queensland Emergency Department Reporting Hospitals, which represents approximately 80% of all emergency department activity in Queensland. An occasion of service is defined in the QHDD as an occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.
6. Oral Health Weighted Occasions of Service allows for a more accurate measurement than an occasion of service, as the amount and complexity of care provided to patients as an occasion of service may vary tremendously according to the patient's needs.
7. Dentist vacancies and increasing emergency demand has impacted upon the ability to fulfil the general dental clients 2007-08 Target Estimate.
8. The number of 'non admitted' services with external third party accreditation has not met the 2007-08 Target Estimate due to the amalgamation of Health Service Districts which has led to the realignment of third party accreditation providers. Some Districts are recommencing the accreditation process which can take three to four years, from initial contracting with an accrediting agency to final assessment. Currently, 164 services are preparing for accreditation and expect to gain this in the next three to four years. 'Non admitted' services includes public child, adolescent and adult community health and mental health facilities; dental clinics; public health services including sexual health, aboriginal health, and alcohol and drug services; State-wide services such as public pathology laboratories, information services and breast screen services. It does not include Home and Community Care or visiting clinical services where these are located in or funded by a private or non-Government setting.
9. Admitted patient data for July 2007 to January 2008 are preliminary and involve estimation. The 2007-08 estimates have been calculated by applying the July 2006 to January 2007 proportion of the 2006-07 acute patient throughput to the preliminary figures for July 2007 to January 2008. Figures pertain to admitted patient episodes of care in designated psychiatric units in acute public hospitals. This includes patients treated in designated acute psychiatric units, extended treatment units and community care units on public hospital campuses.
10. Length of stay is higher than the target due to inclusion of data associated with extended treatment units and community care units. Patients in these facilities may extend to months or years, and higher than average separations will result in an increase in State-wide average length of stay. Difficulties in locating suitable post-discharge accommodation and an increase in the acuity of admitted patients also contribute to an increase in the length of stay.
11. Services are accredited at Health Service District level and each service may include a number of facilities. Two health services in remote areas have not yet achieved accreditation. More intensive support will be provided to assist these remote districts and they are expected to achieve accreditation in 2008-09.
12. The 2007-08 Estimated Actual is lower than the 2007-08 Target Estimate due to significant increases in the number of women in the target age group (aged 50-69 years), both through ageing and migration. This means the number of women in the target population for breast cancer screening has increased at a rate faster than screening capacity. In addition, there continue to be radiography workforce issues which impact on screening capacity at some services.
13. Reduced performance for School Oral Health occasions of service is due to increasing emergency demand, increasing costs and competition for Oral Health Therapists with the private sector. Due to service demands and staff shortages, increasing numbers of children and adolescents are being provided with oral health care in Adult Oral Health Clinics. These have been counted in the adult activity measures.

Income Statement

Queensland Health	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Income				
Output revenue	1,8,15	4,621,881	4,682,696	5,457,139
User charges	2	348,135	379,971	377,038
Grants and other contributions	3,9,16	2,127,606	2,340,446	2,458,795
Other revenue	10,17	53,520	53,870	59,040
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		7,151,142	7,456,983	8,352,012
Expenses				
Employee expenses	4,11,18	4,529,644	4,591,675	5,199,486
Supplies and services	5,12,19	1,583,775	1,860,922	2,104,733
Grants and subsidies	6	544,178	539,769	561,360
Depreciation and amortisation	13,20	360,063	367,546	389,362
Finance/borrowing costs		..	..	..
Other expenses	7,14	129,482	93,071	93,071
Losses on sale/revaluation of property, plant and equipment and investments		4,000	4,000	4,000
Total expenses		7,151,142	7,456,983	8,352,012
OPERATING SURPLUS/(DEFICIT)		..	..	..

Statement of Changes in Equity

Queensland Health	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve		195,660	111,940	107,144
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity		195,660	111,940	107,144
Surplus/(deficit) for the period	
Total recognised income and expense for the period		195,660	111,940	107,144
Equity injection/(withdrawal)		222,226	162,381	633,012
Equity adjustments (MoG transfers)		(110)	(38,417)	(669)
Total movement in equity for period		417,776	235,904	739,487

Balance Sheet

Queensland Health	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CURRENT ASSETS				
Cash assets	21,32,40	520,814	544,554	618,560
Receivables	22	129,374	211,434	214,491
Other financial assets		..	..	..
Inventories	23	78,532	88,217	89,738
Other		54,600	49,225	49,248
Non-financial assets held for sale		..	..	..
Total current assets		783,320	893,430	972,037
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets	24	..	20,000	20,000
Property, plant and equipment	25,33,41	5,811,582	5,917,045	6,642,407
Intangibles	26,34	117,300	89,244	88,757
Other		212	925	925
Total non-current assets		5,929,094	6,027,214	6,752,089
TOTAL ASSETS		6,712,414	6,920,644	7,724,126
CURRENT LIABILITIES				
Payables	27,35,42	115,361	290,627	293,483
Employee benefit obligations	28,36,43	511,860	539,419	550,683
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		5,465	6,611	6,611
Total current liabilities		632,686	836,657	850,777
NON-CURRENT LIABILITIES				
Payables		..	..	..
Employee benefits obligations		..	..	..
Interest-bearing liabilities and derivatives	29,37,44	50,000	..	50,000
Provisions		..	..	..
Other		1,764	1,717	1,592
Total non-current liabilities		51,764	1,717	51,592
TOTAL LIABILITIES		684,450	838,374	902,369
NET ASSETS/(LIABILITIES)		6,027,964	6,082,270	6,821,757
EQUITY				
Capital/contributed equity	30,38,45	1,671,775	1,566,595	2,198,938
Retained surplus/(accumulated deficit)		2,379,549	2,387,901	2,387,901
Reserves:				
- Asset revaluation reserve	31,39,46	1,976,640	2,127,774	2,234,918
- Other (specify)		..	..	..
TOTAL EQUITY		6,027,964	6,082,270	6,821,757

Cash Flow Statement

Queensland Health	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Output receipts	47,56,66	4,621,881	4,748,943	5,457,139
User charges	48,57	334,173	366,009	362,778
Grants and other contributions	49,58,67	2,127,606	2,340,446	2,458,795
GST input tax credits received		165,874	165,874	165,874
Other		53,044	53,394	58,562
Outflows:				
Employee costs	50,59,68	(4,519,235)	(4,579,448)	(5,189,077)
Supplies and services	51,60,60	(1,583,541)	(1,860,688)	(2,104,499)
GST paid on purchases		(166,233)	(166,233)	(166,233)
Grants and subsidies	52	(544,178)	(539,769)	(561,360)
Borrowing costs		..	..	..
Other	53,61	(116,481)	(80,070)	(79,772)
Net cash provided by/(used in) operating activities		372,910	448,458	402,207
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		18,178	12,881	9,602
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for property, plant and equipment	62,70	(551,422)	(541,282)	(976,005)
Payments for intangibles	54,63,71	(60,176)	(43,599)	(44,501)
Payments for investments		..	..	..
Loans and advances made		(309)	(309)	(309)
Net cash provided by/(used in) investing activities		(593,729)	(572,309)	(1,011,213)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings	55,64,72	50,000	..	50,000
Equity injections	65,73	376,758	318,056	776,894
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(154,532)	(155,675)	(143,882)
Net cash provided by/(used in) financing activities		272,226	162,381	683,012
Net increase/(decrease) in cash held		51,407	38,530	74,006
Cash at the beginning of financial year		469,407	544,515	544,554
Cash transfers from restructure		..	(38,491)	..
Cash at the end of financial year		520,814	544,554	618,560

Income Statement

EXPENSES AND REVENUES ADMINISTERED ON BEHALF OF THE WHOLE-OF- GOVERNMENT	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Revenues				
Commonwealth grants		..	..	..
Taxes, fees and fines		50	50	50
Royalties, property income and other territorial Revenue		..	..	..
Interest		..	..	..
Administered revenue	1,4,7	16,202	18,462	24,131
Other		..	..	..
Total revenues		16,252	18,512	24,181
Expenses				
Supplies and services		..	..	..
Depreciation and amortisation		..	..	..
Grants and subsidies	2,5,8	9,286	11,923	16,023
Benefit payments		..	..	..
Borrowing costs	3,6,9	6,916	6,539	8,108
Other		7	7	7
Total expenses		16,209	18,469	24,138
Net surplus or deficit before transfers to Government		43	43	43
Transfers of administered revenue to Government		43	43	43
OPERATING SURPLUS/(DEFICIT)		..	..	..

Balance Sheet

ASSETS AND LIABILITIES ADMINISTERED ON BEHALF OF THE WHOLE-OF- GOVERNMENT	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CURRENT ASSETS				
Cash assets		318	47	47
Receivables		10	12	12
Inventories		..	..	..
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		328	59	59
NON-CURRENT ASSETS				
Receivables	10,12,14	124,480	128,072	120,769
Other financial assets		..	..	..
Property, plant and equipment		..	..	..
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		124,480	128,072	120,769
TOTAL ADMINISTERED ASSETS		124,808	128,131	120,828
CURRENT LIABILITIES				
Payables		..	..	..
Transfers to Government payable		327	59	59
Interest-bearing liabilities		..	..	..
Other		..	..	..
Total current liabilities		327	59	59
NON-CURRENT LIABILITIES				
Payables		..	..	..
Interest-bearing liabilities	11,13,15	124,481	128,072	120,769
Other		..	..	..
Total non-current liabilities		124,481	128,072	120,769
TOTAL ADMINISTERED LIABILITIES		124,808	128,131	120,828
ADMINISTERED NET ASSETS/(LIABILITIES)		..	..	..
EQUITY				
Capital/Contributed equity		..	..	..
Retained surplus/(Accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
TOTAL ADMINISTERED EQUITY		..	..	..

Cash Flow Statement

CASH FLOWS ADMINISTERED ON BEHALF OF THE WHOLE-OF-GOVERNMENT	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Administered item receipts	16,24,31	14,775	18,196	24,131
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	17,25,32	(7,859)	(11,923)	(16,023)
Supplies and services		..	..	..
Borrowing costs	18,26,33	(6,916)	(7,740)	(8,108)
Other		..	..	..
Net cash provided by/(used in) operating activities		..	(1,467)	..
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed	19,27,34	..	2,445	7,303
Outflows:				
Payments for property, plant and equipment		..	..	..
Payments for intangibles		..	..	..
Payments for investments		..	..	..
Loans and advances made	20,28,35	(30,270)	(35,650)	..
Net cash provided by/(used in) investing activities		(30,270)	(33,205)	7,303
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings	21,29,36	30,270	35,650	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions	22,30,37	..	(2,445)	(7,303)
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by/(used in) financing activities		30,270	33,205	(7,303)
Net increase/(decrease) in cash held		..	(1,467)	..
Administered cash at beginning of financial year	23	318	1,514	47
Cash transfers from restructure		..	..	..
Administered cash at end of financial year		318	47	47

Explanation of Variances in the Financial Statements

Income Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

1. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
2. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
3. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School.
4. Increases in staff to perform additional elective surgery and increased activity through growth in emergency department presentations, cancer care, intensive care, cardiac and renal services.
5. Supplies and services increased due to re-classification of Queensland Ambulance Services (QAS) and operating leases account codes from Grants and subsidies and Other expenses. Increased use of agency nursing and medical staff to cover delays in the recruitment of permanent staff to maintain health services and commence new and improved services including elective surgery.
6. Decrease due to re-mapping of QAS account codes to Supplies and services.
7. Reclassification of operating leases to Supplies and services.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

8. Increase reflects ongoing Government commitments for more beds in hospitals, demand management, information infrastructure and enterprise bargaining commitments.
9. One-off increases in Commonwealth programs including Australian Health Care Agreement (AHCA) base grant and increases for immunisation, demand management and one-off elective surgery funding.
10. Other revenue increases relate to salary recoveries and other reimbursements from external agencies for services provided by Queensland Health staff.
11. Increase due to the impact of wage increases under the proposed enterprise bargaining framework, and increases in recruitment in all outputs to meet extra demand from the more beds for hospitals initiative, elective surgery, population increases, and new or increased services.
12. Increases due to non-labour escalation and activity growth increasing drugs and clinical supplies in accordance with new initiatives or increased services. Increases also due to reclassification of operating leases and QAS. Additional funding to increase repairs and maintenance and replacement of essential technology and equipment.
13. Depreciation expense has increased due to additional capital investment and revaluation of part of the building portfolio in line with current market conditions.
14. Reclassification of operating leases to Supplies and services.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

15. Increase reflects ongoing Government commitments for more beds in hospitals, demand management, information infrastructure and enterprise bargaining commitments.
16. Increases to AHCA base and one-off elective surgery funding.
17. Other revenue increases relate to salary recoveries and other reimbursements from external agencies for services provided by Queensland Health staff.
18. Increase due to the impact of wage increases under the proposed enterprise bargaining framework, and increases in recruitment in all outputs to meet extra demand from the more beds for hospitals initiative, elective surgery, population increases, and new or increased services.
19. Increases due to non-labour escalation and activity growth increasing drugs and clinical supplies in accordance with new initiatives or increased services. Increases also due to reclassification of operating leases and QAS. Additional funding to increase repairs and maintenance and replacement of essential technology and equipment.
20. Depreciation expense has increased due to additional capital investment and revaluation of part of the building portfolio in line with current market conditions.

Balance Sheet

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

21. Cash has increased due to delays in the capital program and opening balance flow through of Australian Government quarantined funding.
22. Increase reflects the 2006-07 year end balance flow through effect.
23. Increases due to increased vaccines for immunisation held and additional drugs and clinical supplies stocked for increased demand and activity.
24. In 2006-07 the Treasurer approved the investment of \$20 million with Queensland Treasury Corporation, with the interest earned funding the Smart State Research Grants.
25. Increase reflects the 2006-07 year end balance flow through effect.
26. Decrease reflects the 2006-07 year end balance flow through effect.
27. Increase reflects the 2006-07 year end balance flow through effect.
28. Increase in employee benefit obligations reflects increased staffing levels and enterprise bargaining wage rise effects. Refer Note 5 in Income statement section above.
29. Draw down of borrowings deferred to 2008-09 due to delays in implementation of new whole-of-Government system solution (finance and payroll).
30. Decrease reflects the 2006-07 year end balance flow through effect and deferral of equity injections to outer years.
31. The increase in revaluation reserve reflects the impact of the 2006-07 year end balances which resulted in a higher than budgeted annual indexation to the land and building portfolio.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

32. Cash has increased due to delays in the capital program and opening balance flow through of Australian Government quarantined funding.
33. Increase reflects the additional capital funding for the three new hospitals at Gold Coast, Sunshine Coast and Queensland Children's Hospital. Additional capital works in response to the demand management requirements and other service enhancements contributes to the increase.
34. Decrease reflects the 2006-07 year end balance flow through effect.
35. Increase reflects the 2006-07 year end balance flow through effect.
36. Increase in employee benefit obligations reflects increased staffing levels and enterprise bargaining wage rise effects. Refer Note 5 in Income statement section above.
37. Borrowings used as a funding source for new whole-of-Government system solution (finance and payroll). Deferred from 2007-08. Refer Note 29.
38. Increase due to additional capital investment. Refer Note 33.
39. The increase in revaluation reserve reflects the impact of the 2006-07 year end balances which resulted in a higher than budgeted annual indexation to the land and building portfolio.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

40. Cash has increased due to delays in the capital program and opening balance flow through of Australian Government quarantined funding.
41. Increase reflects the additional capital funding for the three new hospitals at Gold Coast, Sunshine Coast and Queensland Children's Hospital. Additional capital works in response to the demand management requirements and other service enhancements contributes to the increase.
42. Increase reflects the 2006-07 year end balance flow through effect.
43. Increase in employee benefit obligations reflects increased staffing levels and enterprise bargaining wage rise effects. Refer Note 5 in Income statement section above.
44. Borrowings used as a funding source for new whole-of-Government system solution (finance and payroll). Deferred from 2007-08. Refer Note 29.
45. Increase due to additional capital investment. Refer Note 33.
46. The increase in revaluation reserve reflects the impact of the 2006-07 year end balances which resulted in a higher than budgeted annual indexation to the land and building portfolio.

Cash Flow Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

47. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
48. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
49. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School. .
50. Increases in staff to perform additional elective surgery and increased activity through growth in emergency department presentations, cancer care, intensive care, cardiac and renal services.
51. Supplies and services increased due to re-classification of Queensland Ambulance Services (QAS) and operating leases account codes from Grants and subsidies and Other expenses. Increased use of agency nursing and medical staff to cover delays in the recruitment of permanent staff to maintain health services and commence new and improved services including elective surgery.
52. Decrease due to re-mapping of QAS account codes to Supplies and services.
53. Reclassification of operating leases to Supplies and services.
54. Decrease reflects the 2006-07 year end balance flow through effect.
55. Draw down of borrowings deferred to 2008-09 due to delays in implementation of new whole-of-Government system solution (finance and payroll).

Major variations between 2007-08 Budget and 2008-09 Estimate include:

56. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
57. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
58. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School.
59. Increases in staff to perform additional elective surgery and increased activity through growth in emergency department presentations, cancer care, intensive care, cardiac and renal services.
60. Supplies and services increased due to re-classification of Queensland Ambulance Services (QAS) and operating leases account codes from Grants and subsidies and Other expenses. Increased use of agency nursing and medical staff to cover delays in the recruitment of permanent staff to maintain health services and commence new and improved services including elective surgery.
61. Reclassification of operating leases to Supplies and services.
62. Increase reflects the 2006-07 year end balance flow through effect.
63. Decrease reflects the 2006-07 year end balance flow through effect.
64. Draw down of borrowings deferred to 2008-09 due to delays in implementation of new whole-of-Government system solution (finance and payroll).
65. Decrease reflects the 2006-07 year end balance flow through effect and deferral of equity injections to outer years.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

66. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
67. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School.
68. Increases in staff to perform additional elective surgery and increased activity through growth in emergency department presentations, cancer care, intensive care, cardiac and renal services.
69. Supplies and services increased due to re-classification of Queensland Ambulance Services (QAS) and operating leases account codes from Grants and subsidies and Other expenses. Increased use of agency nursing and medical staff to cover delays in the recruitment of permanent staff to maintain health services and commence new and improved services including elective surgery.
70. Increase reflects the 2006-07 year end balance flow through effect.
71. Decrease reflects the 2006-07 year end balance flow through effect.
72. Draw down of borrowings deferred to 2008-09 due to delays in implementation of new whole-of-Government system solution (finance and payroll).
73. Decrease reflects the 2006-07 year end balance flow through effect and deferral of equity injections to outer years.

Income Statement

Expenses and Revenues Administered on behalf of the Whole-of-Government

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

1. Increased funding from Government received for the interest incurred and principal repayments on borrowings for the public component of the Mater Hospital redevelopment loan and funding received for the Health Quality and Complaints Commission.
2. On-payment of funding from Government by a grant to the Health Quality and Complaints Commission.
3. Decrease in interest incurred on the balance of funds borrowed from Queensland Treasury Corporation (QTC) for funding the public component of the Mater Hospital redevelopment due to remaining interest at date of final drawdown capitalised as the loan is converted to a fixed rate loan at time of final drawdown.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

4. Increased funding received for the Health Quality and Complaints Commission and funding from Government received for the repayment of borrowings for the public component of the Mater Hospital redevelopment.
5. Refer Note 4.
6. Increased interest due to increased drawdowns borrowed from QTC for funding public component of Mater Hospital redevelopment.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

7. Increased funding received for the Health Quality and Complaints Commission and funding from Government received for the repayment of borrowings for the public component of the Mater Hospital redevelopment.
8. Refer Note 7.
9. Increased interest due to increased drawdowns borrowed from QTC for funding public component of Mater Hospital redevelopment.

Balance Sheet

Assets and Liabilities Administered on behalf of the Whole-of-Government

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

10. Reflects the passing on of funds to the Mater for the redevelopment of the public hospital component. The receivable for this will be extinguished once the redevelopment is completed with the repayment of the underlying borrowings by Government over a fifteen year term. Increase due to additional borrowings in 2007-08 for essential infrastructure costs.
11. Funding for the public component of the Mater Hospital redevelopment is by way of the department drawing down borrowings from QTC. Borrowings have been drawn down over the term of the redevelopment with funds passed on to the Mater. Repayment of the borrowings will be funded by Government. Increase due to additional borrowings in 2007-08 for essential infrastructure costs.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

12. Decrease reflects first year of repayment of advance to the Mater with the repayment funded by Government.
13. Decrease reflects first year of repayment of borrowings to QTC of Mater Hospital redevelopment loan.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

14. Decrease reflects first year of repayment of advance to the Mater with the repayment funded by Government.
15. Decrease reflects first year of repayment of borrowings to QTC of Mater Hospital redevelopment loan.

Cash Flow Statement

Cash Flows Administered on behalf of the Whole-of-Government

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

16. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
17. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
18. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School.
19. First instalment of repayment from Mater for advance of borrowings from QTC for Mater Hospital redevelopment. Repayment is fully funded by Government.
20. Increase due to additional borrowings in 2007-08 for essential infrastructure costs of the Mater Hospital redevelopment with funds passed on to the Mater.
21. Increase due to additional borrowings in 2007-08 for essential infrastructure costs of the Mater Hospital redevelopment with funds passed on to the Mater.
22. First instalment of repayment of borrowings to QTC for Mater Hospital redevelopment loan. Repayment is fully funded by Government.
23. Increase reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

24. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
25. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
26. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School. .

27. First full year repayment from Mater for advance of borrowings from QTC for Mater Hospital redevelopment.
28. Advances of borrowings from QTC to the Mater for Mater Hospital redevelopment fully drawndown in 2007-08.
29. Borrowings from QTC for the Mater Hospital redevelopment fully drawndown in 2007-08.
30. First full year repayment of borrowings from QTC for Mater Hospital redevelopment loan.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

31. Additional funding provided for increased elective surgery, increased demand through emergency departments, population growth and other essential services such as cancer care, intensive care, cardiac and renal services.
32. Increases reflect additional one-off Veteran Affairs revenue not previously recognised for increased actual cost of service relating to prior years.
33. Increases due to increased immunisation program, breast cancer screening program, HIV/AIDS intervention programs and national drug strategies, Indigenous health programs, one-off Commonwealth funding for training and relocating medical students at Griffith University and contribution to new Gold Coast Hospital in recognition of costs of relocating Griffith University Medical School. .
34. First full year repayment from Mater for advance of borrowings from QTC for Mater Hospital redevelopment.
35. Advances of borrowings from QTC to the Mater for Mater Hospital redevelopment fully drawn down in 2007-08.
36. Borrowings from QTC for the Mater Hospital redevelopment fully drawn down in 2007-08.
37. First full year repayment of borrowings from QTC for Mater Hospital redevelopment loan.

Shared Service Initiative

Queensland Health Shared Service Provider

Overview

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

Hosted by Queensland Health, the Queensland Health Shared Service Provider (QHSSP) was established on 1 December 2003 and employs approximately 1,316 Full-Time Equivalent staff. The Service aims to provide efficient, quality and innovative corporate services that support the delivery of health services and promote organisational effectiveness for Queensland Health. The QHSSP delivers the following operational services:

- finance
- supply
- payroll
- recruitment and selection
- document and records management
- staff travel.

Review of Performance

Recent achievements

- Implementation of Client/Customer Engagement model, facilitating improved communication between client and provider.
- Implementation of Rostering Improvement Program Approach (RIPA). Providing improved quality and accuracy of payroll and rostering services and relieving clinicians of administrative work.
- Implementation of the Senior Medical Officer/Visiting Medical Officer Payroll Project. Providing improved services to key client groups through a specialised service model and key point of contact within each service centre.
- Introduction of RecruitASP Lite recruitment information system. Providing web-based application management system, improving management of applications and increasing applications for positions.
- Implementation of service standardisation and process improvement in the Finance service. Including the introduction of private practice support system to provide improved management and reporting of private practice processes and funding.

Future developments

- Implementation of solutions which support end to end business processes. In particular, delivery of systems to ensure continuity and stability of payroll and rostering processes.
- Ongoing implementation of the Supply Chain Management Integration Strategy. The strategy seeks to design, develop and implement a model of service delivery that supports a lean, high performance supply chain that achieves “best practice” standards.
- Client/provider relationships will be improved through refining the client scorecard approach to performance reporting and developing agreed internal and external benchmarking mechanisms.

Statements

Performance Statement

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Financial performance measures				
\$ SSP Operating Surplus/(Deficit) (\$'000)		..	..	..
% Labour costs as % of total expenses	1	74.19%	83.45%	84.36%
Non-financial performance measures				
Number of FTE in SSP	2	1,450	1,316	1,316
% of Operating Level Agreements signed	3	100%	100%	100%

Notes:

1. Increase is due to the full effect of agreed reclassification of Operational Officer and Administration Officer staffing streams through the enterprise bargaining agreement.
2. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
3. Queensland Health has one Operating Level Agreement with the Queensland Health Shared Service Provider.

Income Statement

Queensland Health Shared Service Provider	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Income				
User charges	1,5,10	120,625	94,794	98,438
Grants and other contributions		..	386	..
Other revenue	6,11	1,000	1,075	..
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		121,625	96,255	98,438
Expenses				
Employee expenses	2,7,12	90,230	80,333	83,040
Supplies and services	3,8,13	23,278	15,556	14,869
Grants and subsidies		..	..	..
Depreciation and amortisation		81	150	154
Finance/borrowing costs		..	..	..
Other expenses	4,9	8,036	216	375
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
Total expenses		121,625	96,255	98,438
OPERATING SURPLUS/(DEFICIT)		..	..	..

Statement of Changes in Equity

Queensland Health Shared Service Provider	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 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)	14	(6,988)	..	..
Equity adjustments (MoG transfers)		..	1,143	..
Total movement in equity for period		(6,988)	1,143	..

Balance Sheet

Queensland Health Shared Service Provider	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CURRENT ASSETS				
Cash assets	15,20	(3,276)	10,162	10,316
Receivables		846	812	812
Other financial assets		..	..	..
Inventories		..	..	..
Other		13	63	63
Non-financial assets held for sale		..	..	..
Total current assets		(2,417)	11,037	11,191
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		368	712	558
Intangibles		6	..	..
Other		..	..	..
Total non-current assets		374	712	558
TOTAL ASSETS		(2,043)	11,749	11,749
CURRENT LIABILITIES				
Payables	16,21	2,204	545	545
Employee benefits obligations	17,22	10,663	7,543	7,543
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		12,867	8,088	8,088
NON-CURRENT LIABILITIES				
Payables		..	..	..
Employee benefits obligations		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		12,867	8,088	8,088
NET ASSETS/(LIABILITIES)		(14,910)	3,661	3,661
EQUITY				
Capital/contributed equity	18,23	(17,307)	4,839	4,839
Retained surplus/(Accumulated deficit)	19,24	2,397	(1,178)	(1,178)
Reserves:				
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
TOTAL EQUITY		(14,910)	3,661	3,661

Cash Flow Statement

Queensland Health Shared Service Provider	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges	25,31,38	120,625	94,794	98,438
Grants and other contributions		..	386	..
Other	32,39	1,000	1,075	..
Outflows:				
Employee costs	26,33,40	(90,230)	(81,000)	(83,040)
Supplies and services	27,34,41	(23,278)	(15,556)	(14,869)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other	28,35	(8,036)	(216)	(375)
Net cash provided by/ (used in) operating activities		81	(517)	154
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	29,36	(6,988)	..	..
Net cash provided by/(used in) financing activities		(6,988)	..	..
Net increase/(decrease) in cash held		(6,907)	(517)	154
Cash at the beginning of financial year	30,37	3,631	10,679	10,162
Cash transfers from restructure		..	..	..
Cash at the end of financial year		(3,276)	10,162	10,316

Explanation of Variances in the Financial Statements

Income Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

1. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
2. Refer Note 1 above.
3. Refer Note 1 above.
4. Refer Note 1 above.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

5. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health and increase in operating level agreement for labour and non-labour escalation.
6. Completion of a number of one-off projects in 2007-08 including the Rostering Improvement Program Approach and Senior Medical Officer/Visiting Medical Officer Payroll projects.
7. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health and enterprise bargaining increases.
8. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
9. Reclassification of operating leases to Supplies and services and transfer of Performance return to Queensland Health as Queensland Health has sufficient economies of scale to meet the required return.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

10. Increase in operating level agreement for labour and non-labour escalation.
11. Completion of a number of one-off projects in 2007-08 including the Rostering Improvement Program Approach and Senior Medical Officer/Visiting Medical Officer Payroll projects.
12. Reflects the impact of enterprise bargaining increases.
13. Reclassification of operating leases to Supplies and services and transfer of Performance return to Queensland Health as Queensland Health has sufficient economies of scale to meet the required return.

Statement of Changes in Equity

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

14. Agreement that Queensland Health instead of Queensland Health Shared Service Provider would meet the unfunded amortisation cost as a result of transferring the Human Resource Management Information System from Queensland Health to Queensland Health Shared Service Provider.

Balance Sheet

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

15. The increase reflects the 2006-07 year end balance flow through effect.
16. The decrease reflects the 2006-07 year end balance flow through effect.
17. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
18. Agreement that Queensland Health instead of Queensland Health Shared Service Provider would meet the unfunded amortisation cost as a result of transferring the Human Resource Management Information System from Queensland Health to Queensland Health Shared Service Provider.
19. The decrease reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

20. The increase reflects the 2006-07 year end balance flow through effect.
21. The decrease reflects the 2006-07 year end balance flow through effect.
22. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
23. Agreement that Queensland Health instead of Queensland Health Shared Service Provider would meet the unfunded amortisation cost as a result of transferring the Human Resource Management Information System from Queensland Health to Queensland Health Shared Service Provider.
24. The decrease reflects the 2006-07 year end balance flow through effect.

Cash Flow Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

25. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
26. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
27. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
28. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
29. Agreement that Queensland Health instead of Queensland Health Shared Service Provider would meet the unfunded amortisation cost as a result of transferring the Human Resource Management Information System from Queensland Health to Queensland Health Shared Service Provider.
30. The increase reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

31. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health and increase in operating level agreement for labour and non-labour escalation.
32. Completion of a number of one-off projects in 2007-08 including the Rostering Improvement Program Approach and Senior Medical Officer/Visiting Medical Officer Payroll projects.
33. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health and enterprise bargaining increases.
34. Reflects transfer at 1 July 2007 of corporate services functions as defined within the Shared Service Initiative Standardisation Project from Queensland Health Shared Service Provider to Queensland Health.
35. Reclassification of operating leases to Supplies and services and transfer of Performance return to Queensland Health as Queensland Health has sufficient economies of scale to meet the required return.
36. Agreement that Queensland Health instead of Queensland Health Shared Service Provider would meet the unfunded amortisation cost as a result of transferring the Human Resource Management Information System from Queensland Health to Queensland Health Shared Service Provider.
37. The increase reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

38. Increase in operating level agreement for labour and non-labour escalation.
39. Completion of a number of one-off projects in 2007-08 including the Rostering Improvement Program Approach and Senior Medical Officer/Visiting Medical Officer Payroll projects.
40. Reflects the impact of enterprise bargaining increases.
41. Reclassification of operating leases to Supplies and services and transfer of Performance return to Queensland Health as Queensland Health has sufficient economies of scale to meet the required return.

Statutory Bodies

Queensland Institute of Medical Research

Overview

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

- Infectious Diseases
- Immunology
- Cancer and Cell Biology
- Human Genetics and Population Health
- Indigenous Health Research Program
- a Mental Health division is being developed.

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

In 2007-08, QIMR received a grant of \$5.9 million from the Queensland Government and the QIMR Trust contributed \$4.4 million, used to fund QIMR research activities. These grants enabled QIMR in 2006-07 to successfully bid for \$33.5 million of competitive peer-reviewed medical research grants. The two largest funders of research at QIMR are the National Health and Medical Research Council Australia (NHMRC) and the National Institutes of Health (USA). QIMR receives significant funding from other bodies such as the Cancer Council Queensland and the Leukemia Foundation of Queensland.

QIMR is located in the Bancroft Centre and the Clive Berghofer Cancer Research Centre in Herston (adjacent to the Royal Brisbane and Women's Hospital) and is currently progressing the design phase of the QIMR Smart State Medical Research Centre being developed on the former Queensland Radium Institute site.

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

QIMR continues to compete for national and international research grant funding. QIMR also continues to recognise and encourage the establishment of national and international collaborative research partnerships with universities.

QIMR's current activities include:

- researching the causes and mechanisms of cancer and common diseases, including those which particularly affect Queenslanders (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 and heart disease
- engaging the community to work in partnership with researchers to shape decisions about research priorities, policies and practices
- 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 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
- the recruitment of more than 100 scientific staff per year
- hosting approximately 105 visiting scientists from Australia and overseas
- staffing QIMR with currently 440 Full-Time Equivalents
- encouraging research staff to identify, develop and commercialise intellectual property
- assisting Queensland Health to protect and commercialise its intellectual property, which has resulted in the creation of Replikun Pty Ltd
- commercialising intellectual property through license agreements and the creation of commercial entities through joint ventures such as the CRC for Aboriginal Health.

Review of Performance

Recent achievements

- Commencement of world first immunotherapy treatment for Nasopharyngeal cancer (in collaboration with Hong Kong University and Queen Mary Hospital).
- Agreement to license technology to develop a vaccine for rheumatic heart disease to Merck (USA).
- Discovery of five genes that affect risk for breast cancer.
- Publication of genome for *Trichomonas vaginalis* in *Science*.
- Discovery that molecules that inhibit *EphA4* can help mice suffering from spinal cord damage.
- Demonstrated that obesity and reflux are major risk factors for Oesophageal cancer.
- Identification of leading vaccine candidate for schistosomiasis.
- Demonstrated significantly worse outcomes for Aboriginal people suffering from cancer.
- Achieved greater than 98% reduction in dengue fever in two rural communities in Vietnam using mesocyclops to kill mosquito larvae.
- Genetic analysis of iron-overload disorders and how they differ between men and women, which was published in *The New England Journal of Medicine*.
- Identification of a protein involved in genetic stability with significant implications for cancer drug development, to be published in *Nature*.

Future Developments

The QIMR Smart State Medical Research Centre is currently being planned for construction to commence in the near future with all funding sources being finalised.

Statements

Income Statement

Queensland Institute of Medical Research	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Income				
User charges	1	3,563	6,461	6,215
Grants and other contributions	2,5	46,682	50,075	122,743
Other revenue	3	4,518	5,439	6,240
Gains on sale/revaluation of property, plant and equipment and investments	4,6	4,417	250	3,596
Total income		59,180	62,225	138,794
Expenses				
Employee expenses	7	34,339	35,066	38,935
Supplies and services	8	19,477	20,384	21,743
Grants and subsidies		..	..	..
Depreciation and amortisation		4,313	4,446	4,862
Finance/borrowing costs		..	..	..
Other expenses		307	294	355
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
Total expenses		58,436	60,190	65,895
OPERATING SURPLUS/(DEFICIT)		744	2,035	72,899

Statement of Changes in Equity

Queensland Institute of Medical Research	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve		9,832	8,542	9,565
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity		9,832	8,542	9,565
Surplus/(deficit) for the period		744	2,035	72,899
Total recognised income and expense for the period		10,576	10,577	82,464
Equity injection/(withdrawal)	
Equity adjustments (MoG transfers)	
Total movement in equity for period		10,576	10,577	82,464

Balance Sheet

Queensland Institute of Medical Research	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CURRENT ASSETS				
Cash assets	9	4,583	40,192	38,656
Receivables		10,250	11,108	11,124
Other financial assets		..	..	..
Inventories		427	277	276
Other		588	550	550
Non-financial assets held for sale		..	..	..
Total current assets		15,848	52,127	50,606
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets	10	75,746	100,808	102,530
Property, plant and equipment	11,13	123,346	104,575	131,898
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		199,092	205,383	234,428
TOTAL ASSETS		214,940	257,510	285,034
CURRENT LIABILITIES				
Payables	12,14	16,887	68,039	13,039
Employee benefits obligations		1,808	1,877	1,937
Interest-bearing liabilities and derivatives		24	27	27
Provisions		..	121	121
Other		1,415	225	225
Total current liabilities		20,134	70,289	15,349
NON-CURRENT LIABILITIES				
Payables		..	..	..
Employee benefits obligations		405	456	456
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		405	456	456
TOTAL LIABILITIES		20,539	70,745	15,805
NET ASSETS/(LIABILITIES)		194,401	186,765	269,229
EQUITY				
Capital/contributed equity		..	..	..
Retained surplus/(Accumulated deficit)		149,698	153,219	226,118
Reserves:				
- Asset revaluation reserve		44,703	33,546	43,111
- Other (specify)		..	..	..
TOTAL EQUITY		194,401	186,765	269,229

Cash Flow Statement

Queensland Institute of Medical Research	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges		3,533	6,674	6,285
Grants and other contributions	17	46,682	50,075	67,743
Other		3,918	5,538	5,971
Outflows:				
Employee costs		(34,278)	(35,007)	(38,875)
Supplies and services		(19,397)	(20,518)	(21,743)
Grants and subsidies		..	(2,579)	2,989
Borrowing costs		..	..	..
Other		(307)	(264)	(332)
Net cash provided by/(used in) operating activities		151	3,919	22,038
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	15,18	(2,232)	(6,619)	(22,620)
Payments for investments	16,19	..	(29,998)	(954)
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		(2,232)	(36,617)	(23,574)
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		(2,081)	(32,698)	(1,536)
Cash at the beginning of financial year		6,664	72,890	40,192
Cash transfers from restructure		..	..	..
Cash at the end of financial year		4,583	40,192	38,656

Explanation of Variances in the Financial Statements

Note: Financial statements for QIMR Council and QIMR Trust have been consolidated.

Income Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

1. User charges – \$2 million 2007-08 budget contract research income not included in line item. Estimated actual figure \$0.8 million higher than budget.
2. Grants and other contributions – \$3.4 million not budgeted received from Queensland Government for Smart State Medical Research Centre.
3. Other revenue – Unbudgeted interest from Smart State Medical Research Centre funds received \$2.5 million, offset by contract research income included in budget.
4. Gain on sale/plant and equipment and investments – Depressed stock market did not return budgeted increase in investment market value \$4.4 million.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

5. Grants and other contributions – Recognise \$55 million revenue received from Australian Government for Smart State Medical Research Centre.
6. Gain on sale/plant and equipment and investments – Improved but modest returns on managed funds invested \$3.5 million.
7. Employee expenses – Salaries and associated costs related to Corporate review, plus 4% CPI increase.
8. Supplies and services – Increase in electricity charges \$1 million.

Balance sheet

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

9. Cash assets – \$55 million received from Australian Government for building, offset by \$30 million invested in managed funds in 2007-08 not anticipated at the time of the 2007-08 Budget.
10. Other financial assets – \$30 million invested in managed funds in 2007-08 not anticipated at the time of the 2007-08 Budget, offset by decrease in market value of managed funds \$4.4 million.
11. Property, plant and equipment – 2006-07 building revaluation anticipated in the 2007-08 Budget was not realised.
12. Current payables – \$55 million received for Smart State Medical Research Centre not anticipated at the time of the 2007-08 Budget.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

13. Property, plant and equipment – Increase due to construction work commencing on Smart State Medical Research Centre with \$20.3 million anticipated to be spent in 2008-09 and revaluation of buildings (\$9.6 million).
14. Current payables – \$55 million of Australian Government funding for Smart State Medical Research Centre received in 2006-07 recognised as income in 2008-09.

Cash Flow Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

15. Payments for Property, plant and equipment – \$3.9 million preliminary costs on Smart State Medical Research Centre which was not anticipated in the 2007-08 Budget.
16. Payments for investments – \$30 million invested in managed funds in 2007-08.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

17. Grants and other contributions – \$20 million of funding for Smart State Medical Research Centre to be received in 2008-09.
18. Payments for Property, plant and equipment – Increase due to construction work commencing on Smart State Medical Research Centre with \$20.3 million to be spent in 2008-09 Budget.
19. Payments for investments – \$30 million invested in managed funds in 2007-08.

Health Quality and Complaints Commission

Overview

The Health Quality and Complaints Commission (HQCC) strategic direction is:

- to engage and develop partnerships with health service users and health service providers
- to develop a contemporary knowledge and research culture and to align staff to the HQCC vision of positive health action
- to continuously improve its governance and operation to achieve this vision.

The key factors impacting on the HQCC include:

- the variety, volume and accessibility of stakeholder groups to be engaged
- the number of new business processes, and improvements to existing processes
- generating a cultural shift towards continuous improvement throughout the HQCC
- sufficiently funding the organisation to achieve HQCC priorities.

The HQCC goal is to improve the quality of Queensland's health services and links to the Government outcome of Healthy, active individuals and communities. The 2008-09 estimated Full-Time Equivalent (FTE) positions are 58.2 FTE (permanent) and 19.5 FTE (temporary).

Review of Performance

Recent Achievements

- Developed a stakeholder engagement strategy based on the recommendations of the Parliamentary Review Committee's Report on the HQCC.
- Monitored and reported on 226 public and private facilities' compliance with the HQCC's seven health standards.
- Developed and launched an improved information management tool for the Complaint Service unit to deliver more efficient and effective services.
- Managed the public consultation phase for the draft Code of Health Rights and Responsibilities and will submit the final draft to the Minister for Health by 30 June 2008.
- Finalised the review of three Quality Councils and made recommendations for the use of clinical networks in the three clinical areas.
- Redeveloped the HQCC website and launched an interactive intranet for staff.

Future Developments

- Implement the stakeholder engagement action plan to increase the HQCC profile and to achieve better relationships with key stakeholder groups.
- Improve the knowledge and research agenda of the HQCC via information management solutions and refined business processes.
- Relocate with the Queensland Ombudsman, Commission for Children and Young People and Child Guardian, Anti-Discrimination Commission Queensland and Commonwealth Ombudsman (Queensland Branch) to create a "one stop shop" for complaints handling.
- Develop new models for Complaint Services, Standards and Quality units to improve the experience of stakeholders.
- Finalise all outstanding Bundaberg Special Process matters.

Statements

Performance Statement

Measures	Notes	2007-08 Target/Est.	2007-08 Est. Actual	2008-09 Target/Est.
Number of enquiries closed	1	1,500	2,000	2,500
Number of complaints closed	2	2,500	3,500	4,000
Number of investigations finalised	3	12	15	40
Number of standards released or reviewed	4	7	7	7
% HQCC investigation recommendations accepted by agency		80%	80%	80%
% of health service providers reporting against standards	5	50%	85% of hospitals and day surgery units	100% of hospitals and day surgery units
% of complaints assessed within 90 days of the start of the assessment stage		75%	75%	75%
% of investigations finalised within 12 months	6	95%	50%	50%
State contribution (\$'000)		9,286	11,251	8,528
Other revenue (\$'000)		250	300	250
Total cost (\$'000)		9,536	11,561	8,778

Notes:

- Expected increase in number of enquiries closed as the new complaint system is fully implemented and business processes streamlined.
- Expected increase in number of complaints closed as the new complaint system is fully implemented and business processes streamlined.
- Expected increase in the number of investigations referred to the HQCC and finalised within agreed timeframes.
- The seven standards released in 2007-08 will be reviewed in 2008-09.
- Expected increase in % of health service providers reporting against the standards as mandatory reporting is rolled out across all hospitals and day surgeries.
- The variance from 95% to 50% is the result of: 1. increase in the number and complexity of investigations being conducted, and 2. the time required to meet natural justice obligations before the HQCC can finalise its report about an investigation. The time to finalise investigations is being addressed with improvements in investigation case management processes.

Income Statement

Health Quality and Complaints Commission	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
Income				
User charges		..	..	..
Grants and other contributions	1	9,286	11,251	8,528
Other revenue		250	300	250
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income	4	9,536	11,561	8,778
Expenses				
Employee expenses	2	6,596	8,062	6,704
Supplies and services	3	2,140	3,371	1,946
Grants and subsidies		..	..	..
Depreciation and amortisation		100	100	100
Finance/borrowing costs		..	..	..
Other expenses		700	28	28
Losses on sale/revaluation of property, plant and equipment and investments		..	..	..
Total expenses		9,536	11,561	8,778
OPERATING SURPLUS/(DEFICIT)		..	..	..

Statement of Changes in Equity

Health Quality and Complaints Commission	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 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 and Complaints Commission	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CURRENT ASSETS				
Cash assets	5	2,150	3,311	3,411
Receivables		73	88	88
Other financial assets		..	..	..
Inventories		..	..	..
Other		7	16	16
Non-financial assets held for sale		..	..	..
Total current assets		2,230	3,415	3,515
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	6	223	414	314
Intangibles		..	11	11
Other		..	..	..
Total non-current assets		223	425	325
TOTAL ASSETS		2,453	3,840	3,840
CURRENT LIABILITIES				
Payables		637	370	370
Employee benefits obligations	7	163	323	323
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		800	693	693
NON-CURRENT LIABILITIES				
Payables		..	..	..
Employee benefits obligations	7	35	143	143
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		35	143	143
TOTAL LIABILITIES		835	836	836
NET ASSETS/(LIABILITIES)		1,618	3,004	3,004
EQUITY				
Capital/contributed equity		1,618	1,619	1,619
Retained surplus/(Accumulated deficit)		..	1,385	1,385
Reserves:				
- Asset revaluation reserve		..	..	..
- Other (specify)		..	..	..
TOTAL EQUITY	8	1,618	3,004	3,004

Cash Flow Statement

Health Quality and Complaints Commission	Notes	2007-08 Budget \$'000	2007-08 Est. Act. \$'000	2008-09 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges		..	..	..
Grants and other contributions	9	7,860	11,261	8,528
Other		250	300	250
Outflows:				
Employee costs	10	(6,596)	(8,062)	(6,704)
Supplies and services	11	(2,140)	(3,371)	(1,946)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(700)	(28)	(28)
Net cash provided by/(used in) operating activities		(1,326)	100	100
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		(1,326)	100	100
Cash at the beginning of financial year		3,476	3,211	3,311
Cash transfers from restructure		..	..	..
Cash at the end of financial year		2,150	3,311	3,411

Explanation of Variances in the Financial Statements

Income Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

1. Increase due to 2006-07 year end balance flow through effect.
2. Increase in Employee expenses due to increase in additional temporary staff to implement key projects outlined in the Parliamentary Review of the Health Quality and Complaints Commission recommendations.
3. Increase in Supplies and services due to implementation of key projects as outlined in Note 3.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

4. Decrease in total expenses anticipated in 2008-09 as key projects in 2007-08 will be completed.

Balance Sheet

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

5. The increase reflects the 2006-07 year end balance flow through effect.
6. The increase in Property, plant and equipment is due to commissioning of the new complaints management software system.
7. The increase in Employee benefits obligations is due to number of temporary project staff employed by HQCC.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

8. The increase reflects the 2006-07 year end balance flow through effect.

Cash Flow Statement

Major variations between 2007-08 Budget and 2007-08 Estimated Actual include:

9. The increase reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Budget and 2008-09 Estimate include:

10. The increase reflects the 2006-07 year end balance flow through effect.

Major variations between 2007-08 Estimated Actual and the 2008-09 Estimate include:

11. The decrease reflects the 2006-07 year end balance flow through effect.