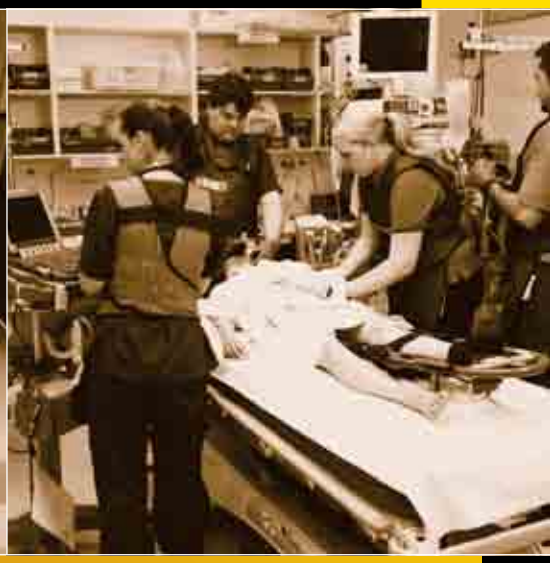
Annual Report 2010–11



Queensland Health

Queensland Government

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

Copies of this publication can be obtained at www.health.qld.gov.au, phone (07) 3234 0111.

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The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 3234 0111 and we will arrange an interpreter to effectively communicate the report to you.

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

Yours sincerely

Dr Tony O'Connell
Director-General
Queensland Health

Contents

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

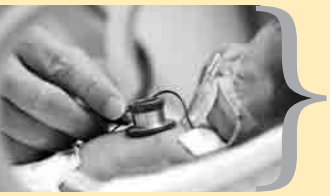
Every day in Queensland Health

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

$28.641 million is spent on public health services

603 women are screened for breast cancer

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



119 babies are born in acute public hospitals

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

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

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

1,598 adult dental appointments are provided

1,274 child and adolescent dental appointments are provided

630 children and adolescents complete dental treatment

728 callers receive clinical advice from qualified nurses through 13 HEALTH

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.

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-retire 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 Duaringa.

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, Muttaburra, 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, Cooinda 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 Brian 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.

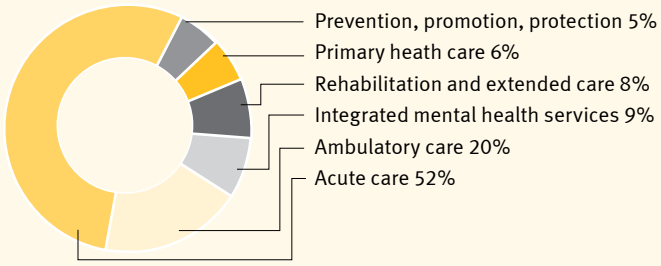
How the money was spent

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

Queensland Health achieved an operating surplus of $2.285 million 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.

Chart 1: Expense by major services



Income

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

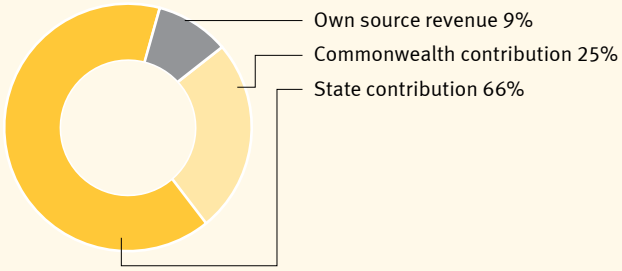
- State contributions;
- Commonwealth contributions and grants; and
- Own source revenue generated from user charges, and other revenue.

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%).

Chart 2: Revenue by funding source



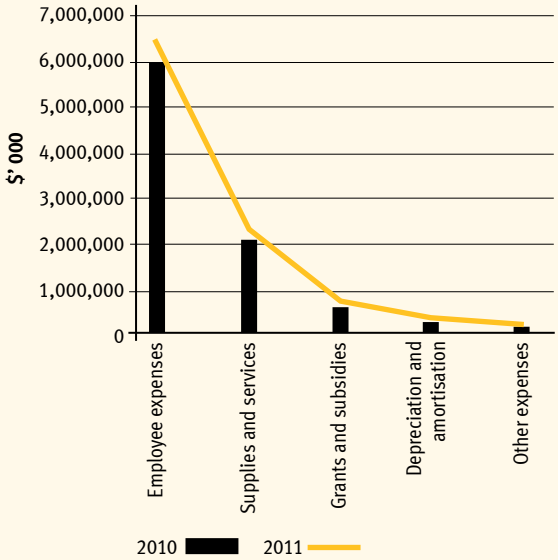
Expenses

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.

Graph 1: Expense two year comparison



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.

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 %
Income				
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
Total income		10,546,449	9,990,242	6%
Expenses				
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%
Total expenses		10,570,400	9,990,242	6%
Share of profit from associates	10	26,236	-	n/a
Operating result from continuing operations		**2,285**	**-**	**n/a**

Notes:

1. 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.
2. 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.
3. 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.
4. 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.
5. Increase is associated with the purchase of supplies and services to support higher than forecast requirements for existing and new initiatives.
6. 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.
7. Reduction is due to higher level of capital investment and commissioning included in the budget in relation to the capital program.
8. Recognition of bad debts written off and impairment losses on receivables, including an increase in payroll receivables impairment.
9. Increase in Other expenses is due to higher than forecast sundry expenditure for existing and new initiatives and insurance.
10. 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 %
Current assets				
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%
Total current assets		**732,943**	**641,833**	**14%**
Non-current assets				
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%
Total non-current assets		**7,374,863**	**7,889,968**	**-7%**
Total assets		**8,107,806**	**8,531,801**	**-5%**
Current liabilities				
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%
Total current liabilities		**738,026**	**578,106**	**28%**
Non-current liabilities				
Other financial liabilities	22	59,977	32,573	84%
Other liabilities payable		1,075	1,651	-35%
Total non-current liabilities		**61,052**	**34,224**	**78%**
Total liabilities		**799,078**	**612,330**	**30%**
Net assets		**7,308,728**	**7,919,471**	**-8%**
Equity				
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%
Total equity		**7,308,728**	**7,919,471**	**-8%**

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.

1

Making Queenslanders' healthier

Strategic Plan 2010–2011

1. Making Queenslanders Healthier

Objectives and expected outcomes

1.1 Support healthy behaviours and lifestyle choices to reduce the population rates of:

- overweight and obesity
- smoking
- heavy drinking
- unsafe sun exposure.

1.2 Protect the health of Queenslanders evident by:

- improving access to cancer screening programs
- managing preventable environmental health hazards
- preventing and controlling communicable diseases.

Key strategies

1.1.1 Provide a range of targeted promotion and prevention programs and interventions focusing on:

- improving nutrition and increasing physical activity
- reducing population rates of obesity and overweight, smoking, heavy drinking and unsafe sun exposure.

1.1.2 Lead and coordinate whole-of-government initiatives to reducing chronic disease in the community.

1.1.3 Increase adoption of healthier lifestyle behaviours by government workers.

1.1.4 Increase participation in the Queensland Health Staff Quit Smoking program.

1.2.1 Improve the capacity of the BreastScreen Queensland program to meet participation targets.

1.2.2 Maintain or increase vaccination coverage for Indigenous Queenslanders, areas of low coverage and four-year-old children.

1.2.3 Improve compliance with water quality standards.

1.2.4 Enhance the prevention and control of mosquito-borne disease.

1.2.5 Improve the coordination of responses to outbreaks, natural disasters and other environmental hazards.

Key performance indicators

- Percentage of the Queensland population who:
  - consume recommended amounts of fruit and vegetable
  - engage in levels of physical activity for health benefit
  - consume alcohol at risky or high-risk levels
  - smoke tobacco
  - adopt ultraviolet protective behaviours
- Staff Quit Smoking program
- Percentage of target population screened for breast cancer
- Vaccination rates at designated milestones for all children aged two years
- Percentage of Queensland Health staff vaccinated against influenza.

Public Health Report

The Public Health Report is published in accordance with Section 454 of the *Public Health Act 2005*, which requires annual reporting on public health issues for Queensland.

Fluoridation

Before the *Water Fluoridation Act 2008* was introduced, less than five per cent of Queenslanders had access to fluoridated drinking water supplies. Currently 84 per cent of Queenslanders have access to fluoridated water and, by 31 December 2012, more than 92 per cent will have access. That is in accordance with the Premier's targets and will bring Queensland in line with all other Australian states and territories.

The *Water Fluoridation Act 2008* requires that public potable water supplies serving over 1,000 people will have fluoride added at a prescribed concentration. Implementation of the Queensland Drinking Water Fluoridation Program remains on track with fluoridation of relevant South East Queensland water supplies now complete.

Fluoridation is now being rolled out in regional Queensland, which presents different infrastructure and community engagement issues from those in South East Queensland. Queensland Health staff are working closely with regional councils and staff from the Department of Employment, Economic Development and Innovation to ensure the program remains on track and Queenslanders in regional areas receive the important oral health benefits attributed to drinking fluoridated water.

Water quality standards

During 2010–2011, Queensland Health undertook numerous investigations and supported drinking water service providers to protect public health during drinking water incidents. Activities included:

- providing health risk assessment support to the Department of Environment and Resource Management as part of a joint regulatory framework for drinking water and recycled water
- reviewing and updating standards in the *Public Health Regulation 2005* for purified recycled water to reflect emerging public health issues and new national standards
- developing draft water quality standards to address public health risks associated with re-use of coal seam gas associated water to augment drinking water supplies
- providing comment and advice on environmental impact statements, environmental authorities and transitional environmental programs for coal seam gas water proposals
- providing scientific advice and support to South East Queensland councils for managing public health risks associated with the quality of their recreational waterways after the January 2011 South-East Queensland floods
- providing expert scientific advice to the former Department of Infrastructure and Planning on public health and safety risk management associated with implementing and enforcing plumbing legislation
- conducting annual safety audits for operational fluoridation plants by staff trained in water fluoridation plant operations. The most recent audits of fluoridation plants statewide showed a high level of compliance with safety requirements.

Internet purchase of products that contain prohibited substances under the *Health Act 1937*

An emerging public health issue has been generated by the ability to use the internet to purchase products that contain substances that are prohibited in Queensland.

Between January and May 2011 there were numerous seizures of consignments through Australia Post's border screening at the Brisbane Airport containing products with declared or suspected prohibited substances under the *Health Act 1937*. All the products had been purchased by members of the public over the internet from countries including the United States of America,

the United Kingdom, New Zealand and China. The main products seized were liquid nicotine used for electronic cigarettes—which is a Schedule 7 dangerous poison—and slimming coffee containing sibutrame, which is a Schedule 4 restricted drug.

Liquid nicotine is contained in atomised cartridges, bottles and vials for use in electronic cigarettes, which people use primarily for inhalation as an aid in withdrawal from tobacco smoking. The liquid in the clear containers is coloured and therefore attractive to children, but would be fatal if ingested. Under the *Health Act 1937*, a person cannot be in possession of a Schedule 7 Poison without Queensland Health approval.

Sibutramine is an ingredient used in coffee products purchased as an aid for weight loss. It is a Schedule 4 Restricted Drug which, under the *Health Act 1937*, a person must not have in their possession unless they are endorsed to do so. The labelling, contents and health claims made on the packaging of some of those products are also non-compliant with the *Food Act 2006*.

Injury

Injury prevention is a national health priority. Unintentional injury results in more than 40,000 hospital admissions and 200,000 attendances at hospital emergency departments in Queensland each year (*Injury Prevention Queensland: Report to Queensland Injury Prevention Council*, Queensland University of Technology, Centre for Accident Research and Road Safety 2009).

Queensland has one of the highest rates of unintentional injury in Australia (DHFS and AIHW 1998 *Health system costs of injury, poisoning and musculoskeletal disorders in Australia 1993–94*, Australian Institute of Health and Welfare, Australia's Health 2008).

A Queensland survey found 21.5 per cent of respondents reported their lifestyle or that of an immediate family member had been permanently affected by injury (*Injury Prevention Queensland: Report to Queensland Injury Prevention Council*, Queensland University of Technology, Centre for Accident Research and Road Safety 2009).

Injuries are preventable and priorities include:

- preventing falls in older people
- preventing injury in children and young people
- promoting safety in Aboriginal and Torres Strait Islander and rural and remote communities.

Type 2 diabetes

Diabetes is the fastest growing chronic disease in the world and has reached epidemic proportions. Diabetes affects a growing number of Queenslanders, with about 300,000 Queenslanders likely to have type 2 diabetes in 2010, or about one in 10 Queensland adults aged 25 years or older. By 2031, 600,000 to 700,000 Queenslanders will be living with diabetes. Diabetes is placing increasing pressure on our health system, and comes at a significant cost to individuals and families.

There are three main types of diabetes: type 1, type 2 and gestational diabetes. Type 2 diabetes is highly preventable with two-thirds of diabetes in Queensland due to the joint effect of overweight and obesity and physical inactivity, with the largest proportion due to overweight and obesity. Type 2 diabetes accounts for 80 per cent to 85 per cent of diabetes cases in Queensland.

The total health system cost of diabetes in Queensland—hospital, out-of-hospital medical services, pharmaceutical, allied health and research costs—is estimated at $190 million a year, with a total cost of $6.9 billion to the Queensland economy.

In November 2010, the Premier announced a $7.5 million Diabetes Action Plan to address the increasing impact of diabetes—targeting prevention, detection and management. The announcement followed discussions at two diabetes roundtables involving input from a range of stakeholders. The Diabetes Action Plan includes the following strategies:

- free diabetes risk assessment in community pharmacies—an expansion of the existing Know Your Numbers program
- gestational diabetes register and recall system
- school-based cooking program for high school students
- specialised training for general practitioners and a diabetes services finder known as Diabetes Connect
- Indigenous chronic disease care in Far North Queensland. This is being led by the University of South Australia in collaboration with district health services and the Apunipima Cape York Health Council
- expanded diabetes and endocrinology Telehealth services
- a community-based approach to diabetes prevention, early intervention and management in Innisfail based on a successful Finnish model
- the Coaching patients On Achieving Cardiovascular Health (COACH) telephone-based diabetes self-management program.

Dengue and preventing and controlling mosquito-borne disease

Dengue outbreaks continue to occur in north Queensland due to the endemic presence of dengue vector *Aedes aegypti* and the regular presence of travellers arriving with the disease from dengue endemic areas.

However, there is now a risk the dengue outbreaks can occur in towns in Central and South West Queensland. The dengue vector *Aedes aegypti* is known to be present in at least 35 towns in those locations, although it is not currently found in South East Queensland where the majority of travellers who may carry the disease are present. There has been further advance of the dangerous exotic dengue vector, *Aedes albopictus*, to inner Torres Strait Islands and there is risk of incursion onto mainland Australia.

Key strategies to address these issues include:

- coordinated responses to dengue notifications in accordance with dengue guidelines
- collaboration with Local Government to implement and report on annual container breeding mosquito surveillance across Queensland
- a dedicated vector control program on Torres Strait Islands to contain incursion of *Aedes albopictus*.

In 2010–2011, actions were taken to prevent and control mosquito-borne diseases, including:

- a rapid response to eight separate outbreaks of dengue in north Queensland and 45 cases of overseas-acquired dengue infection in areas with the dengue vector—north Queensland, Central Queensland and Wide Bay—and to an outbreak of malaria in the Torres Strait Islands
- a dedicated mosquito management response in flood-affected areas in Queensland. This contributed to lower-than-average Ross River and Barmah Forest virus infections in 2010–2011
- container-breeding surveillance for *Aedes aegypti* mosquito in 38 towns in Central and southern Queensland. The mosquito was found in 11 of the towns surveyed
- establishing a web-based mosquito surveillance system capable of producing detailed data on the spread of container-breeding mosquitoes—including *Aedes aegypti*—across Queensland.

Queensland Health also launched a mosquito-borne disease website.

Health risks associated with cross-border movement from Papua New Guinea

The presence of tuberculosis in Papua New Guinea (PNG) is of particular concern as people travel to clinics on Torres Strait Islands for treatment. Queensland Health is working with the Australian Department of Health and Ageing, AusAid and the PNG Government to manage the public health risk.

While a recent outbreak of cholera in PNG did not lead to cases in Australia, an outbreak of locally-acquired malaria on Saibai and Duaun islands was the largest for many years. Improved malaria vector control and improved diagnostic and treatment protocols are in progress.

Mental health impact of natural disasters

Many people who experience the trauma of natural disasters—such as floods, earthquakes and cyclones—are affected psychologically in some way. Of the 1.3 million people directly affected by the summer floods and/or tropical cyclones Tasha, Anthony and Yasi, an estimated 314,000 (over 20 per cent) are vulnerable to experiencing varying degrees of emotional stress. That could be exacerbated by other factors, including ethnicity, age, previous exposure to trauma, homelessness, access to social supports, socioeconomic status, pre-existing mental health illness, and experience of loss and/or trauma.

The *Queensland Mental Health Natural Disaster Recovery Plan 2011–2013* will provide a coordinated and integrated service response to community and individual mental health needs. It will support community and individual resilience and recovery by strengthening and complementing the existing integrated service system at state, regional and local levels. Queensland Health and the Department of Communities will be responsible for its implementation.

The rise in sexually transmissible infections across Queensland

Notifications of some sexually transmissible infections (STIs) in the Queensland population have been rising for several years. In 2010, there were 207 new HIV notifications, which is the highest annual total since the HIV epidemic began in 1984. While HIV notifications have been rising in the non-Indigenous population, HIV notifications in Queensland's Indigenous population have remained consistently low.

From 2009 to 2010, chlamydia notifications in Queensland increased by 16 per cent to 19,009 and gonorrhoea notifications increased by 35 per cent to 2,002. Young people aged 15 to 24 years accounted for about two-thirds of chlamydia notifications with about two-thirds of those being female.

Unlike HIV data, Indigenous status on notifications for chlamydia and gonorrhoea is under-reported and consequently actual case numbers remain unknown. Available data suggest rates of chlamydia in some Indigenous communities in Queensland may be up to five times higher than for non-Indigenous people. The gonorrhoea rate may be up to 11 times higher. STIs such as chlamydia and gonorrhoea substantially increase the risk of HIV transmission. Given the high prevalence of STIs in some Indigenous communities, HIV infection would be difficult to control should it become established.

The *Queensland HIV Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011* is a whole-of-government strategy for preventing, diagnosing, and managing STIs and blood-borne viruses, and care for and supporting Queenslanders with those infections. An independent evaluation of the strategy has been completed. It will inform the future strategic framework to address these health issues in Queensland.

Queensland Health operates a range of clinical services to address STIs, including:

- 16 sexual health clinics throughout the state
- the AIDS Medical Unit in the Metro North Health Service District which provides a specialised HIV service
- hospital-based infectious disease units which provide care for people living with HIV.

Queensland Health supports and funds a range of non-government organisations to deliver education, prevention, treatment, care and support programs addressing STIs, HIV and other blood-borne viruses.

Breast screening

A detailed planning exercise was completed to prepare for the increased capacity required for future population growth. Four new BreastScreen Queensland (BSQ) satellite services and an additional digital mobile breast screening vehicle will be established in 2011–2012 for areas of high population growth.

A marketing plan for BSQ was developed for implementation over the next four years to promote the high-quality services, improve participation and increase re-screening rates.

Tackling chronic disease

Queensland Health is delivering a broad range of initiatives to improve nutrition, increase physical activity and address the obesity epidemic. Some highlights for 2010–2011 include:

- Through the Active Healthy Communities project, Queensland Health is working with local governments to create local environments that support physical activity and healthy eating.
- A Better Choice Healthy Food and Drink Supply Strategy aims to increase the supply of healthy food and drink to staff, visitors and the public in Queensland Health facilities. The strategy includes catering guidelines that have been adapted by the Department of Justice and Attorney-General and are being implemented in Queensland Government workplaces across the state.
- Queensland Health funded Diabetes Australia Queensland to conduct a pilot study of high school cooking programs for Queensland state secondary school students.
- Queensland Health is partnering with The Good Foundation to deliver a program based on Jamie's Ministry of Food which teaches basic cooking skills and food literacy to improve nutrition and health. The Ministry of Food opened in Ipswich in April.
- Queensland Health and the Department of Communities (Sport and Recreation Services)

worked together to develop *Food for Sport: Food and Drink Supply Guidelines for Queensland Sporting Clubs*. It will assist local clubs to provide healthy food and drinks for members and the public.

- A wide range of local activities has been undertaken to support the national Swap It campaign, which is the second phase of the *Measure Up* campaign and aims to show people how to change their lifestyle to help keep their waistlines in check. The *Cook for Life* healthy eating and cooking skills courses for adults is an example. It was developed in partnership with four TAFE colleges in South East Queensland and aims to promote increased consumption of fruit and vegetables and reinforce the *Swap It, Don't Stop It* messages.
- Through the *Queensland Strategy for Chronic Disease 2005–2015*, Queensland Health has funded seven Chronic Disease Coordinator positions in the non-government sector within General Practice Queensland, the Ethnic Communities Council of Queensland (ECCQ), the Queensland Aboriginal and Islander Health Council and the Combined Health Agencies Group. The positions have provided statewide leadership in strengthening partnerships and local capacity across community-based programs and services targeting the prevention and management of chronic disease.
- In collaboration with ECCQ, Queensland Health finalised the development of *Living Well Multicultural*, a chronic disease prevention program for nine culturally and linguistically diverse (CALD) communities. To complement chronic disease prevention programs, a *Healthy Eating and Shopping Tour* DVD in eight languages was developed and disseminated.
- About 10 per cent of Queensland's working age population is employed by the public sector. Consequently, Queensland Health is working closely with the Department of Justice and Attorney-General and the Public Service Commission to progress a whole-of-Queensland Public Sector Health and Wellbeing Strategy. It is an element of the Queensland Healthy Workers Implementation Plan under the National Partnership Agreement on Preventive Health.
- In 2010–2011, 319 Queensland Health staff registered for the Staff Quit Smoking Program.

Toward Q2: Tomorrow's Queensland

2020 target: Cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure.

The *Toward Q2: Tomorrow's Queensland* (Q2) target delivery plan for preventable chronic disease is comprehensive and contains a large number of activities in progress across government. The number of contributing departments reflects the partnership approach necessary to deliver on the Q2 ambition to make Queenslanders Australia's healthiest people. The target delivery plan is representative of a much larger government agenda that seeks to address the increasing levels of preventable chronic disease. The 2010–2011 target delivery plan has supported initiatives across four priority actions:

- **Create supportive environments**—investing in actions to create supportive physical and social environments that encourage healthy behaviour by making the healthy choice the easy choice. For example:
  - parks, cycle paths and shade provision
  - planning guidelines for local governments that integrate health interests
  - enhancing the Smart Choices and Smart Moves strategy in state schools to give students healthy food choices from tuckshops and vending machines
  - increasing levels of physical activity
  - implementing the whole-of-government breastfeeding at work policy.
- **Support community-based programs**—investing in appropriate and targeted programs to encourage and support Queenslanders to live healthy lives. For example:
  - the TravelSmart travel behaviour change program to encourage active transport, such as cycling and walking
  - the Sport and Recreation Active Inclusion program to increase access to sport and recreation for groups and individuals facing barriers

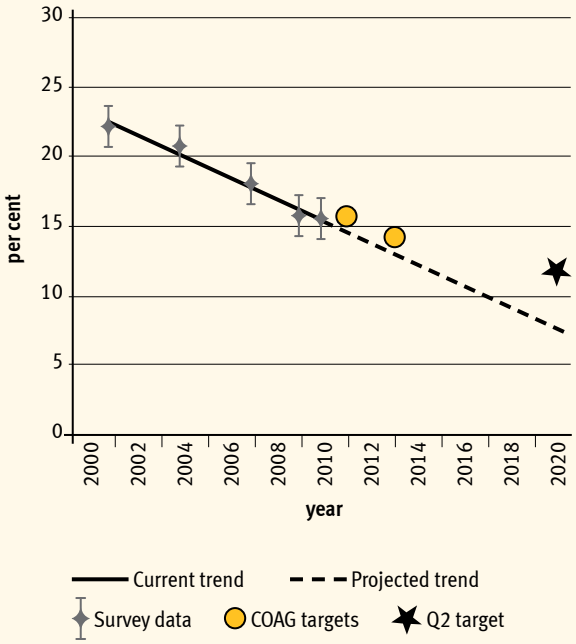
  - piloting the 10,000 Steps program in a school environment.
- **Influence social norms and culture**—investing in actions that positively influence social norms and culture to support health-promoting behaviour choices. Ensuring messages are based on evidence, tailored to meet target audiences' needs, and supported by information, programs and services, such as:
  - the Find Your 30 social marketing campaign to encourage physical activity
  - delivering the Good Sports program for sporting clubs to adopt sensible alcohol management practices
  - reducing unsafe sun exposure by developing sun safety guidelines for capital works and outdoor workers
  - developing online curriculum resources for sun safety in secondary schools.
- **Measure and evaluate activity to identify what works**—investing in appropriate monitoring and evaluation data and indicators at individual, community and population levels to inform planning, resource development and service delivery, such as:

  -research into food literacy skills and effective sun safe strategies for outdoor workers and primary schools

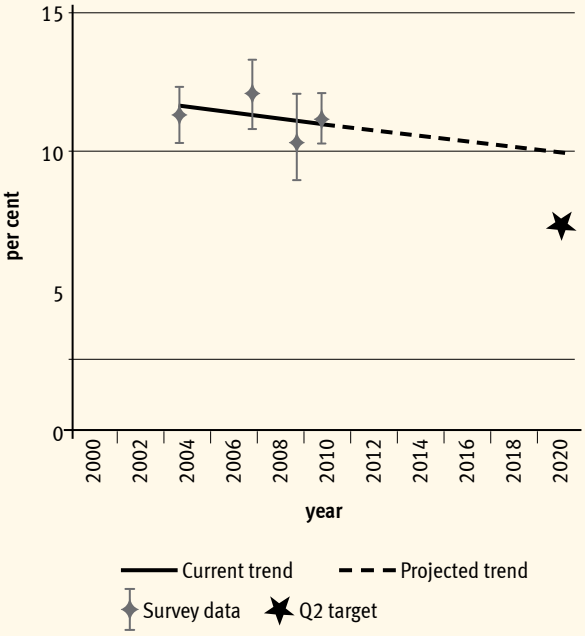
  -developing a program logic and associated evaluation and monitoring framework for the chronic disease target.

Progress and achievements

Graph 2: Daily smoking (adults)



Graph 3: Risky alcohol consumption (adults)

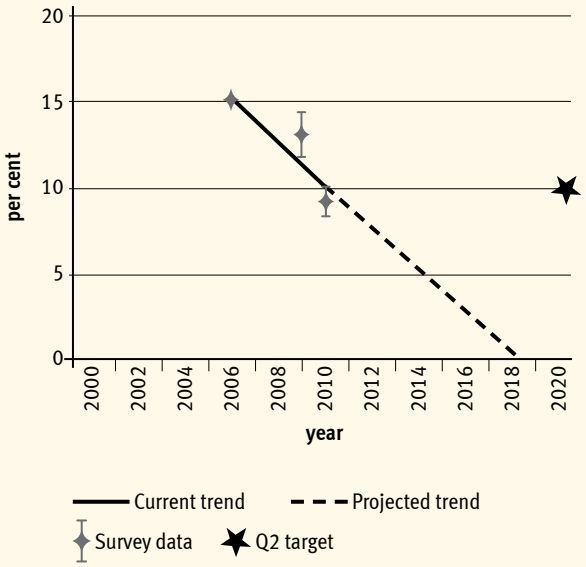


The Q2 goal for smoking is to reduce rates by one third. There has been a steady downward trend of about one per cent a year since 2001. If the trend continues, the daily smoking rate in Queensland by 2020 will be eight per cent and the Q2 target of 11.9 per cent will be met in 2015.

The Q2 goal for adult risky alcohol consumption is to reduce rates by one third. There is limited data to accurately assess current trends. However, using all available data, risky/high-risk drinking has declined by 1.2 per cent a year since 2004. Based on the current trend the rate of risky/high-risk drinking will be 10 per cent in 2020 and the Q2 target of 8.1 per cent will not be met until 2050.

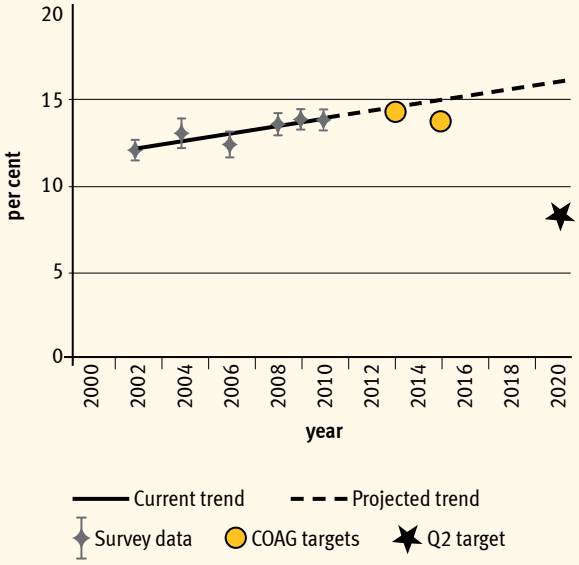
The Q2 goal for unsafe sun exposure is to reduce by one third the number of adult Queenslanders who had been sunburnt on the previous weekend.

Graph 4: Unsafe sun exposure (adults): sunburnt on previous weekend



Note: Indicator is very sensitive to weather. Additional information on long term sunburn and sun safety behaviours also collected.

Graph 5: Overweight and obesity (adults)



The indicator depends on weather patterns, the season and the UV index. An alternative measure is sunburn in the past 12 months. In 2010, 50.9 per cent of Queenslanders reported being sunburnt in the past 12 months. Using that as the baseline, the 2020 target is to reduce sunburn in the previous 12 months to 33.9 per cent. Those rates are already achieved by people aged 55 years and older but not in the younger age groups, particularly teenagers and people aged 20–30 years.

Adult overweight and obesity rates continue to increase with rates increasing by 0.9 per cent a year since 2002. If the trend continues, about 65 per cent of adult Queenslanders will be overweight or obese by 2020—which is almost twice the Q2 target of 33 per cent. The apparently simple cause of weight gain—consuming more energy than is expended—contrasts with the national and international reality of the overweight and obesity epidemic.

The increasing rate of overweight and obesity is a key challenge. High body mass is the leading cause of premature death and disability in Queensland and the main risk factor for type 2 diabetes. Rates of measured overweight and obesity in 2007–2008 were similar to national rates. Australia has the fourth highest rates of adult obesity in the Organisation for Economic Co-operation and Development (OECD). Preventing, managing and reversing current trends requires a focus on healthy eating, good nutrition and decreasing sedentary behaviour. Changing individual behaviour is one aspect. However, addressing the obesogenic environment more broadly is a priority that requires multi-strategy interventions. They include regulation to limit promotion of energy-dense food and drinks, incentives and policies to make healthy choices readily available, and physical environments that encourage a physically active lifestyle. The priority action areas of the Q2 target delivery plan are consistent with the multi-strategy intervention approach.

Improved coordination of responses to and recovery efforts for outbreaks, natural disasters and other environmental hazards

Queensland Health is implementing plans to improve its responses to disease outbreaks, natural disasters and environmental hazards. Actions include:

- Following the pandemic H1N1 2009 response review, the Health Protection Program invested in reviewing and developing a scalable incident management system to manage public health incidents. The system was piloted during the summer storm season of 2010–2011.
- A three-month review of the public health response to the flood and cyclone events is nearing completion. Preliminary findings have supported areas already prioritised for development and identified some opportunities to enhance the system.
- Additional work is occurring to enhance systems around the role, responsibility and accountability of Queensland Health and its partners in managing public health risks, using food and water as examples.
- Reviewing the activation of emergency response plans by Health Service Districts and divisions for the 2010–2011 summer flood and cyclone events. The outcomes will result in a continuous improvement strategy and adjustment of the plans as necessary.
- Reviewing the *Queensland Health Disaster Plan—Human–Social Sub-Plan* after the 2010–2011 extreme weather events, including effective implementation of actions, arrangements and procedures.
- Each Health Service District has developed or is developing a Health Human Social Recovery Management Plan, in alignment with the *Operation Queenslander – Community, Economic and Environmental Recovery and Reconstruction Implementation Plan 2011–2013*.
- Continued active participation and contributions by Queensland Health staff in key strategic whole-of-government activities, including:
  - the State Disaster Management Group/State Disaster Coordination Group
  - the Queensland Reconstruction Authority's Lines of Reconstruction Human and Social Sub-Committee.
- Continued participation by Queensland Health staff in Local Government Recovery Groups on the basis of impact analysis to identify the needs and capacity of health services to respond to communities' medium to long-term recovery.

Improved testing services

Queensland Health provides a wide range of testing services across the state:

- New methodology was developed to enable testing for the wide range of organic parameters required, including pharmaceuticals, disinfection by-products—such as nitrosamines—and endocrine disrupting compounds.

- Air samples collected from various sites around Gladstone were analysed for volatile organic compounds, polyaromatic hydrocarbons, total suspended particles and metals, carbonyls, cyanide and fluorides. Radon, alpha, beta and gamma radiation tests were also performed by the Health Physics group. Complete sampling program results were forwarded to the Department of Environment and Resource Management (DERM) by December 2010.
- Heavy metals screens were conducted on air filters for the Clean and Healthy Air in Gladstone study.
- Clandestine laboratory submissions increased by more than 50 per cent compared to the previous year.
- Water sample submissions increased sharply due to recycled, desalination, coal seam gas and underground coal gasification water.
- Inorganics was heavily involved in investigations after the *Shen Neng 1* grounding on the Great Barrier Reef —186 sediment samples were processed for the Great Barrier Reef Marine Park Authority, which headed the investigation.

Queensland Health promotes development of ongoing relationships with other agencies to provide services, including:

- Food Chemistry staff—in collaboration with Department of Employment, Economic Development and Innovation and CSIRO staff—organised the 12th Government Food Analysts' Conference held at the Food and Health Sciences Precinct in February 2011.
- DERM submissions of water and sediment samples for the Ensham Mine investigation and Fitzroy River study.
- Analysis was conducted for the Canberra based Centre for Environmental Health involving 400 blood, 400 urine, and 400 hair samples associated with a monitoring program in PNG which examined the health impact of mining on the local people. A total diet study is also being conducted for the same organisation involving the analysis of 500 food samples for a range of trace metals.
- Methods are currently being developed for analysing heavy metal organic species in samples.

Studies of public health risks

Three major studies of potential public health risks were completed in 2010–2011.

Clean and Healthy Air for Gladstone Project

The health risk assessment component of the joint DERM and Queensland Health Clean and Healthy Air for Gladstone Project was completed by Queensland Health in August 2010. The project was established to gain a better understanding of air pollution in the Gladstone area and identify any potential risks to public health.

The final human health risk assessment report relates to data collected from the expanded air quality monitoring program in the Gladstone area. The report provides summary data, comparisons with national and international air quality standards and guidelines, discussion about the degree to which exposure to those levels of various pollutants might pose a potential risk to human health, and makes a series of recommendations.

The report concluded that no pollutants were present at levels that either consistently exceeded the relevant health-based standard or guideline, or otherwise would be considered to pose unacceptable risks to health. The report recommends ongoing air quality monitoring, consultation with the community, ongoing improvement in managing emissions of air pollutants into the environment, and consideration of existing air quality in assessing new industrial proposals. At a community level, it recommended asthma is managed well and that the community continues to encourage and embrace smoking prevention and cessation programs.

Narangba Health Impact Assessment

The Narangba Industrial Estate (NIE) Health Impact Assessment (HIA) was conducted in response to community concerns about the potential for health impacts from operations within the NIE. The aim of conducting the HIA was to assess the impact of air emissions on ambient air; assess the potential risk to human health associated with emissions from the NIE; assess whether the community has experienced adverse health effects because of its close proximity to the NIE; and inform future government decision-making processes.

The HIA process involved data collection and analysis by independent experts with support provided to the Community Reference Group by an independent technical adviser and an independent facilitator. The assessment report—released in May 2011—found there was no evidence to indicate the community had experienced any adverse health effects because of close proximity to the NIE.

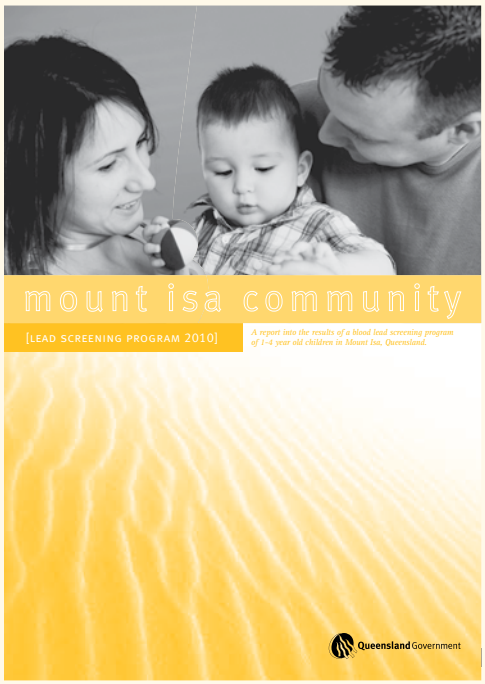
The Community Reference Group made 17 recommendations on future emissions control and land use planning, emergency planning and emergency response arrangements. Key recommendations included further assessment of the potential risk of chromium; a continued effort to manage odour emissions; and consideration of the location and management of high impact, noxious and hazardous industries in future land use planning. All recommendations are supported by the responsible agencies and have been or are in the process of being implemented.

Mount Isa Community Lead Screening Program 2010

In 2010, Queensland Health conducted a second study in Mount Isa of children aged one to four years to continue to monitor blood lead levels in that age group. It follows an initial study in 2007 initiated in response to ongoing community interest and concern, involving testing of 400 Mount Isa children aged one to four to determine their blood lead levels.

The 2010 study aimed to measure the blood lead levels of a representative sample of 167 Mount Isa children aged one to four. Where blood lead levels were at or exceeded the health goal level of 10µg/dL (eight children), detailed environmental audits were conducted to identify risk factors for lead exposure. Queensland Health continues to assist families in reducing their lead exposures through advice and education and through its commitment to the Living with Lead Alliance community partnership.

The studies expand on the existing evidence base to continue to guide further action to manage lead exposure in the Mount Isa community.



National Partnership Agreements

National Partnership Agreement on Preventive Health

The National Partnership Agreement on Preventive Health commenced in 2009–2010 and provided a significant injection of funding for Queensland to further augment current actions to address preventable chronic diseases.

Queensland will receive $68.62 million in facilitation funding over the six years of the agreement. The NPA funding focus is on enabling infrastructure, social marketing, healthy children, and healthy workers.

All states—including Queensland—developed implementation plans for social marketing, healthy children and healthy workers. The plans were considered and agreed by the Commonwealth Minister for Health and Ageing. The Queensland Implementation Plan for Social Marketing was agreed on 1 July 2010 and the Queensland Healthy Children and Healthy Worker Implementation Plans were agreed on 16 December 2010. Queensland's social marketing commitments—linked to the national campaigns—began in 2011, with healthy children and healthy worker commitments starting in July 2011.

A surveillance system for self-reported health status has been embedded within the program for monitoring and reporting the health status of Queenslanders.

National Partnership Agreement on Essential Vaccines

In August 2009, the Council of Australian Governments (COAG) established the National Partnership Agreement on Essential Vaccines (NPAEV) to:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and, where possible, increase immunisation coverage rates for vulnerable groups with a focus on minimising disparities between Indigenous and non-Indigenous Australians
- enable all eligible Australians to access free, high-quality essential vaccines in a timely manner through the National Immunisation Program
- increase community understanding and support for the public health benefits of immunisation.

The NPAEV allows Commonwealth-funded vaccines to be distributed to vaccine service providers in states and territories.

The NPAEV contains four performance benchmarks (PB) to evaluate the agreement's effectiveness:

PB1: maintaining or increasing vaccine coverage for Indigenous Australians—Queensland has met the benchmarks for the period 1 April 2010 to 31 March 2011

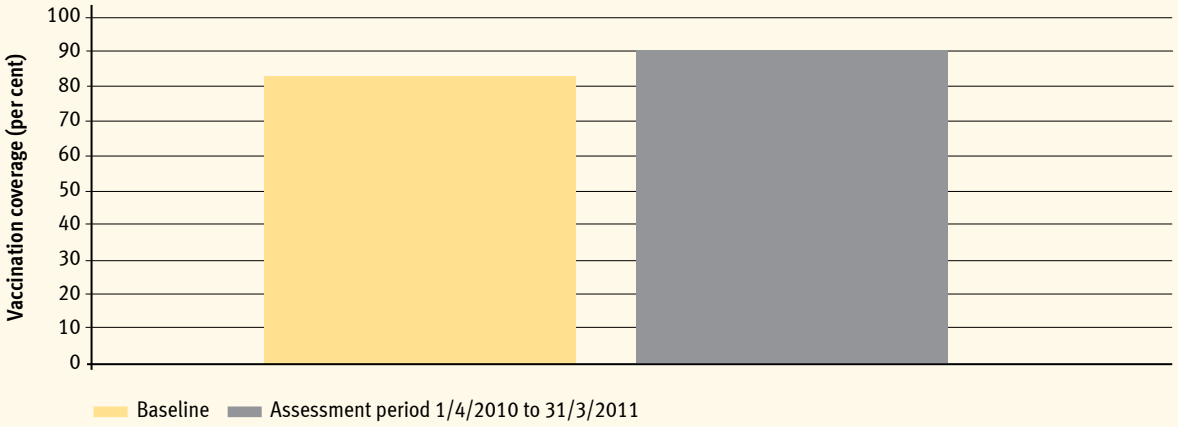
PB2: maintaining or increasing coverage in agreed areas of low immunisation coverage—Queensland has no areas classified as low coverage

PB3: maintaining or decreasing wastage and leakage—Queensland has met the benchmarks for 1 April 2010 to 31 March 2011

PB4: maintaining or increasing vaccination coverage for four year olds—Queensland has met the benchmarks for 1 April 2010 to 31 March 2011.

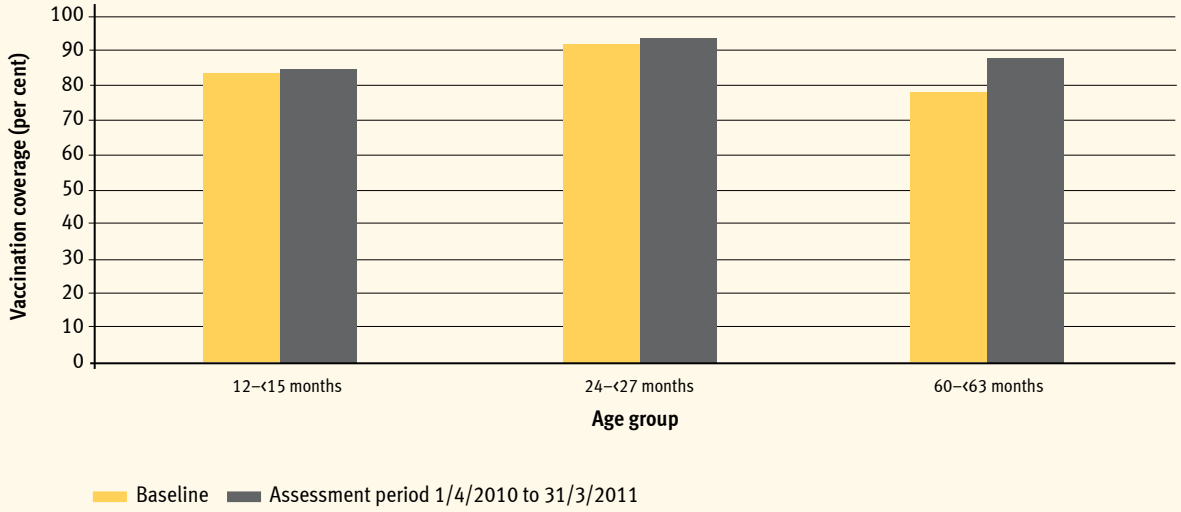
Progress and achievements

Graph 6: Proportion of four-year-old children who are fully vaccinated at 60-<63 months of age for the period 1 April 2010 to 31 March 2011



The baseline is the lowest coverage rate from the previous three years.

Graph 7: Proportion of four-year-old children who are fully vaccinated by age group for the period 1 April 2010 to 31 March 2011



Source: National Partnership Agreement on Essential Vaccines, 1 April 2010 to 31 March 2011 Performance Report, May 2011

The baseline is the lowest coverage rate from the previous three years.

Artist impression of the Queensland Children's Hospital

2

Meeting Queenslanders' healthcare needs safely and sustainably

Strategic Plan 2010–2011

2. Meeting Queenslanders' healthcare needs safely and sustainably

Objectives and expected outcomes

2.1 Support an expanded range of services available in a primary care setting through working with the Commonwealth Government.

2.2 Provide mothers and babies with the best start evident by implementing the *Maternity and Newborn Services in Queensland Work Plan 2008–2012*.

2.3 Expand hospital and related services to meet the needs of a growing population so Queensland has:

- the shortest median waiting time for elective surgery in Australia
- the lowest percentage of elective surgery patients waiting longer than clinically recommended in Australia
- an equal or shorter median waiting time for emergency department treatment than the national average
- an equal or lower percentage of emergency department patients waiting longer than the clinically recommended time than the national average.

2.4 Expand access to subacute care services in hospital and community settings evident by increasing the range and usage of subacute care services.

2.5 Improve older Queenslander assessment services and access to high-quality appropriate aged care services evident by:

- reducing the number of days between assessment referral and approval
- improving the uptake of transition care program places
- compliance with residential aged care accreditation standards.

2.6 Improve patient care, safety and patient outcomes evident by implementing the *Patient Safety and Quality Plan 2008–2012*.

Key strategies

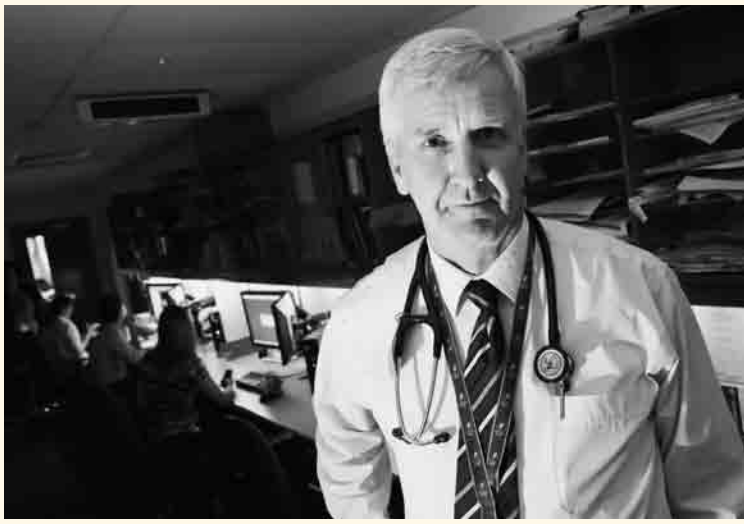
2.1.1 Implement oral health strategies that will provide safe, sustainable and appropriate services on a statewide basis.

2.2.1 Implement the *Maternity and Newborn Services in Queensland Workplan 2008–2012* to guide consistent best practice across the state.

2.2.2 Establish a baseline measure for mothers' satisfaction with maternity care.

2.3.1 Improve access to services through using demand management strategies such as:

- continuing the Surgery Connect program
- establishing Elective Surgery Centres in South-east Queensland
- auditing existing and implementing new patient flow initiatives
- implementing discharge protocols such as:
  - early discharge
  - nurse initiated discharge protocols



- more appropriate use of ambulatory care or non-hospital settings
- expanding and upgrading emergency departments, including dedicated waiting areas for children.

2.3.2 Increase the number of beds by:

- progressing the major capital works program for the Queensland Children's Hospital and hospitals at the Gold Coast, Sunshine Coast, Cairns and Mackay
- upgrading/expanding the Bundaberg and Robina hospitals
- accelerating delivery of The Prince Charles Hospital redevelopment.

2.3.3 Progress the Mount Isa Hospital redevelopment.

2.3.4 Completion and communication of a new *Queensland Health Services Plan 2011–2026*.

2.4.1 Improve access to services through:

- providing alternatives to hospital admission, such as sub-acute, rehabilitation or step-down facilities for non-acute type patients
- increasing the range of hospital substitution, interim care and transition care beds and diversionary programs available.

2.5.1 Progress building the Cloncurry Hospital aged care annex.

2.5.2 Work with non-Queensland Health service providers to maximise the capacity in the system for nursing home type patients and older Queenslanders.

2.5.3 Develop and coordinate implementation of programs for older people that align with national directions with a specific focus on:

- accreditation of all Queensland Health residential aged care facilities
- improved timeliness of Aged Care Assessment Programs (ACAP) for older people
- maximising occupancy levels in the Transition Care Program statewide.

2.6.1 Continue to implement the *Patient Safety and Quality Plan 2008–2012* with specific focus on Open Disclosure, Clinician Performance and Support Service and high-risk areas of patient harm.

2.6.2 Ensure all healthcare professionals working in Queensland Health facilities are appropriately registered.

2.6.3 Ensure compliance with the credentialing policy for medical practitioners.

2.6.4 Implement the *Queensland Medication Management Plan* to ensure a high-quality, sustainable, responsive and integrated management system.

Key performance indicators

- access to hospital
- percentage of emergency department patients seen within recommended timeframes
- median waiting times for emergency department
- percent of elective surgery patients waiting more than the clinically recommended time for their category
- median waiting times for elective surgery
- elective surgery cancellations
- categorisation of new case outpatient department referrals
- rate of healthcare associated *Staphylococcus Aureus* bacteraemia in hospital
- rate of pressure ulcers in hospital
- rate of VTE prophylaxis
- Hospital Standardised Mortality Ratio.

Improved access to healthcare

Patient flow strategy

The Queensland Health patient flow strategy aims to reshape Queensland Health processes to enable the system to better cope with additional pressures being placed on it. The ultimate goals of the strategy are:

- improved performance
- reduced delays and increased access to services
- best clinical practice across the state.

The patient flow strategy was launched in March 2010 in response to the Auditor-General of Queensland's Report to Parliament No. 5 for 2009, Management of patient flow through Queensland Hospitals. In 2010–2011 a patient flow website was launched that provides information and toolkits for staff on:

- system redesign processes and methodologies
- effective service delivery models across the acute, ambulatory and sub-acute settings
- access to a range of performance measurement tools and data for districts.

In addition, the Centre for Healthcare Improvement conducted a series of site visits to Queensland Health hospitals. The visits included meetings with key clinicians to discuss current patient flow issues and identify solutions currently in place that may be transferable across other Queensland Health sites.

Criteria led discharge

The initial criteria led discharge pilot project concentrated on developing specific tools and policy to support criteria led discharge. It also examined measures that support optimal discharge practices to ensure patients can return home as soon as they are clinically able to do so.

As part of the pilot project, consultation was undertaken with relevant clinical networks to develop the discharge criteria. That was subsequently endorsed by peer clinicians across the state. Discharge protocols have been implemented, including protocols for early discharge and nurse-initiated discharge protocols.

In 2010–2011 criteria led discharge initiatives were trialled in 10 Queensland Health hospitals—Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Prince Charles, Princess Alexandra, Gold Coast, Toowoomba and Roma hospitals.

Implementing criteria led discharge is designed to reduce the length of stay; increase discharges earlier in the day and on weekends; and increase patient and staff satisfaction. The Centre for Healthcare Improvement provided an option of funding for a project manager at each pilot site to support the uptake and embed criteria led discharge in hospital protocols and procedures. Currently six of the 10 pilot sites have sought assistance, which is subject to reporting requirements.

In 2010–2011, the criteria led discharge Steering Committee endorsed all processes and supporting documents for continuing criteria led discharge on a statewide basis. The Access Improvement Service in the Centre for Healthcare Improvement will continue to support the initiative and any other facilities seeking to implement criteria led discharge.

Toward Q2: Tomorrow's Queensland

Making Queenslanders Australia's healthiest people

2020 target: Queensland will have the shortest public hospital waiting times in Australia.

As part of the Toward Q2 strategy, the Queensland Government aims to have the shortest median waiting time for elective surgery and emergency department treatment and the largest per cent of elective surgery patients and emergency department attendances seen within clinically recommended times in Australia by 2020.

Elective surgery

In 2010–2011, Queensland Health focused on significantly reducing the number of patients waiting longer than clinically recommended to reach the Commonwealth's target of no more than 10 per cent 'long waits' against categories 1, 2 and 3 by 31 December 2010.

In 2009–2010, Queensland had the shortest median waiting time for elective surgery in Australia. Queensland's median waiting time was 27 days—the national median was 35 days.

In 2008–2009, 84.7 per cent of patients had surgery within clinically recommended timeframes. That put Queensland slightly less than the national average of 86.2 per cent and ranking fifth highest in Australia.

Queensland's performance on that criterion has remained relatively stable. There has been a national trend toward an increased percentage of patients treated in time. Queensland did not follow the national trend due to our focus on treating the longest waiting patients.

Emergency departments

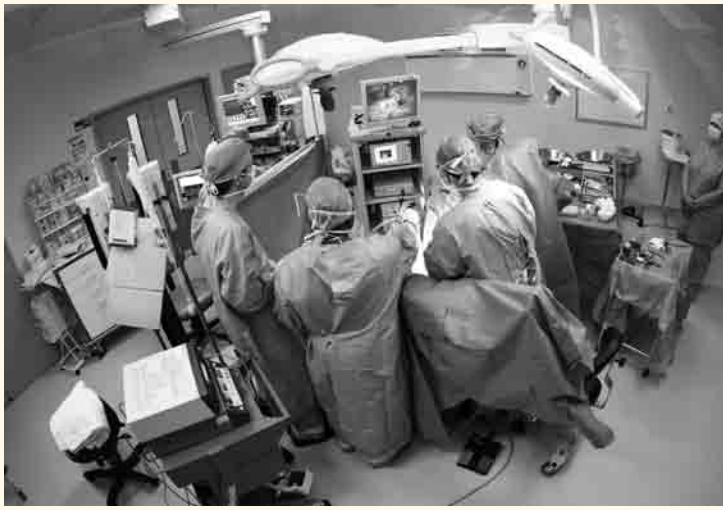
In 2010–2011, 66 per cent of patients were seen in emergency departments within the clinically recommended timeframes. That was the same percentage as 2009–2010. At that time the national average was 70 per cent. In 2009–2010—the most recent comparative figures available—the Queensland median waiting time was 24 minutes. That compares with the national median waiting time of 23 minutes.

Public hospitals transfer health inquiry calls to 13 HEALTH, reducing the time switchboard and emergency department staff spend dealing with telephone inquiries. From 1 July 2010 to 30 June 2011, 83 per cent of calls to 13 HEALTH were referred to health providers other than an emergency department.

Surgery Connect

Queensland Health's Surgery Connect program aims to provide alternative treatments options for 'long wait' elective surgery patients, either in the private sector or by using available capacity in the public sector outside normal operating hours. Since its inception in late 2007, Surgery Connect has facilitated the treatment of about 26,000 patients, either internally or through outsourcing to the private sector.

In 2010–2011, 3,334 patients were treated in the private sector through Surgery Connect. The program also provided $46.4 million to facilitate treatment of 'long wait' elective surgery patients internally in Queensland public hospitals.



Establishing elective surgery centres

As part of the Commonwealth Government's Waiting List Reduction Plan and the National Partnership Agreement on Improving Public Hospital Services, Queensland received funding to support the development of additional elective surgery capacity at the Gold Coast, Townsville and Cairns hospitals. Funding under the Waiting List Reduction Plan facilitated the opening of the Gold Coast Surgery Centre on 31 October 2008. The centre continues to provide surgery for an additional 4,000 to 6,000 patients a year.

In addition, $12.1 million is being invested in a new day procedure centre at Townsville Hospital that will include:

- 12 beds for treating same-day admissions
- two purpose-built procedure rooms
- pre-procedure and peri-operative recovery areas
- outpatient consultation rooms
- reception, admissions and support areas
- patient change rooms with ensuites.

An additional $12.1 million is being invested at Cairns Base Hospital for a new day treatment centre that will include:

- 12 new same-day beds
- two purpose-built procedure rooms
- pre-procedure and peri-operative recovery areas
- outpatient consultation rooms
- new reception, admissions and support areas
- patient change rooms with ensuites.

Organ and Tissue Donation Service

The Organ and Tissue Donation Service administers and provides organ and tissue donation, retrieval, tissue banking and distribution services for Queensland for transplantation purposes, under the *Transplantation and Anatomy Act 1979*.

A range of measures was implemented in 2010–2011 to increase the donation rate, including:

- implementing the clinical triggers protocol to improve the rate of identification of potential donors
- developing a statewide donation after cardiac death policy to expand donation opportunities to circumstances other than brain death
- additional recruitment to the donation clinical network
- targeted training for clinicians, particularly in regional areas, and community awareness-raising activities.

Those measures have led to significant improvements in donation and transplantation services in Queensland, including:

- Queensland's tissue donation rate achieved a 22.3 per cent increase in 2010 compared with the previous year
- a 53 per cent increase in the number of donors during January to April 2011 (23 donors) compared with the same period in 2010 (15 donors).

The Organ and Tissue Donation Service will continue to work with the Australian Organ and Tissue Donation and Transplantation Authority and other services in other jurisdictions to improve organ and tissue donation services through initiatives such as:

- the Electronic Donor Record—a national safety and quality process that includes the element of bio-vigilance
- a national education program for professionals working in the area
- a national communications and media strategy.

13 HEALTH

13 HEALTH is a 24-hour, seven-day-a-week, statewide telephone service providing health information, triage and referral, health coaching and smoking cessation services.

- 258,235 calls were received by 13 HEALTH from 1 July 2010 to 30 June 2011.
- The one millionth call was answered by 13 HEALTH in January 2011.
- Health inquiry calls from public hospitals are transferred to 13 HEALTH—reducing the time hospital switchboard staff and emergency department staff spend dealing with telephone inquiries.
- The most common health issues raised by callers include abdominal pain, fevers, vomiting, headaches, chest pain and insect bites.
- 13 HEALTH aims to answer 85 per cent of calls within 20 seconds.
- From 1 July 2010 to 30 June 2011, 83 per cent of calls to 13 HEALTH were referred to health providers other than an emergency department.
- Following a call to 13 HEALTH, callers are free to use the doctor or service they choose.
- From 1 January to 30 June 2011 there were 54,881 calls to 13 HEALTH from flood and cyclone-affected areas.

From 2012, Queenslanders will have access to after-hours general practice services through 13 HEALTH.

Persistent Pain Health Services Strategy

Implementation of the Statewide Persistent Pain Health Services Strategy began in September 2010. In January 2011 pilot sites were established at the Gold Coast and Metro South Health Service Districts. Funding was distributed to the pilot sites for recruiting core positions and starting service delivery. Pilot sites in the Townsville and Sunshine Coast Health Service Districts have been involved in planning and it is anticipated they will become operational in 2011–2012. All pilot sites, together with key stakeholder groups, have been involved in developing consistent tools and processes to support and ensure equity of service delivery.

Oral health

Several key strategies were progressed in 2010–2011 to provide safe, sustainable and appropriate oral health services, including:

- establishing two new dental teams in Cape York
- completing new clinics in Cairns and Gladstone and planning for new clinics in Hervey Bay and Bundaberg
- expanding the suite of oral health brochures available to Queenslanders, including a range for clients who speak languages other than English.

Queensland Health continues research into the oral health status of five to 14-year-old children across Queensland to inform future service delivery priorities.

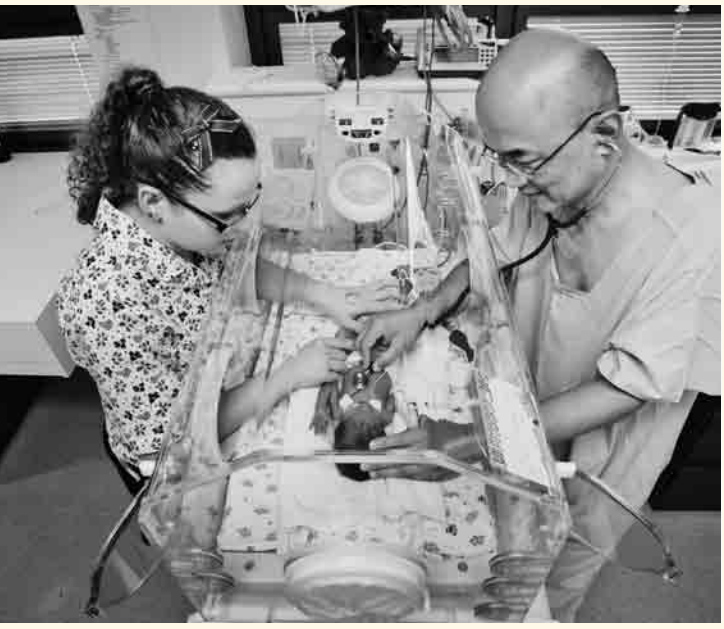
Pathology services

The 33 Pathology Queensland laboratories provided testing to more than 10,000 patients every day with 10 million tests performed annually. Planning for new laboratories to service the Gold Coast University Hospital and Queensland Children's Hospital began to ensure those facilities have the most modern, state-of-art pathology laboratories in line with the clinical services provided in those hospitals. A new laboratory for Charleville was commissioned, along with expansion of existing laboratories at Nambour.

Maternity and Newborn Services

Implementing the *Maternity and Newborn Services in Queensland Work Plan 2008–2012* continued in 2010–2011. Key initiatives included:

- Establishing a new birth centre in Toowoomba—in addition to those already operating in Townsville, Mackay, Royal Brisbane and Women's and the Gold Coast hospitals—with commissioning of an additional centre as part of the Cairns Base Hospital redevelopment.
- In the six months from 1 July 2010 to 31 December 2010, about 19,000 families accessed newborn and family drop-in services to receive parenting and infant care support. The services have been opened in Mackay, Cairns, Townsville, Maroochydore, Logan, the Gold Coast, Toowoomba, Hervey Bay, Mount Isa, Bundaberg, Caboolture, Kingaroy, Longreach, Proserpine and Emerald. Existing clinics are in Ipswich and Deception Bay.
- Over 16,000 calls were made to the Child Health Line from 1 July 2010 to 30 June 2011.
- Services were funded to ensure families have access to flexible health care options after the birth of a baby.



- Continuation of the Rural Maternity Services Enhancement initiative is designed to increase access for rural families to midwifery care closer to where they live.
- Based on the Queensland Government's commitment that, by the end of 2013, 10 per cent of all births in Queensland Health public hospitals will occur using a continuity-of-carer model, opportunities are currently being examined to increase the number of public maternity facilities offering that option. In the continuity-of-carer model, the woman sees the same midwife or small group of midwives during the pregnancy, the birth, and the post-natal period.
- The scope of midwifery practice has been expanded to include ordering routine medications for maternity clients.
- Establishing the Queensland Maternal Perinatal Quality Council to:
  - review and analyse maternal and perinatal deaths
  - review implementation of statewide guidelines
  - review, benchmark and provide commentary on congenital anomalies.
- The Queensland Centre for Mothers and Babies was funded and established under the work plan to provide information for consumers and carers about maternity care options and evidence about different birthing choices. The centre also initiated the Queensland Maternity Experience Survey, which was piloted in 2009 with 2,000 maternity consumers. In 2010, the centre surveyed more than 20,000 women who had a single live birth in Queensland. Birth information was made available via the Queensland Registry of Births, Deaths and Marriages. At four to five months after birth, the women were invited to participate in the survey and 6,902 responded. Key findings of the 2010 survey will be included in the Queensland Hospitals Performance Report. Workforce initiatives include multidisciplinary training programs, re-entry pathways, and scholarships to support midwifery workforce development.

Long stay older people initiative

The National Partnership Agreement on Health Services provided $6.75 million during the 2010-2011 financial year for Long Stay Older People initiatives. Funding was directed to:

- purchase interim care beds
- deliver Hospital in the Home acute inpatient treatment services
- implement activities focused on hospital avoidance and early intervention strategies.

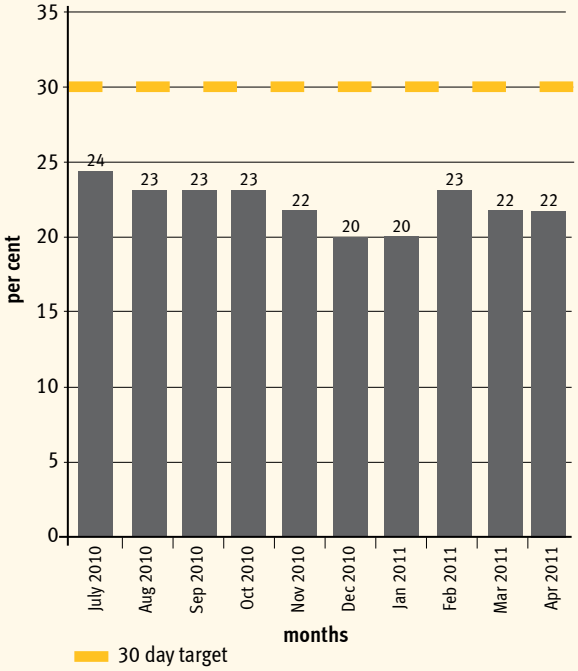
Aged care

In 2010–2011, Queensland Health operated 20 residential aged care facilities providing care to more than 1,400 older Queenslanders. All 20 residential aged care facilities maintained their accreditation status during the year. A project is in progress to improve the standardisation of quality systems across all Queensland Health residential aged care services. A system was implemented in 2010–2011 that benchmarks Queensland Health residential aged care facilities with each other and with other services in Australia to assist in performance monitoring and management.

Queensland Health operates 17 aged care assessment teams who determine eligibility to receive aged care services, such as nursing home care or a package of care in the community. Queensland Health has sustained its improved assessment timeframes averaging 23 days in 2010–2011. Minimising the time to finalise assessments and determine eligibility improves patient flow and access to the available aged care places.

A Transition Care Program provides a time-limited period of restorative care at the end of an older person's admission to hospital. In 2010–2011, Queensland Health increased the number of transition care places it operated from 480 to 606, assisting about 4,000 older people to regain their independence and return to live in their own homes rather than entering nursing homes.

Graph 8: Statewide ACAT KPI 1
Referral date to delegation date 2010–11



Queensland Health has also entered into contractual arrangements with non-government providers to assist older Queenslanders who no longer have a clinical need to remain in hospital to receive care in more appropriate settings. They include:

- palliative care in hospices
- interim care
- transition care
- slow stream rehabilitation.

The Falls Injury Prevention Program

The Falls Injury Prevention Program is supported by the Falls Injury Prevention Collaborative, a clinician-led group that provides support and direction to reduce falls and injury from falls. The group has a membership of 1,000 key stakeholders across the state.

The program developed an e-learning package for nurses for which there have been 1,173 enrolments; is currently undertaking a multi-site effectiveness trial of a standardised falls assessment and care plan and post-falls clinical pathway; and has collected and analysed falls and falls injury data for 2007 and 2008 from a range of data sources, including ambulance attendances, presentations to emergency departments, hospitalisation, hospital-acquired falls and fall-related injuries and deaths.

The Falls Injury Prevention Program has developed the draft five-year Queensland Stay On Your Feet® Statewide Falls Prevention Plan. The plan is currently being revised based on consultation with a key expert review group and a wide range of internal and external stakeholders. The plan seeks to align health service delivery with the needs of the ageing population and address policy initiatives, future directions and resource implications using a targeted and evidence-based approach.

Service planning and infrastructure

Service planning

A *Queensland Health Services Plan for 2011–2026* is currently under development. Extensive consultation with internal and external stakeholders has been undertaken to inform the plan, which will guide the delivery of public sector health services over the next 15 years. After a final round of consultation, the plan is scheduled to be submitted for approval in the latter half of 2011.

Emergency departments

Expansion of the Cairns Base Hospital emergency department was completed in March 2011. The number of treatment spaces has increased from 36 to 50, including 12 short-stay beds. There is a separate waiting area within the emergency department for people with young children and a separate Paediatric Unit and procedure area for children. Ambulance vehicle bays have increased from four to six bays and a Queensland Ambulance Service staff write-up room and toilet have been provided.

The Princess Alexandra Hospital expansion provided a new and expanded emergency department with one additional short-stay bed and 25 additional treatment spaces. Construction was completed in October 2010.

Expansions to the Bundaberg Hospital emergency department opened in September 2010 with an additional 19 adult emergency department treatment spaces (an increase from 13 to 32 treatment spaces) and 14 additional adult emergency department short-stay beds (an increase from six to 20 beds).

A new Paediatric emergency department for The Prince Charles Hospital progressed throughout 2010–2011 with enabling works completed in 2010 and early works on the main construction starting in December. The expansion will include 20 short-stay paediatric ward beds, 12 paediatric emergency department treatment spaces and eight specialist outpatient clinics. The paediatric component is on track for completion in March 2012.

A new emergency department at the Rockhampton Base Hospital became operational in April 2011. It has 17 fully equipped treatment bays, two dedicated children's treatment bays and four short-term observation beds. The designated paediatric treatment area is a first for the Rockhampton Base Hospital. The old emergency department will be rebuilt to house six observation beds and a six-bed acute assessment unit. The work is expected to be completed by early 2012.

More Beds

The Sunshine Coast University Hospital will be Queensland's first hospital Public Private Partnership project. The Sunshine Coast University Hospital procurement process began in April 2011. Ramsay Health Care was awarded the contract to develop and operate a co-located private hospital on the Sunshine Coast University Hospital site at Kawana. Queensland Health will purchase services for public patients from the private hospital while the Sunshine Coast University Hospital is being built and commissioned. The Sunshine Coast University Hospital will open with 450 beds in 2016 growing to 738 beds by 2021. Other infrastructure projects include:

- A 96-bed ward block was completed at Nambour Hospital in August 2010 with commissioning of beds progressing through 2011.
- Construction of the Queensland Children's Hospital continued in 2010–2011. When completed, it will provide 359 public beds, 71 more beds than the current Mater and Royal Children's hospitals combined.
- The Cairns Base Hospital redevelopment progressed. During 2010–2011, the Cairns North Community Health Facility stage 2 and new multistorey car park were completed. Ambulatory oncology and radiation oncology services commenced in June 2011.
- Mackay Base Hospital's redevelopment is well underway. Stage 1 works is largely complete. Construction of a new acute hospital building began in February 2011. A new southern car park was completed in July 2010. K Block, which houses a temporary outpatients department and James Cook University (JCU) Education and Administration was completed in December 2010. Part of Block L (engineering) was completed in November 2010 with Stage 3 (laundry) set for completion in September 2011. A part of the main car park was completed in May 2011 with the remaining 332 spaces to be completed by the end of 2011.
- During 2010–2011, the Gold Coast University Hospital project progressed according to schedule, with construction set for completion in December 2012. The new hospital will deliver an increase of 298 beds more than currently available at the Gold Coast Hospital. The additional beds will be commissioned on a progressive basis from early 2013 to 2016, based on service demand.
- The Robina Hospital expansion project has progressed ahead of the program with the official opening of Blocks H and J on 5 March 2010. The project will continue until scheduled completion in June 2012 and deliver an additional 179 overnight beds, bringing the facility's capability to 364 overnight beds.
- Bundaberg Hospital's expansion progressed with the delivery of four re-commissioned mental health beds, 14 additional adult emergency department short-stay beds and 19 additional adult emergency department treatment spaces. The project is scheduled for completion later in 2011, delivering an additional 61 beds and treatment spaces.
- Delivery of The Prince Charles Hospital redevelopment has been accelerated. Design began in September 2009 with sign off on the developed design in July 2010. Enabling works were completed in October 2010 and included major refurbishments of buildings 12 and 14. The managing contractor was appointed in August 2010 and early works began in December 2010. The main construction started in April 2011. When completed, the project will deliver a dedicated paediatric emergency department with 12 treatment bays; 20 paediatric beds and eight paediatric outpatient clinic rooms. The paediatric emergency department will be integrated with the existing

Artist impression of The Prince Charles Hospital redevelopment.

adult service and house an enlarged medical imaging service. The building has been future proofed to accommodate an additional floor. The paediatric component is due to be completed by the end of March 2012.

- Construction continued in 2010–2011 on the Mount Isa Hospital redevelopment with completion scheduled for mid to late 2012. The project will deliver 15 additional treatment spaces and consulting rooms in the emergency department and 12 additional treatment spaces and consultation rooms in the outpatients department. Other infrastructure improvements include refurbishing medical and surgical wards, a doctors' common room, five staff residential units and three additional chemotherapy chairs, as part of the Regional Cancer Centre Program. Expansion of the mental health building is also part of the project. Block C work was completed in October 2010. The work included upgrading inpatient wards, repairing the lift foyers, upgrading the fire detection system and providing a temporary stress testing room. The new ambulance bay opened in December 2010.
- Design is well progressed for a new aged care annexe at Cloncurry Hospital, with construction due to start in late 2011 and be complete in mid-2012. The project will deliver a new 10-bed aged care annexe, adding seven new beds to the existing capacity. Developed design was completed in April 2011 with construction to be undertaken during 2011–2012.

Native Title

Queensland Health is currently negotiating—with the assistance of Crown Law—several Indigenous land use agreements with native title holders. The agreements will provide trustee leases to validate the tenure of current facilities and ensure planned infrastructure projects in Aboriginal and Torres Strait Islander communities can proceed as soon as possible.

Community engagement is being conducted with traditional owners at Doomadgee in north-western Queensland and Saibai Island in the Torres Strait to finalise Indigenous land use agreements, which will provide planned new facilities to benefit both communities.

BreastScreen Queensland – digital technology

The implementation plan for digital technology for BreastScreen Queensland (BSQ) is on schedule with three key milestones achieved in 2010–2011:

- Fit-out works to reconfigure the reading rooms for a digital reading environment were completed at all eleven BSQ Services and the Statewide Coordinated Reading Hub in readiness for the statewide implementation of the picture archiving and communication system (PACS). PACS will provide the capability to store, distribute, view and interpret digital images electronically. The BSQ Registry is being modified to ensure it interfaces with PACS. PACS server and workstation procurement is in progress.
- Seven new direct radiography mammography units were installed at BSQ Satellite Services at Keperra, Coorparoo, Gympie, Logan, Noosa, Helensvale and Hervey Bay.
- One new direct radiography mammography unit with stereotactic attachment was installed at the BSQ Sunshine Coast Service on 20 June 2011.

A third digital mobile unit for South East Queensland has been ordered. Planning is on track for its completion by February 2012.

Future infrastructure

In 2011–2012, $1.82 billion will be invested in new capital acquisitions across Queensland Health. The Queensland Institute of Medical Research (QIMR) will also invest $75 million in 2011–2012. The Queensland Government's investment in health infrastructure is the largest in Australia.

The program includes about 200 projects ranging from the delivery of new tertiary hospitals on greenfield sites to expanding and refurbishing smaller regional hospital and community based facilities across the state.

It includes investment in three new tertiary hospitals to be delivered by 2016:

- Gold Coast University Hospital ($1.76 billion, completed in 2012)
- Queensland Children's Hospital ($1.447 billion, completed in 2014)
- Sunshine Coast University Hospital ($2.03 billion, completed in 2016).

The infrastructure program is generating about 40,000 construction jobs over the life of the projects.

Gold Coast University Hospital's design includes future proofing initiatives to cater for changing models of care and technology. The design also includes initiatives in energy and services infrastructure to optimise environment sustainability. The major initiative in model of care, patient safety and management flexibility is having 70 per cent single rooms as opposed to the traditional 25 per cent ratio.

The $1.447 billion Queensland Children's Hospital is scheduled to be completed in December 2014. It will be a purpose-built facility providing major specialist children's health services for all of Queensland. It will provide high-level medical, surgical and emergency services for the most seriously ill children. It provides for the future through retaining vacant land and a shell floor has been included in the current build to meet growth demand.

The $2.03 billion Sunshine Coast University Hospital is Queensland's first Public Private Partnership (PPP) hospital project. The procurement process for consortia to design, build, finance and maintain the hospital began in April 2011. It is Australia's largest hospital PPP. The PPP model has been used to deliver many hospitals in Australia and overseas, including the Royal Children's Hospital and Royal Women's Hospital in Victoria, the Royal North Shore Hospital in NSW and most recently the new Royal Adelaide Hospital in South Australia. Queensland Health expects the PPP model will deliver improved value for money for the state and is greatly encouraged by the extent of market interest in the project.

Patient safety

Patient Safety and Quality Plan

In 2010–2011, in accordance with its *Patient Safety and Quality Plan 2008–2012*, Queensland Health:

- trained a further 34 senior clinicians to be open disclosure consultants
- appointed a second consumer representative to the Open Disclosure Strategic Advisory Panel to ensure consumer perspectives are heard and considered
- developed online training to support staff undertaking 'first contact' clinician disclosure following an adverse event
- developed a handbook for medical managers to guide the management of medical practitioner performance concerns

- started two performance assessments through the Clinician Performance Support Service (CliPSS)
- prepared 12 new consent documents for statewide use and translated 10 medical imaging patient information sheets into 10 languages
- prepared a new policy for informed decision-making in healthcare
- developed a peri-operative record to be used in all Queensland Health facilities. It includes:
  - a preoperative checklist
  - a surgical safety checklist (approved for use on 14 June)
  - a count record
  - sterility tracking
  - a record of the prosthesis used
- started developing an intrapartum health record to be used in all Queensland Health facilities
- started developing a head injury clinical pathway based on a recommendation from a root cause analysis
- started developing a clinical pathway for adult meningoccal meningitis
- completed a bi-annual review of a suite of maternity clinical pathways.

Variable life adjustment displays

Queensland Health's variable life adjustment displays (VLAD) is a monitoring tool that records patient outcomes in a precise way to allow unexpected trends to be seen. The outcomes for a clinical indicator in a particular hospital or facility can be plotted against state averages, and the points at which outcomes at one hospital or facility go significantly above or below the state average are automatically marked as needing review or explanation.

Appendix 9.4, pages 152-153 details results in Queensland Health facilities from April 2010 to March 2011.

Pressure injury prevention

A pressure injury prevalence audit was conducted in Queensland Health hospitals and residential aged care facilities and the Mater Public Hospital from 31 January to 4 March 2011. The overall hospital acquired pressure injury prevalence rate was 11.1 per cent. That was an overall reduction of about one per cent compared with 2008 results. The improvement is estimated to have saved about 21,000 occupied beds days a year.

A Pressure Injury Prevention Strategic Advisory Panel supports a statewide collaborative of 141 key stakeholders. A brochure providing evidence-based information on pressure injury prevention was developed and distributed in 2010–2011. In addition, 1,070 nurses enrolled to use the Queensland Health e-learning package on pressure injury prevention.

Malnutrition Prevention Program

The nutritional status of older people is a risk factor for falls and pressure injury.

A Malnutrition Prevention Program began in August 2010 and will conclude in August 2012. The project, led by the Centre for Healthcare Improvement, in consultation with Health Service Districts, is designed to deliver a Queensland Health policy, implementation standard and protocol for nutrition screening, assessment and support.

Three regional workshops on the new EQuIP 5 Nutrition standards were held in partnership with the Australian Council on Healthcare Standards.

An integrated nutrition working group has now been established to plan, discuss, and support initiatives, strategies, research and policy to improve nutrition for older people.

Haemovigilance

The Queensland Incidents in Transfusion (QiiT) haemovigilance system was established by the Queensland Blood Management Program in 2007. QiiT records adverse events related to use of fresh blood products and the information is used to produce regular recommendations and initiatives that enhance the quality of transfusion practice and improve patient safety.

Its coverage was extended in 2010–2011 and QiiT now covers 120 public and private sector hospitals. There are ongoing efforts to include Queensland hospitals still outside the system. An analysis of outcomes of the first 12 months of recorded incidents has been undertaken with a draft report prepared for publication.

The 3Cs Project

Clinical and Statewide Services and the Centre for Healthcare Improvement implemented the 3Cs Project (correct patient, correct procedure, correct site/side), a patient safety initiative, across 126 Queensland Health medical imaging sites. More than 900 staff were trained. Compliance with the 3Cs approach ensures sites meet relevant accreditation standards mandated by the Department of Health and Ageing Diagnostic Imaging Accreditation Scheme.

Medication management

Medication management describes an integrated approach to medicines—from approval for use, to acquisition, storage and distribution, prescription, dispensing and administration.

Queensland Health has adopted a statewide model to improve the effectiveness of the management approach and leverage on enterprise (whole of system) approaches where possible. Under the *Medication Management Plan 2009–2013*, a Queensland Health Medicines Advisory Committee was established. The committee is responsible for creating, reviewing and maintaining a statewide list of medicines recommended for use in Queensland public hospitals—the List of Approved Medicines (LAM). The committee evaluates evidence of safety and cost effectiveness, and considers equity of access and any precautionary restrictions. Although the number of items listed on the LAM is greater than the number of items listed on the Pharmaceutical Benefits Scheme (PBS)—with a difference of about 20 per cent for 2010—the LAM has remained steady in size over the past four years, while the PBS has continued to increase.

Queensland Health has established a single standardised Pharmacy Service Operating System. It includes 112 sites and more than 1,500 system users. The system is robust with operating availability at 99.99 per cent in all but the remotest sites, where it is still more than 99 per cent. All sites are supported by a single expert centre. This allows all sites to communicate directly with its supplier, Central Pharmacy. In 2010–2011 the centre responded to more than 8,600 calls for support.

Decreasing the risk posed by concentrated potassium

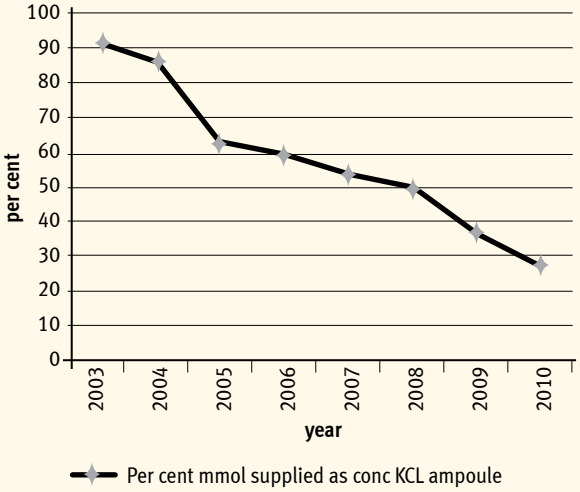
A further initiative under the Medication Management Plan has reduced the risk posed by concentrated potassium. A sudden injection of potassium can be life threatening. The inappropriate availability of very concentrated potassium in a general ward setting has been addressed and alternate solutions found. Potassium safety strategies implemented include:

- introducing 10mmol ampoules to phase out use of 20mmol ampoules and removing 20mmol potassium ampoules from the LAM
- availability of IV fluid and electrolytes guidelines at every bedside, now up to version 4
- providing pre-mix alternatives to concentrated potassium ampoules:
  - various potassium strengths in one litre premixed bags (13 types in total)
  - isotonic 10mmol potassium in 100mL mini-bags
  - potassium 40mmol in 100mL mini-bags for critical care areas
- raising clinician awareness of risk by including:
  - potassium scenarios in the Medication Risk Awareness Training Package for nurses

  - potassium scenarios in the Queensland Health Safe Medication Practice tutorials to final-year medical students
- further restricting access to 10mmol concentrated potassium ampoules on the LAM.

The percentage of potassium chloride supplied as concentrated ampoules has been reduced from 90.9 per cent to 27.2 per cent. That means most of the replacement is now done in the form of premixed bags—a significant change in practice behaviour.

Graph 9: Percentage of potassium chloride supplied as concentrated ampoules



Warfarin safety strategy

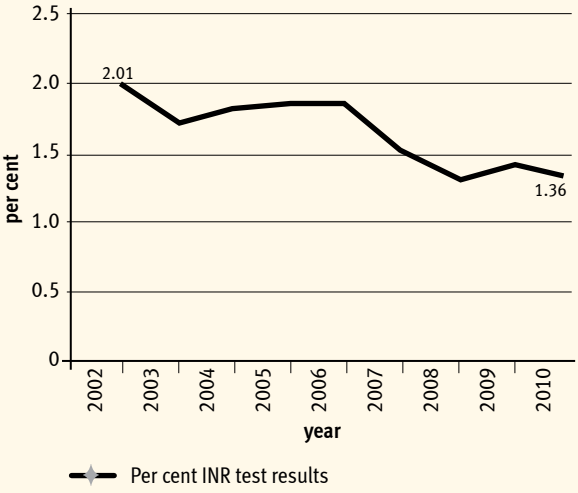
A further initiative under the Medication Management Plan addresses the risk to patients using warfarin anticoagulation. Over the last nine years, Medication Services Queensland, in conjunction with health carers, has coordinated a multifaceted approach to reduce the risk of bleeding for patients taking the anticoagulant, warfarin. There is an increased risk of bleeding for patients with an International Normalised Ratio (INR) of greater than five. The INR is a measure of the blood thinning effect of warfarin.

Warfarin safety strategies implemented include:

- a designated warfarin section on National Inpatient Medication Chart with the following safety prompts:
  - 1600hrs dosing time
  - prompt for indication and target INR
  - space to document INR results
  - space to document patient education
- availability of Warfarin Guidelines at every bedside, now up to version 7
- raising clinician awareness of risk by including warfarin scenarios in the Medication Risk Awareness Training Package for nurses and the Queensland Health Safe Medication Practice tutorials to final-year medical students
- changing laboratory result notification thresholds from greater than six to greater than five
- introducing a Medication Management key performance indicator allowing benchmarking of warfarin safety performance.

A 32 per cent reduction in bleeding risk for patients on warfarin has been achieved with the percentage of all results of INR greater than five (2002–2010) at all Queensland Health sites, decreasing from 2.01 per cent to 1.36 per cent.

Graph 10: Percentage of all INR test results greater than five between 2002 and 2010



National Partnership Agreements

National Partnership Agreement on Improving Public Hospital Services

On 19 July 2010, the Queensland Government signed a National Partnership Agreement (NPA) on Improving Public Hospital Services. The NPA's objective was to improve access to public hospital services, including elective surgery and emergency department services, and subacute care. The Council of Australian Governments (COAG) agreed to a revised range of initiatives to be implemented under the NPA on 13 February 2011.

The NPA supports and complements existing agreements on elective surgery, emergency departments and subacute care—including the National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan, the National Partnership Agreement on Hospitals and Health Workforce Reform, and the National Partnership Agreement on Health Infrastructure.

The NPA provides Queensland with funding of around $675.6 million to deliver improvement in priority healthcare areas across elective surgery, emergency department and subacute services, including:

- $160.5 million for elective surgery
- $150.4 million for emergency departments
- $327 million for more subacute care beds or bed equivalents
- $37.7 million in flexible funding to be used across elective surgery, emergency department and subacute care.

The NPA includes reward funding of $83.8 million that is contingent on the achievement of meeting performance benchmarks and targets for elective surgery and emergency departments.

Under Schedule A: Elective Surgery National Access Guarantee and Targets, the Commonwealth will provide Queensland with $90.7 million in facilitation funding, and up to $42.2 million in reward funding.

Under Schedule C: Emergency Department Four Hour National Access Target, the Commonwealth will provide Queensland with $60.9 million in facilitation funding, and up to $41.6 million in reward funding.

Under Schedule E: New subacute Beds Guarantee Funding, the Commonwealth will provide Queensland with $327 million, subject to meeting agreed conditions and targets. As part of Queensland's approved implementation plan under this NPA, it has been agreed with the Commonwealth to deliver 265 subacute beds or bed equivalents (rehabilitation, palliative care, geriatric evaluation and management, mental health). The additional beds/places will progressively begin operation over the next four years.

National Partnership Agreement on Hospital and Health Workforce Reform

The NPA on Hospital and Health Workforce Reform was signed in February 2009. Its key purpose is to improve public hospitals' efficiency and capacity through four reform components. They are:

- introducing a nationally consistent activity-based funding approach
- improving health workforce capability and supply
- enhancing the provision of subacute services
- taking the pressure off public hospitals.

As part of Queensland Health's commitment under the NPA on Hospital and Health Workforce Reform (Subacute Care), the provision of subacute care services, such as rehabilitation, palliative care and geriatric evaluation management services, during 2010–2011 exceeded the required annual increase in activity of 5 per cent. This included an expansion in the provision of community based rehabilitation services in Toowoomba and the Gold Coast.

Queensland Health delivered 59 additional rehabilitation places at Eventide, Brighton and in Rockhampton. Queensland Health has also finalised contract negotiations to enable the roll out of an online geriatric assessment tool. This will improve access to and the efficiency of geriatric consultations throughout Queensland.

National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan

The NPA on the Elective Surgery Waiting List Reduction Plan provided funding of up to $300 million throughout 2009–2010 and 2010–2011 to reduce the number of Australians waiting longer than clinically recommended times for elective surgery by improving efficiency and capacity in public hospitals. The initiative is split into three parts:

- meeting jurisdiction specific elective surgery volume targets
- exceeding the jurisdiction specific elective surgery volume targets
- improving elective surgery waiting list management.

National Partnership Agreement on Health Infrastructure

The NPA on Health Infrastructure was signed on 7 December 2009. Through that NPA, the parties committed to improving the health and wellbeing of Australians through the provision of high quality physical and technological health infrastructure.

Funding was received from the Commonwealth Government in accordance with the NPA to enhance the Townsville Hospital redevelopment and the Rockhampton Hospital expansion. Planning and design progressed in 2010–2011 for both projects. Rockhampton is scheduled for completion in 2013 and Townsville in 2014.

The Commonwealth also provided a funding contribution to the Cairns Base Hospital redevelopment to establish radiation oncology. In June 2011 the project reached construction completion and the service is scheduled to start soon.

National Partnership Agreement on Health Services

The National Partnership Agreement on Health Services commenced in 2009-2010 to improve the health and wellbeing of Australians through delivering high quality health services through the:

- Implementation plan for the Extension of the COAG Long Stay Older Patients Initiative
  - The Commonwealth is contributing funding in 2010-2011 to build on the 2006-2007 budget measure COAG Health Services – improving care for older patients in public hospitals, which provides funding to jurisdictions for a range of initiatives to enhance in-patient experience in rural and regional areas, improve and expedite transition to appropriate long-term care and provide hospital avoidance programs for older people.
- Implementation plan for the Aged Care Assessment Program (ACAP)
  - The core objective of the ACAP is to comprehensively assess the care needs of frail older people and to assist them to gain access to the most appropriate types of care, including approval for Commonwealth Government-subsidised care services.

3

Reducing health service inequities across Queensland

Strategic Plan 2010–2011

3. Reducing health service inequities across Queensland

Objectives and expected outcomes

3.1 Close the gap on health outcomes for Indigenous Queenslanders—evident by:

- reducing the life expectancy gap between Indigenous and non-Indigenous Australians for children under five and adults
- increasing the number of Indigenous women who gave birth and had five or more antenatal visits.

3.2 Close the gap in health outcomes for rural and remote Queenslanders—evident by expanding access to a broader range of specialist outreach services available to rural areas.

3.3 Improve access to mental health services across Queensland—evident by continuing the implementation of the *Queensland Plan for Mental Health (2007–2017)*.

3.4 Improve access to health services for people from culturally and linguistically diverse backgrounds—evident by continuing implementation of the *Queensland Health Strategic Plan for Multicultural Health 2007–2012*.

Key strategies

3.1.1 Continue to implement the Making Tracks Policy and Accountability Framework to provide targeted Indigenous programs in key health areas, including mothers and babies, children, adolescents and the prevention and management of adult chronic disease.

3.1.2 Implement the Aboriginal and Torres Strait Islander Cultural Capability Framework to improve access to, and delivery of mainstream health services and programs to Indigenous people.

3.1.3 Implement a group-based healthy lifestyle program for Aboriginal and Torres Strait Islander communities.

3.1.4 Implement the Indigenous Alcohol Diversion Program in dedicated communities.

3.1.5 Implement targeted quit smoking interventions for Aboriginal and Torres Strait Islander peoples.

3.2.1 Drive innovation to improve health service delivery in rural and regional communities, including:

- expanding the capacity and increased usage of Telehealth technology
- developing and implementing coordinated medical staffing and business solutions for Queensland rural health services.

3.2.2 Continue to implement health components of Blueprint for the Bush.

3.2.3 Provide improved rural maternity and child health services.

3.2.4 Improve patient transport and accommodation support in regional areas.

3.2.5 Develop a rural and remote infrastructure renewal program.

3.3.1 Progress the clinical reform process to ensure healthcare coordination across mental health care providers (government and non-government).

3.3.2 Commence Queensland's implementation of the *Fourth National Mental Health Plan*.

3.4.1 Continue to improve the availability and quality of interpreter services and resources for consumers from culturally diverse backgrounds.

3.4.2 Implement strategies to develop staff cultural capabilities in order for them to interact more effectively with people from culturally diverse background.

Key performance indicators

- Indigenous antenatal visits
- Indigenous birth weights
- Telehealth Occasions of Service
- Rate of community follow-up within seven days of post-discharge from mental health acute inpatient care.

Making Tracks

Incorporating Queensland Health's contribution to the Queensland Government Reconciliation Action Plan 2009–2012

The standard of health of Queensland's Aboriginal and Torres Strait Islander population is poor compared with other Queenslanders. *Making Tracks Towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework* is Queensland Health's overarching framework for closing the life expectancy gap within a generation (by 2033)—one of the key targets to which the Council of Australian Governments (COAG) has committed.

Implementing Making Tracks initiatives began in 2010–2011 with Queensland Health focusing in particular on:

- implementing initiatives under the Council of Australian Governments Indigenous Health Outcomes National Partnership Agreement, including funding for multidisciplinary care teams focusing on chronic disease and hospital liaison services
- implementing the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework
- developing a partnership between Queensland Health, the Commonwealth Department of Health and Ageing, the Queensland Aboriginal and Islander Health Council, the Royal Flying Doctor Service and General Practice Queensland to oversight plans for transitioning to community control of identified primary health care services.

In 2010–2011, initiatives undertaken as part of the Making Tracks implementation plan were funded under the National Partnership Agreements, the Chronic Disease Strategy, the Mental Health Plan and the Deadly Ears Program.

The Making Tracks accountability framework records baseline data for key indicators and trajectories to measure progress towards closing the health gap to 2033 and renewable triennial implementation plans.

Aboriginal and Torres Strait Islander Cultural Capability Framework

Launched in July 2010, the Aboriginal and Torres Strait Islander Cultural Capability Framework aims to improve the responsiveness of Queensland Health services to Aboriginal and Torres Strait Islander people's cultural needs.

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 activities in 2010–2011 were reviewing and revising the Aboriginal and Torres Strait Islander Cultural Awareness Program and developing resources to support cultural capability enhancement across the organisation.

Queensland Health is regularly applying the Aboriginal and Torres Strait Islander Protocols: Welcome to Country and Acknowledgement of Traditional Owner/Custodians and Elders at meetings, workshops and other forums. The Director-General communicated the protocols to all Queensland Health districts and a link to the protocols is published on the Queensland Health intranet site.

Queensland Health has provided an Aboriginal and Torres Strait Islander Cultural Awareness Program for staff for 15 years. The program was reviewed to become the Aboriginal and Torres Strait Islander Cultural Practice Program with an increased focus on practical skills that will increase the ability of staff to deliver culturally capable health services.

All Health Service Districts and Divisions have workforce action plans with specified targets of 3.7 per cent of the workforce being Aboriginal and/or Torres Strait Islander. *You Pla, Me Pla*—a mentoring program for Aboriginal and Torres Strait Islander staff—was launched late in 2010.

The initiatives contributed to commitments made under the Queensland Reconciliation Action Plan.

Transition to community control

In 2010–2011, a partnership between government and service provider organisations was established to oversee plans for transition to community control of identified Queensland Health primary healthcare services.

Nutrition program for stores in remote Indigenous communities

Queensland Health is funding a two-year nutrition program in remote stores to improve food supply and demand for healthy foods. Store nutritionists are implementing a range of initiatives, including the Remote Indigenous Stores and Takeaway Guidelines for stocking healthy foods, healthy food marketing ideas, a healthy store checklist, a buyers' guide and tracking sales. Other activities include in-store cooking demonstrations, implementing a healthy food labelling system and community nutrition education sessions.

Living Strong: A healthy lifestyle program for Aboriginal and Torres Strait Islander communities

Living Strong is a group-based healthy lifestyle program designed specifically for Aboriginal and Torres Strait Islander people. It aims to prevent chronic disease and improve health and wellbeing through health screening and a series of workshops. During 2010–2011, 18 Living Strong programs were conducted across Queensland.

The workshops address various lifestyle and personal issues, including healthy eating, physical activity, self esteem and behaviour change. The program also incorporates practical sessions on cooking, shopping, budgeting and physical activity. Living Strong is an accredited lifestyle management program for preventing type 2 diabetes and has been successfully co-branded and promoted in national and statewide social marketing campaigns.

Queensland Indigenous Alcohol Diversion Program

In 2010–2011, Queensland Indigenous Alcohol Diversion Program achievements in the Cairns, Townsville and Rockhampton Health Service Districts included:

- increasing the number of participants graduating from the program—thereby reducing the number of people re-offending from alcohol related offences
- improving health and social outcomes of the community through better resourcing—such as more training for clinical and support staff
- increasing parenting capacity through education provided by the Parenting under Pressure program.

The 2009–2010 data showed a graduation rate of more than 30 per cent compared with 22 per cent in 2008–2009. It is anticipated the data will indicate a rise to 32 per cent for 2010–2011. The improvements in program outcomes produce a positive flow-on effect throughout the community with further reductions in crime, offences and adverse behaviour and improved health and social outcomes. Parenting capacity has improved and has further contributed to the Closing the Gap initiative and improved health outcomes.

Quit Smoking interventions for Aboriginal and Torres Strait Islander people

SmokeCheck training was delivered to 450 health workers to improve their intervention skills to assist people to quit smoking. Sixty Indigenous Queensland Health staff joined a 16-week quit program, and 115 Indigenous sporting and cultural community events received small grants to promote positive smoke-free messages.

Breast screening

For the first time, television community service announcements aimed at increasing breast cancer screening participation rates for Aboriginal and Torres Strait Islander women were implemented. Aboriginal and Torres Strait Islander women currently have a significantly lower participation rate in the program.

Injury prevention and safety promotion in the Aboriginal community of Cherbourg

This initiative was achieved through a partnership between Cherbourg Aboriginal Shire Council, Queensland Health public health staff, Health Promotion Queensland, the Queensland Injury Prevention Council, the Queensland Injury Surveillance Unit and the University of Southern Queensland.

The project aims to:

- build collaborative stakeholder relationships
- engage the community to identify and promote safety
- prevent injury
- increase knowledge and skills on safety promotion and injury prevention
- provide resources to build and enhance workforce capacity
- improve surveillance systems and other sources of data.

The project is directed through a reference group representing all partners. Activities to reduce injury and promote safety have addressed injury surveillance, animal management, substance misuse, litter, road safety, sun safety and recreational activity. Programs already implemented during Youth Week and NAIDOC Week have a particular focus on Closing the Gap. Assessments of outcomes and impact will inform future activities and help disseminate strategies to other communities.

Aboriginal and Torres Strait Islander art in public buildings

In line with commitments under the Queensland Reconciliation Action Plan, Queensland Health commissioned Gilimbaa—an Indigenous creative agency—to develop artwork that reflects our commitment to Closing the Gap. Fifty-five canvases and explanatory plaques have been distributed across Queensland Health facilities. A further $10,000 was provided to 16 Health Service Districts to buy or commission local artwork or other cultural resources.

Government Champion for Yarrabah community

Under the Queensland Government Champion Program, the most senior officers in the Queensland Public Service work with a particular Indigenous community in a whole-of-government context. As Government Champion for Yarrabah, the Director-General of Queensland Health has worked in partnership with the Yarrabah Aboriginal Shire Council and the Yarrabah community and funded a youth advisory committee and a Government Champion support officer to facilitate community engagement. The Director-General prioritised economic development strategies and engaged PricewaterhouseCoopers to work with the community (pro bono) to facilitate sustainable, locally-managed, economic development strategies—including business, training and employment opportunities in Yarrabah.

Rural and remote Queensland

Telehealth

There has been a 78 per cent growth in the use of Telehealth in 2010–2011. From 1 July 2010 to 30 June 2011, 10,834 non-admitted Telehealth occasions of service were reported in the monthly activity collection, compared with 6,088 for the same period in 2009–2010.

Telehealth is the delivery of health services and information through live and interactive video and audio links, storing and forwarding test results and diagnostic images—such as teleradiology—and using electronic equipment to monitor people in their own homes.

By using such technology to connect patients, consumers, and health service providers across the state, Telehealth has the potential to improve access to specialist care and reduce travel and inconvenience. Telehealth may also be useful in providing professional support to health service providers in rural and remote areas.

Queensland Health has an established network of Telehealth technology and has been using live interactive video links for more than a decade. However, more can be done to realise Queensland Health's vision for Telehealth—to embed it into everyday services as an accepted and supported enabler of healthcare for all Queenslanders.

Achieving the vision requires a strong focus on governing structures and organisational capabilities together with a targeted program of engagement and adoption.

Achievement towards expanding the capacity and increased usage of Telehealth technology in Queensland Health during 2010–2011 is indicated by the following preliminary data:

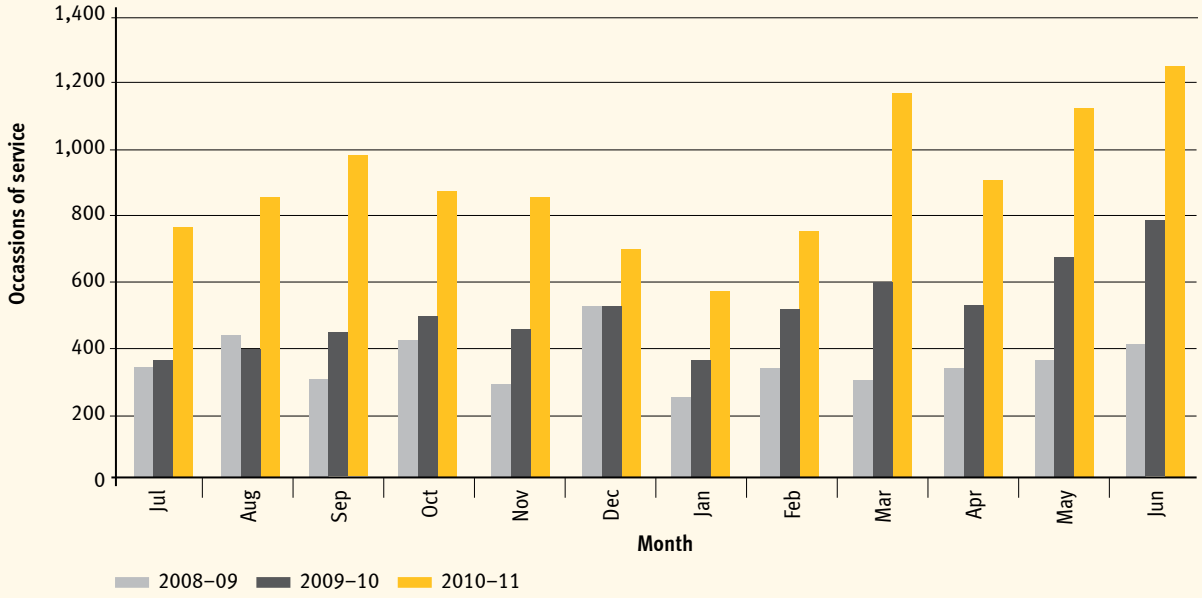
- At 30 June 2011 there were 960 video conferencing systems available for delivering Telehealth in Queensland Health. That is a 16 per cent increase from the number of video conferencing systems available in June 2010.

- Mental health services have shown very strong growth in the provision of services by Telehealth. The provision of services in the 2010–2011 financial year—compared to the 2009–2010 financial year—increased 104 per cent (see Graph 11).

Several Health Service Districts demonstrated achievements in delivering Telehealth services, including Metro North (diabetes), Townsville (oncology) and Mackay (paediatrics).

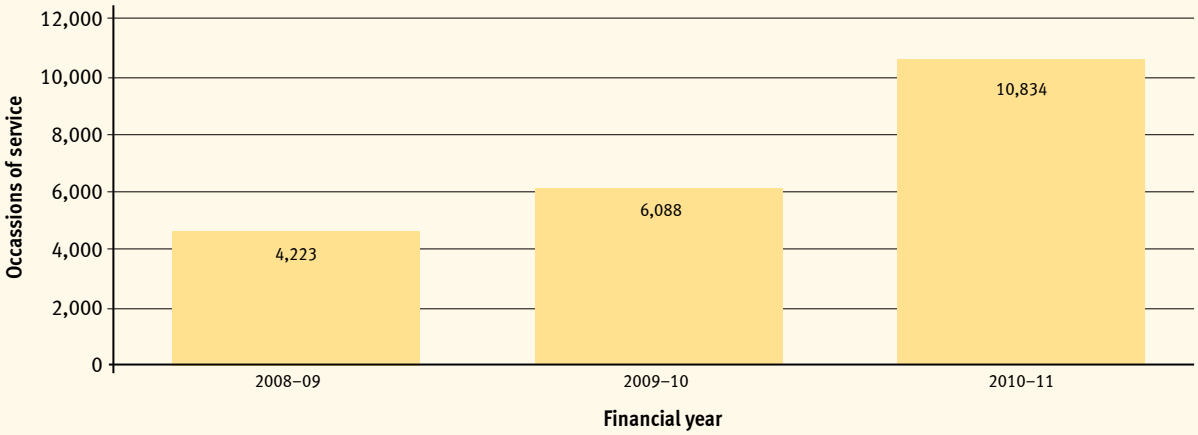
In 2010–2011, funding was allocated to support more than a dozen Telehealth initiatives, including Telehealth services for chronic health conditions and cancer, and establishing new roles to support the planning and coordination of Telehealth in regional and remote areas.

Graph 11: Non-admitted Patient Occassions of Service for Telehealth/Telemedicine by month, Public Acute Hospitals, Queensland, 2008–09, 2009–10 and 2010–11p.
p. Preliminary data, subject to change



Source: Monthly Activity Collection

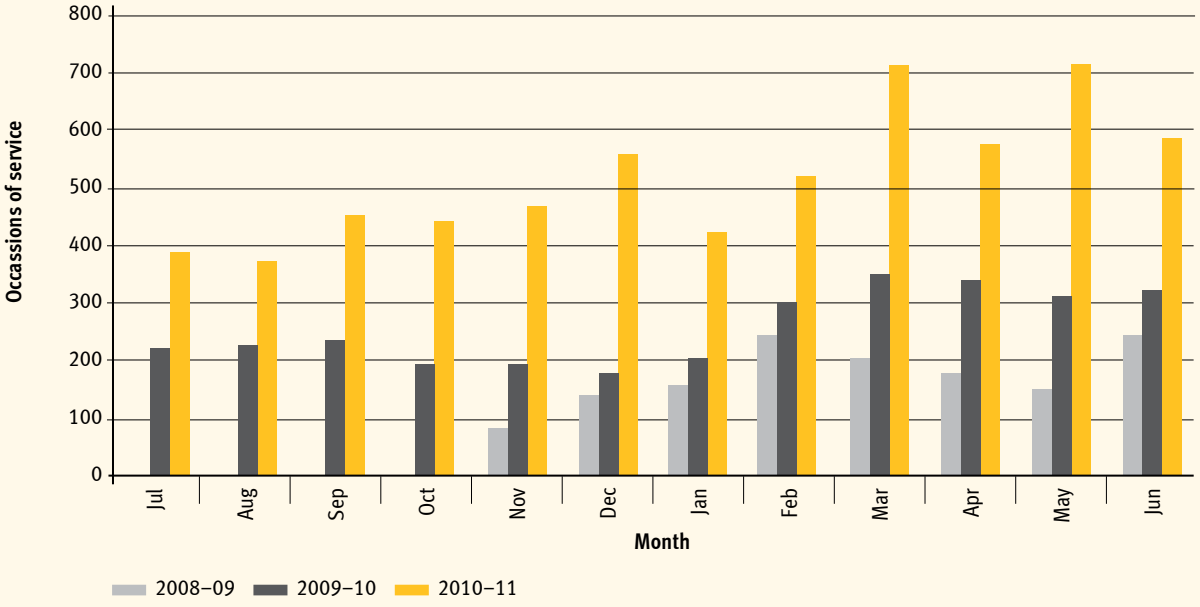
Graph 12: Non-admitted patient Occasions of Service (OoS) delivered via Telehealth/Telemedicine 2008–09 , 2009–10 and 2010–11p. Public Acute Hospitals, Queensland.
p. Preliminary data, subject to change



*Note: 2010–11p. (January to June 2011) MAC data extracted 21 July 2011, 2010-11*p. (July to December 2010) MAC data extracted 24 January 2011, 2009–10 MAC Data extracted 17 December 2010 and 2008–09 MAC data extracted 20 July 2010.*

Source: Monthly Active collection (MAC), Queensland Health

Graph 13: Unique count of Provisions of Service (PoS) delivered via videoconference by month, 2008–09* (Nov-June), 2009–10 and 2010–11p.
p. Preliminary data, subject to change



** 2008–09 contains data for period 14 November 2008 to 30 June 2009. CIMHA (Consumer Integrated Mental Health Application was released statewide 14 November 2008.*

Source: Consumer Integrated Mental Health Application

Queensland Country Practice

Queensland Country Practice is a specialised Queensland Health unit established to enhance the sustainability of medical staff in the rural and remote areas. Queensland Country Practice oversees a senior and junior medical officer relief service and private practice services and provides strategic advice on medical workforce solutions.

Queensland Country Practice has conducted reviews of business and clinical arrangements in several rural hospitals. This has generated several innovative outcomes, including at Longreach where a public and private partnership has increased the number of doctors and the focus on primary healthcare.

Rollout of Queensland Health Enterprise Radiology Information System (QRIS) and Picture Archiving and Communication System (PACS) technology

The rollout of QRIS and PACS technology providing rural and remote sites with access to images and reports online.

All 130 Queensland Health medical imaging sites can produce digital images, 118 sites now have the ability to transfer images online and 116 sites have access to radiology reports online. That enables faster and, where required, remote access to specialist opinions to inform patient treatment.

The External Radiology Reporting Interface (ERRI) allows images to be sent to external radiology providers with reports returned electronically and transferred directly into Queensland Health systems for viewing by the referring clinician. Reported turnaround times for rural and remote areas are now more clinically appropriate.

The Statewide Medical Imaging Support Service (SMISS) continues to support rural and remote communities through providing radiographer and sonographer relief and training and supporting x-ray operators. In 2010–2011, services provided were:

- 199 periods of relief for radiographers and sonographers
- introductory training for 41 x-ray operators
- assessment of 55 x-ray operators for annual use licence renewals
- radiographic advice and support for five satellite facilities in the Mount Isa district
- radiographic support for the Regional Tuberculosis Control Unit at Cairns Base Hospital and outreach clinics in the Torres Strait.

This year, SMISS introduced using videoconferencing to assess x-ray operators in Far North Queensland.

Radiology support in Clinical and Statewide Services is assisting Health Service Districts with requirements of the Diagnostic Imaging Accreditation Scheme Stage II. The Department of Health and Ageing (DoHA) scheme is essential for all medical imaging services to continue to access Medicare rebates. In 2010–2011 all medical imaging facilities achieved accreditation.

DoHA funded an additional five radiologist registrar positions to support regional Queensland—two in Townsville, two at BreastScreen Queensland (BSQ) and one in Toowoomba.

The BSQ Radiographer Relief Service (RSS) was established in 2010. It provides centrally coordinated radiographer coverage to BSQ Services, mobiles and relocatables across the state.

The program has been very successful. It has recruited a pool base of 21 radiographers, including 16 full and part-time permanent radiographers and five temporary radiographers. RSS has provided 377 weeks of radiographer coverage to BSQ Services since it started.

13 HEALTH

From 1 July 2010 to 30 June 2011, 28.18 per cent of callers (49,708 calls) triaged by 13 HEALTH nurses called from outside South East Queensland.

Patient Accommodation Program

The Queensland Government's $15 million Patient Accommodation Program continues to be implemented through provision of grants to non-government organisations to improve the availability of affordable accommodation for patients and their escorts travelling to rural and regional locations to receive treatment for cancer, heart disease and other illnesses.

One million dollars was provided to the new Rockhampton patient accommodation facility which commenced operations in September 2010. The remainder of the $15 million was allocated to the Cancer Council Queensland, the Australian Red Cross and the Leukaemia Foundation for improved accommodation in Cairns, Toowoomba and Townsville.

Multipurpose health services

In 2010–2011 Childers was approved as a fully operational multipurpose health service. Consultation with local communities and healthcare providers about the multipurpose health service model of care resulted in provisional approval for services in Julia Creek, Babinda and Mount Morgan.

Mental health

The *Queensland Plan for Mental Health 2007–2017* provides a 10-year blueprint for reforming the mental health system, using a whole-of-government approach. The Queensland Government has invested $632.4 million in the plan since 2007–2008.

Implementation of the plan's first four years has seen improvements for mental health services. Key achievements include:

- establishing the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention
- a 24 per cent increase in public community mental health service capacity, with the establishment of 531 new medical, nursing, allied health and support positions
- progress in 17 capital works projects to deliver 146 additional beds
- establishing 20 service integration coordinators to improve coordination of services provided across government, non-government and private sector services
- reducing the community mental health services vacancy rate from 12 per cent to four per cent
- launching a new mental health information system for clinicians, which has improved timely access to consumer clinical information.

A major focus of the plan is engaging multiple agencies in planning and delivering services to minimise service gaps and promote best use of limited resources.

Queensland plays a lead role in advocating for and developing a detailed national implementation strategy for the Fourth National Mental Health Plan through its work with the national Mental Health Standing Committee. At a statewide level, the Queensland Mental Health Reform Committee has been established to act as a peak cross-sector and cross-government body to drive Queensland's implementation of the fourth plan and associated initiatives under the National Mental Health Strategy.

Significant progress has been made, including:

- developing a sustained and comprehensive stigma reduction strategy (action 1)
- strategies to promote the cross-sector incorporation of the National Standards for Mental Health Services 2010 (action 27).

Queensland is undertaking the essential preliminary work on a Social Inclusion Flagship. It will drive activities to promote supported employment and vocational programs, a recovery-oriented service system, and greater integration between housing, justice, community and the aged care sectors with mental health support.

Other current work focuses on increasing consumer and carer employment in clinical and community support settings.

Clinical Reform Initiative

The Clinical Reform Initiative (CRI) Working Together to Change project was established in 2010–2011. The CRI aims to improve service delivery through efficient use of resources to support the plan's implementation. CRI has developed three key strategies:

- The Mental Health Alcohol and Other Drugs Directorate is working collaboratively with Health Service Districts to develop and implement local strategic plans for service reform, based on an analysis of the alignment of clinical service delivery with national and state requirements. The initiative has started in the Gold Coast and Cairns and Hinterland Health Service Districts.
- Implementing statewide models of service. The acute care team models of service has been prioritised for the first targeted implementation strategy, starting in the Cairns and Hinterland and Gold Coast Health Service Districts. Statewide coordinated planning has also started at a cluster level with acute care team leaders and consultant psychiatrists.
- Developing a Mental Health Performance Management Framework to improve the capacity of mental health services to use data and information to effectively target service improvement initiatives that align with the plan.

Suicide Prevention Action Plan

Under the *Queensland Plan for Mental Health 2007–2017*, suicide prevention is part of a broader mental health reform agenda with responsibility for addressing suicide in Queensland, cutting across departments, sectors and agencies. The approach recognises that no single department or agency can tackle suicide in isolation, and each has a direct or indirect role to play in reducing suicide risk and mortality.

The *Queensland Government Suicide Prevention Action Plan: Taking Action to Prevent Suicide in Queensland 2010–2015* (Taking Action) provides a blueprint for a whole-of-government, whole-of-community approach to suicide prevention. The Queensland Government is implementing a range of complementary actions as part of *Taking Action* to improve the early detection, initial management, assessment and treatment of people at risk of suicide in Queensland.

Taking Action will deliver the following new initiatives:

- Dedicated positions in key government agencies—Queensland Police Service and the Departments of Education and Training and Community Safety and Communities—to ensure staff are equipped with the knowledge, skills, and pathways to identify and manage suicide risk.
- Specialist senior positions within district health services to improve access to and the quality of mental health services for people at risk of suicide.
- Developing a framework to guide the detection, assessment, management and follow-up of people presenting with possible suicidal risk in all Queensland Health settings.
- Engaging key sectors, including rail authorities, to plan and implement actions to reduce hotspots for suicidal behaviour.
- Planning and developing suicide risk early detection and intervention models that suit priority industries and occupational groups, such as farmers and construction workers.
- Partnering with the Queensland Aboriginal and Torres Strait Islander Hub for Mental Health to plan and develop culturally appropriate suicide prevention models.

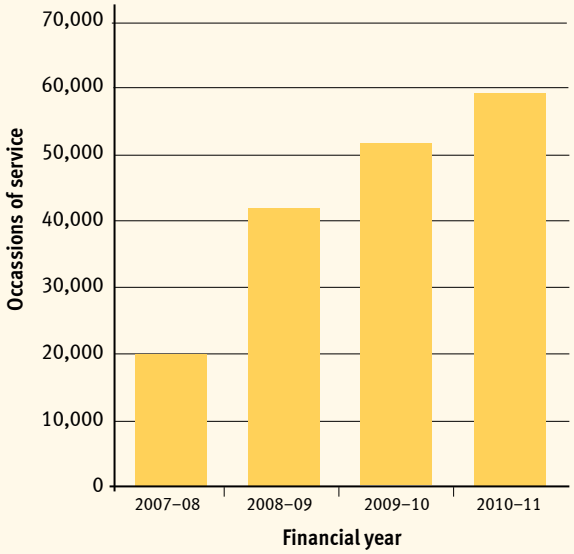
- Dedicated funding to enhance the non-government sector's capacity to provide quality and evidence-based suicide prevention services and activities.
- Funding to improve the quality, timeliness and utility of Queensland suicide mortality data for enhancing suicide prevention and risk reduction in the state.

Consumers from culturally and linguistically diverse backgrounds

Training on how to request and work with interpreters was provided to 2,265 staff during 344 training sessions. A staff awareness campaign to educate staff about the link between using interpreters and increased patient safety was also implemented.

About 59,000 interpreter services were provided in 2010–2011, an increase of 8,000 services since 2009–2010. The figure below shows Queensland Health now provides more than double the number of interpreter services compared to when the service began in 2007–2008.

Graph 14: Increase in interpreter service provision since the establishment of the Queensland Health Interpreter Service



Fourteen health information resources for consumers from culturally and linguistically diverse backgrounds were developed on topics such as mental health and cancer screening services. The resources were each translated into six to 14 languages. Queensland Health now provides translated information to consumers on more than 18 health topics through its multicultural websites.

The cultural capability of health care staff was supported by the development of two new resources on the care of Hindu and Sikh patients and a series of health and cultural profiles were developed on 18 culturally diverse communities in Queensland.

Advice on Queensland Health's expectations for provision of culturally competent care was provided at orientation sessions to 11,745 new staff between 1 July 2010 and 30 June 2011.

Cross-cultural training sessions were attended by more than 1,600 staff, with a similar number attending mental health specific cross-cultural training. Information on how to provide culturally competent care was incorporated into 10 training programs across a range of Queensland Health services, contributing to a more culturally inclusive approach into staff training.

National Partnership Agreements

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

In November 2008, COAG agreed to the National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes. The NPA's objective is to close the life expectancy gap between Aboriginal and Torres Strait Islanders and non-Indigenous Australians within a generation.

The NPA's five nationally agreed priority areas are:

- tackling smoking—because smoking is a leading cause of chronic disease

- healthy transition to adulthood—to address young people's behaviours during high-risk periods in their life
- making Indigenous health everyone's business—supporting vulnerable families accessing social services including health services
- primary health care services that deliver—because getting early intervention and treatment can help extend the life of Aboriginal and Torres Strait Islander people with chronic disease
- fixing the gaps and improving the patient journey—providing new services to support the treatment and the journey of patients within our health care system.

1. Tackle Smoking

Queensland Health 2010–2011 key deliverables included:

- phase 2 recruitment and up-skilling of additional SmokeCheck personnel completed
- reviewing the SmokeCheck service delivery model completed
- continued statewide promotion and delivery of a free staff quit smoking program
- on-going delivery of smoking cessation services in custodial settings with 36 Offender Health Services staff from four prisons trained in the SmokeCheck tobacco brief intervention program
- development and dissemination of a Quit Smoking Resources Kit to prison-based health service staff to support delivery of nurse-initiated brief intervention; 750 Offender Health Services staff participated in a free 16-week quit smoking course.

2. Healthy transition to adulthood

Key deliverables in 2010–2011 included providing $7.9 million over three years for new sexual health, mental health and alcohol and drug services for Aboriginal and Torres Strait Islander young people aged from eight to 18.

Suicide prevention

Queensland Health led the development of a new Queensland Government suicide prevention action plan that provides a blueprint for a whole-of-government, statewide approach to suicide prevention—comprising the development and implementation of targeted strategies to meet the specific needs of groups at increased risk of suicide, including Aboriginal and Torres Strait Islander people. In 2010–2011, the following initiatives were progressed:

- developing culturally appropriate suicide prevention models
- funding $200,000 to support suicide prevention initiatives for Indigenous Queenslanders.

Perinatal infant mental health

Queensland Centre for Perinatal and Infant Mental Health worked in partnership with the Centre for Rural and Remote Mental Health Queensland to develop a DVD called Stay Connected, Stay Strong, before and after baby for Aboriginal and Torres Strait Islander communities. The DVD was developed to help Aboriginal and Torres Strait Islander people understand the importance of good social and emotional wellbeing during and after pregnancy and in early parenthood.

Aboriginal and Torres Strait Islander Mental Health First Aid

The Mental Health Alcohol and Other Drugs Directorate began implementing and coordinating a statewide approach to providing Aboriginal and Torres Strait Islander Mental Health First Aid across Queensland. The initiative focuses on building capacity and knowledge within communities and reducing the stigma surrounding social emotional wellbeing. Through collaborative partnerships with non-government health sectors the Mental Health Alcohol and Other Drugs Directorate is contributing towards establishing a sustainable pool of instructors in Aboriginal and Torres Strait Islander communities to deliver the Aboriginal and Torres Strait Islander Mental Health First Aid program.

Aboriginal and Torres Strait Islander children and young people care coordination project

The care coordination model is an ideal framework that requires interagency cooperation and fosters a coordinated, collaborative approach to service provision for the target group. The approach builds on and supports the Aboriginal and Torres Strait Islander holistic view of health, which incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities. The Aboriginal and Torres Strait Islander children and young people care coordination project will employ three service integration coordinators across three mental Health Service Districts in Queensland— Children's Health Services and the Townsville and Toowoomba mental health services.

Sexual health services

A network of four public health officers is being established. The positions will build effective networks, be responsible for identifying gaps and needs, and develop strategies to address them at local and regional levels. The positions will also support the 39 Queensland Health Indigenous sexual health workers and other staff in sexual health services involved in health promotion and prevention work with Indigenous people.

3. Making Indigenous health everyone's business

Queensland Health 2010–2011 key deliverables include ongoing consultation on a pilot study for improved integrated services for vulnerable families with a focus on the design and location of services.

4. Primary health care service that can deliver

Queensland Health 2010–2011 key deliverables include:

- a Queensland Framework for Indigenous Primary Health Care—key milestones of the initiative are being met, including developing the framework's core services elements for consultation
- establishing the Southern Queensland Centre of Excellence in Indigenous Primary Health—the initiative's key milestones are being met, including infrastructure plans to expand the Inala Community Health Centre and recruit new clinical positions and outreach teams
- a statewide rollout of the Audit for Best Practice and Chronic Disease program to 60 new sites, which is ongoing. All key deliverables are being met and 32 new sites have enrolled in the program
- the continued implementation of the Indigenous Cardiac Outreach program, which provides specialist cardiology outreach services to 18 communities in the Lower Gulf, Central West and Central Queensland regions.
- the rollout of a new multidisciplinary care team for improved chronic disease services—all key milestones are being met, including establishing new service models negotiated and service contracts (or equivalent).

5. Fixing the gaps and improving the patient journey

Queensland Health 2010–2011 key deliverables include:

- the continued implementation of the Care Connect Pilot, which provides early intervention services to reduce the burden of renal and other chronic disease experienced by Aboriginal and Torres Strait Islander people in the Metro North catchment area of Brisbane. Key milestones for the project are being met, which include providing care coordination services for Care Connect program clients linking with appropriate primary, secondary or tertiary diagnostic and treatment services.
- strategies to embed the *Queensland Health Cultural Capacity Framework 2010–2033* across the organisation, which are ongoing.
- new and expanded Hospital Liaison Services have been finalised, including $4.7 million for new services to assist Aboriginal and Torres Strait Islander people to navigate through the health system and access appropriate treatment. Sites for new or expanded accommodation and transport services have also been identified.

4

Developing our staff and enhancing organisational performance

Strategic Plan 2010–2011

4. Developing our staff and enhancing organisational performance

Objectives and expected outcomes

4.1 Develop and value the workforce evident by:

- reducing the reliance on external labour markets
- reducing the incidence of workplace injury.

4.2 Manage infrastructure and assets to ensure safe, efficient and effective services, evident by delivering major infrastructure developments on time and within budget.

4.3 Distribute healthcare resources efficiently and effectively, evident by delivering outcomes within the allocated resources.

4.4 Invest in information and communication technology which will provide for electronic medical records available over the internet via a third party health portal.

4.5 Work in partnership to effectively influence health and wellbeing outcomes, evident by improving involvement of internal and external partners in the planning and provision of health services.

4.6 Invest in research that promotes evidence-based practice and innovation, evident by increasing the number of clinical trials and active research projects approved and commenced.

4.7 Strengthen performance management, governance and accountability to ensure openness and transparency, evident by developing and implementing the Governance and Performance Reporting Frameworks.

4.8 Implement the national health reform agenda evident by the establishment of local governance arrangements.

Key strategies

4.1.1 Enable the smooth transition of payroll to the new model through:

- designing and facilitating implementation of organisational change strategies
- providing ongoing guidance to the payroll function.

4.1.2 Review the performance management system and improve Queensland Health's capabilities to manage workforce performance.

4.1.3 Continue to advise and support Health Service Districts in implementing a Fatigue Risk Management System.

4.1.4 Recruit additional medical, nursing and allied health staff, including delivering additional nurse practitioner and rural generalist positions.

4.1.5 Train emergency nurse practitioners.

4.1.6 New staff accommodation being built to comply with Queensland Health Accommodation Standards.

4.2.1 Maintain infrastructure and assets through developing and implementing effective maintenance and lifecycle replacement strategic planning, management and funding models.

4.2.2 Deliver long-term health service and capital planning for future health services—including for Ipswich Hospital, Logan/Beaudesert Health Services, Caboolture Hospital, the Maryborough and Hervey Bay hospitals and the Royal Children's Hospital infrastructure.

4.3.1 Contribute to a nationally consistent approach to activity based funding.

4.3.2 Manage allocated resources to deliver effective and efficient health services.

4.4.1 Progress implementation of the eHealth strategy and continue the rollout and expansion of the Telehealth network.

4.4.2 Develop and implement a Queensland Health Information Management Framework.

4.5.1 Engage clinicians in development and management activities.

4.5.2 Building collaboration through networks, communities of practice and consumer engagement.

4.6.1 Implement the Health and Medical Research and Development Strategy and promote successes.

4.7.1 Implement a strong performance monitoring system and drive delivery of government commitments.

4.7.2 Continue to implement the recommendations of the Auditor-General's Reports into Health Service Planning and Patient Flow.

4.7.3 More effectively integrate risk management into the work of Queensland Health executive committees and the department's strategic planning.

4.7.4 Continue to standardise and consolidate business process reforms.

4.8.1 Develop a Queensland implementation plan and appropriate governance arrangements.

4.8.2 Determine the size, location, final number and boundaries of local governance arrangements by the end of 2010.

4.8.3 Develop and introduce legislation to enable the establishment of local governance arrangements and new funding mechanisms.

4.8.4 Identify resourcing requirements for the new local governance arrangements and establish change management processes to enable appropriate staffing and resourcing.

Key performance indicators

- medical fatigue risk management
- Indigenous workforce
- condition assessments undertaken
- achieving a balanced operating position
- own source revenue per occupied bed day
- numbers of weighted activity units
- cost per weighted activity unit
- increase Telehealth capacity in the emergency departments of 31 facilities to expand the existing Telehealth network.

Our people

Health is a growing sector—between 2001 and 2006, the 23 per cent growth in the number of workers employed in health occupations across Australia was almost double that for all occupations. To meet recruitment needs in remote, rural and regional facilities, the Work For Us program promotes recruitment of clinical staff and operates alongside innovative programs such as the Allied Health Relief Pool and Queensland Country Practice.

Queensland Health employed 998 more medical staff from March 2009 to June 2011. The department recruited to 556 intern positions in 2010 and 644 in 2011. Queensland Health plans to recruit up to 727 interns by 2015. Queensland also needs to deliver pre-vocational training to the growing numbers of domestic medical school graduates.

From March 2009 to June 2011, Queensland Health employed 3,343 more nursing staff. Nurse practitioners were a major initiative of the 2008-2009 budget with $34.4 million allocated over four years. Additional nurse practitioner position priority areas include rural and remote, aged care, mental health, chronic disease and emergency care.

From March 2009 to June 2011 Queensland Health employed 1,091 more health practitioner staff.

Executive management team profiles

Michael Reid

Former Director-General

Michael Reid was appointed Director-General in June 2008 and successfully completed his tenure on 22 June 2011. He played a pivotal role in positioning Queensland to take advantage of national health reforms and improve the delivery of services to Queensland.

During his time as Director-General, he managed the largest hospital building program in Australia and the employment of an additional 4,700 clinical staff. Under his leadership, there has been increased involvement of doctors, nurses, allied health professionals and other staff in decision making.

Mr Reid was highly regarded by staff and colleagues for his outstanding commitment to the delivery and improvement of public health services in Queensland.

Dr Tony O'Connell

Chief Executive Officer, Centre for Healthcare Improvement and Acting Director-General

Tony O'Connell entered the Australian health system as a medical student 40 years ago. He has specialist qualifications in intensive care and anaesthesia, and has been an examiner for the national intensive care college. Before coming to Queensland he acted as Deputy Director-General - Health System Performance in the NSW Department of Health. He directed the NSW Government's major redesign program for Health.

Dr O'Connell has been involved in statewide system change for two decades and his major achievements have been facilitating significantly improved access performance for emergency and elective patients in NSW in the face of rising demand for services, and best-ever elective surgery performance in Queensland. He has led teams receiving Premier's awards for public service excellence in both states. In June 2011 he took over as Director-General for Queensland Health.

Dr Grant Howard

Acting Chief Executive Officer, Centre for Healthcare Improvement

Grant Howard trained as a physician and then an intensivist and is a Fellow of both colleges. He previously was Chief Medical Officer for a major New Zealand District Health Board. He also served as manager of a District Health Board Service Development Unit, General Manager of Operational Performance and Support, and General Manager of Waikato Hospital (a 600-bed major hospital and referral centre). He worked with several organisations, including the Health Roundtable to progress clinical engagement and financial management.

He is currently Senior Director, Medication Services Queensland, and a member of the Queensland Patient Safety and Quality Executive Committee.

Dr Jeannette Young

Chief Health Officer

Jeannette Young is the Chief Health Officer for Queensland, a role she has filled since August 2005. Before that, she was Executive Director of Medical Services at the Princess Alexandra Hospital, Executive Director of Medical Services at Rockhampton Hospital, and held a range of positions in Sydney. Dr Young's original clinical background is in emergency medicine. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an Adjunct Professor at Queensland University of Technology and Griffith University.

Dr Young sits on the Queensland Board of the Medical Board of Australia and is a member of numerous Queensland and national committees and boards, including the Queensland Institute of Medical Research Council, the NHMRC, the Australian Health Protection Committee, the Clinical Technical Ethical Principal Committee of AHMAC, and the Australian Population Health Development Principal Committee.

Kathy Byrne

Chief Executive Officer, Clinical and Statewide Services

Kathy Byrne's career in the public and private health sectors spans more than 25 years. She was previously a health service chief executive and has a significant track record in strategic and operational leadership and achievement in five Australian states and territories. Ms Byrne has been Chief Executive Officer of Clinical and Statewide Services since May 2009.

Dr John Glaister

Deputy Director-General, Health Planning and Infrastructure Division

John Glaister has Chief Executive Officer experience, has held board memberships, and has senior government management experience in New Zealand and Australia (New South Wales, Queensland and the Northern Territory), and in the university and private sectors.

He has worked in applied research and senior administrative roles in transport, science, energy, sport and recreation, and innovation. He held chief executive positions in New South Wales and New Zealand and was Chief Scientist at Laing O'Rourke, before his appointment to Queensland Health on 24 January 2011.

Dr Michael Cleary

Deputy Director-General, Policy, Stategy and Resourcing

Michael Cleary is an emergency physician who has been with Queensland Health for 27 years.

He has held a range of executive roles in Queensland Health and is a Queensland Health pre-eminent staff specialist. He is also Professor at the School of Public Health at the Queensland University of Technology.

Dr Cleary was previously Executive Director and Director of Medical Services for Logan and Beaudesert Hospitals, the Metro South Health Service District and The Prince Charles Hospital Health Service District. He was appointed to lead the Policy, Strategy and Resourcing Division of Queensland Health in April 2010.

John Cairns

Deputy Director-General, Human Resource Services

John Cairns, Deputy Director-General, Human Resource Services, began with Queensland Health in February 2011.

Mr Cairns has more than 20 years experience in the human resources environment and previously worked with the Department of the Prime Minister and Cabinet as First Assistant Secretary, Ministerial Support Unit, establishing and leading the unit to function as the interface between the Department and the Prime Minister.

He was previously Acting Deputy Public Service Commissioner with the Australian Public Service Commission and Executive Director, Workforce Planning and Development, State Services Authority of Victoria. Mr Cairns has a long history of leadership in strategic human resource management and change management and has worked in a variety of industries, including rail, steel, aluminium, defence, and agriculture.

Neil Castles

Deputy Director-General, Finance, Procurement and Legal Services

Neil Castles was appointed on 24 January 2011, bringing to Queensland Health more than 30 years' experience in government, public sector financing, public sector accounting and auditing, capital markets and financial risk management.

Mr Castles was previously with Queensland Treasury Corporation (QTC). He had a long career with QTC and Queensland Treasury from 1987, including a variety of roles on the executive management group over the last 20 years.

Mr Castles played a key role in the amalgamation of local governments in 2007.

His experience includes membership on numerous boards and corporations, including IBIS (responsible for retail services throughout the Torres Strait) and the City of Brisbane Investment Corporation (a Brisbane City Council investment vehicle). Before joining Queensland Health, Mr Castles was a director and, in many cases, company secretary of many Queensland Government special purpose companies.

Ray Brown

Chief Information Officer

Ray Brown has worked in information communication and technology for 35 years. After a brief time in the private sector, he joined the Department of Corrective Services as Information Management Director in 2001. He became the Queensland Police Service Information Systems Branch Manager in 2003 and the Information Management Division Acting Director in 2006.

Mr Brown was involved in the successful implementation of the Queensland Police records and information management exchange project. In June 2008, he started as Queensland Health's Executive Director, Information Division. Mr Brown relieved as Chief Information Officer from January 2009 and was appointed in August 2009.

Terry Mehan

Deputy Director-General, Performance and Accountability

Terry Mehan is the Deputy-Director General, Performance and Accountability. He was previously General Manager of Central Area Health Service and Southern Area Health Service, and Zonal Manager (Northern Zone) in Queensland Health. He has more than 30 years experience in senior executive positions in health and aged care with a strong focus on service integration and promoting population health. His current role focuses on strengthening governance and accountability across Queensland Health. Mr Mehan has specialist expertise in health service management, delivery and planning. He is an experienced chief executive of small rural hospitals, major regional hospitals and large metropolitan teaching hospitals.

Julie Hartley-Jones CBE

Chair, CEO and DDG Forum

Julie Hartley-Jones is the District Chief Executive Officer for Cairns and Hinterland Health Service District. She was appointed Chair of the Chief Executive Officer and Deputy Director-General Forum following her nomination by her colleagues on the forum.

Health Service District Chief Executive Officer profiles

Julie Hartley-Jones, CBE
Chief Executive Officer, Cairns and Hinterland Health Service District

Julie Hartley-Jones came to Queensland in January 2009 as Chief Executive Officer of the Cairns and Hinterland Health Service District and has a background in renal nursing. She held senior nursing and management positions in England, including Chief Nurse of the Oxford Radcliffe Hospitals National Health Service Trust where she was responsible for more than 5,500 nurses and midwives. Ms Hartley-Jones was then a Director of Nursing and moved to Australia in 2006 as Area Director of Nursing for Northern Sydney Central Coast Area Health Service in NSW, where she was responsible for more than 6,000 nurses and midwives. She moved to Director of Clinical Operations in 2007.

Ms Hartley-Jones has been a guest speaker at many national and international conferences on renal care. She was President of the European Dialysis and Transplant Nurses Association in 1997–1998 and is an International Adviser to the National Kidney Federation of Singapore. She was made a Commander of the Most Excellent Order of the British Empire (CBE) for services to renal nursing in the 2000 British New Year Honours List. She has a Bachelor of Science in biology from the University of London, and a Master of Business Administration from Oxford Brookes University at Oxford.

Susan Turner
Chief Executive Officer, Cape York Health Service District

Susan Turner has been Chief Executive Officer since January 2010. Before joining Queensland Health she worked in Chief Executive Officer roles in primary care in New Zealand and was extensively involved in significant healthcare reforms. She has worked in the health system for more than 20 years, including Capital Coast Health, the Waitemata District Health Board, acute mental health services, non-government health service provision, and primary healthcare organisations. Ms Turner has a wide range of experience with communities and across sectors with a particular emphasis on Indigenous development. Her interests include transformational change in health systems, and innovation in Indigenous services, high needs and remote design and delivery.

Maree Geraghty
Acting Chief Executive Officer, Central Queensland Health Service District

Maree Geraghty has been Acting Chief Executive Officer of the Central Queensland Health Service District since January 2011. She was previously Chief Executive Officer of the South West Health Service District from November 2008, after being District Manager from 25 March 2008. Ms Geraghty began work with Queensland Health in 1993 and has held a range of positions in corporate and health service delivery environments, including Principal Policy Officer to the Deputy Director-General; Manager, Child and Youth Health Policy; and Executive Director, Community, Allied Health and Aged Care, Redcliffe-Caboolture Health Service District. She has a Bachelor of Arts degree, a Graduate Diploma in Education, and a Masters in Business Administration. Ms Geraghty has a keen interest in developing evidence-based integrated models of care, clinical and corporate governance, communication, forming strategic partnerships, and building a culture of innovation and organisational improvement.

Jill Magee
Chief Executive Officer, Central West Health Service District

Jill Magee was raised in Charleville and completed her secondary school education there before moving to Brisbane to complete her nursing studies, including general, midwifery and child health. In 1996 she completed a Post Graduate Degree in Nursing and a Graduate Certificate in Management. Ms Magee's 30-plus years' experience in health include work in the government, non-government and private sectors. She has worked in Brisbane South, Logan-Beaudesert, West Moreton, South Burnett and Fraser Coast Health Service Districts before taking the opportunity—in the 2006 Queensland Health restructure—to return to the bush. Ms Magee has a particular interest in quality and safety.

Dr Peter Steer
Chief Executive Officer, Children's Health Services

Peter Steer was appointed Chief Executive Officer of the Children's Health Service District in January 2009. His appointment followed a long and distinguished career as a neonatologist, senior medical administrator and academic in Australia and overseas. Dr Steer was previously President of the McMaster Children's Hospital in Canada and Chief of Paediatrics at McMaster and St Joseph's Healthcare at Hamilton. He was also a Professor and Chair of the Department of Paediatrics at McMaster University. Dr Steer has previously held senior leadership roles at the Mater Children's Hospital, the University of Queensland's School of Public Health and the Centre of Clinical Studies for Women's and Children's Health. He is a University of Queensland graduate.

Pam Lane
Chief Executive Officer, Darling Downs-West Moreton Health Service District

Pam Lane has more than 20 years experience in leading and managing a diverse range of health services focusing on improving patient services and developing staff. Ms Lane began her nursing training in 1966 at Toowoomba Base Hospital and worked as a midwife for 20 years. In 1993 she started at Ipswich Hospital as Director of Nursing and after six years became District Manager of the West Moreton Health Service District. The amalgamation of the West Moreton and South Burnett Health Service Districts saw Ms Lane become District Manager of the new district in February 2007. In November 2008, she was successful in gaining the position of Chief Executive Officer for the newly formed Darling Downs-West Moreton Health Service District. Ms Lane is a member of many community organisations, including the Ipswich Hospital Foundation, the Ipswich Hospice, Zonta and the University of Queensland Advisory Board.

Dr Adrian Nowitzke
Chief Executive Officer, Gold Coast Health Service District; Associate Professor of Neurosurgery

Adrian Nowitzke was born in Rockhampton and raised in Bundaberg before moving to Brisbane to undertake medical training and study for a Bachelor of Medical Science through the University of Newcastle. He then undertook specialist training in neurosurgery. Dr Nowitzke is currently enrolled in the Brisbane Graduate School of Business executive MBA program. He has a strong vision for an integrated health service for the people of the Gold Coast that builds on the strengths of its staff and community relationships. He is the responsible officer for the district's operations and the project owner for the expansion of Robina Hospital and the building of Australia's only named university hospital, the Gold Coast University Hospital, which is due to open in 2012.

Kerry McGovern
Chief Executive Officer, Mackay Health Service District

Kerry McGovern joined the Queensland Government in 1968 and is now in his 43rd year of service. Initially completing studies in environmental health, he chose a career in health administration and was appointed a Hospital Board Manager in 1983. Mr McGovern has served in senior executive roles in Cairns, Townsville, the Torres Strait, Innisfail, the Tablelands and Mount Isa. He has been Mackay Chief Executive Officer since 2006. He was also appointed a Hospital Inspector and was Assistant Northern Zone Manager for three years. Mr McGovern holds a tertiary qualification in financial accounting and is a board member of the Mackay Regional Development Corporation.

Professor Keith McNeil
Chief Executive Officer, Metro North Health Service District

Keith McNeil became Chief Executive Officer of the Metro North Health Service District in 2008. He is internationally recognised as an expert in lung transplantation and pulmonary vascular disease. He received post-graduate training in

respiratory medicine in Queensland and underwent sub-specialty training in cardio-pulmonary transplantation and pulmonary hypertension the United Kingdom.

In 1996 he was recruited to Cambridge as a transplant physician and Director of Pulmonary Vascular Diseases. During that time, he was an adviser to the UK Department of Health on pulmonary hypertension, and established in the UK National Centre for Pulmonary Endarterectomy at Papworth Hospital. Returning to Australia in 2001, Professor McNeil became Head of Transplant Services at The Prince Charles Hospital in Brisbane, and Associate Professor of Medicine at the University of Queensland. Professor McNeil was appointed Professor of Medicine at the University of Queensland in 2007 and maintains his clinical and research interests.

Dr David Theile senior
Chief Executive Officer,
Metro South Health Service District

David Theile graduated MBBS with honours from the University of Queensland in 1962. Post-graduate training as a Resident and Surgical Registrar at Royal Brisbane Hospital resulted in him gaining FRACS in 1967. After three years in the United Kingdom, he returned to Brisbane, gained the degree Master of Surgery and in 1974 was appointed to the Visiting Staff of Princess Alexandra Hospital as a General Surgeon—a position he held until 2006. In 2000, Dr Theile was appointed Chairman of the Division of Surgery at Princess Alexandra Hospital and he occupied that post until he was appointed Clinical Chief Executive Officer of Princess Alexandra Hospital on 8 May 2006. In October 2008, he was appointed District Chief Executive Officer of Metro South.

Dr Theile has served as National President of the Royal Australasian College of Surgeons and was awarded the college's highest award (the Sir Hugh Devine Medal). In 1997, Dr Theile was made an Officer of the Order of Australia (AO) for services to surgery.

His previous roles include Clinical Professor of Surgery; VMO Surgeon, Princess Alexandra Hospital; VMO Surgeon, Redcliffe Hospital; Senior Surgical Registrar, the Whittington Hospital, London; Lecturer in Surgery, the London Hospital; and RMO then Surgical Registrar, Brisbane General Hospital.

Suzanne Sandral
Chief Executive Officer,
Mount Isa Health Service District

Suzanne Sandral is a registered nurse and midwife. She has had a varied professional career covering medical, surgical and oncology/haematology nursing; and has worked in operating theatres and radiotherapy. She has been a remote area nurse and an occupational health and safety nurse at the Granites Goldmine in the Tanami Desert, Northern Territory.

In her years as a health administrator, Ms Sandral has worked in Sydney, London, the Northern Territory, India, Vietnam and now Queensland. In India and Vietnam she was an executive member of the project and commissioning teams that built hospitals in Kolkata (Calcutta), India, and Ho Chi Minh City, Vietnam.

Ms Sandral left Sydney and the Wollongong area in 1997—where she had been the Director of Nursing of several private hospitals—and headed to the Alice Springs Hospital. She later gained experience as the occupational health and safety nurse in a gold mine and then an Indigenous owned and run community. In 2000, she became the Director of Nursing of a hospital under construction in Kolkata, in West Bengal, India.

Meryl Brumpton
Acting Chief Executive Officer,
South West Health Service District

Meryl Brumpton has been Acting Chief Executive Officer since 1 April 2011. She recommenced at South West Health Service District as Chief Operations Officer in November 2008 after three years as Area Manager, Department of Child Safety. From 1997 to 2004, Ms Brumpton was the Senior Policy Officer and Manager, Office of Rural Health, and, in 2004–2005, District Business Manager of the former Roma Health Service District. While at the Office of Rural Health, Ms Brumpton:

- managed the rural health scholarship scheme
- was Queensland Health's representative on the National Rural Health Policy Forum

- undertook Secretariat functions for the Ministerial Rural Health Advisory Council
- managed the initial policy and implementation work in Queensland Health for multipurpose health services
- managed the 1997 review of Flying Specialist Services and the implementation of the Pre-Hospital Trauma Life Support program into Queensland Health
- developed the former rural credentialing and clinical privileges document.

Kevin Hegarty
Chief Executive Officer,
Sunshine Coast Health Service District

Kevin Hegarty has served in senior positions in Queensland Health since joining the department in 1995. He was first appointed a District Manager in 2001 at the then Rockhampton Health Service District. Mr Hegarty began as District Manager of the Sunshine Coast in December 2003 and was appointed District Chief Executive Officer of the Sunshine Coast-Wide Bay Health Service District in late 2008. From 1 November 2010, the Sunshine Coast Health Service District became an entity in its own right with Mr Hegarty remaining District Chief Executive Officer. He has interests in mental health, Indigenous health, developing partnerships with universities, Divisions of General Practice, and other significant community organisations.

Dr Andrew Johnson
Acting Chief Executive Officer,
Townsville Health Service District

Andrew Johnson was appointed District Executive Director Medical Services on 4 July 2000 and has been Acting Chief Executive Officer since March 2011. He has been an Eminent Staff Specialist since January 2006. Dr Johnson's qualifications include MBBS UNSW 1989; MHA UNSW 1995; and Fellow Royal Australasian College of Medical Administrators 1996. He has a background as an Adjunct Associate Professor of Medicine, James Cook University, and served in the Royal Australian Air Force. Dr Johnson worked for three years in NSW public hospital management and for three years in the private sector in Cairns. His main interests are patient safety, medical workforce, emergency preparedness and disaster management, and medical education.

Paul Stephenson
Chief Executive Officer,
Torres Strait-Northern Peninsula Health Service District

Paul Stephenson has been a District Manager/ Chief Executive Officer since July 2005—initially in the Cape York Health Service District. He then moved to Mount Isa in November 2009 and to the Torres Strait in 2011. He was previously Acting District Manager of the Torres Strait and Northern Peninsula Area Health Service and Cape York. Mr Stephenson joined Queensland Health in 1990 as a Clinical Nurse Consultant/Program Manager in specialised health and was then a Director of Nursing/Service Manager for the Cooktown and Mossman health services in north Queensland. His interests include integrated rural health service development, Indigenous health and community development.

Ken Whelan
Chief Executive Officer,
Wide Bay Health Service District

Ken Whelan became Chief Executive Officer for the newly formed Wide Bay Health Service District on 1 November 2010. Before entering management, he was a registered nurse. Mr Whelan has been in health management for almost 23 years and in Chief Executive Officer roles for the last 13 years. He has led two district health boards in New Zealand and was District Manager at Townsville Health Service District for nearly six years.

Staff profile

Queensland Health employed more than 67,000 full-time equivalent (FTE) staff during 2010–2011. The figure below shows the number of full-time equivalent employees by employment stream. Nearly two-thirds of staff are health practitioners, professionals and technicians, medical (including visiting medical officers) or nursing employees.

Queensland Health's retention rate for permanent employees was 94.6 per cent in 2010–2011. The retention rate is the number of permanent staff employed at the start of the financial year and who remain employed at the end of the financial year, expressed as a percentage of total staff employed.

Queensland Health's separation rate for 2010–2011 was 5.2 per cent and describes the number of permanent employees who separated during the year as a percentage of permanent employees.

Clinical Workforce Strategy

The Queensland Health Clinical Workforce Strategy 2011–2026 establishes a statewide vision for the future clinical workforce to support the delivery of required public health services. The strategy provides the overarching framework for developing and reviewing profession, service and/or specialty specific workforce plans. Future action will focus on:

- growing a knowledgeable, skilled, competent, and culturally capable clinical workforce
- building a sustainable clinical workforce that meets service needs and financial constraints
- optimising distribution of the clinical workforce to achieve equitable access to health care, recognising the specific requirements of target and priority groups.

While specifically a Queensland Health strategic document, the interconnectedness of private, public and community not-for-profit health providers means Queensland Health will consider where collaborative action can and should be taken across the department and the wider health system, government and industry.

WorkMAPP

Workforce Mapping Analysis and Planning Projections (WorkMAPP)—an online workforce planning system—has been rolled out statewide to provide a comprehensive, unified, effective and efficient workforce planning tool to model clinical workforces across Queensland Health Health Service Districts and corporate divisions. It will overcome previous barriers associated with predicting Queensland Health's large and complex workforce needs into the future.

Work For Us

Work For Us provides a centralised screening and assessment service to ensure candidates meet standardised criteria for practice and are suitable for employment with Queensland Health. It case manages and refers clinical candidates to suitable vacancies, and builds talent pools to service Queensland Health's ongoing capital expansions and other workforce growth. The service is supported by research and development of collaborative approaches to clinical attraction with national and state stakeholders.

In 2010–2011, Work For Us refined its targeted attraction activities to promote opportunities for experienced clinicians seeking permanent or temporary employment in rural, remote and regional healthcare facilities. Work For Us also targeted sourcing, screening and case management of experienced Australian and international midwives, emergency medical physicians, rural doctors and nurses, mental health clinicians, allied health practitioners, and nurse practitioners.

The Queensland Health Allied Health Relief Pool was established in July 2009 to provide a centralised service for sourcing short-term relief for allied health staff, particularly in rural and remote areas. So far the relief pool has provided more than 800 weeks of relief to Queensland Health facilities statewide. Work For Us promoted the pool as an additional and alternative recruitment pathway into Queensland Health.

A strategy has been trialed at the Princess Alexandra Hospital to retain allied health staff on long-term temporary contracts—greater than three months—to permanent positions. The framework will be rolled out for use in districts with appropriate risk management and governance.

Registration Assessment Placement Training and Support

The Registration Assessment Placement Training and Support (RAPTS) program provides an additional significant mechanism to support and retain international medical graduates employed in Queensland Health by providing assistance with registration, orientation, training and assessment processes. RAPTS ensures minimum standards of knowledge, skill, communication and cultural safety for international medical graduates are implemented organisationally, enabling doctors to transition safely into the workforce.

Clinical Education and Training Queensland

Clinical Education and Training Queensland (ClinEdQ) has continued to contribute to building a skilled and competent workforce through providing clinical education and training capacity; supporting clinical supervisors and strengthening supervision capability; identifying and promoting effective, evidence-based best practices in clinical education; and strengthening partnerships across education to address current and emerging health workforce and healthcare priorities.

In 2010–2011, ClinEdQ provided scholarships for Queensland Health allied health support workers to undertake formal qualifications and allied health professionals to undertake Certificate IV in Training and Assessment, and recruitment and coordination of 21 statewide research fellows. The importance of continuing education and professional development for allied health professionals is recognised through the Queensland Health Allied Health Postgraduate Scholarship scheme. In 2010–2011, 96 scholarships were awarded to assist staff in undertaking further study to meet current and emerging service needs.

In Oral Health, ClinEdQ:

- provided dental technician education programs and dental assistant traineeships to encourage school-leavers to enter the occupation
- provided disaster victim identification training
- established a Cancer of the Head and Mouth Special Interest Group.

A Queensland Basic Physician Training Pathway was implemented to provide a structured approach to recruitment, selection and allocation of basic physician trainees. Centralised recruitment, selection and allocation of 2011 ICU vocational trainees to accredited training units in Queensland was established.

ClinEdQ established a nursing and midwifery education portal. Base work was conducted for a range of online continuing education courses. The courses will link education providers, professional associations, and pre-entry and post registration to clinical learning opportunities.

Overseas travel

Overseas travel supports research, training, aid programs, recruitment, and conference attendance. The knowledge gained and the international links established ensures that Queensland Health can sustain a world class health system. For example, the participation of Queensland children with cancer in international clinical trials has transformed a uniformly fatal disease into a group of malignancies that are curable for the majority of children.

Travel funding was $386,200 from operational budgets and $165,984 from trust fund monies. Additional funding of $16,777 was provided from external sources and is not included in the figures.

Table 3: Summary of destinations

Destinations	Number of trips	Percentage of trips
Asia	22	13.3
Europe	55	33.1
New Zealand	55	19.3
North America	32	26.3
Oceania (South Pacific)	42	9.0
Total	166	100.0

A detailed list of overseas travel taken at the department's expense is in Appendix 5.

Nurse practitioners in emergency departments

In 2009, the Queensland Government announced $7.8 million to train and recruit 30 new specialist nurses over three years to work in the busiest Queensland Health emergency departments, starting with 10 over the first 12 months.

By May 2011, 23 of the 30 nurse practitioner positions were appointed.

The Office of the Chief Nursing Officer's Nurse Practitioner Scholarship Scheme awarded 13 scholarships to experienced emergency nurses to study toward nurse practitioner qualifications.

In anticipation of the 2011–2012 funding allocation, offers have been made for a further seven nurse practitioner positions and four temporary nurse practitioner candidate positions.

The new models of care have initially focused on managing semi-urgent and non-urgent presentations to emergency departments.

The Office of the Chief Nursing Officer supported establishing the nurse practitioner role—including emergency nurse practitioners—with the following projects:

- clinical governance
- clinical leadership workshops
- developing a framework for continuing professional development
- investigating options for internship and mentoring programs to support nurse practitioner candidates.

Table 4: Appointed nurse practitioner positions 2009–2010

District	Facility	Number of positions
Metro South HSD	Logan Hospital	3
Metro South HSD	Redland Hospital	3
Metro North HSD	Redcliffe Hospital	2
Darling Downs–West Moreton HSD	Ipswich Hospital	3*
Cairns and Hinterland HSD	Cairns Base Hospital	2
	Total number of positions	13

** One position currently being recruited*

Table 5: Appointed nurse practitioner positions 2010–2011

District	Facility	Number of positions
Metro South HSD	QEII Jubilee Hospital	2
Gold Coast HSD	Gold Coast and Robina Hospitals	3
Sunshine Coast – Wide Bay HSD	Nambour Hospital	3
Darling Downs – West Moreton HSD	Toowoomba Hospital	1*
Townsville HSD	Townsville Hospital	1
	Total number of positions	10

** One position currently being recruited*

Table 6: Number of scholarships awarded to experienced emergency nurses

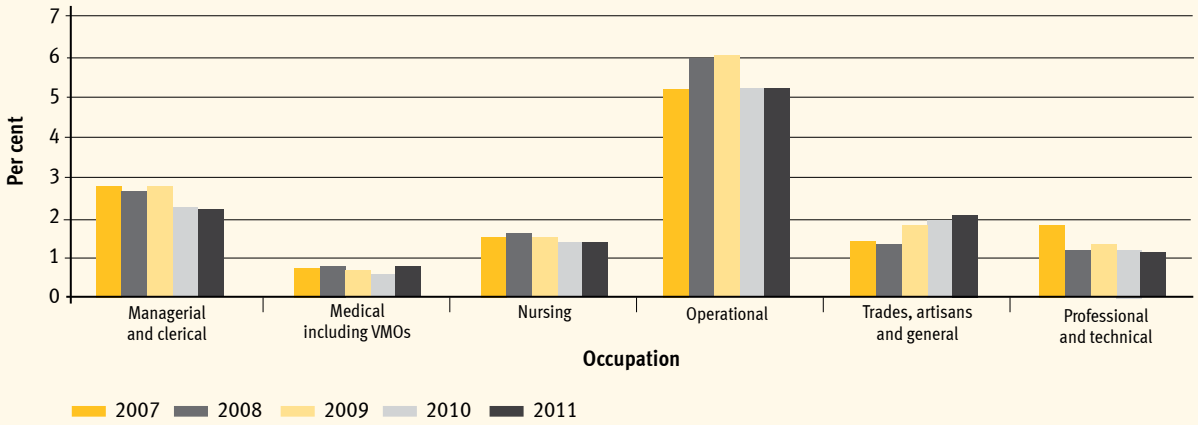
2009–2010	8
2010–2011	5

Aboriginal and Torres Strait Islander Workforce Strategy

Queensland Health continues to attract Aboriginal and Torres Strait Islander people to the health workforce. The Aboriginal and Torres Strait Islander Workforce Strategy, launched in 2009, has been implemented during 2010–2011 with all Health Service Districts now having action plans to achieve their individual targets. The strategy seeks to increase the number of Aboriginal and Torres Strait Islander people working across all occupational steams to at least reflect the population profile of Aboriginal and Torres Strait Islander people living in Queensland. The strategy links in key incentive programs—such as National Indigenous Cadetship Support Program—to promote recruitment pathways for the professional workforces. Initiatives in 2010–2011 to attract and retain Aboriginal and Torres Strait Islander people to the health workforce included:

- rollout of the Indigenous Health Worker-Isolated Practice Authorisation course, with nine health workers enrolled
- launching and implementing the Queensland Aboriginal and Torres Strait Islander Nursing and Midwifery Strategy 2010–2012:
  - 57 nursing and midwifery cadetship positions
  - employment of one Indigenous nurse practitioner, with another two being supported through a Masters of Nursing program
  - support of a University of Southern Queensland research fellowship for Indigenous nursing
  - support of a nurse/midwife academic and an Indigenous nurse support position at James Cook University's Mount Isa campus
  - investment in research into Aboriginal and Torres Strait Islander nursing student attrition at the Queensland University of Technology
  - active involvement and promotion of nursing and midwifery at school, cultural and community events throughout Queensland
- the You Pla, Me Pla Mentoring Program, which aims to create a pool of mentors available to link with Aboriginal and Torres Strait Islander mentees to provide support and guidance for mentees to obtain their personal goals
- 13 Aboriginal and Torres Strait Islander education to employment (E2E) scholarships
- 11 Indigenous allied health cadetships
- commitment to recruit a significant number of Aboriginal and Torres Strait Islander employees under Project 2800, which is the Queensland Government's commitment to enhancing employment outcomes for Aboriginal and Torres Strait Islander people across the Queensland public sector.

Graph 15: Percentage of Aboriginal and Torres Strait Islanders in the workforce



Equity and diversity

Queensland Health has a workforce whose attributes include varied backgrounds, education, training, and work and life experiences. That enriches workplace diversity and creates an organisation that is more capable of providing responsive health care services to a diverse Queensland community. The department's commitment to equity and diversity is demonstrated through initiatives to attract and retain a representative Indigenous workforce and to encourage and support women in leadership and mentoring roles.

The Queensland Health Equity and Diversity Awareness Week was celebrated on 23-27 May 2011. The inaugural Equity and Diversity Awards were an opportunity to reflect on our commitment to equity and diversity and to recognise best practice within Queensland Health in the way we provide services to a diverse Queensland community.

Initiatives for women

Women represent 73 per cent of the full-time equivalent workforce. The figure below is a breakdown by stream and gender of Queensland Health employees.

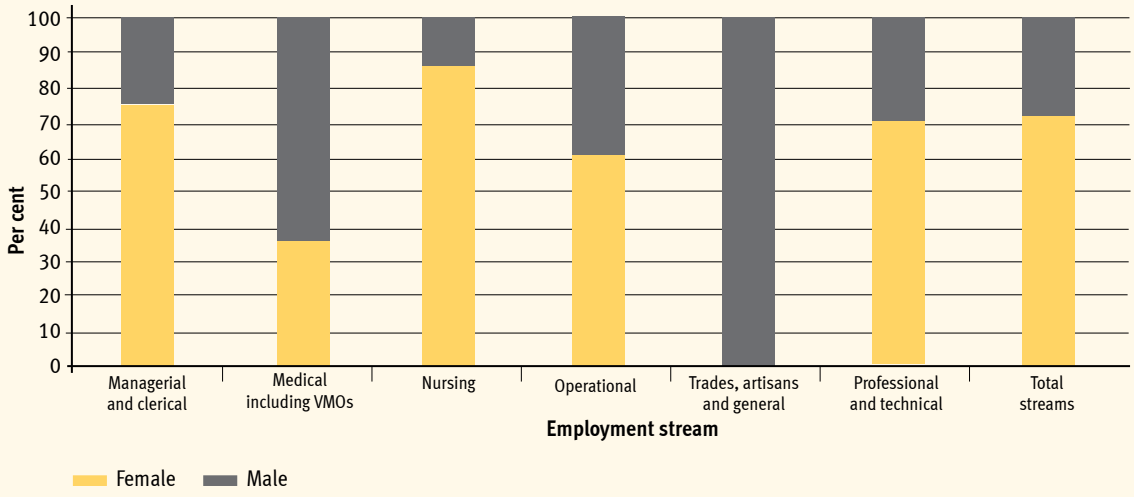
In 2010–2011, employees' average fortnightly earnings were $2,919 for females and $4,307 for males.

Queensland Health provides a range of professional development support for female employees. During 2010–2011 more than 33,500 female employees received a professional development allowance. Of those, 75 per cent were nurses.

Queensland Health workplace policies have led by example by forming the basis of whole-of-government public sector initiatives, one of which was the Queensland Health Work and Breastfeeding Policy released by the Public Service Commission and effective from 5 August 2010.

The percentage of women on boards in the health portfolio is 52 per cent. Of 430 new and renewed appointees for 2010–2011, 48 per cent were women. Of all new appointees for the same period, 49 per cent were women.

Graph 16: Percentage of FTE by stream and gender



Healthier workplaces

Work life balance

Queensland Health recognises employees' needs to balance their work and family life and is committed to supporting employees in achieving a work life balance.

Policies promoting work-life balance include flexible work arrangements, job sharing, telecommuting, breastfeeding at work and purchased leave.

Queensland Health continues to partner with relevant industrial organisations to achieve enterprise bargaining outcomes related to equity and flexibility in the workplace and the ongoing promotion of work-life balance strategies. For example, the Nurses and Midwives (Queensland Health) Certified Agreement (EB7) 2009 commits to further enhance nursing and midwifery workforce planning by building on work already completed in the nursing priority area of work-life balance.

Carers (Recognition) Act 2008

Many Queensland Health staff have carer responsibilities. Flexible work arrangement policies provide employees who are carers with options to continue to work and provide care to their family members. Queensland Health encourages and supports managers and work units in providing employees with flexibility in rostering and access to paid and unpaid leave when they are required to undertake carer's duties. Information and resources for carers and access to relevant policies is promoted on the Queensland Health website.

Over 33,000 Queensland Health employees accessed carer's leave during 2010–2011.

Medical Fatigue Risk Management Policy

In 2010–2011 the Medical Fatigue Risk Management Policy was updated. It includes a requirement that all Health Service Districts identify risks and implement fatigue risk management systems.

Workplace harassment

Queensland Health remains committed to a culture free from all forms of harassment and continues to support and develop strategies to address workplace harassment when it occurs and educate staff about appropriate workplace conduct. Strategies include the workplace equity and harassment officer network and awareness campaigns.

When instances of workplace harassment occur, employees have access to several sources of information and advice, including:

- workplace equity and harassment officers
- a workplace harassment hotline
- the Staff Complaints Liaison Office
- People and Culture (Human Resources) units
- the Employee Assistance Service.

Workplace Equity and Harassment Officer Network

Workplace equity and harassment officers (WEHOs) play an important role in Queensland Health's response to resolving equity and harassment issues in the workplace.

WEHOs are Queensland Health employees who have been trained to provide confidential advice and support to other Queensland Health employees on subjects, including:

- bullying and workplace harassment
- sexual harassment
- discrimination
- other equity issues.

Queensland Health has conducted extensive training which has seen the number of WEHOs grow from about 250 to more than 390 in 2010–2011.

Occupational health and safety

Queensland Health continued its commitment to the Queensland Government's Safer and Healthier Workplaces framework through ongoing implementation of the *Occupational Health and Safety Strategic Plan 2007–12* and the Occupational Health and Safety Management System.

Early identification and management of workplace injuries—including supportive approaches to return to work—contributed to a 10 per cent reduction in average days lost and a 8.6 per cent reduction in average costs since 2008–2009.

Staff accommodation

In 2010–2011, two houses were purchased, at Charleville and Thursday Island. Queensland Health is currently purchasing two further houses, at Roma and on Thursday Island. A process is in progress to purchase vacant land on Horn Island to allow for construction of housing. All newly purchased housing complies with Queensland Health accommodation standards.

Planning is in progress to identify future requirements for staff accommodation. More detailed planning is occurring in areas with the greatest need—including Cape York, the Torres Strait and Mount Isa—to identify strategies to address the demand for and opportunities to provide housing.

Table 7: Workplace incidents and injuries

	2008–2009	2009–2010	2010–2011
Number of incidents/near-miss reported	20,274	21,530	22,057
Number of injury workers' compensation claims*	2,982	3,000	3,260
Total days lost	45,784	42,065	45,250
Average days lost	15.4	14.0	13.9
Total statutory payments ($)	$11,493,006	$10,602,164	$11,507,578
Average cost of statutory payments per claim ($)	$3,854	$3,534	$3,530

**All workers' compensation claims lodged regardless of acceptance by WorkCover Queensland*
Source: Incident Management System, Queensland Health and WorkCover Queensland

Performance development

A review of the employee performance management system began and an updated Human Resources Performance and Development Policy was issued. Several models of employee performance management are used in different parts of Queensland Health on the basis of differing business needs. A contemporary Performance and Development Guide for Managers and Guide for Employees is being developed to align with the Employee Performance Management Directive 21/10 issued by the Public Service Commission Chief Executive.

Induction

A review of current statewide processes began, which is designed to shape the culture and employment experience in Queensland Health. The review's purpose is to:

- develop a contemporary orientation and induction program designed to create an environment that reinforces a new employee's decision to work with Queensland Health
- ensure new employees feel welcomed, prepared and supported, thereby reducing the time to contribute and improve employee engagement
- create an environment where expectations are clearly defined and new employees' contribution to health service delivery is valued
- create an environment where new employees can grow professionally through training, education and research
- ensure new employees demonstrates alignment with Queensland Health's values and expected behaviours.

Leadership development

During 2010–2011, many Queensland Health clinicians engaged in leadership development programs and activities delivered by the Healthcare Culture and Leadership Service. Programs attended by clinicians included:

- the Emerging Clinical Leaders' Program—which helps clinicians gain the leadership skills and knowledge to go beyond their clinical duties and transition into leadership role
- the Medical Leadership in Action Program—where doctors learn skills and techniques to assist them to deliver safe, quality patient care, lead and manage high-performance clinical teams and communicate more effectively with colleagues, staff and patients.

Management Capability Development Program

The Management Capability Development Program aims to provide specific assessment and development options for new, middle and senior managers. Consisting of a range of capability assessment tools, learning resources and learning activities, programs have been delivered across Queensland Health.

Developing Business Excellence

In 2010–2011, 88 participants were enrolled in Developing Business Excellence programs. Comprised of two programs—Talent Development and Future Leaders—Developing Business Excellence is designed to meet the specific professional development needs of current and future corporate service and clinical support leaders.

Table 8: Management development programs delivered in 2010–2011

Program	Number delivered	Attendees
Sailing into Supervision Train the Trainer	1	17
Managing Your Business	15	221
Managing Your People	1 pilot	20
Managing Organisational Change	7	105
Harvard ManageMentor	–	1,796 licences in use

Talent management

In 2010–2011 a project was initiated to strengthen existing talent management and succession planning capacity. The project will establish a talent management system and succession planning process across Queensland Health. It will identify critical organisational roles and build a talent pool of capable leaders ready to fill those critical roles. The system will aim for sufficient leadership capability to meet current and future business requirements.

Recognition — recognising excellence and achievements

The inaugural Queensland Health Week was 8-12 November 2010. Length of Service Recognition Award ceremonies were held to recognise and celebrate the contributions of staff and the exceptional services they provide.

Twenty employees from across the state were recognised by their colleagues as outstanding leaders in promoting Queensland Health's values and their role modelling of the principles and behaviours in the *Queensland Health People and Culture Plan 2009–2012*.

Working with unions

Queensland Health has an industrial and employee relations framework that outlines commitments to collective industrial relations and consultation requirements in all certified agreements. Several consultative forums are in place to enable discussion with health unions on matters affecting employees and their employment. Forums include peak consultative groups consisting of all unions and occupational specific groups primarily concerned with implementing certified agreements. The industrial and employee relations framework includes district and local consultative forums to enable consultation on matters affecting services and districts.

Voluntary early retirement.

There were no voluntary early retirement packages paid to Queensland Health employees during 2010–2011.

Informing the community

Communication of government services is essential to keep the community informed on matters such as swine flu; provide a 24/7 service to ensure information on health-related emergent issues is conveyed to the public in a timely and efficient manner; and produce communications about important issues on health awareness and preventative health behaviour.

At 30 June 2011, the department employed 61.5 full-time equivalent staff whose functions related to media and public relations.

Healthier organisation

Payroll Improvement Program

The Payroll Improvement Program began on 16 July 2010 to implement payroll system improvement activities and continue the focus on stabilising and improving payroll accuracy. The program has three key streams, including:

- eliminating a backlog of unprocessed payroll forms—which was achieved by early October 2010 with processing delays being largely restricted to the relevant pay period
- developing more than 250 system fixes and enhancements applied to the payroll and rostering systems
- implementing a new localised payroll operating model in all 12 payroll hubs across the state—including two new hubs at Mackay and the Gold Coast.

In March 2011, Queensland Health initiated the Payroll Foundation Program to deliver incremental improvements by re-designing the rostering and payroll solution to improve business processes, systems performance and the underlying technology platform.

Payroll Operating Model Implementation

The new localised payroll operating model provides:

- improved services for employees by re-establishing closer relationships between Queensland Health districts/divisions and their respective payroll hubs and spokes
- increased personal contact between payroll employees and Queensland Health staff and line managers, better tracking of payroll forms, and improved payroll officer knowledge of local work environments and pay-related contract terms and conditions
- a simpler, more responsive payroll service for Queensland Health districts/divisions that caters for all payroll needs, from when someone is first employed to when they retire or resign.

Shared Services Partner

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

The Queensland Health Shared Service Partner delivers the following services:

- finance transaction processing
- supply and distribution
- payroll and establishment
- recruitment administration
- linen services.

Achievements in 2010–2011 include implementing the localised payroll model to better support Queensland Health's delivery of health services. The Supply Chain Management Integration Strategy is designed to deliver a model of service delivery that supports a lean, high-performance supply chain.

Organisational Change Centre of Excellence

The Organisational Change Centre of Excellence has worked in partnership with business units across Queensland Health to deliver tailored solutions that assist staff in delivering effective and efficient health services. The centre has delivered the service using an internal consultancy process involving:

- evidence-based diagnostic tools that identify specific areas where resources can be allocated for optimal outcomes
- individual and group coaching in change and transition

- tailored interventions to build change capability and upskill change agents and managers within Queensland Health.

The centre has supported a wide range of initiatives in the consultancy process, including:

- statewide initiatives—for example, the Allied Health Clinical Education Program, the Mental Health Clinical Reform Agenda
- Council of Australian Governments-funded initiatives—for example, the Indigenous Nursing Cadetship Program
- changing clinical models of care and service delivery initiatives—for example, Transforming Care, Transforming Care At Bedside, mental health recovery-oriented models of care, clinical service integration
- opening new services within existing services—Eventide and Brighton sub-acute services
- Organisational restructure processes—for example, primary and community health services, Mental Health Services.

People and Culture Practitioners' Network

During 2010–2011, there was a focus on strengthening the department's human resource practitioners through the People and Culture Practitioners' Network. The network is a department-wide virtual community for people working in, or interested in, human resources.

It aims to improve the quality and consistency of human resources services to Queensland Health by giving practitioners across the state information, support and opportunities to learn and develop skills and build relationships with professional colleagues.

The network coordinates a range of regular professional development activities developed in line with the Queensland Health Human Resources Competency Development Framework. Based on international research and modelling best-practice organisations, the framework has been accredited by the Australian Human Resources Institute as meeting standards of human resources excellence. It is a tool to inform training, recruitment and selection; succession planning; and performance feedback and development.

Human resources professional development

The network continued to provide monthly HR Series sessions to improve human resources practitioners' knowledge and understanding of emerging human resources issues and industry developments. Sessions included:

- release of the Queensland Public Service Code of Conduct and Ethics Reform
- cyber bullying
- intergenerational engagement.

The network provided two human resources training programs to develop practitioners' skills and knowledge through targeted training:

- 28 practitioners attended a one-day training program, Planning, Coordinating and Supporting Workplace Rehabilitation, in Brisbane and Townsville
- 15 practitioners attended a three-day training program in Brisbane to gain a Certificate in Corporate Investigations and a Certificate in Investigations Report Writing. The participants may elect to complete a further component as a pathway to attaining a Certificate IV in Government (Investigation) and a Certificate IV in Government (Statutory Compliance).

The network continued to manage delivery of a Certificate IV in Human Resources to provide Queensland Health's human resources practitioners with the opportunity to gain a nationally accredited human resources qualification. Working with the Metropolitan Institute of TAFE to contextualise the program, the network offers a qualification that meets the requirements of the Australian Qualification Framework, the Queensland Health Human Resource Competency Development Framework and the health sector. Two programs are being delivered in 2011 to 36 human resource practitioners statewide. The successful pilot program in 2009 resulted in 21 participants receiving the qualification.

Human Resources Graduate Program

Continuing in 2010–2011, the Human Resources Graduate Program had four graduates complete the 2010 program and six graduates are completing the 2011 program.

The 12-month program is aimed at attracting and retaining recent tertiary graduates. It encompasses a range of formal training and development activities, networking opportunities and hands-on experience in a large government agency. Graduates undertake three four-month placements during the program, experiencing a range of diverse and complex human resources work environments within Queensland Health, both corporately and statewide.

Program benefits include meeting current and anticipated future skills gaps, assisting with succession and workforce planning, and providing a framework for graduates to build careers as human resources professionals. The program has been running in its current capacity since 2007 and has recruited 30 graduates. Queensland Health has retained 27 graduates who work in a diverse range of areas and facilities statewide.

Learning Special Interest Group

The Learning Special Interest Group (SIG) has more than 550 members who share knowledge and information about learning and development in Queensland Health. During 2010–2011, two Learning SIG forums were held in Toowoomba and Brisbane with 65 participants. The forums provide a professional development opportunity for learning and development practitioners to grow and develop their skills and network and share relevant district and corporate learning and development initiatives and experiences.

Change Special Interest Group

The Change SIG has more than 800 members who share knowledge and information with a change management focus. During 2010–2011, two Change SIG forums were held in Brisbane and Mackay with 50 participants. The forums provide a professional development opportunity for change leaders to grow and develop their skills and network and share relevant district and corporate change initiatives and experiences.

Recruitment Special Interest Group

The Recruitment SIG has 400 members and provides a forum for discussion on principles and practices on to recruitment and selection. The Recruitment SIG assists professional development and promotion of best practice.

Visa and Immigration Special Interest Group

The Visa and Immigration SIG has 200 members and encourages knowledge sharing on visa and immigration legislation and practices. The Visa and Immigration SIG assists in professional development and promotion of best practice.

Whole-of-Government Change Management Community of Practice

In 2010–2011 Queensland Health continued to host monthly meetings of the Whole-of-Government Change Management Community of Practice. Through guest speaker presentations and workshop-style discussions, the community of practice brings together experiences and lessons learned from change agents across the Queensland Government. It provides an avenue for information sharing and networking. Attendees convened for monthly topics that ranged from *Deliberate Conflict for Deliberate Change* to *Positive Returns from the 2011 Floods*.

Consultancy expenditure

Table 9: External consultancies during 2010–2011

Consultancy category	Category description	Expenditure ($)
Professional and technical*	Professional and technical consultants provided a range of services, including: • preliminary evaluation of the Queensland Plan for Mental Health 2007–2017 • developing health service delivery strategies, models, service plans, service redesign and business improvement methodologies • designing and developing a survey tool to identify opportunities to improve bed utilisation • developing a business planning framework for intensive care units • developing Information Division's service catalogue • developing a consultation plan to deliver Information Division's business intelligence strategy and roadmap • conducting, developing and implementing Information Division's risk management framework • developing a corporate business solutions business case.	10,012,502
Financial and accounting	Financial and accounting consultants provided a range of services, including: • professional expertise in developing a new costing model • assistance in meeting legislative requirements • assisting Royal Brisbane and Women's Hospital with the radiology review revenue realisation program • assessing revenue retention capability and developing modelling tools.	5,175,081
Administration	Administrative consultants provided a range of services, including: • establishing committees and working groups to develop, implement and complete business assessments for the payroll improvement program • leadership and capability development training • operational efficiency reviews • examining the processes impacting data quality for emergency departments, elective surgery and specialists outpatients.	3,731,223
Human resource management	Human resource consultants provided a range of services, including: • developing change management strategies for HSDs • reviewing medical services management functions • functional realignment activities to support a new management structure implementation and a new Information Division service delivery model.	753,850
Communication	Communication consultants provided a range of services, including: • forming a Community Liaison Group involving the project team and a selected representative community members' forum on construction of the Queensland Children's Hospital (QCH) • brand development for the new QCH	167,771
Total		19,840,427

**Some consultancy expenditure was incurred to support major hospital redevelopments and was therefore capitalised. The above figures do not include capitalised consultancy expenditure which was $5,134,383 in 2010–2011.*

National health reform

On 22 December 2010, the Premier announced boundaries for 17 Local Health and Hospital Networks (LHHNs) in Queensland. The boundaries generally align with existing boundaries for Health Service Districts—except the Darling Downs-West Moreton Health Service District, which will be split into two LHHNs.

A Queensland Health Reform Transition Office was established to support transition to the new governance arrangements. The office has led development of an implementation plan to assist with the change process. Transition leads have been appointed to each Health Service District and division to identify resourcing to support the reforms. Development of a change management strategy is in progress and should be finalised by early 2011–2012.

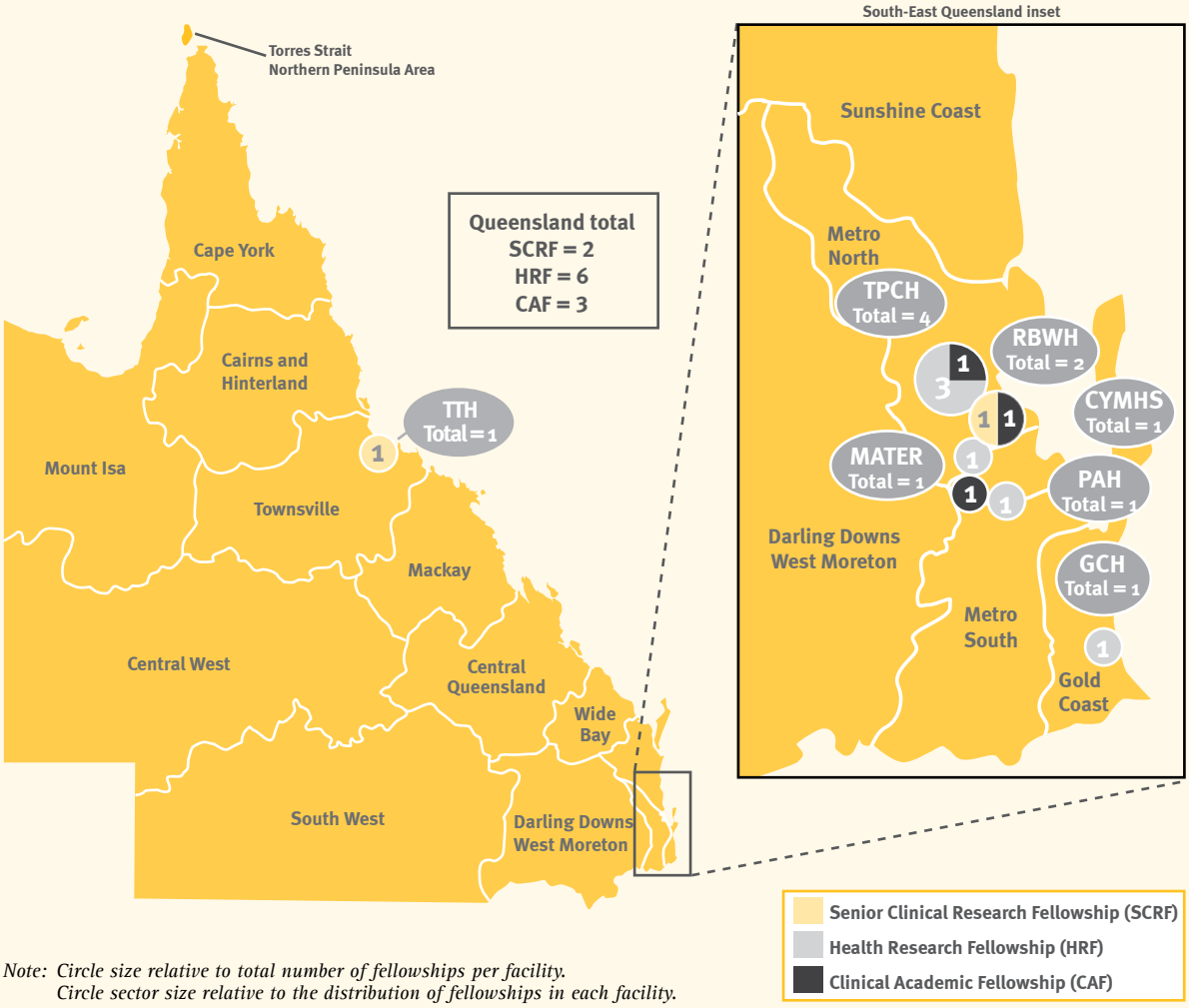
The Health and Hospitals Network Bill 2011 was drafted to support implementation of the reforms. The Bill was introduced into the Queensland Parliament on 16 June 2011, meeting the 1 July 2012 deadline agreed by the Council of Australian Governments (COAG).

Health and medical research

The Office of Health and Medical Research (OHMR) was established in 2008 to lead the rollout of the Queensland Government's Research for a healthier future 2020: Health and Medical Research and Development Strategy. Since then, OHMR has delivered on several initiatives outlined in the strategy, including Initiative One: Support our people—recruit, develop and retain a skilled health and medical research workforce in Queensland through the Health Research Fellowship Program:

- $13.265 million was awarded in the Health Research Fellowship Program in 2010–2011 ($2.653 million a year over five years) to increase the amount of research in Queensland, particularly in Queensland health care facilities. The hospital location of fellowship recipients, where the research efforts are concentrated, is detailed in the figure below. The fellowships were:
  - six Health Research Fellowships (one allied health, three medical and two nursing), totalling $728,000 a year over five years ($3.64 million)
  - three Clinical Academic Fellowships (one medical, one allied, one nursing), totalling $225,000 a year over five years ($1.125 million)
  - two Senior Clinical Research Fellowships to Professor Geoff Hill, stem cell transplant physician, Royal Brisbane and Women's Hospital, Division Head in the Department of Immunology, Queensland Institute of Medical Research, Adjunct Professor, Griffith University; and Professor Jonathan Golledge, Director of Vascular Surgery, Townsville Hospital, Professor of Vascular Surgery, James Cook University, totalling $1.7 million a year over five years ($8.5 million).
- $14,392,215 towards support for research institutes and other research funding programs:
  - $13.696 million to the Queensland Institute of Medical Research (QIMR) and $250,000 to the Wesley Research Institute to provide support for the institutes to continue to grow and produce world-class research
  - $446,215 towards research funding programs previously managed by the Department of Employment, Economic Development and Innovation to increase the amount of research in Queensland.
- Promoting research excellence and providing guidance to the Queensland-wide health and medical research sector through:
  - distributing nine newsletters focusing on health and medical research news, research ethics and governance and intellectual property in Queensland
  - The OHMR website with 11,303 unique visitors from 115 countries and territories.

Chart 3: Round two—Health Research Fellowship Program recipients



Note: Circle size relative to total number of fellowships per facility.
Circle sector size relative to the distribution of fellowships in each facility.

- Hosting seven events for Bridging the Gap—a forum that has linked more than 230 researchers, clinicians, industry partners and various government stakeholders to improve research collaboration across Queensland.
- A knowledge transfer initiative agreement signed with UniQuest Pty Ltd to provide commercialisation expertise to Metro North and Metro South districts.
- A continuation of knowledge transfer program with the Australian Institute of Commercialisation and the Gold Coast Health Service District.
- Establishing a mentor program that will assist researchers in Queensland Health to develop their careers in health and medical research. The program aims to provide a supportive environment in which an early career researcher has access to a mentor who may assist with, or provide advice on, a range of health and medical research issues. To date, OHMR has registered 48 mentors and 17 mentees for the program. OHMR has worked collaboratively with internal and external stakeholders to develop systems and processes to streamline administrative and regulatory processes impacting on health and medical research. The initiatives are aimed at decreasing time to research start up and therefore hasten access to new drugs, devices and therapies and make Queensland Health a more attractive site to undertake clinical trials.

- The projects have been specifically aimed at streamlining research ethics review and research governance:
  - Queensland Health started a single ethical review process, incorporating a central coordinating service, for all the department's multi-centre research projects on 1 July 2010
  - standardised statements of purpose have been updated and reissued to all Queensland Health human research ethics committee administrators and research governance officers
  - guidance documents have been developed for coordinating principal investigators for industry-sponsored and investigator-initiated multi-centre research studies
  - a consumer information awareness and engagement strategy package about clinical research is being prepared—in consultation with an advisory group—with the primary aims of informing the community of the purpose and value of participating in clinical research and encouraging consumer engagement in the early development stage of clinical research.

A Memorandum of Understanding has been signed between the NSW Department of Health and the Victorian Department of Health and Queensland Health to streamline ethical review of multi-centre clinical trials between jurisdictions and is expected to start in August 2011.

Queensland Health single ethical review process and Central Coordinating Service

From 1 July 2010, a single ethical review process for multi-centre research studies, incorporating a Central Coordinating Service, has been developed to:

- support districts in the transition to a single ethical review system for multi-centre research through central allocation of studies for review by Queensland Health Human Research Ethics Committees
- give industry sponsors a central point of contact for early alert of new trials.

The Central Coordinating Service provides a telephone booking service that identifies and allocates applications to a National Health and Medical Research Council (NHMRC) certified Human Research Ethics Committee.

Major achievements/activities and outcomes included:

- 141 studies booked and allocated from July 2010 to March 2011
- under the previous system, that would have resulted in 510 reviews by Human Research Ethics Committees
- not conducting 369 reviews was a potential cost savings to Queensland Health of $177,000
- potential savings to researchers on consumables and staff costs were up to $209,000, based on a five-site multi-centre study
- improved time frames for trial participants to be able to enter a study and take advantage of new therapies
- meeting the objectives of the 2020 Health and Medical Research and Development Strategy.

Progress in 2010–2011 will facilitate a smooth transition for Queensland Health Human Research Ethics Committees and researchers into the national system of single ethics reviews for multi-centre research studies, anticipated to start in 2012.

Database of research activity—linking Queenslanders with health researchers

On 20 May 2011, Queensland Health launched a publicly accessible, searchable website covering all Queensland Health human research. The database allows researchers, clinicians—including general practitioners (GPs)—and other interested public stakeholders to search for and view summary level information about research being conducted across Queensland Health facilities. It has been developed to:

- facilitate greater collaboration and communication between researchers
- improve patients' access to research information

- raise awareness about the benefits of health and medical research.

Further enhancements of the database will involve developing a portal that will include publication information on the research studies.

Clinical drug trials

Queensland Health participates in a wide range of clinical trials sponsored by the pharmaceutical industry. The sponsored trials are integral in contributing to and facilitating continual progression of medical development and treatment in Queensland.

In 2010–2011 Health Service Districts received $8.5 million in funding for clinical drug trials in sponsorship from pharmaceutical companies.

The National Health and Medical Research Council's National Statement on the Ethical Conduct in Human Research 2007 requires all research—including clinical drug trials conducted in Queensland Health facilities—to be conducted in accordance with ethical and scientific examinations approved and endorsed by the Human Research Ethics Committee.

In accordance to these endorsed protocols, researchers are required to demonstrate that informed consent is obtained from all participants before recruitment for approved trials. All approved research protocols must be monitored diligently to ensure patient safety. All serious adverse incidents are reported to the approving Human Research Ethics Committee.

All funds received from pharmaceutical companies for research are managed and used according to the Queensland Government's Financial Management Practice Standards.

Table 10: Clinal drug trial funding 2010–2011

Health Service District	Amount received $
Cairns and Hinterland	1,465,444
Central Queensland	6,126
Children's Health Service	881,787
Darling Downs–West Moreton	62,485
Gold Coast	653,530
Mackay	11,167
Metro North	2,199,882
Metro South	2,022,358
Sunshine Coast–Wide Bay	779,982
Townsville	367,384
Clinical and Statewide Services	11,943
Wide Bay	18,340
Total	8,480,428

eHealth strategy

An integrated electronic medical record—comprising clinical and business information systems for clinicians' desktops—is central to the eHealth strategy. The integrated electronic medical record will be delivered via supporting infrastructure—both hard (connectivity, data centres, security) and soft (standards, information architectures, information policy).

The integrated electronic medical record will:

- support key requirements identified by clinicians
- support patients through each episode of hospital care and transition back to the community and primary health care
- supply consistent quality information to multiple clinicians who provide care for a patient
- support a longitudinal view of patient health records, regardless of where the episodes of care were delivered in Queensland Health
- be designed so it may be extended in the future.

Procurement of the integrated electronic medical record progressed in 2010–2011 and a formalised contract is anticipated in the first quarter of 2011–2012.

Queensland Health has invested in several statewide information and communication technology (ICT) projects that are now nearing completion and will contribute to the integrated electronic medical record as it is implemented in 2011–2012.

Table 11: Progressive growth in the provision of patient services through those projects

Activity data	2009	2010	2011
Number of validated electronic discharge summaries	42,695	222,049	518,975
Women breast screened using digital mammography	–	280,000 *(at June 2010)* 398,000 *(at December 2010)*	469,000 *(at 30 June 2011)*
Number of technical patient recalls avoided by using digital mammography	2,200 *(at October 2009)*	5,800 *(at December 2010)*	7,000 *(at 30 June 2011)*
Number of episodes of care captured via the Automated Anaesthesia Record Keeping solution	60,121 *(pre-2009)* 87,308 *(at end of 2009)*	173,464 *(at end of 2010)*	239,480 *(at 30 June 2011)*
Number of reports (anaesthetic and recovery) generated via the Automated Anaesthesia Record Keeping solution	90,182 *(pre-2009)* 152,789 *(at end of 2009)*	417,965 (at end of 2010)	592,192 *(at 30 June 2011)*
Number of procedures captured via the Endoscopy Services Information Systems Solution	2,111	14, 968	33,372 procedures *(at 30 June 2011)*

Service planning and asset management

Preliminary Evaluations have been completed for Hervey Bay and Maryborough, Logan and Beaudesert, Caboolture, and Ipswich hospitals. The Preliminary Evaluations have a planning horizon to 2026–2027 and include service activity data reports, options papers, health service plans, and preliminary infrastructure plans for each site.

Long-term service plans are currently being developed for future health services at Ipswich, Logan and Beaudesert, Caboolture, Maryborough and Hervey Bay hospitals and the Royal Children's Hospital (post transition to the Queensland Children's Hospital).

An Asset Maintenance Policy was developed to promote efficient, effective management of Queensland Health assets.

Health Service Districts have completed 98 per cent of building condition assessments in the current three-year program. The results will inform the condition-based building maintenance program over the next three years.

Priority Capital Program

In 2010–2011, $121.2 million was allocated under the Priority Capital Program for capital projects, including:

- ICT projects
- minor renewal activities on existing buildings and engineering services
- enhancing or refurbishing existing infrastructure, sufficient to sustain and/or improve service delivery and service continuity.

Waste management

For waste avoidance, reduction and management, Queensland Health performs a range of actions, including training and induction programs, onsite assessments for regulatory compliance, and facility-initiated self-audits. The measures are undertaken in accordance with legislative obligations under the *Environmental Protection Act 1994*, the *Radiation Safety Act 1999*, the *Water Supply (Safety and Reliability) Act 2008*, the targets and strategic priorities of Toward Q2: Tomorrow's Queensland (Green—Protecting our lifestyle and environment) and Queensland's Waste Reduction and Recycling Strategy 2010–2020. Whether it is re-using shredded paper as garden mulch, using worm farms to recycle food wastes or partnering with community organisations for glass and metal recycling, Queensland Health facilities continue to trial and implement different ways to manage waste safely, responsibly and sustainably.

Carbon emissions

Vehicle usage

The emissions data has been aggregated using the National Greenhouse Emissions Reporting (NGER) guidelines and represents emissions for four primary fuel types—unleaded petrol, diesel, LPG and E10. Emissions shown are estimates based on actual kilometres travelled and available fuel consumption records. The emission offsets figure relates to purchased national Greenhouse Friendly™ certified carbon offsets demonstrating Queensland Government's commitment to reducing greenhouse emission from its motor vehicle fleet.

Airline travel

Air travel includes all flights recorded by the Queensland Government Chief Procurement Office (QGCPO) from 1 April 2010 to 31 March 2011, specifically:

- international air travel on commercial airlines
- domestic air travel on commercial airlines.

QGCPO calculates the kilometres flown from data provided by agencies. The kilometre figure is divided by 100 and multiplied by an industry average number of litres of fuel burnt per passenger per 100 km. A factor of five has been used for all air travel (sourced from the International Civil Aviation Organisation). That gives the average litres of fuel burnt for a flight, per passenger. The figure is converted from litres into kilograms and from kilograms into tonnes, before being multiplied by 3.157. That number, sourced from the International Civil Aviation Organisation, represents the amount of CO2 tonnes produced by burning one tonne of aviation fuel. The emission offsets figure for air travel relates to purchased national Greenhouse Friendly™ certified carbon offsets.

Electricity usage

The electricity consumption information has been converted to carbon emissions using the combined Scope 2 conversion factor of 0.89 kg CO2-e/kWh, as published in the Australian Government's National Greenhouse Accounts Factors Workbook (June 2009). For these records, the emissions reported are limited to those linked to electricity purchased directly from an energy retailer for the department's own buildings and any space it leases. Where electricity accounts have not been received for the full year, data has been apportioned/extrapolated to provide an estimate of usage for the full period.

Table 12: Carbon emissions summary for reporting year 2010–2011

Emission source	Tonnes of CO2 emissions		
	Gross tonnes emissions	Less tonnes offsets	Net tonnes emissions
Vehicles (QFleet)	15,263	3,784	11,479
Hired vehicles	442	442	—
Airline travel			
Domestic	11,447	11,447	—
International	473	473	—
Electricity			
Directly purchased by Queensland Health	416,022	nil	416,022

Engagement with consumers, health service providers and the community

Funding of consumers, health service providers and the community

In 2010–2011 Queensland Health provided approximately $907 million to a range of individuals, government partners, non-government and private sector organisations to achieve better healthcare and to improve the health of Queenslanders. Appendix 9.7 provides a list of grant recipients.

Community councils

On 9 July 2007, 36 health community councils were appointed as advisory bodies under the *Health Services Act 1991* to work in partnership with Queensland Health. The councils give a community perspective for feedback and advice about public sector district health services.

Councils do that through community engagement, enhancing community education and monitoring the quality, safety and effectiveness of public sector district health services.

Councils' activities include:

- community engagement—such as seeking formal/informal community feedback on health issues, alternatives, opportunities and solutions and networking with other community and health-related groups in the district
- community education—such as sharing information on local health services to enhance the community's understanding of new or existing health services
- feedback and recommendations to the district chief executive officer about the quality, safety and effectiveness of health service delivery in the district.

Each year, the councils present individual annual reports to the Minister for Health for tabling in the Legislative Assembly in accordance with the *Health Services Act 1991*.

Consumer representatives

A consumer representative was appointed to the Informed Consent Reference Group. A second consumer representative was appointed to the Open Disclosure Strategic Advisory panel and a consumer representative was appointed to the development group for the statewide Intrapartum Record.

Clinical networks

Eleven statewide clinical networks provided input into clinical practice and service improvement, policy development and service planning. General Practice Queensland agreed to provide representation on the statewide clinical networks. Consumer input is provided to each network, with assistance from Health Consumers Queensland.

The 11 networks are:

- Statewide Child and Youth Clinical Network
- Statewide Dementia Clinical Network
- Statewide Diabetes Clinical Network
- Statewide General Medicine Clinical Network
- Statewide Respiratory Clinical Network
- Statewide Stroke Clinical Network
- Statewide Maternity and Neonatal Clinical Network
- Statewide Intensive Care Unit Clinical Network
- Statewide Emergency Departments Clinical Network
- Statewide Renal Clinical Network
- Statewide Anaesthetics and Perioperative Clinical Network.

Clinical Senate

The Queensland Clinical Senate is a forum of clinicians who draw on their collective knowledge of clinical issues to formulate recommendations for Queensland Health on how to deliver the best healthcare to Queenslanders.

The Queensland Clinical Senate meets two to three times a year to debate pressing clinical issues and develop recommendations for the Director-General.

Clinical Senate members are practising clinicians from medical, nursing, allied health and academic backgrounds. They are drawn from metropolitan, regional and rural areas.

Queensland Health has committed to consider and respond formally and transparently to all Clinical Senate recommendations. The Queensland Clinical Senate represents a clear commitment to engage clinicians in developing innovative solutions to challenges the health system faces.

Active Healthy Communities

The Active Healthy Communities initiative has been implemented with several local governments across Queensland. The approach aims to build local government skills and processes in community engagement to involve a range of stakeholders to identify and address key opportunities to enhance healthy lifestyles in local communities. That is achieved through conducting capacity-building workshops. The initiative has resulted in designing and planning of numerous walking and cycle paths, end-of-trip facilities, fitness trails, community gardens and active parks that support active communities.

GP Connect

GP Connect is a secure electronic report delivery service offered by Queensland Health Clinical and Statewide Services. The service aims to improve continuity of care for patients returning to their general practitioners (GPs) after treatment with Queensland Health, by improving GP access to copies of pathology reports. GP Connect improves service delivery to regional and remote Queensland by reducing report delivery times to remote GP clinics and clients, such as the Royal Flying Doctor Service and the Mobile Women's Health Service.

In 2010–2011, GP Connect sent more than 100,000 reports a month to more than 7,300 recipients around Queensland and the South Pacific region.

Community Reference Groups for infrastructure projects

A Community Reference Group has been formed to support planning for the Sunshine Coast University Hospital project. The group comprises a cross section of community and special interest group representatives. A series of community planning forums were held in July 2010 to gain community feedback on proposals for the Sunshine Coast University Hospital and to develop ideas from the community on key design aspects. Ongoing community and employee consultation will be a feature of the Sunshine Coast University Hospital project in the months ahead.

Community engagement has been a high priority in planning the Gold Coast University Hospital and Robina Hospital expansion projects. At the projects' inception a Community Stakeholder Advisory Group was established to review and comment on facility plans and service inclusion. Each project has held open days at the facility sites every six months to demonstrate construction progress and facility inclusion. Regular presentations are provided to service clubs and business interest groups. Feedback from the community engagement has been positive with suggestions, where appropriate, incorporated into the projects.

The Queensland Children's Hospital project has a wide range of stakeholders, including staff from the Royal Children's and Mater Children's hospitals consulted through various targeted forums, panels and workshops. Focused and ongoing community engagement meetings have been held, made up of representatives of local community residents and past and present patients and their families.

Queensland Health is currently progressing four multi-purpose health service redevelopments in the Rural Enhancement Program at Biggenden, Baralaba, Mount Morgan and Winton. Each project has an active Community Advisory Network, made up of members of the local community who meet regularly to discuss issues.

Community Food Assessments

Queensland Health completed a two-year project in conjunction with community nutritionists from Zillmere, Cooloola and Bundaberg to investigate access to healthy food and identify potential strategies to improve food access and supply. That involved conducting a Community Food Assessment (CFA) in each location. CFA reports were produced with specific intervention recommendations for each location. They are uploaded on the Queensland Health internet at www.health.qld.gov.au/health_professionals/food/default.asp

Findings from the assessments will be incorporated into a new two-year project to develop a consistent toolkit to conduct CFAs across the state. The CFA methodology has been included as a case study on the Active Healthy Communities website at www.activehealthycommunities.com.au/content/case-study-community-food-assessments

Bike Bus Program

Queensland Health in Far North Queensland supported the pilot and evaluation of an innovative active school travel program that provides a supportive environment for children to cycle to and from school each day. Bike Bus—a program that sees adults accompany children to and from school along a set route with designated pick-up and drop-off points—has expanded to include five schools in Cairns and one on Cape York. Evaluation data captured through quantitative and qualitative methods from sources that included teachers, parents, children, and community and partner agency stakeholders have shown positive results. Schools involved saw an average eight per cent increase in cycle rates at their schools and some Bike Buses have up to 90 students riding each day. A survey completed by parents examined their attitudes to and perceptions of active travel and will inform further program improvements.

Queensland Health collaborated with the Department of Transport and Main Roads, Education Queensland, James Cook University and Cairns Regional Council to implement a multi-strategic approach to encourage a safe and increased cycling culture among schools and communities it serves. The strategies have included infrastructure audits and improvements, training teachers in bicycle education, and advocating for school road grids to get greater priority in developing infrastructure that supports active commuting to school.

Healthier Queensland campaign

In the last quarter of 2010–2011 Queensland Health delivered the statewide Healthier Queensland mass media campaign. The campaign promotes healthy living messages and access to important services, including 13 HEALTH, 13 QUIT and BreastScreen Queensland. The campaign achieved a high level of awareness, with 77 per cent recall among Queensland adults. Evaluation found four in ten people who saw the advertisements reported eating more fruit or vegetables and undertaking physical activity or exercise in response to the campaign. One in three Queenslanders saw the 13 HEALTH advertisements and over 80 per cent of these people reported they would use the service if the need arose.

The campaign is supported by a comprehensive user-friendly website with information on healthy living, local health services and a range of conditions and treatments. The website had over 89,000 unique visitors between launching in March 2011 and the end of June 2011.

Swap It, Don't Stop It

In 2010–2011 various organisations and community groups partnered with Queensland Health in north Queensland to plan and run community activities to promote the key messages of Measure Up and Swap It, Don't Stop It. They included:

- Kalkadoon women walking a proposed cultural trail identifying stories of cultural significance along its path
- Clermont Heart Foundation walking groups
- Mount Isa Rodeo and Flinders Shire Council Measure Up pit stops
- Burdekin's Come and Try Active Parks program
- 10,000 Steps Sugar Mill Challenge
- the Ayr Strong and Deadly Families Expo
- Mareeba's Great Wheelbarrow Race
- The Innisfail area's tai chi training, healthy breakfast and community walk
- Charters Towers Walk around the World 10,000 Steps Challenge and Towers Tuckerbox program
- Mackay Regional Council's smorgasbord of Swap It events (including barefoot bowls, walkathon and picnics, working bees and healthy BBQs)
- Townsville Roadrunners' Swap It, Live It, Walk It, Run It eight-week challenge
- Abergowrie's Measure Up Family Challenge
- Warraber Island's zumba, tai chi and walking program.

Thursday Island Edible Public Spaces

Tagai TAFE, Queensland Health and the Torres Strait Regional Council – Land and Sea Unit have worked with community members to ensure fruit trees and vegetable gardens are included in public places on Thursday Island. The project's inspiration came from TAFE students and their horticulture teacher. With support funding they purchased materials, such as plants, fertilisers and seeds. Years 11 and 12 horticulture students—as part of their curriculum work—potted and supervised planting of seedlings, assisted with the preparing planting sites and kept recorded journals of seedlings and plants. Eventually the gardens will provide vegetables and the fully grown trees will produce fruit and provide shade throughout Thursday Island. Edible public places will strengthen partnerships between various agencies and help promote healthy eating and physical activity in the community.

Be Healthy Maranoa

Be Healthy Maranoa—a project with the Maranoa Regional Council—is one of two Queensland trial sites funded under the COAG Healthy Communities Initiative. The project aims to establish and implement an overarching community action plan for reducing chronic disease in the Maranoa region with a focus on people at higher risk of chronic disease. The project contributes to the Toward Q2 objective of reducing obesity by one third and the objectives of the National Partnership Agreement on Preventative Health. Be Healthy Maranoa takes a whole-of-community approach to create supportive environments for health and provide targeted responses for at-risk groups, such as those not in paid employment. Key activities include:

- marketing, branding and providing information to the communities
- implementing evidence-based health promotion programs and approaches, including environmental and policy approaches to increasing opportunities for physical activity and healthy eating
- assisting, strengthening and promoting existing prevention activities in the region

- strengthening and working with local partnerships, including organisations and groups such as the Maranoa Health Enhancement Program and Active Roma, state and Commonwealth government organisations at a local level (for example, Queensland Health and Centrelink), Aboriginal and Torres Strait Islander Health Services and other private and non-government agencies with a health focus.

The project will continue until June 2013.

Injury prevention and safety promotion in the Aboriginal community of Cherbourg

The injury prevention and safety promotion project aims to build collaborative stakeholder relationships, engage community to identify and promote safety and prevent injury, increase knowledge and skills towards safety promotion and injury prevention, provide resources to build and enhance workforce capacity, and improve surveillance systems and other data sources.

Engagement of community and other key stakeholders is the guiding principle.

Programs already implemented include Youth Week, NAIDOC Week and Closing the Gap. Activities to reduce injury and promote safety have addressed injury surveillance, animal management, substance misuse, litter, road safety, sun safety and recreational activity. Assessment of outcomes and impact will inform future activities and dissemination of strategies to other communities.

The project is a partnership between the Southern Regional Services (Darling Downs Public Health Unit), Health Promotion Queensland, the Queensland Injury Prevention Council, the Cherbourg Aboriginal Shire Council, and the Centre for Rural and Remote Area Health.

Corporate governance

Health services are delivered through a network of 16 Health Service Districts with a selection of support services—such as radiology and pathology—managed at a statewide level in the Division of Clinical and Statewide Services. Chief Executive Officers of Health Service Districts are the accountable officers for service delivery and their responsibilities are outlined in the *Health Services Act 1991*. District Chief Executive Officers are held to account for the delivery of health services through structured performance management processes including performance agreements.

The Queensland Health Governance Framework is based on the elements of effective governance detailed in the *Financial and Performance Management Standard 2009* and other prescribed requirements contained in our risk management framework, internal and external audit results, and policies.

Our executive level committee structure is designed to improve the transparency of decision making and management of risk. Each executive level committee has terms of reference clearly describing its purpose, functions and authority. The performance of and outcomes delivered through executive committees is measured against an annual work plan aligned to Queensland Health's strategic objectives and each committee's functions. Each committee undertakes an annual self-evaluation process to inform a review of its work plan and terms of reference.

Executive committees

Executive Management Team

The Executive Management Team's (EMT) purpose is to:

- support the Director-General to meet responsibilities outlined in the *Health Services Act 1991* and other relevant legislation
- make recommendations on the department's strategic direction, priorities and objectives and endorse plans and actions to achieve the objectives
- set an example for the corporate culture throughout the organisation.

The EMT's functions are to:

- set the department's strategic direction and priorities
- ensure available resources for delivering public sector health services are used effectively and efficiently
- monitor the organisation's performance against its strategic objectives and key performance indicators
- set a culture of risk-based decision making throughout the organisation
- ensure effective governance systems are in place.

EMT membership:

- Director-General
- Chief Health Officer
- Chief Information Officer
- Chief Executive Officer, Clinical and Statewide Services
- Chief Executive Officer, Centre for Healthcare Improvement
- Deputy Director-General, Performance and Accountability
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Human Resource Services
- Deputy Director-General, Policy, Strategy and Resourcing
- Deputy Director-General, Health Planning and Infrastructure
- Chair, Chief Executive Officer and Deputy Director-General Forum

Key achievements for 2010–2011 included:

- recommendations to the Director-General on approving the annual budget that aligned to the strategic plan
- providing leadership for the introduction of National Health Reform
- endorsing Queensland Health's Activity-Based Funding Model
- guiding development of the policy framework for the transition to community control in identified rural and remote Aboriginal communities.

EMT met 36 times in 2010–2011.

Chief Executive Officer and Deputy Director-General Forum

The Chief Executive Officer and Deputy Director-General Forum is an opportunity for District Chief Executive Officers and EMT members to collaboratively work in partnership with other areas of Queensland Health and influence policy direction by:

- engaging in high-level strategic discussion
- having input into strategic decision making
- strategically overseeing service performance
- ensuring alignment of strategic objectives and the supporting and enabling functions required to ensure organisational achievement of goals
- providing a point of coordination for system-wide performance improvement strategy development and monitoring.

Chief Executive Officer-Deputy Director-General Forum membership:

- Director-General
- All District Chief Executive Officers
- All Deputy Directors-General of Corporate Divisions

- All Chief Executive Officers of Corporate Divisions
- Chief Health Officer
- Chief Information Officer

The Chief Executive Officer and Deputy Director-General Forum was held 11 times in 2010–2011.

Close the Gap Executive Committee

The Close the Gap Executive Committee was established in August 2009. Its purpose is to:

- provide strategic advice and recommendations to EMT on Queensland Health's contribution towards Closing the Gap in Indigenous health outcomes by 2033
- monitor the development and implementation of the Making Tracks and Close the Gap policies and associated implementation plans—including Queensland Health's commitments under the COAG Indigenous Health Outcomes and Indigenous Early Childhood National Partnership Agreements
- monitor progress in the performance accountabilities of District Chief Executive Officers, Deputy Directors-General and other corporate heads in contributing to the Close the Gap agenda and provide advice to the performance and accountability directorate on successes and underperformance as appropriate.

The Close the Gap Executive Committee contributes to managing and delivering health services by:

- overseeing development, approval and publication of the Making Tracks Indigenous health policy and associated plans, including initiatives funded under the COAG Indigenous Health Outcomes and Indigenous early childhood NPAs
- overseeing development, approval and publication of the COAG Indigenous Health Outcomes NPA implementation plan and securing funding to support its implementation
- monitoring progress in implementing Close the Gap initiatives and achieving Close the Gap accountabilities articulated in Making Tracks, implementing initiatives developed under the COAG Indigenous Health Outcomes and Indigenous Early Childhood NPAs and the performance agreements of District Chief Executive Officers, Deputy Directors-General and other corporate heads
- considering and assessing financial, patient safety and quality, people, information and infrastructure impacts of its decision making and collaborating with other executive committees and functional areas, where relevant
- identifying risks and mitigation strategies associated with all decisions made
- implementing processes to enable the Close the Gap Executive Committee to identify, monitor and manage critical risks as they relate to the committee's functions.

The committee met four times in 2010-2011. There are no external members.

Health Infrastructure and Projects Executive Committee

The Health Infrastructure and Projects Executive Committee (HIPEC) aims to:

- ensure capital works and infrastructure align with Queensland Health's strategic and endorsed service planning directions
- provide strategic advice and recommendations to ensure investments in physical infrastructure and assets are optimised for achieving Queensland Health's health service delivery outcomes and that the asset base is sustainable in the long-term
- ensure all strategies and planning (including enabling planning) are coordinated, integrated and aligned, and lead to the achievement of Queensland Health's strategic objectives
- oversee and support development of appropriate policies and procedures to support the effective delivery of infrastructure projects, planning activities and physical infrastructure and assets, including non-hospital accommodation (owned and leased)
- consider and assess the financial, patient safety and quality, people, information and infrastructure impacts of its decision making and collaborate with other executive committees and functional areas where relevant
- monitor HIPEC's performance.

To contribute to the management and delivery of health services, the HIPEC:

- reviews, monitors, prioritises and manages Capital Acquisition Plan performance, including reviewing specific project delivery methodologies, reviewing project and program risk assessments and related mitigation strategies, and financial performance
- engages with departmental planning units (including other enabling planning units), Health Service Districts and external stakeholders on infrastructure planning, capital works and assets
- obtains approval for the Capital Acquisition Plan
- oversees development and implementation of Queensland Health's Capital and Asset Planning Framework and recommends approval
- obtains approval of the annual Asset Strategic Plan
- oversees development of the department's Capital Investment Plan and recommends which proposed capital projects proceed to further planning and/or future budget submissions
- oversees outcomes of infrastructure planning activities and recommends further activities
- oversees development of design guidelines and recommends approval
- has executive overview of asset management strategy and policy, and recommends policy approvals
- reviews and monitors asset performance and infrastructure risks.

HIPEC met 10 times in 2010–2011. There are no external members.

Human Resources Executive Committee

The Human Resources Executive Committee aims to:

- give strategic context and direction for developing the Queensland Health People and Culture Plan and related plans, including:
  - workforce planning
  - workplace culture and leadership
  - human resources, including organisational design
  - occupational health and safety
- ensure all associated strategies are coordinated, integrated and aligned to broader Queensland Health strategic objectives
- create a forum for advice on strategic policy and critical issues.

To contribute to management and delivery of health services, the Human Resources Executive Committee:

- facilitates development of the Queensland Health People and Culture Plan and its periodic review, in collaboration with relevant stakeholders, including Health Service Districts

- ensures clear linkages between the Queensland Health People and Culture Plan and the Queensland Health Strategic Plan and related plans
- monitors implementation of the People and Culture Plan and related plans, and considers identified issues, risks and opportunities
- ensures matters referred for strategic advice are well researched and allow delegates to make well-informed decisions.

HREC met 10 times in 2010–2011. There are no external members.

Information and Communication Technology Executive Committee

The Information and Communication Technology Executive Committee (ICTEC) aims to:

- ensure the effective use of information and communication technology (ICT) to assist Queensland Health to achieve its strategic objectives
- set the direction for ICT to ensure alignment between ICT investment and Queensland Health strategies
- determine ICT investment priorities
- endorse ICT strategies and plans developed to deliver on Queensland Health objectives and priorities
- assess and recommend funding for ICT investments
- review the progress of ICT programs and projects to ensure value is delivered
- realign investments, as appropriate.

To contribute to management and delivery of health services and achieve Queensland Health's strategic objectives, the Information and Communication Technology Executive Committee:

- endorses the departmental ICT Strategy as specified by the *Financial and Performance Management Standard 2009* and portfolio plans for each ICT portfolio within Queensland Health
- endorses the ICT base capital funding framework
- prioritises a program of work to address key ICT asset replacement priorities detailed in the annual asset strategic plans for each division and district
- evaluates and prioritises new ICT investment proposals and supports submissions to fund those priorities
- endorses and oversees the information management program of work across Queensland Health
- monitors the performance of the portfolio of ICT programs and projects across Queensland Health
- realigns investments where performance expectations are not being met
- monitors the realisation of benefits from the suite of investments
- endorses and monitors the ICT asset management strategy and its implementation
- reviews and monitors ICT portfolio risks
- reviews and monitors ICT service performance across Queensland Health
- monitors implementation of audit recommendations for ICT
- ensures whole-of-government issues are considered and reporting requirements satisfied
- considers and assesses the financial, patient safety and quality, people, information, and infrastructure impacts of its decision making and collaborates with other executive committees/functional areas where appropriate/relevant.

ICTEC met 10 times during 2010–2011. There is one external member from the Department of Public Works on the committee.

Integrated Policy and Planning Executive Committee

The Integrated Policy and Planning Executive Committee aims to integrate, coordinate and endorse statewide policy development and implementation, and health service planning within Queensland Health to:

- improve access to safe and sustainable health services
- better meet people's needs across the health continuum

- enhance organisational work processes and systems to support service delivery and business effectiveness
- help Queensland Health achieve its strategic objectives.

To contribute to management and delivery of statewide and district health services, the Integrated Policy and Planning Executive Committee:

- gives executive overview of strategic and statewide policy and health service planning
- develops, coordinates and integrates within Queensland Health, in collaboration with relevant stakeholders, including Health Service Districts
- gives direction on developing and establishing planning systems to improve integration of policy development, health service planning and other key planning activities across Health Service Districts, the department and government
- considers contributions of policy development and planning activities to achieving Queensland Health's strategic objectives
- considers identified issues, risks and opportunities from strategic policy development, health service planning and other planning processes, including budget and performance management processes
- considers strategic and statewide policy and planning implications at statewide and district levels in Queensland Health
- gives direction on priority Queensland Health planning and policy projects and how they will be progressed
- engages effectively with internal and external Queensland Health policy and planning stakeholders to seek input for policy and planning decisions, including relevant consultation with Health Service Districts and other key stakeholders before discussion of agenda items and/or finalisation of decisions
- where appropriate promotes organisation-wide integration when undertaking policy and planning activities, including:
  - communicating and advocating for integration of processes and systems
  - leading integration practices within their areas of responsibility
- endorses statewide policy development and planning activities at key project stages ensuring they:
  - are consistent with Queensland Health endorsed processes
  - promote effective implementation planning as a key element
- monitors consistency between statewide and Health Service District (where there may be statewide or cross-district implications) policy development and planning
- endorses development of systems that support integrated policy and planning development
- leads development, implementation and review of the Statewide Health Services Plan, a legislative requirement (*Health Services Act 1991*, s3, s7).

IPPEC met 12 times in 2010–2011. It has no external members.

An Integrated Policy and Planning Standing Sub-committee was established in November 2010. Membership comprises representatives of Queensland Health divisions. The Standing Sub-committee's purpose is to assist IPPEC maintain its focus on strategic policy and planning through:

- considering and reviewing agenda items before their submission to IPPEC
- providing ongoing oversight, monitoring and progressing follow-up action on matters already endorsed/approved by IPPEC
- providing ongoing oversight of the policy and planning registers' operation and their regular review.

The Strategic Planning Steering Group met for the first time in September 2010. The group coordinates development, review and revision of the Queensland Health Strategic Plan, in line with legislative requirements set out in Section 9 of the *Financial and Performance Management Standard* 2009 and Section 7 of the *Health Services Act 1991*. The group functions under the authority of the Director-General and reports to the IPPEC. Its membership is representatives from other executive Committees, Health Service Districts, clinical networks, Clinical Senate and a patient/consumer representative (external member).

The group's external member is remunerated for their time. The amount paid in 2010–2011 was $1,124.

National Health Reform Executive Committee

To contribute to the management and delivery of health services, the National Health Reform Executive Committee is a time-limited committee established to oversight and make recommendations to the Chair on critical policy and strategic decisions for implementing the COAG health reform agenda in Queensland.

The committee functions under the authority of the Director-General Queensland Health and provides advice to:

- the Minister for Health
- the National Health Reform Inter-Departmental Chief Executive Officer Committee.

The National Health Reform Executive Committee met 10 times in 2010–2011.

Table 13: National Health Reform Executive Committee membership in 2010–2011

Name	Membership	Dates
Michael Reid	Director-General	July 2010–May 2011
Dr Tony O'Connell	Acting Director-General Chief Executive Officer Centre for Healthcare Improvement	June 2011 July 2010–May 2011
Dr Elizabeth Whiting	Queensland Clinical Senate	August 2010–June 2011
Dr John Glaister	Deputy Director-General Health Planning and Projects	January 2011–June 2011
Faileen James	Acting Deputy Director-General Health Planning and Projects	July 2010–December 2011
Dr Jeannette Young	Chief Health Officer	July 2010–June 2011
Kathy Byrne	Chief Executive Officer, Clinical and Statewide Services	July 2010–June 2011
Dr Michael Cleary	Deputy Director-General Policy, Strategy and Resourcing	July 2010–June 2011
John Cairns	Deputy Director-General Human Resource Services	January 2011–June 2011
Michael Walsh	Acting Deputy Director-General, Corporate Services	July 2010–December 2010
Jacqueline Ball	Executive Director, Strategic Policy, Funding and Intergovernmental Branch	March 2011– June 2011
Paul McGuire	Acting Executive Director Strategic Policy, Funding and Intergovernmental Branch	July 2010–February 2011
Ray Brown	Chief Information Officer	July 2010–June 2011
Susanne Le Boutillier	Senior Director, Queensland Health Reform Transition Office	July 2010–June 2011
Terry Mehan	Deputy Director-General, Performance and Accountability	July 2010–June 2011
Tina Davey	Executive Director, Intergovernmental Relations, Department of the Premier and Cabinet	July 2010–June 2011
Neil Castles	Deputy Director-General Finance Procurement and Legal Services Division	January 2011–June 2011
Robert Dubery	Acting Deputy Director-General Finance Procurement and Legal Services Division	October 2010–December 2010
Dr Peter Steer	Chief Executive Officer, Children's Health Service District	July 2010–June 2011
Dr Keith McNeil	Chief Executive Officer, Metro North Health Service District	July 2010–June 2011
Paul Stephenson	Chief Executive Officer, Mount Isa Health Service District	March 2011–June 2011
Mary Bonner	Chief Executive Officer, Townsville Health Service District	July 2010–February 2011
Julie Hartley-Jones	Chief Executive Officer, Cairns Health Service District	March 2011–June 2011
Dr Coralee Barker	Chief Executive Officer, Central Queensland Health Service District	July 2010–February 2011
Walter Ivessa	Assistant Under Treasurer	June 2011
Catherine O'Malley	Acting Executive Director Social Policy, Department of the Premier and Cabinet	June 2011
Annette Whitehead	Executive Director Social Policy, Department of the Premier and Cabinet	July 2010–May 2011
Brigid Bourke	Chief Financial Officer	July 2010–June 2011

Note: No members are remunerated for their participation.

Patient Safety and Quality Executive Committee

The Patient Safety and Quality Executive Committee sets policy direction in patient safety and quality of service delivery, in accordance with the *Health Services Act 1991* and the *Queensland Health Strategic Plan 2007–2012*.

To contribute to managing and delivering Queensland Health services and achieving Queensland Health's strategic objectives, the Patient Safety and Quality Executive Committee (PSQEC):

- oversees the Queensland Health Clinical Governance Framework
- reviews for noting, endorsing or approving statewide clinical documentation—including clinical guidelines, policies, implementation standards, alerts and advisories and other documents—relating to patient safety and quality, in accordance with the PSQEC Business Rules
- advises the EMT on all matters relating to patient safety and quality
- scans the system, reviewing and monitoring patient safety and quality risks and performance indicators and reports
- directs action to promote improvements in patient safety and quality of healthcare and considers relevant information
- considers the cost effectiveness of patient safety and quality initiatives
- assesses Queensland Health responses to safety and quality issues
- develops and monitors implementation of a Patient Safety and Quality Plan for Queensland Health
- considers and assesses the financial, patient safety and quality, people, information, and infrastructure impacts of its decision making and collaborates with other executive committees and functional areas where relevant
- develops and maintains working relationships with district chief executive officers (CEOs), district clinical governance units and clinical networks.

PSQEC met 10 times in 2010–2011.

Table 14: PSQEC membership in 2010–2011

Name	Membership	Dates
Dr Tony O'Connell	Chair	July 2010–June 2011
Terry Mehan	Ex-officio member	July 2010–June 2011
Dr Jeannette Young/ Dr Alun Richards	Ex-officio member Delegated for CHO	July 2010–June 2011
Pauline Ross/ Cheryl Burns	Ex-officio member Ex-officio member	July 2010–February 2011 March 2011–June 2011
Kathy Byrne Dr Grant Howard	Ex-officio member Delegate for CEO CaSS	July 2010–June 2011 May 2011–June 2011
Dr Peter Steer	Ex-officio member	July 2010–June 2011
Dr Coralee Barker	Ex-officio member	July 2010–December 2010
Maree Geraghty	Ex-officio member	February 2011–June 2011
Jill Magee	Ex-officio member	July 2010–June 2011
Dr John Wakefield	Ex-officio member	July 2010–June 2011
Dr Don Martin	Ex-officio member	July 2010–June 2011
Dr Jill Newland	Ex-officio member	July 2010–June 2011
Barbara Kent	D-G appointed member (consumer representative)	July 2010–June 2011
Gary Rebgetz	D-G appointed member (consumer representative)	July 2010–June 2011
Marie Pietsch	D-G appointed member (consumer representative)	July 2010–June 2011
Dr Judy Graves	D-G appointed member	July 2010–June 2011
Ian Scott	D-G appointed member	July 2010–June 2011
Prof Glenn Gardiner	D-G appointed member (external)	July 2010–June 2011

Note: The committee's external members are remunerated for their time and related expenses. The amount paid in 2010–2011 was $9,513.

Risk Management Advisory Committee

The Risk Management Advisory Committee (RMAC) is directing the development and integration of a strategic approach to managing risks and embedding the process into routine governance and management practice.

RMAC functions in accordance with the requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*.

RMAC membership:

- CEO, Centre for Healthcare Improvement
- Deputy Director-General, Performance and Accountability (Chair)
- Deputy Director-General, Policy, Strategy and Resourcing
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Human Resource Services
- Deputy Director-General, Health Planning and Infrastructure
- Chief Information Officer, Information Division
- Three District Chief Executive Officers
- External Risk Management Professional/Adviser

RMAC met seven times in 2010–2011. External RMAC members are remunerated for their time. The amount paid in 2010–2011 was $5,400.

Resource Executive Committee

The Resource Executive Committee (REC) aims to:

- review the financial position and performance of Queensland Health in the current and future years
- give strategic advice and recommendations to the EMT on developing, implementing and managing Queensland Health's financial management strategy
- ensure all financial and organisational performance improvement processes are coordinated and effective, and lead to the achievement of Queensland Health's strategic objectives
- oversee progress against critical objectives and ensure appropriate action to support improvements where necessary
- promote development of effective teamwork across Queensland Health, and the most effective division of responsibilities for financial strategy and organisational performance improvement
- monitor development of the procurement policy and procedures for Queensland Health as determined by the EMT
- actively manage implementation of the Budget Management Action Plan and monitor and report on outcomes under the Plan.

To contribute to managing and delivering health services, REC:

- develops Queensland Health's financial strategy, in accordance with the strategic direction as determined by the Executive
- oversees implementation of the approved financial strategy, including annual development of the Queensland Health budget for Executive approval
- promotes development of an effective organisational performance monitoring and improvement framework
- oversees and gives focused direction in developing coordinated performance and financial information and decision-support systems to underpin performance monitoring, analysis and reporting
- monitors variances to outcomes of the financial strategy implementation, including reviewing significant variances to approved annual budgets, and making decisions to rectify variances to the financial strategy
- analyses any material request for alterations to the approved budget and decides on their financial viability.

REC met 12 times in 2010–2011. There are no external members on this committee.

Other committees and boards

Activity Based Funding Project Board

Established in March 2011, the Activity-Based Funding (ABF) Project Board's role is to:

- support the project sponsor in meeting their responsibilities
- provide strategic advice and recommendations to the EMT on developing, implementing and managing activity-based funding in Queensland Health
- oversee completion of the development and implementation of an activity-based funding model for Queensland Health.

To contribute to managing and delivering health services and achieve Queensland Health's strategic objectives, the ABF Project Board:

- provides business assurance of the ABF project and project products
- monitors and manages the ABF project's progress against the approved business case
- implements robust risk management processes
- ensures stakeholders are appropriately engaged
- ensures the organisational change required is appropriately managed
- approves the transition plan for transferring responsibility of ABF to the business
- oversees the transition of ABF from a project to business as usual.

Activity-Based Funding Project Board membership:

- Deputy Director-General, Performance and Accountability
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Policy, Strategy and Resourcing
- Chief Executive Officer, Centre for Healthcare Improvement
- Chief Executive Officer, Gold Coast Health Service District
- Chief Executive Officer, Cairns and Hinterland Health Service District
- Chief Financial Officer, Metro North Health Service District
- Clinical Senate Executive
- Clinical Senate Member

The ABF Project Board met four times in 2010–2011.

Audit Committee

The Audit Committee provides independent assurance and assistance to Queensland Health's Director-General on the department's:

- risk, control and compliance frameworks
- external accountability responsibilities, as prescribed in the F*inancial Accountability Act 200*9, the *Auditor-General Act 2009*, the *Financial Accountability Regulation 2009* and the *Financial and Performance Management Standard 2009*.

To contribute to managing and delivering health services, the Audit Committee's responsibilities cover:

- financial statements
- internal control
- internal audit
- external audit
- compliance
- reporting.

Financial statements—the committee:

- reviews the appropriateness of accounting policies
- reviews the appropriateness of significant management assumptions in preparing financial statements
- reviews financial statements for compliance with prescribed accounting and other requirements
- reviews with management and the internal and external auditors, results of the external audit and any significant issues identified
- ensures a proper explanation for any unusual transactions or trends or material variations from budget

- ensures assurance is given by management on the accuracy and completeness of the financial statements.

Internal control—the committee:

- reviews, through audit planning and reporting of internal and external audit, the adequacy of the internal control structure and systems, including information technology security and control
- reviews, through audit planning and reporting of internal and external audit functions, if relevant policies and procedures are in place and up-to-date, including those for the management and exercise of delegations, and if they are being complied with in all material matters.

Internal audit—the committee:

- reviews the Internal Audit Charter as required
- reviews adequacy of the budget, staffing, skills and training of the internal audit function, having regard for the department's risk profile
- reviews and approves the internal audit strategic and annual plan, scope and progress, and any significant changes, including difficulties or restrictions on scope of activities or significant disagreements with management
- reviews the proposed internal audit plan for the coming year to ensure it covers key risks and that there is appropriate coordination with the external auditor
- reviews and monitors internal audit reports and action taken
- reviews and assesses performance of internal audit operations against annual and strategic audit plans
- monitors developments in the audit field and standards issued by professional bodies and other regulatory authorities to encourage use of best practice by internal audit.

External audit—the committee:

- consults external audit on the function's proposed audit strategy, audit plan and audit fees for the year
- reviews findings and recommendations of external audit and management's response to them
- assesses if there is a material overlap between the internal and external audit plans
- assesses the extent of the external auditor's reliance on internal audit work and monitoring external audit reports and the department's response to those reports.

Compliance—the committee:

- determines if management has considered legal and compliance risks as part of the department's risk assessment and management arrangements
- reviews the system's effectiveness for monitoring compliance with relevant laws, regulations and government policies
- reviews findings of any examinations by regulatory agencies, and any audit observations.

Reporting—the committee:

- submits reports as required to the Director-General, outlining relevant matters it considers need to be bought to his attention
- prepares an annual report to the Director-General summarising the performance for the previous year—an interim program of the planned activities for the coming year is also provided

The Audit Committee met six times in 2010–2011.

Table 15: Audit Committee membership

Name	Membership	Dates
Len Scanlan	Chair (external member)	July 2010–June 2011
Dr Jeannette Young	Member	July 2010–June 2011
Terry Mehan	Member	July 2010–June 2011
Julie Hartley-Jones	Member	July 2010–June 2011
Ken Brown	Health Community Councils representative (external member)	July 2010–June 2011

Note: External members on the Audit Committee are remunerated for their time. The amount paid during 2010–2011 was $16,000.

Mechanisms to strengthen governance

Ethics and Code of Conduct

Queensland Health is obligated to uphold the values and standards of conduct outlined in the new single Code of Conduct for the Queensland Public Service, which came into effect on 1 January 2011. The Code of Conduct applies to all Queensland Health employees. The whole-of-government Code of Conduct replaced the previous Queensland Health Code of Conduct.

The new Code of Conduct for the Queensland Public Service has been developed under the *Public Sector Ethics Act 1994* and consists of four core principles:

- integrity and impartiality
- promoting the public good
- commitment to the system of government
- accountability and transparency.

Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle.

All Queensland Health employees are required to undertake training in the Code of Conduct for the Queensland Public Service during their induction and to re-familiarise themselves with the Code of Conduct annually. Queensland Health is also developing a Standard of Practice, in consultation with employee unions, to underpin the Code of Conduct for the Queensland Public Service. A campaign to ensure employees are aware of the new Code of Conduct was implemented and included resources, training and face-to-face awareness activities.

Legislative Compliance

The Legislative Compliance Policy provides a mechanism for monitoring Queensland Health's legislative responsibilities. The Queensland Health Legislative Compliance Register was established to support the policy and began on 1 July 2010. Legislative compliance statements are requested from legislative custodians annually and entered into the register. The first round of legislative compliance statements were entered into the register in 2010–2011.

Policy Management Policy

The Policy Management Policy establishes a consistent, cohesive comprehensive approach to management of Queensland Health Policy.

In 2010–2011, key milestones achieved in implementing the Policy Management Policy included:

- developing common templates for all policy documents
- establishing a Queensland Health Policy Register and registering all current Queensland Health policy documents
- developing policy sites on QHEPS (Queensland Health intranet site) and the Queensland Health internet.

The Policy Management Contact Network met five times. It includes representatives of all Health Service Districts and at least one representative from each division.

Queensland Health Performance Management Framework

The Queensland Health Performance Management Framework articulates how Queensland Health implements and contributes to achieving the aims of the Queensland Government Performance Management Framework.

The framework demonstrates the process for assigning accountability for achieving organisational strategic objectives, through developing performance agreements and performance indicators, ongoing performance measurement, reporting and management. It includes a process for escalating underperformance against pre-determined targets through defined layers of governance and implementing the Performance Escalation Protocol. It provides practical instructions and advice on how districts and divisions within Queensland Health can embed principles and tools contained in the framework in their internal performance management processes.

Executive Performance Agreements in Queensland Health are between the Director-General and District Chief Executive Officers, Division Chief Executive Officers and Deputy Directors-General. The agreements primarily focus on achieving whole-of-government objectives, departmental priorities, and department governance and management. A strategy to enhance executive leadership capabilities is contained in executives' performance and development plans. Executive Performance Agreements cascade down to employee performance agreements.

Risk management

Queensland Health's risk management framework is consistent with the Australian and New Zealand Standard AS/NZS ISO 31000:2009 Risk Management.

Risk management is an integral part of the department's corporate governance framework.

Risks are controlled within the financial and management accountabilities of each position.

The Director-General, as Queensland Health's accountable officer, is supported by the executive management of each corporate division and Health Service District. The Director-General and individual executives manage risks, with support from management structures within their areas of responsibility and from local and departmental executive/governance committees.

The Risk Management Unit is responsible for:

- maintaining the department's Integrated Risk Management Policy Framework
- specific risk management training and education
- coordinating the panel arrangement for risk advisory services
- administration of the department's risk management information system (QHRisk)
- supporting the Risk Management Advisory Committee.

The unit's services are designed to assist Health Service Districts and corporate divisions achieve their objectives, meet their statutory risk management obligations and comply with government policies and better practice principles for risk management.

The unit supports the department's risk management systems in compliance with Section 28 of the *Financial and Performance Management Standard 2009*.

Table 16: Risk management training achievements during 2010–2011

Activity	Numbers of sessions	Training hours	Numbers of staff completed
Risk management online learning module Introduction and overview of the Queensland Health Integrated Risk Management Policy Framework for managers and staff	Online	188	375
Risk-in-focus session: Advanced risk management training, focusing on key aspects of advanced risk management and its application to management decision making	8	32	57
QHRisk training: System training in use of the QHRisk risk information system	11	44	55

Mechanisms to strengthen accountability

Ethical Standards Unit

During 2010–2011, the Ethical Standards Unit managed 929 complaints about suspected official misconduct and advised Queensland Health work units on another 295 ethical issues that did not involve suspected official misconduct. That compared with 577 cases of suspected official misconduct in 2009–2010 and 411 cases in 2008–2009.

The increase in reporting of suspected official misconduct is due largely to increased ethical awareness, because of a successful statewide awareness program conducted by the unit, in partnership with the Crime and Misconduct Commission (CMC).

The Ethical Standards Unit performs a key role in ensuring compliance with the Director-General's statutory obligation to report allegations of suspected official misconduct to the CMC and deal with allegations the CMC refers back to Queensland Health.

The Ethical Standards Unit is the department's central point for receiving, reporting and investigating allegations of suspected official misconduct under the *Crime and Misconduct Act 2001*.

The unit assesses new allegations of suspected official misconduct through a collaborative assessment committee, including:

- Ethical Standards Unit managers and investigators
- corporate office human resource managers
- Queensland Police liaison officer
- other specialist stakeholders relevant to the allegations, such as the Environmental Health Unit or Drugs of Dependency Unit.

The department's internal investigations team includes a seconded Queensland Police Service acting Inspector, who gives specialist advice on criminal matters, acts as a liaison point with police and investigates allegations of criminal activity.

In January 2009, approval was given to partner with the CMC to develop a framework for improved management of complaints of suspected official misconduct in Queensland Health.

Major outcomes include:

- empowering Health Service Districts to manage and resolve less serious official misconduct complaints with improved timeframes
- a monitoring and support function to increase districts' capacity to deal with such complaints
- concentration of investigative resources in dealing with the most serious cases of suspected official misconduct, subject to monitoring by the CMC
- implementing the CMC COMPASS database and case-management system to improve management of complaints
- developing and implementing a Memorandum of Understanding between Queensland Health and the Queensland Police Service to improve reporting of suspected criminal offences and information sharing between the agencies.

Internal audit

The Audit and Operational Review Unit performs the functions of internal audit as required under Section 29 of the *Financial and Performance Management Standard 2009*. The unit provides an independent, objective assurance and consulting activity designed to add value and enhance Queensland Health's operations. In line with the overriding requirement of independence and objectivity, the head of internal audit reports directly to the Director-General and the Audit Committee. The head of internal audit attends all Audit Committee meetings where he reports on the unit's activities and significant audit findings.

In 2010–2011, in addition to issuing 31 audit reports to the Director-General, the unit introduced data analytics as a first step in a move towards continuous auditing.

The unit's purpose, authority and responsibility are formally defined in its charter which is reviewed by the Audit Committee and approved by the Director-General. The charter is consistent with the International Professional Practices Framework of the Institute of Internal Auditors. All members of the unit are bound by the principles of integrity, objectivity, confidentiality and competency under the institute's Code of Ethics.

The strategic and annual audit plans direct the unit's activities and provide a framework for it to operate effectively. The annual audit plan—approved by the Director-General—is developed in consultation with key stakeholders and takes into account the strategic risks identified by management. The implementation of audit recommendations that address risk mitigation are followed up regularly and progress reported to the Audit Committee.

Various members of the unit contribute to the accounting and internal audit professions by sharing knowledge and experiences through committee memberships and formal presentations at workshops and national and international conferences.

Public interest disclosures

Queensland Health aspires to an organisational climate in which all employees feel confident and comfortable about reporting wrongdoing.

On 1 January 2011 the *Public Interest Disclosure Act 2010* took effect and the *Whistleblowers Protection Act 1994* (the Act) was repealed.

The Internal Witness Support Unit is responsible for an internal reporting system for the disclosure of wrongdoing, under the provisions of the former *Whistleblowers Protection Act 1994* and the *Public Interest Disclosure Act 2010*. The system is outlined in the Queensland Health Human Resource Policy (15).

The Act encourages and assists disclosure of improper conduct, known as public interest disclosures (PIDs) and promotes a system for disclosures to be investigated and reviewed.

The Internal Witness Support Unit facilitates a support network for people who make disclosures about unlawful, negligent and improper public sector conduct or disclosures about danger to public health or safety, danger to a person with a disability or danger to the environment, while acknowledging a balancing of interest for people subject of disclosures.

With the introduction of the *Public Interest Disclosure Act 2010* the Public Service Commission has responsibility for overseeing PIDs, including preparing annual report statements on the operations of the *Public Interest Disclosure Act 2010* across the public sector. Under Section 61 of the *Public Interest Disclosure Act 2010* and the Public Interest Disclosure Standard No 1, public sector agencies are required to report information on PIDs received from 1 January 2011 to 30 June 2011.

Public sector agencies must include a statement in their annual report in accordance with section 30 of *Whistleblowers Protection Act 199*4: 352 individual disclosures were made to Queensland Health. Of those, 176 were assessed as amounting to a PID, of which 115 were substantiated and 61 not substantiated. The remaining 176 are awaiting further information to inform or complete the assessment.

Right to Information

The *Right to Information Act 2009* (RTI Act) and *Information Privacy Act 2009* (IP Act) began on 1 July 2009 and are designed to give the community greater access to information held by Queensland Government departments, local authorities, and most semi-government agencies and statutory authorities.

The RTI Act governs access applications for documents considered 'non-personal' in nature as they relate to the applicant.

The IP Act generally governs access and amendment applications for documents considered 'personal' in nature as they relate to the applicant. Personal information is defined as "an opinion, including information or an opinion forming part of a database, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion".

Table 17: The following table gives a breakdown of the work performed by the unit from 1 July 2010 to 31 December 2010.

Section of the *Whistleblowers Protection Act*	Assessed as a PID (July 2010 – Dec 2010)	PIDs substantiated (July 2010 – Dec 2010)	PIDs not substantiated (July 2010 – Dec 2010)
s15 Disclosures of official misconduct	120	77	43
s16 Disclosures of maladministration	21	11	10
s17 Disclosures of negligent or improper management affecting public funds	13	8	5
s18 Disclosures of danger to public health or safety to the environment	15	12	3
s19 Disclosures of danger to person with a disability or to the environment	5	5	0
s20 Disclosures about reprisal	2	2	0
Totals	176	115	61

Note: Of disclosures determined to be PIDs, one or more sections of the Act may apply to a disclosure. An outcome from disclosures received during previous years may be determined as substantiated or unsubstantiated from 1 July 2010 to 31 December 2010 and is therefore included in the above. Outcomes of PIDs assessed from 1 July 2010 to 31 December 2010 may be determined as substantiated or unsubstantiated in this reporting period's figure.

The IP Act provides a set of rules that govern handling of personal information by Queensland Government agencies.

Queensland Health is the only agency that administers the access and amendment provisions of the RTI and IP Acts through a network of decision-makers throughout the state (the RTI/IP Decision-maker Network).

Most RTI/IP applications within Health Service Districts concern personal information (health records or staff-related information). RTI/IP applications processed centrally commonly relate to departmental decision-making and corporate issues.

The RTI/IP Decision-maker Network is supported by the Administrative Law Team (Performance and Accountability Division) through the provision of advice, training and professional development sessions. Queensland Health ensures the quality of RTI/IP decision-making in the department by mandating that all decision-makers must have completed an RTI/IP training program before they start RTI/IP decision-making.

In 2010–2011, two training courses were held for Queensland Health staff, in November 2010 and March 2011.

Professional development sessions for the RTI/IP Network were held in November 2010 and March 2011. The sessions focus on complex and emerging issues of relevance to officers making decisions under the RTI/IP legislation.

For more information on access and amendment to documents held by Queensland Health, visit the RTI and IP pages on the Queensland Health website at www.health.qld.gov.au/foi/rti.asp

Information integrity

Information Management Governance Framework

In 2010–2011, Queensland Health progressively implemented its Information Management Governance Framework. The framework aligns to Queensland Government strategic directions, including the information principles promoting transparency, trust, equity of access, privacy, value and effective management of information. Queensland Health intends to further consider and address each of the policy domains of information governance, knowledge management, records management, information asset custodianship, information asset access and use management, data management and information security, over the next 12 months.

Information privacy

Queensland Health is committed to protecting the privacy of its patients, clients, business partners and staff.

In accordance with the *Information Privacy Act 2009* (IP Act), Queensland Health is subject to a modified version of the National Privacy Principles (NPPs). In addition to the NPPs, the department must comply with confidentiality provisions within health portfolio legislation—for example, the *Health Services Act 1991* and the *Public Health Act 2005*.

A key contributor to the administration of the IP Act in Queensland Health has been the establishment of the Privacy and Confidentiality Contact Officers (PCCO) network. The PCCO network is comprised of officers located throughout the department, specially trained to manage the requirements of the IP Act within their respective service areas.

PCCOs are supported in their roles through the provision of advice, training and workshops facilitated by the Administrative Law Team. PCCO training was held twice in 2010–2011 (November 2010 and June 2011) and a PCCO workshop was held in June 2011. PCCO workshops focus on topical and emerging issues in the privacy field and are an opportunity for professional development for PCCOs.

The Administrative Law Team is a key contributor to privacy considerations for eHealth initiatives for Queensland Health, through its role on the National Health Information Regulatory Framework (NHIRF) Working Group.

The NHIRF Working Group is a joint Commonwealth, state and territory committee tasked with providing advice on national policy and legislative frameworks to support the implementation of eHealth initiatives. The NHIRF Working Group has been specifically established to provide advice to the National eHealth and Information Principal Committee (NEHIPC) on those issues. The support assists NEHIPC in its role as an advisory body to the Australian Health Ministers Advisory Council on eHealth and information strategies, and facilitates collaboration between the Commonwealth, states and territories to implement the strategies.

Detailed information on Queensland Health's information privacy scheme is available at www.health.qld.gov.au/privacy/default.asp. Complaints about breaches of privacy are dealt with in accordance with the department's complaints management system and can be raised directly with the complaints coordinator at point of service in the first instance. A list of complaints coordinators is on the Queensland Health website at www.health.qld.gov.au/quality/consumer_complaints/complaints.asp

General enquiries about privacy can be made to the PCCO for the relevant service area of Queensland Health. A list of PCCOs is at www.health.qld.gov.au/privacy/contact.asp

Strategic records management

Queensland Health has a strong commitment to improving recordkeeping practices and complying with the *Public Records Act 2002, Information Standard 40: Recordkeeping* and *Information Standard 31: Retention and Disposal of Public Records*. In 2010–2011 recordkeeping reviews were conducted by the Strategic Records Management Team in Cairns, Townsville, Weipa, Cooktown, and the Gold Coast Public Health Unit. The

reviews assessed recordkeeping processes and provided recommendations for improvement. The Records Management Practitioners' Network, which facilitates improvements in recordkeeping capability in Queensland Health, continued to meet and attracted a significant number of new members. More than 300 records management training courses were conducted, and two online training modules were developed—Introduction to Recordkeeping and Records Management Basics.

National Partnership Agreement on eHealth

The NPA on eHealth was agreed at COAG in December 2009. The NPA was necessary to coordinate efforts on eHealth and facilitate shared funding of NEHTA and establishing the Health Identifier Service (HI Service).

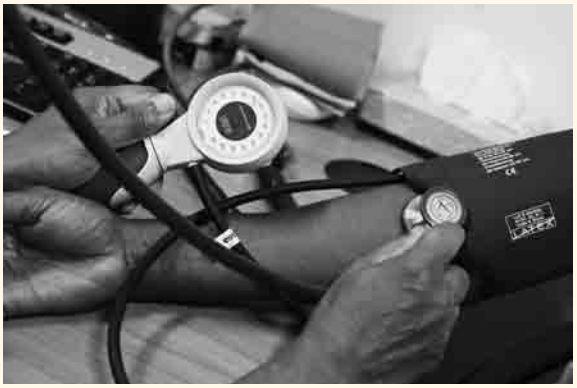
The HI Service and national eHealth standards, infrastructure and legislation are essential foundations to enable development of a national electronic health record system for Australia. On 11 May 2010, the Commonwealth Government announced its commitment to provide funding of $466.7 million over two years to develop a Personally Controlled Electronic Health Record (PCEHR) System.

On 24 June 2010, the Healthcare Identifier Bills were passed by Federal Parliament to enable use of the HI Service. The Bills received Royal Assent on 28 June 2010. The *Healthcare Identifiers Regulations 2010* to support operation of the HI Service were approved by the Federal Executive Council on 29 June 2010. The HI Service began operations as planned on 1 July 2010.

Queensland Health is conducting a HI Service Strategy and Implementation Project that will identify the mechanisms required to link Queensland Health patient identifiers to Individual Healthcare Identifiers (IHI) and the next steps for Healthcare Provider Identifier (HPI) implementation. The aim is to ensure Queensland Health will have the ability to support current processes, while supporting future linkage to the national HI Service.

In May 2011, a seed Healthcare Provider Identifier–Organisation was established by Queensland Health to enable the start of the HI Service implementation. A contract was finalised with the National eHealth Transition Authority (NEHTA) for funding to assist with implementing the GPpartners network's Wave 1 eHealth implementation project. As part of the project, it is anticipated Queensland Health will incorporate national eHealth standards to enable improved interoperability and content display for Queensland Health eReferrals and eDischarge Summaries and start integration activities with the HI Service.

Consultation has been initiated with the Department of Justice and Attorney-General as amendments may be needed to the *Information Privacy Act 2009* and other state legislation. That will enable Queensland to meet privacy compliance and enforcement obligations on healthcare identifiers as set out in the NPA on eHealth.



5

Service Delivery Statements

Service delivery statements

Table 18: Performance statement

	Notes	2010–11 Target/est.	2010–11 Est. actual	2010–11 actual
Service area: prevention, promotion and protection				
Service standards				
Percentage of the Queensland population who consume recommended amounts of fruit and vegetables.	1, 2	9%	6.5%	6.6%
Percentage of the Queensland population who engage in levels of physical activity for health benefit:				
• persons	2	56%	58.2%	57.4%
• male		New	63.3%	62.4%
• female.		measure	53.2%	52.5%
Percentage of the Queensland population who are overweight or obese:				
• persons	2	New	58.0%	57.4%
• male		measure	66.2%	64.1%
• female.			50.0%	50.7%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:				
• persons	2	11%	13.3%	12.2%
• male		New	13.6%	13.9%
• female.		measure	13.1%	10.6%
Percentage of the Queensland population who smoke daily:				
• persons	2	15%	14.2%	14.8%
• male		New	16.4%	16.6%
• female.		measure	12.2%	13.0%
Percentage of the Queensland population who were sunburnt on the previous weekend:				
• persons	2	New	6.5%	4.8%
• male		measure	8.7%	5.6%
• female.			4.3%	4.1%
Percentage of the Queensland population who adopt ultraviolet (UV) protective behaviors:				
• persons	3	96%	—	52.0%
• male		New	—	51.0%
• female.		measure	—	53.0%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter.		60.8%	63.7%	63.7%
New notifications of HIV infection	4	190	227	203
Vaccination rates at designated milestones for:				
• all children aged two years		92%	92.8%	92.7%
• Aboriginal and Torres Strait Islander children aged two years		92%	93.0%	92.9%
• year 8 female students for Human Papilloma Virus (HPV).	5	75%	64.4%	64.5%
Fall related hospitalisations for older people (aged over 65 years) in Queensland:				
• percentage	6	2.8%	2.5%	2.6%
• number.		14,076	13,793	14,542

	Notes	2010–11 Target/est.	2010–11 Est. actual	2010–11 actual
Other measures				
Percentage of target population screened for:				
• breast cancer		57.5%	58.3%	58.3%
• cervical cancer	7	60.0%	58.9%	58.9%
• bowel cancer.	8	41.4%	—	36.6%
Percentage of Queensland population, meeting the requirements of the *Water Fluoridation Act 2008*, who receive fluoridated water from reticulated water supplies.	9	84%	82%	83.4%
Number of high risk complaints investigated and the risk controlled.	10	865		244
State contribution ($000)	27, 28, 29	293,481	253,600	285,625
Other revenue ($000)		218,446	223,956	218,059
Total cost ($000)		511,927	477,556	503,684
Service area: primary health care				
Service standards				
Number and age standardised rate of potentially preventable admitted patient episodes of care:				
• non-Aboriginal and Torres Strait Islander patients		No: 125,000 Rate: 27	No: 122,105 Rate: 27.2	No: 119,832 Rate: 26.7
• Aboriginal and Torres Strait Islander patients.		No: 7,577 Rate: 81.1	No: 8,030 Rate: 76.1	No:8,179 Rate:77.4
Percentage of women who, during their pregnancy were smoking after 20 weeks:				
• non-Aboriginal and Torres Strait Islander patients		12.5%	11.9%	12.0%
• Aboriginal and Torres Strait Islander patients.		46%	47.2%	47.4%
Other measures				
Number of calls to 13 HEALTH (information and teletriage service).	11	283,000	250,685	258,235
Percentage of calls to 13 HEALTH (information and teletriage service) answered within 20 seconds.		80%	83%	85%
Number of children and adolescents oral health weighted occasions of service (0-15 years).		New measure	1,200,000	1,174,000
Number of adult oral health weighted occasions of service (ages 16+).	12, 13	1,900,000–2,000,000	1,750,000	1,689,714
State contribution ($000)	27, 28, 29	486,539	534,127	545,205
Other revenue ($000)		80,729	81,654	79,862
Total cost ($000)		567,268	615,781	625,067

	Notes	2010–11 Target/est.	2010–11 Est. actual	2010–11 actual
Service area: ambulatory care				
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• category 1 (immediate)		100%	100%	100%
• category 2 (within 10 minutes)		80%	78%	79%
• category 3 (within 30 minutes)	14	75%	57%	59%
• category 4 (within 1 hour)	15	70%	63%	65%
• category 5 (within 2 hours)		70%	87%	87%
• all categories.		New measure	64%	66%
Median wait time for treatment in emergency departments (minutes).		New measure	25	23
Percentage of live born, low birth weight babies born to:				
• non-Aboriginal and Torres Strait Islander women	—	New measure	6.1%	6.3%
• Aboriginal and Torres Strait Islander women.			10.4%	11.0%
Other measures				
Total number of non-admitted occasions of service (including emergency services):	—	10,500,000–11,000,000	11,196,200	11,166,555
• emergency services			1,651,787	1,649,585
• specialty clinics			3,333,852	3,403,794
• diagnostic and outreach services.			6,210,561	6,113,176
Total non-admitted weighted activity units:	25	250,000–275,000	253,437	253,315
• emergency services			29,540	29,479
• specialty clinics			212,754	213,023
• diagnostic and outreach services.			11,143	10,812
Percentage of women who gave birth and had five antenatal visits or more in the antenatal period:				
• non-Aboriginal and Torres Strait Islander women	—	92.5%	92.3%	92.5%
• Aboriginal and Torres Strait Islander women.		84.5%	77.7%	78.2%
State contribution ($000)	27, 28, 29	1,340,058	1,466,239	1,497,236
Other revenue ($000)		650,221	652,668	640,343
Total cost ($000)		1,990,279	2,118,907	2,137,579

Service area: acute care				
Service standards				
Percentage of patients admitted from emergency departments within eight hours.	16	80%	60%	60%
Percentage of admitted patients discharged against medical advice:				
• non-Aboriginal and Torres Strait Islander patients		1.0%	0.8%	0.8%
• Aboriginal and Torres Strait Islander patients.		2.48%	2.05%	2.06%
Median wait time for elective surgery (days):				
• category 1 (30 days)		New measure	12	13
• category 2 (90 days)			49	50
• category 3 (365 days)	17		82	91
• all categories.			28	28

	Notes	2010–11 Target/est.	2010–11 Est. actual	2010–11 actual
Number of days waited at the 90th percentile for elective surgery:				
• category 1 (30 days)	20	30	35	35
• category 2 (90 days)	20	90	149	141
• category 3 (365 days).	18,19,20	365	339	343
Percentage of elective surgery patients seen within clinically recommended timeframes.		New measure	83%	82%
Average cost per weighted activity unit for acute admitted patients.	25	$5,000–$5,300	$5,050	$4,950
Other measures				
Acute admitted patient episodes of care.		900,000–950,000	922,469	929,337
Acute admitted patient weighted activity units.	25	850,000–880,000	853,903	854,194
Patient days.		2,500,000–2,900,000	2,601,067	2,585,529
Number of available bed and available bed alternatives for public acute hospitals.		10,700–10,750	10,643	10,662
State contribution ($000)	27, 28, 29	3,285,505	3,639,686	3,535,755
Other revenue ($000)		1,893,661	1,915,848	1,977,672
Total cost ($000)		5,179,166	5,555,534	5,513,427

Service Area: rehabilitation and extended care

Service standards				
Average number of public hospital beds occupied each day by nursing home type patients.		375	401	398
Average cost per weighted activity unit for sub and non-acute patients.	25	$5,400–$5,700	$5,460	$5,350
Other measures				
Sub and non acute patient days (including maintenance care, rehabilitation and palliative care).		520,000–530,000	501,732	515,526
Sub and non-acute weighted activity units.	25	100,000–120,000	104,123	104,216
Number of State Government Residential Aged Care Facilities and services meeting National Accreditation Standards.		20	20	20
State contribution ($000)	27, 28, 29	439,164	475,532	450,874
Other revenue ($000)		412,414	419,118	438,018
Total cost ($000)		851,578	894,650	888,892

Service area: integrated mental health services

Service standards				
Re-admission rate to acute psychiatric care within 28 days of discharge.	21	15%–20%	16.1%	16.0%

	Notes	2010–11 Target/est.	2010–11 Est. actual	2010–11 actual
Other measures				
Mental health acute admitted patient episodes of care.	24	14,000–15,000	15,130	14,848
Mental health acute admitted psychiatric care days.	24	190,000–200,000	200,040	195,659
Mental health extended treatment accrued mental health care days.	22	190,000–200,000	182,616	184,147
Weighted activity units for mental health acute admitted patient episodes of care.	25, 26	60,000–75,000	52,685	54,086
Mental health patients accessing community mental health care.	23	75,000–80,000	72,277	77,033
Community mental health occasions of service.		850,000–950,000	953,082	1,018,616
Rate of community follow-up within seven days post-discharge from acute inpatient care.	24	50%–60%	50.4%	51.6%
State contribution ($000)	27, 28, 29	581,036	581,244	604,311
Other revenue ($000)		308,988	312,619	299,725
Total cost ($000)		890,024	893,863	904,036

Notes:

1. The target percentage of the Queensland population who consume recommended amounts of fruits and vegetables was not met, possibly due to the impact of the Queensland summer weather disasters on the price and availability of fruit and vegetables.

2. The estimated actual figures were provided using interim data. The data collection was delayed due to the Queensland summer weather disasters.

3. This sun protection behaviour indicator is the percentage of the population who adopt three of five best practice sun protection behaviours during the summer months. The 2010–2011 target cannot be compared to 2010–2011 actual data because the indicator for the target was the percentage of the population who adopt one of five best practice sun protection behaviours.

4. At the time of calculating the estimated actual there appeared to be a sustained rise in HIV notifications. The rise was not sustained over the reporting period.

5. The recommended schedule for HPV vaccines is a 3 dose series. The HPV vaccinations are administered as part of the School Based Vaccination Program. Data is calculated using the number of Year 8 female students vaccinated as a proportion of the number of Year 8 female students enrolled. Based on previous years' data, uptake decreased with each successive dose.

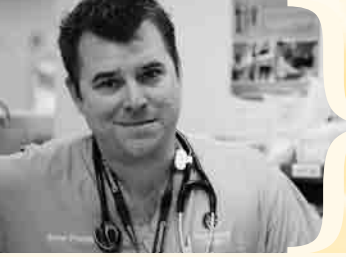
6. The most recently collected hospitalisation data is 2009–2010. Data is based on estimates derived from trends over the previous decade.

7. The 2010–2011 actual data relates to the most recent period for which data is available and published (January 2008–December 2009). The decrease from the 2010–2011 target/estimate rate mirrors the decrease in the national screening participation rate, from 61.2 per cent in 2007–2008 to 60.6 per cent in 2008–2009.

8. Previous reporting on this measure was taken from the Australian Institute of Health and Welfare (AIHW) National Bowel Cancer Screening Program Monitoring Report. Due to faulty Faecal Occult Blood Test kits being distributed in 2009, the AIHW will not be producing a report for the 2009 calendar year. As a consequence, the 2010–2011 actual data will be determined using 2010 actual participation rates. The 2010–2011 actual rate of 36.6 per cent was lower than the target. This may be due to the introduction of 50 year olds into the screening program from mid–2008. Early indications from Queensland data are that 50 year olds are less likely to participate in screening than 55 and 65 year olds.

9. The difference between the estimated actual figure for water fluoridation and the actual figure relates to some local governments implementing water fluoridation ahead of the schedule in the Water Fluoridation Regulation 2008 while others have had delays in implementation.

10. The definition of "high risk complaints" has been refined to capture complaints relating to serious public health risks as opposed to perception of high risk, which has resulted in a decrease in the number of complaints categorised as high risk. Queensland Health does not have the ability to control the number of high risk complaints received. Consequently, it is difficult to set a target or estimate for this measure.



11. The 2010–11 target was increased from the 2009–2010 target due to the launch of the Healthier Queensland campaign in March 2011.Queensland Health is unable to control actual usage.

12. Service delivery issues currently affecting oral health services relate to compliance with changes in occupational health and safety standards, patient safety and quality requirements, infection control and sterilisation protocols, models of service delivery and information system requirements. These service delivery issues have contributed to the 2010–2011 Target/estimate not being met and to the difference between the estimated actual and actual (another 3.4 per cent down) for adult weighted occasions of service.

13. Reporting on weighted occasions of service during 2010–2011 was significantly impacted by sanctioned industrial action from September to December 2010 that involved some oral health staff declining to enter appointment and/or treatment information into the oral health information system. This action resulted in incomplete service data during this period.

14. The triage category three result is consistent with performance in previous years and has increased from the 58 per cent estimated actual in 2009–2010. Although Queensland is not currently achieving the target, it has remained for 2010–2011 because Queensland is still attempting to achieve this target.

15. The triage category four result is consistent with performance in previous years and has improved from the 62 per cent estimated actual in 2009–2010. Although Queensland is not currently achieving the target, it has remained for 2011–2012 because Queensland is still attempting to achieve this target.

16. Although Queensland is not currently achieving the target, it has remained for 2010–2011 because Queensland is still attempting to achieve this target.

17. There was a reasonably significant variation for category three. The variation shown for category three patients is a result of the focus on treating elective surgery patients who had waited more than one year. Between January and June 2010 a higher number of these patients were treated than usual, increasing the median wait reported. Although this would indicate a decline in performance against this measure, elective surgery performance against other measures has improved. Once the majority of the backlog of 'long wait' patients is removed, the median wait result is expected to improve.

18. The variation shown for category three patients is a result of the focus on treating elective surgery patients who had waited more than one year. Between January and June 2010 a higher number of these patients were treated than usual, increasing the median wait reported. Although this would indicate a decline in performance against this measure, elective surgery performance against other measures has improved. Once the majority of the backlog of 'long wait' patients is removed, the median wait result is expected to improve.

19. The estimated actual figures are based on seven months of data. No estimation or forecasting occurred, but simply the year to date performance was reported.

20. The actual figure is preliminary and subject to change and includes 11 months of data.

21. The 2010–2011 actual information is based on data from July 2010 to February 2011 as full year data for this indicator is not currently available.

22. The target/estimated figure was based upon the expected commissioning of a number of new extended treatment beds during this period. However, delays in the program of capital works have meant that these beds were not operational during 2010–11.

23. The estimated actual was based upon historical trend data which included an anomaly which reduced the accuracy of the estimated actual figure. n addition, the output has been influenced by a number of factors, including the increased investment in community mental health services and Queensland's response to the summer weather disasters.

24. The 2010–2011 actual information is based on data from July 2010 to May 2011 as full year data for this indicator is not currently available.

25. The 2010–2011 actual weighted activity units (WAUs) and average costs per WAUs are preliminary and involve estimation. The actual data is anticipated to be finalised by the end of September 2011.

26. The 2010–2011 Estimated actual and 2010–2011 actual WAUs are below the target due to the methodology which does not account for the significant number of patients awaiting separation from extended treatment services.

27. Subsequent to the production of the 2010–2011 Service Delivery Statement, a review of the recognition of revenue across Services was performed. The review resulted in a decrease in Prevention, Promotion and Protection, Rehabilitation and Extended Care, and Integrated Mental Health Services, and an increase across the other Services.

28. The Queensland Health Shared Service Provider (QHSSP) was incorporated into Queensland Health and is allocated across the services to which it relates. Commonwealth funds received via Queensland Treasury are included in 'other revenue' in the Performance Statement. It also includes the share of profits in associates. Therefore, these figures are not directly comparable with the Statement of Comprehensive Income by Major Departmental Services and SSP in the financial statements.

29. The totals may not add due to rounding.

6

Major audits and reviews

Major audits and reviews

Strategic Plan 4.7.2 Continue to implement the recommendations of the Auditor-General's Reports into Health Service Planning and Patient Flow.

Auditor-General of Queensland's Report to Parliament No. 2 for 2009–Health service planning for the future: A Performance Management Systems Audit

The Report to Parliament No. 2 for 2009 was tabled in Parliament on 9 June 2009. The audit's objective was to determine whether there are adequate planning processes in place to ensure public health services are sustainable and support community needs. The Auditor-General recommended Queensland Health:

- implement an integrated planning process
- provide adequate support to districts to build service planning capacity
- ensure all endorsed service plans are supported and funded
- develop and implement a framework and guidance material for implementing, measuring progress and evaluating the success of strategies.

Queensland Health is implementing all the recommendations.

Auditor-General of Queensland's Report to Parliament No. 5 for 2009–Management of patient flow through Queensland Hospitals

In 2009 the Auditor-General released Report to Parliament No.5 for 2009 – Management of patient flow through Queensland Hospitals. It was commissioned to determine if suitable systems were in place to ensure the efficient, effective management of patient flow in Queensland public hospitals. The Auditor-General recommended Queensland Health:

- monitor compliance with implemented patient flow frameworks, policies and procedures and take action to address non-compliance with approved policies
- create greater consistencies and efficiencies by further developing systems
- improve patient flow systems to reduce bottlenecks and delays
- develop a suite of performance indicators for all aspects of patient flow and interaction with external health service providers to be reported against consistently by all hospitals and actively monitored by an identified corporate area.

The Queensland Patient Flow Strategy 2010, released in March 2010, addresses the Auditor-General's recommendations by defining a statewide approach to better managing the entire journey for patients. The strategy aims to:

- improve performance
- reduce delays
- increase access to services
- provide best clinical practice across the state.

Auditor-General of Queensland's Report to Parliament No. 12 for 2010–Follow up of 2009 Queensland Health audits

A follow up of Queensland Health audits conducted by the Auditor-General was tabled in Parliament in November 2010. The report assessed Queensland Health's progress in implementing recommendations listed in Report to Parliament No.2 of 2009 (Health service planning) and Report to Parliament No.5 for 2009 (Management of patient flow through Queensland Hospitals). The follow-up audit was conducted earlier than usual, due to the significance of issues raised in the original audits.

The Auditor-General acknowledged the significant progress Queensland Health has made to improve health service planning. There is ongoing work being done to ensure the Auditor-General's recommendations from the original and follow-up audits are implemented. Queensland Health is committed to continuing to implement the recommendations and build sustainable service planning capacity and capability.

Auditor-General of Queensland Report to Parliament No. 7 for 2010–Information systems governance and control, including the Queensland Health Implementation of Continuity Project

This report on Queensland Health's Implementation of Continuity Project (SAP and HR and payroll systems) examined information technology program management as part of a broader audit examining three whole-of-government information and communication technology programs.

The Auditor-General recommended Queensland Health:

- continue the current action to stabilise the payroll and rostering system to ensure employees are correctly paid
- reconsider current business models to determine the most effective and efficient strategy to deliver payroll services.

A follow-up audit was conducted in October 2010 to determine progress on those recommendations.

Auditor-General of Queensland Report to Parliament No. 13–Results of audits at 31 October 2010

This was a general report containing the results of financial and compliance audits completed during the year. The report contained a specific section of findings on the Queensland Health payroll system, particularly the transition of the Payroll Stabilisation Project into the Payroll Improvement Program. Queensland Health accepted all the Auditor-General's findings and developed a comprehensive action plan.

The Payroll Operating Model Implementation has been successfully implemented across the state. It provides a direct hire-to-retire service between payroll hubs and facility unit managers in Health Service Districts and divisions. The implementation included establishing two new payroll hubs at Mackay and the Gold Coast.

Since June 2010, Queensland Health has implemented more than 250 system fixes, with releases for December 2010, February 2011 and April 2011 being implemented successfully. They have included a range of critical system fixes and enhancements that have decreased the number of payroll inquiries and staff seeking financial assistance.

Significant progress has also been made on recommendations in the Queensland Audit Office audit report on issues management. More than 6,000 issues have been consolidated into one issues management register. Queensland Health will continue to prioritise and rigorously test all planned future payroll system improvements through the governance arrangements now in place. A quality management system incorporating an end-to-end process for issues management has also been implemented.

Queensland Health recognises the importance of the ongoing payroll improvement programs. The Auditor-General has acknowledged that Queensland Health has undertaken significant corrective actions in payroll processing and stabilisation, resulting in marked improvements.

Auditor-General of Queensland Report to Parliament No. 4 for 2011–Information systems governance and security

This report, tabled on 21 June 2011, builds on the results of previous audits of information systems and provides an update on the status of the Queensland Health payroll project. The Auditor-General noted the accuracy and stability of the payroll system is progressing, and system changes continue to be made to reduce the number of unprocessed payroll transactions.

Queensland Ombudsman

The Office of the Ombudsman has reviewed and reported on an investigation of a consumer complaint about allegedly adulterated bottled water, which was conducted by a Public Health Unit.

The Ombudsman concluded the investigation was as comprehensive as possible and is taking no further action on the complaint. However, the Ombudsman recommended Queensland Health:

- review the Public Health Unit's record-keeping practices
- investigate the practicality of implementing an electronic records management system
- amend complaint procedures to include a requirement that the Public Health Unit provide adequate written reasons for decisions.

The recommendations are currently being implemented.

Queensland Treasury Corporation Review of Pathology Costing and Pricing

Queensland Health engaged the Queensland Treasury Corporation (QTC) to review prices charged to Health Service Districts for Pathology Queensland services. The review was completed in a two stages.

Stage 1 assessed revenue generated by Pathology Queensland relative to costs incurred in providing pathology services, including a comparison with prices listed in the Medical Benefits Schedule. Stage 2 reviewed the pricing methodology, analysed cross-subsidisation and revenue generation for all tests, including chargeable and non-chargeable public, third party and other tests. The Stage 1 report was provided in October 2010 and the Stage 2 report was delivered in November 2010.

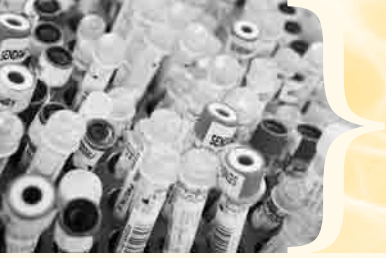
As a consequence of the review, a new public pricing model has been developed. The current costing model has been refined and further work continues to ensure non-public activity operates under a 100 per cent cost recovery basis.

Workplace Health and Safety Undertaking

Queensland Health is continuing to implement a Workplace Health and Safety Undertaking signed by the Directors-General of Queensland Health and the Department of Justice and Attorney-General in November 2008. In August 2010 and February 2011 compliance audits found requirements and milestones of the undertaking have been achieved and/or maintained.

7

Related entities



Hospital foundations

Hospital foundations are constituted under the *Hospitals Foundations Act 1982*. They aim to acquire, manage and apply property and any associated income to continuing projects within or associated with their respective hospitals.

The following hospital foundations report directly to the Minister for Health:

- Bundaberg Health Services Foundation
- Far-North Queensland Hospital Foundation
- Gold Coast Hospital Foundation
- Ipswich Hospital Foundation
- Mackay Hospital Foundation
- PA Research Foundation
- Prince Charles Hospital Foundation
- Redcliffe Hospital Foundation
- Royal Brisbane and Women's Hospital Foundation
- Royal Children's Hospital Foundation
- Sunshine Coast Health Foundation
- Toowoomba Hospital Foundation
- Townsville Hospital Foundation.

Council of the Queensland Institute of Medical Research

The council is established under the *Queensland Institute of Medical Research Act 1945* and its function is to ensure the proper control and management of the institute established for conducting research into any branch or branches of medical science.

Health Consumers Queensland—Ministerial Advisory Committee

The committee is established under the *Health Services Act 1991* to contribute to the continued development and reform of health systems and services in Queensland by giving the Minister for Health information and advice from a consumer (patient) perspective, and supporting and promoting consumer engagement and advocacy.

Health Quality and Complaints Commission

The commission is established under the *Health Quality and Complaints Commission Act 2006* and is responsible for overseeing quality activities in all public and private health services, and addressing complaints from anyone associated with health service delivery, in a quality improvement context.

Consumer Advisory Committee

The committee is established under the *Health Quality and Complaints Commission Act 2006* to advise the commission on consumers' concerns about health services and other matters relevant to the commission's functions.

Clinical Advisory Committee

The committee is established under the *Health Quality and Complaints Commission Act 2006* to advise the commission about clinical matters relevant to the commission's functions.

HIV/AIDS, Hepatitis C and Sexual Health—Ministerial Advisory Committee

The committee is established under the *Health Services Act 1991* to contribute to a broader advisory process to monitor, review, evaluate and report on the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011.

Mental Health Court

The Mental Health Court is established under the *Mental Health Act 2000*. Its primary function is to determine issues such as criminal responsibility and fitness for trial. The court is the appeal body to the Mental Health Review Tribunal—another statutory body established under the Act, with special powers of inquiry into the lawfulness of detention of people in authorised mental health services.

Mental Health Review Tribunal

The Mental Health Review Tribunal is established under the *Mental Health Act 2000* and its primary role is to independently review people subject to involuntary detention and treatment under the Act.

Panels of Assessors

Panels of Assessors are established under the *Health Practitioners (Professional Standards) Act 1999* and may help the Queensland Civil and Administrative Tribunal (QCAT) with disciplinary matters about a registrant, other than disciplinary matters that may, if proved, provide grounds for suspending or cancelling the registrant's registration.

Queensland Fluoridation Committee

The committee is established under the *Water Fluoridation Act 2008* and provides for promotion of good oral health in Queensland by the safe fluoridation of public potable water supplies.

Queensland Institute of Medical Research Trust

The trust is established under the *Queensland Institute of Medical Research Act 1945* and its function is to raise money for, and on behalf of, the Queensland Institute of Medical Research Council and to manage investments in accordance with the Act's requirements. The trust was abolished under the *Water and Other Legislation Amendment Act 2010* on 1 February 2011.

Radiation Advisory Council

The council is established under the *Radiation Safety Act 1999*. Its functions are to examine, and make recommendations to the Minister for Health about the operation and application of the Act, proposed amendments, radiation safety standards, issues on radiation; and research into radiation practices, and transport of radioactive materials in Queensland.

Health practitioner registration boards

Four health practitioner registration boards are supported by the Office of Health Practitioner Registration Boards. Each board is established under individual legislation with the primary function of registering their professional group and ensuring health care is delivered by registrants in a professional, safe and competent way.

The four boards are:

- Dental Technicians Board of Queensland
- Medical Radiation Technologists Board of Queensland
- Occupational Therapists Board of Queensland
- Speech Pathologists Board of Queensland.

From 1 July 2010, 11 registration bodies transitioned to the Australian Health Practitioner Regulation Agency.

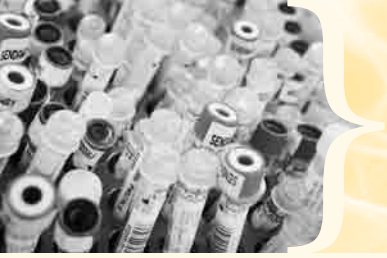


Table 19: Statutory entities' annual reporting arrangements

Body	Constituting Act	Reporting arrangements
Council of the Queensland Institute of Medical Research Queensland Institute of Medical Research Trust	*Queensland Institute of Medical Research Act 1945*	Annual Report to Parliament
Dental Technicians Board of Queensland	*Dental Technicians Registration Act 2001*	Annual Report to Parliament
Director of Mental Health	*Mental Health Act 2000*	Annual Report to Parliament
Health Community Councils (36)	*Health Services Act 1991*	Annual Report to Parliament
Health Consumers Queensland — Ministerial Advisory Committee	*Health Services Act 1991*	Annual Report to the Minister for Health
Health Quality and Complaints Commission	*Health Quality and Complaints Commission Act 2006*	Annual Report to Parliament
Hospital Foundations (13)	*Hospitals Foundations Act 1982*	Annual Report to Parliament
Medical Radiation Technologists Board of Queensland	*Medical Radiation Technologists Registration Act 2001*	Annual Report to Parliament
Mental Health Court Mental Health Review Tribunal	*Mental Health Act 2000* Annual	Annual Report to Parliament
Occupational Therapists Board of Queensland	*Occupational Therapists Registration Act 2001*	Annual Report to Parliament
Speech Pathologists Board of Queensland	*Speech Pathologists Registration Act 2001*	Annual Report to Parliament

Cost of statutory authorities

The table below outlines costs associated with those bodies in the health portfolio that are not required to prepare separate financial statements.

Table 20: Cost of statutory authorities 2010–2011

Authority	Cost ($)
Clinical Advisory Committee	4,402.00
Consumer Advisory Committee	5,561.09
Health Consumers Queensland — Ministerial Advisory Committee	53,515.56
HIV/AIDS, Hepatitis C and Sexual Health — Ministerial Advisory Committee	0.00
Mental Health Court	326,198.00
Mental Health Review Tribunal	3,330,790.50
Panel of Assessors	6,153.00
Queensland Civil and Administrative Tribunal	31,419.00
Queensland Fluoridation Committee	0.00
Radiation Advisory Council	10,283.60
Total	$3,768,322.75

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Acts and subordinate legislation

Dental Technicians Registration Act 2001

Dental Technicians Registration Regulation 2002

Food Act 2006

Food Regulation 2006

Health Act 1937

Health (Drugs and Poisons) Regulation 1996

Health Regulation 1996

Health Practitioner Registration Boards (Administration) Act 1999

Health Practitioner Regulation National Law Act 2009

Health Practitioners (Professional Standards) Act 1999

Health Practitioners (Professional Standards) Regulation 2000

Health Practitioners (Special Events Exemption) Act 1998

Health Practitioners (Special Events Exemption) Regulation 1998

Health Quality and Complaints Commission Act 2006

Health Services Act 1991 (jointly administered with the Minister for Disability Services, Mental Health and Aboriginal and Torres Strait Islander Partnerships)

Health Services Regulation 2002

Hospitals Foundations Act 1982

Hospitals Foundations Regulation 2005

Mater Public Health Services Act 2008

Medical Radiation Technologists Registration Act 2001

Medical Radiation Technologists Registration Regulation 2002

Mental Health Act 2000 (jointly administered with the Minister for Disability Services, Mental Health and Aboriginal and Torres Strait Islander Partnerships)

Mental Health Regulation 2002

Mental Health Review Tribunal Rule 2009

Occupational Therapists Registration Act 2001

Occupational Therapists Regulation 2001

Pest Management Act 2001

Pest Management Regulation 2003

Pharmacy Business Ownership Act 2001

Pharmacists Registration Regulation 2001

Private Health Facilities Act 1999

Private Health Facilities Regulation 2000

Private Health Facilities (Standards) Notice 2000

Public Health Act 2005

Public Health Regulation 2005

Public Health (Infection Control for Personal Appearance Services) Act 2003

Public Health (Infection Control for Personal Appearance Services) Regulation 2003

Queensland Institute of Medical Research Act 1945

Radiation Safety Act 1999

Radiation Safety Regulation 1999

Radiation Safety (Radiation Safety Standards) Notice 1999

Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003

Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2003

Speech Pathologists Registration Act 2001

Speech Pathologists Registration Regulation 2001

Tobacco and Other Smoking Products Act 1998

Tobacco and Other Smoking Products Regulation 1998

Transplantation and Anatomy Act 1979

Transplantation and Anatomy Regulation 2004

Water Fluoridation Act 2008

Water Fluoridation Regulation 2008

9

Appendices

Appendix 9.1: Glossary of terms

Table 21

Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.
Activity-based funding	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes and quality • encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute	Having a short and relatively severe course.
Acute care	Care in which the clinical intent or treatment goal is to: • manage labour (obstetric) • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function • perform diagnostic or therapeutic procedures.
Acute hospital	Is generally a recognised hospital that provides acute care and excludes dental and psychiatric hospitals.
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients).
Admitted patient	A patient who undergoes a hospital's formal admission process as an overnight stay patient or a same-day patient.
Allied health staff	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.
Ambulatory setting	A non-inpatient setting.
Available bed	A bed that is immediately available for use by an admitted patient if required. A bed is immediately available for use if located in a suitable place for care, with nursing and auxiliary staff available within a reasonable period, to service patients who might occupy it.
Benchmarking	Involves collecting performance information to undertake comparisons of performance with similar organisations.
Best practice	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable world class positive outcomes.
Candidate	A person who is a potential or future employee.
Capital expenditure	Expenditure on large-scale non-current assets (for example, new buildings and equipment with a useful life extending over several years).
Care type	Overall nature of a clinical service given to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).
Casemix	Range and type of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications are a way of describing and comparing hospitals and other services.
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
Clinical workforce	Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.
Continuing care	Uninterrupted, seamless and integrated care.

Critical care	Critical care services include intensive care units, high-dependency units and coronary care units. Critical care services provide care for the critically ill or those vulnerable to critical illness, focusing on the level of care individual patients need, that may or may not be provided in the unit.
Decision support system (DSS)	Consolidates data suitable for finance, human resources, pharmacy and pathology related information for decision-support purposes.
Elective care	Care that, in the treating clinician's opinion, is necessary, and for which admission can be delayed for at least 24 hours.
Electronic Liaison Medication System (eLMS)	Helps healthcare staff manage and use medication-related information for patients and facilitate exchange of medication information with community health practitioners (GPs and community pharmacists).
Emergencies	Immediately, imminently or potentially life-threatening conditions.
Emergency department waiting time to service delivery	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
Emergency surgery	Surgery that, in the treating clinician's opinion, is necessary and for which admission cannot be delayed more than 24 hours.
Episode of care	Period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.
Full-time equivalent staff	Refers to occupied full-time equivalent staff (full-time equivalent staff currently working in a position).
Governing Council	The governing body of an LHHN, made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation.
Health behaviours	Accumulation of attitudes, beliefs, knowledge and practices that result in a person's health behaviours, for example, patterns of eating, physical activity, excess alcohol consumption and smoking.
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
Health Reform	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Commonwealth and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement (HoA) February 2010 signed by the Commonwealth and all states and territories amending the NHHNA.
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital-in-the-home care	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Indigenous health worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary health care framework to improve health outcomes for Indigenous Australians.
Length of stay	Length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of one day.
LHHN: Local Health and Hospital Network	LHHN is a separate legal entity established by Queensland to deliver public hospital services. The first LHHNs will roll out on 1 July 2012. Queensland's 17 LHHNs will replace existing HSDs, except Darling Downs-West Moreton, which will be split in two.
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.
Medicare Locals	Will be established by the Commonwealth to coordinate primary health care services across all providers in a geographic area. Will work closely with LHHNs to identify and address local health needs. Will be selected and funded by the Commonwealth. Will be rolled out progressively from 1 July 2011.

Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
Non-admitted patient	A patient who does not undergo a hospital's formal admission process.
Non-admitted patient occasion of services	An occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.
Nurse practitioner	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient clinic service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Overnight-stay patient	A patient who is admitted to, and separated from, the hospital on different dates (not same-day patients).
Patient flow	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives usually has targets that define the level of performance expected against the performance indicator.
Population health	Promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised population-based programs and strategies.
Private hospital	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers patients admitted to private hospitals are treated by a doctor of their choice.
Public patient	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them. Or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Queensland Health Data Dictionary	Publication with a core set of uniform definitions for the full range of health services and range of population parameters.
Registered midwife	An individual registered under national law to practice in the midwifery profession as a midwife, other than as a student.
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and or/video inter-active links for clinical consultations and educational purposes • store-and-forward Telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • Telehealth services and equipment to monitor people's health in their home.
Tier 1 projects	Infrastructure projects valued at more than $1 billion.
Tier 2 projects	Capital infrastructure projects valued from $100 million to $999 million.
Tier 3 projects	Capital infrastructure projects between $20 million and $99 million.
Triage category	Urgency of a patient's need for medical and nursing care.

Appendix 9.2: Glossary of acronyms

Table 22

ABF	Activity-based funding
ACAP	Aged Care Assessment Programs
AHA	Advancing Health Action
BSQ	BreastScreen Queensland
CALD	Culturally and linguistically diverse
CaSS	Clinical and Statewide Services
CFA	Community Food Assessment
CHAG	Clean and Healthy Air in Gladstone project
CHO	Chief Health Officer
COAG	Council of Australian Governments
CSRP	Clinical Services Redesign Program
DoHA	Department of Health and Ageing (Federal Government)
E2E	Education to Employment
ECCQ	Ethnic Communities Council of Queensland
ED	Emergency Department
eLMS	The Enterprise Liaison Medication System
E-PACS	Enterprise Picture Archiving and Communication System
ERRI	External Radiology Reporting Interface
FMA	Financial Management Assurance process
FPL	Finance Procurement and Legal Services Division
FSS	Forensic and Scientific Services
HBAS	Hospital Based Ambulance Services
HI Service	Health Identifier Service
HIPEC	Health Infrastructure and Projects Executive Committee
HPID	Health Planning and Infrastructure Division
HRS	Human Resource Services Division
HSD	Health Service District
INR	International Normalised Ratio (a measure of blood thinning effect from warfarin)
IPPEC	Integrated Policy and Planning Executive Committee
MHTRS	Mental Health Trauma Recovery Services
MPHS	Multipurpose Health Service
NDRRA	Natural Disaster Relief and Recovery Arrangements
NHMRC	National Health and Medical Research Council
NPA	National Partnership Agreement
NPAEV	National Partnership Agreement on Essential Vaccines
OHMR	Office of Health and Medical Research
PACS	Picture Archiving and Communication System
PAH	Princess Alexandra Hospital
PCCO	Privacy and Confidentiality Contact Officers
PET	Positron Emission Tomography
PBS	Pharmaceutical Benefits Scheme
PSR	Policy, Strategy and Resourcing Division
QCH	Queensland Children's Hospital
QHFSS	Queensland Health Forensic and Scientific Services
QiiT	Queensland Incidents in Transfusion
QRIS	Queensland Health's Enterprise Radiology Information System
RAPTS	Registration Assessment Placement Training and Support program
RTCU	Regional Tuberculosis Control Unit
SIG	Special Interest Group
SMISS	Statewide Medical Imaging Support Service
STI	Sexually transmissible infection
WEHO	Workplace Equity and Harassment Officer

Appendix 9.3:
Health Service Districts by Queensland Health facilities

Prepared by: Statistical Output, Health Statistics Centre, 10 December 2010.
Health Service Districts and Facilities as at 1 November 2010.

Appendix 9.4: Variable Life Adjusted Displays—measuring clinical outcomes

Queensland Health is determined to deliver patient care that is the safest and of the highest quality as possible. To assist in that endeavour, Queensland Health monitors 30 clinical indicators on a monthly basis using a statistical technique called Variable Life Adjusted Display (VLAD). VLADs provide staff with an easily understood pictorial view of patient outcomes over time to identify extraordinary trends and occurrences at or near the time they occur so they can be investigated promptly and timely action instigated.

The Queensland Health approach to VLADs is world leading and incorporates the following principles:

- line management responsibility for patient safety and quality
- clinician involvement
- a just and open approach to managing adverse events
- responsibilities articulated for all levels of Queensland Health
- measurement of outcomes and performance
- transparency and accountability
- emphasis on the need for Queensland Health to improve its performance in patient safety, quality and effectiveness.

The indicators monitored during 2010–2011 are divided into four categories:

- surgical
- medical
- obstetrics and gynaecology
- mental health.

The following table presents all upper (favourable) and lower (unfavourable) level 3 flags notified to hospitals in April 2010–March 2011 and the corresponding review results associated with the lower level 3 flags. Each review result was reviewed external to the hospital by the Queensland Health Patient Safety and Quality Executive Committee VLAD Sub-committee to ensure reviews were thorough and action plans addressed findings.

Use of VLADs enables a robust system to monitor the quality of health outcomes and a collaborative approach with districts to address issues where flagged; notify areas of risk; and implement and augment solutions for sustainable improvement.

For more information on the VLAD methodology, please refer to the VLAD website: www.health.qld.gov.au/quality/vlad.asp

Appendix 9.4: VLADs

Table 23

Legend

- ✓ hospital vs peer: satisfactory
- ★ hospital vs state: favourable
- ● hospital vs state: unfavourable
- ★● hospital vs state: once unfavourable and once favourable in the time period.
- indicator not applicable to

Peer group	Hospital	Surgical											
		Fractured neck of femur in-hospital mortality	Fractured neck of femur complications of surgery (whole admission)	Colorectal carcinoma complications of surgery (whole admission)	Hip replacement (primary) complications of surgery (whole admission)	Hip replacement (primary) readmissions within 60 days	Hip replacement long-stay	Knee replacement (primary) complications of surgery (whole admission)	Knee replacement (primary) readmissions within 60 days	Knee replacement long-stay	Prostatectomy complications of surgery	Paediatric tonsillectomy and adenoidectomy readmission	Paediatric tonsillectomy and adenoidectomy long-stay
Principal referral and specialised	Cairns Base Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	★
	Gold Coast Hospital	✓	✓	✓	✓	✓	●	✓	✓	●	✓	✓	✓
	Mater Children's Public Hospital											✓	✓
	Mater Mothers' Public Hospital												
	Nambour General Hospital	✓	✓	✓	✓	✓	✓	✓	✓	★	✓	✓	✓
	Princess Alexandra Hospital	★	✓	✓	✓	✓	✓	★	✓	✓	✓		
	Royal Brisbane and Women's Hospital	✓	✓	✓	✓	✓	✓	✓	✓	●	✓		
	Royal Children's Hospital											●	●
	The Prince Charles Hospital	✓	✓	✓	✓	✓	★	✓	✓	★			
	The Townsville Hospital	✓	✓	✓	✓	✓	✓	✓	★	✓	✓	★	✓
Large	Bundaberg Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Caboolture Hospital			✓									
	Hervey Bay Hospital	✓	✓	✓	✓	✓	✓						
	Ipswich Hospital	✓	✓	✓	✓	✓	✓	✓	✓	★	✓	✓	✓
	Logan Hospital	✓	★	✓	✓	✓	✓	✓	✓	✓			
	Mackay Base Hospital	✓	✓	✓	✓	✓	✓	●	✓	✓			
	Maryborough Hospital												
	Mater Adult Public Hospital	★	✓	✓	✓	✓	✓	✓	✓	★	✓		
	Mount Isa Base Hospital											✓	✓
	Queen Elizabeth II Jubilee Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Redcliffe Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Redland Hospital												
	Rockhampton Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Toowoomba Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medium and small	Atherton Hospital												
	Ayr Hospital												
	Beaudesert Hospital												
	Biloela Hospital												
	Blackall Hospital												
	Bowen Hospital												
	Caloundra Hospital												
	Charleville Hospital												
	Charters Towers Hospital												
	Chinchilla Hospital												
	Cloncurry Hospital												
	Colinsville Hospital												
	Cooktown Hospital												
	Dalby Hospital												
	Emerald Hospital												
	Gladstone Hospital												
	Goondiwindi Hospital												
	Gympie Hospital											✓	✓
	Ingham Hospital												
	Innisfail Hospital												
	Joyce Palmer Health Service												
	Kingaroy Hospital												
	Longreach Hospital											✓	✓
	Mareeba Hospital												
	Miles Hospital												
	Mossman Hospital												
	Normanton Hospital												
	Proserpine Hospital											✓	✓
	Roma Hospital											✓	✓
	St George Hospital												
	Stanthorpe Hospital												
	Thursday Island Hospital												
	Tully Hospital												
	Warwick Hospital										✓		
	Yeppoon Hospital												

Medical								Gynaecology/Obstetric							Mental Health			
AMI In-hospital mortality	AMI readmission	AMI long-stay	Heart failure in-hospital mortality	Heart failure readmission	Heart failure long-stay	Stroke in-hospital mortality	Pneumonia in-hospital mortality	Abdominal hysterectomy complications of surgery	Vaginal hysterectomy complications of surgery	Selected primip induction of labour	Selected primip caesarean section (public)	Selected primip third and fourth degree perineal tears	Selected primip episiotomy (public)	Selected primip instrumental delivery (public)	Depression readmission	Depression long-stay	Schizophrenia readmission	Schizophrenia long-stay
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	★	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	★	●	✓	✓	✓	✓	✓	●	●	✓	✓	✓	✓	✓
								✓	✓	✓	✓	★	★	✓				
✓	✓	✓	✓	✓	✓	✓	✓	✓	●	★	✓	●	★	✓	✓	✓	✓	✓
✓	✓	✓	★	★	✓	✓	★								✓	✓	✓	✓
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★	✓	✓	★	✓	✓	★	✓								✓	✓	✓	✓
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Appendix 9.5: Queensland Health Organisation Chart

June 2011

Minister for Health

Director-General
Tony O'Connell

Chief Health Officer
Dr Jeannette Young

Chief Information Officer
Ray Brown

A/CEO Centre for Healthcare Improvement
Dr Grant Howard

CEO Clinical and Statewide Services
Kathy Byrne

Health Service District CEOs

Children's Health Services Dr Peter Steer
Metro South Dr David Theile

Mackay Kerry McGovern

Wide Bay Ken Whelan

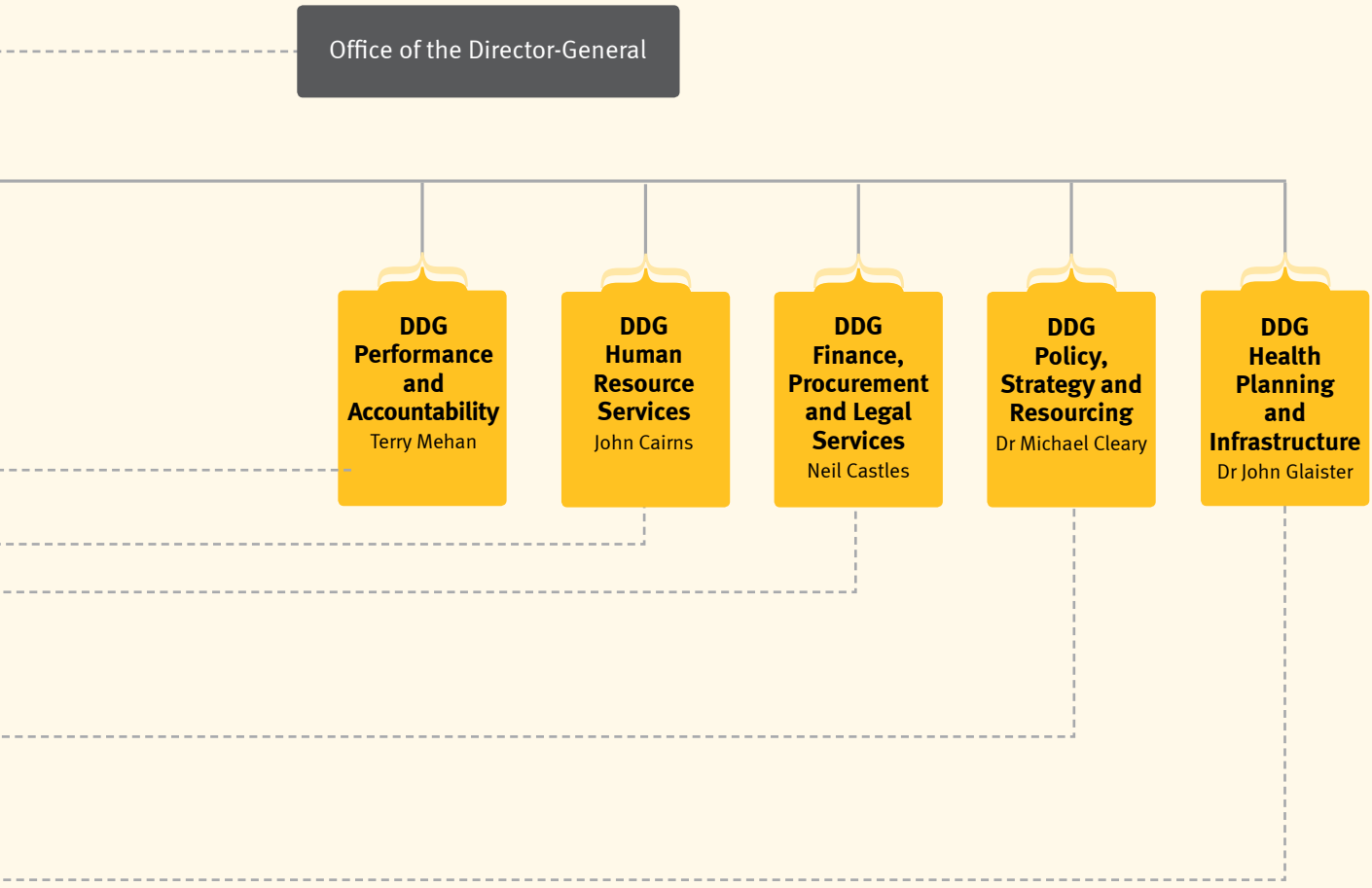
Cape York Susan Turner
Central Queensland Maree Geraghty
Central West Jill Magee
Mount Isa Suzanne Sandral
South West Meryl Brumpton
Torres Strait-Northern Peninsula Area Paul Stephenson

Sunshine Coast Kevin Hegarty
Gold Coast Dr Adrian Nowitzke

Darling Downs-West Moreton Pam Lane

Cairns and Hinterland Julie Hartley-Jones
Metro North Prof Keith McNeil

Townsville Dr Andrew Johnson



Direct reporting

Performance reporting/coordination

DDG Deputy Director-General

CEO Chief Executive Officer

Appendix 9.6: Overseas travel

Table 24

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Leanne Aitken Chair of Critical Care Nursing	United States of America January 2011	Attend 40th Critical Care Congress with Society of Critical Care Medicine incorporating the Surviving Sepsis Campaign Guideline meeting	$3,551	Nil
Kellie Allen Principal Project Officer	United States of America December 2010	Attend 22nd Annual Patient Safety Conference	$3,142	Nil
Heidi Atkins Principal Project Officer - Patient Safety and Quality Information Service	New Zealand November 2010	Attend 4th Australian and New Zealand Falls Prevention Society Conference	$1,847	Nil
Fusun Baumann Research Officer	Japan October–November 2010	Attend Single Fibre Electromyography Course and Quantitative Electromyography Conference	$3,463	Nil
Jennifer Baxter Director Radiation Therapy Services	United States of America October–November 2009	Attend Elekta User Meeting, 51st Annual Meeting of the American Society for Radiation Oncology	$153	Nil
Carey Bayliss Physiotherapist	India October–November 2010	Attend 49th International Spinal Cord Society annual scientific meeting and post conference workshops	$5,184	Nil
Debra Berg Manager Queensland Amputee Limb Service	United Kingdom May 2010	Attend 13th World Congress of the International Society for Prosthetics and Orthotics and International Trade Show for Prosthetics, Orthotics and Rehabilitation Technology; visit new Scientific Centre for Medical Technologies in Berlin, Otto Bock Healthcare Facility and International Prosthetics Manufacturing Plant; attend meetings with managers and prosthetists at three prosthetic and rehabilitation facilities in London–Royal National Orthopaedic Hospital, Queen Mary's Hospital, Crystal Palace Rehabilitation Centre	$2,128	Nil
Rachael Beswick Senior Project Officer, Healthy Hearing Program	Italy June 2010	Attend Newborn Hearing Screening Conference on risk factors in children's postnatal hearing loss	$2,900	Nil
Stefan Blum Senior Registrar	Spain October–November 2010	Attend International Congress of Neuroimmunology	$4,011	Nil
Dianne Brookes Public Health Nurse	East Timor June 2010	Conduct screening of local population of Timor–Leste for leprosy; participation in this international aid program ensured Queensland was represented in the global effort to eliminate leprosy.	$1,718	Nil
Paula Brown Principal Project Officer –Healthcare Culture & Leadership Service	New Zealand February–March 2011	Attend five-day Return on Investment Certificate workshop	$1,335	Nil
Andrew Bryett Acting Director, Telehealth Services	United Kingdom, Canada February–March 2011	Attend International Congress on Telehealth and Telecare to evaluate current and emerging international best practice Telehealth programs; visit Telehealth services sites in Scotland and Canada to assess well-established Telehealth services and identify approaches to Telehealth-enabled service provision	$10,105	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Peter Bullimore Non-agency employee	Australia February–March 2011	Deliver two-day workshop, Working with Paranoia and Hearing Voices; (travelled from England)	$333	Nil
Alison Caddick Midwife	United Kingdom November 2010	Attend Royal College of Midwives Annual Conference, Manchester	$2,372	Nil
Katrina Campbell Dietetics and Nutrition Principal Research Officer	United Kingdom, Switzerland May–June 2010	Attend investigators' meeting for Obesity in Kidney Disease Study, London; International Society of Renal Nutrition and Metabolism Conference, Switzerland	$1,577	Nil
Patrick Carroll Senior Medical Officer – Redcliffe	Japan July 2011	Attend 23rd Conference of the International Society of Thrombosis	$2,107	Nil
Paul Carroll Senior Director, Radiology Support, Clinical and Statewide Services	United States of America, United Kingdom May–June 2011	Under take 12-day study tour to USA and UK, focusing on Telehealth and diagnostic learning about neutral archive technology	$16,852	Nil
Veronica Casey Executive Director Nursing Services	Italy April–May 2011	Attend International Council of Nurses Conference and Council of National Representatives on Nurses Driving Access, Quality and Health	$12,316	Nil
Darren Cassidy Principal Medical Physicist	United States of America June 2010	Attend TomoTherapy physics training course	$1,267	Nil
Catherine Cheung Registered Nurse	New Zealand October 2010	Present papers to 2010 Annual Scientific Meeting of the Haematology Society of Australia and New Zealand; Australian and New Zealand Society of Blood Transfusion; Australasian Society of Thrombosis and Haemostasis	$1,554	Nil
Moses Chikazaza Sleep Scientist	New Zealand October 2010	Attend Sleep DownUnder 2010	$1,795	Nil
Adrian Chong Registrar	United States of America August - September 2010	Attend American College of Cardiology 2010 legislative conference	$5,776	Nil
Julia Clark Consultant Paediatrician Immunology and Infectious Disease	Australia October 2010	Present medical staff with education sessions and discussions on immunology and infectious diseases services (travelled from United Kingdom)	$8,237	Nil
Angela Coleman Renal Educator Nephrology	Ireland September 2010	Attend European Dialysis Transplant Nurses Association/European Renal Care Association 30th International Conference, Dublin	$3,156	Nil
Aniko Cooper Director	Spain September 2010	Attend European Society for Therapeutic Radiology and Oncology Conference	$2,271	Nil
Marcus Cotton Scientist Forensic Chemistry	New Zealand November 2010	Attend The Clandestine Laboratory Investigating Chemists Association Annual Technical Training Seminar in Auckland; Weapons of Mass Destruction: Recognition and Awareness of Chemical, Biological, Radiological, Nuclear Explosives	$1,195	Nil
Yolanda Cowan Senior Project Officer	New Zealand February - March 2011	Reimbursement of expenses for employee who was part of the Australian Medical Assistance Team rapid response team following the Christchurch earthquakes	$530	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Letitia Creevy A/Principal Project Officer (Nursing and Midwifery)	United Kingdom November 2010	Attend the Royal College of Midwives Annual Conference, Manchester	$4,610	Nil
David Crofts Nurse Escort	New Zealand April 2011	Escort patient to Zepa Tauraki	$751	Nil
Patrick Culpan Audit Manager	Kuala Lumpur July 2011	Attend Institute of Internal Auditors International Conference	$254	Nil
Luke Danaher Senior Health Officer	United States of America November–December 2010	Attend Radiological Society North America Scientific Assembly and Annual Meeting	$5,043	Nil
Fiona Davidson Nurse Researcher	England October–November 2010	Attend European Congress on Mental Health and Deafness	$2,775	Nil
Mark Denham Magnetic Resonance Imaging Services Manager	New Zealand November 2010	Attend Siemens Magnetic Resonance Imaging User Group Meeting; 5th Annual Meeting of the Section for Magnetic Resonance Technologists ANZ Chapter	$970	Nil
Annette Dent Director Respiratory Services	Spain September 2010	Attend and present at European Respiratory Society Annual Congress	$2,029	Nil
Liam Donaldson Chief Medical officer, Dept of Health	Australia March–April 2009	Audit of Clinical Governance in Queensland Health (travelled from United Kingdom)	$3,836	Nil
Sanja Doneva Senior Cardiac Scientist	New Zealand June 2010	Attend 17th World Congress in Cardiac Electrophysiology and Cardiac Techniques	$713	Nil
Maria Draper Clinical Nurse Consultant	United States of America January 2011	Attend 5th Annual National Database of Nursing Quality Indicators Conference - Heating up Nursing Quality in Miami	$4,033	Nil
Paula Duffy Director of Nursing	United Kingdom October 2010	Visit four UK hospitals with functioning medical assessment units to work with clinicians to evaluate their model to inform the model for Robina Hospital expansion and Gold Coast University Hospital	$4,401	Nil
Sophie Dwyer Executive Director	New Zealand March–April 2011	Attend Food Regulation Standing Committee meeting, Christchurch, to ensure Queensland is involved in critical decision making on implementing and enforcing food standards	$936	Nil
Helen Eldridge Senior Scientist Forensic Chemistry	New Zealand November 2010	Attend Clandestine Laboratory Investigating Chemists Association Annual Technical Training Seminar, Auckland; Weapons of Mass Destruction: Recognition and Awareness of Chemical, Biological, Radiological, Nuclear Explosives	$1,131	Nil
Megan Ellis ALLG Tissue Bank Manager	United States of America May 2011	Attend International Society for Biological and Environmental Repositories meeting	$4,112	Nil
Juliet Esmonde Public Health Nurse	East Timor June 2010	Conduct screening of local population in Timor-Leste for leprosy. Participation in this international aid program ensured Queensland was represented in the global effort to eliminate leprosy	$1,676	Nil
David Farlow Medical Superintendent	Netherlands June 2010	Attend European Congress for Healthcare Planning and Design Innovation in Health Assets for Sustainable Healthcare, Rotterdam; tour of five hospitals in the Netherlands, Belgium, Spain	$4,348	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Melissa Faulkner Senior Research Officer	United States of America September 2010	Attend and present at International Congress on Child Abuse and Neglect	$4,007	Nil
Mandy Forster Director, Access Improvement Service	Austria March 2011	Attend EuroScan Executive Committee meeting as a national secretariat of HealthPACT	$2,158	Nil
Mandy Forster Director Clinical Policy Unit, Policy Branch	Ireland June 2010	Attend and present at Health Technology Assessment International Conference, Dublin	$4,375	Nil
Joanne Franklin Registered Nurse	United States of America November–December 2010	Attend Radiological Society of North America 96th Annual Scientific Assembly and annual meeting	$2,691	Nil
Nicole Gavin Nurse Researcher	New Zealand October 2010	Attend HAA 2010 Annual Scientific Meeting	$1,547	Nil
Stephanie Gettens Clinical Nurse	New Zealand November 2010	Attend Australian and New Zealand Falls Prevention Society Conference	$2,150	Nil
Amanda Gilbert Clinical Nurse Consultant	Spain November–December 2010	Attend Advanced International Training Course in Transplant Coordination held by Transplant Procurement Management, Barcelona	$4,959	Nil
Nevin Glendenning Medical Imaging Technician, Biomedical Technology Services	United States of America Aprilr–May 2010	Attend Varian Clinic High Energy Technical Maintenance I and II training courses covering maintenance and practical education for Mater Radiation Oncology Centre Linear Accelerators	$8,884	Nil
Frederick Graham Clinical Nurse Consultant	United States of America January 2011	Attend 5th Annual National Database of Nursing Quality Indicators Conference–Heating up Nursing Quality in Miami	$4,005	Nil
Jaimi Greenslade Research Officer	Singapore June 2010	Attend 13th International Conference on Emergency Medicine	$1,374	Nil
Kerry Grimes Acting Director, Telehealth Expansion Program	United Kingdom, Canada February–March 2011	Attend International Congress on Telehealth and Telecare to evaluate current and emerging international best practice Telehealth programs; visit Telehealth services sites in Scotland and Canada to assess well-established Telehealth services and identify approaches to Telehealth-enabled service provision	$10,900	Nil
Lynette Hair Anaesthetic Technician	New Zealand November 2010	Attend 2010 New Zealand Anaesthetic Technician Society/Australasian Society of Anaesthesia Paramedical Officers annual general meeting	$980	Nil
Kathleen Hall Physiotherapist	Spain June 2010	Attend 33rd European Cystic Fibrosis Conference; Adult Cystic Fibrosis Centre Site visit	$439	Nil
Aaron Hansen Register	Netherlands July 2011	Attend 14th World Conference on Lung Cancer	$150	Nil
Selina Harris Radiation Therapist	United Kingdom April–May 2010	Attend European Society of Therapeutic Radiation Oncology training course; TomoTherapy European User meeting; site visit Addenbrookes Hospital	$5,407	Nil
Samual Hawgood Non-agency employee	Australia October 2010	Guest speaker, Royal Brisbane and Women's Hospital Health Care Symposium (travelled from United States of America)	$6,946	Nil
Tracey Hawkins Clinical Nurse	Singapore June 2010	Attend 13th International Conference on Emergency Medicine	$943	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Kevin Hegarty Chief Executive Officer	New Zealand July 2010	Attend Inaugural Work Healthcare Networks Conference, Auckland; meet Wellington and Auckland-based organisations	$1,908	Nil
Belinda Henderson Clinical Nurse Consultant	England October 2010	Attend 7th International Conference of Hospital Infection Society, Liverpool	$5,833	Nil
Cheryl Hutchins Laboratory Director	United States of America June 2010	Attend 8th International Umbilical Cord Blood Transplantation Symposium	$1,265	Nil
Fiona Israel Clinical Nurse Consultant	Vietnam July 2010	Contracted to provide education and training to medical & nursing staff for Vietnamese Ministry of Health	$486	Nil
Shane Jeffrey Dietitian	Austria June 2010	Attend 2010 International Conference on Eating Disorders	$4,620	Nil
Leanne Jiggins Nursing Unit Manager	United States of America October 2010	Present at Annual American Nurses Credentialing Centre Conference	$4,423	Nil
Karen Johnson Scientist, Queensland Mycobacterium Reference Laboratory	Papua New Guinea November 2010	Provide laboratory capacity building training, Daru; implement Culture and Drug Susceptibility Testing, Port Moresby; assist with external quality assurance	$4,763	Nil
Kate Jurd Medical Education Officer	Austria August–September 2011	Present papers at International Association for Medical Education Conference, Vienna	$1,039	Nil
Nitin Kapur Respiratory Fellow	The Philippines November 2010	Attend 15th Congress of Asia Pacific Society of Respirology	$936	Nil
May Keket Non-agency employee	Australia October 2010	Receive specialist training in culture and susceptibility techniques in conjunction with Tuberculosis Laboratory Capacity Building project (travelled from Papua New Guinea)	$669	Nil
Germaine Kenny Principal Project Officer Work for us	United Kingdom March 2011	Attend Health Jobs Around the World Expos, Manchester and London, to source potential candidates appropriately skilled and trained in emergency medicine and psychiatry	$6,881	Nil
Richard Kenworthy Senior Medical Officer, Emergency Department	United Kingdom September–October 2010	Attend the British Medical Journal Careers Fair at Business Design Centre, London; West Midlands Careers Fair, The Science Museum, Birmingham	$10,276	Nil
Akram Khalil Consultant Gynaecologist	United States of America November 2010	Attend 39th AAGL Global Congress of Minimally Invasive Gynaecology	$4,838	Nil
Aimee King Scientist, Immunology	New Zealand November 2010	Attend 2010 Asia-Pacific Histocompatibility and Immunogenetics Association Conference to discuss common issues with colleague and update on current technology and practices on tissue typing policies	$2,404	Nil
Patricia Kleidon Clinical Nurse Consultant	The Netherlands June 2010	Attend World Congress on Vascular Access	$3,841	Nil
Anna Koch Radiation Therapist	United States of America September - October 2010	Attend Stereotactic Body Radiotherapy Symposium	$5,430	Nil
Anastasios Konstantinos Director, Queensland Tuberculosis Control Centre	Papua New Guinea August 2010	Attend Health Service Providers Group meeting, Daru Island; co-chair meeting focused on treating tuberculosis and cross border cooperation	$80	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Pim Kuipers Principal Research Fellow	Malaysia November 2010	Attend Asia-Pacific Community-Based Rehabilitation Convention 2010	$1,783	Nil
Suzanne Kuys Principal Research Fellow	The Netherlands July 2011	Attend 16th International World Physical Therapy Congress	$4,797	Nil
Rachael Lawson Oncology Pharmacist	United States of America September 2010	Attend investigator meeting, Children's Oncology Group	$5,741	Nil
Nadine Lawson Speech Pathologist	Vietnam February 2011	Site visit; deliver clinical training and supervision for speech therapy students, Pham Ngoc Thach Medical University, Ho Chi Minh City	$1,748	Nil
Susanne Le Boutillier Senior Director, National Health Reform Implementation	New Zealand July 2010	Attend Inaugural Work Healthcare Networks Conference, Auckland; meet Wellington and Auckland-based organisations	$2,180	Nil
Alexander Lehn Physiotherapist	Canada June 2011	Attend 15th International Congress of Parkinson's Disease and Movement Disorders	$120	Nil
Jennifer Lethlean Speech Pathologist	United Kingdom May 2011	Attend Running a Conversation Partner Scheme course with Connect	$3,078	Nil
Han Ling Continuous Positive Airway Pressure Program Administrator	New Zealand October 2010	Attend Biodiversity of Sleep Conference	$1,556	Nil
David MacFarlane Deputy Director, Nuclear Medicine	United States of America November–December 2010	Attend Radiological Society of North America 96th Scientific Assembly; meet Impel Pharma; site visit to Biomarker	$3,248	Nil
Emily Mahoney/Thomson A/Principal Project Officer	United Kingdom March 2011	Attend Health Jobs Around the World Expos, Manchester and London, to source potential candidates appropriately skilled and trained in emergency medicine and psychiatry	$5,316	Nil
Kenneth Manthey Manager, Statewide Radiology Information System and Picture Archive Communication System Integration	Canada October 2010	Visit AGFA Healthcare's Impax Radiology/ Teleradiology product development laboratory; attend AGFA Healthcare's Impax Canadian User Symposium	$350	Nil
Kristen McAnelly Clinical Nurse Consultant	Vietnam September–October 2010	Contracted to provide education and training to medical and nursing staff for Vietnamese Ministry of Health	$204	Nil
Barry McCarthy Acting Nursing Director, Emergency	New Zealand February–March 2011	Provide disaster relief assistance after Christchurch earthquakes	$560	Nil
Robert McDonald Senior Director, Assurance and Risk Advisory Services	United States of America November–December 2010	Attend International Institute of Internal Auditors Committee and Board meetings, Orlando, Florida	$7,245	Nil
Lachlan McDowell Radiation Oncology Registrar	Singapore December 2010	Attend European Society for Therapeutic Radiology and Oncology Conference	$1,837	Nil
David McFarlane Director	United States of America November–December 2010	Attend Radiological Society North America; visit Impel Pharmaceuticals, Seattle	$705	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Kerry McGovern Chief Executive Officer	The Netherlands June 2010	Attend European Congress for Healthcare Planning and Design Innovation in Health Assets for Sustainable Healthcare, Rotterdam; tour five hospitals in the Netherlands, Belgium, Spain	$5,171	Nil
Patrick McGrath Vice President Research	Australia April 2011	Deliver professional development teaching on chronic and acute pain to staff and external conference attendees (travelled from Canada)	$4,521	Nil
Deborah McIntyre Clinical Nurse Consultant	Austria April 2010	Attend 45th European Association for the Study of the Liver Conference	$5,599	Nil
Penelope McKenzie Registrar	New Zealand August 2010	Attend Pre-Phase 1 Examination Course, Royal Australian and New Zealand College of Radiologists Annual Scientific Meeting	$1,409	Nil
Keith McNeil District CEO	New Zealand March 2011	Attend Hardy Group International Executive Learning Set Meetings	$2,254	Nil
Rebecca Meldrum Clinical Physicist	United States of America June 2010	Attend TomoTherapy physics training course	$1,075	Nil
Joshua Miller Registered Nurse	New Zealand June 2010	Escort patient home to Auckland	$897	Nil
Eleanor Milligan Ethicist	United States of America May 2010	Attend 6th International Conference on Clinical Ethics Consultation	$497	Nil
Jeannene Mould Anaesthetic Technician	New Zealand November 2010	Attend 2010 New Zealand Anaesthetic Technician Society/Australasian Society of Anaesthesia Paramedical Officers annual general meeting	$1,544	Nil
Emma Munro (nee Hopkins) A/Clinical Nurse Consultant	United States of America February–March 2011	Attend 12th Annual National Pressure Ulcer Advisory Panel Biennial Conference	$3,742	Nil
Sushil Narayan Principal Quality Officer, Stem Cell Transplant	New Zealand October 2010	Present at 2010 Annual Scientific Meeting of the Haematology Society of Australia and New Zealand; Australian and New Zealand Society of Blood Transfusion; Australian Society of Thrombosis and Haemostasis	$600	Nil
Wayne Nicholls Senior Staff Specialist	United States of America September 2010	Attend investigator meeting, Children's Oncology Group	$7,178	Nil
Charlton Noble Nursing Director, Patient Safety & Quality	Turkey June 2011	Attend European Society for Paediatric Gastroenterology, Hepatology and Nutrition	$3,780	Nil
Adrian Nowitzke Chief Executive Officer	New Zealand January 2011	Attend January board meeting, The Health Round Table, principle method of benchmarking performance across multiple areas of health care operations for districts	$991	Nil
Edward Nutt Anaesthetic Technician	New Zealand November 2010	Attend Australasian Society of Anaesthesia Paramedical Officers 2010 Conference, Christchurch	$960	Nil
Tony O'Connell Chief Executive Officer, Centre for Healthcare Improvement	France October 2010	Attend International Society in Quality in Healthcare 27th International Conference	$3,450	Nil
Tony O'Connell Chief Executive Officer, Centre for Healthcare Improvement	Spain November 2010	Attend Health Tracker conference	$5,097	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Bernadette O'Grady Clinical Nurse Consultant	United States of America September 2010	Attend investigator meeting, Children's Oncology Group	$4,887	Nil
Wendy Panache Program Coordinator–Community Health	New Zealand July 2010	Attend World Health Care Network Conference	$699	Nil
Gilbert Pavillion Medical Officer	South Korea May–June 2010	Attend 9th Asia-Pacific Congress of Cardiovascular and Interventional Radiology	$1,945	Nil
Allan Peck X-Ray Service Technician, Biomedical Technology Services	United States of America September–October 2010	Attend Hi-Art 1st Response Technical Training Program	$8,088	Nil
Leah Peut Clinical Nurse	France March 2011	Attend 9th International Symposium on Targeted Anticancer Therapies	$4,837	Nil
Jan Phillips Executive Director, Healthcare Culture and Leadership Service	Singapore November 2010	Facilitate Coaching Skills for Leaders course	$1,280	Nil
Scott Pickard Executive Director, Corporate Services	New Zealand June 2011	Attend mandatory residential school as part of studies in the Executive Masters in Public Administration, Australian and New Zealand School of Government	$867	Nil
Anne Pink Supervising Scientist, Pathology	New Zealand November 2010	Attend 2010 Asia-Pacific Histocompatibility and Immunogenetics Association Conference	$2,670	Nil
Helen Porteous Dietetics and Nutrition	China June 2010	Attend World Congress of Cardiology Scientific Sessions 2010	$4,327	Nil
Daphne Prybyszczuk Radiographer	United States of America November–December 2010	Attend Radiological Society of North America 96th Scientific Assembly and Annual Meeting	$1,958	Nil
Atifur Rahman Staff Specialist–Cardiology	France May 2010	Attend Europe Scientific Program–Cardiology Conference, Paris	$12,181	$15,000 Johnson & Johnson Medical
Gregory Rattray Assistant Director	England April–May 2010	Attend European Society of Therapeutic Radiation Oncology Intensity–Modulated Radiotherapy and other Conformal Techniques Training Course; TomoTherapy European User meeting; site visit Addenbrookes Hospital Cambridge	$5,775	Nil
Lisa Roberts Senior Radiation Therapist	United Kingdom May 2011	Attend Technologies for Clinical Radiotherapy Conference	$4,547	Nil
Robyn Rogers Clinical Nurse Consultant	United States of America February–March 2011	Attend 30th Annual Dialysis Conference, Phoenix, Arizona	$1,604	Nil
Catherine Rogers-Clark Professor of Nursing	USA September 2010	Attend Chicago Colloquium and Directors Meeting, Joanna Briggs Institute	$2,295	Nil
John Raymond Savill Senior Scientist, Bacteriology Micro Molecular Support	United Kingdom May–June 2011	Present at 2011 Gordon Research Conference on Mycotoxins and Phycotoxins	$1,657	Nil
Pieter Scheelings Chief Chemist, Forensic and Scientific Services	China April 2011	Attend Bioinformatics and Public Health Microbiology Conference	$10,348	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Jackie Seljak Clinical Research Manager	United States of America September 2010	Attend investigator meeting, Children's Oncology Group	$3,907	Nil
Hansjoerg Seltenreich Staff Specialist, Gastroenterology	England November–December 2009	Attend Gastroenterology Medical Congress–Gastro 2009 International Meeting of the United European Federation World Gastroenterology Organisation and the World Gastroenterology Organisation	$1,777	$1,777 Abbott Australasia Pty Ltd
Pallav Shah Staff Specialist	Belgium, Canada May–June 2011	Attend 11th Annual Symposium on Aortic Valve Reconstruction surgery; Toronto General Hospital site visit	$7,118	Nil
Morris Shannon Principal Project Officer (Medical)	United Kingdom September - October 2010	Attend British Medical Journal Careers Fair at Business Design Centre in London and West Midlands Careers Fair at The Science Museum in Birmingham	$5,562	Nil
Felicia Shay Research Officer	United States of America November–December 2010	Attended Radiological Society North America Scientific Assembly and Annual Meeting	$5,227	Nil
Teresa Shirlaw Technician	New Zealand October 2010	Attend Sleep DownUnder 2010	$105	Nil
Megan Simons Occupational Therapist–Consultant	Japan November–December 2010	Attend the International Scar Meeting	$2,098	Nil
Adelle Simpson Registered Nurse	Korea March 2010	Escort patient to Busan Hospital to provide medical support during the transfer	$167	Nil
Richard Skoien Hepatology Fellow	United States of America October–November 2010	Attend 61st Annual Meeting–American Association for the Study of Liver Diseases (AASLD)	$5,158	Nil
David Smith Director Physiotherapy Manger OPSC and MDS	Amsterdam June 2011	Attend 16th International Congress World Confederation for Physical Therapy	$2,251	Nil
Daniel Smith Cystic Fibrosis and Research Fellow	Spain September 2010	Attend and present at European Respiratory Society Annual Congress	$2,000	Nil
Sharon Smith Rehab Co-ordinator	Hong Kong June 2010	Attend 2010 Joint World Conference on Social Work and Social Development	$462	Nil
Dario Sorrentino Chair of Gastroenterology, University of Udine Medical School	Australia October–November 2009	Present 'Crohn's disease: A look at the not so distant future' and visited Sunshine Coast–Wide Bay Health Service District, travelled from Italy	$1,814	Nil
Brooke Spencer Clinical Nurse	United States of America September 2010	Attend Investigator Meeting of the Children's Oncology Group	$7,124	Nil
Paul Stafford Director, Leadership Unit, Healthcare Culture and Leadership Service	Singapore November 2010	Facilitate Coaching Skills for Leaders Course	$1,282	Nil
Peter Steer Chief Executive Officer	Ireland April–May 2011	Attend the Children's Hospitals International Executive Forum	$4,553	Nil
Ian Stewart Scientist, Organic Chemistry	United States of America June 2011	Represent the Australian delegation in Codex Committee on Pesticide Residues 43rd (CCPR43) meeting. Reported on the work of electronic working group (eWG) conducted out of session	$2,859	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Malcolm Stewart Non Agency Employee	Australia June 2010	Attend the Queensland Mental Health Information Forum	$1,409	Nil
Simone Taylor Clinical Nurse Consultant	Italy May–June 2011	Attend the European Society Paediatric Gastroenterology, Hepatology and Nutrition Conference	$2,797	Nil
Ujang Tinggi Senior Scientist, Food Chemistry	Malaysia November 2010	Attend and present a research paper at the international conference on Food Research 2010 In Kuala Lumpur Malaysia	$927	Nil
Gavin Trundle Senior Radiographer	New Zealand November 2010	Attend 5th Annual Meeting of Section Magnetic Resource Technologists Australia/New Zealand Chapter	$731	Nil
Scott Turner Cardiac Scientist	United States of America May 2010	Attend Heart Rhythm 2010	$571	Nil
Andrew Van Den Hurk Research Etomologist Virology, Communicable Disease	United States of America April–July 2010	Awarded an inaugural Queensland International Fellowship to undertake the project 'The risk of yellow fever to Australia' at University of Texas Medical Branch in Galveston	$19,829	Nil
Antonio Vega Medical Staff Specialist	New Zealand September 2010	Attend RACS Fellowship Exam Urology	$768	Nil
David Vesey Research Scientist	United States of America November 2010	Present Paper at 43rd Annual Meeting and Scientific Exposition of American Society of Nephrology	$2,814	Nil
Brooke Wadsworth Physiotherapist	United States of America June 2011	Attend 2011 International Conference on Spinal Cord Medicine and Rehabilitation	$3,293	Nil
Geoffrey Waghorn Senior Scientist	United Kingdom May 2010	Attend meetings with Sainsbury Centre on Mental Health and International Initiative conference on Mental Health Leadership	$1,524	Nil
Catherine Watson Clinical Nurse Consultant	England October 2010	Attend 7th International Conference of the Hospital Infection Society in Liverpool	$5,779	Nil
Marcus Watson Executive Director, Clinical Skills Development Service	Hong Kong May 2011	Chair the State of the Union address for the Asia Pacific region at the Asia Pacific Meeting on Simulation in Healthcare	$3,750	Nil
Joan Webster Nursing Director, Research	United States of America October 2010	Attend Joint Colloquium of the Cochrane and Campbell Collaborations	$933	Nil
Jennifer Williams Registrar	United Kingdom August–September 2010	Attend International Association for Medical Education Conference	$2,878	Nil
Gregory Wilson Clinical Nurse Consultant	The Netherlands June 2010	Attend World Congress on Vascular Access Devices	$2,784	Nil
Steven Wolf Non Agency Employee	Australia October 2010	Guest Speaker at Royal Brisbane and Women's Hospital Health Care Symposium, travelled from the United States of America	$10,754	Nil
Kim Wright Research Officer	France March 2011	Attend 9th International Symposium on Targeted Anticancer Therapies	$4,837	Nil
Kerstin Wyssusek Staff Specialist	Germany April–May 2011	Attend Scientific Meeting of the Australian Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists; observership–Liver and Multi-organ Transplant Unit at Charite Hospital	$3,479	Nil

Name and position	Destination and date	Reason for travel	Agency cost	Contribution from external sources
Adrienne Young Dietitian	France September 2010	Attend 32nd International Congress Nutrition and Metabolism	$3,224	Nil
Jeannette Young Chief Health Officer	Papua New Guinea August 2010	Attend meeting in Port Moresby with the National Department of Health officials to discuss cross border health issues, in particular the incidence of the growing multi drug resistant Tuberculosis arising in Papua New Guinea	$1,029	Nil
Sylwia Zawlodzka-Bednarz Medical Physicist	New Zealand November 2011	Attend the Basic Clinical Radiobiology Course	$1,312	Nil
Total			**$552,184**	

Note: The above table includes travels in the previous financial year paid in 2010–2011.

Appendix 9.7: Funded organisations 2010–2011

Table 25

Organisation	Total ($)
Australasian College of Health Service Management	44,220
Aboriginal and Islander Community Health Service (Mackay) Ltd	187,538
Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited	839,307
Abused Child Trust Inc	42,397
Act for Kids	42,395
Act Health	150,000
Addiction Help Agency (Cairns)	493,838
Alcohol and Drug Foundation Queensland	3,358,476
Allied Services	5,150
Alzheimer's Association of Queensland	117,644
Amputees and Family Support Group Queensland Inc	40,406
An Indigenous Corporation for Townsville Youth	5,000
Anglicare Central Queensland Ltd	6,000
Apunipima Cape York Health Council	4,960,342
Arinex Pty Ltd	30,000
Arthritis Foundation of Queensland	301,839
Arts Queensland	35,700
Assert Services Inc	46,500
Association of Queensland Nurse Leaders	10,000
Aurukun Shire Council	77,855
Australasian Society for HIV	20,000
Australia Huntingtons Disease Association	155,977
Australian and New Zealand Association of Psychiatry	20,000
Australian and New Zealand Intensive Care Society	154,368
Australian and New Zealand Mental Health Association	26,545
Australian Breastfeeding Association	82,632
Australian Catholic University Ltd	37,500
Australian Centre for Posttraumatic Mental Health	24,000
Australian Drug Foundation	240,000
Australian Health Practioner Regulation Agency	200,000
Australian Health Promotion Association	18,000
Australian Helicopters Pty Ltd	6,147,719
Australian Homeland Security Research Centre Pty Ltd	1,000
Australian Medical Association	1,000
Australian Men's Shed Association	909
Australian Nutrition Foundation	279,571
Australian Red Cross Society	437,263
Australian Resuscitation Council	2,520
Australian Society for Medical Research	25,000
Balmoral Cycling Club Inc	924
Barambah Regional Medical Services	120,407
Bayside Initiatives Group Inc	6,000
Bayside PCYC	6,846
Beaudesert State High School	1,130

Organisation	Total ($)
Beenleigh State High School	2,575
Beerwah State High School	5,000
Bert Pty Ltd	213,957
Better Hearing Australia Brisbane	81,038
Beyond Blue Limited	645,086
Biddi Biddi Community Advancement	5,000
Bidgerdii Aboriginal and Torres Strait Islander Corporation	93,241
Bindal Sharks United Training Employment Sport and Recreation Aboriginal Corporation Ltd	5,000
Binnacle Group Training	4,700
Blackwater State High School	2,176
Blue Care	556,009
Bond University	14,909
Boystown	289,651
Bradfield Nyland Group	33,600
Break Thru People Solutions	4,878
Bridges Aligned Service Inc	127,623
Brisbane City Council	61,182
Brisbane South Division of General Practice Association Inc	408,537
Brisbane Youth Service Inc	244,591
BSI Learning Pty Ltd	322,024
Bundaberg and Burnett Region Community Development Aboriginal Corporation	627,896
Bundaberg and Burnett Region Community Development Aboriginal Corporation	74,061
Bundaberg Fruit and Vegetable Growers	7,130
Bundaberg Health Promotions Ltd	95,088
Burdekin Community Association Inc	8,000
Burdekin Shire Council	10,043
Burragah Aboriginal and Islander Advancement Co-Op Society Ltd	5,000
Bwgcolman Community School	5,000
Cairns Regional Council	74,970
Cancer Council Queensland	6,458,841
Capella Tieri Middlemount	500
Capricorn Helicopter Rescue Service Ltd	2,054,983
Capricornia Division of General Practice Ltd	525,520
Carbal Medical Centre	555,915
Care Goondiwindi Association Inc	32,004
Careflight Medical Services Ltd	4,060,392
Carpentaria Shire Council	39,136
Cassowary Coast Regional Council	9,091
Cassowary Coast Sporting for Youth Indigenious Corporation	4,545
Catalyst	40,000
Centacare St Mary's Community Services	78,241
Central Queensland Helicopter Rescue Service Ltd	3,016,115
Central Queensland Rural Division of General Practice	507,669
Central Queensland University	418,427
Centre Against Sexual Violence Inc.	553,229
Centre for Rural and Remote Mental Health—Queensland	545,000

Organisation	Total ($)
CEO Enterprises	4,997
Cerebral Palsy League of Queensland	592,013
Charles Darwin University	4,082
Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health	254,871
Charleville Aboriginal Arti-fact Project	2,500
Charters Towers Neighbourhood Centre Inc	343,684
Charters Towers United Inc	3,416
Cherbourg Aboriginal Shire Council	102,855
Children By Choice Association Inc	381,751
Chinchilla and District Amateur Fishing Club	4,645
Christine J Sly	1,500
Christopher J Edwards	1,560
Church of Christ	125,630
Cittamani Hospice Service	316,165
Cloncurry Shire Council	4,091
Colmar Brunton Intelligence	49,116
Community Services Tablelands Inc	69,999
Community Solutions	157,157
Compassionate Friends Queensland Inc	38,676
Congress Community Development and Education Unit Ltd	815,263
Cooloola Human Services Network	9,770
Cow Bay Clinic	5,000
Cultureshift Pty Ltd	81,818
Cunnamulla Aboriginal Corporation	5,000
Cystic Fibrosis Queensland Limited	244,638
Darumbal Community Youth Service Inc	106,336
Deadlee Maarders Association Inc	14,270
Deaf Children Australia	50,766
Deakin University Warrnambool	4,980
Department of Communities	348,000
Department of Community Safety	582,727
Department of Education and Training	1,887,334
Department of Employment, Economic Development and Innovations	12,225
Department of Health and Ageing	2,862,329
Department of Health, South Australia	1,885,071
Department of Health, State Government of Victoria	23,430
Department of Human Services, Victoria	13,126
Department of Immigration and Citizenship	10,000
Department of Justice and Attorney	747,550
Department of the Premier and Cabinet	10,000
Department of Transport and Main Roads	130,000
Depression Support Network	65,735
Diabetes Australia—Queensland	1,884,098
Diamantina Shire Council	308,116
Doomadgee Aboriginal Community Council	67,855
Doomadgee PCYC	23,909

Organisation	Total ($)
Dr Matthew R Salamonsen	29,165
Drug Arm Australasia	1,998,986
Dunwich State School	5,000
DV Connect Limited	394,500
Eagle Edge Solutions	2,579
East Creek Neighbourhood Centre Inc	1,720
Eczema Association of Australia Inc	22,922
Emergency Medicine Australia Pty Ltd	123,117
Engaging Minds Pty Ltd	92,768
Enhance Management Pty Ltd	41,485
Epilepsy Queensland Inc	218,459
Ethnic Communities Council of Queensland	1,493,751
Eumundi State School	9,091
Family Planning Queensland Ltd	5,793,527
Far North Queensland Rural Division of General Practitioner	942,787
Fieldworx Pty Ltd	28,897
Flight Safety Pty Ltd	16,599
Flinders Shire Council	28,600
Flinders University of SA	225,000
Fresh Marketing Australia Pty Ltd	63,185
Gai-Nami Arts Music Multicultural Sport and Recreation Inc	4,770
Gatecrasher Advertising Pty Ltd	186,364
General Practice Gold Coast Ltd	326,104
General Practice Queensland Ltd	2,581,151
Gindaja Treatment and Healing Indigeous Corp	470,309
Girringun Aboriginal Corporation	4,000
Girudala Community Co-Operative Society Ltd	386,199
Glenmore State High School	776
Gold Coast Centre Against Sexual Violence Inc	565,430
Gold Coast Drug Council Inc	1,711,628
Goldbridge Rehabilitation Services Inc	337,382
Goondir Aboriginal and Torres Strait Islander Corporation	444,641
Goondiwindi PCYC	5,000
Goori Original Limited	134,926
GP Links Wide Bay Inc	944,491
GP Partners Limited	815,288
Griffith University	2,672,267
Gudjal Traditional Owners Aboriginal Corporation	5,875
Gurriny Yealamucka Health Services Aboriginal Corporation	313,834
Gympie and District Women's Health Group Inc	274,700
Gynaecological Cancer Society of Queensland Inc	140,820
Haemophilia Foundation	147,903
Harlaxton Neighbourhood	5,000
Health ED Professionals	1,182
Health Outcomes International P/L	39,190
Health Promotion Connections Inc	229,336

Organisation	Total ($)
Health Workforce Queensland	45,455
Healthy Initiatives and Choices	2,576,596
Hear and Say Centre	2,796,000
Heatley Secondary College	1,575
Helen L Barrett	8,000
Hepatitis Council of Queensland	835,599
Hervey Bay Neighbourhood Centre Incorporated	75,000
Highfields and District Junior Rugby League Club Inc	4,935
Hinchinbrook Community Support	4,545
Hope Vale Aboriginal Council	108,032
Hopewell Hospice Services Inc	306,970
Immigrant Womens Support Service	227,723
Inala PCYC	3,378
Inala Elders Aboriginal and Torres Strait Islanders Corporation	45,000
Inala Primary Care Ltd	223,728
Inala Wangarra Inc	3,660
Indigenous Wellbeing Centre Aboriginal Corporation	2,781,900
Institute for Healthy Communities	35,080
Institute for Urban Indigenous Health Ltd	1,222,727
Ipswich 60 and Better Program Inc	5,227
Ipswich and West Moreton Divison of General Practice	168,269
Ipswich City Council	300,000
Ipswich Hospice Care Inc	663,927
Islanders Board of Industry and Service	250,000
James Cook University (This amount includes a funding contribution to the School of Medicine and Dentistry to support the dental programs and clinical training facilities).	28,157,923
Jimboomba Community Care Association Inc	94,558
Joseph A Chandler	21,000
Julia Creek Dirt and Dust Festival	1,000
Justin P Mckeown	8,514
Kalwun Development Corporation Ltd	609,000
Kambu Medical Centre Ipswich Inc	407,456
Kamilaroi Frogs Inc	4,470
Keep Australia Beautiful Council	317,309
Kidby Enterprises Pty Ltd	10,000
Kidney Health Australia	49,500
Kidney Support Network Inc	1,063,742
Kidsafe Queensland Inc	48,807
Kingston Community Enterprises	5,000
Kirwan State High School	4,591
Kowanyama Aboriginal Council	78,289
Kungi Aboriginal Corporation	10,000
KW Consulting Group Pty Ltd	5,000
Latrobe University	359,533
Lee-Jenn Health Consultants Pty Ltd	90,000
Leukaemia Foundation of Queensland	2,430,000
Lifeline Ipswich and West Moreton	30,000

Organisation	Total ($)
Lifetec Queensland Inc	207,029
Liquor Industry Action Group	3,000
Little Haven Cooloola	107,444
Local Government Association of Queensland Inc	552,500
Lockhart River Aboriginal Council	183,225
Logan Womens' Health Centre Inc	597,051
Lupus Australia Queensland Inc	39,400
Lyons House Inc	97,330
Mackay PCYC	2,636
Mackay Division of General Practice Ltd	113,575
Mackay North State High School	7,550
Mackay Regional Council	44,090
Mackay Regional Council for Social Development Ltd	144,902
Mackay Women's Centre Inc	189,283
Mamu Health Service Ltd	176,717
Mater Children's Hospital	90,909
Mater Medical Research Institute	789,000
Mater Misericordiae Health Services Brisbane Ltd	465,606,659
Mater Misericordiae Hospital Townsville Ltd	78,439
McKinlay Shire Council	7,715
ME/CFS/FM Support Association Queensland Inc	11,497
Med-E-Serv Pty Ltd	122,045
Medial Research Commercialisation Fund	300,000
Mental Health Council of Australia	15,504
Menzies School of Health Research	420,000
Mercy Health and Aged Care	119,285
Mereki Community Association Inc	5,000
Mettro Pty Ltd	34,860
Mibbinbah Limited	5,000
Mirani State High School	3,621
Mission Australia	138,164
Monash University	39,350
Mookai Rosie Bi-Bayan	310,410
Morayfield State High School	8,700
Moreton Bay Regional Elders Council	4,020
Mornington Island Aborignal Corporation for Health	5,000
Mornington Island PCYC	1,818
Mornington Island Shire Council	45,306
Mosquito and Arbovirus Research Committee Inc	59,128
Mount Isa Combined Agencies Team	20,000
Mount Isa Community Development Association	127,500
Mount Isa Aboriginal Community	4,541
Mudth Niyleta Aboriginal and Torres Strait Islanders Corporation	295,000
Murriajabree ATSI Association	20,000
Murrigunyah Aboriginal and Torres Strait Islander Corporation For Women	206,611

Organisation	Total ($)
Murrumba Aboriginal Housing Co Ltd	4,300
Muscular Dystrophy Association of Queensland Inc	22,992
Nadzab Pty Ltd	2,072
Napranum Community Council	37,682
National Blood Authority	81,636,266
National E-Health Transition Authority Ltd	7,839,832
National Heart Foundation	558,153
National Stroke Foundation	1,846,269
Neighbourhood Centre Assoc Inc	6,084
Netball Queensland	90,000
Nhulundu Wooribah Indigenous Health Organisation	1,522,656
Nicole E Andrews	5,000
Nicole M Walker	23,332
Nintinringanyi Cultural Training Centre Incorporated	4,952
Noetic Solutions Pty Ltd	70,000
North and West Queensland Primary Health Care Association Inc	235,080
North Bundaberg Eels Softball Club	4,960
North Coast Aboriginal Corporation	604,495
North Queensland Combined Womens Services Incorporated	606,010
North Western Red Bucks Indigenous Junior Rugby League Development Academy Inc	5,000
Northern Beaches State High School	500
Northern Peninsula Region Council	188,565
Nova Aerospace Pty Ltd	4,800
NSW Department of Health	3,100
NSW Institute of Psychiatry	42,995
Ocearn Pty Ltd	2,233
Older Women's Network Queensland Inc	85,893
Oncall Language Services Pty Ltd	120,000
Outback Festival Inc	4,900
Ozcare	3,281,959
Pacific Private Hospital Pty Ltd	2,044,788
Palliative Care Queensland Inc	90,745
Palm Island Aboriginal Council	67,855
Palm Island Boxing Aboriginal Corporation	5,000
Paroo Shire Council	9,900
Phan T Nguyen	1,938
Phoenix House Association Inc	210,701
Pimlico State High School	500
Pioneer State High School	5,000
Playgroup Association of Queensland Inc	140,909
Pormpur Pannth Aboriginal Corporation	209,091
Pormpuraaw Aboriginal Council	67,855
Positive Ageing Cairns Inc	4,545
Postgraduate Medical Education Council of Queensland	855,667
Pregnancy and Family Support Association Gold Coast Inc	17,360
Pregnancy Help Queensland Inc	144,605

Organisation	Total ($)
Public Service Commission	7,500
Queensland Aboriginal and Islander Health Council	965,360
Queensland Aboriginal and Torres Strait Islander College for Health Education and Training	127,500
Queensland Alliance of Mental Health Inc	50,000
Queensland Ambulance Service	49,220
Queensland Association for Healthy Communities	2,627,905
Queensland Association of School	80,403
Queensland Bioethics Centre for the Queensland Catholic Dioceses	7,092
Queensland Corrective Services	360,000
Queensland Council of Social Service Inc	100,000
Queensland Emergency Medicine Research Foundation	2,000,000
Queensland Injectors Health Network Inc	1,780,360
Queensland Interpreting and Translating Service	10,000
Queensland Keep Fit Association Inc	5,990
Queensland Police Service	1,321,188
Queensland Positive People Inc	753,835
Queensland Residents and Registrars Research Foundation	2,500,000
Queensland University of Technology	1,239,682
Queensland Voice For Mental Health Inc	47,273
Queensland Women's Health Network Inc	51,506
Radio Lollipop (Aust) Ltd	25,000
Ramsay Health Care Ltd—Cairns	45,845
Ramsay Health Care Ltd—John Flynn	53,857
Ramsay Health Care Ltd—Nambour	61,699
Ramsay Health Care Ltd—North West	123,773
Ramsay Health Care Ltd—Pindara	108,983
Ramsay Health Care Ltd—St Andrews	34,614
Raymond Chan	49,996
Reclink Australia	136,000
Redbourne Business Services	829,297
Redland City Council	11,500
Respect Inc	479,383
Retina Australia (Queensland) Inc	15,689
RHealth	1,215,686
Roma State College Middle Campus	2,086
Roma State School	789
Ronald Mcdonald House Townsville	250,000
Rotary Club of Hervey Bay	50,000
Royal Alexandra Hospital for Children	30,000
Royal Children's Hospital Foundation	500,000
Royal Flying Doctor Service	40,603,306
Royal Life Saving Society of Queensland	6,818
Royal Queensland Bush Children's Health Scheme	910,868
RSL Queensland War Veterans Homes Ltd	128,093
Sailability Tin Can Bay Inc	1,330
Saint Mary's Catholic Parish	113,144

Organisation	Total ($)
Salvation Army—Southport	1,803,078
Salvation Army Residential	2,166,946
Salvation Army Townsville	858,679
Samuel R Broadbent	21,000
Sands Queensland Inc	81,377
Scholarship Students	485,960
Scholarship Students—QHMBS Education Support	7,326,900
Scleroderma Association of Queensland Inc	5,424
Scoliosis Support Group of Queensland Inc	7,231
SEA-GP Brisbane Ltd	523,815
Self Help Queensland Inc	97,857
Seventh Day Adventist Church	15,300
Sexual Health Education	50,000
Shelter Housing Action Group	35,059
Sisters Inside Inc	206,611
Smart Service Queensland	263,052
South Burnett PCYC	10,000
South Burnett Physiotherapy	7,765
Southbank Institute of Technology	26,580
Southern Gulf Catchments Ltd	34,167
Spinal Injuries Association	54,180
Spinifex State College—Mount Isa	4,900
Spiritus Care Services	191,910
St George Aboriginal Housing Co Ltd	5,000
St Helens State School	2,895
St Vincent De Paul Society	75,443
St Vincent's Hospital Brisbane	12,509,517
St Vincent's Hospital Toowoomba	73,085
State Library of Queensland	6,816
Stefan Blum	63,332
Stroke Association Queensland Inc	294,674
Sunnybank Private Hospital	89,467
Sunshine Coast Division of General Practice Ltd	919,544
Sunshine Coast Helicopter Rescue Service Ltd	5,682,531
Sunshine Coast Institute of TAFE	75,000
Sunshine Cooloola Services Against Sexual Violence Inc	436,008
Surf Life Saving Queensland	225,000
Sydney Local Health Network	40,119
Tablelands Rape and Incest Crisis Centre	234,949
Tablelands Regional Council	42,955
Tai Chi for Busy People	6,000
Telstra	4,424,931
The Asthma Foundation of Queensland	346,666
The Australian Lung Foundation	244,574
The Brook Red Centre Inc	117,125
The Cancer Council, Victoria	39,091

Organisation	Total ($)
The Commonwealth Scientific and Industrial Research Organisation (CSIRO)	1,046,019
The Conference Company Australia Pty Ltd	5,000
The Cootharinga Society of North Queensland	100,000
The Corporation of the Synod of the Diocese of Brisbane	2,965,259
The George Institute	35,000
The Good Foundation Pty Ltd	251,200
The Karuna Hospice Service Ltd	992,126
The Noosa Hospital	24,475,033
The Pharmacy Guild of Australia	168,541
The Queensland Asbestos Related Disease Support Society Inc	133,000
The Queensland Institute of Medical Research	15,052,450
The Queensland Network of Alcohol and Drug Agencies Inc	386,645
The Queensland Skin and Cancer Trust	267,419
The Roman Catholic Trust Corporation for the Diocese of Rockhampton Inc.	112,669
The Royal Australasian College of Physicians	100,000
The Salvation Army Youth	31,800
The Social Research Centre P/L	56,203
The South East Primary Health Care Network Ltd	1,006,354
The Trustee for KYC Trust	5,000
The Trustee for Moovit	64,254
The University of Adelaide	172,400
The University of New South Wales	117,558
The University of Sydney	150,000
The University of Western Australia	8,974
The Wesley Research Institute Ltd	250,000
The Women's Psychotherapy Services Inc	137,469
Theodore Council on the Ageing	351,896
Thuringowa State High School	1,138
Toowoomba and District Division of General Practice Ltd	852,061
Toowoomba and District Youth Service Inc	4,660
Toowoomba Hospice Association Inc	444,750
Toowoomba Hospital Foundation	10,000
Toowoomba Liquor Industry	3,000
Torquay State School	2,870
Torres Strait Island Regional Council	426,061
Torres Strait Islanders Media Association Inc	4,545
Torres Strait Regional Authority	110,000
Total Health and Education Foundation	37,990
Townsville Aboriginal and Islander Health Service	139,286
Townsville City Council	2,000
Townsville Division of General Practice Ltd	799,368
Townsville State High School	500
Translational Research Institute	32,644,000
Treasurer Myasthenia Gravis Association of Queensland Inc	23,643
UMI Arts Limited	5,000
UniQuest Pty Ltd	87,641

Organisation	Total ($)
UnitingCare Health	159,673
University of Queensland	14,792,494
University of South Australia	527,272
University of Southern Queensland	223,949
Valley Chamber of Commerce Inc	5,000
Wagalgau Garkaziw Zageth Inc	4,545
Warriors Reunion Committee Inc	4,000
We Help Ourselves	229,235
Wesley Mission Brisbane	159,927
Western Downs Regional Council	21,800
Westmead Medical Research	4,545
White Rock State School	1,000
Whitsunday Crisis and Counselling Service	206,611
Whitsunday Regional Council	9,091
Wide Bay Sexual Assault Association	210,705
Wide Bay Women's Health Centre Inc	424,277
William Ross State High School	500
Wingaway Air Pty Ltd	6,564
Women's Community Aid Association Ltd	324,890
Women's Health Awareness Group	379,527
Women's Health Information and Referral Service C Q Inc	753,989
Women's Health Queensland Wide Inc	763,927
Woorabinda Aboriginal Council	54,068
Wuchopperen Health Service Ltd	82,513
Wujal Wujal Aboriginal Council	102,171
WWILD-SVP Association Inc	217,704
XVT Solutions Pty Ltd	80,406
Yarrabah Aboriginal Council	170,000
Youth Affairs Network of Queensland	10,000
Youth Empowered Towards Independence Inc	241,376
Youth Services Providers	90,516
Yulu-Burri-Ba Aboriginal Corporation	1,054,841
Zig Zag Young Women's Resource	324,890
Total	**907,054,492**

Appendix 9.8: Compliance checklist—Annual Report

Table 26

FA ACT *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2009*
ARRs Annual Report Requirements for Queensland Government agencies

		Basis for requirement	Annual report reference
Accessibility	Table of contents Glossary	ARRs—section 8.1	P 2-3 P 146-149
	Public availability	ARRs—section 8.2	Inside front cover
	Interpreter service statement	*Queensland Government Language Services Policy*	Inside front cover
	Copyright notice	*Copyright Act 1968*	Inside front cover
	Government Information Licensing Framework (GILF) Licence	*Government Information Licensing Framework (GILF) QGEA Policy*	Inside front cover
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister(s)	ARRs—section 9	P 1
General information	Introductory Information	ARRs—section 10.1	P 4-6
	Agency role and main functions	ARRs—section 10.2	P 7-8
	Operating environment	ARRs—section 10.3	P 4-6; 9-13
	External scrutiny	ARRs—section 10.4	P 135-138
	Machinery of government changes	ARRs—section 10.5	P 23
	Review of proposed forward operations	ARRs—section 10.6	P 27-28
Non-financial performance	Government objectives for the community	ARRs—section 11.1	P 4; 7;7 37-39; 49; 105; 109
	Other whole-of-government plans/specific initiatives	ARRs—section 11.2	P 65-68
	Council of Australian Government (COAG) initiatives	ARRs—section 11.3	P 29; 43; 61-62; 65; 74; 100; 109; 112; 116
	Agency objectives and performance indicators	ARRs—section 11.4	P 30; 46-47; 64; 78-79
	Agency services and service standards	ARRs—section 11.5	P 128-134
Financial performance	Summary of financial performance	ARRs—section 12.1	P 24-26
	Chief Finance Officer (CFO) statement	ARRs—section 12.2	P 27

Summary of requirement		Basis for requirement	Annual report reference
Governance—management and structure	Organisational structure	ARRs—section 13.1	P 154-155
	Executive management	ARRs—section 13.2	P 80-82
	Related entities	ARRs—section 13.3	P 139
	Schedule of statutory authorities or instrumentalities	ARRs—section 13.4	P 142; 144
	Boards and committees	ARRs—section 13.5	P 111-120
	Public Sector Ethics Act 1994	*Public Sector Ethics Act 1994* (section 23 and Schedule)	P 121
	Whistleblowers Protection Act 1994	*Whistleblowers Protection Act 1994* (sections 30–31 and Schedule)	P 124
Governance—risk management and accountability	Risk management	ARRs – section 14.1	P 122
	Audit committee	ARRs—section 14.2	P 119-120
	Internal Audit	ARRs —section 14.3	P 123-124
Governance—human resources	Workforce planning, attraction and retention	ARRs—section 15.1	P 87-90; 94-95
	Early retirement, redundancy and retrenchment	Directive No.17/09 Early Retirement, Redundancy and Retrenchment	P 95
	Initiatives for women	ARRs—section 15.1 and 15.3	P 52; 67; 91; 109
	Carers (Recognition) Act 2008	*Carers (Recognition) Act 2008*	P 92
Governance—operations	Consultancies	ARRs—section 16.1	P 99
	Overseas travel	ARRs—section 16.2	P 88; 156-166
	Information systems and recordkeeping	ARRs—section 16.3	P 126-127
	Waste management	*Environmental Protection (Waste Management) Policy 2000, Environmental Protection Act 1994*	P 105
Other prescribed requirements	Indigenous matters (The Queensland Government Reconciliation Action Plan 2009–2012)	The Queensland Government Reconciliation Action Plan 2009–2012	P 65-68
	Shared services	ARRs—section 17.2	P 96
	Carbon emissions	Premier's Statement	P 105

Summary of requirement		Basis for requirement	Annual report reference
Optional information that may be reported	Corrections to previous annual reports	ARRs—section 18.1	Nil
	Right to Information	*Right to Information Act 2009*	P 124-125
	Information Privacy	*Information Privacy Act 2009*	P 124-125
	Native title	N/A	P 56
	Complaints Management	N/A	Nil
Financial statements	Certification of financial statements	FA Act—section 62 FPMS—sections 42, 43 and 50	P 181-240
	Independent Auditors Report	FA Act—section 62 FPMS—section 50	P 238-240
	Remuneration disclosures	Financial Reporting Requirements for Queensland Government Agencies	P 234

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Financial statements

Queensland Health
Financial Statements 2010-11

General Information

The Department of Health is a Queensland Government department established under the *Public Service Act 2008* and its registered trading name is Queensland Health.

Queensland Health is controlled by the State of Queensland which is the ultimate parent entity.

The principal address of the department is:
147-163 Charlotte Street
Brisbane Q 4000

A description of the nature of the department's operations and its principal activities is included in the notes to the financial statements.

For information in relation to Queensland Health's financial statements:
email FIN_Corro@health.qld.gov.au or
visit the Queensland Health website at: http://www.health.qld.gov.au

Amounts shown in these financial statements may not add to the correct subtotals or totals due to rounding.

Department of Health
Statement of Comprehensive Income
For the year ended 30 June 2011

	Notes	2011 $'000	2010 $'000
Income from continuing operations			
Departmental services revenue	4	9,440,684	8,584,754
User charges	5	778,498	688,758
Grants and other contributions	6	296,403	235,902
Other revenue	7	29,993	27,142
Total revenue		**10,545,578**	**9,536,556**
Gains	8	871	1,181
Total income from continuing operations		**10,546,449**	**9,537,737**
Expenses from continuing operations			
Employee expenses	10	6,737,186	6,138,715
Supplies and services	11	2,434,901	2,237,743
Grants and subsidies	12	906,136	741,338
Depreciation and amortisation	13	337,890	326,521
Impairment losses	14	36,021	14,572
Other expenses	15	118,266	92,703
Total expenses from continuing operations		**10,570,400**	**9,551,592**
Share of profit from associates	9	**26,236**	**14,687**
Operating result from continuing operations		**2,285**	**832**
Other comprehensive income			
Increase/(decrease) in asset revaluation surplus	28	(62,111)	(602,939)
Total other comprehensive income		**(62,111)**	**(602,939)**
Total comprehensive income		**(59,826)**	**(602,107)**

The accompanying notes form part of these statements.

Department of Health
Statement of Financial Position
As at 30 June 2011

	Notes	2011 $'000	2010 $'000
Current assets			
Cash and cash equivalents	16	(30,188)	33,068
Loans and receivables	17	547,332	452,294
Inventories	18	121,803	120,187
Other	21	93,996	84,744
Total current assets		**732,943**	**690,293**
Non-current assets			
Loans and receivables	17	10,715	-
Intangibles	22	121,595	96,853
Property, plant and equipment	23	7,178,564	6,190,270
Other financial assets	19	20,000	20,000
Investments in associates	20	40,923	14,687
Other	21	3,066	8,022
Total non-current assets		**7,374,863**	**6,329,832**
Total assets		**8,107,806**	**7,020,125**
Current liabilities			
Payables	24	407,033	381,434
Accrued employee benefits	25	330,530	306,986
Other liabilities payable	27	463	878
Total current liabilities		**738,026**	**689,298**
Non-current liabilities			
Other financial liabilities	26	59,977	17,235
Other liabilities payable	27	1,075	2,617
Total non-current liabilities		**61,052**	**19,852**
Total liabilities		**799,078**	**709,150**
Net assets		**7,308,728**	**6,310,975**
Equity			
Contributed equity		3,815,959	2,759,878
Accumulated surplus		2,400,964	2,397,181
Asset revaluation surplus	28	1,091,805	1,153,916
Total equity		**7,308,728**	**6,310,975**

The accompanying notes form part of these statements

	Notes	2011 $'000	2010 $'000
Accumulated surpluses			
Balance at the beginning of the financial year		2,397,181	2,393,543
Operating result from continuing operations		2,285	832
Transactions with owners as owners			
Correction of asset balance not previously recognised		-	3,014
Correction of liability previously recognised		1,498	-
Transfer from asset revaluation surplus		-	164
Net asset stocktake gain/(loss)		-	(372)
Balance at the end of the financial year		**2,400,964**	**2,397,181**
Asset revaluation surplus			
Balance at the beginning of the financial year		1,153,916	1,756,855
Total other comprehensive income			
Increase/(decrease) in asset revaluation surplus		(62,111)	(602,939)
Balance at the end of the financial year	28	**1,091,805**	**1,153,916**
Contributed equity			
Balance at the beginning of the financial year		2,759,878	1,948,184
Transactions with owners as owners			
Equity injections		1,199,835	1,020,003
Equity withdrawals		(209,304)	(207,695)
Net equity injection	4	**990,531**	**812,308**
Net machinery of Government transfers			
Assets received	3, 30	80,289	3,000
Assets transferred		-	(3,614)
Liability received	3, 30	(14,739)	-
Balance at the end of the financial year		**3,815,959**	**2,759,878**
Total equity		**7,308,728**	**6,310,975**

The accompanying notes form part of these statements.

Department of Health
Statement of Cash Flows
For the year ended 30 June 2011

	Notes	2011 $'000	2010 $'000
Cash flows from operating activities			
Inflows			
Departmental services receipts		9,470,897	8,554,541
User charges		634,284	587,383
Grants and other contributions		272,349	225,529
Interest received		5,177	3,955
GST collected from customers		30,975	26,935
GST input tax credits from ATO		434,491	357,020
Other		22,992	22,479
Outflows			
Employee expenses		(6,739,784)	(6,384,512)
Supplies and services		(2,377,871)	(2,124,963)
Grants and subsidies		(903,390)	(742,461)
Insurance		(75,167)	(62,485)
GST paid to suppliers		(435,216)	(373,378)
GST remitted to ATO		(32,944)	(25,390)
Other		(46,943)	(34,708)
Net cash provided by (used in) operating activities	29	**259,850**	**29,945**
Cash flows from investing activities			
Inflows			
Sales of property, plant and equipment		3,364	4,769
Loans and advances redeemed		27,770	17,848
Outflows			
Payments for property, plant and equipment		(1,296,031)	(985,283)
Payments for intangibles		(41,059)	(34,110)
Loans and advances made		(32,210)	(12,524)
Net cash provided by (used in) investing activities		**(1,338,166)**	**(1,009,300)**
Cash flows from financing activities			
Inflows			
Equity injections		1,199,835	1,020,003
Finance lease advanced		42,742	17,235
Outflows			
Equity withdrawals		(227,517)	(189,482)
Net cash provided by (used in) financing activities		**1,015,060**	**847,756**
Net increase/(decrease) in cash and cash equivalents		(63,256)	(131,599)
Cash and cash equivalents at the beginning of the financial year		33,068	164,667
Cash and cash equivalent at the end of the financial year	16	**(30,188)**	**33,068**

The accompanying notes form part of these statements

Department of Health **Statement of Comprehensive Income by Major Departmental Services and SSP** For the year ended 30 June 2011

	Prevention Promotion, Protection		Primary Health Care		Ambulatory Care		Acute Care		Rehabilitation and Extended Care		Integrated Mental Health Services		Subtotal All Major Departmental Services	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Income from continuing operations														
Departmental services revenue	459,719	363,309	595,727	552,195	1,956,289	1,706,334	4,805,023	4,518,237	620,200	582,752	868,837	770,002	9,305,795	8,492,829
User charges	19,255	20,115	1,934	1,959	127,382	126,454	573,688	488,342	40,825	37,578	15,005	14,139	778,089	688,587
Grants and other contibutions	12,487	6,664	16,274	13,363	14,953	12,283	33,081	23,905	215,419	177,017	4,187	2,664	296,401	235,896
Other revenue	4,178	4,530	968	960	5,170	4,504	17,644	14,988	1,011	1,119	1,011	1,022	29,982	27,123
Revenue	495,639	394,618	614,903	568,477	2,103,794	1,849,575	5,429,436	5,045,472	877,455	798,466	889,040	787,827	10,410,267	9,444,435
Gains	20	71	50	69	132	228	407	641	192	83	61	89	862	1,181
Total income from continuing operations	495,659	394,689	614,953	568,546	2,103,926	1,849,803	5,429,843	5,046,113	877,647	798,549	889,101	787,916	10,411,129	9,445,616
Expenses from continuing operations														
Employee expenses	245,132	199,334	395,141	374,623	1,309,031	1,179,488	3,352,517	3,104,354	609,190	554,581	683,965	624,076	6,594,976	6,036,456
Supplies and services	143,418	125,786	137,024	128,605	549,695	488,475	1,296,371	1,233,489	178,006	162,505	140,301	111,333	2,444,815	2,250,193
Grants and subsidies	79,782	51,973	50,363	38,787	158,300	102,408	546,141	485,371	47,942	41,939	23,608	20,860	906,136	741,338
Depreciation and amortisation	16,330	10,660	18,513	18,854	66,685	64,826	176,781	176,863	31,963	32,321	24,980	20,865	335,252	324,389
Impairment losses	2,894	1,044	1,994	1,166	5,985	2,362	16,531	7,206	3,191	1,144	5,426	1,650	36,021	14,572
Other expenses	9,348	6,637	13,266	7,325	19,003	15,132	53,957	46,352	9,395	7,290	12,960	10,422	117,929	93,158
Total expenses from continuing operations	496,904	395,434	616,301	569,360	2,108,699	1,852,691	5,442,298	5,053,635	879,687	799,780	891,240	789,206	10,435,129	9,460,106
Share of profit/(loss) in associates	1,349	754	1,477	826	5,226	2,926	13,622	7,627	2,230	1,248	2,332	1,306	26,236	14,687
Operating result from continuing operations	104	9	129	12	453	38	1,167	105	190	17	193	16	2,236	197
Other comprehensive income														
Increase/(decrease) in asset revaluation surplus	(2,960)	(24,950)	(3,670)	(36,317)	(12,560)	(117,358)	(32,414)	(320,345)	(5,239)	(51,128)	(5,308)	(50,834)	(62,151)	(600,932)
Total other comprehensive income	(2,960)	(24,950)	(3,670)	(36,317)	(12,560)	(117,358)	(32,414)	(320,345)	(5,239)	(51,128)	(5,308)	(50,834)	(62,151)	(600,932)
Total comprehensive income	(2,856)	(24,941)	(3,541)	(36,305)	(12,107)	(117,320)	(31,247)	(320,240)	(5,049)	(51,111)	(5,115)	(50,818)	(59,915)	(600,735)

The accompanying notes form part of these statements.

Department of Health **Statement of Comprehensive Income by Major Departmental Services and SSP** For the year ended 30 June 2011

	Subtotal All Major Departmental Services		QHSSP		Inter- Departmental Services Elimination		Total	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Income from continuing operations								
Departmental services revenue	9,305,795	8,492,829	134,889	91,925	-	-	9,440,684	8,584,754
User charges	778,089	688,587	33,224	30,979	(32,815)	(30,808)	778,498	688,758
Grants and other contributions	296,401	235,896	2	6	-	-	296,403	235,902
Other revenue	29,982	27,123	11	19	-	-	29,993	27,142
Revenue	10,410,267	9,444,435	168,126	122,929	(32,815)	(30,808)	10,545,578	9,536,556
Gains	862	1,181	9	-	-	-	871	1,181
Total income from continuing operations	10,411,129	9,445,616	168,135	122,929	(32,815)	(30,808)	10,546,449	9,537,737
Expenses from continuing operations								
Employee expenses	6,594,976	6,036,456	142,210	102,259	-	-	6,737,186	6,138,715
Supplies and services	2,444,815	2,250,193	22,222	17,186	(32,136)	(29,636)	2,434,901	2,237,743
Grants and subsidies	906,136	741,338	-	-	-	-	906,136	741,338
Depreciation and amortisation	335,252	324,389	2,638	2,132	-	-	337,890	326,521
Impairment losses	36,021	14,572	-	-	-	-	36,021	14,572
Other expenses	117,929	93,158	1,016	717	(679)	(1,172)	118,266	92,703
Total expenses from continuing operations	10,435,129	9,460,106	168,086	122,294	(32,815)	(30,808)	10,570,400	9,551,592
Share of profit/(loss) in associates	26,236	14,687	-	-	-	-	26,236	14,687
Operating result from continuing operations	2,236	197	49	635	-	-	2,285	832
Other comprehensive income								
Increase/(decrease) in asset revaluation surplus	(62,151)	(600,932)	40	(2,007)	-	-	(62,111)	(602,939)
Total other comprehensive income	(62,151)	(600,932)	40	(2,007)	-	-	(62,111)	(602,939)
Total comprehensive income	(59,915)	(600,735)	89	(1,372)	-	-	(59,826)	(602,107)

The accompanying notes form part of these statements.

Department of Health **Statement of Assets and Liabilities by Major Departmental Services and SSP** As at 30 June 2011

	Prevention Promotion, Protection		Primary Health Care		Ambulatory Care		Acute Care		Rehabilitation and Extended Care		Integrated Mental Health Services		Subtotal All Major Departmental Services	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Current assets														
Cash and cash equivalents	(1,530)	1,253	(1,898)	1,822	(6,492)	5,890	(16,755)	16,077	(2,709)	2,566	(2,745)	2,552	(32,129)	30,160
Loans and receivables	26,008	18,780	32,258	27,313	110,381	88,273	284,878	240,923	46,048	38,455	46,652	38,242	546,225	451,986
Inventories	5,799	4,975	7,193	7,236	24,614	23,387	63,526	63,829	10,269	10,188	10,402	10,132	121,803	119,747
Other	4,475	3,521	5,551	5,121	18,994	16,550	49,024	45,172	7,924	7,210	8,028	7,170	93,996	84,744
Total current assets	34,752	28,529	43,104	41,492	147,497	134,100	380,673	366,001	61,532	58,419	62,337	58,096	729,895	686,637
Non-current assets														
Loans and receivables	510	-	632	-	2,166	-	5,589	-	903	-	915	-	10,715	-
Intangibles	5,762	4,024	7,147	5,854	24,457	18,915	63,119	51,625	10,202	8,240	10,336	8,195	121,023	96,853
Property, plant and equipment	340,009	255,717	421,707	371,907	1,442,981	1,201,982	3,724,159	3,280,593	601,973	523,628	609,872	520,735	7,140,701	6,54,562
Other financial assets	952	807	1,181	1,174	4,042	3,794	10,431	10,356	1,686	1,653	1,708	1,644	20,000	19,428
Investments in associates	1,948	610	2,417	888	8,270	2,868	21,343	7,828	3,450	1,250	3,495	1,243	40,923	14,687
Other	145	333	181	485	619	1,567	1,601	4,276	258	683	262	678	3,066	8,022
Total non-current assets	349,326	261,491	433,265	380,308	1,482,535	1,229,126	3,826,242	3,354,678	618,472	535,454	626,588	532,495	7,336,428	6,293,552
Total assets	384,078	290,020	476,369	421,800	1,630,032	1,363,226	4,206,915	3,720,679	680,004	593,873	688,925	590,591	8,066,323	6,980,189
Current Liabilities														
Payables	19,243	15,761	23,867	22,920	81,670	74,078	210,779	202,183	34,070	32,271	34,518	32,093	404,147	379,306
Accrued employee benefits	15,501	12,577	19,227	18,292	65,788	59,120	169,791	161,356	27,444	25,755	27,806	25,613	325,557	302,713
Other liabilities payable	22	37	27	53	94	171	242	468	39	75	39	74	463	878
Total current liabilities	34,766	28,375	43,121	41,265	147,552	133,369	380,812	364,007	61,553	58,101	62,363	57,780	730,167	682,897
Non-current liabilities														
Other financial liabilities	2,855	714	3,542	1,042	12,120	3,367	31,281	9,188	5,057	1,466	5,122	1,458	59,977	17,235
Other liabilities payable	51	109	63	158	218	511	561	1,395	91	222	91	222	1,075	2,617
Total non-current liabilities	2,906	823	3,605	1,200	12,338	3,878	31,842	10,583	5,148	1,688	5,213	1,680	61,052	19,852
Total liabilities	37,672	29,198	46,726	42,465	159,890	137,247	412,654	374,590	66,701	59,789	67,576	59,460	791,219	702,749
Net assets	346,406	260,822	429,643	379,335	1,470,142	1,225,979	3,794,261	3,346,089	613,303	534,084	621,349	531,131	7,275,104	6,277,440

The accompanying notes form part of these statements.

Department of Health **Statement of Assets and Liabilities by Major Departmental Services and SSP** As at 30 June 2011

	Subtotal All Major Departmental Services		QHSSP		Inter- Departmental Services Elimination		Total	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Current assets								
Cash and cash equivalents	(32,129)	30,160	1,941	2,908	-	-	(30,188)	33,068
Loan and receivables	546,225	451,986	1,107	308	-	-	547,332	452,294
Inventories	121,803	119,747	-	440	-	-	121,803	120,187
Other	93,996	84,744	-	-	-	-	93,996	84,744
Total current assets	**729,895**	**686,637**	**3,048**	**3,656**	**-**	**-**	**732,943**	**690,293**
Non-current assets								
Loans and receivables	10,715	-	-	-	-	-	10,715	-
Intangibles	121,023	96,853	572	-	-	-	121,595	96,853
Property, plant and equipment	7,140,701	6,154,562	37,863	35,708	-	-	7,178,564	6,190,270
Other financial assets	20,000	19,428	-	572	-	-	20,000	20,000
Investments in associates	40,923	14,687	-	-	-	-	40,923	14,687
Other	3,066	8,022	-	-	-	-	3,066	8,022
Total non-current assets	**7,336,428**	**6,293,552**	**38,435**	**36,280**	**-**	**-**	**7,374,863**	**6,329,832**
Total assets	**8,066,323**	**6,980,189**	**41,483**	**39,936**	**-**	**-**	**8,107,806**	**7,020,125**
Current Liabilities								
Payables	404,147	379,306	2,886	2,128	-	-	407,033	381,434
Accrued employee benefits	325,557	302,713	4,973	4,273	-	-	330,530	306,986
Other liabilities payable	463	878	-	-	-	-	463	878
Total current liabilities	**730,167**	**682,897**	**7,859**	**6,401**	**-**	**-**	**738,026**	**689,298**
Non-current liabilities								
Other financial liabilities	59,977	17,235	-	-	-	-	59,977	17,235
Other liabilities payable	1,075	2,617	-	-	-	-	1,075	2,617
Total non-current liabilities	**61,052**	**19,852**	**-**	**-**	**-**	**-**	**61,052**	**19,852**
Total Liabilities	**791,219**	**702,749**	**7,859**	**6,401**	**-**	**-**	**799,078**	**709,150**
Net assets	**7,275,104**	**6,277,440**	**33,624**	**33,535**	**-**	**-**	**7,308,728**	**6,310,975**

The accompanying notes form part of these statements.

1 Objectives and strategic priorities of the department

Queensland Health's objective is to provide dependable health care and better health for all Queenslanders. To achieve this, it is essential that services are well planned and organised and that they evolve and change in line with changing practice and community needs. This is reflected in the following four strategic priorities:

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

Queensland Health is predominantly funded for the major departmental services it delivers by parliamentary appropriations and by grants from the Australian Government. It also provides health services on a fee for service basis mainly for inpatient care.

2 Summary of significant accounting policies

(a) Statement of compliance

The financial statements have been prepared in compliance with section 42 of the *Financial and Performance Management Standard 2009.*

These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ending 30 June 2011, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, the financial statements have applied the requirements applicable to not-for-profit entities as Queensland Health is a not-for-profit department. Except where stated, the historical cost convention is used.

(b) The reporting entity

Queensland Health is managed through a corporate office which undertakes a range of statewide services. Direct service delivery is provided by a network of sixteen Health Service Districts (Districts). Districts provide a large range of health care activities and operate hospital facilities, community, mental and residential health centres. Districts are not separate reporting entities. In the process of reporting on the department as a single economic entity, all transactions and balances internal to the economic entity including the Shared Service Partner, Districts and other Divisions have been eliminated in full when preparing this financial report.

The Mater Misericordiae Public Hospital although treated as a District for operational purposes, does not form part of Queensland Health. As such, its operations are not included in the financial statements except to the extent that an annual amount is paid by way of a grant to the Hospital for the provision of public hospital services in accordance with a binding Service Agreement.

The major departmental services undertaken by Queensland Health and the activities of Queensland Health Shared Service Partner (QHSSP) are disclosed in Note 3.

The financial statements include the value of all assets, liabilities, equity, revenues and expenses of Queensland Health.

The associated entities of Queensland Health are those entities in which the department has significant influence, but no control, over the financial and operating policies. As at 30 June 2011, Queensland Health has three associates -*Translational Research Institute Pty Ltd*, *Translational Research Institute Trust (TRI*) and *Queensland Children's Medical Research Institute (QCMRI).* For further details refer to Notes 2 (c), 31 (c), 20 and 33.

(c) Investments in associates

Queensland Health's investments in associates are accounted for using the equity method of accounting in the financial statements. The associates are entities over which Queensland Health has significant influence and are neither subsidiaries nor joint ventures.

Queensland Health deems to have significant influence if it holds between 20 and 50 percent of the voting power of another entity.

Under the equity method, investments in associates are carried in the Statement of Financial Position at cost plus post-acquisition changes in Queensland Health's share of net assets of the associates. Goodwill relating to an associate is included in the carrying amount of the investment and is not amortised. After application of the equity method, Queensland Health determines whether it is necessary to recognise any impairment loss with respect to the net investment in associates. Goodwill included in the carrying amount of the investment in associates is not tested separately, rather the entire carrying amount of the investment is tested for impairment as a single asset. If impairment is recognised, the amount is not allocated to the goodwill of the associate. Queensland Health has not recognised any goodwill in its accounts for the current reporting period.

The Queensland Health's share of its associates' post-acquisition profits or losses is recognised in the Statement of Comprehensive Income, and its share of post-acquisition movements is recognised in the asset revaluation surplus. The cumulative post-acquisition movements are adjusted against the carrying amount of the investment. Distributions received from the entity are to be offset against the carrying amount of the investment. Dividends receivable from associates are recognised in the Statement of Comprehensive Income as a component of other income.

Queensland Health has received no distributions from QCMRI for the current reporting period. In accordance with the requirements of the TRI Trust Deed, all distributions made to Queensland Health have been reinvested back into the TRI.

When the share of losses in an associate equals or exceeds its interest in the associate, including any unsecured long-term receivables and loans, Queensland Health does not recognise further losses, unless it has incurred obligations or made payments on behalf of the associate.

The associates' accounting policies conform to those used by Queensland Health for like transactions and events in similar circumstances. For further details refer to Notes 20, 31 (c) and 33.

(d) Administered transactions and balances

Queensland Health administers, but does not control, certain resources on behalf of the Government. In doing so, it has responsibility and is accountable for administering related transactions and items, but does not have the discretion to deploy the resources for the achievement of its objectives.

Administered transactions and balances are disclosed in Note 40. These transactions and balances are not significant in comparison to Queensland Health's overall financial performance and financial position.

(e) Trust transactions and balances

Queensland Health acts in a fiduciary trust capacity in relation to patient trusts and therefore these transactions and balances are not recognised in the financial statements. Although these funds are not controlled by Queensland Health, these activities are included in the audit review performed annually by the Auditor-General of Queensland. Note 35 provides additional information on the balances held in patient trusts.

(f) Major departmental services revenue and administered revenue

Appropriations provided under the Annual Appropriation Act are recognised as revenue when received or as a receivable when approved by Queensland Treasury.

Amounts appropriated to Queensland Health for transfer to other entities in accordance with legislative or other requirements are reported as an administered appropriation item.

(g) User charges, fees and fines

User charges and fees are controlled by Queensland Health when they can be deployed for the achievement of departmental objectives.

User charges and fees controlled by Queensland Health comprise of hospital fees, sales of goods and services and rental income. Hospital fees mainly consist of private patient hospital fees, interstate patient revenue and Department of Veterans' Affairs revenue.

Private patient hospital fees revenue is recognised as revenue when invoices for the related services are raised. Interstate patient revenue and Department of Veterans' Affairs revenue are recognised as revenue based on an estimation and reconciliation of the amount due for the financial year.

Where user charges are received for services that are to be performed in the future, the revenue is not recognised until the services are performed.

Fees and fines collected, but not controlled, by Queensland Health are recognised and reported as administered revenue in Note 40.

Arrangements exist between Queensland Health and various Hospital Foundations for the running of hospital car parks constructed by Queensland Health. Under these arrangements, approved by Government, revenues generated by the operation of these car parks are retained by Hospital Foundations which are separate statutory bodies and therefore prepare their own financial statements.

(h) Grants and other contributions

Grants, contributions, donations and gifts, that are non-reciprocal in nature, are recognised as revenue in the year in which Queensland Health obtains control over them. This includes amounts received from the Australian Government for programs that have not been fully completed at the end of the financial year.

Where grants are received that are reciprocal in nature, revenue is recognised over the term of the funding arrangements.

Contributed assets are recognised at their fair value. Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

(i) Financing and borrowing costs

Financing and borrowing costs are recognised as an expense in the period in which they are incurred.

Borrowing costs include interest on short-term and long-term borrowings, and ancillary administration charges.

(j) Cash and cash equivalents

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash includes all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions. Cash also includes a cash debit facility which forms an integral part of Queensland Health's cash management. Queensland Health is not charged interest for drawing on the cash debit facility as it is part of the Whole-of-Government banking arrangements.

Queensland Health also has investments with short periods to maturity that are readily convertible to cash on hand at Queensland Health's option which are subject to a low risk of changes in value. See Note 16. Also refer to Note 34 for restricted assets.

(k) Loans and receivables

Trade debtors are recognised at the amounts due at the time of sale or service delivery. The collectability of receivables is assessed periodically with provision being made for impairment.

Bad debts are reviewed on an ongoing basis during the year, and all that are known to be uncollectible are written off when identified. Increases in the allowance for impairment are based on loss events disclosed in Note 38 (c).

Trade and other debtors are generally settled within 60 days, while other receivables may take longer than twelve months. Collectability of advances and other receivables are reviewed on an ongoing basis at an operating unit level. Advances include insurance claims, property purchases, long service leave reimbursements, amounts advanced to employees to align the payment of salaries and wages to a uniform pay day throughout Queensland Health and amounts advanced to entities for services to be performed. No collateral is held for advances made and no interest is charged on outstanding amounts.

Queensland Health had commenced a process to recover overpayments by working with the individually affected employees to ensure there was timely resolution of the recovery process. On 10 July 2011, the Government announced there would be moratorium on the recovery of payroll overpayments. Queensland Health has been directed to redesign the recovery process. The salary recovery process will not resume until a package of changes are fully implemented. Refer Notes 3 and 42.

Queensland Health does not have the capacity to grant loans to other entities, except where specific approval is granted by the Treasurer under the *Financial Accountability Act 2009*.

Approval currently exists to the extent of the financial arrangements for funding the public hospital component of the redevelopment of the Mater Hospital. These balances are regarded as administered and are recorded at book value with no interest charged. Refer Note 40.

Loans to other entities are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Loans to other entities are initially recognised at fair value plus directly attributable transaction costs. They are subsequently recorded at amortised cost, using the effective interest method, net of any allowance for impairment. The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts

through the expected life of a financial instrument (or, when appropriate, a shorter period) to the net carrying amount of that instrument. Refer Note 17 and Note 38.

(l) Inventories

Inventories are held for distribution and are provided for no or nominal consideration. These consist mainly of medical supplies provided primarily for hospital care. Inventories held for distribution are measured at cost adjusted, where applicable, for any loss of service potential. Cost is allocated on a weighted average basis for inventories recorded on a perpetual system and includes expenditure incurred in acquiring the inventories and bringing them to their existing condition.

Unless material, inventories do not include supplies held ready for use in wards throughout the hospital facilities. These supplies are expensed on issue from Queensland Health's main storage facilities.

(m) Property, plant and equipment

Acquisition

Items of property, plant and equipment are initially recorded at actual cost when acquired. Cost is determined as the value given as consideration plus costs incidental to the acquisition and all other costs incurred to bring the asset to a state where it is ready for use.

Where assets are received free of charge from another Queensland Government department (whether as a result of a machinery-of-Government or other involuntary transfer), the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

Assets acquired at no cost or for nominal consideration, other than from an involuntary transfer from another Queensland Government entity, are initially recognised at their fair value at the date of acquisition in accordance with AASB 116 *Property, Plant and Equipment*.

Recognition

Items of property, plant and equipment with a cost or other value equal to or more than the following thresholds and with a useful life of more than one year are recognised in the year of acquisition.

Class	Threshold
Buildings and Land Improvements	$10,000
Land	$1
Plant and Equipment	$5,000

Items below these values are expensed in the year of acquisition.

Items or components that form an integral part of an asset are recognised as a single asset (functional asset). The recognition threshold is applied to the aggregate cost of each functional asset.

Artwork assets are not disclosed separately as they are not considered material to the total assets held. They form part of the plant and equipment asset class.

Heritage buildings are included in the buildings asset class as they are held primarily for the purpose of service delivery.

Revaluations

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment* and *Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector*. In respect of these asset classes, the cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

Land is measured at market value using either independent revaluations or desktop market revaluations by the State Valuation Service (SVS) within the Department of Environment and Resource Management. To ensure that land can be reported at fair value, independent revaluations are performed at least every five years or more regularly where market volatility occurs.

Buildings are measured at fair value utilising either independent revaluation or applying an interim revaluation methodology developed by the external registered valuer. Independent revaluations use depreciated replacement cost or market value as outlined below and are undertaken by external registered valuers. The complete revaluation program recommended by the external registered valuer enables Queensland Health to collectively report the building assets at fair value on an annual basis. Buildings are comprised of:

- health service buildings and on hospital-site residential facilities – valued at depreciated replacement cost
- off-hospital site residential premises – valued at market value

Queensland Health has allocated a portfolio of approximately 900 building assets (at least 95% of the gross building value) to be independently revalued over the five years between 2010-11 and 2014-15 financial years. The remaining 5% of gross building values are subject to interim revaluations.

Building valuations are influenced by factors such as age, functionality and the physical condition of each building. Independent building revaluations derive the depreciated replacement cost of health service buildings and on hospital-site residential facilities, shown as the fair value for financial reporting purposes. The depreciated replacement cost is calculated as the replacement cost less the cost to bring to current standards.

The cost to bring to current standards is determined using the condition assessment ratings shown below:

Category	Condition	% reduction in replacement cost
5	New construction, completed within the last 12 months with no work required to meet current standards.	0%
4	The asset has been completed within the last 5 years and maintained in an 'as new' condition.	5%
3	Well maintained building which is fully operational (by visual assessment only) and has no evident faults	50%
2	A building which is nearing the end of its effective life, or is housed in an inappropriate building.	71%
1	A building which has no effective life remaining and requires replacement or redevelopment.	100%

The percentage (%) of replacement cost indicates the reduction that would be applied to the replacement cost as a result of the buildings condition assessment.

The interim valuations applied annually to the buildings asset class was reassessed this year. Following the review of a number of alternative indices, the external valuer, Davis Langdon, recommended that the Department of Public Works Building Price Index (BPI) be applied. This index is used by the Public Works quantity surveyors and is based primarily on tenders for typical government buildings. Davis Langdon undertook statistical analysis and found strong correlation between the index and major projects such as the Gold Coast University Hospital Project. Therefore, Queensland Health accepted Davis Langdon's recommendation for the application of the BPI as it more accurately reflects the true marked condition for the procurement of built health assets.

In addition, a 'Health Design Factor' (HDF) was developed in consultation with Davis Langdon to account for health design factors such as health facility building design code and regulation changes in the application of the interim valuation index. The interim valuations for the following sub-classes are to be annually adjusted by applying the HDF for the duration of the current program:

4% to major, regional and rural hospitals sites; and

2% to residential on-site accommodation at hospital sites.

Any revaluation increment arising from the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance in the revaluation surplus relating to that class.

The gross method of reporting comprehensively revalued assets has been adopted. This method restates separately the gross amount and related accumulated depreciation of the assets comprising the class of revalued assets. Accumulated depreciation is restated proportionally in accordance with the independent advice of the appointed valuers/quantity surveyors. The proportionate method has been applied to those assets that have been revalued by way of indexation. Refer Note 23.

Where an asset is identified for disposal, it is revalued to its market selling price in accordance with *Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector.*

Plant and equipment is measured at cost in accordance with *Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector.*

Depreciation

Land is not depreciated as it has an unlimited useful life.

Included in the class of plant and equipment are 15 artworks valued at $0.413 million (2009-10: $0.413 million). These items are not depreciated as their value is not expected to diminish with time.

Assets under construction (work-in-progress) are not depreciated until they reach service delivery capacity. Service delivery capacity relates to when construction is complete and the asset is first put to use or installed ready for use in accordance with its intended application. These assets are then reclassified to the relevant classes of property, plant and equipment.

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less its estimated residual value, progressively over its estimated useful life to the department.

The useful life of thirty years for buildings has been determined based on the complex nature of Queensland Health's building portfolio and the renewal work undertaken over the asset's life cycle. The useful life for buildings is reassessed annually by management to ensure reliability for continued use. The remaining useful life of each building is also independently assessed when a comprehensive revaluation is performed.

Items comprising Queensland Health's technical library are expensed on acquisition.

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives distinct from the asset to which they relate and are depreciated accordingly. Queensland Health does not currently have any significant component assets where the depreciation impact resulting from separate recording of this component is material for the asset class.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset.

Major spares purchased specifically for particular assets are capitalised and depreciated on the same basis as the asset to which they relate.

The depreciable amount of improvements to or on leasehold land is allocated progressively over the estimated useful lives of the improvements or the unexpired period of the lease, whichever is the shorter. The unexpired period of leases includes any option period where exercise of the option is probable.

Plant and equipment subject to a finance lease is amortised on a straight-line basis over the term of the lease, or where it is likely that Queensland Health will obtain ownership of the asset, the expected useful life of the asset.

For each class of depreciable assets, the following depreciation rates were used:

Class	Depreciation rates
Buildings and Land Improvements	2.50% - 3.33%
Plant and Equipment	5.0% - 20.0%

Leased plant and equipment

Leased plant and equipment for which Queensland Health assumes substantially all the risks and benefits of ownership are classified as finance leases. Other leases are classified as operating leases. Queensland Health had no finance lease assets as at 30 June 2011.

Operating lease payments, being representative of benefits derived from the leased assets, are recognised as an expense of the period in which they are incurred.

Impairment of non-current assets

All non-current physical and intangible assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, Queensland Health determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent that funds are held in the surplus.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase. Refer to the *Revaluations* section of this note.

(n) Intangibles

Acquisition
Intangible assets are initially recorded at cost. Cost is determined as the value given as consideration plus costs incidental to the acquisition. Internally generated software cost includes all direct costs associated with development. All training and general overhead costs are expensed as incurred.

Recognition
Intangible assets with a cost or other value equal to or greater than $100,000 are recognised in the financial statements, with items of a lesser value being expensed.

It has been determined that there is not an active market for any of Queensland Health's intangible assets. The assets are recognised and carried at cost less accumulated amortisation and accumulated impairment losses.

Expenditure on research activities relating to internally-generated intangible assets is recognised as an expense in the period in which it is incurred.

Amortisation
Each intangible asset is amortised on a straight-line basis so as to allocate the net cost of each asset over its estimated useful life, less any anticipated residual value. The residual value is zero for all intangible assets.

Software is amortised from the time of acquisition or, in respect of internally developed software, from the time an asset is completed and held ready for use.

The following amortisation rates were used for Software:

Class	Amortisation rate
Software	10% - 20%

Intellectual property
Queensland Health controls both registered intellectual property in the form of patents, designs and trademarks and other unregistered intellectual property in the form of copyright.

As at 30 June 2011, Queensland Health's controlled intellectual property assets do not meet the recognition criteria as assets for reporting purposes.

(o) Arrangements for the provision of public infrastructure by other entities

Queensland Health has entered into a number of contractual arrangements with private sector entities for the construction and operation of public infrastructure facilities for a period of time on departmental land. After an agreed period of between fifteen and twenty-five years, ownership of the facilities will pass to Queensland Health. Arrangements of this type are known as Build Own Operate Transfer (BOOT) type arrangements. BOOT arrangements in operation during 2010-11 are listed in Note 36.

Queensland Health does not control the facilities associated with these arrangements, therefore, although the land on which the facilities have been constructed remains an asset of the department, the facilities are not recorded as assets. Queensland Health receives rights and incurs obligations under these arrangements and these include:

- Rights to receive the facility at the end of the contractual terms; and
- Rights and obligations to receive and pay cash flows in accordance with the respective contractual arrangements, other than those which are received by the respective Hospital Foundations under a Deed of Assignment.

The arrangements have been structured to minimise risk exposure for Queensland Health.

Currently there is no specific Australian Accounting Standard for the treatment of Private Provision of Public Infrastructure (PPPI) arrangements. Consequently, Queensland Health has not recognised any rights or obligations that may attach to those arrangements, other than those recognised under generally accepted accounting principles. Refer Note 36.

(p) Collocation agreements

Queensland Health has entered into a number of contractual arrangements with private sector entities for the construction and operation of private health facilities for a period of time on departmental land. After an agreed period of twenty-five years, ownership of the facilities will pass to Queensland Health.

As with BOOT type agreements, Queensland Health does not recognise these facilities as assets.

Consequently, Queensland Health has not recognised any rights or obligations that may attach to those agreements, other than those recognised under generally accepted accounting principles. Current collocation agreements in operation are listed in Note 37.

(q) Other financial assets

Queensland Health has fixed rate deposits with Queensland Treasury Corporation (QTC) approved by the Treasurer. Each investment has known receipts and fixed maturity dates. Queensland Health has the ability and intention to continue these investments until maturity as the investments contribute towards the Government's objective of promoting high quality health research under the Smart Health Research Grants Program. Refer Notes 19 and 38.

(r) Payables

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to Queensland Health. Trade creditors are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and normally settled within 60 days.

(s) Other financial liabilities

Finance lease advanced
Leases are classified as finance leases when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. Finance lease payments received in advance are recorded as liabilities. Refer Note 26.

Administered borrowings
Queensland Health administers the borrowings of the public component of the Mater Hospital redevelopment loan. There is no financial benefit derived from the transactions by Queensland Health and the financial risk associated with the public component of the project has been covered by the State Government and is treated as an administered balance. Refer Note 40.

(t) Financial instruments

Recognition
Financial assets and financial liabilities are recognised in the Statement of Financial Position when Queensland Health becomes party to the contractual provisions of the financial instruments.

Classification
Financial instruments are classified and measured as follows:
- cash and cash equivalents – held at fair value through profit or loss
- receivables – held at amortised cost
- loans to other entities – held at amortised cost
- held-to-maturity investment – held at amortised cost
- payables – held at amortised cost
- borrowings – are held at amortised cost

Any borrowing costs are added to the carrying amount of the borrowing to the extent they are not settled in the period in which they arise.

Queensland Health does not enter into transactions for speculative purposes, or for hedging. Apart from cash and cash equivalents, the department holds no financial assets classified at fair value through profit or loss.

All other disclosures relating to the measurement and financial risk management of other financial instruments are included in Note 38.

(u) Employee benefits

Employer superannuation contributions, annual leave levies and long service leave levies are regarded as employee benefits.

Payroll tax and workers' compensation insurance are a consequence of employing employees, but are not included in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses. Refer Note 10.

Wages, salaries and sick leave
Wages and salaries due but unpaid at the reporting date are recognised in the Statement of Financial Position at the current wages and salary rates.

History indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual leave
The Queensland Government's Annual Leave Central Scheme (ALCS) became operational on 30 June 2008 for departments, commercialised business units and shared service providers. Under this scheme, a levy is made on Queensland Health to cover the cost of employees' annual leave (including leave loading and on-costs). The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave are claimed from the scheme quarterly in arrears. Refer Note 25.

From 1 July 2008, no provision for annual leave is recognised in the financial statements as the liability is held on a Whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

Long service leave
Under the Queensland Government's Long Service Leave Scheme, a levy is made on Queensland Health to cover the cost of employees' long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for long service leave are claimed from the scheme quarterly in arrears.

No provision for long service leave is recognised in the financial statements, the liability being held on a Whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

Superannuation
Employer superannuation contributions are paid to QSuper, the superannuation plan for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable. Queensland Health's obligation is limited to its contribution to QSuper.

Therefore, no liability is recognised for accruing superannuation benefits in the financial statements, the liability being held on a Whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

Key executive management personnel and remuneration
Key executive management personnel and remuneration disclosures are made in accordance with section 5 Addendum (issued in May 2011) to the *Financial Reporting Requirements for Queensland Government Agencies* issued by Queensland Treasury. Refer to Note 39 for the disclosure on key executive management personnel and remuneration.

(v) Allocation of overheads to major departmental services

The revenues and expenses of Queensland Health's corporate services are allocated to departmental services on the basis of the services they primarily support and are included in the Statement of Comprehensive Income by Major Departmental Services and SSP. Refer Note 3.

(w) Insurance

Property and general losses above a $10,000 threshold are insured through the Queensland Government Insurance Fund (QGIF). Health litigation payments above a $20,000 threshold and associated legal fees are also insured through QGIF. Premiums are calculated by QGIF on a risk assessed basis.

The department also pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

(x) Services received free of charge or for nominal value

Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. When this is the case, an equal amount is recognised as revenue and an expense.

(y) Contributed equity

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland State Public Sector entities as a result of machinery-of-Government changes are adjusted to Contributed Equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities.* Appropriations for equity adjustments are similarly designated.

(z) Taxation

Queensland Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes accounted for by the department. GST credits receivable from and GST payable to the ATO are recognised and accrued. Refer Note 17.

(aa) Issuance of financial statements

The financial statements are authorised for issue by the Director-General and the Deputy Director-General, Finance, Procurement and Legal at the date of signing the Management Certificate.

(bb) Judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

User charges – Note 2 (g)
Valuation of Property, plant and equipment – Note 23
Contingencies – Note 32

(cc) Rounding and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest $1,000 or, where the amount is $500 or less, to zero, unless the disclosure of the full amount is specifically required.

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

(dd) New and revised accounting standards

Queensland Health did not voluntarily change any of its accounting policies during 2010-11. Only one amendment to an Australian Accounting Standard applicable for the first time for 2010-11 was relevant to Queensland Health as explained below.

AASB 2009 – 5 *Amendments to Australian Accounting Standards arising from the Annual Improvements Project* included certain amendments to AASB 117 *Leases* that revised the criteria for classifying leases, involving land and buildings. Queensland Health has endeavoured to undertake an assessment of the classification of land elements of all unexpired leases the department has entered into as at 1 July 2010 on the basis of information existing at the inception of the relevant leases. An assessment has been undertaken, and is continuing, however it is highly unlikely that there will be a requirement for a reclassification of operating lease to finance lease or, if there is any, it is expected to be immaterial in nature.

Queensland Health is not permitted to early adopt a new or amended accounting standard ahead of the specified commencement date unless approval is obtained from Queensland Treasury. Consequently, Queensland Health has not applied any Australian Accounting Standards and Interpretations that have been issued but are not yet effective. The department applies standards and interpretations in accordance with their respective commencement dates.

At the date of authorisation of the financial report, significant impacts of new or amended Australian Accounting Standards with future commencement dates are as set out below.

AASB 2010-4 *Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, AASB 7, AASB 101* and *AASB 134* and *Interpretation 13]* became effective from reporting periods beginning on or after 1 January 2011. Queensland Health will then need to make changes to its disclosures about credit risk on financial instruments in Note 38 (c). No longer will Queensland Health need to disclose amounts that best represent an entity's maximum exposure to credit risk where the carrying amount of the instruments reflects this. If the department holds collateral or other credit enhancements in respect of any financial instrument, it will need to disclose – by class of instrument – the financial extent to which those arrangements mitigate the credit risk. There will be no need to disclose the carrying amount of financial assets for which the terms have been renegotiated, which would otherwise be past due or impaired.

Also, for those financial assets that are either past due but not impaired, or have been individually impaired, there will be no need to separately disclose details about any associated collateral or other credit enhancements held.

AASB 9 *Financial Instruments* (December 2010) and AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128,131, 132, 136, 137, 139, 1023* and *1038* and *Interpretations 2, 5, 10, 12, 19* and *127]* become effective from reporting periods beginning on or after 1 January 2013. The main impacts of these standards on Queensland Health are that they will change the requirements for the classification, measurement and disclosures associated with financial assets. Under the new requirements, financial assets will be more simply classified according to whether they are measured at either amortised cost or fair value. Pursuant to AASB 9, financial assets can only be measured at amortised cost if two conditions are met.

One of these conditions is that the asset must be held within a business model whose objective is to hold assets in order to collect contractual cash flows. The other condition is that the contractual terms of the asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

On initial application of AASB 9, Queensland Health will need to reassess the measurement of its financial assets against the new classification and measurement requirements, based on the facts and circumstances that exist at that date. Assuming no change in the types of transactions the department enters into, it is not expected that any of Queensland Health's financial assets will meet the criteria in AASB 9 to be measured at amortised cost. Therefore, as from the 2013-14 financial statements, all of Queensland Health's financial assets will be required to be classified as "financial assets required to be measured at fair value through profit or loss" (instead of the measurement classifications presently used in Notes 2 (t) and 38. The same classification will be used for net gains/losses recognised in the Statement of Comprehensive Income in respect of those financial assets. In the case of the department's receivables, the carrying amount is considered to be a reasonable approximation of fair value.

The most significant impact on Queensland Health of the new measurement requirements is that the "held to maturity" investment described in Notes 2 (q), 2 (t), 19 and 38 will need to be measured at fair value as at 1 July 2013. In addition, that investment will no longer be classified as "held to maturity", as explained above. Queensland Health is not yet able to predict what the fair value of this investment will be at that date. The difference between the carrying amount of this investment and the fair value as at 1 July 2013 will be recognised as an adjustment to the balance of Accumulated Surplus as at 1 July 2013. In respect of this change, the 2013-14 financial statements will need to disclose a comparison between the previous measurement classification and carrying amount as at 30 June 2013 and the new classification and fair value amount as at 1 July 2013. Queensland Health plans to recognise subsequent changes in the fair value of that investment in the annual operating result.

AASB 1053 Application of *Tiers of Australian Accounting Standards* and AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements* [*AASB 1, 2, 3, 5, 7, 8, 101, 102, 107, 108, 110, 111, 112, 116, 117, 119, 121, 123, 124, 127, 128, 131, 133, 134, 136, 137, 138, 140, 141, 1050* and *1052 and Interpretations 2, 4, 5, 15, 17, 127, 129,* and *1052*] apply to reporting periods beginning on or after 1 July 2013.

AASB 1053 establishes a differential reporting framework for those entities that prepare general purpose financial statements, consisting of two tiers of reporting requirements;

- Australian Accounting Standards (commonly referred to as "tier 1") and
- Australian Accounting Standards — Reduced Disclosure Requirements (commonly referred to as "tier 2").

Tier 1 requirements comprise the full range of AASB recognition, measurement, presentation and disclosure requirements that are currently applicable to reporting entities in Australia. The only difference between the tier 1 and tier 2 requirements is that tier 2 requires fewer disclosures than tier 1. AASB 2010-2 sets out the details of which disclosures in standards and interpretations are not required under tier 2 reporting.

Pursuant to AASB 1053, public sector entities like Queensland Health may adopt tier 2 requirements for their general purpose financial statements. However, AASB 1053 acknowledges the power of a regulator to require application of the tier 1 requirements. In the case of the department, Queensland Treasury is the regulator. Queensland Treasury has advised that its policy decision is to require all departments to adopt tier 1 reporting requirements. In compliance with Treasury's policy which prohibits the early adoption of new or revised accounting standards unless Treasury approval is granted, Queensland Health has not early adopted AASB 1053.

All other Australian Accounting Standards and Interpretations with future commencement dates are either not applicable to Queensland Health activities, or have no material impact on the department.

3 Major departmental services and SSP, activities and other events

Major services

Queensland Health has six major departmental services and the Shared Service Partner. These reflect Queensland Health'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 identity and purpose of each major departmental service undertaken by Queensland Health during the reporting period is summarised as follows:

Prevention, Promotion, Protection
Aims to prevent illness or injury, promote and protect good health and well-being of the population and reduce the health status gap between the most and least advantaged in the community.

Primary Health Care
Address health problems or established risk factors of individuals and small targeted groups providing curative, promotive, preventative and rehabilitation services. The services include early detection and intervention services and risk factor management programs.

Ambulatory Care
Aims to provide equitable access to quality emergency and outpatient services provided by Queensland's public hospitals and incorporate activities of Queensland public hospitals outpatient department as well as emergency medical services provided in the public hospital emergency departments.

Acute Care
Aims to increase equity and access to high quality acute hospital services for patients on a Statewide basis and includes the provision of medical, surgical and obstetric service in Queensland hospitals.

Rehabilitation and Extended Care
Aims to improve the functional status of patients 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 major departmental service predominantly targets the needs of people with long-term conditions that have chronic consequences.

Integrated Mental Health Services
This major departmental service spans the health continuum through the provision of mental health promotion, community based illness prevention activities, acute mental health services, outpatient treatment and mental health support services as well as the extended treatment services provided through designated mental health units.

Shared Service Partner
Queensland Health's Shared Service Partner provides a standard suite of corporate services to Queensland Health, linen services and some additional out of scope services.

Major activities

Assets received from DEEDI for Health and Food Sciences Precinct
Queensland Health owns research facilities at Coopers Plains. These facilities have been upgraded to create a Health and Food Sciences Precinct (the Precinct). The Department of Employment, Economic Development and Innovation (DEEDI) was previously the lead agency in developing the Precinct. Queensland Health has been nominated by Government to take over the role of lead agency. Subsequently, the Cabinet Budget Review Committee (CBRC) endorsed the transfer of the Precinct base buildings with a value of $72.205 million and associated prepaid lease liability of $14.739 million from DEEDI to Queensland Health. The prepaid lease liability forms part of a finance lease with the Commonwealth Scientific and Industrial Research Organisation (CSIRO). During the current financial year, the prepaid finance lease payments from CSIRO were extinguished against the lease liability

Assets received from TMR for Cycle Centre
The Department of Transport and Main Roads (TMR) has agreed with Queensland Health to transfer the cycle centre and entrance works constructed as part of the Northern Busway as these were built on departmental property. Subsequently, TMR transferred $8.084 million through non-appropriated equity transfer representing costs incurred in constructing these assets to Queensland Health.

New payroll system implementation
Queensland Health introduced a new payroll system that delivered its first pay on 24 March 2010.

The implementation resulted in significant disruptions to payroll activities, pay issues for employees and a backlog of unprocessed payroll forms.

Following the problems with the new payroll system implementation, Queensland Health undertook a number of key steps to address these issues including:

- employing additional payroll staff on a temporary basis
- ensuring access to emergency financial assistance for all employees, where required
- developing and rolling out a localised payroll operating model to re-establish working relationships between employees and payroll hubs
- resolving many of the critical system issues and implementing arrangements to address the remaining problems on a priority basis
- engaging Ernst and Young to independently review Queensland Health's current payroll and rostering systems. The Queensland Government also engaged PricewaterhouseCoopers to review the Queensland Government's shared services model.

The Auditor-General of Queensland issued two major reports since the previous year in regards to Queensland Health's payroll implementation as follows:

- the *Auditor-General of Queensland Report to Parliament No. 7 for 2010* Information systems governance and control, including the Queensland Health Implementation of Continuity Project
- the *Auditor-General of Queensland Report to Parliament No. 13* for 2010 Results of audits at 31 October 2010. This was a general financial statements audit which highlighted a number of findings relating to Queensland Health payroll.

Queensland Health accepted all of the Auditor-General's recommendations and developed a comprehensive plan for their implementation.

Furthermore, Queensland Health has committed to deliver the recommendations from Ernst and Young's review of the Queensland Health payroll system including immediately initiating the Queensland Health Optimisation Project which includes:

- development of a 'Program Management Plan' including consideration of the underlying technology platform and establishing the end state vision of a payroll solution
- establishing a robust payroll solution governance model based on establishing clear roles and responsibilities, defined key performance indicators and establishment of an optimisation project steering committee
- use the lessons learnt from the delivery of the project and any future planning activities and embed these learning activities into future planning roadmaps
- review and implement robust contractual arrangements for system development and support
- mobilise the project team for the Optimise Project Initiation Phase; this mobilisation needs to minimise impact on current stabilisation activities and resources
- conduct business requirement collection and confirmation and a detailed fit and gap analysis in future activities.

Queensland Health has undertaken a significant amount of work to stabilise the Queensland Health payroll and rostering systems to ensure employees receive their correct pay and entitlements.

Overpayments recovery moratorium

From 10 July 2011, Queensland Health temporarily suspended the recovery of overpayments to focus on dealing with outstanding underpayment claims.

Suspending the recovery of overpayments is one of the five initiatives in a proposed Heads of Agreement on payroll matters, negotiated with unions and the Queensland Industrial Relations Commission over recent weeks.

The five initiatives are:

1. A suspension on the recovery of overpayments
2. An increased focus on underpayments
3. Appointing an external Workplace Ombudsman
4. Providing more support for line managers and
5. New pay adjustment arrangements and trialling a new pay cycle.

The suspension of the recovery of overpayments will continue until such time as further strategies to address reported underpayments have been significantly progressed. The conclusion of the suspension of the recovery of overpayments will be part of the discussions to be held with the Queensland Industrial Relations Commission which is overseeing the progression of the Heads of Agreement implementation.

However, staff are able to voluntarily repay their salary overpayments and interim cash payments or request more information about these amounts.

As at 30 June 2011, Queensland Health is not aware of any significant level of outstanding underpayments.

As a government department, Queensland Health has a responsibility to taxpayers to recover overpaid monies to staff.

Overpayments waiver

An announcement was made on 14 July 2010 that employees overpaid between 8 March 2010 and 30 June 2010 by a cumulative amount up to and including $200 would have their overpayment waived. This amount was selected as the cost of recovery was likely to outweigh the overpayment amount. This was of benefit to 11,322 employees at a cost of approximately $1.3 million.

Queensland Health applied a similar waiver for overpayments made during 2010-11 (1 July 2010 to 30 June 2011) by a cumulative amount up to and including $200. This was of benefit to approximately 23,155 employees at a cost of approximately $1.7 million. Both waiver amounts are included in the 2010-11 financial statements. Refer Notes 14 and 17.

As at 30 June 2011, approximately $11.3 million has been voluntarily repaid.

Included in receivables is an amount of $59.449 million (2009-10: $15.689 million) relating to salary overpayments and $9.599 million (2009-10: $5.852 million) relating to interim cash payments (for example, cheque, cash or EFT) made to staff who required immediate financial assistance. Refer Note 17.

Queensland Health remains committed to resolve staff payroll issues as soon as possible and will continue working towards delivering a payroll system which meets the needs of our staff.

Other events

Local Health and Hospitals Networks

On 20 April 2010 the Council of Australian Governance (COAG), excluding Western Australia, signed the National Health and Hospitals Network Agreement (NHHNA).

On 13 February 2011, COAG signed a Heads of Agreement on National Health Reform and a revised National Partnership Agreement on improving Public Hospital Services and committed to sign a full National Health Reform Agreement. The Agreement was finalised on 2 August 2011.

The Minister for Health introduced the Health and Hospitals Network Bill into Parliament on 16 June 2011. It is expected that the legislation will be passed later in 2011.

The draft Bill prescribes the establishment of Local Health and Hospitals Networks (LHHNs) that will be responsible for the delivery of public hospital services and other health services and the move of Queensland Health from its current role to one of overall health system manager for the State.

It is proposed that LHHNs will be separate legal entities controlled by a Governing Council and will be established as 17 separate Statutory Bodies by 1 July 2012.

As part of the transitioning planning, it has come to Queensland Health's attention that the current version of the department's financial management system is unable to support the requirement for each of the Local Health and Hospital Networks (LHHNs) to meet statutory reporting requirements from 1 July 2012. Indications are that this will not be able to be achieved until 1 July 2013. The system is supported externally by a Government service provider, Queensland Shared Services.

Natural disasters

During the 2010-11 Christmas and New Year period and further into February 2011, the State was exposed to flooding within Central and South West Queensland, Darling Downs-West Moreton and Metropolitan Brisbane. In addition Cyclones Anthony, Tasha and Yasi caused substantial damage to the Northern Regions of Cairns, Townsville, Mackay and Mt Isa. Many Health Service Districts within Queensland Health either experienced damage to property or deployed staff to areas of need. Queensland Health has assessed the impact of each natural disaster and despite the damage caused, no significant impairment of assets was identified.

Queensland Health maintained services throughout the disaster periods. Queensland Health staff who were unable to reach work or required to defend their property were granted flood leave.

To coordinate the relief effort, the Queensland Government established the *Queensland Reconstruction Authority* (the Authority) in February 2011. The Authority was established to provide, manage and coordinate a range of recovery and reconstruction programs on behalf of the State, including a range of State and Commonwealth funding and assistance programs.

The National Disaster Relief and Recovery Arrangements (NDRRA), a joint Commonwealth/State program, has provided funding to the Authority to assist with the natural disaster relief and recovery costs. The Authority coordinates the distribution of funding for NDRRA claims to enable Queensland Health to fund these activities.

As at 30 June 2011 Queensland Health has estimated eligible costs for the NDRAA claim to be in excess of $19.19 million. To date, Queensland Health has received a cash advance of $5.561 million from the Authority for eligible costs incurred during 2010-11.

	2011 $'000	2010 $'000

4 Reconciliation of payments from Consolidated Fund to departmental services revenue recognised in Statement of Comprehensive Income

Budgeted departmental services appropriation*	9,092,426	8,326,338
Transfers from other headings	200,684	117,113
Unforeseen expenditure	177,787	111,090
Total departmental services receipts	**9,470,897**	**8,554,541**
Less: Opening balance of departmental services revenue receivable	30,213	-
Plus: Closing balance of departmental services revenue receivable	-	30,213
Departmental services revenue recognised in Statement of Comprehensive Income*	**9,440,684**	**8,584,754**

* Departmental services revenue includes Australian Government contributions of $2,521.679 million (2009-10: $2,353.928 million) appropriated through Queensland Treasury.

Reconciliation of payments from Consolidated Fund to equity adjustment recognised in Contributed Equity (Statement of Changes in Equity)

Budgeted equity adjustment appropriation	1,173,292	948,157
Transfers to other headings	(200,974)	(117,636)
Equity adjustment receipts	**972,318**	**830,521**
Plus: Opening balance of equity withdrawal payable	18,213	-
Less: Closing balance of equity withdrawal payable	-	18,213
Equity adjustment recognised in Contributed Equity	**990,531**	**812,308**

5 User charges

Hospital fees	485,221	412,538
Sale of goods and services	285,175	271,507
Rental income	8,102	4,713
	778,498	**688,758**

6 Grants and other contributions

Australian Government grants		
Nursing home grants	57,197	56,165
Other specific purpose recurrent grants	74,690	60,554
Other specific purpose capital grants	6,419	6,016
Total Australian Government grants	**138,306**	**122,735**
Other grants	129,317	95,868
Donations other	4,726	6,925
Donations inventory*	6,042	1,618
Donations non-current physical assets	17,082	7,996
Other	930	760
	296,403	**235,902**

* Inventory is donated by the Australian Government as part of the Australia wide vaccinations initiative.

7 Other revenue

	2011 $'000	2010 $'000
Interest	5,189	4,029
Sale proceeds of non-capitalised assets	407	88
Licences and registration charges	2,448	2,049
Recoveries	12,955	12,671
Other	8,994	8,305
	29,993	**27,142**

8 Gains

Gain on sale of property, plant and equipment	**871**	**1,181**

9 Other Income

Share of profit from associates	**26,236**	**14,687**

10 Employee expenses

Employee benefits		
Wages and salaries	5,289,028	4,705,269
Employer superannuation contributions	550,831	537,731
Annual leave expense	608,526	630,444
Long service leave levy	115,138	94,186
Other employee benefits	4,851	6,714
Employee related expenses		
Workers' compensation premium	63,293	50,861
Payroll tax	35,164	44,049
Other employee related expenses	70,355	69,461
	6,737,186	**6,138,715**
Number of employees	**67,947**	**64,158**

The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis.

Key executive management and personnel are reported in Note 39 with the new reporting requirements in accordance with Queensland Treasury requirements. Refer also Note 2 (u).

	2011 $'000	2010 $'000
11 Supplies and services		
Consultants and contractors	382,363	306,995
Electricity and other energy	65,340	66,748
Patient travel	46,922	45,535
Other travel	61,903	51,686
Water	9,420	8,879
Building services	15,386	13,626
Computer services	93,894	82,636
Motor vehicles	11,001	10,974
Communications	65,405	60,706
Repairs and maintenance	185,358	170,698
Expenses relating to capital works	26,177	24,805
Operating lease rentals	119,668	111,335
Drugs	403,291	372,500
Clinical supplies and services	689,577	653,669
Catering and domestic supplies	147,109	140,704
Other	112,087	116,247
	2,434,901	**2,237,743**
12 Grants and subsidies		
Public hospital support services	676,701	568,385
Home, community and rural health services	155,016	134,942
Mental health services	6,744	8,978
Medical research programs	63,350	24,819
Other	4,325	4,214
	906,136	**741,338**
13 Depreciation and amortisation		
Buildings and land improvements	190,421	186,076
Plant and equipment	133,325	123,626
Software purchased	2,771	1,870
Software developed	11,373	14,949
	337,890	**326,521**
14 Impairment losses		
Impairment losses on receivables*	12,519	5,089
Bad debts written off	23,502	9,483
	36,021	**14,572**

* Refer Notes 17 and 38 (c).

15 Other expenses

	2011 $'000	2010 $'000
External audit fees*	1,596	1,254
Bank fees	480	392
Insurance**	62,906	50,022
Inventory written off	2,519	2,726
Losses from the disposal of non-current assets	5,855	5,735
Losses		
Public monies	18	3
Public property	38	16
Special payments		
Donations/gifts	68	159
Ex-gratia payments**	5,577	1,576
Other legal costs	8,121	6,142
Journals and subscriptions	8,940	7,103
Advertising	14,556	11,080
Interpreter fees***	4,765	3,910
Other	2,827	2,585
	118,266	**92,703**

*Total external audit fees relating to the 2010-11 financial year are estimated to be $1.596 million (2009-10: $1.254 million). There are no non-audit services included in this amount.
** Certain losses of public property and health litigation costs are insured with the Queensland Government Insurance Fund (QGIF). Insurance premiums are paid to QGIF each year and prepayments are reported in Note 21. Litigation in progress is reported in Note 32 (b).
*** This amount is inclusive of Mater Health Services and staff interpreter.

16 Cash and cash equivalents

Cash at bank and on hand*	(100,654)	(30,464)
24 hour call deposits**	70,466	63,532
	(30,188)	**33,068**

*Queensland Health bank accounts are grouped within the Whole-of-Government set-off arrangement with the Queensland Treasury Corporation. Queensland Health does not earn interest on surplus funds and is not charged for accessing its approved debit facility as part of Whole-of-Government banking arrangements. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.
**Cash deposited at call with the Queensland Treasury Corporation earns interest at a rate of 5.34% (2009-10: 5.06%), refer Note 34.

17 Loans and receivables

	2011 $'000	2010 $'000
Current		
Trade debtors*	293,863	221,645
Payroll receivables**	69,048	22,502
Less: Allowance for impairment***	33,527	21,008
	329,384	**223,139**
GST input tax credits receivable	63,799	63,074
GST payable	(2,310)	(4,280)
Net receivable	**61,489**	**58,794**
Annual leave reimbursements	126,585	106,146
Appropriation receivable	-	30,213
Long service leave reimbursements	18,848	16,588
Insurance claims	-	9
Advances	10,825	17,100
Other	201	305
	547,332	**452,294**
Non-current		
Loans to other entities****	10,715	-
	10,715	**-**
	558,047	**452,294**
Movements in the allowance for impairment loss		
Current		
Balance at the beginning of the year	21,008	15,919
Increase in allowance recognised in operating result	12,519	5,089
Balance at the end of the year	**33,527**	**21,008**

* Included in trade debtors are outstanding payments for the following:
- $63.412 million (2009-10: $59.7 million) from the Commonwealth Department of Veteran Affairs for patient revenue.
- $95.358 million (2009-10: $27.464 million) from the NSW Government for treatment of interstate patients.
**Included in payroll receivables is $9.599 million (2009-10: $5.852 million) relating to interim cash payments and $59.448 million (2009-10: $15.689 million) for salary overpayments. Refer Note 3 and 42.
*** Impairment for payroll receivables is $17.372 million (2009-10: $0.727 million). Refer Notes 2 (k), 3, 14 and 42.
**** The loan receivable forms part of a confidential Transaction Agreement between Queensland Health and Telstra for the relocation of the South Brisbane Telephone Exchange.

18 Inventories

Inventories held for distribution – at cost:		
Medical supplies and equipment	117,560	116,316
Catering and domestic	1,638	1,392
	119,198	**117,708**
Less: Loss of service potential	480	465
	118,718	**117,243**
Engineering – at cost	1,851	1,692
Other – at cost	1,234	1,252
	121,803	**120,187**

	2011 $'000	2010 $'000

19 Other financial assets

Fixed rate deposit*	20,000	20,000

*The Treasurer approved the investment of $20 million with Queensland Treasury Corporation (QTC) with the interest earned being used for the funding of the Smart State Research Grants Program. Interest earned from this investment totalled $0.990 million. (2009-10:$ 0.799 million). Refer Note 7. As at 30 June 2011 there is one deposit with QTC worth $20 million. Refer Note 38.

20 Investments in associates

(a) Movements in the carrying amount of the investment in associates

Translational Research Institute Trust	40,597	14,534
Queensland Children's Medical Research Institute	326	153
	40,923	14,687
Translational Research Institute Trust		
Balance at the beginning of the financial year	14,534	-
Share of profit/(loss) in associates after income tax	26,063	14,534
Balance at the end of the year	40,597	14,534
Queensland Children's Medical Research Institute		
Balance at the beginning of the financial year	153	-
Share of profit/(loss) in associates after income tax	173	153
Balance at the end of the year	326	153

(b) Summarised financial information

Translational Research Institute Trust

Extract from the Statement of Financial Position

Current assets	105,904	45,227
Non-current assets	63,110	20,237
	169,014	65,464
Current liabilities	105,871	2,331
Non-current liabilities	5,000	5,000
	110,871	7,331
Net assets	58,143	58,133
Net asset percentage share	25%	25%
Share of associates' net assets	14,536	14,534

	2011 $'000	2010 $'000

20 Investments in associates (continued)

Extract from the Statement of Comprehensive Income

Revenue	105,142	58,780
Net profit	104,250	58,133

Queensland Children's Medical Research Institute

Extract from the Statement of Financial Position

Current assets	694	1,959
Non-current assets	189	228
	883	2,187
Current liabilities	121	1,830
Non-current liabilities	1	-
	122	1,830
Net assets	761	357
Net asset percentage share	43%	43%
Share of associates' net assets	326	153

Extract from the Statement of Comprehensive Income

Revenue	1,399	4,936
Net profit	355	357

(c) Share of associates' profit and net asset percentage

Translational Research Institute Pty Ltd	25%	25%
Translational Research Institute Trust	25%	25%
Queensland's Children's Medical Research Institute	43%	43%

21 Other assets

Current		
Insurance premium prepayment*	75,167	62,485
Other prepayment	18,829	22,259
	93,996	84,744
Non-current		
Prepayments	3,066	8,022

* Insurance premiums are paid to the Queensland Government Insurance Fund (QGIF) and is paid 12 months in advance. The premium to cover the period 2011-12 is $75.167 million and for 2010-11 was $62.485 million. The increase in the insurance premium is attributed to actuarial assessment utilising information on the insurable exposure of Queensland Health. Litigation in progress is reported in Note 32 (b).

22 Intangibles

	2011 $'000	2010 $'000
Software purchased		
At cost	26,614	21,148
Less: Accumulated amortisation	14,041	10,825
	12,573	**10,323**
Software internally generated		
At cost	222,120	204,803
Less: Accumulated amortisation	167,454	160,255
	54,666	**44,548**
Software work in progress		
At cost	**54,356**	**41,982**
	121,595	**96,853**

Projects in the research phase of the software development program were expensed and were mainly classified as salaries and wages expense in 2010-11 is $5.811 million (2009-10: $9.167million).

Intangibles reconciliation

	Software purchased		Software internally generated		Software work in progress		Total	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Carrying value at start of the year	10,323	3,328	44,548	39,734	41,982	40,562	96,853	83,624
Acquisitions	3,958	8,951	10,121	1,551	26,979	23,608	41,058	34,110
Disposals	-	-	-	-	-	-	-	-
Transfer between classes	1,063	(86)	11,370	18,212	(14,605)	(18,573)	(2,172)	(447)
Transfers in/(out)	-	-	-	-	-	(3,615)	-	(3,615)
Amortisation charge for the year	(2,771)	(1,870)	(11,373)	(14,949)	-	-	(14,144)	(16,819)
Carrying value at end of period	12,573	10,323	54,666	44,548	54,356	41,982	121,595	96,853

The department's Hospital Based Corporate Information System (HBCIS) has an original cost of $0.952 million (2009-10 $0.952 million) or 0.43% (2009-10: 0.43%) of the total gross value of the class of assets. HBCIS has been written down to zero and is still being used in the provision of services. As assessment of this software was conducted in 2010-11 and it is anticipated that this module will be replaced in the next five to seven years.

23 Property, plant and equipment

	2011 $'000	2010 $'000
Land		
At fair value	1,112,805	1,074,121
	1,112,805	**1,074,121**
Buildings		
At fair value	6,398,158	5,814,143
Less: Accumulated depreciation	2,678,731	2,449,498
	3,719,427	**3,364,645**
Plant and equipment		
At cost	1,506,815	1,404,762
Less: Accumulated depreciation	745,395	676,914
	761,420	**727,848**
Capital works in progress		
At cost	**1,584,912**	**1,023,656**
Total property, plant and equipment	**7,178,564**	**6,190,270**

Land

An independent market revaluation was performed on all material land with a value greater than $0.415 million (95% of the gross value) by the State Valuation Service within the Department of Environment and Resource Management, with an effective date of 30 June 2011. For all land under $0.415 million, a desktop market valuation was performed, which takes into consideration valuation indicators such as location, size, zoning and recent market sale data. The State Valuation Service valuation team for 2010-11 comprised of the following registered valuers:

Ses Brimblecombe Regd Valuer
Caroline Kelsey Regd Valuer
Angela Ives AAPI
Matt Woodbridge Regd Valuer
Simon Dawson AAPI
Dan Moran AAPI
D Routh AAPI
Meg Dullaway AAPI
P Janke AAPI
S Doyle AAPI
B Krause AAPI
MC Farrington Regd Valuer
B Mahoney AAPI
Graham Short AAPI
Caroline Kelsey AAPI
Paul Schefe Regd Valuer
Glen Morris AAPI
Meg Redfern AAPI
J Greenhill Regd Valuer
D Hobbs AAPI
Ian Smith AAPI
Bill Hall AAPI
Noel Cronin AAPI
Rob Chant Regd Valuer

The revaluation at 30 June 2011 resulted in an increment of $0.141 million to the carrying amount of land.

Buildings

An independent revaluation of 22% of the gross value of the building portfolio was performed as at 30 June 2011 by registered valuers of Davis Langdon using the "fair value" principles.

The Davis Langdon valuation team for 2010-11 comprised of:
Mr Damien Hirst – BSc (Hons) Quantity Surveying AAIQS
Mr Calvin Ling – B. App. Sc (Hons) Quantity Surveying AAIQS
Mr Shaun Young – BSc (Hons) Quantity Surveying
Mr William Lawler – AAPI CPV Reg No. QLD 3306

For buildings not subject to independent revaluations during 2010-11, the Department of Public Works Building Price Index (BPI) was assessed as nil for the year and a Health Design Factor or either 2% or 4% was applied on all buildings this year for the first time. Refer Note 2(m).

The buildings valuations for 2010-11 resulted in a net decrement to the Department's building portfolio of $52.424 million. This is a decrease of 0.82% to the building portfolio as at 30 June 2011 (gross value of $6.4 million).

Property, plant and equipment reconciliation

	Land		Buildings		Plant and equipment		Work in progress		Total	
	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000	2011 $'000	2010 $'000
Carrying value at start of the year	1,074,121	1,097,738	3,364,645	3,649,630	727,848	644,682	1,023,656	720,424	6,190,270	6,112,474
Acquisitions	22,728	22,780	211,635	103,418	155,539	200,093	906,129	658,991	1,296,031	985,282
Donation received	16,529	-	60	7,045	492	939	-	-	17,081	7,984
Disposals	(707)	(1,814)	(996)	(201)	(6,163)	(5,830)	-	(1,338)	(7,866)	(9,183)
Donations made	-	-	-	-	(177)	(107)	-	-	(177)	(107)
Transfer between classes	8	7,442	339,060	341,576	16,061	8,850	(352,957)	(357,421)	2,172	447
Transfers in	72	-	57,610	3	1,144	2,847	8,084	3,000	66,910	5,850
Revaluation Increments/(decrements)	294	(47,325)	(56,135)	(548,504)	-	-	-	-	(55,841)	(595,829)
Impairment decrement	(240)	(4,700)	(6,030)	(2,246)	-	-	-	-	(6,270)	(6,946)
Depreciation charge for the year	-	-	(190,421)	(186,076)	(133,325)	(123,626)	-	-	(323,746)	(309,702)
Carrying value at end of period	1,112,805	1,074,121	3,719,427	3,364,645	761,420	727,848	1,584,912	1,023,656	7,178,564	6,190,270

The Department has plant and equipment with an original cost of $15.242 million (2009-10: $21.028 million) or 1.0 % (2009-10: 1.5%) of total plant and equipment gross value and a written down value of zero still being used in the provision of services. These assets will be replaced in future years based on Queensland Health priorities as identified through the Asset Strategic Planning process.

Included in the valuation of buildings are 72 heritage buildings held at gross value of $109.676 million (2009-10: 67 buildings at gross value of $108.346 million). Refer Note 2 (m). for the valuation of heritage buildings.

	2011 $'000	2010 $'000

24 Payables

Trade creditors	403,215	356,387
Equity withdrawal payable	-	18,213
Other creditors	3,818	6,834
	407,033	**381,434**

25 Accrued employee benefits

Wages outstanding	135,949	88,364
Other employee entitlements payable	10,140	8,776
Annual leave levy payable	151,457	184,600
Long service leave levy payable	32,984	25,246
	330,530	**306,986**

26 Other financial liabilities

Non-current		
Finance lease advanced*	**59,977**	**17,235**

*This is the advanced lease payments from the Translational Institute Research Trust. Refer Note 2 (s).

27 Other liabilities payable

Current		
Unearned other revenue	**463**	**878**
Non-current		
Unearned other revenue	**1,075**	**2,617**

28 Asset revaluation surplus by class

	2011 $'000	2010 $'000
Land		
Balance at the beginning of the financial year	688,175	740,200
Revaluation increment/(decrement)	227	(47,325)
Asset revaluation prior year	67	-
Impairment losses through equity*	(240)	(4,700)
Balance at the end of the financial year	**688,229**	**688,175**
Buildings		
Balance at the beginning of the financial year	465,741	1,016,655
Revaluation increment/(decrement)	(52,241)	(548,504)
Asset revaluation prior year	(3,894)	(164)
Impairment losses through equity**	(6,030)	(2,246)
Balance at the end of the financial year	**403,576**	**465,741**
Balance at the end of the financial year	**1,091,805**	**1,153,916**

The asset revaluation surplus represents the net effect of revaluation movement of assets at fair value.

* The land impairment loss of $0.2 million recognised in 2010-11 (2009-10: $4.7 million) relates to 15 land parcels previously held at market value, that were identified as being held by traditional owners through a Deed of Grant in Trust (DOGIT). Therefore, the land's fair value has been impaired.

** The building impairment loss of $6.030 million recognised in 2010-11 (2009-10: $2.246 million) predominantly related to buildings with shorter than expected useful lives located on the site of health facility redevelopments. The majority of the buildings impaired, to which this write-off relates, have been demolished as at reporting date.

29 Reconciliation of operating surplus to net cash from operating activities

Operating result from continuing operations	2,285	832
Non-cash items:		
Depreciation expense	323,746	309,702
Amortisation expense	14,144	16,819
Assets written off/scrapped	520	156
Contributed assets and other non-cash donations	(25,982)	(10,374)
Loss on sale of property, plant and equipment	5,374	5,596
Gain on sale of property, plant and equipment	(871)	(1,182)
Share of profits in associates	(26,236)	(14,687)
Other non cash supplies	6,963	-
Other non cash items	1,733	2,134
Changes in assets and liabilities:		
Increase/(decrease) in departmental services revenue receivables	30,213	(30,213)
(Increase)/decrease in trade and payroll receivables	(106,131)	(79,649)
(Increase)/decrease in GST input tax credits receivable	(2,695)	(14,813)
(Increase)/decrease in LSL reimbursement receivable	(2,260)	(5,598)
(Increase)/decrease in annual leave reimbursement receivables	(20,439)	(32,400)
(Increase)/decrease in inventories	(1,616)	328
(Increase)/decrease in recurrent prepayments	(4,296)	(9,816)
Increase/(decrease) in unearned revenue	(1,957)	(7,353)
(Increase)/decrease in accrued salaries and wages	47,585	(253,896)
Increase/(decrease) in annual leave payable	1,364	(26,892)
Increase/(decrease) in payables	43,811	110,028
Increase/(decrease) in annual leave levy payable	(33,143)	68,567
Increase/(decrease) in LSL levy payable	7,738	2,656
Net cash provided by operating activities	**259,850**	**29,945**

30 Non cash financing and investing activities

Assets and liabilities received or transferred by the department are set out in the Statement of Changes in Equity. The activities for the financial year are explained in Note 3.

31 Commitments for expenditure

	2011 $'000	2010 $'000

(a) Non-cancellable operating leases

Commitments under operating leases at reporting date are inclusive of anticipated GST and are payable as follows:

Not later than one year	60,384	60,146
Later than one year and not later than five years	147,814	150,317
Later than five years	29,984	28,070
	238,182	**238,533**

Operating leases are entered into as a means of acquiring access to office and residential accommodation and office equipment. Lease payments are generally fixed, but with escalation clauses on which contingent rentals are determined. No lease arrangements contain restrictions on financing or other leasing activities.

(b) Expenditure and other commitments

Material classes of capital and other expenditure commitments inclusive of anticipated GST, contracted for at reporting date but not recognised in the accounts are payable as follows:

Capital works*	2,484,331	2,984,848
Supplies	28,119	37,852
Repairs and maintenance	45,701	64,715
Employment	469	1,346
Other	54,361	37,787
	2,612,981	**3,126,548**
Not later than one year	1,233,278	463,044
Later than one year and not later than five years	1,373,469	2,654,142
Later than five years	6,234	9,362
	2,612,981	**3,126,548**

* Includes capital expenditure for the development of three new tertiary hospitals and continuing redevelopment and refurbishment of existing hospitals and health care facilities. Capital projects are delivered under a partnering agreement between Queensland Health and the Department of Public Works, Project Services Division. These projects have been approved by the Cabinet Budget Review Committee and have been included as commitments for the total project amounts. Each of these projects is currently at different stages of the contractual cycle. The contracted commitments for the approved projects are $1.591 million. Comparative contracted commitments are not able to be determined.

(c) Grants and other contributions

Grants and contribution commitments inclusive of anticipated GST, committed to provide at reporting date, but not recognised in the accounts are payable as follows:

Not later than one year*	186,831	152,930
Later than one year and not later than five years*	106,549	171,914
Later than five years	-	5,545
	293,380	**330,389**

*Grant and other contribution commitments include:
– Queensland Health's contribution to the Translational Research Institute Facility. Refer to Notes 2 (c) and Note 33.
– a payable to Noosa Hospital in the 'not later than one year' category as it is subject to annual review. For more detail refer Note 36.

	2011 $'000	2010 $'000

32 Contingencies

(a) Guarantees and undertakings

As at 30 June 2011, the department held the following guarantees and undertakings from third parties. These amounts have not been recognised as assets in the financial statements.

Guarantees	2,192	-
Undertakings	10,912	13,283
	13,104	13,283

(b) Litigation in progress

	2010 cases	Increase cases	Decrease cases	2011 cases
Cases have been filed with the courts as follows:				
Federal Court	-	-	-	-
Supreme Court	3	18	-	21
District Court	1	4	-	5
Magistrates Court	1	-	-	1
Tribunals, commissions and boards	151	7	-	158
	156	29	-	185

	2009 cases	Increase cases	Decrease cases	2010 cases
Federal Court	-	-	-	-
Supreme Court	32	-	29	3
District Court	16	-	15	1
Magistrates Court	1	-	-	1
Tribunals, commissions and boards	109	42	-	151
	158	42	44	156

Health litigation is underwritten by the Queensland Government Insurance Fund (QGIF). Queensland Health's liability in this area is limited to an excess per insurance event. Refer Note 2 (w).

The department's legal advisers and management believe it would be misleading to estimate the final amounts payable (if any) in respect of the litigation before the courts at this time.

The introduction of the *Personal Injuries Proceedings Act 2002* has resulted in fewer cases appearing before the courts. These matters are usually resolved at the pre-proceedings stage.

From 1 July 2010, the management of all Queensland Health indemnified claims are managed by QGIF. As at 30 June 2011 there were 362 (2009-10: 298) claims managed by QGIF, some of which may never be litigated or result in payments to claims. The maximum exposure to Queensland Health under this policy is up to $20,000 for each insurable event.

The special claims management process ("the special process") was established by Government in 2005 to expeditiously resolve claims as a result of healthcare treatment provided by Dr Patel has continued. The key features of the special process are an acceptance of liability by the State, payment for the cost of medical assessment, a contribution to the claimants' legal fees and payment of the cost of mediation (if needed). These features are a significant departure from the prevailing legislative scheme. As at 30 June 2011, 387 (2009-10: 387) special process claims had been received with three of these claims remaining unresolved. Claims which remain outstanding are included in the above table.

32 Contingencies (continued)

(c) Native Title

The Queensland Government Native Title Work Procedures were designed to ensure that native title issues are considered in all of Queensland Health's land and natural resource management activities.

All dealings pertaining to land held by or on behalf of Queensland Health must take native title into account before proceeding. These dealings include disposal, acquisition, development, redevelopment, clearing, fencing and the granting of leases, licences or permits and so on. Dealings may proceed on department owned land where native title continues to exist, provided native title holders or claimants receive the necessary procedural rights.

In accordance with State Government Land Policies, generally once native title over a particular holding has been cleared, Queensland Health is required to convert the tenure to freehold ownership

Queensland Health has completed 55.01% of native title assessments of department land holdings and 83.44% have now been converted to freehold tenure.

With the assistance of Crown Law, Queensland Health is currently negotiating with a number of *Indigenous Land Use Agreements* (ILUA) with native title holders. These ILUAs will provide trustee leases to validate the tenure of current and future facilities.

The National Title Tribunal reported a total of 8 native title claims (2009-10: 5 claims).

33 Associated entities

Translational Research Institute Pty Ltd

The *Translational Research Institute Pty Ltd* (the Company) was registered as an Australian proprietary company, limited by shares, on 12 June 2009. Queensland Health is one of four founding shareholders, each holding 25 shares at $1 per share in the Company. The Company does not trade and its sole purpose is to act as trustee of the *Translational Research Institute Trust (TRI Trust)*. There have been no transactions recorded in this entity for the period 1 July 2010 to 30 June 2011. As the Company is a non-trading entity, it has not prepared financial statements for the financial year ended 30 June 2011. Also refer Notes 2 (c), 20 and 31 (c).

Translational Research Institute Trust

The *Translational Research Institute Trust* (*TRI Trust*) was created as a Discretionary Unit Trust on 16 June 2009. Queensland Health is one of four founding members, each holding 25 units in the *TRI Trust* and equal voting rights. The objectives of the *TRI Trust* are to:

(i) design, construct and maintain the Translational Research Institute Facility (TRI Facility); and
(ii) operate and manage the TRI Facility to promote medical study, research and education.

The Trust's annual reporting period is on a calendar year basis. Audited financial statements were prepared for the financial year ending 31 December 2010. A set of Board endorsed Management Accounts were prepared for the period 1 January 2011 to 30 June 2011. Also refer Notes 2 (c), 20 and 31 (c).

Queensland Children's Medical Research Institute

Queensland Children's Medical Research Institute (QCMRI) is a child and adolescent health focused research institute, based at the Royal Children's Hospital, Brisbane. *QCMRI* was incorporated as an Australian public company limited by guarantee on 17 June 2009. The entity is a registered health promotion charity for Commonwealth Income Taxation purposes. Queensland Health is one of three founding members. The entity meets the criteria for significant influence by virtue of founding member status and associated significant board representation. Queensland Health employees hold three out of the seven positions on the Board of Directors and therefore record a 43% share of the entity's equity. *QCMRI* prepares financial statements as at 30 June. Also refer Notes 2 (c) and 20.

34 Restricted assets

The department receives cash contributions primarily from private practice clinicians under an agreement and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests for stipulated purposes.

At 30 June 2011, the amount of $72.640 million (2009-10: $66.894 million) in General Trust and $8.846 million (2009-10: $9.929 million) for Clinical Drug Trials is set aside for the specified purpose underlying the contribution.

35 Fiduciary trust transactions and balances

The department acts in a custodial role in respect of these transactions and balances and are therefore not recognised in the financial statements, but are disclosed here for information purposes.

	2011 $'000	2010 $'000
Fiduciary trust receipts and payments		
Receipts		
Patient trust receipts	32,920	30,481
Total receipts	**32,920**	**30,481**
Payments		
Patient trust related payments	32,916	30,671
Total payments	**32,916**	**30,671**
Increase/(decrease) in net patient trust assets	**4**	**(190)**
Increase in net refundable deposits	**12**	**5**
Fiduciary trust assets		
Current assets		
Cash		
Patient trust deposits	4,713	4,709
Other refundable deposits	123	111
Total current assets	**4,836**	**4,820**

36 Arrangements for the provision of public infrastructure by other entities

BOOT arrangements operating for all or part of the financial year are as follows.*

Facility	Health Service District	Counterparty	Term of Agreement	Commencement Date
Butterfield Street Car Park	Metro North	International Parking Group Pty Limited	25 years	January 1998
Bramston Terrace Car Park	Children's Health Services	International Parking Group Pty Limited	25 years	November 1998
The Prince Charles Hospital Car Park	Metro North	International Parking Group Pty Limited	22 years	November 2000
The Prince Charles Hospital Early Education Centre	Metro North	Queensland Child Care Services Pty Ltd	20 years	April 2007
Central Energy Facility**	Metro North	APT Facility Management Pty Ltd	15 years	February 1999
Noosa Hospital and Specialist Centre	Sunshine Coast Wide Bay	Ramsay Health Care	20 years	September 1999
Townsville Hospital Support Facilities Building and Walkway	Townsville	Trilogy Funds Management Ltd	25 years	April 2002
Childcare Centre	Townsville	Trilogy Funds Management Ltd	25 years	September 2004
The Princess Alexandra Hospital Multi Storey Car Park	Metro South	International Parking Group Pty Limited	25 years	February 2008

* Refer Note 2 (o).

** This BOOT arrangement was finalised on 10 January 2011 and the asset transferred to Queensland Health.

Assets and liabilities

The land where the facilities have been constructed is recognised as departmental land, subject to an operating lease. Pending the finalisation of a formal accounting standard for these types of arrangements, the Queensland Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements.

	2011 $'000	2010 $'000
Accrued expenses		
Current	2,050	2,112
Unearned revenue		
Current*	62	230
Non-current*	-	1,328
	62	1,558

Revenues and expenses

Revenues and expenses recognised in relation to these arrangements:

User charges	368	824
Grants and other contributions	24,475	25,257

36 Arrangements for the provision of public infrastructure by other entities (continued)

Butterfield Street Car Park
A $2.5 million up-front payment for rental of land on which the car park has been built was received at the commencement of car park operations in January 1998. This amount is being recognised over the term of the agreement. Rental of $0.3 million per annum is also received from the car park operator up to January 2019 increasing to $0.6 million for the remainder of the lease period. Queensland Health staff are entitled to concessional rates when using the car park.

Bramston Terrace Car Park
A $1.32 million upfront payment for rent of land on which the car park has been built was received on commencement of car park operations in November 1998. This amount was fully recognised in the year of receipt. A peppercorn rental of $1 is paid each year over the term of the agreement and Queensland Health staff are entitled to concessional rates when using the car park.

The Prince Charles Hospital Car Park
A $1.0 million up-front payment for rental of land on which the car park has been built was received at the commencement of car park operations in November 2000. This amount is being recognised over the term of the agreement. Rental of $0.05 million per annum is also received from the car park operator. Under the agreement, Queensland Health staff are entitled to concessional rates when using the car park.

The Prince Charles Hospital Early Education Centre
The developer constructed a 150 place early education centre in April 2007 on site at the hospital. The developer operates and maintains the facility at its sole cost and risk. Under the agreement staff on site are given priority access to child care. Rental of $0.07 million per annum is charged for the land and is adjusted for CPI annually.

Central Energy Facility
Under this arrangement the Central Energy Facility has been constructed on site at the Redcliffe Hospital and has been operating since February 1999. Right, title and interest in the central energy facility plant and equipment will pass to Queensland Health on expiry of the agreement for an agreed consideration amount. This BOOT arrangement was finalised on 10 January 2011 and the asset transferred to Queensland Health.

Noosa Hospital and Specialist Centre
This agreement has been structured to transfer substantially all the risks associated with the operation of public hospital to a private sector entity. The Noosa Hospital and Specialist Centre commenced operations in September 1999. Under this arrangement, Queensland Health funds the operators for the provision of services to public patients. The level of services and the amount paid is subject to annual review.

A capital recovery charge is paid to the operator as part of the service agreements for the purpose of maintaining public infrastructure. An estimate of the value of the assets to be transferred on completion of the agreements has not yet been determined. The operator is not permitted to charge any fees to public patients other than those normally charged for a service in a public hospital.

Townsville Support Facilities Building, Walkway and Childcare Centre
Under this arrangement, a support facilities building and childcare centre have been constructed on the department's land with a walkway linking the support facilities building to the Townsville Hospital. This facility has been in operation since April 2002. Annual rental is charged for the land of $0.035 million varying with tenant turnover figures and is adjusted for CPI annually.

The Princess Alexandra Hospital Multi Storey Car Park
The developer has constructed a 1,403 space multi storey car park on site at the hospital. Rental of $0.295 million per annum escalated for CPI annually will be received from the car park operator up to February 2033. The developer operates and maintains the facility at its sole cost and risk. Queensland Health staff are entitled to concessional rates when using the car park.

36 Arrangements for the provision of public infrastructure by other entities (continued)

BOOT arrangements with Queensland Health cashflows (indicative)

	The Prince Charles Hospital Early Education Centre	Noosa Hospital & specialist Centre	Townsville Support Facilities	The Princess Alexandra Hospital Multi Storey Carpark	Total
	$'000	$'000	$'000	$'000	$'000
Inflows					
Not later than 1 year	79	-	47	324	**450**
Later than 1 year but not later than 5 years	342	-	200	1,398	**1,940**
Later than 5 years but not later than 10 years	489	-	286	1,997	**2,772**
Later than 10 years	691	-	346	6,810	**7,847**
Outflows					
Not later than 1 year	-	(25,090)	-	-	**(25,090)**
Later than 1 year but not later than 5 years	-	(113,287)	-	-	**(113,287)**
Later than 5 years but not later than 10 years	-	(165,392)	-	-	**(165,392)**
Net indicative cash flow	**1,601**	**(303,769)**	**879**	**10,529**	**(290,760)**

37 Collocation arrangements

Collocation arrangements operating for all or part of the financial year are as follows.*

Facility	Health Service District	Counterparty	Term of Agreement	Commencement Date
Caboolture Private Hospital	Metro North	Affinity Health Ltd	25 years	September 1997
Redlands Private Hospital	Metro South	Sister of Mercy	25 years	August 1999
Holy Spirit Northside Private Hospital	Metro North	The Holy Spirit Northside Private Hospital Limited	25 years	July 2001

* Refer Note 2 (p).

38 Financial instruments

(a) Categorisation of financial instruments

The department has the following categories of financial assets and financial liabilities:

Category	Note	2011 $'000	2010 $'000
Financial assets			
Cash and cash equivalents*	16	(30,188)	33,068
Loans and receivables	17	558,047	452,294
Fixed rate deposits	19	20,000	20,000
		547,859	**505,362**
Financial liabilities			
Payables	24	407,033	381,434
		407,033	**381,434**

Queensland Health has a business card facility (corporate card) with the Commonwealth Bank of Australia with an approved credit limit of $10 million. The balance of this facility is cleared monthly, and remains un-drawn at 30 June 2011 and is available for use in the next reporting period. This facility is not subject to an interest rate.
* Refer to Note 38 (c).

(b) Financial risk management

Queensland Health is exposed to a variety of financial risks – credit risk, liquidity risk, market risk and interest rate risk.

Financial risk is managed in accordance with departmental policies. Queensland Health's policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of the department.

Queensland Health measures risk exposure using a variety of methods as follows:

Risk Exposure	Measurement method
Credit risk	Ageing analysis
Liquidity risk	Monitoring of cashflows by active management of accrual accounts

(c) Credit risk exposure

Credit risk exposure refers to the situation where the department may incur financial loss as a result of another party to a financial instrument failing to discharge its obligation.

The maximum exposure to credit risk at balance date in relation to each class of recognised financial asset is the gross carrying amount of those assets inclusive of any allowances for impairment.

The following table represents Queensland Health's maximum exposure to credit risk based on contractual amounts net of any allowances as per AASB 139 *Financial Instruments: Recognition and Measurement.*

38 Financial instruments (continued)

(c) Credit risk exposure (continued)

Maximum exposure to credit risk

	2011 $'000	2010 $'000
Cash	(30,188)	33,068
Loans and receivables	558,047	452,294
Fixed rate deposits	20,000	20,000
	547,859	505,362

No collateral is held as security and no credit enhancements relate to financial assets held by the department.

Queensland Health manages the credit risk of the fixed rate deposits by ensuring that the department invests in secured assets and monitors all funds owed on a timely basis. Exposure to credit risk is monitored on a regular basis.

The method for calculating any allowances for impairment is based on past experience and review of current outstanding accounts over 60 days. The main factors affecting current calculation for allowances are disclosed below as loss events.

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

There are no amounts offset as per AASB 132 *Financial Instruments: Presentation*. The recognised impairment loss is $36.021 million (2009-10: $14.572 million) for the current year. This is an increase of $21.449 million and is comprised of the current year loss events and increase in impairment loss on receivables. Refer Note 14.

The loss events of $23.502 million (2009-10: $9.484 million) are primarily comprised of the following:
- ineligible overseas patients treated in public hospitals where the cost was irrecoverable $5.762 million (2009-10: $5 million)
- under agreement with Papua New Guinea (PNG) irrecoverable patient fees were $8.585 million (2009-10: $0.484 million)
- householder's debts including general private patients and staff related irrecoverable debts $8.459 million (2009-10: $2.119 million)
- irrecoverable debts from private businesses $0.057 million (2009-10: $0.203 million)
- irrecoverable third party claim settlements from patients involved in motor vehicle accidents $0.639 million (2009-10: $1.072 million).

Impairment loss on receivables of $12.519 million (2009-10: $5.089 million) is comprised of:
- payroll receivables impairment of $17.372 million (2009-10: $0.727 million)
- offset by trade receivables impairment credit of $4.853 million mainly due to ineligible PNG patient fees adjustment (2009-10: $4.361 million).

Concentration of credit risk on trade and other debtors is summarised as General Public $389.254 million (2009-10: $283.650 million) and the Public Sector $168.793 million (2009-10: $168.644 million)
The department is undertaking a process of recovering its salary overpayments. Refer Notes 3, 17 and 42.

No financial assets have had their terms renegotiated so as to prevent them from being past due or impaired and are stated at the carrying amounts as indicated.

Ageing of past due but not impaired as well as impaired financial assets are disclosed in the following tables:

Financial assets past due but not impaired 2010-11

		Overdue			
	Less than 30 days $'000	30-60 days $'000	61-90 days $'000	More than 90 days $'000	Total financial assets $'000
Loans and receivables	511,560	10,065	14,514	21,908	558,047

38 Financial instruments (continued)

(c) Credit risk exposure (continued)

Financial assets past due but not impaired 2009-10

			Overdue		
	Less than 30 days	30-60 days	61-90 days	More than 90 days	Total financial assets
	$'000	$'000	$'000	$'000	$'000
Loans and receivables	369,667	12,609	6,440	63,578	452,294

Individually impaired financial assets 2010-11

			Overdue		
	Less than 30 days	30-60 days	61-90 days	More than 90 days	Total financial assets
	$'000	$'000	$'000	$'000	$'000
Loans and receivables	18,043	767	1,427	13,290	33,527

Individually impaired financial assets 2009-10

			Overdue		
	Less than 30 days	30-60 days	61-90 days	More than 90 days	Total financial assets
	$'000	$'000	$'000	$'000	$'000
Loans and receivables	1,346	497	1,132	18,033	21,008

(d) Liquidity risk

Liquidity risk refers to the situation where the department may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Queensland Health is exposed to liquidity risk through its trading in the normal course of business. The department aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times. The department has an approved debt facility of $500 million under Whole-of-Government banking arrangements to manage any short term cash shortfalls.

The department's exposure to liquidity and interest rate risks and effective interest rates of financial assets and liabilities are shown in the "liquidity and interest risk" table. All assets and liabilities are shown by maturity or contract repricing dates and at face value.

The following table sets out the liquidity risk of financial liabilities held by Queensland Health.
It represents the contractual maturity of financial liabilities, calculated based on cash flows relating to the liabilities at reporting date.

	Note	2011 Payable in			Total
		‹ 1 year	1-5 years	› 5 years	
		$'000	$'000	$'000	$'000
Financial liabilities					
Payables	24	407,033	-	-	407,033
Total		407,033	-	-	407,033

		2010 Payable in			
		‹ 1 year	1-5 years	› 5 years	Total
		$'000	$'000	$'000	$'000
Financial liabilities					
Payables	24	381,434	-	-	381,434
Total		381,434	-	-	381,434

38 Financial instruments (continued)

(e) Market risk

Queensland Health does not trade foreign currency and is not directly exposed to commodity price changes.

Queensland Health has minimal exposure to foreign exchange risk through its capital works program and purchase of supplies required as part of providing health services.

Queensland Health's Integrated Risk Management Policy Framework encompasses a process to identify and manage all risks. In regards to market risk, there have been no risks identified that required action by the department in the current and foreseeable future.

(f) Interest rate sensitivity analysis

Queensland Health has interest rate exposure on the 24 hour call deposits and there is no interest rate exposure on its cash and fixed rate deposits. The department does not undertake any hedging in relation to interest rate risk. Changes in interest rate have no material effect on the operating result of the department.

Liquidity and interest rate risk 2010-11

	Maturity date					
	1 year or less	1 to 5 years	More than 5 years	Non interest bearing	Total	Weighted average rate
	$'000	$'000	$'000	$'000	$'000	%
Financial assets						
Cash				(100,654)	(100,654)	
24 hour call deposits	70,466	-	-	-	70,466	5.34
Loans and receivables	-	-	-	558,047	558,047	
Fixed rate deposits	-	20,000	-	-	20,000	5.03
	70,466	20,000	-	457,393	547,859	
Financial liabilities						
Payables	-	-	-	407,033	407,033	
	-	-	-	407,033	407,033	

Liquidity and interest rate risk 2009-10

	Maturity date					
	1 year or less	1 to 5 years	More than 5 years	Non interest bearing	Total	Weighted average rate
	$'000	$'000	$'000	$'000	$'000	%
Financial assets						
Cash	-	-	-	(30,464)	(30,464)	
24 hour call deposits	63,532	-	-	-	63,532	5.06
Loans and receivables	-	-	-	452,294	452,294	
Fixed rate deposits	-	20,000	-	-	20,000	4.79
	63,532	20,000	-	421,830	505,362	
Financial liabilities						
Payables	-	-	-	381,434	381,434	

(g) Fair value

The fair value of financial assets and liabilities is determined as follows:

- The fair value of receivables and payables are assumed to approximate their nominal value less any allowance for impairment.
- Held-to-maturity financial assets are measured at cost as fair value cannot be reliably measured therefore no fair value is disclosed.

The carrying amount of all financial assets and liabilities equates to net fair value.

39 Key executive management personnel and remuneration

The following details for key executive management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Queensland Health during 2010-11. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management. The table below lists the most recent incumbents for each position. Refer Note 2 (u).

(a) Key executive management personnel

Position	Responsibilities	Current incumbents	
		Contract classification and appointment authority	Dates appointed to position
Director-General	Responsible for the overall management of Queensland Health through major functional areas to ensure the delivery of key government objectives in improving the health and well being of all Queenslanders.	s92 Contract/CEO Governor in Council/ *Public Service Act 2008*	23/6/2008 – 22/6/2011
Deputy Director-General, Corporate Services Division*	Lead and manage the strategic corporate services functions, including finance and human resource services, of Queensland Health.	Relieving/higher duties arrangement/CEO 5	31/7/2010 – 28/1/2011
Deputy Director-General, Policy Strategy and Resourcing Division	Lead the development of policy, strategy and clinical workforce development to meet current and future health challenges.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	10/05/2010
Deputy Director-General, Health Planning and Infrastructure Division	Provide strategic leadership and advice in the management of health infrastructure and assets throughout their lifecycle.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	24/1/2011
Deputy Director-General, Performance and Accountability Division	Lead and manage the functions relating to accountability and governance across Queensland Health. Responsible for developing governance, strategic planning and performance management frameworks.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	19/11/2008
Deputy Director-General, Human Resource Services Division*	Responsible for providing strategic leadership in relation to all human resource functions, including industrial relations, across Queensland Health.	s24 and s28E Contract/ HES 3 Chief Executive/ *Health Services Act 1991*	17/01/2011
Deputy Director-General, Finance Procurement and Legal Services*	Strategic responsibility for developing, implementing, managing and monitoring the financial framework, corporate financial systems and budget administration of Queensland Health.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	24/01/2011
Chief Executive Officer, Centre for Healthcare Improvement	Lead and manage the implementation of Queensland Health's reform agenda in the areas of clinical governance, information transparency, patient access and organisational culture, ensuring optimal levels of health service delivery and patient safety.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	17/08/2009

39 Key executive management personnel and remuneration (continued)

Position	Responsibilities	Current incumbents	
		Contract classification and appointment authority	Dates appointed to position
Chief Health Officer	Lead and manage the development of strategic policy, regulation, legislative frameworks and programs for public health function, including, mental health, population health and health service regulation as well as the provision of advice to the Minister and government relating to emergencies such as pandemics, epidemics, or major disasters.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	14/8/2005
Chief Information Officer	Provide leadership and strategic direction for the provision of information management and information communication technology services to Queensland Health.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	2/06/2008
Chief Executive Officer, Clinical and Statewide Services	Responsible for managing the strategic functions relating to the Clinical and Statewide Service provided by Queensland Health, including Pathology, Medication Services, Radiology, Forensic and Scientific Services, Biomedical Technology Services and Queensland Blood Management.	s24 and s28E Contract/ HES 4 Chief Executive/ *Health Services Act 1991*	2/06/2009

* The position of Deputy Director-General, Corporate Services Division has not had anyone in the position since 28 January 2011. Following a restructure, two new positions were created including:
- the position of Deputy Director-General, Human Resource Services Division created on 8 October 2010; and
- the position of Deputy Director-General, Finance Procurement and Legal Services created on 8 October 2010.

(b) Remuneration

Remuneration policy for Queensland Health's key executive management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*. The remuneration and other terms of employment for the key executive management personnel are specified in employment contracts.

For the 2010-11 year, the remuneration of key executive management personnel increased by 2.5% in accordance with government policy.

Remuneration packages for key executive management personnel comprise the following components:
- Short-term employee benefits which include:
  - Base – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the Statement of Comprehensive Income.
  - Non-monetary benefits – consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long term employee benefits include long service leave accrued.
- Post employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2010-11 financial year.
- Total fixed remuneration is calculated on a 'total cost' basis and includes the base and non-monetary benefits, long term employee benefits and post employment benefits.

39 Key executive management personnel and remuneration (continued)

(b) Remuneration (continued)

Total fixed remuneration is calculated on a 'total cost' basis and includes the base and non-monetary benefits, long term employment benefits and post employment benefits.

1 July 2010 – 30 June 2011

Position	Short term employee benefits		Long term employee benefits	Post employment benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
Director-General	453	13	-	52	128	646
Deputy Director-General, Corporate Services Division	202	9	3	19	375	608
Deputy Director-General, Policy Strategy and Resourcing Division	410	14	12	32	-	468
Deputy Director-General, Health Planning and Infrastructure Division	336	5	3	26	-	370
Deputy Director-General, Performance and Accountability Division	352	12	10	37	-	411
Deputy Director-General, Human Resource Services Division	118	1	2	13	-	134
Deputy Director-General, Finance Procurement and Legal Services	149	1	3	13	-	166
Chief Executive Officer, Centre for Healthcare Improvement	344	8	8	37	-	397
Chief Health Officer	482	13	19	52	-	565
Chief Information Officer	273	3	19	32	-	327
Chief Executive Officer, Clinical and Statewide Services	275	3	-	31	-	309

39 Key executive management personnel and remuneration (continued)

(b) Remuneration (continued)

1 July 2009 – 30 June 2010

Position	Short term employee benefits		Long term employee benefits	Post employment benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
Director-General	408	16	-	43	-	527
Deputy Director-General, Corporate Services Division	239	10	7	29	-	285
Deputy Director-General, Policy Strategy and Resourcing Division	216	15	4	23	5	263
Deputy Director-General, Health Planning and Infrastructure Division	203	9	10	32	-	254
Deputy Director-General, Performance and Accountability Division	337	12	10	36	-	395
Chief Executive Officer, Centre for Healthcare Improvement	260	9	6	29	-	304
Chief Health Officer	467	14	16	52	-	549
Chief Information Officer	230	5	54	32	-	321
Chief Executive Officer, Clinical and Statewide Services	214	3	-	31	-	248

40 Administered transactions and balances

The administered transactions and balances are comprised primarily of Health Quality and Complaints Commission (HQCC) and Mater Hospital related transactions.

The HQCC provides assurance to the community that health care services providers in Queensland provide the highest possible standard in the quality of care.

The Mater Public Hospital redevelopment was completed in June 2008 with funding provided from Government borrowings managed as administered transactions. Further details on this arrangement are outlined below.

The Administered transactions and balances for 2010-11 are as follows.

	2011 $'000	2010 $'000
Administered revenues		
Administered item appropriation	25,288	24,592
Taxes, fees and fines	201	260
Total	**25,489**	**24,852**
Administered expenses		
Grants	18,212	17,000
Borrowing costs	7,076	7,591
Other expenses	201	261
Total	**25,489**	**24,852**
Administered assets		
Current		
Cash	11	12
Receivables	8,869	8,329
Non-current		
Receivables	95,462	104,309
Total	**104,342**	**112,650**
Administered liabilities		
Current		
Payables	32	42
Other financial liabilities	8,848	8,299
Non-current		
Other financial liabilities	95,462	104,309
Total	**104,342**	**112,650**

40 Administered transactions and balances (continued)

Receivables

Receivables reflect the passing on of funds to the Mater Hospital 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 ten year term.

Payables

Borrowings are provided by Queensland Treasury Corporation. The interest rate on borrowings is fixed at 6.46%. The repayment term is ten years. Borrowings are all in Australian dollar denominated amounts.

The market value of the debt as notified by Queensland Treasury Corporation at 30 June 2011 was $108.927 million (2009-10: $117.965 million). The market value of debt represents the value of the debt if the department repaid the debt at 30 June 2011.

An amount of $7.076 million (2009-10: $7.591 million) comprising interest on funds and administration fees from Queensland Treasury Corporation has been recognised as an expense in the reporting period.

41 Reconciliation of payments from Consolidated Fund to administered revenue

	2011 $'000	2010 $'000
Budgeted appropriation	24,998	24,069
Transfers from other headings	290	523
Administered revenue recognised in Note 40	**25,288**	**24,592**

42 Events after the reporting period

Overpayments recovery moratorium

From 10 July 2011, Queensland Health temporarily suspended the recovery of overpayments to focus on dealing with outstanding underpayment claims.

Queensland Health had commenced a process to recover overpayments by working with the individually affected employees to ensure there was timely resolution of the recovery process.

The salary recovery process will not resume until a package of changes are fully implemented. Refer Note 3.

Department of Health

Management Certificate

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects, except that deficiencies have been identified regarding the completeness, accuracy and timely payment of employee expenses since the department went live with the new payroll system on 14 March 2010. These deficiencies represent non-compliance with the prescribed requirements for the department to maintain an appropriate system of internal control in relation to its expense management system for employee expenses; and

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health for the financial year ended 30 June 2011 and of the financial position of the department at the end of that year.

Neil Castles
Deputy Director-General
Finance, Procurement and Legal Services

1 / 9 / 2011

Dr Tony O'Connell
Director-General

1 / 9 / 11

INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the Financial Report

I have audited the accompanying financial report of the Department of Health, which comprises the statement of financial position and statement of assets and liabilities by major departmental services and SSP as at 30 June 2011, the statement of comprehensive income, statement of changes in equity, statement of cash flows and statement of comprehensive income by major departmental services and SSP for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certificates given by the Director-General and Deputy Director-General, Finance, Procurement and Legal Services.

The Accountable Officer's Responsibility for the Financial Report

The Accountable Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Accountable Officer's responsibility also includes such internal control as the Accountable Officer determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Accountable Officer, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can only be removed by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Basis of Qualified Opinion

Section 61(b) of the *Financial Accountability Act 2009* requires the Accountable Officer to establish and maintain appropriate systems of internal control. Further, s.19 of the *Financial and Performance Management Standard 2009* requires the Accountable Officer to manage the Department's expenses in accordance with an expense management system that provides for the prompt identification, approval, management, recording and timely payment of expenses.

As disclosed in Note 3, the Department is continuing to implement recommendations to improve the effectiveness of payroll processing. During the financial year, significant deficiencies have been identified in the completeness and accuracy of employee payments as a result of the absence of adequate internal controls.

While these deficiencies were identified, I am satisfied they do not have a material effect on the completeness and accuracy of employee expenses disclosed in the Statement of Comprehensive Income as $6,737,186,000 (2010: $6,138,715,000). The deficiencies in internal control identified represent material non-compliance with the prescribed requirements for the Department to maintain an appropriate system of internal control in relation to its expense management system for employee expenses. My report for 2009-10 was also qualified on this basis.

In addition, Note 3 to the financial statements identifies that the Department temporarily suspended the recovery of salary overpayments as it undertakes initiatives to stabilise the payroll and rostering system to ensure that employees receive their correct pay and entitlements. Included in the amount of $69,048,000 for Payroll Receivables, disclosed in Note 17, is an amount of $59,448,000 for salary overpayments and an Allowance for Impairment of $17,372,000 in relation to these salary overpayments. The Department has agreements in place with employees for the repayment of salary overpayments in the order of $6,000,000. The Department has expressed a commitment to the recovery of these overpayments.

In my opinion, as there are no agreements with affected employees for the repayment of a substantial part of the amounts assessed by the Department to be overpayments and in view of the continuing issues associated with the implementation of the payroll system, there is insufficient evidence for me to assess the amount recognised as a Payroll Receivables for salary overpayments and associated Allowance for Impairment. Accordingly I am unable to form and do not express an opinion on these balances.

Qualified Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion, except for the matters described in the preceding paragraphs, –

  (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

  (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Department of Health for the financial year 1 July 2010 to 30 June 2011 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report of the Department of Health for the year ended 30 June 2011. Where the financial report is included on the Department of Health's website the Accountable Officer is responsible for the integrity of the Department of Health's website and I have not been engaged to report on the integrity of the Department of Health's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements or otherwise included with the financial report. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in this website version of the financial report.

These matters also relate to the presentation of the audited financial report in other electronic media including CD Rom.

G G POOLE FCPA
Auditor-General of Queensland

AUDITOR GENERAL
- 1 SEP 2011
OF QUEENSLAND

Queensland Audit Office
Brisbane

Photography:
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