

# Annual Report 2010–11



Queensland Health

The annual report records significant achievements against strategies and outputs detailed in Queensland Health's Strategic Plan 2007–2012 (version 3) and the 2010–2011 Service Delivery Statement.

Readers are invited to comment on this report through the Queensland Health website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

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## Letter of compliance

12 September 2011

The Honourable Geoff Wilson MP  
Minister for Health  
Member for Ferny Grove  
GPO Box 48  
Brisbane Qld 4000

Dear Minister

I am pleased to present the Annual Report 2010–2011 for Queensland Health.

I certify that this Annual Report complies with:

- The prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*; and
- The detailed requirements set out in the Annual report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found at pages 178–180 of this Annual Report or accessed at [www.health.qld.gov.au/publications/corporate/annual\\_reports/default.asp](http://www.health.qld.gov.au/publications/corporate/annual_reports/default.asp)

Yours sincerely

Dr Tony O'Connell  
Director-General  
Queensland Health





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# Year in review

Any review of 2010–2011 in Queensland must start with the extraordinary challenges we faced because of floods and cyclones. The skill and resilience of our staff has never been more apparent, nor has their commitment to serve the people of Queensland under what were extreme circumstances. I take this opportunity to pay tribute to them.



The momentum of national health reform was maintained this year with an increasing focus on securing agreement and planning implementation. During October and November 2010, Queensland Health consulted with communities across Queensland to gauge their concerns, expectations and ideas regarding health reform in this state. Reflecting our strong commitment to partnerships with other key health providers, we delivered 65 sessions, consulting with 3,000 people, including community representatives, consumer groups, clinical opinion leaders, Divisions of General Practice, other health service providers, and staff working in our health system.

One of the first outcomes was the announcement in December 2010 that 17 Local Health and Hospital Networks would be established in Queensland. The networks will deliver the same range of services as our current Health Service Districts but will be managed differently, being autonomous statutory bodies run by expert governing councils. Establishing the networks was further progressed on 16 June 2011, when the Minister for Health introduced the Health and Hospital Network Bill 2011 into the Queensland Parliament.

National Partnership Agreements provide another key mechanism for progressing national health reform. On 13 February 2011, the Council of Australian Governments signed a National Partnership Agreement on Improving Public Hospital Services with three targeted areas—elective surgery, emergency departments, and sub-acute care. This agreement complements the National Partnership Agreement on Elective Surgery Waiting List Reduction and the National Partnership Agreement on Hospitals and Health Workforce Reform. The new agreement, which potentially delivers an additional \$675.6 million to the Queensland public health system, includes six schedules that set out funding, key performance benchmarks, and reporting requirements.

A key strategic priority for Queensland Health is making Queenslanders healthier.

In November 2010, the Chief Health Officer released *The Health of Queenslanders 2010*, the third of her biennial reports that detail the current state of our health. The Chief Health Officer observed that we are making progress—life expectancy has increased by 1.8 years for females and 2.5 years for males over the past decade to among the highest in the world. Death rates for many diseases are declining—by 6.5 per cent a year for coronary heart disease, by 5.8 per cent for colorectal cancer and by 4.9 per cent for chronic obstructive pulmonary disease. The proportion of Queenslanders smoking is declining and the proportion of our population consuming the recommended serves of two fruit and five vegetables each day is increasing. While we still face health inequities and an increasing burden on the health system, due to our ageing population and new models of care, we have made a great start on achieving the Toward Q2 target of Queenslanders being Australia's healthiest people by 2020.

*The Health of Queenslanders 2010* noted that one in two Queenslanders will be diagnosed with cancer by the age of 85. The release of the *Atlas of Cancer in Queensland in March 2011* highlighted the lower survival rates of cancer patients living in more rural areas than their urban counterparts. Funding of \$179.3 million for the Health and Hospital Fund—Regional Cancer Centre Initiative will deliver expanded and enhanced cancer services throughout

regional Queensland. Expanded services are being delivered at:

- Bundaberg Hospital—\$8.27 million to provide outpatient services for chemotherapy (due for completion in late 2012)
- Hervey Bay Hospital—\$9.29 million to provide outpatient services for chemotherapy (due for completion in late 2012)
- Mount Isa Hospital—\$2.6 million for three additional outpatient chemotherapy chairs and tele-oncology facilities to Townsville Hospital (due for completion in mid 2012)
- Royal Brisbane and Women’s Hospital (RBWH) Radiation Therapy Bunker—\$15 million to provide an additional radiation therapy bunker (due for completion in late 2011)
- Rockhampton Hospital Cancer Centre—\$67.075 million for increased clinical service capability for medical, haematology and radiation oncology and to provide dedicated inpatient oncology beds (due for completion in mid 2013)
- Toowoomba Hospital Regional Cancer Centre—\$9.55 million to provide new oncology inpatient services and an additional four chemotherapy chairs (due for completion in mid 2012)
- Townsville Hospital Cancer Centre—\$67.5 million for an expanded radiotherapy unit with three new bunkers and two linear accelerators, a new positron emission tomography (PET) suite, expanded chemotherapy, plus paediatric oncology and day chemotherapy facilities. The PET suite is due for completion in mid 2012 with the balance of the project scope due for completion in mid 2014.

It is somewhat ironic in the 21st century that measures that have the most impact on patient safety are often the simplest. In recent years, the team from the Centre for Healthcare Related Infection Surveillance and Prevention has promoted the importance of clinicians washing their hands to minimise the incidence of infection in Queensland Health facilities. In a similar vein, this year we developed a policy and procedures to embed use of the Surgical Safety Checklist in all our hospitals. Use of the checklist by surgical teams—when developed and trialled by the World Health Organisation in 2008 in a range of countries—resulted in the rate of major complications for surgical patients falling by 36 per cent, deaths by 47 per cent, and infections by almost half. Queensland has responded to these positive results quickly and we hope to further improve the safety of our patients through use of the checklist.

In 2010–2011, we doubled the allocation of cochlear implants available in Queensland to children with a permanent hearing loss. A multidisciplinary hearing loss clinic for children was established in Townsville in 2010–2011 and recruitment is well under way for new clinics to start at both the Royal and Mater Children’s hospitals. Australian Hearing has agreed to participate in the clinics, which are scheduled to start service in August 2011. The clinics should significantly ease the difficulties parents experience in obtaining thorough medical assessments, initial hearing aid fitting, family support, peer support and referral to early intervention services. Service mapping is in progress to identify the nature and scope of early intervention services available to families throughout Queensland.

A new version of the Clinical Services Capability Framework for Public and Licensed Private Health Facilities was finalised after extensive consultation in late 2010 and will be rolled out over the next 12 months. The Clinical Services Capability Framework outlines the minimum requirements for the provision of health services in Queensland public and licensed private health facilities, including minimum service, workforce and support service, legislative and non-legislative requirements and risk considerations. Three new adult-specific service modules—mental health, peri-operative services, and cardiac services—and seven children-specific service modules were developed during the review. The new version of the framework is a major milestone in service planning in Queensland.

Finally, we continue to face challenges with implementation of the new payroll system. I wish to acknowledge the inconvenience and hardship this has caused to our greatest asset, our people. Every effort will continue to be made to ensure the system is improved to meet their expectations.

**Dr Tony O’Connell**  
**Director-General**  
**Queensland Health**

# Every day in Queensland Health

On any given day, Queensland Health provides the following health services:



**\$28.641** million is spent on public health services



**8,466** people receive admitted care in acute public hospitals, including **1,339** people who receive same-day admitted care



**603** women are screened for breast cancer



**1,598** adult dental appointments are provided



**1,313** people receive residential care in 20 aged care facilities



**1,274** child and adolescent dental appointments are provided



**119** babies are born in acute public hospitals



**630** children and adolescents complete dental treatment



**30,521** non-admitted patient services, including emergency services, are provided in acute public hospitals



**728** callers receive clinical advice from qualified nurses through 13 HEALTH



**4,483** emergency services are provided for non-admitted patients in acute public hospitals



**68** health services are involved in clinical consultations and associated activities using statewide videoconferencing technology



## Mandate

The Queensland Department of Health was established in 1901. Queensland Health is responsible for management, administration and delivery of public sector health services in Queensland.

The *Health Services Act 1991* prescribes the objectives as protecting and promoting health, helping to prevent and control disease and injury, and providing for the treatment of the sick.

This responsibility is discharged through a network of 16 health service districts, a range of statewide support services—such as radiology and pathology—and supporting corporate functions.

## Mission, values and principles

Queensland Health is committed to providing high-quality, safe, sustainable health services to meet the needs of our communities. We cannot meet these challenges alone and, particularly in the context of the national health reform agenda, will continue to work with partners—including other Queensland Government departments, the Australian Government and other agencies, consumers and the private sector—to develop collaborative and proactive solutions to meet the health needs of Queenslanders now and into the future.



## Our mission:

Creating dependable healthcare and better health for all.

## Our values:

- caring for people
- leadership
- respect
- integrity

## Our operating principles:

- responding justly and fairly
- working in partnership
- enabling and supporting change in the health system
- being accountable for its resources and actions.

## Strategic direction

There are four strategic priorities in the *Queensland Health Strategic Plan 2007-2012*:

### • Making Queenslanders healthier

focuses on the promotion and protection of all Queenslanders and prevention of ill health, including how Queensland Health will meet the Toward Q2 and Advancing Health Action (AHA) targets to cut obesity, smoking, heavy drinking and unsafe sun exposure by one third by 2020.

### • Meeting Queenslanders' healthcare needs safely and sustainably

addresses the challenge of meeting the healthcare needs of Queenslanders across the spectrum of care and outlines how we will achieve the Toward Q2 and AHA target of Queensland having the shortest public hospital waiting times in Australia by 2020.





- **Reducing health service inequities across Queensland**

recognises the inequities that exist across specific population groups. It specifically addresses how we will achieve the AHA targets of improving mental health care and reducing the gap in health outcomes for Indigenous and rural and remote Queenslanders. It also focuses on improving access to health services for people from culturally and linguistically diverse backgrounds.

- **Developing our staff and enhancing organisational performance**

outlines how Queensland Health is going to best utilise its people and resources to achieve our strategic priorities. It also specifically addresses how we will go about putting in place the foundations for the National Health and Hospitals Network.

Strategic challenges for Queensland Health include:

- changing the community's focus to the prevention of illness and maintenance of good health
- managing the complex process of care delivery—ensuring the right services in the right places for the right type of patients
- building public confidence in the healthcare system
- providing a seamless transition for patients as they move across healthcare providers and settings
- achieving a collective and coordinated response across multiple levels and complexities of government
- attracting and retaining skilled professionals, especially for specialist services and in rural and remote areas

- ageing building and information and communication technology infrastructure affecting people and information security and accessibility
- establishing meaningful and measurable outcome indicators for complex health and community services
- managing the growing demand for services within the economic and financial environment.

Queensland Health

**Seniors Lifestyle Expo**

20 August 2010

**FREE EVENT**

From 10am~6pm at the Senior Citizens Centre  
58 Macalister St, Mackay

Turn over for more details

Proudly sponsored by Mackay Regional Council, Queensland Health, Breezes Mackay and National Seniors Australia

Mackay REGIONAL COUNCIL | Toward Queensland's Communities | Queensland Government

Tomorrow's Queensland. strong, green, aged, healthy and fair.

# Highlights for 2010–2011

## Disaster management

The destruction caused by the summer floods of 2010–2011 was compounded by the devastating effects of tropical cyclones Anthony and Yasi in north Queensland. The disasters affected more than 1.3 million people and 75 per cent of the state and triggered a statewide emergency response. The Division of the Chief Health Officer coordinated the integrated and comprehensive health response and recovery effort through the State Health Emergency Coordination Centre, which was operational from 28 December 2010 to 18 February 2011.

Queensland Health established the Public Health Emergency Operations Centre and the Human Social Operational Centre.

Queensland Health deployed 501 clinical staff, many of whom were trained in delivering psychological first aid. About 10,000 contacts were made. Mental health and human social recovery teams were sent to relieve local service providers in affected communities. Teams from New South Wales and Victoria helped out in Toowoomba and Rockhampton.

The Information Communication Technology Disaster Response ensured there was continuous access to core clinical systems statewide during the disasters by:

- forming rapid response teams
- deploying satellite telephone systems and portable wireless transmission systems
- protecting the safety of patient information and IT staff by timing a shut down in Cairns
- relocating equipment to alternative enterprise data centres so email and file access services for key personnel could continue
- updating crisis planning based on lessons learned
- collaborating with the State Health Emergency Coordination Centre.

Public health specialists and local public health units worked with other agencies and local government to advise on, monitor and, where

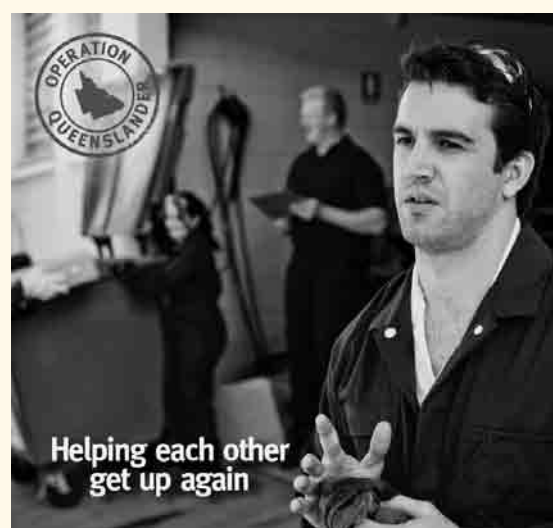
necessary, address public health risks—including water quality, food safety, damaged sewerage infrastructure, vector control for mosquito-borne diseases, management of waste and other hazardous materials (such as asbestos, drugs, poisons and radioactive sources) and outbreaks of communicable diseases in flood-affected areas.

Fifty-five environmental health and vector control officers were deployed into disaster-affected communities to support local government response activities. Teams were drawn from Queensland Health, unaffected local governments, the Northern Territory, Victoria and the Australian Defence Forces.

Following the disaster, to address the risk of disease, 17,225 tetanus/diphtheria vaccines were distributed through health facilities, recovery and evacuation centres, mobile vans and general practitioner (GP) practices.

The success of the public health messages and collaborative work with Local Government on mosquito control resulted in a low number of infections reported by public laboratories and no increase in widespread vector-borne diseases.

13 HEALTH provided extensive community support and answered 54,881 calls from flood affected areas.





## Elective surgery

Queensland's best-ever elective surgery waiting list was achieved in 2010–2011. At 1 January 2011, 2,475 patients had waited longer than clinically recommended—that was the smallest number of 'long wait' patients on record for Queensland. It was a decrease of 4,287 patients or 63.4 per cent from the 6,762 'long wait' patients at the same time in 2010 and a decrease of 2,519 patients or 50.4 per cent from 1 October 2010 when 4,994 'long wait' patients were reported.

Elective surgery procedures and outpatient services were postponed during the floods and cyclones due to patients being unable to attend because of transit and/or personal flood or cyclone damage issues, staff unavailability for the same reasons, and full or partial closure of services to enable additional capacity to treat emergencies relating to flood and cyclone events. There were 1,396 cancellations of booked elective surgery. All services returned to normal levels after the floods and cyclones.

Facilities were also affected by patient transfers, with more than 200 patients from north Queensland transferred to major Brisbane hospitals during the cyclones. Transferring those patients affected service provision in north Queensland and had a flow-on effect in Brisbane, with metropolitan hospitals accommodating patients from the affected areas.

The events have affected Queensland's performance with 'long waits' increasing from 2,475 on 1 January 2011 to 4,282 on 1 March 2011—an increase of 73 per cent.

Performance has started to improve with Queensland's 'long waits' decreasing to 4,075 at 1 April 2011. However that trend may not continue if Queensland experiences further extreme weather conditions.

## Improving the patient journey

In September 2010, the Clinical Services Redesign Program (CSRP) was established to improve the patient experience and access to clinical services in Queensland public hospitals. CSRP supports front-line staff in addressing local system issues using a redesign methodology. Six redesign projects have started in major hospitals. The redesign methodology focuses on barriers to achieving an optimal patient 'journey' through the hospital system.

A trial of electronic patient journey boards was initiated in February 2011 and, by June 2011, 29 had been installed across Queensland. This represents a take-up rate of one hospital a week. An electronic patient journey board is a large LCD screen, replacing whiteboards currently used in wards and units to manage patient flow. The boards can display significantly more information; data is real-time; and they generate comprehensive up-to-date patient handover sheets. The boards will eventually link to other patient management systems. They promote communication and a strong multidisciplinary team approach. Feedback from clinical staff has been positive, with improvements noted in discharge planning, communication and care coordination.

## Cairns Base Hospital redevelopment

The \$17 million expansion of the Cairns Base Hospital Emergency Department was completed in March 2011. The number of treatment spaces—including increased paediatric and mental health treatment spaces—was expanded from 24 to 50. The number of ambulance bays was increased from four to six.

## Bowen, Galilee and Surat basins' service planning

A health service plan for the Bowen, Galilee and Surat basins has been developed to ensure Queensland Health is well placed to respond to emerging community needs resulting from mining and energy industry expansion. The plan's future service direction aims to enhance local service delivery and increase local services' self-sufficiency using a tiered hub-and-spoke model.

## Success of the Public Private Partnership for the Sunshine Coast University Hospital

The Sunshine Coast University Hospital is Queensland's first hospital Public Private Partnership. Procurement began in April 2011. The successful proponent will design, build, finance and maintain the Sunshine Coast University Hospital for 25 years. Queensland Health will continue to deliver all clinical services and support services, including cleaning and catering.

## Breast screening (digital mammography)

In 2010–2011, fit-out works to reconfigure reading rooms for digital reading were completed at all 11 BreastScreen Queensland Services and the Statewide Coordinated Reading Hub in readiness for statewide implementation of a Picture Archiving and Communication System (PACS). PACS will provide the capability to store, distribute, view and interpret digital images electronically.

## Telehealth

Telehealth delivers health services and information through live and interactive video and audio links, stores and forwards test results and diagnostic images—such as teleradiology—and uses electronic equipment to monitor the health of people in their own homes.

In 2010–2011, there was a 78 per cent increase in Telehealth occasions of service. From July 2010 to June 2011, there were 10,834 Telehealth occasions



of service, compared with 6,088 for the equivalent period the previous year.

There was a 16 per cent (132 units) increase in videoconferencing units across the state to a total of 960 units.

The number of sites with online access to radiology reports increased from 36 to 84 following implementation of Queensland Health's enterprise radiology information system (QRIS). The number of sites with access to radiology images via the enterprise PACS increased from five to 52. The number of sites able to send images to external radiology partners for reporting increased from 20 to 80.

## Cultural Capability Framework

The *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* was published in July 2010 and aims to improve the responsiveness of Queensland Health services to the cultural needs of Aboriginal and Torres Strait Islander people. The first Cultural Capability Framework implementation plan focuses on establishing programs, resources, systems and relationships for the systematic improvement of Aboriginal and Torres Strait Islander cultural capability across Queensland Health. Key initiatives in 2010–2011 included reviewing and revising the Aboriginal and Torres Strait Islander Cultural Awareness Program and developing resources to support cultural capability enhancement across the department.





## Ed-LinQ

The Queensland Ed-LinQ initiative was established under the *Queensland Plan for Mental Health 2007–2017* as a flagship child and youth early intervention program. In partnership with the education sector, Ed-LinQ makes available mental health training, resources and referral pathways to ensure earlier detection and intervention for students with emerging mental illness. In October 2010, a framework for action was endorsed and released. It provides an overarching structure and context for the Ed-LinQ workforce, which has grown to 15 coordinators and now consists of a statewide coordinator, an Aboriginal and Torres Strait Islander coordinator, a transcultural coordinator and 12 district coordinators.

## Jamie’s Ministry of Food

Queensland Health is partnering with The Good Foundation to support the delivery of Jamie’s Ministry of Food Australia, which teaches basic cooking skills and food literacy to improve nutrition and health. Queensland Health is contributing \$2.5 million towards the program from 2010–2011 to 2013–2014. Jamie’s Ministry of Food Centre opened in Ipswich in April and, from January 2012, a mobile Food Truck will visit Queenslanders in their communities and schools to conduct demonstrations and cooking classes.



## Improved access to pathology results

In 2010–2011, AUSCARE electronic results acknowledgement was implemented across 139 sites in Queensland, improving accessibility of pathology results to clinicians. Pathology results are provided to external health care providers via GP Connect and in 2010–2011, pathology results were provided electronically to more than 7,300 general practitioners and other healthcare providers in more than 1,350 clinics across Queensland and the South Pacific.

## The Health of Queenslanders 2010: Third Report of the Chief Health Officer Queensland

The Queensland Chief Health Officer’s Report is published every two years and provides valuable information on the health status of the Queensland population. *The Health of Queenslanders 2010* focuses on the most prevalent diseases and causes of injury, and health behaviours that put people at higher risk of preventable disease. The report is a resource for health practitioners and planners, and has been widely disseminated.

## Queensland Health payroll system

Queensland Health has made significant progress in stabilising its payroll system, with a new localised payroll operating model implemented across the state. The Payroll Operating Model Implementation provides a direct hire-to-retain service between payroll hubs and facility unit managers in Health Service Districts and divisions.

## National health reform

Key national health reforms progressed in Queensland including developing a high-level implementation plan, broad consultation on Local Health and Hospital Network (LHHN) boundaries, preparing advice to government and developing legislation to support the reforms’ implementation. The Health and Hospitals Network Bill was introduced into the Queensland Parliament on 16 June 2011.

## Nurse practitioners

A total of 94 nurse practitioners have now been appointed to Queensland Health. While they work in all settings, 23 of the new recruits were specifically recruited to work in emergency departments. To support this successful workforce reform, *Clinical governance for nurse practitioners in Queensland: A Guide*, was developed and implemented in 2010–2011.

## Electronic dental records

Integrated electronic records of patients attending public dental clinics throughout the state were available for the first full year in 2010–2011. Dentists and oral health therapists can now access their patients' treatment history no matter which dental clinic a patient attends. That milestone is a stepping stone towards introducing a full electronic paperless dental record for patients in future.

## Forensic and Scientific Services Health and Food Sciences Precinct

The Forensic and Scientific Services Health and Food Sciences Precinct, was officially opened on 10 August 2010 by the Honourable Anna Bligh, Premier of Queensland. The precinct is at Coopers Plains—about 20 minutes from Brisbane's CBD—at the pre-existing Queensland Health Forensic and Scientific Services (QHFSS) campus.

The \$100 million precinct was designed to provide an environment that fosters collaboration between researchers working in biosecurity, healthcare, food safety and food technology. The precinct hosts 150 scientists from the Department of Employment, Economic Development and Innovation, the Commonwealth Scientific and Industrial Research Organisation (CSIRO), and the University of Queensland (through the Queensland Alliance for Agriculture and Food Innovation). Another 550 people are located on the QHFSS campus.

Colocating the researchers makes better use of resources and expertise and will help to foster new ideas. The precinct offers a pathway for industry and agribusinesses to access a wide range of researchers and diagnosticians in one location.



## Health Services Purchasing and Logistics

Using a variety of strategic procurement approaches—including reverse auctions and category management—Health Services Purchasing and Logistics has increased the value of corporate supplies under contract by 33.5 per cent and the level of savings from the contracts by 14.6 per cent in 2010–2011.

## Workforce Mapping Analysis and Planning Projections

The Workforce Mapping Analysis and Planning Projections (WorkMAPP)—an online workforce planning system—was rolled out statewide in 2010–2011 to provide a comprehensive, unified, effective and efficient clinical workforce planning tool.





# Divisions and districts

Queensland Health comprises 16 Health Service Districts, nine Divisions and the Office of the Director-General. The divisions are:

- Centre for Healthcare Improvement
- Division of the Chief Health Officer
- Clinical and Statewide Services Division
- Health Planning and Infrastructure Division
- Policy, Strategy and Resourcing Division
- Human Resource Services Division
- Finance, Procurement and Legal Services Division
- Information Division
- Performance and Accountability Division.

## Centre for Healthcare Improvement

The Centre for Healthcare improvement (CHI) is responsible for driving improvement across the state in some of the most rewarding and challenging aspects of our role in serving the people of Queensland. For example:

- patient access to emergency and elective services
- high-quality clinical outcomes delivered safely
- research to improve health care delivery
- training of our staff through simulation and online learning environments
- redesigning patient journeys across our complex public health system
- the culture of our organisation
- the strength of its leaders.

A key principle underlying all innovations is a commitment to a patient-centred approach with the common aim of improving the experience of patients in the Queensland public health system.

A notable success for the Centre for Healthcare Improvement (CHI) Division in 2010–2011 was facilitation of Queensland's best-ever elective surgery waiting list performance. That was recognised with receipt of a Premier's Award for Excellence in Public Service.

## Division of the Chief Health Officer

The Division of the Chief Health Officer (CHO) delivers programs, services and regulatory functions that aim to improve the health of the Queensland population by promoting and protecting health and wellbeing, and preventing disease and injury; and supporting high-quality healthcare service delivery.

Responsibilities include:

- emergency response to disasters and disease outbreaks
- aeromedical patient retrieval
- licensing private hospitals
- organ and tissue donation
- cancer screening
- communicable disease prevention
- environmental health
- mental health policy
- legislation
- victim support
- promoting healthy living choices—covering physical activity, nutrition, sun safety, alcohol consumption and smoking
- providing health services at correctional centres.

The division operates as a statewide service and consists of six directorates:

- Preventative Health
- Health Protection
- Health Coordination Services
- Mental Health, Alcohol and Other Drugs
- Offender Health
- Governance and Capability.

Services are also delivered through a network of regional services at 20 locations throughout the state.

The division's workforce of more than 1,450 includes a high proportion of medical, nursing and health practitioner professionals. They include specialist clinical and public health physicians and nurses, epidemiologists, data managers, public



health nutritionists, health promotion officers, environmental health officers, public health officers, entomologists and mental health specialists.

## Clinical and Statewide Services Division

The Clinical and Statewide Services (CaSS) Division provides forensic, scientific, diagnostic and therapeutic services, supporting Health Service Districts in achieving efficiency, improved patient flow, access and patient safety. CaSS manages 13 Health, which gives all Queenslanders access to health advice 24 hours a day, seven days a week. CaSS also provides services to other Queensland Government agencies, most notably the Queensland Police Service and the Crown Prosecutor, for forensic and scientific services.

Clinical and Statewide Services brings together:

- Biomedical Technology Services
- Forensic and Scientific Services
- Medication Services Queensland
- Pathology Queensland
- Queensland Blood Management Program
- Radiology Support
- Statewide Health Services, including Telehealth, the Healthy Hearing Program and the Health Contact Centre (13 HEALTH).



## Health Planning and Infrastructure Division

The Health Planning and Infrastructure Division (HPID) is responsible for leading and coordinating statewide health service and infrastructure planning and maximising the life of built assets.

The division is responsible for the \$7 billion hospital and health facility infrastructure and redevelopment program. The program includes developing the Gold Coast University Hospital (\$1.76 billion), the Queensland Children's Hospital (\$1.447 billion), the Sunshine Coast University Hospital (\$2.03 billion) and significant expansions and redevelopments at Cairns Base Hospital, Mackay Base Hospital, Rockhampton Hospital and Townsville Hospital.

HPID works in close collaboration with Health Service Districts, other government agencies and key stakeholders on service and infrastructure planning. The core challenges are Queensland's projected population growth and ageing population and our commitment to improve the community's access to safe and sustainable health services.

## Policy, Strategy and Resourcing Division

The main focus of Policy, Strategy and Resourcing (PSR) is integrating health policy, strategic planning and resourcing. This is essential for ensuring health service delivery and available resources are aligned to changing needs. It allows consolidation of policy development functions across a range of areas, including strategic planning, intergovernmental relations, resource allocation, legislation and workforce.

The division undertakes a critical role in the national health agenda, including:

- national partnership agreements, registration and accreditation
- Aboriginal and Torres Strait Islander health policy
- national and whole of government maternal, child health and safety policies
- the development of sustainable service models for rural and remote Queensland.





The PSR Division comprises the:

- Aboriginal and Torres Strait Islander Health Branch
- Clinical Workforce Planning and Development Branch
- Office of the Chief Dental Officer
- Office of the Deputy Director-General PSR
- Office of the Chief Nursing Officer
- Office of Rural and Remote Health
- Primary, Community and Extended Care Branch
- Strategic Policy, Funding and Intergovernmental Relations Branch.

## Human Resource Services Division

The Human Resource Services (HRS) Division was established in 2010–2011, following a review of Queensland Health's corporate services functions. The review considered recommendations in the *Auditor-General's Report to Parliament No. 7 for 2010*, consultation outcomes with senior corporate services staff and unions, proposed health reforms, and the review of the Queensland Government's shared service arrangements.

The creation of the role of Deputy Director-General Human Resource Services in January 2011, reporting directly to the Director-General, recognises the strategic importance of the human resources function and that our people are our most valued asset. It acknowledges the requirement to strengthen our human resources functions and provide clarity of responsibility and accountability.

The division provides strategic leadership and advice for all human resources matters across Queensland Health. That includes leadership and management of all industrial relations issues to ensure Queensland Health is positioned to deliver its planned outcomes within appropriate industrial, employment and occupational health and safety frameworks. The division is responsible for ensuring all relevant legislation, industrial and employment arrangements and instruments are embedded in strategy and policy and, when mandated, ensuring compliance across the organisation.

The division is responsible for managing the new Payroll Operating Model Implementation.

The division will play a significant and critical coordination and facilitation role in the planned formation of Local Health and Hospital Networks (LHHNs) and the associated major organisational change from a centralised to a devolved management model for the provision of healthcare services.

## Finance, Procurement and Legal Services Division

Finance, Procurement and Legal Services (FPL) Division provides strategic financial policy and governance frameworks (Finance Branch), Legal Services (Legal Unit) and has a whole of Queensland Health responsibility for procurement policy, planning and contract administration (Health Services Purchasing and Logistics Branch) to improve healthcare for all Queenslanders.

The FPL Division was established in 2010–2011, following a review of Queensland Health's corporate services functions. The review considered recommendations contained in the *Auditor-General's Report to Parliament No. 7 for 2010*, consultation outcomes with senior corporate services staff and unions, proposed health reforms, and the review of the Queensland Government's shared service arrangements.

Major areas of focus for Finance Branch include improving financial performance, enhancing own source revenue, continuing development of the activity-based funding (ABF) model and activities associated with implementing national health reform. The ABF framework will allocate health funding to Queensland Health hospitals based on the cost of healthcare services (referred to as 'activities') delivered. The framework promotes smarter healthcare choices and better care by placing greater focus on the value of the healthcare we deliver for the amount of money expended.

The Legal Unit coordinates and manages all aspects of corporate office litigation and litigation against Queensland Health. It also provides legal advice on health law, corporate policy and legislation and commercial activities.

The Health Services Purchasing and Logistics Branch is responsible for managing a range of commodities and services, covering medical consumables, health technology equipment and specialist health services provided by non-government organisations on Queensland Health's behalf. The branch also leads efforts to minimise Queensland Health's carbon footprint, energy consumption and demand through a range of eco-efficiency and carbon management strategies.

## Information Division

Information Division is one of the largest information communication and technology (ICT) operations in Queensland. It is responsible for operating information systems and technologies so Queensland Health staff—including clinicians and health service providers—have access to information to support healthcare.

Information Division provides:

- reliable access to Queensland Health's major information systems through a wide variety of desktop computers, laptops, personal computing devices and telephones
- leadership and guidance in identifying and resolving the information and technology implications of changes in healthcare
- leadership in developing and implementing information management and ICT strategies, policies and standards
- ease of governance to ensure the greatest healthcare value from investments that influence information and ICT.

Implementing the eHealth agenda will increase the focus on information and information management.

## Performance and Accountability Division

The Performance and Accountability Division's primary function is to strengthen governance, performance and accountability across Queensland Health. Queensland Health is committed to strengthening how it uses performance information

to inform and drive improved service delivery and outcomes, and to improve the quality and consistency of performance information and monitoring practices by focusing on:

- measuring and improving performance against valid, reliable key performance indicators
- ensuring accountability for decisions and actions in performance agreements, and individual performance appraisal and development plans
- ensuring sound governance arrangements across the organisation to drive effective performance management and decision making.

The division comprises the Health Statistics Centre, Information Integrity and Policy Services, and the Performance Management Branch. It supports districts to build their internal capacity and capabilities by providing a data analysis and performance monitoring function, and plays an important role in supporting improved decision making and public reporting through:

- providing trusted information
- consolidating and aligning external and internal performance monitoring and reporting
- providing policy infrastructure (including a policy register).

In recognition of the major contribution made by the Mater and the Sisters of Mercy to delivering public patient health services, the division facilitates a special relationship between Queensland Health and Mater Health Services, South Brisbane.

## Office of the Director-General

The Office of the Director-General incorporates the following branches and units:

- Assurance and Risk Advisory Services—including the statutory governance functions of internal audit, risk management and internal witness support
- Cabinet and Executive Services Branch
- Ethical Standards Unit
- Integrated Communications Branch.





# Health Service districts

## Cairns and Hinterland Health Service District

The Cairns and Hinterland Health Service District covers 142,900 sq km and serves an estimated resident population of 250,399 (June 2010). At June 2009, 9.4 per cent of the district's population was Indigenous.

Facilities are:

- Cairns Base Hospital—the referral hospital for far north Queensland
- Atherton Hospital—which provides primary and secondary levels of healthcare
- Mareeba Hospital
- Herberton Hospital/Aged Care Unit
- Mossman Multi-Purpose Health Service—which comprises an acute inpatient unit and a residential aged care unit
- Gordonvale Memorial Hospital and Palliative Care and Respite Centre
- Innisfail Hospital—which provides primary and secondary levels of healthcare
- Tully Hospital
- Babinda Hospital.

Community Health Centres are at Edmonton, Westcourt, Smithfield and Aplin Street, in Cairns; Atherton; Mareeba; Yarrabah; Mossman; Cow Bay; Innisfail; Cardwell; Tully; Jumbun and Mission Beach.

Primary Health Care Centres are at Malanda, Millaa Millaa, Mount Garnet, Ravenshoe, Georgetown, Dimbulah, Forsayth, Croydon, Chillagoe and Yarrabah.

## Cape York Health Service District

The Cape York Health Service District covers a geographical area of 127,800 sq km and serves an estimated resident population of 13,488 (June 2010). At June 2009, 51.9 per cent of the district's population was Indigenous.

Significant partnerships between peak Indigenous bodies, such as the Apunipima Cape York Health

Council, Divisions of General Practice, the Royal Flying Doctor Service and the Australian and state governments have realised new opportunities and initiatives.

The district operates two multi-purpose facilities at Cooktown and Weipa, and 10 primary healthcare centres at Napranum, Mapoon, Coen, Aurukun, Lockhart River, Pormpuraaw, Kowanyama, Hopevale, Laura, and Wujal Wujal.

## Central Queensland Health Service District

The Central Queensland Health Service District covers the Local Government areas of Banana Shire Council and the Central Highlands, Rockhampton and Gladstone regional councils. The district covers a geographical area of 114,000 sq km and had an estimated resident population of 217,449 people at June 2010. At June 2009, five per cent of the district's population was Indigenous.

The district has four services areas—Rockhampton, Gladstone, Central Highlands (based at Emerald) and Banana (based at Biloela). District hospitals include Biloela, Emerald, Gladstone, Moura, Mount Morgan, Taroom, Rockhampton and Yeppoon. Multi-purpose health centres are at Baralaba, Blackwater, Springsure, Theodore and Woorabinda. Mount Morgan Hospital is currently progressing towards multi-purpose health service status. There are outpatient clinics at the Gemfields, Capella and Duinga.

## Central West Health Service District

Central West Health Service District covers a geographical area of 396,600 sq km—23 per cent of Queensland—and had an estimated resident population of 12,387 people at June 2010. At June 2009, eight per cent of the district's population was Indigenous.

The district provides level one and primary healthcare services, including 24-hour emergency services, acute inpatients, aged care, allied health, oral health, outpatients, maternity; and surgery.

Visiting specialists provide a range of health services, including child psychiatry; dermatology; ear, nose and throat; gastroenterology; palliative care; oncology; ophthalmology; orthopaedics; psychiatry; and respiratory services.

Community health services include aged care assessments; alcohol, tobacco and other drugs services; child health; child safety; Indigenous health; mental health; and mobile women's health services. The district's major hospital is in Longreach. It is the district's only procedural hospital, providing surgical and birthing services. Other facilities are Blackall Hospital, which is an acute care facility; Barcaldine Hospital, a multi-purpose health service (MPHS); Winton Hospital (MPHS); Alpha Hospital (MPHS); and Aramac Hospital, an acute care facility. Boulia, Isisford, Jundah, Muttaborra, Tambo and Windorah have primary healthcare centres (PHCs), each staffed by one registered nurse and an operational officer. PHCs provide 24-hour emergency services with hospital based ambulance services provided by the Queensland Ambulance Service and staffed by Queensland Health.

## Children's Health Services

Children's Health Services—created in its current form on 31 October 2008—is responsible for:

- delivering tertiary paediatric health services for children and families at the Royal Children's Hospital Herston campus and through Telehealth and outreach services throughout Queensland
- delivering community child health services and children's mental health services to the Brisbane north area
- planning for the development of the single Queensland Children's Hospital (QCH) to be based at South Brisbane from late 2014. QCH will combine, expand and enhance the services of the existing Mater Children's Hospital—which includes a paediatric cardiac service relocated from The Prince Charles Hospital and the Royal Children's Hospital. The vision for QCH is a cutting-edge hospital attracting and retaining leading international health professionals in Queensland.

## Darling Downs–West Moreton Health Service District

The Darling Downs–West Moreton Health Service District covers 95,150 sq km to the west of Brisbane, extending south from the NSW border to Wandoan in the north and Glenmorgan in the west. The district services a population of 510,305 people (June 2010). At June 2009, 3.5 per cent of the district's population was Indigenous. The district's demographics are diverse and include regional, large rural towns and small rural community settings.

The district has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare teams. The Darling Downs–West Moreton Health Service District is home to:

- two major regional hospitals (Ipswich and Toowoomba)
- 22 rural and remote acute facilities
- seven aged care facilities
- 40 per cent of the state's mental health services—including the major forensic mental health centre
- community and oral health services.

## Gold Coast Health Service District

The Gold Coast Health Service District provides care in hospital and community settings across the expanding Gold Coast region. The district services the community from the NSW border to the Coomera region in Queensland's lower south-east corner, covering 1,334 sq km. It operates the Gold Coast Hospital, Robina Hospital, Carrara Health Centre, Gold Coast Surgery Centre and a range of community-based facilities.

The district had an estimated resident population of 527,828 (June 2010) and has a significant tourist and transient population. By 2021, the Gold Coast is expected to have a population of 681,449.

District services include all major adult specialties and paediatrics. Chronic disease management is a key focus in the hospital and community care environments. The Gold Coast Hospital trains more medical students than any other hospital in Australia and continues to work with education





providers, such as Griffith University and Bond University on the Gold Coast, and the University of Queensland in Brisbane, to train a future health workforce. The Gold Coast University Hospital is due to open in late 2012. The Robina Hospital expansion will open in 2011. The Gold Coast Hospital Foundation, based at the hospital, is dedicated to fundraising to support Gold Coast health research and education activities.

## Mackay Health Service District

Mackay Health Service District (MHSD) covers 90,360 sq km and provides services to a population of 176,236 (June 2010) in an area covering the Isaac, Whitsunday and Mackay local government regions. The district includes the hinterland communities of Moranbah, Clermont, Dysart, Glenden, Middlemount, Collinsville and Bowen. MHSD services an area bound by Sarina in the south, Clermont in the west, Bowen in the north and Collinsville in the north-west. The Whitsunday Islands in the east are included.

MHSD facilities include:

- Mackay Base Hospital
- Whitsunday Health Service—comprising Proserpine Hospital and Primary Health Centre and Cannonvale Primary Health Centre
- Bowen Hospital and Primary Health Centre
- Sarina Health Service—comprising Sarina Hospital and Primary Health Centre
- Dysart Health Service—comprising Dysart Hospital and Primary Health Centre, and Middlemount Primary Health Centre
- Moranbah Health Service—comprising Moranbah Hospital and Primary Health Centre and Glenden Primary Health Centre
- Clermont Multipurpose Health Service—comprising Montcler Nursing Home, Monash Lodge and the Clermont Hospital
- and Collinsville Multipurpose Health Service.

A Mackay Base Hospital redevelopment project is in progress.

The Indigenous population represents four per cent (6,846) of the overall MHSD population (as at June 2009). There is a significant South Sea Islander community in the district.

## Metro North Health Service District

The Metro North Health Service District includes the Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital, sub-acute and residential care services, primary and community health services, mental health services, and oral health services.

The district includes all of Brisbane City north of the Brisbane River and Redcliffe City. Councils within the district are Brisbane City, Moreton Bay Regional and the eastern portion of Somerset Regional. It covers 4,154 sq km. The estimated resident population within the District was 877,475, 19.4 per cent of the Queensland population, as at June 2010.

The district provides a full range of health services—including rural, regional and tertiary teaching hospitals, and statewide super speciality services. Residential facilities managed by the district include the Eventide Brighton Nursing Home, Ashworth House, Jacana Acquired Brain Injury Bracken Ridge, Cooina House and the Halwyn Centre. The district provides a wide variety of primary health care services, including oral health; mental health; child health; school health; aged care and rehabilitation; palliative care; chronic disease management; general primary medical care; and alcohol, tobacco and other drug services. Outreach clinical services are provided in non-Queensland Health facilities—such as high school and primary school nursing and oral health services; antenatal; child health; alcohol and drug services at Indooroopilly, City Watch House and Courts, and Redcliffe; and sexual health services in Fortitude Valley.

The district hosts several statewide super specialty services, such as heart and lung transplants at The Prince Charles Hospital, and genetic health, burns and services at Royal Brisbane and Women's Hospital. Service expansion includes:

- sub-acute capacity and related rehabilitation services at Eventide
- an orthopaedics service at The Prince Charles Hospital
- renal services at North Lakes

- a hyperbaric chamber at Royal Brisbane and Women's Hospital
- and the Carousels Initiative—a project to support clinicians and patients by aligning provision of care to patients from primary, through sub-acute and secondary through to tertiary and super speciality services.

## Metro South Health Service District

The Metro South Health Service District includes all of Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert City, the eastern portion of the rural Scenic Rim Shire and Gold Coast suburbs north of Pimpama—an area of 4,368 sq km. The district's estimated resident population at 2010 was 1,028,656.

Clinical services are delivered to 22.8 per cent of the Queensland population and the Princess Alexandra Hospital (PAH) provides tertiary services for Brisbane, southern Queensland, northern NSW and statewide super speciality services. PAH is one of Australia's leading teaching and research hospitals and recognised for its expertise in trauma management and as a major transplantation centre for livers, kidneys, bone cartilage and corneas. The district has oversight responsibility for statewide services, including the Spinal Injuries Unit, the Acquired Brain Injury Outreach Service, the Queensland Amputee Limb Service, the Spinal Outreach Team, the Transitional Rehabilitation Program and the Trauma Service.

District services are provided through six hospitals—PAH, Beaudesert, Logan, Redland, Wynnum and Queen Elizabeth II Jubilee. There is a first stage emergency clinic at Dunwich on North Stradbroke Island. Residential facilities managed by the district include the Moreton Bay Nursing Care Unit, the Redland Residential Care Unit, and Casuarina Lodge. The district delivers a wide range of speciality services, including emergency, acute care, surgical, medical, maternity, mental health, rehabilitation, and aged care services. Primary health services include oral health, mental health, child health, school health, aged care and rehabilitation, palliative care, chronic disease management, general primary medical care, and alcohol, tobacco and other drug services. Outreach clinical services are provided in non-Queensland Health facilities, for example, high schools and

primary schools. The services include nursing, oral health, antenatal, child health and sexual health. The district provides a very significant and fully integrated (acute and community) mental health service to residents, including community and acute hospital care.

## Mount Isa Health Service District

The Mount Isa Health Service District covers 239,900 sq km, 13.8 per cent of Queensland, and services remote communities in north-western Queensland and the Gulf of Carpentaria. The district's estimated resident population was 31,411 (June 2010). At June 2009, 25.8 per cent of the district's population was Indigenous.

A range of health care services is provided to Mount Isa Health Service District residents, including acute inpatient care covering medical and surgical procedures, paediatrics and maternity; public dental; primary health care; chronic disease management; child health; sexual and reproductive health; mental health; alcohol and other drug services; a homeless health outreach team; and a public health team. Visiting specialist services and general practice with rights of private practice support rural and remote populations' access to quality healthcare. District hospitals are at Cloncurry, Doomadgee, Mornington Island, Normanton, Mount Isa and Julia Creek. Primary health facilities are at Dajarra, Camooweal, Burketown and Karumba. Community health services are at Cloncurry, Doomadgee, Mornington Island, Normanton and Mount Isa. Major works include:

- the Mount Isa Hospital redevelopment—renal patient accommodation and staff accommodation
- a Cloncurry aged care annex
- new clinics at Dajarra and Burketown
- a roof replacement at Mornington Island.

## South West Health Service District

The South West Health Service District covers 319,800 sq km—18.4 per cent of Queensland—and provides a range of health services to the communities and surrounding areas of Roma, Wallumbilla, Injune, Surat, St George,





Dirranbandi, Mungindi, Mitchell, Morven, Augathella, Charleville, Cunnamulla, Quilpie and Thargomindah. The district's estimated resident population was 26,489 (June 2010). At June 2009, 11.9 per cent of the district's population was Indigenous.

There are six hospitals at Roma, St George, Surat, Injune, Charleville and Cunnamulla; five multipurpose health centres at Mitchell, Dirranbandi, Quilpie, Augathella and Mungindi; three outpatients clinics at Morven, Thargomindah and Wallumbilla; and two residential aged care facilities at Waroona in Charleville and Westhaven in Roma. Flying specialist services consist of a surgeon, an obstetrician and gynaecologist and an anaesthetist based at Roma, providing services to rural and remote locations in the south west, the western Darling Downs and central and western Queensland. In addition to medical and nursing services, the larger hospitals in Roma, Charleville and St George provide public health services in maternity, pharmacy, radiography, pathology, physiotherapy, occupational therapy, social work, podiatry, speech therapy, counselling and oral health. Outreach services are provided to the smaller centres regularly through visiting clinics. The South West Health Service District provides a wide range of community health services, including child and family health; alcohol, tobacco and other drugs; a young people's support program; Aboriginal and Torres Strait Islander healthcare; sexual health; a mobile women's service; mental health; oral health; community aged care; chronic disease management; and allied health. Community healthcare centres are at Roma, St George and Charleville.

## Sunshine Coast Health Service District

The Sunshine Coast Health Service District provides a comprehensive range of healthcare services including acute inpatient and community services, mental health (acute inpatient and community), community and allied health, and oral health. It has hospitals at Caloundra, Gympie, Maleny, and Nambour. Acute inpatient services are at the Nambour, Gympie, Caloundra, and Maleny hospitals.

The district covers a geographical area of 10,020 sq km. At June 2010, the district's estimated

resident population was 380,268. The Sunshine Coast health service district is a high growth area with an expected population increase of 22.8 per cent by 2021. Planning is underway for the Sunshine Coast University Hospital at Kawana which will open in 2016.

## Torres Strait and Northern Peninsula Area Health Service District

The Torres Strait and Northern Peninsula Area Health Service District is Queensland's most northern health service district and covers an area of 2,438 sq km. It has two hospitals—Thursday Island and Bamaga—and 21 primary health care centres, including on the islands of Saibai, Boigu, Dauan, Badu, Mabuiag, Moa, Warrabar (Sue), Yorke (Masig), Yam (Iama), Coconut (Poruma), Murray (Mer), Darnley (Erub) and Stephen (Ugar).

The district serves an estimated resident population of 11,171 (June 2010). At June 2009, 83.9 per cent of the district's population was Indigenous. In addition to the resident population, there are about 30,000 recorded visits a year from people in the coastal areas of the Western Province of Papua New Guinea.

A Public Health Unit was created late in 2010. It consists of environmental health, population and public health, and health promotion services. Implementing change has been slowed by the need to manage outbreaks of cholera and malaria in the northern islands of the Torres Strait.

## Townsville Health Service District

The Townsville Health Service District operates public health facilities in Townsville, Ingham, Palm Island, Magnetic Island, Charters Towers, Richmond, Hughenden, Home Hill and Ayr. It covers a geographical area of 148,200 sq km, with an estimated resident population within the district of 234,400 (June 2010). At June 2009, 7.1 per cent of the district's population was Indigenous.

As a major tertiary referral hospital for north Queensland, Townsville Hospital receives inter-hospital transfers and patient retrievals by the Royal Flying Doctor Service and the Queensland Emergency Services rescue helicopter from



throughout north and north-west Queensland and offshore coastal areas. As a teaching hospital, Townsville Hospital has close associations with James Cook University and Central Queensland University and provides academic and research support for medical, nursing and allied health staff and students.

Community health services in Townsville provide a complete range of primary health care services. Ingham Health Service consists of a newly constructed hospital that provides acute medical, palliative and surgical services, and a full range of community and oral health services. Accessible by air and barge services, the Joyce Palmer Health Service provides the Indigenous settlement of Palm Island with a wide range of culturally specific primary, antenatal and post-natal care, and acute and palliative healthcare services, including 15 inpatient beds and emergency services. A primary healthcare facility is on Magnetic Island, which provides nursing, general practitioner and allied health services. Parklands Residential Aged Care facility provides 24-hour nursing/respite care. Other public health services include Charters Towers Hospital, Charters Towers Rehabilitation Unit, Eventide Residential Aged Care Facility and the Richmond, Hughenden, Ayr and Home Hill hospitals.

## Wide Bay Health Service District

The Wide Bay Health Service District was formed as a district in its own right on 1 November 2010, having separated from the larger Sunshine Coast-Wide Bay Health Service District.

The district provides a comprehensive range of healthcare services from Maryborough to Miriam Vale—including acute inpatient and community services, mental health (acute inpatient and community), community and allied health, and oral health. Major facilities and health services are the Bundaberg, Hervey Bay, and Maryborough hospitals. Smaller facilities are the Biggenden, Childers, Eidsvold, Gayndah, Gin Gin, and Munduberra hospitals and the Mount Perry Health Centre.

It covers a geographical area of 37,050 sq km and services a population of 215,888 (June 2010). At 30 June 2009, three per cent of the district's population was Indigenous, which is 4.1 per cent of Queensland's Indigenous population.

## Overview of structural changes

There were three major structural changes to Queensland Health during 2010–2011.

As a result of a machinery-of-government change, funding and administrative responsibilities for community helicopter providers and the contracted emergency helicopter service in the Torres Strait were transferred from the Department of Community Safety to Queensland Health.

The second organisational change arose in response to the *Auditor-General's Report to Parliament No. 7 for 2010*, which was tabled on 29 June 2010. The report identified fundamental issues associated with implementation of the new Queensland Health payroll system. The former Corporate Services Division was realigned in response to the Auditor-General's recommendations. The action was taken to strengthen the Queensland Health human resource organisational structure. In September 2010, the Director-General approved disbanding the former Corporate Services Division and creating two new divisions—Human Resource Services and Finance, Procurement and Legal Services. The new structure strengthens the finance and human resource functions by separating them into two distinct divisions. Deputy Directors-General were appointed to the new divisions in January 2011.

Because of the state's endorsement of the National Health and Hospitals Network Agreement, and in anticipation of the hospital parameters proposed by the Commonwealth Government, the Sunshine Coast-Wide Bay Health Service District was separated into two districts—Sunshine Coast Health Service District and Wide Bay-Burnett Health Service District on 1 November 2010.

The Wide Bay Health Service District incorporates the North Burnett, Bundaberg and Fraser Coast Local Government Areas. The Sunshine Coast Health Service District incorporates the Sunshine Coast and Gympie local government areas.

The new structure provides the opportunity to:

- streamline the transition from a Health Service District to a Local Health and Hospital Network
- allow the Chief Executive Officer of the Sunshine Coast Health Service District to play a more active role in the ongoing work associated with the Sunshine Coast University Hospital.





# Financial highlights

In 2010–2011, within the limits of its total available revenue Queensland Health delivered six major services that reflect the department’s planning priorities across the health continuum. These services are: Prevention, promotion and protection; Primary health care; Ambulatory care; Acute care; Rehabilitation and extended care; and Integrated mental health services.

## How the money was spent

The department’s major services and their relative share are shown in Chart 1.

Queensland Health achieved an operating surplus of \$2.285 billion while still delivering on agreed major services. The surplus is mainly attributed to increased own source revenue and share of profit in associates. The associates are the Translational Research Institute Trust and Queensland Children’s Medical Research Institute.

Queensland Health, through its risk management framework and financial management policies, is committed to minimise operational expenses and related liabilities. In addition, the department’s risk of contingent liabilities resulting from health litigations is mitigated by its insurance with the Queensland Government Insurance Fund.

## Income

Queensland Health’s income is mainly sourced from three areas:

- State contributions;
- Commonwealth contributions and grants; and
- Own source revenue generated from user charges, and other revenue.

In comparison to the previous year Queensland Health Service Districts achieved a significant increase of \$57.104 million in own source revenue.

Chart 2 details the extent of these funding sources for 2010–2011.

Queensland Health’s total income from continuing operations and share of profit in associates for 2010–2011 was \$10.573 billion. Of this, the State contribution was \$6.919 billion (65.4%), the Commonwealth contribution was \$2.660 billion (25.1%), other revenue was \$0.967 billion (9.2%) and share of profit in associates was \$0.026 billion (0.3%).

## Expenses

Total expenses were \$10.571 billion, averaging \$28.96 million a day to provide public health services, which was an increase of \$1.019 million or 10.67 per cent from last year.

The increase in expenditure is mostly attributed to:

- employee expenses—which reflects the impact of increased staffing and salary increases under the current enterprise bargaining agreement;
- supplies and services—following trends over previous years;
- grants and subsidies—reflecting increased funding to other organisations for the delivery of health services; and
- Other expenses—reflecting increase in insurance premium following prior year trends.

## Capital Investment

Total acquisitions of \$1.019 billion were made on rebuilding and maintaining the level of health infrastructure—averaging \$2.793 million per day.

Chart 1: Expense by major services

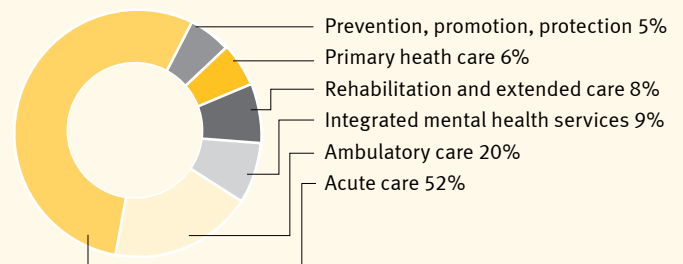
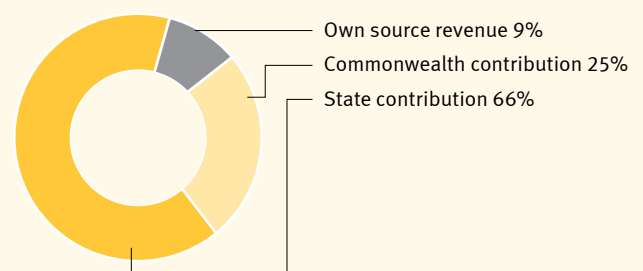
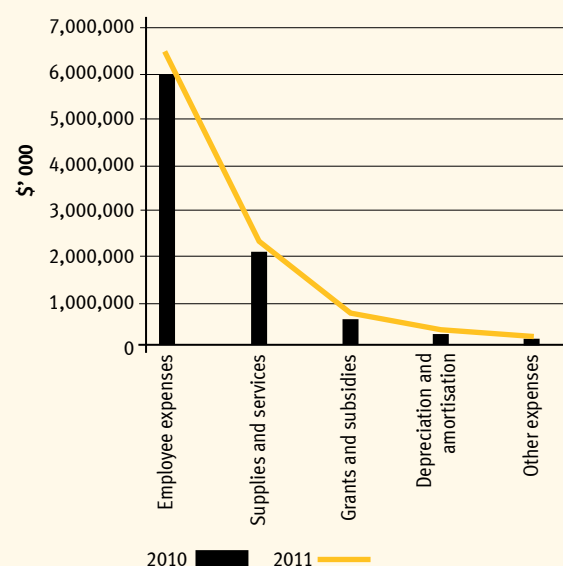


Chart 2: Revenue by funding source



Graph 1: Expense two year comparison



## Comparison of actual financial results with budget

Queensland Health actual result in comparison to its budget as published in the State Budget Papers 2010-2011 Service Delivery Statements are presented in the following tables with accompanying notes.

**Table 1: Statement of Comprehensive Income for the year ended 30 June 2011**

	Notes	2010-11 Actual \$'000	2010-11 Budget \$'000	Variance %
<b>Income</b>				
Departmental services revenue	1	9,440,684	9,092,426	4%
User charges	2	778,498	645,561	21%
Grants and other contributions	3	296,403	223,080	33%
Other revenue		29,993	29,175	3%
Gains		871	-	n/a
<b>Total income</b>		<b>10,546,449</b>	<b>9,990,242</b>	<b>6%</b>
<b>Expenses</b>				
Employee expenses	4	6,737,186	6,475,188	4%
Supplies and services	5	2,434,901	2,379,089	2%
Grants and subsidies	6	906,136	676,522	34%
Depreciation and amortisation	7	337,890	370,232	-9%
Impairment losses	8	36,021	-	n/a
Other expenses	9	118,266	89,211	33%
<b>Total expenses</b>		<b>10,570,400</b>	<b>9,990,242</b>	<b>6%</b>
Share of profit from associates	10	26,236	-	n/a
<b>Operating result from continuing operations</b>		<b>2,285</b>	<b>-</b>	<b>n/a</b>

### Notes:

- The increase in service revenue is due to funding related to the adoption of Ernst and Young recommendations for improving the health payroll system, additional funding as a consequence of higher than estimated costs including the demand for services being greater than budgeted levels, funding associated with higher than forecast capital expensing, enterprise bargaining arrangements, and transfer of the administrative responsibility of community helicopter providers from the Department of Community Safety to Queensland Health. The increase is offset by deferred Australian Government funding relating to the National Health Reform on Improving Public Hospital Services and the National Healthcare Specific Purpose Payments (SPP), the Commonwealth Dental Program and essential vaccines.
- Increase is due to greater than forecast revenue received from the Department of Veteran's Affairs, Q-COMP and from other State Governments to cover the costs associated with providing services to patients normally resident in other states and increased revenue generated by Health Service Districts.
- Increase is due to funding from the Queensland Reconstruction Authority to provide health services in response to natural disaster events; higher than expected revenue from other Government departments and various Australian Government funded health services and non-cash donations.
- Increase in Employee expenses is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining arrangements. The increase is offset by on-cost reimbursements, credited against salaries and wages, being higher than forecast.
- Increase is associated with the purchase of supplies and services to support higher than forecast requirements for existing and new initiatives.
- Increase is due to higher than forecast expenditure for existing initiatives and due to the transfer of administrative responsibility of community helicopter providers from the Department of Community Safety to Queensland Health.
- Reduction is due to higher level of capital investment and commissioning included in the budget in relation to the capital program.
- Recognition of bad debts written off and impairment losses on receivables, including an increase in payroll receivables impairment.
- Increase in Other expenses is due to higher than forecast sundry expenditure for existing and new initiatives and insurance.
- Recognition of share of profit in associates including the Translational Research Institute Trust and the Queensland Children's Medical Research Institute.



Table 2. Statement of Financial Position as at 30 June 2011

	Notes	2010-11 Actual \$'000	2010-11 Budget \$'000	Variance %
<b>Current assets</b>				
Cash and cash equivalents	11	(30,188)	144,628	-121%
Loans and receivables	12	547,332	303,793	80%
Inventories		121,803	123,556	-1%
Other	13	93,996	69,856	35%
<b>Total current assets</b>		<b>732,943</b>	<b>641,833</b>	<b>14%</b>
<b>Non-current assets</b>				
Loans and receivables		10,715	14,673	-27%
Property, plant and equipment	14	7,178,564	7,705,143	-7%
Intangibles		121,595	116,493	4%
Other financial assets	15	20,000	40,519	-51%
Investments in associates	16	40,923	-	n/a
Other	17	3,066	13,140	-77%
<b>Total non-current assets</b>		<b>7,374,863</b>	<b>7,889,968</b>	<b>-7%</b>
<b>Total assets</b>		<b>8,107,806</b>	<b>8,531,801</b>	<b>-5%</b>
<b>Current liabilities</b>				
Payables	18	407,033	282,049	44%
Accrued employee benefits	19	330,530	216,959	52%
Interest-bearing liabilities	20	-	70,151	n/a
Other liabilities payable	21	463	8,947	-95%
<b>Total current liabilities</b>		<b>738,026</b>	<b>578,106</b>	<b>28%</b>
<b>Non-current liabilities</b>				
Other financial liabilities	22	59,977	32,573	84%
Other liabilities payable		1,075	1,651	-35%
<b>Total non-current liabilities</b>		<b>61,052</b>	<b>34,224</b>	<b>78%</b>
<b>Total liabilities</b>		<b>799,078</b>	<b>612,330</b>	<b>30%</b>
<b>Net assets</b>		<b>7,308,728</b>	<b>7,919,471</b>	<b>-8%</b>
<b>Equity</b>				
Contributed equity	23	3,815,959	3,990,256	-4%
Accumulated surplus		2,400,964	2,393,543	-
Asset revaluation surplus	24	1,091,805	1,535,672	-29%
<b>Total equity</b>		<b>7,308,728</b>	<b>7,919,471</b>	<b>-8%</b>

**Notes:**

1. Net Cash decrease due to operating and non-operating activities.
2. Increase in receivables is due to the Annual Leave Central Scheme (ALCS), Long Service Leave Central Scheme (LSLCS), accrued interstate revenue and salary overpayments receivable.
3. Increase predominately relates to prepayment of the Queensland Government Insurance Fund (QGIF) premium
4. Reduction is due to deferrals in the capital program including Gold Coast University Hospital, Mackay Base Hospital Redevelopment, Robina Hospital Expansion, Cairns Base Hospital, Rockhampton Hospital Expansion and other capital projects.
5. The 2010-2011 Budget of \$40.519 million has been reported as Investments in Associates under 2010-2011 Actuals due to accounting standard requirements. Refer to Note 16
6. Investments in associates was budgeted under Other financial assets and relates to share of profit from the Translational Research Institute (TRI).
7. Decrease is due to movement from non-current to current prepayments.
8. Increase is due to year end accrual for non-employee payroll creditors and numerous movements in sundry payables for existing and new initiatives.
9. Increase is due to Annual Leave Levy Payable and an increase in Salaries and Wages accruals associated with recruitment for new and existing initiatives and enterprise bargaining arrangements.
10. Decrease is due to the re-classification of pre-paid lease payments by TRI from current to non-current.
11. Decrease is due to the realisation of unearned patient revenue.
12. Increase is due to the re-classification of pre-paid lease payments by TRI from current to non-current.
13. Decrease reflects the deferral of equity related to the capital program and offset by equity injections.
14. Decrease is due to downward movements in interim and comprehensive revaluations of land and buildings.

## CFO statement

Section 77 (2)(b) of the *Financial Accountability Act 2009* requires the Chief Finance Officer of Queensland Health to provide the accountable officer with a statement as to whether the department's financial internal controls are operating efficiently, effectively and economically.

For the financial year ended 30 June 2011, a statement assessing Queensland Health's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

The statement was prepared in conformance with Section 57 of the *Financial and Performance Management Standard 2009*. The statement was provided to the Queensland Health Audit Committee before submission to the Director-General.

## Future outlook

In 2011–2012 Queensland Health's budget will grow to \$11.046 billion, an increase of 10.6 per cent on the 2010–2011 budget. The department will also invest \$1.820 billion in health infrastructure projects in 2011–2012.

In 2009–2010 Queensland Health was allocated \$675.6 million over five years under the National Partnership Agreement (NPA) on Improving Public Hospital Services to support increased access to elective surgery, reduce emergency department waiting times and enhance sub-acute care services, in line with targets set out in the NPA. The following projects received formal approval through the NPA to proceed:

- An increased investment of \$70.4 million in operational funding and \$47.1 million in capital funding for Logan Hospital to expand emergency department services and improve patient flow, including meeting the needs of paediatric patients and their families.
- A significant boost of \$61.5 million in operational funding and \$22 million in capital funding to expand the emergency department at the Queen Elizabeth II Jubilee (QEII) Hospital to deliver a new emergency department with eight short stay beds, a 12-chair transit lounge, a new endoscopy unit with two procedural

rooms, a recovery and admissions area, and 10 palliative care beds.

- Increased funding of \$61 million over four years to continue the Surgery Connect Program that enables treatment of elective surgery patients who have been waiting longer than clinically recommended.
- Increased funding of \$40 million over four years to redesign clinical services with a focus on emergency department access and treatment times to deliver the best evidence-based models of care that are safe, effective, well-coordinated and easy to deliver.
- Operational funding of \$26.5 million and \$7.3 million in capital funding to improve paediatric services at Caboolture and Redcliffe hospitals. It includes additional same day and short-stay beds to improve paediatric patient flow through the emergency department, an improved paediatric emergency department waiting area, additional paediatric outpatient clinics and consultation rooms.
- Operational funding of \$6.1 million and \$3 million in capital funding for Toowoomba Hospital to improve functionality and patient flows through upgrades to the emergency department and four additional short stay beds.

## Mental health natural disaster recovery

\$12.6 million additional funding in 2011–2012 (\$37.8 million over two years) provided by the Queensland and Australian governments under the Natural Disaster Relief and Recovery Arrangements (NDRRA) for recruiting 126 community mental health staff over the next two years to provide specialist mental health support in areas significantly affected by recent natural disasters. The staff will work in Mental Health Trauma Recovery Services (MHTRS), providing specialist counselling and therapy services to assist those experiencing severe psychological trauma because of the natural disasters.





### **Natural disaster relief and recovery supplementation**

\$18.1 million over two years provided by the Queensland and Australian governments under the NDRRA to replace and repair equipment and repair damage to several Queensland Health facilities caused by the recent natural disasters. Some repairs required include roof replacements, internal walls, fire panel rectification and replacing air conditioners.

### **Regional Priority Round funding**

\$7 million in additional funding in 2011–2012 (\$97.7 million over five years) is provided by the Australian Government under the Health and Hospitals Fund Regional Priority Round to construct mental health community care units in Nambour, Bundaberg, Rockhampton and Toowoomba; develop regional inpatient mental health services in Bundaberg, Hervey Bay, Toowoomba and Maryborough; and construct new procedure centres at Townsville Hospital and Cairns Base Hospital.

### **National Partnership Agreement on Improving Mental Health**

\$4.3 million in additional funding in 2011–2012 (\$31.6 million over four years) is provided by the Australian Government to enhance mental health services, including accommodation, emergency departments and community-based crisis support. The final funding allocation is subject to negotiation with states on the NPA and will be based on a competitive process.

### **More beds for hospitals**

Queensland Health is committed to increasing services and the number of beds available to Queensland's growing population. To achieve that, Queensland has committed to opening more than 1,700 beds and 250 emergency department treatment spaces between 2009–2010 and 2015–2016 at locations across Queensland, including The Prince Charles, Townsville, Nambour, Robina, Rockhampton and Bundaberg hospitals. In 2011–2012, Queensland Health is expected to deliver more than 350 bed and bed alternatives and more than 30 emergency department treatment spaces across a range of Queensland Health facilities.

### **Jamie's Ministry of Food Australia**

Up to \$2.5 million over four years from 2010–2011 has been reallocated to support the delivery of the Jamie's Ministry of Food program. The program is delivered through the Jamie's Ministry of Food Cooking Centre based in Ipswich and a mobile Food Truck that will visit Queenslanders in their communities and schools to conduct demonstrations and cooking classes.

