Where no other funding option is available for equipment that is vital in meeting clinical service delivery requirements, and a HHS or Department of Health Division wishes to use HTER funding to purchase items under $5000, approval shall be sought through the Chief Finance Officer (CFO), Queensland Health.

Expenses associated with managing or supporting plant and equipment line items shall only be charged to the CAP if able to be treated as capital or approved by the CFO.

Items over $1M require a business case to be approved by the HHS Chair/Chief Executive or Divisional Deputy Director-General (DDG).

At the completion of the two year HTER Program, all items shall be goods receipted by 30 June.

Capital Funding Policy

Implementation Standard for the Health Technology Equipment Replacement Program

1. Purpose

This Implementation Standard identifies the minimum requirements for the Health Technology Equipment Replacement (HTER) Program and the supplementary Health Technology Disposals Program (HTDP) and it identifies individual accountabilities and responsibilities in relation to these requirements.

2. Scope

This Standard applies as mandatory to all Department of Health Divisions (this includes the Health Services Support Agency (HSSA). This Standard provides guidance and business rules for all Hospital and Health Services in their management and use of HTER program funding.

3. Supporting documents

Authorising Policy and Standards:

- Capital Funding Policy
- Capital Funding Policy – Implementation Standard – Funding Sources
- Capital Funding Policy – Implementation Standard – Items to be funded from the Capital Acquisition Plan (CAP).

Protocols, Procedures, Guidelines:

- HTER Procedure.

Forms and templates:

- Nil

4. Related documents

5. Requirements

5.1 Allocating HTER Funding

5.1.1 HTER funding allocation shall only be used to fund the replacement of Health Technology (HT) items that are deemed as ‘MEDEQP’ Class Assets only, in accordance with the Capital Funding Policy – Implementation Standard – Items to Be Funded from the Capital Acquisition Plan (CAP) and the HTER Procedure.

5.1.2 The Senior Director Clinical Infrastructure Unit shall allocate HTER Program funding to ensure equitable distribution to all Business Areas, taking into consideration both Hospital and Health Services (HHSs) and Department of Health requirements.

5.1.3 The Senior Director Clinical Infrastructure Unit Solutions shall seek the Chief Health Infrastructure Officer endorsement of the recommended HHS and Department of Health Divisional HTER funding allocations.

5.1.4 The Manager HTER shall manage Business Area funding allocations based on the prioritised equipment lists submitted to the HTER Program by HHSs and Department of Health Divisions.

5.1.5 HTER funding allocations for Business Areas shall only be changed if equipment priorities need to be realigned in order to meet service delivery requirements.

5.1.6 Any changes to funding allocations shall be endorsed by the relevant HHS Chair/Chief Executive or the delegated Divisional Deputy Director-General (DDG). A copy of this endorsement shall be provided to the Manager HTER Program.

5.2 Using HTER funding

5.2.1 HTER funding shall only be used for the replacement of existing HT items and shall not be utilised to increase the asset base (e.g. to procure new additional assets).

5.2.2 HTER funding allocations shall only be used for the purchase of HT equipment valued at $5,000 or greater. All purchases shall be made in accordance with section 5.2 of the Capital Funding Policy Implementation Standard – Items to be funded from the Capital Acquisition Plan (CAP).

5.2.3 Items of less than $5,000 value (GST exclusive) shall be funded out of the operating budget for the relevant HHS or Department of Health Division. The following exceptions apply:
• where no other funding option is available to procure equipment that is vital to clinical service delivery requirements, approval for an exemption shall be sought from the Department of Health Chief Finance Officer (CFO), in accordance with the Capital Funding Policy – Implementation Standard – Items to be funded from the Capital Acquisition Plan and the HTER Procedures.

• where equipment has a parent/child relationship, and the combination of all individual HT items required to operate the equipment exceeds the $5,000 threshold, and a single ‘functional’ FAMMIS asset is created.

5.2.4 Where equipment remains in service or has been transferred (cascaded) to another facility after replacement by the HTER Program, it shall not be replaced again using HTER funding.

5.2.5 Expensed items associated with managing or supporting plant and equipment line items shall only be charged to the HTER Program if they are able to be treated as capital assets, or approval has been received from the CFO (e.g. installation or delivery costs).

5.2.6 Information Technology (IT) software upgrades shall not be purchased using HTER funding allocations.

5.2.7 A business case shall be prepared and approval sought from the relevant HHS Chair/Chief Executive or the Divisional DDG for the purchase of all items over $1 million. The approved business case shall be lodged with the HHS Chief Finance Officer, or with the designated Department of Health Divisional Program/Project Manager, with a copy forwarded to the Manager HTER Program and the Department of Health CFO. The business case shall be available for auditing purposes if required.

5.2.8 Where a group of items is being replaced under one project and the total sum of replacement costs of all items is over the $1 million threshold (GST exclusive), a business case shall be submitted for the project (e.g. the replacement of monitoring systems), in accordance with clause 5.2.7.

5.3 HTER installation and de-installation costs

5.3.1 HHSs and Department should include installation costs as part of their HTER allocation. If the HHS/Division fails to allocate HTER funding for installation costs, they shall be responsible for the installation costs associated with HTER funded equipment. The use of HTER funding allocations for installation costs shall be in accordance with the Capital Funding Policy – Implementation Standard – Items to be funded from the Capital Acquisition Plan and HTER Procedure.
5.3.2 HTER funding shall not be used to cover the costs associated with de-installation of replaced equipment.

5.4 HTER replacement priority lists

5.4.1 When requested by the Senior Director, Clinical Infrastructure Unit (in preparation for a new HTER Program), HHS Chairs/Chief Executives (or Delegated Officers) shall provide a prioritised equipment list to the Manager HTER Program, as detailed in the HTER Procedure.

5.4.2 As per clause 5.4.1, Managers of Department of Health Divisional Programs and Projects that are funded through the HTER Program shall provide prioritised equipment lists, endorsed by the Divisional DDG (or Delegated Officer), to the Manager HTER Program, as detailed in the HTER Procedure.

5.4.5 HHSs and Department of Health Divisions shall add or withdraw equipment to and from the HTER Prioritised Equipment List when service delivery priorities have changed, as detailed in the HTER Procedure.

5.5 HTER Program approvals, monitoring, reporting and general requirements

5.5.1 The Senior Director Clinical Infrastructure Unit shall seek HTER Program financial expenditure approval (non-recurrent) for the total value of the HTER Program through the Governor In Council (GIC) approval process.

5.5.2 Once GIC approval has been obtained, HHSs and Divisions shall exercise their recurrent financial expenditure delegation when purchasing HTER funded items.

5.5.3 The Senior Director Clinical Infrastructure Unit shall provide monthly reports to the Chief Health Infrastructure Officer on all HTER Program expenditure for each Department of Health Division/HHSs.

5.5.4 Senior Director Clinical Infrastructure Unit shall provide quarterly reports to the Executive Management Group (EMT) on all HTER Program expenditure for each Department of Health Division/HHS.

5.5.5 The Manager HTER shall monitor and advise Department of Health Divisions/HHSs on their respective budget positions with regard to HTER funding.

5.5.6 The Senior Director Clinical Infrastructure Unit (with Chief Health Infrastructure Officer endorsement) shall redistribute or adjust Business Area funding allocations where Department of Health priorities change or a Business Area is unable to commit their allotted allocation.
5.6 HTER end of Program requirements

5.6.1 Business Areas shall 'goods receipt' all delivered, installed and commissioned equipment by June 30 of the second year of each two-year HTER Program (known as program end), as detailed in the HTER Procedure.

5.7 Equipment disposal

5.7.1 HT equipment replaced by HTER funding allocations shall be disposed of in accordance with the FMPM, and the HTER Procedure.

5.7.2 Approval shall be received from the relevant HHS Chair/Chief Executive or respective Department of Health Divisional DDG (or their Delegated Officer) prior to disposal of any equipment funded under the HTER Program.

6. Review

This Standard is due for review on 30 June 2013 and then not less than every two years.

7. Business Area Contact

The HTER Program as part of Clinical Infrastructure Unit, Health Infrastructure Branch (HIB), System Support Services (SSS).

8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility(ies)</th>
<th>Accountabilities/Audit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor In Council (GIC)</td>
<td>● Approves the two year HTER budget.</td>
<td>● The HTER budget is approved in accordance with Queensland Health Financial delegations.</td>
</tr>
</tbody>
</table>
| Department of Health | ● System Manager  
 ● Clinical Improvement functions  
 ● Corporate and whole of government requirements  
 ● Policy and “Ministry functions  
 ● Statewide Clinical support functions | ● Parliamentary and Ministerial Services  
 ● Departmental Liaison and Executive Support  
 ● External Relations  
 ● Secretariat Services  
 ● Audit |
| Chief Health Infrastructure Officer - Health Infrastructure Branch (HIB) | ● Endorse HTER Implementation Standards and any subsequent amendments.  
 ● Endorse HHSDepartment of Health/Divisional budget allocations.  
 ● Review HTER Program expenditure monthly. | ● Oversee HTER funding management. |
| Chief Finance Officer, | ● Review HHS/Department of Health Divisional submissions for HTER funding approval for | ● The CFO is responsible to ensure the provisions within |

Printed copies are uncontrolled
Queensland Health: Implementation Standard for the Health Technology Equipment Replacement Program

Department of Health
- Equipment purchases less than $5000.
  - Provide HHS/Department of Health Divisions with approval submission outcomes.
- HHS Chair/Chief Executive and Department of Health Divisional DDGs with HTER funded projects or Programs, or Delegated Officer
  - Endorsement of HHS/Department of Health Division:
    - Equipment lists.
    - Funding allocations, and
    - Business cases for equipment over $1 million.
  - Lodge the following documentation:
    - HTER equipment list memorandum, as detailed in the Procedures Manual and submit to HTER for filing.
    - A copy of each business case with the Department of Health HTER team and the HHS Finance unit.
- HHS HTER Coordinators and Department of Health Divisional Program/Project Officers
  - Manage the HTER equipment list creation process.
    - Compile equipment lists.
    - Coordinate equipment list prioritisation.
    - Submit equipment lists to HTER team.
    - Ensure equipment lists and business cases are endorsed by HHS Chair/Chief Executive and submitted correctly.
- Senior Director Clinical Infrastructure Unit
  - Seek GIC approval and HIB endorsement for the funding prior to the new Program start.
  - Allocate HHS/Department of Health Divisional funding in accordance with approved HTER methodologies.
  - Provide monthly and quarterly reports
- Manager HTER
  - Manage the HTER funding expenditure process.
  - Manage HHS/Department of Health Divisional Equipment List compilation and execution process.
  - Manage HTER reporting requirements.
- Ensure the provisions within the HTER Implementation Standard are adhered to.

9. Definitions of terms used in this policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>Approval means to confirm or sanction a course of action. Approvals can only be sanctioned by officers with the appropriate delegation (e.g. CFO)</td>
<td>FMPM</td>
</tr>
<tr>
<td>Capital Funding</td>
<td>Capital funding represents cash provided to or built up by the department that can be used for the acquisition, development or enhancement of non-current assets</td>
<td>Capital Funding Policy</td>
</tr>
<tr>
<td>Delegated Officer</td>
<td>The accountable officer as described by the FMPM and nominated by the HHS Chair/Chief Executive or Divisional Deputy Director-General</td>
<td>FMPM</td>
</tr>
</tbody>
</table>
Queensland Health: Implementation Standard for the Health Technology Equipment Replacement Program

<table>
<thead>
<tr>
<th>Division/s/al Program/Project Head</th>
<th>System Support Services Division or Health Service and Clinical Innovation Division or System Policy and Performance Division or Health Services Support Agency (HSSA)</th>
<th>QHEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorse</td>
<td>Endorse means to support or recommend a course of action that ultimately will support an approval decision.</td>
<td>Capital Funding Policy</td>
</tr>
<tr>
<td>HTER Procedure</td>
<td>Procedure for the Health Technology Equipment Replacement (HTER) Program and disposal of replaced equipment</td>
<td>HTER Implementation Standard</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Medical equipment (shown as ‘MEDEQP’) as detailed in the Implementation Standard – Health Technology and General Medical Equipment</td>
<td>FAMMIS</td>
</tr>
<tr>
<td>Policy Custodian</td>
<td>Officer responsible to lead the development of a policy and/or oversight implementation and review of the approved policy</td>
<td>Capital Funding Policy</td>
</tr>
<tr>
<td>System Manager</td>
<td>System Manager means the Department of acting through the Chief Executive (Director-General). The HHBA (s8(2)) also states “the overall management of the public sector health system is the responsibility of the department, through the chief executive (the system manager role)”</td>
<td>HHS Service Agreements: Definitions</td>
</tr>
</tbody>
</table>

10. Approval and Implementation

Policy Custodian:
Senior Director, Finance in Practice - Finance Branch

Responsible Executive Team Member:
Deputy Director-General, System Support Services

Approving Officer:
Deputy Director-General, System Support Services

Approval date: 19/02/2013
Effective from: 02/01/2013