



{ 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 <i>Water Fluoridation Act 2008</i> , 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. In 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.



{ 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-retain 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	<i>Queensland Institute of Medical Research Act 1945</i>	Annual Report to Parliament
Dental Technicians Board of Queensland	<i>Dental Technicians Registration Act 2001</i>	Annual Report to Parliament
Director of Mental Health	<i>Mental Health Act 2000</i>	Annual Report to Parliament
Health Community Councils (36)	<i>Health Services Act 1991</i>	Annual Report to Parliament
Health Consumers Queensland — Ministerial Advisory Committee	<i>Health Services Act 1991</i>	Annual Report to the Minister for Health
Health Quality and Complaints Commission	<i>Health Quality and Complaints Commission Act 2006</i>	Annual Report to Parliament
Hospital Foundations (13)	<i>Hospitals Foundations Act 1982</i>	Annual Report to Parliament
Medical Radiation Technologists Board of Queensland	<i>Medical Radiation Technologists Registration Act 2001</i>	Annual Report to Parliament
Mental Health Court Mental Health Review Tribunal	<i>Mental Health Act 2000</i> Annual	Annual Report to Parliament
Occupational Therapists Board of Queensland	<i>Occupational Therapists Registration Act 2001</i>	Annual Report to Parliament
Speech Pathologists Board of Queensland	<i>Speech Pathologists Registration Act 2001</i>	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