ANNUAL REPORT 2016–2017

Gold Coast Hospital and Health Service

Queensland Government

The Gold Coast Hospital and Health Service Annual Report 2016–17 has been prepared to meet annual reporting requirements for whole of government, the community and other stakeholders.

The annual report provides an overview of our non-financial performance and financial position for the 2016–17 reporting year. This includes details of outcomes against strategic priorities and the Queensland Government's objectives for the community. The report also provides information on how we are governed, the people who enable us to operate and our plans for building a healthier Gold Coast community.

Public availability statement

An electronic copy of this publication and other annual online data reporting documents are available at https://publications.qld.gov.au/dataset/gold-coast-health-annual-report

For further information, or to request a hard copy of this publication, please contact the Governance, Risk and Commercial Services Unit, Gold Coast Hospital and Health Service, by phone 1300 744 284 or email ExecOfficeReception@health.qld.gov.au

Interpreter Service statement

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 telephone (07) 5687 7100 or 1300 744 284 and we will arrange an interpreter to effectively communicate the report to you.

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Welcome

Table of contents

Letter of compliance

5 September 2017

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane Qld 4001 Australia

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2016–17 and financial statements for Gold Coast Hospital and Health Service.

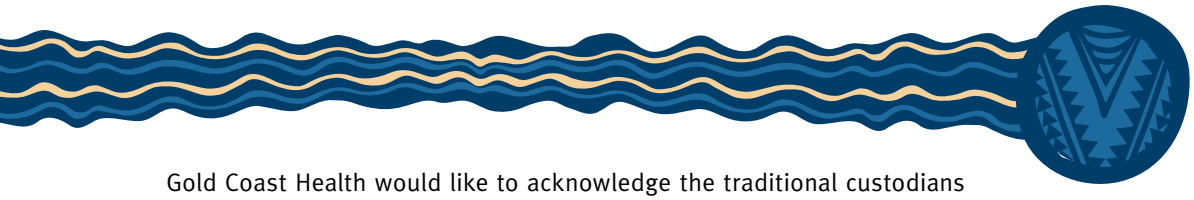
I certify that this Annual Report complies with:

- 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 page 110 of this Annual Report.

Yours sincerely

Mr Ian Langdon
Board Chair
Gold Coast Hospital and Health Service



Gold Coast Health would like to acknowledge the traditional custodians of the Gold Coast, the Yugambeh speaking people, whose land, winds and waters we all now share; and pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community.

We pay our respects to Elders past, present and emerging, and recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

Artwork produced for Queensland Health by Gilimbaa.

About Gold Coast Health

Gold Coast Health is establishing itself as a world-class provider of public healthcare services through innovation and patient-centred care.

Gold Coast Health is one of the fastest growing health services in Australia, operating almost 20 facilities and delivering a broad range of secondary and tertiary health services throughout the region, comprising over 1150 hospital beds across two main hospitals.

Services delivered include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, outpatients, environmental health, public health services and more.

Gold Coast Health currently employs more than 8900 staff making it the city's largest employer. The health service has an annual operating budget of $1.359 billion.

Who we care for

The Gold Coast region attracts more than 13 million visitors and approximately 12,500 new residents each year, making it one of the fastest growing cities in Australia.

The Gold Coast community is diverse in culture, age, socio-economic status and healthcare needs. There are 593,209 people who live in the catchment area and depend on the health service for their healthcare needs. In addition, Gold Coast University Hospital is the closest tertiary care hospital for people living in northern New South Wales.

According to the 2016 census:

- 1.7 per cent of our population identify as Aboriginal and/or Torres Strait Islander
- 28.3 per cent of residents were born overseas
- 12.4 per cent of residents speak a language other than English at home
- the Gold Coast has 27,500 residents (4.9 per cent) with a profound or severe disability
- residents aged over 60 represent 22 per cent of the population.

A comprehensive population profile of the Gold Coast can be sourced from the Gold Coast Primary Health Network at www.healthygc.com.au.

Our vision, purpose and values

Our vision

Gold Coast Health will be recognised as a centre of excellence for world-class healthcare.

Our purpose

Providing excellence in sustainable and evidence-based healthcare that meets the needs of the community.

Our values

Our work is driven by our six core values:

Integrity

To be open and accountable to the people we serve.

Community first

To have the patient's and the community's best interest at heart.

Respect

To listen, value and acknowledge each other.

Excellence

To strive for outstanding performance and outcomes.

Compassion

To treat others with understanding and sensitivity.

Empower

To take ownership and enable each other to achieve more.

Health service snapshot

Our history

2002

Robina Hospital (former St Vincent's Hospital) acquired by Queensland Health.

2005

Cardiac catheter suite opens at Gold Coast Hospital – 2000 patients no longer have to travel to Brisbane.

2012

Establishment of Gold Coast Hospital and Health Service under the *Hospital and Health Boards Act 2011* on 1 July.

Robina Health precinct officially opens.

2013

The $1.7bn Gold Coast University Hospital (GCUH) opens.

2014

First public patient receives radiation therapy at Gold Coast Health.

Expansion of Neonatal Intensive Care Unit.

Journey to Magnet® recognition begins.

Southport Health Precinct established as an integrated centre for range of health and community services.

2014/15

Gold Coast Health budget exceeds $1 billion.

2015

Gold Coast Health launches stem-cell transplant service.

State-of-the-art dental clinic and laboratory opens at Southport Health Precinct.

2016

Children's Emergency Department opens at GCUH.

5000 births in a calendar year for the first time at GCUH.

Community-based midwifery service Your Midwives Brygon Creek opens.

2017

Lavender Mother and Baby Unit opens.

Five years on

Five years have passed since Gold Coast Health was established as a statutory body in 2012.

The significant growth experienced by the health service during this period is demonstrated by the following statistics.

Number of Emergency Department presentations across two hospitals:

Then: 125,744

Now: 164,126

Number of births:

Then: 3787

Now: 5129

Number of staff:

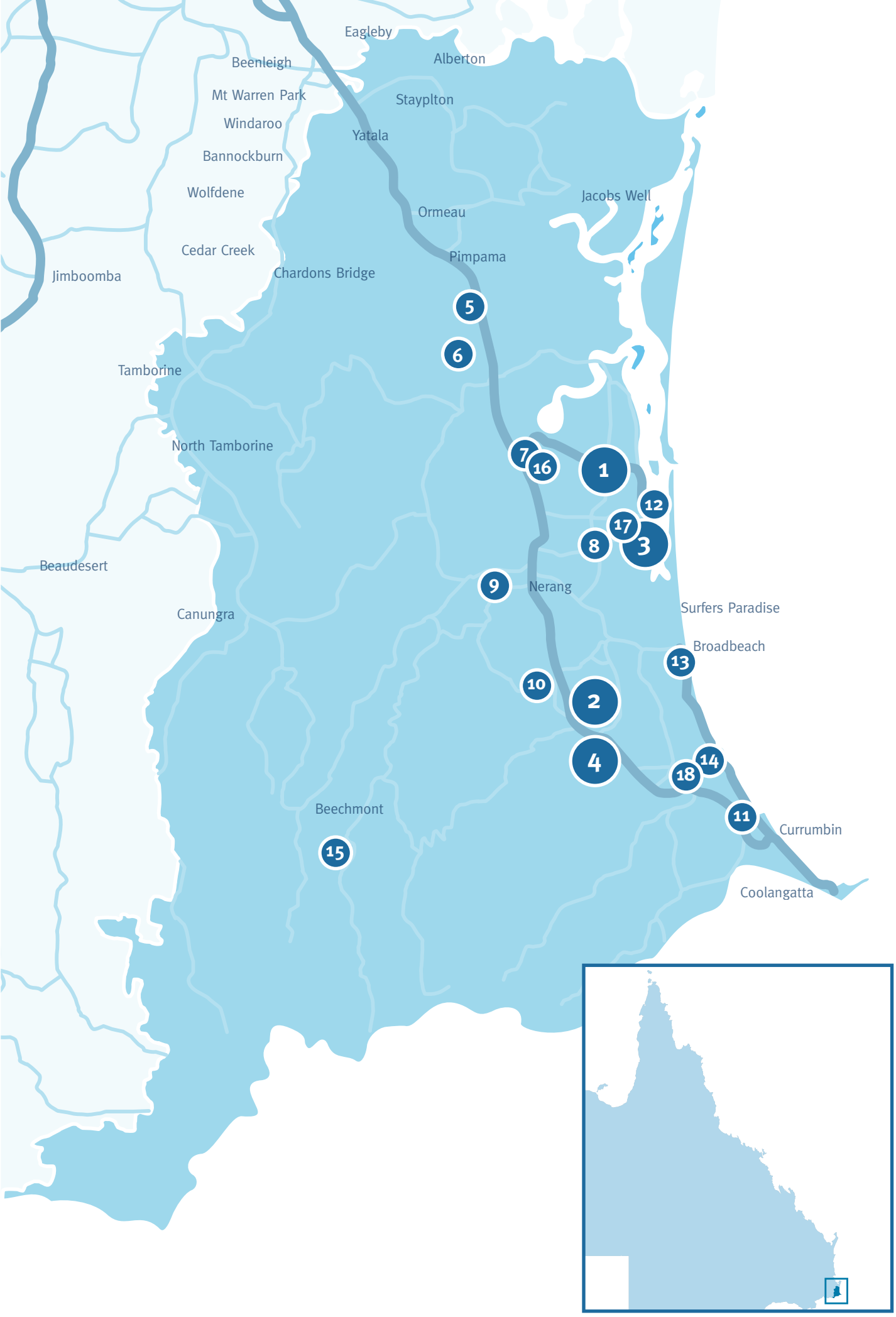
Then: 5442

Now: 8963

Number of active research projects:

Then: 98

Now: 318


Eagleby
Alberton
Beenleigh
Mt Warren Park
Stayplton
Windaroo
Yatala
Bannockburn
Wolfdene
Jacobs Well
Ormeau
Cedar Creek
Pimpama
Jimboomba
Chardons Bridge
5
6
Tamborine
North Tamborine
7
16
1
12
17
3
8
Beaudesert
9
Nerang
Surfers Paradise
Canungra
Broadbeach
13
10
2
4
14
18
Beechmont
11
Currumbin
15
Coolangatta

Operating environment

1. Gold Coast University Hospital

Gold Coast University Hospital (GCUH) is a tertiary-level facility which opened in 2013. The $1.76 billion facility has won several awards, putting it on the international stage. It comprises of 750 beds across seven buildings covering 170,000 square metres, and provides modern, world-class tertiary hospital care, with over 70 per cent private rooms. It is co-located with the Gold Coast Private Hospital and the developing Gold Coast Health and Knowledge Precinct, which will be a legacy of the Gold Coast 2018 Commonwealth Games. The development of the precinct is a collaboration between the health service, Griffith University, City of Gold Coast and Economic Development Queensland.

2. Robina Hospital

Robina Hospital is a major regional health facility and part of a health hub including the Robina Health Precinct and Campus Alpha Health Services. The 403-bed facility serves as a patient base for emergency, medical, palliative care and mental health, and is also home to the Clinical Education and Research Centre, a joint project between Bond University's Faculty of Health Sciences and Medicine and Queensland Health.

3. Southport Health Precinct and 4. Robina Health Precinct

Key primary health services are delivered from Southport Health Precinct and Robina Health Precinct where a number of secondary health services are co-located to provide accessibility, improved service delivery and optimal patient outcomes through enhanced flow and closer relationships between services. Services include Oral Health, Sexual Health, Alcohol and Other Drugs, Community Child Health, Child and Youth Mental Health and many more.

Our community facilties

Gold Coast Health also delivers services from a range of community locations including centres in Palm Beach, Helensvale and Upper Coomera.

5. Coomera Springs Community Child Health
6. Upper Coomera Community Child Health
7. Helensvale Community Health Centre and Community Child Health
8. Ashmore Community Health Centre
9. Nerang Community Child Health
10. Robina Community Child Health
11. Palm Beach Community Health Centre and Community Child Health
12. Labrador Community Child Health Centre
13. Broadbeach State School Dental Clinic
14. Burleigh Heads State School Dental Clinic
15. Numinbah Correctional Centre
16. Helensvale BreastScreen
17. Southport BreastScreen
18. West Burleigh BreastScreen

From the Board Chair

Ian Langdon

The Gold Coast community has reaped the benefits of continued funding increases from Queensland Health to Gold Coast Hospital and Health Service.

Over the past three years funding from Queensland Health – included in total revenues – has increased by $84 million (10.79 per cent) with Gold Coast Health recording total revenues of $1.359 billion for the 2016–17 year.

As a consequence, Gold Coast Health has steadily increased the range and complexity of locally provided health services thereby reducing the need for patients to travel to Brisbane for such services, as was once the case.

Gold Coast Health has transitioned from a significant regional health service into a major national supplier of advanced health care increasingly recognised for its excellence in service delivery, innovation and research.

We are now attracting applications for staffing positions from internationally recognised clinicians – thus the momentum towards international excellence is well underway.

The robust partnership with the university sector further enhances this momentum. Currently there are 18 Professorial appointments jointly with Griffith and Bond Universities and a further 22 joint appointments at non-professorial level.

Gold Coast Health's reputation is under the starter's gun for the Commonwealth Games in April 2018. Comprehensive planning is well underway to ensure our community receives a consistent level of quality care while we also manage the responsibility of being the designated hospital for the Commonwealth Games.

Our previous experience of moving an entire hospital from one site to another in 2013 has given us valuable experience in business continuity planning.

We are confident our clinical services can ramp up and down to manage the challenges of this international event on our doorstep. We are working closely with our emergency colleagues and the Commonwealth Games teams to ensure that we deliver a safe and seamless event.

The location of the Athletes' Village directly beside Gold Coast University Hospital sees international attention being paid to our spectacular infrastructure. It has already been showcased in Gold Coast Medical this year, a television series now airing worldwide, having already received strong ratings on prime time Australian television.

The Commonwealth Games offer an incredible legacy for our ambitious vision as the Health and Knowledge Precinct development continues unabated.

In my position of Chair I have noted with pride an evolving culture that embraces diversity and inclusion not as an obligation but as a benefit to the organisation and to the community.

Ongoing and exciting extensions to employment opportunities will be created for individuals with disabilities and those from disadvantaged sectors of the community. The community will increasingly recognise Gold Coast Health as an organisation that cares as well as one which provides care.

Focus on patient care has always been our primary objective so timely access to health care and excellence in clinical service during care delivery are closely monitored. Gold Coast Health's performance in access and care provision is a source of pride to the organisation and a credit to the staff who deliver the care and maintain the facilities in which we operate. I am pleased to report the extensive range of statistics provided throughout this annual report details such strong performance.

There are always challenges within large complex organisations and Gold Coast Health is no exception. In order to deliver maximum impact for every dollar of our $1.359 billion revenue, there is a focus on efficiency.

The year's financial result reports an operating surplus of $844,000 which equates to around six hours of budget allocation. Inclusive of land revaluations, the formal profit was $6.406 million.

On behalf of the Board I wish to thank Chief Executive Ron Calvert, his executive and all members of the staff for their outstanding service.

I also wish to express my appreciation for the support provided to me and to Gold Coast Health by all Board directors who tirelessly serve on the various committees and attend to many separate duties throughout the course of the year.

Ian Langdon
Gold Coast Health Board Chair

From the Chief Executive

Ron Calvert

The volume and complexity of care provided to our community this year is a credit to our staff and I want to thank them all for this year's outstanding achievements. The figures reflect the rise in demand across our services with record numbers of patients presenting to Emergency Departments requiring hospital level care.

Demand is expected to continue beyond the population growth of our already busy region.

In spite of the challenges, we have continued to deliver high quality services within access targets.

Planning for upcoming accreditation in November 2017 is well in hand and we are optimistic this objective assessment of our clinical systems, processes and patient care will once again repeat the excellent verdicts of our past performance.

Delivering on our strategic plan 2016–2020

This year significant steps have been taken toward achieving our strategic objectives:

- ensuring patients have timely and equal access to health services
- delivering safe, effective, efficient and sustainable services
- supporting a healthy Gold Coast community.

Our strategies extend across the three streams of primary, secondary and tertiary care and encompass short, medium and long term goals.

Tertiary care *(dealing with patients of a complexity beyond the scope of the average hospital).*
The continued development of trauma, cancer and critical care services is reflected in the figures as we seek to ensure there is sufficient capacity to expand complex adult and children's services at Gold Coast University Hospital.

Secondary care *(the traditional hospital services of outpatients, elective surgery and emergency admissions, as well as acute mental health services).*
Our tertiary expansion plan is dependent upon ensuring Robina Hospital can manage as an independent facility in its own right. It is progressing in terms of having a more comprehensive ICU capability and an emergency department that sees more patients than nearby metropolitan facilities. Alongside Robina Hospital enhancements, we are preparing the ground to upgrade our day case surgery capability and the year ahead will see further realisation of our longer term strategic goals.

International standards have identified that there are opportunities for improvement in Australia. We want to seize that opportunity so GCUH capacity can be used for complex tertiary services.

Primary care *(care provided in a community setting, or in partnership with GPs).*
The Gold Coast Integrated Care project has had a generally positive response from clinical professionals and patient satisfaction levels are strong. Evaluation is under way and we remain optimistic that research will produce positive outcomes in terms of care quality and cost impact, which we believe will help make our health system more sustainable. The relationship built between Gold Coast Health and the Gold Coast Primary Health Network (PHN) contributes to improved outcomes for patients.

Digital hospital

We have also continued to prepare to become a fully digital hospital and I am pleased to say that we have listened to our patients and staff and initiated free wifi across our facilities, introduced a bring your own device (BYOD) initiative and provided clinicians with a 'single sign-on' technology to streamline their daily practices. These are key steps along our journey to be recognised for delivering world class healthcare.

Magnet® journey

Magnet® is an accreditation award that recognises the strength and value of patient care in a hospital setting and we have been working hard to develop the values and principles associated with Magnet® status. At Gold Coast we have extended the concept across professions to better define what Gold Coast Health stands for.

One aspect I have been working on is executive visibility and engagement. Actions have included visiting 100 places in 100 days, staff lunches and forums and regular Executive Rounding sessions across the service. Staff innovation events like The Improvers, projects such as Speaking Up For Safety™, Pass the Baton and Clinical Congress all contribute to Gold Coast Health's Building a Culture of Success.

As I move around the service I see examples of staff living our values and I thank them all for their achievements in developing our positive culture and continuing their commitment to further improvement.

Ron Calvert
Gold Coast Health Chief Executive

Our priorities

Queensland Government's objectives for the community

Gold Coast Health's priorities closely align with the Department of Health's commitment to healthy Queenslanders, accessible and safe services, innovation and research, governance, partnerships and workforce.

The organisation's strategic plan and organisational values also support the Queensland Government's objectives for the community and the Queensland public service values.

Our commitment to meeting our community's expectations helps build safe, caring and connected communities.

Through strengthening the public health system and providing responsive and integrated government services, Gold Coast Health delivers quality frontline services.

My health, Queensland's future: Advancing health 2026

Advancing health 2026 was developed by Queensland Health to respond to the challenges and opportunities faced in Queensland.

Advancing health 2026 establishes a common purpose and a framework for the health system in Queensland. It seeks to bring together government agencies, service providers and the community to work collaboratively to make Queenslanders among the healthiest people in the world.

Five principles underpin this vision, directions and strategic agenda.

1. **Sustainability**
   We will ensure available resources are used efficiently and effectively for current and future generations.
2. **Compassion**
   We will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.
3. **Inclusion**
   We will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.
4. **Excellence**
   We will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
5. **Empowerment**
   We recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

Other whole-of-government plans and specific initiatives

Gold Coast Health objectives and strategic priorities are guided by the National Health Reform Agreement, the Queensland Plan and the Queensland Department of Health strategic objectives which are:

Healthy Queenslanders

Ensure available resources are used efficiently and effectively for current and future generations.

Safe, equitable and quality services

Ensure there is access to safe, equitable and quality services that maintain dignity and consumer empowerment.

A well-governed system

Sound management of funding and delivery of performance for the whole system.

Strategic policy leadership

Develop, implement and evaluate evidence-based policy that sets system-wide direction.

Broad engagement with partners

Build partnerships with all levels of the community to plan, design, deliver and oversee health services.

Engaged people

Cultivate a culture that harnesses capability and values our people.

The *Gold Coast Health Strategic Plan 2016–2020* aligns to the Queensland Government objectives of delivering quality frontline services. These objectives include:

- strengthening our public health system
- providing responsive, integrated government services
- supporting disadvantaged Queenslanders
- creating jobs and a diverse economy
- building safe, caring and connected communities.

Our priorities and strategic objectives

The Gold Coast Health Board sets the strategic priorities through the Strategic Plan which provides a roadmap for how the health service will evolve in order to meet the changing needs of the community.

The patients' needs guide strategic planning across every level of healthcare and help to improve community health, hospital care and highly specialised services.

Our strategic focus areas, objectives and measures of success are:

1. **Deliver safe, effective and efficient quality of services**
   Provide sustainable and high quality services through coordinated care and continuous improvement of our healthcare knowledge. Patients experience seamless treatment across all health service providers involved in their care through collaboration and communication.

   Measures of success:

   Patient satisfaction, clinical excellence and our reputation as a world class health and research organisation.

2. **Ensure patients have access to health services**
   Actively working with Operational teams, Information Communication Technology (ICT) and Business Continuity to ensure consistent delivery of high quality healthcare before, during and after the 2018 Commonwealth Games. The Gold Coast community will continue to have timely access to health services. All members of the Gold Coast community have equal access to health services regardless of economic conditions or social background. The majority of local patients with complex or rare illnesses are treated by Gold Coast Health.

   Measures of success:

   Community's confidence in receiving treatment within clinically recommended timeframes without the need to travel to other health services.

3. **Support a healthy Gold Coast community**
   Identified patients with chronic and mental illnesses are suitably cared for in the community to ensure continued quality of life. Building partnerships with GPs and health service providers to reduce the rate of avoidable hospital admissions. Actively promote a healthy lifestyle through community engagement and public health campaigns.

   Measures of success:

   A reduction in service demand for preventable and mental illnesses that require hospital care.

Strategic enablers are organisational resources and qualities that define the health service's ability to deliver the strategy. They are:

- staff and culture
- research, teaching and education
- information management and innovation
- health service facilities and partnerships.

The *Gold Coast Health Strategic Plan 2016–2020* is available online: www.goldcoast.health.qld.gov.au/about-us/strategy-and-plans

Our challenges and targets

Our strategic challenges

Gold Coast Health faces many challenges and exciting opportunities in delivering public healthcare into the future. Gold Coast Health is continuing to enhance performance improvements while providing an environment for a sustainable world-class healthcare service. To achieve this ambition, the service is managing a number of key strategic challenges:

Challenge: Deliver funded services in alignment with national performance targets and meet increasing demand for services while maintaining safety, quality and access.

Our strategy: Further develop our partnership with primary healthcare providers to develop integrated care pathways.

Challenge: Meet critical quality and safety performance outcomes.

Our strategy: Ongoing engagement with clinicians, strengthened accountability and reporting systems. Solutions such as best-practice clinical interventions, improved models of care, digital transformation, state-of-the-art facilities and a resilient workforce will enable us to navigate a rapidly changing healthcare landscape.

Challenge: Attaining world class status in research and development, and in delivery of tertiary health services.

Our strategy: Development of the Health and Knowledge Precinct and ongoing support for innovative research, and in pursuing improvements in systems and processes related to delivery of care.

Challenge: Encourage cultural change and social responsibility with a focus on diversity and inclusion.

Our strategy: Building a culture of success where staff are inspired to do their best work and managing work demands to allow staff time to participate in professional development, training and research will allow Gold Coast Health to build a united and engaged workforce. We aim to create an environment where staff at every level are proud of their work and feel empowered to achieve their full potential. Our aspiration is to become a cultural leader within the Gold Coast and broader Queensland community.

Our commitment

A range of services and programs have been implemented to deliver on the service's strategic objectives for 2016–17. The Service Agreement between the Gold Coast Health Board and Queensland Health sets out the agreed services and standards that will be provided to the community each year.

Surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life with 99.8 per cent of patients having their surgery within the recommended time for their urgency category.

There has been a continued focus on improving theatre utilisation to help improve access for both elective and emergency surgery. The use of reliable information also plays an important role in the ability to effectively schedule patients for surgery.

In 2016–17 these improvements have seen a 13.5 per cent reduction in hospital initiated cancellations of surgery within 24 hours of the booked surgery date compared with the previous year.

The year ahead:

In the near future, Gold Coast Health will aim to:

- treat the 1000th cardiac surgery patient at Gold Coast University Hospital
- embed into core business the Gold Coast Integrated Care pilot
- transform our health service from 'digital ready' to 'digital by default'
- increase focus and scale of our research capability
- increase rates of day surgery and procedures through a stand-alone day surgery centre
- fully implement the National Disability Insurance Scheme (NDIS)
- implement the state-wide Neurodevelopmental Exposure Disorder service.

Emergency treatment

Gold Coast Health emergency departments (ED) attended to 164,126 patients during 2016–17, an overall increase of 1.56 per cent on 2015–16, and included 36,114 paediatric presentations. Gold Coast University Hospital ED received 103,709 patients and 60,417 at Robina Hospital.

The ongoing growth in presentations along with the increasing acuity and complexity of the patients has presented challenges for the organisation and impacted the capacity of our Emergency Departments to meet the National Emergency Access Target (NEAT). The overall health service NEAT for 2016-17 was 78 per cent which was slightly below the national target of 80 per cent of all patients presenting to an ED to be discharged home, admitted or transferred to another facility within four hours of arrival.

However, 100 per cent of Category 1 presentations continue to be seen by a treating doctor or nurse within two minutes of arrival.

These pressures similarly impacted achievement of the Queensland Patient Off Stretcher Target (POST) for ambulance arrivals which is 90 per cent of patients safely off loaded from stretchers within 30 minutes.

Surges in ambulance arrivals, capacity in ED and ward occupancy places strain on meeting target timeframes. Gold Coast University Hospital POST was 72 per cent while Robina Hospital ED achieved 74.7 per cent during the reporting period.

Strategies to better manage patients presenting to ED and assist in meeting targets in the face of the increasing demand for emergency services include:

- Queensland Ambulance Service (QAS) helping alleviate the impact of surges of ED arrivals by staggering start times for afternoon crews
- Expansion of the GCUH Paediatric Emergency Department to 24/7
- Utilising a Nurse Practitioner model in the Early Assessment and Streaming Zone (EASZ) at Robina Hospital to assist with the early assessment and treatment of ambulant patients from the waiting room.

The year ahead:

Further plans to manage patient demand include:

- dedicated paediatric triage service and waiting area
- recruitment of additional medical staff for both Emergency Departments
- increase in nursing staffing in the winter period
- Rapid Patient Flow project to support improvements in services across the whole health service
- improve day surgery capacity to ensure that elective surgery performance is maintained
- undertake a trial of the Extended Scope Physiotherapists in GCUH ED which will mirror the existing model at Robina ED
- Emergency Department and Mental Health and Specialist Services to continue joint development of a toxicology model of care
- open the eight remaining beds in the GCUH ED acute area.

"I want to shout from the roof tops about how unbelievably amazing the care and attention I received was while at Gold Coast University Hospital. From every step, and sequence of events that followed, I had nothing but caring, wonderful and attentive support from all the staff who helped me. You have made what has been a traumatic experience for me and my family, actually feel like a positive and uplifting event in my life."

– Gold Coast resident Haydn Simmons was an inpatient at GCUH for nearly two weeks being treated for a ruptured large intestine following a bike accident.

Year in review

Series puts health service in spotlight

Gold Coast Health featured in a reality television series which showcased the world class care delivered by staff.

Gold Coast Medical aired on Channel 7 and featured the expertise of surgeons, paediatric staff specialists, the trauma team, midwives and more.

It captured many examples of the diverse health service at its best and staff clearly demonstrated the Gold Coast Health values of compassion, integrity, respect and excellence.

International interest in the Gold Coast has been generated, as the documentary series has been showcased to audiences in the United Kingdom and Europe.

Gold Coast Health leads nation's first Neurodevelopment Exposure Disorder service

Gold Coast Health is home to Australia's leading centre for the diagnosis and intervention of Fetal Alcohol Spectrum Disorder with the launch of a Neurodevelopment Exposure Disorder (NED) Service in September 2016.

Disorders such as brain abnormalities, low birth weight, distinctive facial features, heart defects, behavioural problems and intellectual disabilities can occur in childhood when the foetus is exposed to drugs and alcohol.

The NED Service has been granted $1 million in joint funding from Queensland Health and Gold Coast Health.

Gold Coast Health Director of Community Child Health Dr Doug Shelton is leading the diagnostic service which, when fully operational, will employ specialists including a psychologist, speech pathologist, physiotherapist, occupational therapist, paediatrician specialist and nurses.

Outreach team marks a decade

The Homeless Health Outreach Team (HHOT) has marked 10 years of helping rebuild the lives of 2000 people experiencing mental health issues and other difficulties that lead to them living on the streets.

The multi-disciplinary team has grown to 20 and includes psychologists, psychiatrists, occupational therapists, social workers as well as drug and alcohol experts.

The HHOT collaborates with about 60 organisations to build trust with people on the street who would not normally associate with health services.

GCUH has liaison officers working in its Emergency Department to help people access housing, clothing and toiletries.

Gold Coast Health team delivers A+ medical care

At the end of each academic year, Australian teenagers flock to the Gold Coast to celebrate the end of high school. Gold Coast Health medical, nursing and mental health staff provided care to 319 schoolies at the Queensland Ambulance Service (QAS) Ambulance Treatment Centre between Saturday 19 November and Friday 25 November 2016.

As a hospital avoidance strategy, Gold Coast Health works in partnership with QAS to provide an outreach emergency service based on the beachfront at Surfers Paradise. The 'schoolies tent', as it is commonly known, has treated many thousands of patients since its inception more than 15 years ago.

This has minimised the impact on both the GCUH and Robina Emergency Departments. Considerable effort over many years has meant that the 'schoolies tent' has refined its operations to minimise the risk to a potentially vulnerable population of school leavers and provide quick access to medical care when required.

The Queensland Government Department of Communities, Child Safety and Disability Services assumed overall leadership and response coordination. The support of the City of Gold Coast and cross agency collaboration including QAS, Queensland Police Service, State Emergency Services and Red Frogs Australia ensured the success and safety of Schoolies 2016.

Innovation improves service delivery

GCUH took part in a digital trial which significantly reduced paperwork for new parents by using hospital data to enrol their newborns into Medicare.

Between April and August 2016, 786 babies participated in the pilot program between the Federal Government and the Department of Health.

With the mother's consent, the trial uses hospital admission and birth records to enrol newborns in Medicare, the Medicare Safety Net, and to issue updated Medicare cards. It also adds them to the Australian Childhood Immunisation Register.

When surveyed, 97 per cent of participants indicated that the new system was convenient.

GCUH leads multi-centre trauma clinical trial

GCUH is the lead site for a Queensland clinical trial aiming to improve outcomes for severely injured trauma patients with critical bleeding.

To date, 83 patients have participated in the Fibrinogen Early In Severe Trauma studY (FEISTY) trial launched in December. The trial has been carried out across GCUH and three other major trauma centres in Queensland: Princess Alexandra Hospital, Royal Brisbane and Women's Hospital and Townsville Hospital. The collaborative clinical trial involved the multidisciplinary collaboration of multiple departments including ED, Trauma, Anaesthesia and ICU, as well as Queensland Ambulance Service and the Blood Bank.

Intensive Care Specialist Dr James Winearls (pictured above) is the Chief Investigator behind the Gold Coast investigations into the use of a concentrated blood clotting product early in the treatment of severely bleeding trauma patients. The data gathered in this study will pave the way for larger multi-site and multi-national trials.

Magnet for health industry interns

Gold Coast Health's fast growing reputation as a major tertiary hospital with some of the largest clinical training and research facilities in Queensland is proving to be a drawcard for medical and nursing graduates.

A total of 91 new graduate doctors started their internship with the health service in 2016–17 in addition to 149 graduate Registered Nurses.

The health service has extended medical orientation from one week to a fortnight as the interns familiarise themselves with the hospitals, services, clinical practice and procedures.

GCUH is one of the few large tertiary hospitals which offers medical interns rotations in most specialties including paediatrics and surgical sub-specialities.

In the past five years the health service has employed more than 700 graduate nurses and invested in resources such as simulation technologies to enhance the development of graduate nurses' confidence in their clinical practices.

Pathology project leads to patient benefit

A Gold Coast Health initiative to reduce unnecessary pathology testing for patients attracted national interest when it was presented at the Choosing Wisely Australia National Meeting.

Since the health service introduced its Choosing Wisely Pathology pilot project 15 months ago, there has been a two per cent drop in the number of tests ordered despite a 10 per cent increase in patient activity.

Gold Coast Health was ordering an average of 96,000 public pathology tests a month, which has now been reduced to an average of 93,500 while caring for a growing number of patients.

The reduction in ordering unnecessary tests has been achieved through medical, nursing, and pathology representatives working together and has resulted in an effective cost saving of $1.48m for the financial year. In addition to the financial savings, there are a range of quality and safety performance improvements associated with the project, including improving the patient experience, saving medical and nursing time, saving laboratory time and equipment, reducing the number of retests and minimising variation in care.

Pictured above: Haematologist Dr Jeremy Wellwood and project manager Therese Kelly are part of the Choosing Wisely project improving pathology ordering practices.

Surgeons share knowledge on global scale

Thirty-five international surgeons visited GCUH for a two-day training course on modern orthopaedic surgical techniques. The initiative, a collaboration between Gold Coast Health's Orthopaedic Department and Griffith University's School of Anatomy, demonstrates Gold Coast Health's growing capacity as a research and training institution.

One day was spent working on cadavers at Griffith University to learn modern surgical techniques while the other was spent analysing problem cases with top Gold Coast Health clinician Professor Randy Bindra (pictured below).

Diversity in the workforce

Gold Coast Health embraces the diversity of its people and is committed to building a workforce that equally reflects the diversity of the community it serves.

A Diversity and Inclusion Strategy (2016–2019) was launched in 2016 and the health service has already made progress, partnering with EPIC Assist to provide roles for a number of visually impaired candidates and work placements for others across various work areas such as digital transformation, human resources and finance.

In January Dinesh Palipana (pictured above) became the first quadriplegic medical intern in Queensland.

A strategic partnership with TAFE Queensland Gold Coast has created subsidised learning and development opportunities for staff with more than $89,000 worth of subsidies at the Certificate IV and Diploma level provided in the 2016–17 financial year.

The Culturally and Linguistically Diverse program continues to offer interpreter services to our patients and all staff complete cultural diversity training.

Nurse Practitioners and Nurse Navigators drive excellence in patient care

In 2016 Gold Coast Health Nurse Practitioners joined their peers to celebrate the role's 10th anniversary as part of the Queensland nursing workforce.

This year Gold Coast Health is recruiting a further 10 Nurse Practitioners and 15 Nurse Navigators as part of the Queensland Health Nurse Navigator initiative.

These new roles will complement the Nurse Practitioner, nurse and midwife navigator positions already in place and will work with their clinical teams to provide expert nursing care, co-ordination and support for those patients who have complex health conditions.

Vaccination rates on the rise

The Gold Coast community is increasing the rate of childhood vaccination following cohesive marketing campaigns and innovative immunisation program delivery mechanisms implemented by the Public Health Unit. Social media stories and educational videos to promote immunisation have reached over a million people.

The Communicable Disease Control and Immunisation teams have worked with the Gold Coast Primary Health Network to conduct outreach vaccination clinics at Indigenous NAIDOC and Gold Coast homeless events and at expos across the city.

Their efforts led to a five per cent increase in childhood vaccination rates to 94 per cent and an increase of 10 per cent in the school vaccination coverage. This was achieved by taking a consultative approach to delivering the school and community vaccination clinics and increasing opportunities
for parental feedback.

Our performance

Summary of financial performance

Gold Coast Health reported a surplus of $6.406 million for the year. This included a net revaluation increment of $5.562 million on land and buildings that is due to a number of property-related factors, including the current state of the Gold Coast property market. The underlying operating performance was therefore a surplus of $844,000.

Where our funds came from

The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework.

The total income for Gold Coast Health for 2016–17 was $1.359 billion (compared to $1.288 billion in 2015–16). The main source of funds is the Department of Health.

Chart 1a: Revenue by funding source (over three years)

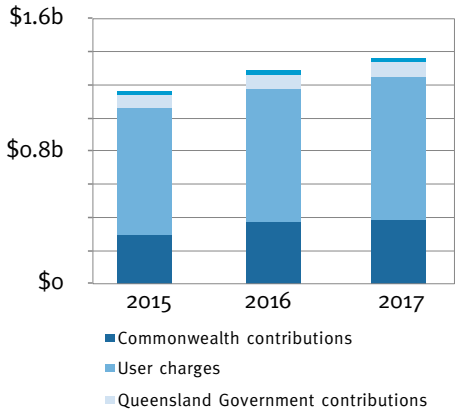


Chart 1b: Revenue, expenses and QWAUs (over three years)

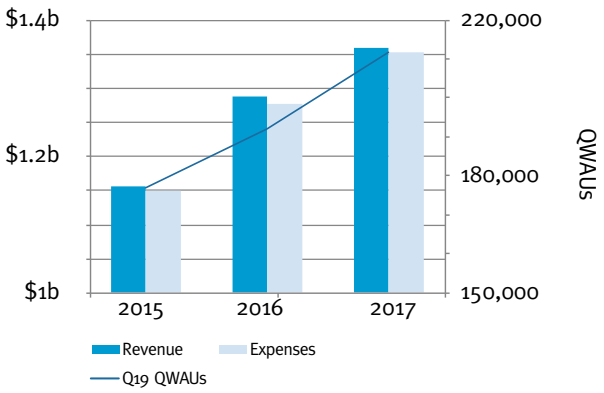
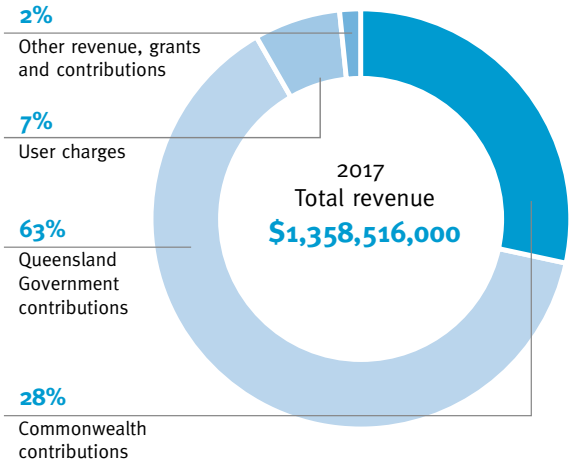
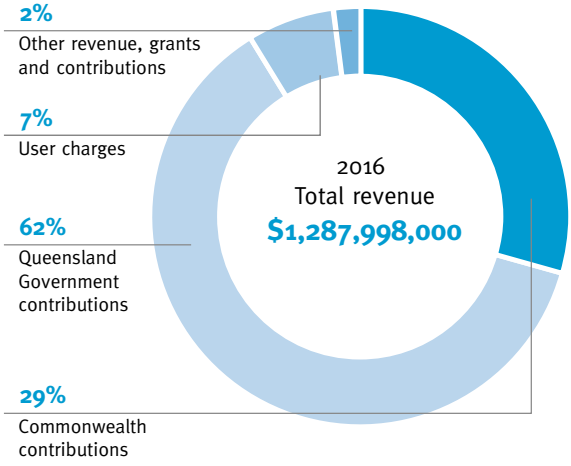


Chart 2: Revenue by funding source





Activity-based funding

In the service agreement between Gold Coast Health and the Department of Health the measure of activity is known as Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient's journey through our health service. The value is recalculated each year based on the national average which is determined by the Independent Hospital Pricing Authority (IHPA). The QWAU used throughout 2016–17 is the 19th for Queensland and is referred to as 'Q19 QWAU'.

Gold Coast Health provided estimated activity of 211,833 Q19 QWAUs in 2016–17, which was 2.74 per cent over the contracted level of activity and 10.2 per cent greater than what was provided in 2015–16.

How our funds were used

The significant increase in delivered activity combined with the operational requirements of the enhanced Gold Coast University Hospital facility have been the primary driver behind the 5.8 per cent increase in expenditure from $1.277 billion to $1.352 billion, evidenced by a 9.3 per cent increase in employee expenses to $909 million alone.

Chart 3: WAUs by purchasing category

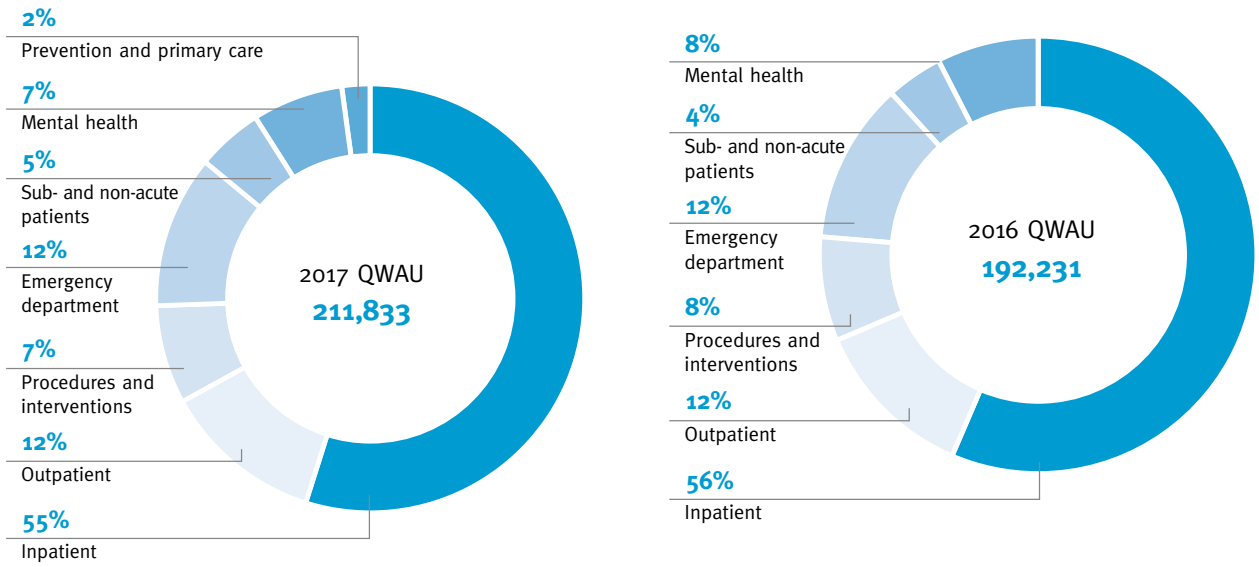
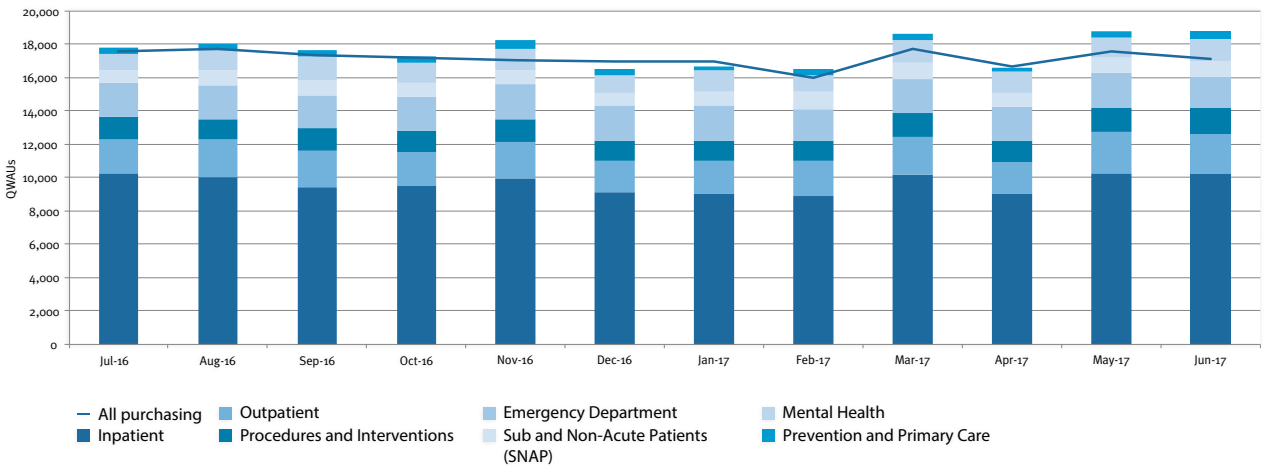


Chart 4: WAU delivery performance by month, Q19 QWAUs vs targets



Future financial outlook

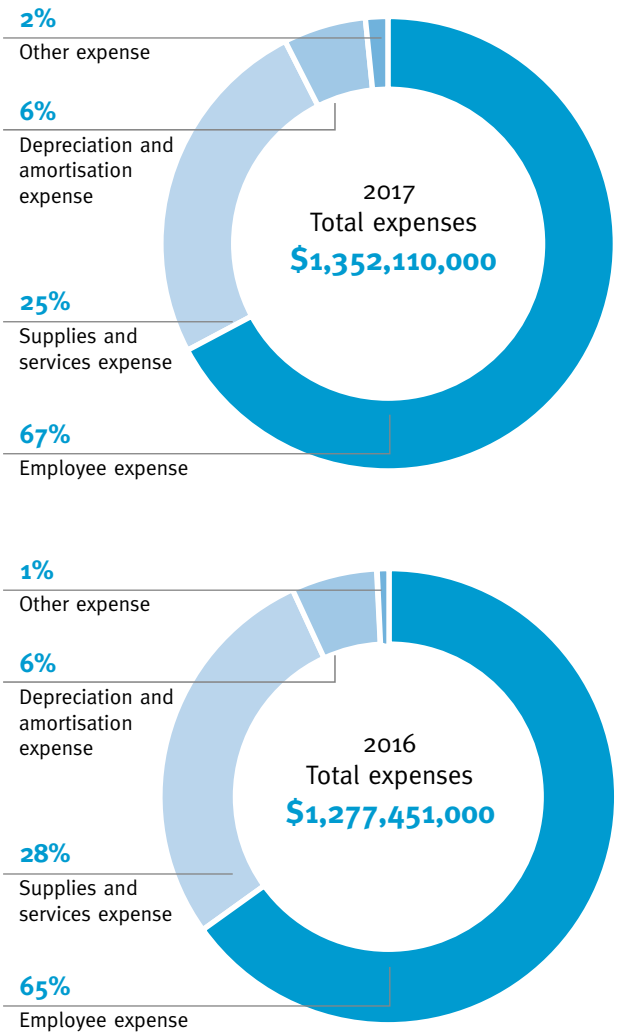
Gold Coast Health is committed to providing better health outcomes for the community and achieves this goal through reinvesting in its people and infrastructure. The organisation is exploring innovative and cost-effective solutions to enhance the value of services we provide to the community.

Assurance statement

For the financial year ended 30 June 2017, the Executive Director of Finance and Business Services provided an assurance statement to the Gold Coast Health Board and Chief Executive about the preparation of the financial statements and notes thereto, the internal financial control framework, and compliance with prescribed requirements for establishing and keeping the financial records in accordance with applicable accounting standards.

In accordance with AASB 720 *The Auditor's responsibilities relating to other information*, the Queensland Audit Office reviewed the 2016–17 Annual Report prior to publication to ensure that the financial and non-financial information is not inconsistent with the financial report.

Chart 5: Expenditure by major category



Service performance statement

Gold Coast Hospital and Health Service	Note*	2016–17 target	2016–17 est. actual	2017–18 target
Service standards – percentage of patients attending emergency departments seen within recommended timeframes:	1			
Category 1 (within 2 minutes)		100%	100%	100%
Category 2 (within 10 minutes)		80%	53%	80%
Category 3 (within 30 minutes)		75%	41%	75%
Category 4 (within 60 minutes)		70%	62%	70%
Category 5 (within 120 minutes)		70%	87%	70%
All categories		--	51%	--
Percentage of emergency department attendances who depart within four hours of their arrival in the department	2	›80%	78%	›80%
Percentage of elective surgery patients treated within clinically recommended times:	3			
Category 1 (30 days)		›98%	100%	›98%
Category 2 (90 days)		›95%	100%	›95%
Category 3 (365 days)		›95%	100%	›95%
Rate of healthcare associated *Staphylococcus aureus* (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patients days	4	‹2	0.9	‹2
Rate of community follow-up within 1–7 days following discharge from an acute Mental Health inpatient unit	5	›65%	59.4%	›65%
Proportion of readmissions to an Acute Mental Health inpatient unit within 28 days of discharge	5	‹12%	13.5%	‹12%
Percentage of specialist outpatients waiting within clinically recommended times:	6			
Category 1 (30 days)		65%	65%	65%
Category 2 (90 days)		55%	56%	56%
Category 3 (365 days)		65%	94%	94%
Percentage of specialist outpatients seen within clinically recommended times:	7			
Category 1 (30 days)		New measure	84%	84%
Category 2 (90 days)		New measure	47%	47%
Category 3 (365 days)		New measure	66%	66%
Median wait time for treatment in emergency departments (minutes)	8	20	31	20
Median wait time for elective surgery (days)	9	25	30	25
Efficiency Measure **Average cost per weighted activity unit for Activity Based Funding facilities**	10, 11	$4,763	$4,751	$4,798
Other measures **Number of elective surgery patients treated within clinically recommended times:**	12			
Category 1 (30 days)		New measure	6,229	6,291
Category 2 (90 days)		New measure	6,162	6,224
Category 3 (365 days)		New measure	3,353	3,387
Number of Telehealth outpatient occasions of service events	13	New measure	792	963
Total weighted activity units (WAUs)	10,14			
Acute Inpatient		120,859	132,323	137,488
Outpatient		31,887	33,063	35,205
Sub-acute		9,599	10,332	10,308
Emergency Department		21,187	23,466	24,003
Mental Health		10,549	11,867	12,052
Prevention and Primary Care		4,101	4,484	3,926
Ambulatory mental health service contact duration (hours)	15	**›90,125**	**77,877**	**›90,125**

This service performance statement is consistent with data provided through the Queensland State Budget service delivery statement, available at **https://s3.budget.qld.gov.au/budget/papers/5/bp5-qh-2017-18.pdf** (pages 115–124).

*see appendix 5

Our services

Gold Coast Health, similar to health organisations globally, is facing significant challenges in delivering high quality, low cost healthcare with high levels of patient satisfaction.

As identified in *My health, Queensland's future: Advancing health 2026*, our population is aging and there is a growing number of Queenslanders living with chronic disease.

Solutions such as best-practice clinical interventions, new technologies, digital transformation and a resilient, engaged workforce will help us to navigate a healthcare which is changing rapidly.

The health service is divided into four main clinical directorates containing a range of service areas:

- Cancer, Access and Support Services
- Diagnostic, Emergency and Medical Services
- Mental Health and Specialist Services
- Specialty and Procedural Services.

Cancer, Access and Support Services (CASS)
Demand, Access and Management
Cancer, Blood and Palliative Care
Public Health
Infectious Diseases and Immunology
Pharmacy
Nutrition and Food Services
Social Work and Support
Speech Pathology

Diagnostic, Emergency and Medical Services (DEMS)
Emergency and Assessment
Transitional Care Services
Diagnostic Services
General Medicine, Aged Care, Vascular, Endocrine
Cardiac, Thoracic, Renal, Respiratory
Neurology Services and Rehabilitation

Specialty and Procedural Services (SaPS)
Perioperative and Critical Care
Head, Neck, Oral and Neurosurgical
Surgical and Musculoskeletal
Women's, Newborn and Children's

Mental Health and Specialist Services (MHSS)
Specialist Programs and Alcohol and Other Drugs
Adult and Older Person Mental Health
Child and Youth Mental Health
Community Mental Health
Quality, Safety and Corporate Governance
Business Support Unit

"Ji's needs are complicated and constantly shifting, so not having to wait in limbo to see a specialist is a huge relief for us as his carers and for Ji. We have had regular contact with the health system for a long time now and in the past 12 months I have really noticed a huge improvement in access to specialist care for Ji. Overall the support we receive leaves us feeling very confident about managing his needs."

– Georgia Howell, mother of seven-year-old Ji who was diagnosed with microcephaly at four months old. His family knows all too well the importance of timely access to specialist outpatient services at Gold Coast Health.

Record reduction in long waits

A program to transform specialist outpatient (SOPD) services is producing outstanding results for the health service and its patients.

The two-year initiative (SOPD Long Waits) was designed to reduce long waits, enhance value, and create sustainable services for the future through a system-wide approach and engaged clinicians.

In the ear, nose and throat specialty, doctors from the General Practitioner Liaison Unit (GPLU) reviewed 802 long wait Category Three patients – 69 per cent were identified as complete referrals with 31 per cent as incomplete referrals.

Of the 802 reviewed patients, 19 per cent were able to be removed from the waitlist and of the remaining 81 per cent, three per cent were re-categorised.

A similar approach to 201 orthopaedic Category Three patients led to 18 per cent being able to be removed from the waitlist. Of the remaining 82 percent, 8.6 per cent were re-categorised.

Of the 201 patients, 83 per cent were identified as complete referrals with 17 percent having incomplete referrals.

Across all of specialist outpatient services, the number of patients waiting more than two years for their initial outpatient appointment fell from 342 at 30 June, 2016, to one at 30 June, 2017.

The SOPD Long Wait program was delivered by the Demand Access and Management service area, with support from the Strategic Program Management Office, and used waitlist management strategies which include after hours and Saturday clinics; extra clinicians across a number of specialities; a first contact pathway such as allied health and nurse-led models of care; increasing clinician skills-mix such as GPs with special interest; administrative processes; and external pathways for end-to-end patient journey providing access to care sooner.

The project was carried out with additional funding from Queensland Health. Meanwhile, Gold Coast Health recorded its lowest number of ultra-long waits in more than four years, with only one patient in this category as at 30 June 2017.

The year ahead:

In 2017–18, we will continue to strive to ensure that no patient is waiting longer than clinically recommended. We will do this by:

- ensuring effective consultation and engagement within the health service and with primary care regarding new initiatives and service delivery
- establish an audiology position as part of the ENT Allied Health Primary Contact Service.

Successful stem cell transplant program

GCUH provides accessible stem cell transplant services for the local community and northern New South Wales region through its nationally accredited haemapoietic stem cell (HSC) transplant program.

In 2015 the hospital became the first Level Six haematology centre in the country to gain national accreditation under established national guidelines (National Pathology Accreditation Advisory Council, 1998).

The onsite service is accredited to collect, process, store and reinfuse autologous haemapoietic stem cells in the setting of high-dose conditioning chemotherapy.

The HSC program offers autologous stem cell transplant as a treatment modality for a variety of malignant haemato-oncological diseases.

A rigorous quality management system is supported by the provision of expert clinical care in both inpatient and ambulatory settings.

Peripheral blood stem cell collections are performed by specialist nursing staff within the collection facility and the product is cryopreserved and stored on site at -180°C within the HSC Laboratory operated by Pathology Queensland.

Since its establishment the HSC Program has successfully performed:

- 114 peripheral blood stem collections with cryopreservation
- 54 stem cell reinfusions.

Activity is forecast to remain steady with 50–80 collections per annum coupled with 20–30 reinfusions for a combined local and interstate patient population.

Growth in emergency care

Statistics show GCUH has the busiest Emergency Department (ED) in the state and the second busiest ED in Australia.

In this financial year there were 103,709 presentations to the ED at GCUH and 60,417 presentations to ED at Robina Hospital.

Overall Gold Coast Health received a record 164,126 presentations.

The 1.56 per cent increase in emergency patients, which equates to an average of 53 patients a week, at GCUH is coupled with more trauma patients and more complex injuries, creating some challenges for clinicians and nursing teams to deliver timely care for patients and quality health outcomes.

Gold Coast Health recorded a National Emergency Access Target (NEAT) of 78 per cent, meaning almost four out of five people had completed their total care in ED within four hours of arrival.

The Queensland NEAT target is 80 per cent and was established in 2016 after a clinician-led peer reviewed research by the Queensland Clinical Senate and supported by the Clinical Excellence Division, Queensland Health.

Gold Coast Health is dealing with these challenges in a number of ways.

The GCUH Paediatric ED has expanded its operating hours and is now available 24 hours a day, seven days a week offering round-the-clock specialised care to the community's young population.

During 2016–17 it received 24,920 children with a NEAT of 84 per cent and the Robina Paediatric ED provided care for 11,194 children, with a NEAT of 89 per cent.

In addition, a 'waiting room nurse' has been introduced to the GCUH ED to help with patient care and safety for ambulatory patients within the waiting area.

Bed numbers in the Clinical Decision Unit have increased from eight to 12 and more growth is planned in the coming year.

103,709
total arrivals at GCUH ED

60,417
total arrivals at Robina Hospital ED

1.56%
increase in emergency patients

4/5
people had completed total care within four hours

36,114 children were provided care in our Paediatric EDs

4 new beds in the Clinical Decision Unit

5000th birth just in time for Christmas

Gold Coast University Hospital surpassed 5000 births in a calendar year for the first time in 2016.

The milestone birth arrived on 24 December at 6.23pm, with mother and child discharged in the early hours of Christmas morning to enjoy Christmas at home.

Demand for the health service's full range of antenatal, birth, postnatal and neonatal care for women and their families has been growing on the Gold Coast.

There has been a significant increase in women choosing to give birth at Gold Coast University Hospital due to its modern and attractive birthing suites, skilled staff and exceptional level of care.

Gold Coast Health provides a comprehensive and supportive birthing service to Gold Coast families, which includes fetal medicine services, a Newborn Care Unit, a Neonatal Intensive Care Unit for specialist care post-delivery and services to support children right through their development.

In the 2016–17 financial year, a total of 5129 babies were born at GCUH.

Table 2: Births at GCUH

Reporting year	Babies born
2011/12	3551
2012/13	3787
2013/14	4375
2014/15	4744
2015/16	4943
2016/17	5129

"Overall, I found the experience to be extremely calm and filled with love."

– Caesarean patient Amanda McCullough after their Valentine's Day baby's delivery at Gold Coast University Hospital.

Midwives mark first anniversary

Community-based Gold Coast Health midwifery service, Your Midwives Brygon Creek, has marked one year of serving Upper Coomera families.

Your Midwives Brygon Creek is a team of five midwives, including a lactation consultant, who deliver comprehensive antenatal and postnatal care through weekday clinics and home visits seven days a week.

Since 1 July 2016, Your Midwives Brygon Creek completed 1500 antenatal appointments and 3950 home visits to new mums and babies.

Your Midwives Brygon Creek is located at Level 1, 1 Brygon Creek Drive, Upper Coomera.

For more information visit **www.goldcoast.health.qld.gov.au/our-services/maternity**.

From left, Sam Jackson with baby Summer, Alison Lind and Harper, midwife Louise Mayes, Cassandra Frith with baby Andre and Katherine Pattie with Jake.

Supporting new mothers in need

Gold Coast Health successfully commissioned and launched a new model of service with the state's first specialist mother and infant inpatient unit as well as a community component of the mother and infant services.

The $3.5 million Lavender Unit, situated within an acute mental health ward, enables mothers diagnosed with acute postnatal disorders to receive treatment without the added anxiety of being separated from their babies.

Led by a perinatal psychiatrist, the multidisciplinary team includes experienced doctors, nurses, social workers, occupational therapists and other allied health workers.

Recurrent funding of $4.6 million from 2017-18 will ensure the Lavender Unit truly becomes a state-wide service, supporting mothers and babies from across Queensland.

"It can be a frightening and isolating experience for mothers trying to deal with their symptoms, especially when needing to care for a new baby at the same time. As someone who's had the experience of a post-natal disorder, I hope to have a positive impact on the mums coming through the Lavender Unit and give them hope for a brighter tomorrow."

Michelle Edwards was treated for severe post-natal psychosis following the birth of her first child 24 years ago and is now using that experience as a carer consultant with Gold Coast Health.

Breaking down barriers in mental health

Gold Coast Health has launched a series of videos which aim to reduce the stigma related to mental illness in the elderly population.

Three consumers and a carer aged 65 and over share powerful stories about the challenges of living with a mental illness and their journeys to recovery in the three-minute videos produced by the health service's Older Person Mental Health Community team.

The videos aim to educate others and empower people to ask for help.

The videos feature 81-year-old Joy who has lived with depression since she was 46; Joy's husband Nev who describes his experience of caring for Joy; Melvin who was diagnosed with Bipolar Affective Disorder 20 years ago; and Clarice, 86, who sought professional help six years ago.

Healthcare consumer Clarice with Jessie Blacker, Occupational Therapist and Diana Grice, Director of Nursing, Mental Health and Specialist Services.

The population of people aged 65 years and older living on the Gold Coast is estimated at 98,000.

Older Persons Mental Health Community provides specialised, community-based multidisciplinary services, including mental health assessment and treatment, for adults over the age of 65 years, who have a severe and complex mental health illness or disorder, which is complicated by problems or illnesses related to aging.

The videos can be viewed on Gold Coast Health's YouTube channel: www.youtube.com/user/GoldCoastHealth

Engaging consumers a driver of success

Mental Health and Specialist Services (MHSS) continues its commitment to providing safe, sustainable, efficient, quality and responsive services to the Gold Coast community.

The search for effective and lasting solutions has seen an enhanced consultative approach in prioritising key initiatives such as the Breaking the ICE forums, advancing the Zero Suicide Framework with the implementation of a prevention pathway, the introduction of therapy dogs in inpatient units and growth in interpreter services.

The Mental Health Act 2016 came into effect in March 2017 and Gold Coast Health has appointed Independent Patient Rights Advisor roles which aim to improve patient outcomes and support Gold Coast Health to achieve human rights commitments.

Engaging consumers is a vital driver of success in the delivery of quality mental health services. Gold Coast Health continues its strong record of engagement through the annual ARTBEAT music and art festival (pictured above right), when consumers take to the stage at GCUH to perform and showcase almost 70 artworks created by consumers in the hospital foyer.

The MHSS also implemented 'Safewards' – a model focused on working with consumers to reduce conflict and containment to make the inpatient units a more therapeutic and peaceful place.

A reduction in the rate of seclusion per 1000 patient days is a testament to the success of this model. We are also working to re-align our models of care to ensure greater access and access to appropriate and targeted specialist intervention services aged 0–25 years to intervene early and ensure adequate treatment provision and continuity of care across this age spectrum.

Independent Patient Rights Advisors Andrea Stratis Kelly, Craig Sutton and Amanda Jackson support mental health services and patients at Gold Coast Health.

20,538 phone calls received by the 1300 MH CALL line

3300 inpatient admissions

3623 inpatient discharges

1295

Gold Coast students from years 8 to 12 were provided awareness training and education via the ICE initiative

7583

The number of occasions interpreters provided services

In addition, translated information is available in eight languages including Arabic, Japanese and Bosnian.

The year ahead:

In 2017–18, we will continue to support people who have a mental illness. We will do this by:

- continuing the Safewards program to deliver effective and caring interactions
- developing an Electro Convulsive Therapy educational video for consumers and carers
- re-aligning models of care to ensure greater access to appropriate specialist intervention services for those aged 0–25
- remodelling community follow-up services to improve post-discharge follow-up rates.

Health care through a cultural lens

Gold Coast Health is dedicated to achieving the commitments of the Queensland Government to Closing the Gap in life expectancy between Aboriginal and Torres Strait Islander people and the non-Indigenous population by 2033.

Gold Coast Health is proud to support the Karulbo Aboriginal and Torres Strait Islander Health Partnership which is integral in building engagement by bringing community members together to discuss health challenges and solutions.

The health service is achieving this by building a culturally responsive workforce and implementing best practice and outcome-focused systems that apply a cultural lens.

This includes the development of a specific Gold Coast Aboriginal and Torres Strait Islander e-learning component of the existing Cultural Practice Program, which 222 staff have completed since its inception in March 2017.

We continue to make significant positive strides in patient care, whilst recognising that there is still a great deal of concerted and collaborative effort required to address health inequality for Aboriginal and Torres Strait Islander community members on the Gold Coast.

Existing initiatives include culturally specific programs such as the Heart Health screening program, Mungulli chronic disease specialist clinics, outreach dietetic and diabetes education clinics in partnership with Kalwun Health Service and development of the Bush Tucker Calendar and cooking sessions to increase the knowledge of local traditional foods and increase health and wellbeing.

Growing the Aboriginal and Torres Strait Islander workforce is a fundamental strategy to Closing the Gap. Gold Coast Health has a dedicated Aboriginal and Torres Strait Islander Health Service which provides cultural support and guidance through health worker and clinical roles.

The health service recently established a Nurse Navigator role to focus on chronic disease complex care specifically for Aboriginal and Torres Strait Islander health.

It also employed its first Aboriginal Midwife as part of the Midwifery Group Practice program, providing culturally appropriate continuity of care for pregnant women and their families.

These positions, together with culturally safe spaces such as a birthing suite wrapped in Aboriginal artwork (pictured above), make a positive impact on Aboriginal and Torres Strait Islander community members' experience of Gold Coast Health.

Because of this, the health services expects to see marked improvements in coming years in key performance indicators, particularly reducing low birth weight, discharge against medical advice (DAMA) and antenatal visits.

The DAMA percentage rate is slightly up compared to the previous years' data with work continuing and set to intensify to identify strategies to support patients during their hospital stay and reduce the rate of discharge against medical advice.

Potentially preventable hospitalisations (PPH) have declined with the percentage rate of 10.5 per cent in 2015–16 down to 9.8 per cent in 2016–17 (as at 31 March 2017).

Flagship initiative

Gold Coast Integrated Care (GCIC) is a flagship initiative which aims to improve care for patients with chronic disease and complex care needs through collaboration between general practitioners, hospital and health services and other mechanisms.

GCIC is managing one in six Gold Coast residents, with 92,000 active patients from 15 general practices, who have partnered with the Integrated Care team for the four-year pilot.

It has a chronic disease register of more than 85,000 patients identified as having conditions such as diabetes, chronic obstructive pulmonary disorder, chronic kidney disease, ischaemic heart disease and more.

An electronic Shared Care Record is established for each patient and accessible to them as well as their nominated care providers, such as GPs, and family or carers.

A resource called Integrated Care Connect provides general practitioners with an automated daily update on disease registers and patient management, daily admissions and discharges, outpatient waiting lists as well as surgical waiting and booked lists.

The program, which commenced in 2014, is delivered in partnership with the Queensland Department of Health, Gold Coast Health and the Gold Coast Primary Health Network.

The year ahead:

In 2017–18 we will:

- complete the GCIC pilot program
- roll out GCIC to include a broader range of conditions that will also include wellness, for example integrated maternity services
- consider application to other Queensland health services.

Growth in research activity

Research activity at Gold Coast Health has continued to grow during 2016–17. Staff were involved in 152 research projects which contributed $2.55 million to revenue and generated 318 peer-reviewed publications. This research activity was further demonstrated in the development of 40 national and 22 international research partnerships.

A research governance structure has been established to provide strategic guidance and operational support for research across the health service and a range of training initiatives to increase staff awareness and engagement in research have been developed. These include:

- Stimulating Action in Research (STAR) program
- Evidence Based Practice workshops supported by the Centre of Research Evidence Based Practice, Bond University
- A Practicing Knowledge Translation Workshop delivered by the Knowledge Translation Program, St Michael's Hospital, Toronto, Canada.

Together with the introduction of an annual peer reviewed research grant scheme to build research capacity and the growth in staff undertaking higher degree research studies, these key activities continue to drive high quality research and set the research themes for the future Gold Coast Health and Knowledge Precinct.

More information about our research activities can be found in the Gold Coast Health Research Review.

To view online visit:
www.publications.qld.gov.au/dataset/gold-coast-health-research-annual-reports

Our people

Gold Coast Health is the largest employer in the city and recognises and embraces the diversity of its people. Gold Coast Health is committed to building a workforce that equally reflects the diversity of the community it serves.

Diversity in the workforce

The organisation launched a Diversity and Inclusion Strategy (2016–2019) together with a first year Action Plan (2016–2017). The strategy aims to build capability in leadership, engagement and commitment, entry pathways, attraction and retention as well as learning and development.

Initiatives from the 2016–2017 Action Plan have been completed and have assisted in creating an environment of involvement and respect, through the richness of our employees' ideas, backgrounds and perspectives.

Those initiatives include:

A strategic partnership with TAFE Queensland Gold Coast (TQGC) to create subsidised learning and development opportunities for Gold Coast Health employees. More than $89,000 worth of subsidies at the Certificate IV and Diploma level were provided this financial year. In addition, Gold Coast Health is currently placing TAFE students into work experience placements within the digital transformation, human resource services, finance and communication teams.

Higher Level Apprenticeship (HLA) program which involves 61 emerging leaders undertaking a Diploma of Leadership and Management with partners TQGC, in collaboration with Pricewaterhouse Cooper (PwC). This program aligns with feedback received in a 2016 Staff Survey where employees requested further pathways for leadership development.

Foundation Skills and Emerging Leaders involved two development programs delivered by TQGC to thirty-two staff from operational services and food services/nutrition staff.

Practise Partners Program delivered by TQGC enabled 20 Enrolled Nurses with the skills to provide mentoring support to colleagues.

Expansion of the Workplace Equity and Harassment Officer Network with 39 officers available for consultation and support to all employees. This free program works in parallel to the Employee Assistance Program which is available to all staff.

The health service has demonstrated its commitment to supporting people with a disability to prepare for, find and maintain meaningful employment by partnering with EPIC Assist.

Gold Coast Health has placed five people with disabilities into work experience with three of these people transitioning into employment with the health service. One acquired a paid position external to GCUH. Further, an EPIC Assist candidate has secured direct employment within the health service's Learning On-Line team as a learning technology developer.

A Disability Employment Services Provider Referral Process has also been developed with the aim to further build on these placement numbers with other providers in 2017.

In order to raise the health service's Equal Employment Opportunity (EEO) workforce statistics, and meet the Public Service Commission targets allocated to the health service for 2022, workforce data has identified key priority areas as:

- people with a disability and
- people from Aboriginal and Torres Strait Islander backgrounds.

Recommendations to reach these targets include:

- building working relationships with all disability employment service providers on the Gold Coast
- developing attraction and retention strategies in collaboration with the health service's Aboriginal and Torres Strait Islander Health Unit.

The table below displays the current Gold Coast Health EEO workforce statistics as at 30 June 2017, with targets we will work towards by 2022.

The target of 50 per cent executive management roles being held by women has already been exceeded.

Attracting a workforce

The South East Queensland region is recognised as a great place to work, so the health service continues to attract large applicant pools for advertised positions.

Gold Coast Health is the largest employer on the Gold Coast, resulting in competitive talent pools for our hiring managers.

Gold Coast Health appointed a total number of 2134 staff in the 2016–17 financial year (including internal movements and promotions). Of these, 962 were new employees to the organisation.

Nursing continues to be the largest occupational stream recruited at Gold Coast Health with more than 55 per cent of appointments made. This is followed by allied health (17 per cent) and administration (15 per cent).

Table 4: New staff across Gold Coast Health

Occupational stream	# of appointees	% of appointees
Nursing	1185	55.53%
Allied health	367	17.20%
Administration	333	15.60%
Operations	205	9.61%
Medical	26	1.22%
Dental	10	0.47%
Professional	8	0.37%
Technical	0	0.00%

Data Source: VADER and Springboard – 30 June 2017.

Table 3: Current EEO statistics at 30 June 2017 and 2022 targets

EEO diversity group	Workforce at 30 June 2017	2022 target	2022 stretch target
People with disability	1.24%	2.6%	4.4%
Cultural/linguistic background	10.06%	10%	11.5%
Aboriginal and Torres Strait Islander	1.02%	1.3%	2.6%
Women employed on executive contracts (HES)	64.28%	50%	50%
Women in senior leadership roles (DSO or equivalent)	48.27%	50%	50%
Women on the Board	55.55%	50%	50%

Data Source: DSS Necto – 30 June 2017.

Strong student interest in Careers Expo

More than 5000 students across the Gold Coast were provided with information on what it is like to work for Gold Coast Health at this year's Gold Coast Careers Expo.

Joining more than 35 exhibitors across two days, Gold Coast Health's stand and presentations were well received by attendees, positioning the service as an 'employer of choice' on the Gold Coast.

Staff showcased the variety of roles on offer across the service from nursing to administration. Students practised their basic life support skills with a CPR simulation manikin and took Instagram snaps at our interactive stand.

The Communication and Engagement team promoted the organisation on the main stage of the event. Presentations featured an interactive quiz, *Gold Coast Medical* TV series and insights about Gold Coast Health as a great place to work.

Developing our future workforce

Gold Coast Health is committed to developing our future workforce through a variety of entry level pathways and programs. Some examples include:

Nursing Graduate Intake

In 2016–17, the Nursing Support and Resource Unit (NSRU) facilitated the recruitment and on-boarding of more than 174 graduate nurses into the health service. Of those, 154 were Registered Nurses and 20 Enrolled Nurses.

Medical Internship Intake

Each year the Medical Support Unit (MSU) facilitates the placement and on-boarding of 90 medical interns. The arrival of the interns cements Gold Coast Health's ongoing commitment to providing quality medical education. In particular this year, our diversity and inclusion programs has recruited Dinesh Palipana as a medical intern – the first quadriplegic intern at Gold Coast Health.

Human Resource Graduate Program

The first HR Graduate Program for the health service was launched in 2016. The 18-month program places successful candidates in a range of workplace rotations offering hands-on experience to build technical and human resource knowledge capabilities across the broader HR Services team.

Learning opportunities abound

Clinical placements provide an essential experiential learning component of most tertiary health courses, granting students an opportunity to put theory into practice. In 2016–17, Gold Coast Health offered clinical placement opportunities to nursing, medical and allied health students from multiple universities. Clinical facilitators offered excellent support across a wide range of clinical experiences.

The number of placement days made available during 2016–17 were:

- Nursing: 41,000+
- Allied Health: 11,500+
- Medical: 33,500+

Gold Coast Health clinicians also provided supervision over medical student research projects and visiting international elective students.

Griffith University Business School – Work Integrated Learning Program

Gold Coast Health established 10 internships as part of the Work Integrated Learning Program. These business students were offered placements across a variety of areas such as finance, HR, strategy and planning, the Gold Coast Hospital Foundation and the strategic program management office.

Valuing and empowering the workforce

Gold Coast Health's journey to international Magnet® recognition has made great strides in forging a Magnet® culture over the past 12 months.

Following a Going for Gold staff survey in 2016, encouraging staff participation in developing survey result action plans has been critical to enhancing organisational culture and increasing engagement.

As a result of staff feedback, initiatives such as executive leader rounding and reward and recognition activities are being implemented.

At the same time, individual areas are developing improvements such as team newsletters to increase communication and strategies to improve efficiencies and cost savings.

There is increasing participation in the program with more than 300 staff completing workshops to become Magnet® Ambassadors – staff members across the organisation who champion Magnet®.

Magnet boards are visible across the service and are a physical and practical way for staff to demonstrate their commitment to building a positive workplace that is creative, engaging and unique to each work area.

Two key characteristics of Magnet® organisations are high levels of staff engagement and frontline staff involvement in decision-making about issues that impact on them and the services they deliver – this is referred to as 'shared governance.'

Members of the Magnet® team celebrate the launch of Gold Coast Health's Professional Practice Model.

Putting shared governance into action has been an important goal for the program with its leadership team, the Magnet® Governance Committee, making a commitment by inviting a Magnet® Ambassador to become a member of the committee and share in decision-making.

A key initiative of the Magnet® program this year was the development and implementation of the Gold Coast Health Professional Practice Model (PPM), a schematic design that incorporates agreed domains and organisational values in a visually appealing and quintessential representation of the Gold Coast. The final design was a collaborative poster selected from 29 entries. A staff vote on four finalists led to the winning design.

The PPM is a true representation by Gold Coast Health staff depicting how the organisation chooses to communicate, collaborate and develop professionally to provide safe, high-quality, person-centred care.

The year ahead:

In 2017–18 we will:

- continue work to achieve Magnet® recognition
- embed Magnet® principles into everyday practice
- continually strive for excellence.

Creating sustainable capability

Gold Coast Health believes it is essential that its people, both current and future, have the required skills, knowledge, abilities, attributes and behaviours needed for Gold Coast Health to deliver excellence in healthcare services.

The Core Capability Framework (CCF) has been developed with the purpose of providing employees a set of core capabilities, aligned and focused on what is important to achieve organisational objectives.

The core capabilities identified are an indication of the behaviours that are valued and rewarded, providing a consistent platform to integrate HR functions such as recruitment, performance management and learning and development to focus on the right capabilities to enhance organisational performance. The framework provides the baseline requirement and identifies gaps so training and development opportunities can be targeted to further grow staff members.

Workforce planning, attraction, retention and performance

Gold Coast Health's workforce consists of 8963 people who contribute to the strategic objectives of the business. From July 2016 to June 2017 the number of clinical staff (including medical, nursing, allied health professionals, other professionals, scientific and technical and oral health practitioners) has increased from 6097 to 6364 staff servicing the Gold Coast Health service. Actual employment figures, across all professional streams, are 7439 full-time equivalent.

All figures are based on Minimum Obligatory Human Resource Information (MOHRI) Occupied Headcount.

Table 5: MOHRI Occupied Headcount by sex

Sex	MOHRI Occupied Headcount	%
Female	6661	74.32%
Male	2302	25.68%
Total	**8963**	**100%**

Table 6: Professional stream MOHRI occupied FTE

Managerial and Clerical	1231
Medical including visiting medical officers (VMOs)	1033
Nursing	3275
Operational	954
Trade and artisans	14
Professional and technical	932
Total	**7439**

Unscheduled leave

The unscheduled leave rate for 2016–17 was 2.15 per cent (average) compared to 1.65 per cent in 2015–16. Unscheduled leave is made up of bereavement leave, flood leave, jury duty, suspension and special leave (Defence).

Permanent separation

During 2016–17, 625 staff separated from the service. No redundancy, early retirement or retrenchment packages were paid during the reporting year.

8963
staff (7439 FTE)

962
new employees in 2016–17

71%
in clinical roles

4%
increase in clinical roles

Youngest employee:
17, male

Oldest employee:
82, male

Women fill
64%
of executive management roles

An equal opportunity employer

Workforce figures show 1.02 per cent of Gold Coast Health employees declare themselves of Aboriginal or Torres Strait Islander descent. 10.06 per cent of employees are from a non-English speaking background and 1.24 per cent have a disability.

Please note data has been sourced from DSS Necto and is current as at 10 July 2017. All figures are based on MOHRI Occupied Headcount.

Composition: age and sex

Gold Coast Health has a diverse workforce.

Our youngest staff member is male and 17 years old while our oldest employee is a male aged 82. Overall the health service employs 6661 females and 2302 males. The typical Gold Coast Health employee is 43 years old and female.

Table 7: Sex and age profile as at 30 June 2017

Age	Female	Male	Total
Under 20 years	12	7	19
20–29 years	1264	429	1693
30–39 years	1589	613	2201
40–49 years	1608	591	2199
50–59 years	1576	467	2043
60–69 years	576	175	751
70–79 years	37	19	56
80 years and over	0	1	1
Total	**6661**	**2302**	**8963**

Women in the workforce

Women comprise 74.32 per cent of the service's workforce, with 64 per cent of executive management positions filled by women, based on the Executive Management Team organisation structure.

Table 8: Women in professional streams as at 30 June 2017

Profession	2017	2016
Managerial and clerical	1120	1106
Medical (including VMOs)	439	417
Nursing	3588	3441
Operational	677	665
Professional and technical	837	785
Total	**6661**	**6414**

Corporate social responsibility

Gold Coast Health recognises the compassion inherent in health care and the connection of the organisation's employees to the community. It is committed to making a positive sustainable social and global impact through excellence in corporate social responsibility.

With the support of the Board, Gold Coast Health has established a Social Responsibility Policy which aims to:

- Align business strategies and practice with global exemplars of corporate social responsibility
- Engage with the spirit of compassion and caring within the organisation for employees, patients and the diverse community it serves
- Create a forum for employees to identify socially responsible activities and initiatives for support by Gold Coast Health in a coordinated way. These activities may include:
  - Organisational support for volunteering and philanthropy for vulnerable people in the local and wider communities
  - Reducing the Gold Coast Health impact on the environment through economically viable ways to operate in the most efficient and sustainable way
  - Facilitation of philanthropic and sustainability initiatives with staff and identified partner agencies where they match the values of the organisation, connecting capability with opportunity.

In the 2016–17 reporting period, staff participated in a wide range of activities, including:

- Cyclone Debbie volunteers – Gold Coast Health staff were deployed to assist with a range of issues at other Queensland hospitals and health services in the wake of Cyclone Debbie. This included helping to mitigate and manage public health risks, providing psychological first aid and ensuring continuity of medical management for patients
- Share the Dignity – supporting Australian women and children in need, with a particular focus on victims of domestic violence
- Operation Uplift – collecting and distributing bras to women in developing nations
- Kirakira Hospital – providing education and training to local nurses in the Solomon Islands
- Gold Coast Hospital Foundation – supporting fundraising initatives and events to enable the Foundation to purchase lifesaving medical equipment and enable specialist training and education for local staff. For an overview of the Foundation's successes during 2016–17 please see page 41.

Sustainability – a whole of organisation approach

Gold Coast Hospital and Health Service is committed to meeting the three pillars of sustainability – economic, environmental and social objectives. We believe the long term health and wellbeing of our community will thrive into the future based on the ethical actions of our organisation. Therefore, we will manage our organisation by following the principles of best practice with regard to sustainability.

An Environmental Management Plan has been established, with a focus on key aspects including water, soil and air quality; management of materials and energy; appropriate response to hazardous materials and waste management; and flora and fauna.

Appropriate and efficient use and allocation of resources is achieved through promotion of local purchasing of economically viable products which offer both value for money and are healthy for consumers.

The health service has developed a range of localised initiatives to avoid generation of waste and have plans in place for recycled water infrastructure opportunities throughout the facilities. Photovoltaic solar power, lighting upgrades and Central Energy Plant Optimisation all contribute to our Renewal Energy initiatives.

During 2016–17 Gold Coast Health has achieved a decrease in electricity consumption of 777,160kWh (1.5 per cent) from the previous financial year, which is equivalent to 5.5 days (or 118 homes per annum) of electricity use.

Our commitment to the wellbeing of our people

The Work Health and Safety unit aims to provide excellence in sustainable and evidence-based health and wellbeing initiatives that meet the needs of Gold Coast Health workers.

There is a focus on reducing workers' exposure to, and providing ease of access to tools that focus on, the following risk factors:

- smoking – World No Tobacco Day
- alcohol – promoting responsible intake
- spirituality – partnership with chaplaincy
- physical activity – fitness passport
- nutrition and obesity – Bond University Master of Nutrition and Dietetics students
- cancer screening
- emotional and social – employee assistance program Optum.

Engaging staff is important and this year included:

Conversations that matter

RUOK? Day in September 2016 promoted awareness of mental health issues, in particular suicide prevention, and empowered staff to address mental health issues in the workplace and at home. An event hosted at GCUH attracted more than 1500 staff who were provided with a free lunch from sponsors. Partner organisations shared information about mental health services and support. These included Headspace, FSG Australia, Optum, Delta Therapy Dogs and Black Dog Riders in addition to internal support from mental health staff, the chaplaincy service and more. Staff formed a human RUOK? sign (pictured below left) which was promoted in the media and demonstrated the organisation's commitment to staff wellbeing.

Australia's Healthy Weight Week

This event in February 2017 highlighted the importance of achieving and maintaining a healthy weight and lifestyle, with a healthy lunch provided free to 1500 staff.

Wellness Fair

The second annual Wellness Expo at Robina Hospital promoted an awareness of holistic health to more than 500 staff. Students from Bond University provided free health checks and there was a range of financial, emotional and spiritual advice available.

Depression – let's talk

World Health Day in April 2017 was themed 'Depression: Let's Talk'. Gold Coast Health hosted an event at Robina Hospital to encourage more than 600 attendees to have important conversations with a trusted person.

Community Road Show

In August 2016, staff at Ashmore Community Mental Health, Southport and Robina Health Precincts participated in the Workplace Health and Safety Team Health road show.

Socks4Docs

Cinicians and staff wore their boldest socks to support suicide prevention among healthcare workers. Socks4Docs acknowledges that those in the medical workforce are twice as likely to attempt suicide as those in the broader community.

Dr Shahina Braganza (right) with emergency registrar Dr Angela Burgett and paramedic Gary Berkowitz.

Staff wellness front of mind in ED

A wellness initiative being developed by Gold Coast Health clinicians has attracted international interest.

In the past year, the 'oneED' program has been presented at Stanford University, the Queensland Emergency Medicine autumn symposium and the Queensland Department of Health Staff Wellbeing forum.

Originally designed to ensure Emergency Department (ED) staff maintain connectedness in a busy and growing hospital, the evolving 'oneED' wellness program focuses on using group mindfulness practice to maintain empathy, compassion and communication, with the ultimate goal of enhancing patient care.

The program is being developed by Gold Coast Health Emergency Physician Shahina Braganza and ED Medical Education Officer Jessica Young, who hope it will help foster a collective culture of positive growth, so all clinical and non-clinical staff can be nurtured to thrive.

A video about the 'oneED' program can be viewed at www.youtube.com/user/GoldCoastHealth

Learning On-Line heads north

The services provided by the Gold Coast Health Learning and Development team to other hospital and health services is expanding with the inclusion of Townsville's Learning On-Line system. The new learning platform replaces an existing database and provides many challenges in converting the 1600-plus courses to the system.

Hunt for bacterium source leads to nationwide gel recall

When blood cultures from six critically ill Gold Coast Health patients tested positive for a bacterium normally found in the environment, the scientific sleuths in the Infection Control and Infectious Diseases departments worked tirelessly with colleagues from Pathology Queensland to find the source.

The potentially deadly bacteria, *burkholderia cenocepacia*, was isolated in an ultrasound gel labelled sterile, which was being used to insert central lines into patients in the Intensive Care Unit at the Gold Coast University Hospital.

The product was imported from China in a pack including an ultrasound sheath and there were more than 1400 of these packs at hospitals across Australia. The work of the Gold Coast Health and Pathology Queensland teams led to a nationwide investigation and recall of the gel by the Therapeutic Goods Administration and further recalls in the United Kingdom, the United States and Japan.

A total of 11 patients in Queensland and the Australian Capital Territory were found to have a *burkholderia cenocepacia* infection linked to the ultrasound gel. All patients made a full recovery from the infection.

Professor Ramon Shaban, Gold Coast Health's Clinical Chair of the Infectious Diseases department and Pathology Queensland microbiologist Dr Sam Maloney were two of the authors of a paper recently published in the international American Journal of Infection Control about the outbreak.

Our future

Gold Coast Health has experienced huge growth in demand since 2012.

The organisation is meeting this challenge head on and will continue to draw on a culture of innovation and the expertise of staff.

Innovation is important in healthcare and can help create funds for other projects that cannot currently be supported.

The Gold Coast Health Enhanced Value Program (EVP) is one way staff are driving innovation and cost saving across the health service.

The organisation is consistently working to improve services for patients as well as becoming a world-class facility through technological advancements, Integrated Care, the future Health and Knowledge Precinct, research and development as well as cultural initiatives for staff.

Gold Coast Health and Knowledge Precinct

Gold Coast Health has engaged with local and international industries in relation to Asia-Pacific's emerging health and innovation hub. The 200-hectare Gold Coast Health and Knowledge Precinct (GCHKP) is a unique global business location for high-tech health and industry development, research collaboration and jobs of the future.

Gold Coast Health has partnered with the City of Gold Coast, Griffith University and the Queensland Government to facilitate the development of the GCHKP, the largest urban renewal project ever undertaken on the Gold Coast. The project is set to create 12,400 new jobs and generate gross value of $2.9 billion for the city's economy.

Already home to the $1.76 billion Gold Coast University Hospital, co-located with world-class Griffith University, and the new Gold Coast Private Hospital, the GCHKP hosts the Gold Coast 2018 Commonwealth Games Athletes Village which will evolve into a vibrant $550 million mixed-use community where people can live, work and learn.

With a combination of expertise, infrastructure, land and lifestyle unique in Australia – nine hectares of prime greenfield land will be a drawcard for health and innovation investment, serviced by the Gold Coast light rail and with easy transport access.

At the contemporary convergence of health, science and engineering and empowered by digital technology, precinct researchers, clinicians and companies will be able to collaborate at the cutting-edge of innovation.

This modern, multi-disciplinary approach positions the GCHKP to deliver next-generation medicine, advanced manufacturing and comprehensive innovation in preventative health care.

Exciting land developments and collaborative research projects are already earmarked, with on-site development to begin from 2019, facilitated by the GCHKP Project Office.

A formal four-year partnership agreement has been signed by the major stakeholders of the Precinct including Gold Coast Health, Griffith University, City of Gold Coast and Queensland Government to demonstrate support and agreement towards the long-term vision of the Gold Coast Health and Knowledge Precinct.

Engaging our community

Gold Coast Health values the ideas and opinions of the Gold Coast community.

The community and consumer engagement program supports:

- improving the safety and quality of services through consumer feedback and involvement
- managing public healthcare expectations and diversity by including patients, the community and health partner providers in Gold Coast Health service education, planning and delivery
- fostering an environment of community awareness, pride and ownership in Gold Coast Health
- expanding engagement activities to promote Gold Coast Health as a world class supplier of healthcare.

Gold Coast Health includes consumers and their input in many facets of our service. Consumer representatives and staff, including senior clinicians and executives, attend committees to promote quality and safety activities, health service reviews, nutrition improvement, strategic planning and support of special projects.

Consumer and community engagement activities

Gold Coast Health has conducted almost 400 engagement activities in the past 12 months.

These ranged from information sharing to consultation and involvement of consumers and community members to help plan, deliver and assess health services within hospitals and community health centres.

Clinicians and support staff have worked with health consumers, carers, families, community, non-government organisations and health partners to build knowledge and awareness of health services and advise on post-acute care.

Table 9: Summary of engagement activities 2016–17 by division (excluding patient publication reviews)

Division	Activity
Mental Health Specialist Services	141
Cancer Access and Support	91
Diagnostic Emergency and Medicine Services	81
Specialty and Procedural Services	36
Strategic Planning	2
People and engagement	21
Clinical Governance, Education and Research	12
Board	14
Total	**398**

Consumer consultants are also embedded in our mental health service to help foster a range of engagement opportunities. Methods used to improve the local service include carer groups, community forums, patient seminars, community displays, partnership groups and consumer surveys.

The Gold Coast Health Board is also active in delivering community speaking opportunities to promote the health service as a world class provider of health care. Chair Ian Langdon attends regular community meetings such as Rotary and Probus in addition to visits to special schools.

Board members have also worked with Gold Coast Health volunteers to better understand patient and visitor needs.

In early 2017 a new Consumer Advisory Group (CAG) was established to provide broader membership diversity and capacity to participate. The CAG (pictured below) has its first independent chair and has nominated health literacy and informed consent as two key areas for 2017–18.

The Patient Liaison Service (PLS), which is housed in Clinical Governance and is the primary contact for all consumer complaints and compliments, has a positive partnership with the Consumer Advisory Group.

Member input has led to adjustments in procedures, brochures and other marketing materials to help better meet the needs of the community. Their input into the PLS service delivery model has been invaluable, as has their advice in awareness-raising strategies within the health service to encourage patients and consumers to provide constructive feedback, including compliments and complaints. In addition, the PLS has presented to the CAG on a number of occasions to build the knowledge of members.

"Our consumer group represents the voice of the community and we are committed to improving health services on the Gold Coast."

– Joan Carlini, Chair, Gold Coast Health Consumer Advisory Group

Fundraising for our patients

The Gold Coast Hospital Foundation is a purpose-based not-for-profit organisation and is the official charity for Gold Coast Health.

The foundation's services and support are focused on helping people in the Gold Coast community who are suffering physically, emotionally and financially due to serious illness, injury or disease.

The positive impact of the foundation on patients and their families during times of medical crisis was significant during 2016–2017.

The foundation experienced its most successful fundraising year in its 23-year history, making an increasing number of vital health care initiatives and projects possible. These included the delivery of support services, the purchase of lifesaving medical equipment, enhanced hospital spaces and facilities, and specialist training and education for Gold Coast Health staff.

These initiatives and projects helped approximately 100,000 people overcome distress and medical hardship.

Under the foundation's Trauma Support Program, 277 nights of emergency accommodation assistance were provided to the families of patients in trauma, intensive care, neonatal intensive care, children's critical care and postnatal mental health units. Due to its ongoing success and growth, the program was renamed the Emergency Accommodation Service in mid-2017.

The Cancer Patient Transport Service continued to support patients undergoing cancer treatment by providing stress-free, comfortable transport to and from Gold Coast hospitals. The service made more than 7400 journeys to help ease the burden on patients affected by cancer.

Young patient Lucas has benefited from vital equipment funded by the Gold Coast Hospital Foundation.

Over the past year, the foundation successfully secured funding for 166 items on a children's equipment, refurbishment and services wish list, benefiting newborns, children and teenagers. In addition, 165 general equipment items were delivered to departments including renal services, mental health, nutrition and food services.

More than 400 Gold Coast Health staff have received help from the foundation's education grants and scholarship program over the past 12 months. Expert training was delivered to 397 staff via eight foundation-funded workshops and seminars to improve knowledge in specialist health areas, while a further seven health professionals were awarded nursing and midwifery scholarships.

In addition, the foundation formed a new major research program in partnership with Gold Coast Health. This program focuses on seed funding innovative health and clinical research to continuously advance health care services and outcomes for patients.

The foundation's achievements in 2016–17 were all made possible thanks to the overwhelming support and commitment of individuals, families and businesses in the local community.

Three-year-old Alliyah Broadby was a patient in the ICU for 20 months. Thanks to the generosity of the community, Gold Coast Hospital Foundation helps to support patients like Alliyah by easing the distress of medical hardship on patients and their families.

GOLD COAST HOSPITAL FOUNDATION

The foundation relies upon community support and donations are welcomed at www.gchfoundation.org.au

Health service prepares for international event

Gold Coast 2018 Commonwealth Games mascot Borobi spotted at Gold Coast University Hospital.

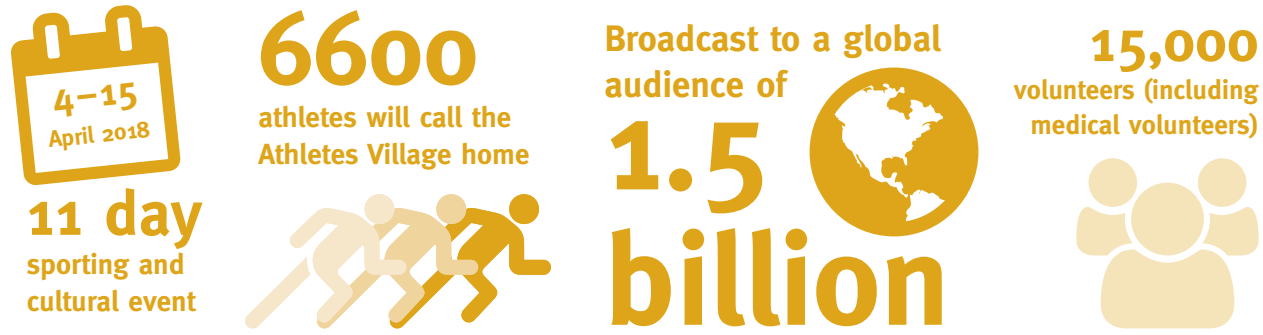
Gold Coast University Hospital is the designated hospital for the Gold Coast 2018 Commonwealth Games and health planning for this prestigious sporting event has begun in earnest.

Gold Coast Health is committed to delivering ongoing health services that meet community needs during the Games period. Comprehensive plans to address the changes required have been developed across the hospital and community health service settings.

The Athletes Village, which will be home to 6600 athletes during the Games, features GCUH as its backdrop. Following the event, the area will transition into a Health and Knowledge Precinct as part of the Games legacy. It presents myriad future opportunities for developing health-related industries, research and technology.

Preparations are in hand for a comprehensive plan to prepare for and manage any unexpected incidents or disasters. Gold Coast Health is working in partnership with other agencies to conduct exercises that test and evaluate our systems and response plans.

Disaster preparedness, medical management systems and organisational resilience are the focus as the city prepares to host the largest sporting event in Australia this decade.



Data obtained from Gold Coast 2018 Commonwealth Games website **www.gc2018.com**.

Implementing national reform

Two major national social reform initiatives, the National Disability Insurance Scheme (NDIS) and the National Injury Insurance Scheme (NIIS), were introduced to Gold Coast Health during the course of this financial year. NIIS will assist people with a significant injury directly as a result of a motor vehicle accident, and NDIS will provide reasonable and necessary supports for people under 65 with a permanent disability to assist with everyday living requirements.

Both were significant outcomes from an earlier federal Productivity Commission recommendation and commenced implementation nationally on 1 July 2016.

At Gold Coast Health, the implementation of the NIIS is complete and in place. The National Disability Insurance Scheme rollouts will impact Gold Coast effective 1 July 2017. Extensive preparations and arrangements have occurred during this financial year in readiness and remain in progress.

Extensive collaboration with key internal clinical services and external stakeholders has occurred for both. Health has a recognised, pivotal mainstream role across both programs.

Our board and management

The Gold Coast Health Board is appointed by the Governor in Council on the recommendation of the Minister for Health and Minister for Ambulance Services and derives its authority from the *Hospital and Health Boards Act 2011* and the Hospital and Health Boards Regulation 2012.

The Board provides governance of Gold Coast Health and is responsible for its quality of healthcare services, strategic direction, financial performance and strengthening community partnerships.

The Gold Coast Health Board is well placed to manage continual improvements, expected growth and increasing demand on the health service from the Gold Coast community and visitors. The Board has a range of functions including:

- setting the strategic direction and priorities for the operation of Gold Coast Health
- monitoring compliance and performance
- ensuring safety and quality systems are in place which are focused on the patient experience, quality outcomes, evidence-based practice, education and research
- developing targets, goals and standardised care plans to use public resources wisely
- ensuring risk management systems are in place and overseeing the operation of systems for compliance and risk management reporting to stakeholders
- establishing and maintaining effective systems to ensure that the health services meet the needs of the community within the resource envelope.

The Gold Coast Health Board consists of nine independent members, who bring a wealth of experience and knowledge in public, private and not-for-profit sectors, as well as a range of clinical, health and business experience.

2016–17 Gold Coast Health Board Directors

Mr Ian Langdon – Board Chair MBA, BComm, Dip Ed (Melb Uni), FCPA, FAIM

Appointed 18 May 2012. Current term 8 May 2016 to 17 May 2019.

Ian Langdon has extensive Board experience encompassing roles such as chair, audit committee chair and non-executive director with a wide range of companies in agribusiness, food production, marketing and health. Ian has held various academic positions including Associate Professor and Dean of Business at Griffith University (Gold Coast campus).

Ian is also the Chair of the Executive Committee.

Ms Teresa Dyson – Board Deputy Chair LLB(Hons), BA, MTax, MAppFin, CTA, GAICD

Appointed 18 May 2016. Current term 18 May 2016 to 17 May 2019.

Teresa Dyson has leadership and governance experience across the public and private sectors. Through her legal practice, Teresa has been closely involved in business issues affecting the financial services sector, transport services, infrastructure projects and the energy and resource industry.

Teresa is the Chair of the Finance and Performance Committee.

Mr Robert Buker FCA, AMIIA

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Robert Buker has more than 44 years expertise as a Chartered Accountant, with extensive experience delivering internal and external audit, accounting services, corporate governance, project management, as well as providing financial and management consulting.

Robert is the Chair of the Audit and Risk Committee.

Professor Helen Chenery BSpThy, MSpThy, PhD, GAICD, FQA

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Helen Chenery is Executive Dean of the Faculty of Health Sciences and Medicine at Bond University. She is a leading language and rehabilitation researcher with a particular interest in the application of digital technologies in healthcare. Helen also has extensive strategic and operational experience in executive leadership roles within the higher education and health sectors, and has led policy and practice reform in dementia care, health workforce and service design, and interprofessional education/practice.

Professor Allan Cripps AO, FAHMS, FAIMS, FASM, FIBMS (UK), AFACHSM

Appointed 29 June 2012. Current term 18 May 2014 to 17 May 2018.

Allan Cripps has extensive experience in both health service provision and in health academe. Allan is currently a Research Professor in the School of Medicine at Griffith University and was previously the Foundation Pro Vice Chancellor of Health.

Allan is the Chair of the Research Committee.

Dr Cherrell Hirst AO, FTSE, MBBS, BEdSt, D.Univ (Hon)

Appointed 18 May 2014. Current term 26 June 2015 to 17 May 2018.

Cherrell Hirst practised medicine for 30 years in community health and paediatrics with a focus on the screening and diagnosis of breast cancer and support for women and families. Since 1990 Cherrell has been involved as a consultant and a non-executive director in a wide range of private and public entities in the health, education, insurance and biotechnology sectors and in various not-for profit organisations. She was Chancellor of QUT from 1994–2004 and was named Queenslander of the Year in 1995.

Colette McCool MIM, BA, GAICD, FAICD

Appointed 29 June 2012. Current term 18 May 2014 to 17 May 2018.

Colette McCool has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, cultural and social portfolios in State, Territory and Local Governments, in diverse functional areas such as community services and health, waste management and transport.

Colette is Chair of the Safety, Quality and Clinical Engagement Committee and a Director of the Gold Coast Hospital Foundation.

Professor Judy Searle BMBS, FRANZCOG, MD, GAICD

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Judy Searle started her career as a medical specialist before moving primarily into leadership and management positions in academia both in Australia and the UK. She continues to contribute to the health and education sectors as a non-executive board member and as an academic consultant, with particular focus on clinical service provision, academia, policy development, regulation and accreditation, board directorship and medico-politics.

Dr Andrew Weissenberger MBBS (Hons), FRACGP, GAICD

Appointed 7 September 2012. Current term 18 May 2014 to 17 May 2018.

Andrew Weissenberger began his career in hospitals, working at the Mater Hospital in Brisbane, before moving into community general practice in Brisbane and on the Gold Coast. Andrew has a keen interest in the training and education of both medical students and registrars, and is a Senior Lecturer with Griffith University. He is also actively involved as a surveyor for accreditation in general practice.

Improving transparency and governance

All committees of the Board abide by their approved terms of reference. Gold Coast Health values good corporate governance and seeks to adopt best practice.

Finance and Performance Committee

Chair: Teresa Dyson

Members: Robert Buker, Prof Helen Chenery, Prof Allan Cripps

The Finance and Performance Committee meets regularly to assist the Board in fulfilling its responsibilities to oversee Gold Coast Health's assets and resources. It has a range of functions required under the Hospital and Health Boards Regulation 2012 Section 33, including reviewing and monitoring the financial performance of the health service in accordance with approved strategies, initiatives and goals.

Audit and Risk Committee

Chair: Robert Buker

Members: Teresa Dyson, Prof Helen Chenery, Colette McCool, Dr Cherrell Hirst

The Audit and Risk Committee is required under the *Hospital and Health Boards Act 2011 (Qld)* and under the *Financial and Performance Management Standard 2009*. The committee operates in accordance with Queensland Treasury's Audit Committee Guidelines and meets bi-monthly to oversee governance, risk and assurance processes. In alignment with the Act, it is responsible for assessing the integrity of the service's financial statements, internal and external audit activities, risk management, and compliance with legal and regulatory requirements. The Audit and Risk Committee also monitors the management of legal and compliance risks and internal compliance systems, including compliance with relevant laws and government policies.

Safety Quality and Clinical Engagement Committee

Chair: Colette McCool

Members: Dr Cherrell Hirst, Dr Andrew Weissenberger, Prof Judy Searle

The Safety Quality and Clinical Engagement Committee is prescribed by the *Hospital and Health Boards Act 2011 (Qld)* and advises the Board on matters relating to the safety and quality of healthcare provided, including the health service's strategies for the following:

- minimising preventable patient harm;
- reducing unjustified variation in clinical care;
- improving the experience of patients and carers in receiving health services; and
- complying with national and state strategies, policies, agreements and standards relevant to promoting consultation about the provision of health services.

The Safety, Quality and Clinical Engagement Committee also monitors governance arrangements, policies and plans about safety and quality and promotes improvements in safety and quality.

Executive Committee

Chair: Ian Langdon

Members: Dr Cherrell Hirst, Teresa Dyson, Colette McCool, Dr Andrew Weissenberger

As set out in section 32B of the *Hospital and Health Boards Act 2011 (Qld)*, the Executive Committee supports the Board in progressing the delivery of strategic objectives for Gold Coast Health and by strengthening the relationship between the Board and the Chief Executive to ensure accountability in the delivery of services.

Committee

Chair: Prof Allan Cripps

Members: Prof Helen Chenery, Prof Judy Searle, Dr Andrew Weissenberger

The Research Committee advises the Board in relation to building long-term collaborations in research and enhancing clinical service delivery founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision with clear benefits to all parties which will help to position the Gold Coast Health and Knowledge Precinct as a world class health precinct of national and international significance.

Table 10: Board member attendance

Board member	Ian Langdon	Teresa Dyson	Robert Buker	Helen Chenery	Allan Cripps	Cherrell Hirst	Colette McCool	Judy Searle	Andrew Weissenberger
Board	12/12	12/12	11/12	9/12	12/12	11/12	11/12	12/12	10/12
Executive	5/5	4/5	-	-	-	4/5	4/5	-	4/5
Finance and Performance	-	9/9	8/9	8/9	8/9	-	-	-	-
Audit and Risk	-	8/8	8/8	6/8	-	6/8	6/8	-	-
Safety Quality and Clinical Engagement	-	-	-	-	-	5/6	6/6	6/6	6/6
Research	-	-	-	3/5	4/5	-	-	5/5	5/5

Board remuneration

The Governor-in-Council approves the remuneration arrangements for Board Chairs, Deputy Chairs and members. The annual fees paid by Gold Coast Health are consistent with the remuneration procedures for part-time chairs and members of Queensland Government bodies and are reported on page 79.
The reported fees may be impacted by Fringe Benefits Tax and other factors.

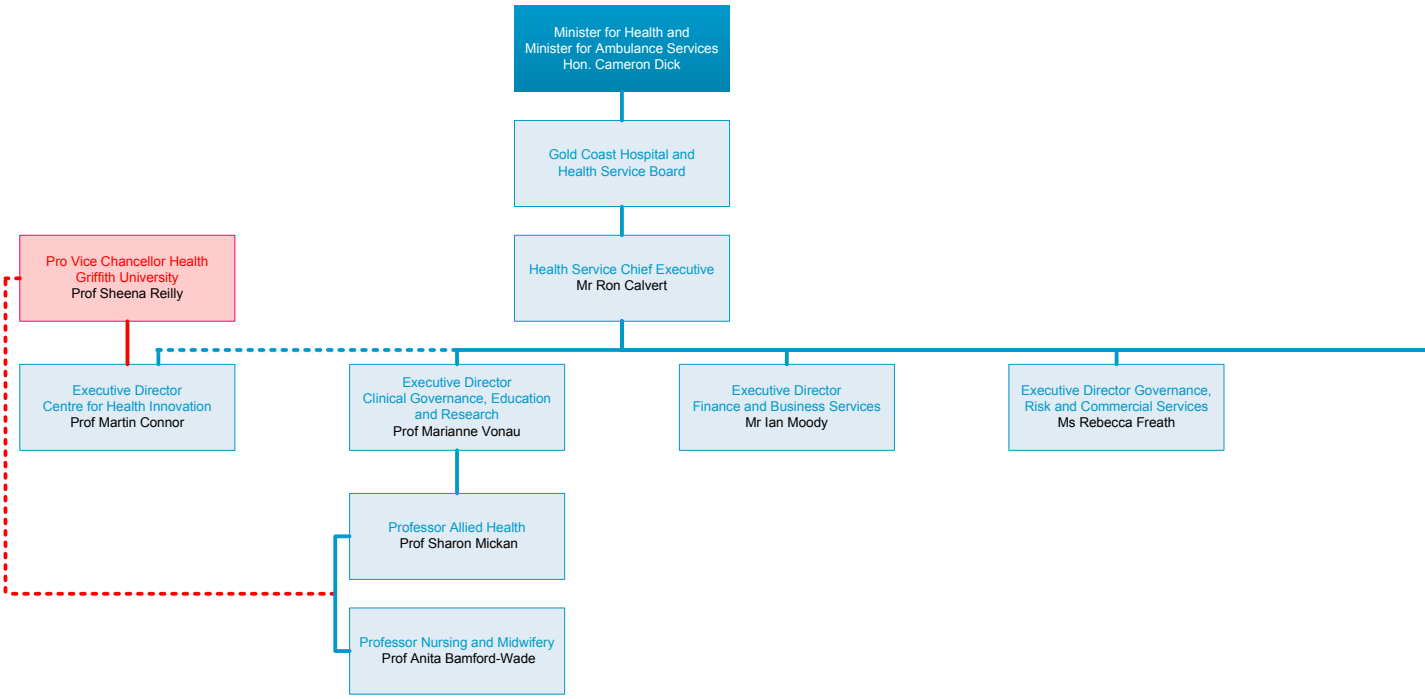
As research plays an integral role in the strategic direction of the organisation, the health service also recognises the Research Committee of the Board.

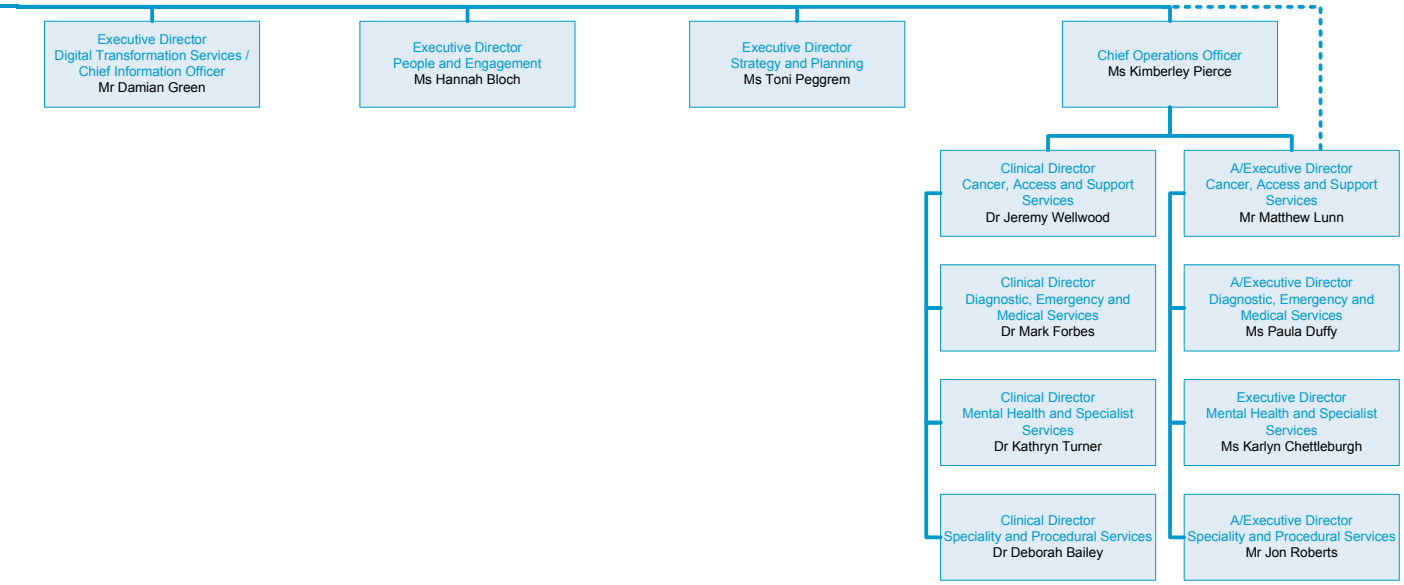
Several Board members were reimbursed for out of pocket expenses during 2016–17. The total value reimbursed was $8335.

Gold Coast Health Organisational Structure as at 30 June 2017

Our management structure

Gold Coast Health has a two-tier management structure consisting of the Gold Coast Health Board and Executive Management. The Board supervises the performance of the health service, its management and organisation. It also participates in determining the strategy of Gold Coast Health. Executive Management, in turn, is responsible for the overall conduct of the business and all operational matters, organisation of the health service as well as allocation of resources, determination and implementation of strategies and policies, direction-setting and ensuring timely reporting and provision of information to the Board. The two bodies are separate, and no individual serves as a member of both.




Executive Director
Digital Transformation Services / Chief Information Officer
Mr Damian Green
Executive Director
People and Engagement
Ms Hannah Bloch
Executive Director
Strategy and Planning
Ms Toni Peggrem
Chief Operations Officer
Ms Kimberley Pierce
Clinical Director
Cancer, Access and Support Services
Dr Jeremy Wellwood
A/Executive Director
Cancer, Access and Support Services
Mr Matthew Lunn
Clinical Director
Diagnostic, Emergency and Medical Services
Dr Mark Forbes
A/Executive Director
Diagnostic, Emergency and Medical Services
Ms Paula Duffy
Clinical Director
Mental Health and Specialist Services
Dr Kathryn Turner
Executive Director
Mental Health and Specialist Services
Ms Karlyn Chettleburgh
Clinical Director
Speciality and Procedural Services
Dr Deborah Bailey
A/Executive Director
Speciality and Procedural Services
Mr Jon Roberts

Our Executive Management Team

Chief Executive – Ron Calvert BSc (Hons), MBA

Ron commenced as Chief Executive of Gold Coast Health in 2012, bringing with him more than 20 years of health management skills and experience.

He has held Chief Executive roles at England's Doncaster and Bassetlaw National Health Service (NHS) Foundation Trust and Trafford Healthcare NHS Trust, where he introduced a quality regime that resulted in a significant reduction in mortality rates.

Chief Operations Officer – Kimberley Pierce BSc, ENB (Cardiology), CCRN, CertIV (ProjMgmt), GAICD

Kimberley joined Gold Coast Health in 2014 as Divisional Executive Director Diagnostic, Emergency and Medical Services (DEMS) and was appointed Chief Operations Officer in 2017. She has worked in South Africa as a clinical director of 22 private hospitals and was Chief Executive of private hospitals in London and Manchester.

Executive Director, People and Engagement – Hannah Bloch

Hannah joined the executive team in September 2016 to oversee the human resources, communication and engagement functions following over 10 years working across Queensland Health. Hannah's role is critical to ensuring the Health Service has the right workforce with the right skills to meet future service delivery needs. She is focused on supporting the broader executive team to engage with staff and drive strategies to build a culture of success.

Executive Director, Governance, Risk and Commercial Services – Rebecca Freath BBus, LLB, GradDip (LegPrac), GradDip (AppCorpGov), GAICD

Rebecca played a crucial role as a Senior Lawyer in transitioning Gold Coast Health into a statutory body through the introduction of best practice governance systems. She joined the executive team in her current role in 2014. Rebecca came to public health after a strong background in the commercial energy and resources sector.

Executive Director Digital Transformation / Chief Information Officer – Damian Green CMQ, BEc (Hons), BA, AFACHSM, MHISA

Damian joined the Gold Coast Health executive team in January 2013 after 16 years as a consultant working with leaders of public sector organisations to facilitate service transformation through innovative human capital and information management and technology strategies.

Executive Director, Finance and Business Services – Ian Moody BA (Hons), FCA, MAICD

Ian joined Gold Coast Health as the Executive Director, Finance and Business Services, in December 2013. With more than 15 years' experience in assurance and consulting in various commercial industries and government sectors, he has an extensive finance background working locally and in the United Kingdom and New Zealand.

Executive Director, Strategy and Service Planning – Toni Peggrem BPThy, BSc, MSc (Ed), GAICD

When Toni started at Gold Coast Health in 2006 she brought with her more than 15 years' experience in health service delivery and health administration. Toni played an integral role in the development, planning and delivery of the Robina Hospital expansion, Robina Health Precinct and Gold Coast University Hospital building projects.

Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau OAM, MBBS, MBA, MPH, FRACS, GAICD

Marianne was the first female neurosurgeon trained in Australia and the first female to be elected President of the Neurosurgical Society of Australasia. She commenced at Gold Coast Health in 2014, bringing with her a wealth of knowledge, skills and experience in neurosurgery, trauma, paediatrics and medical education.

Professor of Nursing and Midwifery – Professor Anita Bamford-Wade

DNurs, MA, Dip Bus (PMER), PG Cert (Cardio-thoracic), RN, MRCN

Anita commenced as Professor of Nursing and Midwifery with Gold Coast Health in February 2014 in a joint appointment with Griffith University. Anita has extensive experience in executive nursing leadership and governance roles in both healthcare and education in New Zealand. Anita is involved in a number of state-wide nursing committees and has research interests in nursing leadership and organisational change.

Professor of Allied Health – Professor Sharon Mickan

BOccThy, PG Cert (TeachingHigherEd), MA (Ed), PhD

Sharon joined Gold Coast Health in 2015 as the inaugural Professor of Allied Health in a joint appointment with Griffith University. Professor Mickan specialises in promoting research engagement and interprofessional practice of healthcare professionals. Her research focuses on facilitating clinicians to build their research skills, engage in interprofessional learning and teamwork and to integrate current research into clinical practice.

Our Executive Management Team (continued)

Executive Director, Mental Health and Specialist Services – Karlyn Chettleburgh RPN, PostGradDip (AdvClinNursing), CMHN

Karlyn has overseen the provision of mental health, drug and alcohol services since she started at the health service in 2010. A Registered Nurse with Mental Health Nurse credentialing and a post-graduate diploma in Advanced Clinical Nursing (Psychiatry), Karlyn's role also manages persistent pain, offender health and Aboriginal and Torres Strait Islander health.

Acting Executive Director, Diagnostic, Emergency and Medical Services – Paula Duffy GradCert (UnitMgmt), GradCert(GerontRehab), GradCert (MultidiscMgmt), GradCert (HlthMgmt), MClinRehab

Paula commenced at Gold Coast Health during the transition of St Vincent's Hospital to the now Robina Hospital in 2002. She has enjoyed a variety of roles including Acting Executive Director Nursing and Midwifery Services, Acting Executive Director People and Culture, and Director of Nursing for the Division of Medicine.

Acting Executive Director, Cancer, Access and Support Services – Matthew Lunn MBA, BNurs, GradCert (HlthEcon), ENB (RenalNurs)

Matthew has worked in a number of health services in Queensland, the United Kingdom and Ireland prior to arriving at Gold Coast Health in 2009. He has experience in executive health leadership roles, including as a nursing executive, project manager and clinician.

Acting Executive Director, Specialty and Procedural Services – Jon Roberts BComm, CA

Jon has more than 10 years' experience in strategic, innovative and operational leadership in various hospital and health services, as well as a background in business and finance. As the General Manager of Prince of Wales Hospital and Sydney Eye Hospital, Jon improved hospital NEST performance to 99.5 per cent of patients receiving their surgery within the recommended time frame.

Clinical Director, Specialty and Procedural Services –
Dr Deborah Bailey MBBS, FRACS

Deborah is a general paediatric surgeon and undertook training in Brisbane, Melbourne and Bristol. She is an Associate Professor at both Griffith and Bond Medical Schools. Her highlights working at Gold Coast Health include performing the first neonatal surgery in the Neonatal Intensive Unit and starting paediatric surgery services on the Gold Coast.

Clinical Director, Diagnostic, Emergency and Medical Services –
Dr Mark Forbes MBBS, FCP(SA), FRACP

Having trained initially in South Africa prior to moving to the United Kingdom where he was trained in Endocrinology, Mark has worked at Gold Coast Health for eight years as a Staff Specialist. He has been actively involved in the commissioning of upgrades to Robina Hospital and the new Gold Coast University Hospital, both as a clinician and more recently as the Clinical Director of Diagnostic, Emergency and Medical Services.

Clinical Director, Mental Health and Specialty Services –
Dr Kathryn Turner MBBS, FRANZCP

Kathryn is a Psychiatrist whose clinical work has included a focus on community psychiatry. She was involved in leading the development of the Early Psychosis Service on the Gold Coast, and was part of the team that won a state-wide award for involvement of consumers in that service development process.

Clinical Director, Cancer, Access and Support Services –
Dr Jeremy Wellwood MBBS, FRACP, FRCPA

Jeremy is a Clinical and Laboratory Haematologist who first worked on the Gold Coast as a Registrar in 1997, returning as a consultant in 2005 after completing his advanced training in Brisbane. He has overseen significant growth and change in cancer services at Gold Coast Health, which now includes radiation therapy and autologous stem cell transplant.

Our Executive Management Team (continued)

Acting Director of Nursing, Diagnostic, Emergency and Medical Services – Tracey Claverie MClinNurs (Chronic Disease), DipBus (FrontlineMgmt)

Tracey started with Gold Coast Health in 1985 as a student nurse and worked across many of the inpatient units contributing to the care of the Gold Coast community. After several years in Perth, she returned to Gold Coast Health as a Clinical Nurse Consultant Heart Failure in 2006. Her skills have seen her travel abroad to provide education on coronary angiograms and coronary intervention in Fiji.

Acting Director of Nursing, Cancer, Access and Support Services – Janeen Freeman BHSc(Nurs), GradDip (MgmtLead), GradCert (PubHlth BusMgmt), GradCert (CancerChemo)

Janeen has held as number of lead clinical, management, support and project roles and was an active member of the state-wide Patient Flow Network in 2007/08, playing an instrumental role in developing and implementing district wide patient flow initiatives. Janeen transitioned into nursing management roles in 2008 and is an active member on a number of internal committees.

Director of Nursing, Mental Health and Specialist Services – Diana Grice PN, CMHN, GradCert (Forensic Psych), Grad Cert(QA)

Diana has a specialty focus on forensic psychiatric care and plays an active role on a number of integral internal committees. Her highlights at Gold Coast Health to date include seeing the growth in the service and commitment to continuous improvement and professionalism; the introduction of a mental health specific nursing award; and introduction of the Safewards initiative in inpatient units.

Director of Nursing, Specialty and Procedural Services – Paul Nieuwenhoven BHSc

Paul joined Gold Coast Health in 2009 bringing with him a range of nursing and project management skills and experience. Paul has previously held a number of key health roles including Federal Vice President of the Australian Nursing and Midwifery Federation, Executive Director of Nursing Alice Springs Hospital and Advisor to the Northern Territory Minister for Health. Paul's current passion is optimising patient flow while enhancing the nursing and midwifery workforce.

Strategic committees

Executive Management Committees

Executive Management Team

The Executive Management Team is comprised of the Executive Directors, Clinical Directors, Directors of Nursing and the Professors of Nursing and Midwifery and Allied Health. Meetings are held monthly to consider matters of strategic importance and cross-divisional impact. In this forum, members of the executive provide information and advice to the Chief Executive and their colleagues to enable planning review and analysis. Each member holds responsibility for their divisional, financial, operational and clinical performance.

Clinical Governance Committee

The Clinical Governance Committee provides strategic direction and oversight of patient safety and quality systems to maintain and improve the reliability and quality of patient care, as well as improve patient outcomes. The committee is responsible for overseeing and setting standards of clinical governance within Gold Coast Health. The committee monitors, evaluates and improves performance in clinical practice to ensure optimal patient safety and high care quality. This committee reports to the Board's Safety, Quality and Clinical Engagement Committee and has membership comprised of senior clinicians and managers across a number of disciplines including allied health, medicine, nursing and clinical governance.

Information Communication Technology (ICT) Governance Committee

The ICT Governance Committee adopts a strategic view of planning, performance and benefits realisation of ICT systems across Gold Coast Health. This committee is responsible for ensuring that capacity, capability and solutions are planned, procured, designed, implemented and evaluated. The committee makes recommendations to the Health Service Chief Executive about investment decisions, including current systems and those planned as part of future expansion.

Executive Control Group: Operations (ECGO)

ECGO ensures leadership, management and review of operational service delivery. The committee adds value through service-wide implementation of strategies, and proactively identifies and addresses service or business issues which are complex or have system-wide significance.

Work Health and Safety Management Committee

The Work Health and Safety Committee meets quarterly and provides a forum for multi-divisional consultation and dissemination of all safety and wellness related information. The committee monitors performance and make recommendations based on identified work health and safety risks to staff, patients and visitors.

Clinican Engagement

Clinical Council

Clinical Council is the peak clinical leadership forum within Gold Coast Health, empowered by the Board and Chief Executive. The objective of the Clinical Council is to facilitate authentic engagement of clinicians in health service planning, strategy development and other issues of clinical importance. The council provides advice to the Chief Executive and an opportunity to embed clinician feedback in governance, strategy and cultural development initiatives.

Research Council

The Research Council is the peak communication body for aligning and supporting long term collaborations in research across all clinical directorates and research active services. Members include representative of all Gold Coast Health divisions and workforce elements. Important initiatives organised by the Research Council (in conjunction with the Office for Research Governance and Development) include research network evenings, the Research Showcase and the Research Grants Scheme.

Strategic Research Advisory Committee

The Strategic Research Advisory Committee (SRAC) is a peak advisory body responsible for developing a sustainable research strategy that grows research capacity with local, national and international academic and corporate partnerships to build long lasting relationships. Members include experienced Gold Coast Health research staff, representatives from partnering universities and the Primary Health Network. The SRAC was instrumental in developing a submission to the NHMRC for an Advanced Health and Research Translation Centre in 2016 and is continuing to sponsor a Gold Coast Alliance for Health Research and Translation.

Risk management and accountability

Risk management

Gold Coast Health uses AS/NZS ISO 31000:2009 Risk Management Principles and Guidelines to guide and influence its approach to the management of risk.

Within a three lines-of-defence model, the health service's Risk Management Team utilises a four-pillar philosophy that guides the understanding that all risks:

- have multiple perspectives that should be considered as a part of their ongoing management
- are an opportunity to prevent adverse outcomes or encourage beneficial outcomes
- are identified from a logical connection to an objective, and
- require consistent and transparent communication for effective management.

The application of this philosophy is, and will be, seen through the implementation of the health service's Risk Management Framework, the content and delivery of risk management training and presentations, and though the day-to-day organisational efforts to improve and embed risk management as a central pillar of organisational culture.

Risk management is integral to effective strategic planning and decision making, in order for Gold Coast Health to achieve its vision of recognition as a 'centre of excellence for world class health care'.

To achieve this, the Board is committed to ensuring that Gold Coast Health:

- consistently strives for improvement in its risk management maturity, and seeks to adopt world's best practice management of risk
- takes a consistent approach to managing risks across the hospital and health service
- clearly defines roles and responsibilities
- provides all employees with the necessary training to allow them to undertake their risk management responsibilities
- holds management accountable for risk mitigation
- assigns necessary resources to support the risk management function
- promotes and encourages communication with our stakeholder community in relation to the identification and management of risks
- maintains honesty with ourselves and with others in relation to risk exposures and challenges faced with delivery of our service.

The identification of areas of significant risk is a key challenge for all organisations. Going forward, Gold Coast Health will be utilising Key Risk Indicator reporting against its strategic risks, a program of systematic risk control self-assessments, together with existing periodic risk reviews and divisional level risk identification procedures to facilitate effective risk identification across the health service.

In addition, the Risk Management Team will undertake quarterly environmental reviews to identify any emerging risks that may affect the organisation.

Risk management activities and significant changes are regularly monitored and reported to the Board through the Audit and Risk Committee.

External scrutiny

In 2016–17, Parliamentary reports tabled by the Auditor-General which broadly considered the performance of Gold Coast Health included:

Queensland Audit Office

In 2016–2017, the Queensland Audit Office (QAO) conducted three performance audits which included coverage of Gold Coast Health.

Report to Parliament 9: Hospital and Health Services 2015–2016 results of financial audits

The objective of this audit was to summarise the results of the financial audits of the 16 hospital and health services which included timeliness and quality of financial reporting as well as financial performance and sustainability.

Report to Parliament 10: Efficient and effective use of high value medical equipment

This audit assessed whether Queensland public hospitals are using high value medical equipment cost-efficiently and realising expected benefits. For the purpose of this audit, high value medical equipment was defined as equipment with an acquisition value of $1 million or more. The QAO examined the process for procuring the equipment, including whether purchasing decisions addressed value-for-money considerations.

Report to Parliament 17: Organisational structure and accountability

This audit assessed whether the structure within Queensland Government departments supports the achievement of individual agency strategic objectives as well as government priorities, and whether there is clear accountability for delivering these objectives.

The recommendations contained within these reports to Parliament were considered and action was taken to implement recommendations or address any issues raised, where appropriate.

Accreditation

Gold Coast Health is accredited by the Australian Council on Healthcare Standards (ACHS) utilising the EQuIPNational Program. This includes the 10 National Safety and Quality Standards and the five EQuIP Standards.

Gold Coast Health is committed to meeting and exceeding the ACHS Standards, National Health Standards, and other specialty standards and benchmarks to ensure safe, quality care can be demonstrated to our consumers and our community.

Accreditation processes have been developed in accordance with recognised accrediting professional bodies and standards. Our accreditation processes are monitored by the highest level governance committees within the organisation including the Clinical Governance Committee and the Safety, Quality and Clinical Engagement Committee of the Board.

The organisation successfully maintained accreditation status following a periodic review in November 2015. The next onsite survey is planned for November 2017 and this will be an organisation wide survey to review all 15 standards.

In addition to the whole of service ACHS accreditation, individual services are accredited by relevant professional regulators, including:

- Palliative Care Services National Standards Assessment Program
- National Diagnostic Imaging Accreditation Scheme Standards
- National Association of Testing Authorities (NATA)
- National Breast Screen Australia Standards
- Human Services Quality Standards
- Post Graduate Medical Education Council
- Other relevant accrediting bodies (e.g. Professional Colleges, Professional Societies).

Internal audit

Gold Coast Health has established an internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2009*.

The organisation's internal audit unit, staffed by the Director, Assurance and Advisory Services and an assurance officer, co-sources its internal audit activity with numerous professional services firms and subject matter experts.

The internal audit function provides the Audit and Risk Committee and the Board with independent and objective assurance on the adequacy and effectiveness of systems of risk management, internal control and governance in key risk areas by:

- reviewing and appraising the adequacy and effectiveness of financial and operational controls
- ascertaining compliance with established policies, procedures and statutory requirements
- ascertaining that assets are accounted for and safeguarded from loss
- identifying opportunities to improve business processes and recommending improvements to existing systems of internal control
- conducting investigations and special reviews requested by management and/or the Audit and Risk Committee.

The internal audit function operates within the Institute of Internal Auditors Professional Practice Framework and as such is independent of management under a charter approved by the Gold Coast Hospital and Health Board's Audit and Risk Committee.

The focus areas for audits conducted in 2016–2017 were patient safety, financial controls, governance, ICT security and system implementation.

In 2016–2017, the internal audit function achieved the following:

- an increase in consultation activities by providing value-adding advice to process owners and senior management
- the finalisation of 12 audits in key risk areas and the generation of recommendations for improvement to address risks impacting the health service's ability to achieve its objectives
- the development of a comprehensive assurance framework to map and evaluate the type and level of assurance provided to the board.

Core strategies of information systems and record keeping

The health service continues to make significant strides on its journey towards becoming a world class digital healthcare provider with an emphasis on patient safety and experience.

To enhance and improve this focus, the health service has repositioned the Information Management and Technology Services division into the Digital Transformation Services (DTS) division.

The new structure better aligns and engages with our clinical and administrative operations to drive and deliver more efficient, quality health services to the Gold Coast community.

Digital, information and cyber strategies have been refreshed and/or created to align with standards and practices at a state, federal and global level.

The patient experience has benefited from digitisation and supporting technologies including:

- the Electronic Medical Record (EMR) System Remediation Project;
- initialling a medical imaging informatics solution; and
- delivery of a Management Information System (MIS) on behalf of the state.

Engaging with key internal stakeholders has seen the piloting of a number of clinical access technologies. A highlight has been the introduction of a single sign-on technology so that over 1000 clinicians now have quicker daily access to their clinical applications.

Two initiatives applied in direct response to patient and staff requests were the introduction of guest wifi access across our hospitals and the instigation of Bring Your Own device (BYOD) technology to improve staff access to information and applications.

Gold Coast Health capitalises on statewide services, capabilities and key partnerships on programs such as the contemporary workspace, interoperability programs and the digital hospital.

Future planning to complement the statewide strategy is being guided by the Board's approval of a $40m proposal to embark on a two year journey to become a digital health service.

Key healthcare improvements

Gold Coast is the first health service in Queensland to establish a single patient record. As a result of the Electronic Medical Record (EMR) remediation project a patient can now present at either hospital or any of five key community service locations, and their record is available to clinical staff involved in their care.

EMR will soon become a part of the eHealth Queensland Digital Hospital Program. A platform has been delivered to support evidence-based decision making across clinical and business streams. It enables quality data from Gold Coast Health's many information systems to be integrated and analysed through a leading business intelligence tool.

A pilot of a SWIFT patient referral application is being adopted that aims to improve patient experience and safety by reducing lost, missing or ineligible patient referrals and eliminates the need for paper patient referrals from GPs or internal departments. SWIFT is being trialled by four specialty service delivery areas.

MIS continues to provide value by providing surgical teams with timely information at an identifiable patient level to help them make the best decision in managing elective surgery wait lists. MIS has allowed Gold Coast University Hospital to achieve its National Elective Surgery Target (NEST) for the past 18 months and was a recent recipient of Queensland's top eHealth award for developing an automated system.

Clinical records are effectively managed in accordance with the *Health Sector (Clinical Records) Retention and Disposal Schedule 2012* and other relevant legislation, policies and procedures.

The year ahead:

In 2017–18 we will:

- expand MIS to include theatre management and emergency department patient flow
- expand SWIFT to other specialties
- partner with eHealth Queensland to further leverage enterprise cost effective solutions.

Public interest disclosure

Statutory Compliance and Conduct

Statutory Compliance and Conduct (SCC) is integrated into the Human Resource Services Department within Gold Coast Health and is the central point for receiving, assessing, reporting and managing allegations of suspected corrupt conduct as defined under the *Crime and Corruption Act 2001* and public interest disclosures as defined under the *Public Interest Disclosure Act 2010*.

SCC enables the Health Service Chief Executive to fulfil a statutory obligation to report public interest disclosures to the Queensland Ombudsman and allegations of suspected corrupt conduct to the Crime and Corruption Commission. Allegations referred back to Gold Coast Health by the commission are managed or monitored by the Statutory Compliance and Conduct team.

SCC productivity outputs for the 2016–17 review periods include:

- assessed, managed and reported a total of 134 complaint matters with multiple allegations. Of these complaints 64 were assessed as suspected corrupt conduct and reported or managed on behalf of the Crime and Corruption Commission. The other 70 complaints were assessed as suspected Code of Conduct breaches
- assessed, reported and managed 60 public interest disclosure matters to the Queensland Ombudsman Office
- delivered 13 specialised coaching sessions to staff encompassing Orientation, Ethics, Integrity and Accountability, Corrupt Conduct, Public Interest Disclosures and Fraud Awareness.

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, Gold Coast Health is required to include a statement in its Annual Report detailing the disclosure of confidential information in the public interest. There were no disclosures under this provision during 2016–17.

Ensuring an ethical culture

Ethical decision-making in the Queensland Public Sector (QPS) affects everyone, across a wide range of positions and roles. Gold Coast Health employees, administrative procedures and management practices must comply with the Code of Conduct for the Queensland Public Service. The Code articulates the standard of conduct expected of staff when dealing with patients, consumers and colleagues in the workplace. It also helps to ensure that decision making is consistent with the principles of *Public Sector Ethics Act 1984 (Qld)*. These consist of:

- Integrity and impartiality
- Promoting the public good
- Commitment to the system of government
- Accountability and transparency.

Our values are included for new staff at induction and embedded within employee role descriptions and performance reviews for current staff. The Code of Conduct is available to all existing staff through the Gold Coast Health intranet site. An online learning system allows staff to independently access mandatory training, including training on ethics, integrity, accountability, fraud control awareness and public interest disclosure.

Open data

The Queensland Government's Open Data Initiative aims to make a range of public service data available for members of the public to access through www.qld.gov.au/data

The open data website publishes data on:

- expenditure on consultancies
- expenditure on staff overseas travel and the reasons for travel
- use of interpreter services available under the Queensland Language Services Policy.

Financial Statements

Introduction

Section 63 of the *Financial Accountability Act 2009* requires all agencies to prepare annual reports for tabling in the Legislative Assembly.

Annual reports are a key accountability document and the principal way agencies report on non-financial and financial performance.

The *Financial and Performance Management Standard 2009* mandates the disclosure of information detailed in the document *Annual report requirements for Queensland Government agencies* prepared by the Department of the Premier and Cabinet (DPC).

The Auditor-General notes that 'annual reports support transparency and can drive continuous improvement in performance. Where annual reports incorporate relevant and reliable performance information, they increase trust and confidence in government service delivery' (Auditor-General's Report to Parliament No. 4 for 2013–14 p.12).

The Gold Coast Health 2016–17 Annual Report is delivered in accordance with the above requirements and is compliant with the annual report requirements for Queensland Government agencies. Requirements can be found at **www.forgov.qld.gov.au/manage-government-performance**.

General information

Gold Coast Hospital and Health Service ('Gold Coast Health') is a statutory body established under the *Hospital and Health Boards Act 2011* and its registered trading name is Gold Coast Hospital and Health Service.

The head office and principal place of business of Gold Coast Health is Gold Coast University Hospital, 1 Hospital Boulevard, Southport QLD 4215.

A description of the nature of Gold Coast Health's operations and its principal activities is included in this Annual Report.

For information in relation to Gold Coast Health, please visit **www.goldcoast.health.qld.gov.au**.

Financial Statements

30 June 2017

Within this section:

Gold Coast Hospital and Health Service
Statement of comprehensive income for the year ended 30 June 2017

	Note	2017 $'000	2016 $'000
Revenue			
Health service funding	5	1,234,756	1,166,779
User charges and fees	6	92,938	85,703
Grants and other contributions	7	19,439	19,276
Other revenue	8	5,821	5,946
Net revaluation increment	16	5,562	10,294
Total revenue		**1,358,516**	**1,287,998**
Expenses			
Employee expenses	9	(908,804)	(831,413)
Supplies and services	10	(354,894)	(358,204)
Grants and subsidies		(804)	(953)
Depreciation and amortisation	16/17	(79,165)	(77,553)
Impairment loss	11	(1,680)	(1,667)
Other expenses	12	(6,763)	(7,661)
Total expenses		**(1,352,110)**	**(1,277,451)**
Surplus for the year		6,406	10,547
Other comprehensive income for the year *Items that will not be reclassified subsequently to operating result:*			
– Increase in asset revaluation surplus	16	36,521	23,474
Total other comprehensive income		36,521	23,474
Total comprehensive income for the year		**42,927**	**34,021**

The above statement of comprehensive income should be read in conjunction with the accompanying notes.

Gold Coast Hospital and Health Service
Statement of financial position as at 30 June 2017

	Note	2017 $'000	2016 $'000
Assets			
Current assets			
Cash and cash equivalents	13	65,172	62,494
Receivables	14	28,136	20,987
Inventories	15	8,610	8,117
Prepayments		2,066	1,449
Total current assets		**103,984**	**93,047**
Non-current assets			
Property, plant and equipment	16	1,736,399	1,761,609
Intangibles	17	1,850	2,298
Total non-current assets		**1,738,249**	**1,763,907**
Total assets		**1,842,233**	**1,856,954**
Liabilities			
Current liabilities			
Payables	18	36,942	37,475
Accrued employee benefits	19	35,743	30,818
Unearned revenue	20	4,948	1,132
Total current liabilities		**77,633**	**69,425**
Total liabilities		**77,633**	**69,425**
Net assets		**1,764,600**	**1,787,529**
Equity			
Contributed equity		1,679,905	1,745,761
Accumulated surplus		16,019	9,613
Asset revaluation surplus	16	68,676	32,155
Total equity		**1,764,600**	**1,787,529**

The above statement of financial position should be read in conjunction with the accompanying notes.

Gold Coast Hospital and Health Service
Statement of changes in equity for the year ended 30 June 2017

	Note	Contributed Equity $'000	Accumulated Surplus $'000	Asset Revaluation Surplus $'000	Total equity $'000
Balance at 1 July 2015		**1,801,445**	**(934)**	**8,681**	**1,809,192**
Surplus for the year		-	10,547	-	10,547
Other comprehensive income for the year		-			
– Increase in asset revaluation surplus	16		-	23,474	23,474
Total comprehensive income for the year		**-**	**10,547**	**23,474**	**34,021**
Transactions with owners in their capacity as owners:					
Equity injections		20,582	-	-	20,582
Net non-current asset transfers	16	1,289	-	-	1,289
Equity withdrawals		(77,555)	-	-	(77,555)
Balance at 30 June 2016		**1,745,761**	**9,613**	**32,155**	**1,787,529**
Balance at 1 July 2016		1,745,761	9,613	32,155	1,787,529
Surplus for the year		-	6,406	-	6,406
Other comprehensive income for the year					
– Increase in asset revaluation surplus	16	-	-	36,521	36,521
Total comprehensive income for the year		**-**	**6,406**	**36,521**	**42,927**
Transactions with owners in their capacity as owners:					
Equity injections		13,316	-	-	13,316
Net non-current asset transfers	16	(7)	-	-	(7)
Equity withdrawals		(79,165)	-	-	(79,165)
Balance at 30 June 2017		**1,679,905**	**16,019**	**68,676**	**1,764,600**

The above statement of changes in equity should be read in conjunction with the accompanying notes.

Gold Coast Hospital and Health Service
Statement of cash flows for the year ended 30 June 2017

	Note	2017 $'000	2016 $'000
Cash flows from operating activities			
Health service funding		1,153,633	1,114,149
User charges and fees		89,535	77,945
Grants and contributions		19,254	19,067
GST collected from customers		1,562	1,336
GST input tax credits from Australian Taxation Office		15,571	16,582
Other operating cash inflows		5,685	5,904
Employee expenses		(903,879)	(836,929)
Supplies and services		(356,511)	(354,818)
Grants and subsidies		(804)	(953)
GST paid to suppliers		(15,485)	(16,315)
GST remitted to Australian Taxation Office		(1,323)	(1,572)
Other operating cash outflows		(6,193)	(7,286)
Net cash from operating activities	**13**	**1,045**	**17,110**
Cash flows from investing activities			
Payments for property, plant and equipment		(12,614)	(17,451)
Payments for intangibles		-	(1,756)
Proceeds from sale of property, plant and equipment		931	65
Net cash used in investing activities		**(11,683)**	**(19,142)**
Cash flows from financing activities			
Equity injections		13,316	20,580
Net cash from financing activities		**13,316**	**20,580**
Net increase in cash and cash equivalents		2,678	18,548
Cash and cash equivalents at the beginning of the financial year		62,494	43,946
Cash and cash equivalents at the end of the financial year	**13**	**65,172**	**62,494**

The above statement of cash flows should be read in conjunction with the accompanying notes.

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

(a) The reporting entity

Gold Coast Health is established under the *Hospital and Health Boards Act 2011*. Gold Coast Health is an independent statutory body and a reporting entity, which is domiciled in Australia. Accountable to the Minister for Health and to the Queensland Parliament, it is primarily responsible for providing quality and safe public hospital and health services and for the direct management of the facilities within the Gold Coast region. The ultimate parent entity is the State of Queensland.

These financial statements include the value of all revenue, expenses, assets, liabilities and equity of Gold Coast Health. Gold Coast Health does not have any controlled entities.

(b) Statement of compliance

Gold Coast Health has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 43 of the *Financial and Performance Management Standard 2009 (QLD)*. The financial statements are authorised for issue by the Board Chair and Chief Executive at the date of signing the management certificate.

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 ended 30 June 2017, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, Gold Coast Health has applied those requirements applicable to not-for-profit entities. Except where stated, the historical cost convention is used.

Amounts in this report are in Australian dollars and have been rounded off to the nearest thousand dollars, or in certain cases, the nearest dollar.

There were no material restatements of the comparative information required to ensure consistency with current period disclosures.

(c) Basis of preparation

Gold Coast Health has prepared these financial statements on a going concern basis, which assumes that Gold Coast Health will be able to meet the payment terms of its financial obligations as and when they fall due. Gold Coast Health is economically dependent on funding received from its Service Agreement with the Department of Health ('the Department').

A Service Agreement Framework is in place in order to provide Gold Coast Health with a level of guidance regarding funding commitments and purchase activity for 2016–2017 to 2018–2019. The Board and management believe that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide Gold Coast Health with sufficient cash resources to meet its financial obligations for at least the next year.

In addition to Gold Coast Health's funding arrangements under the Service Agreement Framework, Gold Coast Health has no intention to liquidate or to cease operations; and under section 18 of the *Hospital and Health Boards Act 2011*, Gold Coast Health represents the State of Queensland and has all the privileges and immunities of the State.

(d) Critical accounting estimates

The preparation of the 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 amount 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 with the most significant effect on the financial statements are:

- Useful lives assessment – refer note 1(i)
- Land and building valuation assessment – refer note 1(j)
- Impairment of non-current assets – refer note 1(k)

(e) Health service funding

Health service funding is received as part of the Service Agreement between Gold Coast Health and the Department. The funding from the Department (excluding depreciation funding) is received in cash fortnightly in advance. Refer below for key types of funding and Gold Coast Health's revenue recognition policy.

Activity based funding (ABF)

ABF funding is provided according to the type and number of services purchased by the Department, based on a Queensland price for each type of service. ABF funding is received for acute inpatients, intensive care patients, sub-acute inpatients, emergency department presentations and outpatients. Revenue is recognised on the basis of purchased activity once delivered. Where actual activity exceeds purchased activity, additional funding is negotiated with the Department and accrued as an asset on the Statement of Financial Position where funding has been agreed to, but not yet received.

Non-activity based funding

Non-activity based funding is received for other services Gold Coast Health has agreed to provide per the Service Agreement with the Department. This funding has specific conditions attached that are not related to activity covered by ABF. This funding is recognised as revenue where the specific conditions have been met. Where conditions are not met, funding is renegotiated with the Department and may result in a deferral or return of revenue recognised as a liability on the Statement of Financial Position.

Depreciation and amortisation funding

The service agreement between the Department and Gold Coast Health specifies that the Department funds Gold Coast Health's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

(f) User charges and fees

User charges and fees are recognised as revenues when the revenue has been earned and can be measured reliably with a sufficient degree of certainty. Refer below for key types of user charges and revenue recognition policy.

Hospital fees and related services/goods

Hospital fees (mainly from private patients and patients ineligible for Medicare) are recognised as revenue when the services/goods have been provided, and cash is received or the invoice is raised. Where inpatients have not been discharged and therefore not invoiced, revenue is accrued on the Statement of Financial Position to the extent of services/goods provided. Revenue is recognised net of discounts provided in accordance with approved policies.

Granted private practice revenue

This revenue relates in part to fees generated by bulk billing services performed by doctors with an assignment private practice arrangement with Gold Coast Health. These fees are recognised as revenue when cash has been received by Gold Coast Health. In addition, service fees charged to doctors with a retention private practice arrangement with Gold Coast Health are recognised monthly based on a percentage of revenue which has been received by the practice in cash. See note 26.

Pharmaceutical Benefits Scheme

Reimbursements from the federal government under the Pharmaceutical Benefits Scheme are recognised when the revenue is received or accrued where a reliable estimate of the value of eligible drugs that have been distributed and claimed can be made, but the cash has not yet been received.

(g) Grants and contributions

Grants and contributions received that are non-reciprocal in nature are recognised in the year in which Gold Coast Health obtains control over them.

Contributed services are recognised only when a fair value can be measured reliably and the services would have been purchased if they had not been donated. Gold Coast Health receives corporate services support from the Department for no cost. Corporate services received include payroll services and accounts payable services. As the fair value of these services is unable to be estimated reliably, no associated revenue and expense is recognised.

(h) Employee expenses

Gold Coast Health is a prescribed employer (effective 1 July 2014) and as a result, all employees are deemed to be Gold Coast Health employees and related costs are recognised as employee expenses. Gold Coast Health also holds the liabilities for rostered days off, nurses' professional development and purchased leave entitlements for these employees.

Note 1. Significant accounting policies (continued)

The Director-General, Department of Health, is responsible for setting terms and conditions for employment, including remuneration and classification structures, and for negotiating enterprise agreements.

Classification of employee expenses

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 counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Recoveries of costs associated with salaries and wages are offset against employee expenses.

Wages, Salaries and Sick Leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. Unpaid entitlements are expected to be paid within 12 months and the liabilities are recognised at their undiscounted values.

Prior 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, Long Service Leave and Other Leave

Gold Coast Health participates in the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme. Under the Annual Leave Central Scheme (established on 30 June 2008) and Long Service Leave Central Scheme (established on 1 July 1999), a levy is made on Gold Coast Health to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the Schemes quarterly in arrears.

No provision for annual leave or long service leave is recognised 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*.

Other leave relates to Rostered Days Off, Nurses Professional Development and Purchased leave entitlements. These liabilities are expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are measured at the amounts expected to be paid when the liabilities are settled, and recognised at undiscounted values.

Superannuation

Employer superannuation contributions are paid to the employee's superannuation fund at rates prescribed by the government. Contributions are expensed in the period in which they are paid or payable. Gold Coast Health's obligation is limited to its contributions.

The superannuation schemes have defined benefit and contribution categories. The liability for defined benefits 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*.

(i) Depreciation of non-current assets

Property, plant and equipment is depreciated on a straight-line basis. Annual depreciation is based on an assessment of the remaining useful life of individual assets. Land is not depreciated as it has an unlimited useful life. Assets under construction (work-in-progress) are not depreciated until they are ready for use as intended by management.

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. Where assets have separately identifiable components that are subject to regular replacement and these components have useful lives distinct from the asset to which they relate, they are separated into components and depreciated accordingly.

The estimated useful lives of assets are reviewed annually and where necessary, are adjusted to better reflect the pattern of consumption. The useful lives could change significantly as a result of events such as:

- the asset is technically obsolete; or
- non-strategic assets that have been abandoned or sold.

For each class of depreciable asset the following depreciation and amortisation rates are generally used:

Buildings	2.3%–6.3%
Leasehold improvements	6.7%–20.0%
Plant and equipment	
Computer Hardware and Motor Vehicles	20%
Engineering and Office Equipment	10%
Furniture and Fittings	5%
Medical equipment ‹ $200,000	6.7%–25%
Medical equipment › $200,000	12.5%
Intangible Assets	20%

(j) Revaluations of non-current assets

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* as well as Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector.

Gold Coast Health engage external valuers to determine fair value through either comprehensive revaluations and/or the indexation of the assets not subject to comprehensive revaluations. Comprehensive revaluations are undertaken at least once every five years. However, if a particular asset class experiences significant volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

External valuers are selected based on market knowledge and reputation. Where there is a significant change in fair value of an asset or liability from one period to another, an analysis is undertaken, which includes a verification of the major inputs applied in the latest valuation and a comparison, where applicable, with external sources of data. Detailed disclosure of fair value methodology and inputs is included in Note 16.

Where indices are used, these are either publicly available, or are derived from market information available to the valuer. The valuer provides assurance of their robustness, validity and appropriateness for application to the relevant assets. Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by the valuer, and analysing the trend of changes in values over time.

Any revaluation increment arising on 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, if any, in the revaluation surplus relating to that asset class. On revaluation, for assets valued using a cost valuation approach, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life. On revaluation, for assets valued using a market approach, accumulated depreciation is eliminated against the gross amount of the asset prior to restating for valuation.

(k) Impairment of non-current assets

Property, plant and equipment and intangible assets are assessed for indicators of impairment on an annual basis in accordance with AASB 136 *Impairment of Assets*. If an indicator of impairment exists, Gold Coast Health determines the asset's recoverable amount (higher of value in use and fair value less costs to sell). Any amount by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

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 available.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, 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 to the carrying amount.

(l) Cash and cash equivalents

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June.

Note 1. Significant accounting policies (continued)

(m) Receivables

Receivables comprise trade receivables, GST net receivables and other accrued revenue. Trade receivables are recognised at the amounts due at the time of sale or service delivery. Settlement of these amounts is required within 30 days from the invoice date.

The collectability of receivables is assessed periodically with provisions made for impairment. Increases in the allowance for impairment are based on loss events as disclosed in Note 14. All known bad debts are written off when identified.

The provision for impairment of receivables assessment requires a degree of estimation and judgement.

(n) Inventories

Inventories consist mainly of pharmaceutical supplies and clinical supplies held in wards for use throughout the hospitals. Inventories are measured at the lower of cost and net realisable value based on periodic assessments for obsolescence. Where damaged or expired items have been identified, provisions are made for impairment. Refer Note 15.

Consignment stock is held but is not recognised as inventory as it remains the property of the supplier until consumption. Upon consumption it is expensed as clinical supplies.

(o) Property, plant and equipment

Items of property, plant and equipment with a cost or other value equal to or more than the following thresholds are recognised for financial reporting purposes in the year of acquisition:

Buildings – $10,000

Land – $1

Plant and Equipment – $5,000

Property, plant and equipment are initially recorded at consideration plus any other costs directly incurred in ensuring the asset is ready for use.

Assets acquired at no cost or for nominal consideration, other than from an involuntary transfer from another Queensland Government entity, are recognised at their fair value at date of acquisition in accordance with AASB 116 *Property, Plant and Equipment*.

(p) Intangible assets

Intangible assets with a cost or other value equal to or greater than $100,000 are recognised in the financial statements. Items with a lesser value are expensed. Each intangible asset is amortised over its estimated useful life, currently 5 years. It has been determined that there is not an active market for any of Gold Coast Health's intangible assets. As such, the assets are recognised and carried at cost less accumulated amortisation and accumulated impairment losses. Work in progress is for software developed in-house but not yet in use and will be amortised in the same way as purchased software.

(q) Payables

Trade creditors are recognised on receipt of the goods or services ordered and are measured at the agreed purchase or contract price, net of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 to 60 day terms.

(r) Provisions

Provisions are recorded when there is a present obligation, either legal or constructive as a result of a past event. They are recognised at the amount expected at reporting date for which the obligation will be settled in a future period. Where the settlement of the obligation is expected after 12 or more months, the obligation is discounted to the present value using an appropriate discount rate.

(s) Financial Instruments

Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when Gold Coast Health becomes party to the contractual provisions of the financial instrument.

Classification

Financial instruments are classified and measured as follows:

- cash and cash equivalents – held at fair value
- receivables – held at amortised cost
- payables – held at amortised cost.

Gold Coast Health does not enter into derivative and other financial instrument transactions for speculative purposes nor for hedging. Apart from cash and cash equivalents, Gold Coast Health holds no financial assets classified at fair value through profit and loss.

All other disclosures relating to the measurement and financial risk management of financial instruments are included in Note 21.

(t) Taxation

Gold Coast 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). All Queensland Hospital and Health

Services and the Department are grouped for the purposes of Section 149–25 *A New Tax System (Goods and Services Tax) Act 1999*.

Therefore all transactions made between the entities in the tax group do not attract GST, and all transactions external to the group are required to be accounted for GST where applicable. GST credits receivable from, and GST payable to the Australian Taxation Office are recognised.

(u) Leases

A distinction is made in the financial statements between finance leases that effectively transfer from the lessor to the lessee substantially all risks and benefits incidental to ownership, and operating leases, under which the lessor retains substantially all risks and benefits.

Operating lease payments are representative of the pattern of benefits derived from the leased assets and are expensed in the periods in which they are incurred.

(v) Trust transactions and balances

Gold Coast Health manages patient trust accounts transactions (fiduciary funds) as trustee. As Gold Coast Health acts only in a custodial role in respect of these transactions and balances, they are not recognised in the financial statements. Trust activities are included in the annual audit performed by the Auditor-General of Queensland and disclosed in Note 25.

(w) Private practice arrangements

Gold Coast Health administers the Private Practice arrangements. As Gold Coast Health acts only in an agency role in respect of these transactions and balances, they are not recognised in the financial statements. Fees collected under the scheme must be deposited initially into the private practice bank accounts and later distributed in accordance with the policy governing the private practice scheme. Private Practice funds are not controlled but the activities are included in the annual audit performed by the Auditor-General of Queensland and disclosed in Note 26.

(x) New, revised or amending Accounting Standards and Interpretations adopted

One Australian Accounting Standard has been adopted for the 2016–17 year as required by Queensland Treasury.

AASB 124 Related Party Disclosures

AASB 124 *Related Party Disclosures* became effective for the first time in 2016–17 for not-for-profit public sector entities. The amendments are of a disclosure nature only and have no impact on the line items in the financial statements. This standard requires disclosure about the key management personnel (KMP) remuneration and other related party transactions. As Queensland Treasury already required disclosure of KMP remuneration expenses, AASB 124 itself had minimal impact on the KMP disclosure compared to 2015–16. However, the standard has resulted in the responsible Minister being identified as part of Gold Coast Health's KMP from 2016–17. Remuneration details (including comparatives) have been disclosed in note 3 for KMP identified in 2016–2017. Material related party transaction information now required for 2016–17 is disclosed in Note 4. As this is the first year of application, comparative information is not required.

(y) New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by Gold Coast Health. Gold Coast Health's assessment of the impact of these new or amended Accounting Standards and Interpretations where applicable, are set out below.

AASB 1058 Income of Not-for-Profit Entities and AASB 15 Revenue from Contracts with Customers

These standards will first apply in Gold Coast Health's financial statements from 2019–20. AASB 15 Revenue from Contracts requires much more detailed requirements for the accounting for certain types of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of Gold Coast Health's goods and services, such that some revenue may need to be deferred to a later reporting period to the extent that the service has not met its associated obligations. Further, under the new standards, grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific.

Gold Coast Health is yet to complete its analysis of current arrangements for sale of its goods and services, but at this stage does not expect a significant impact on its present accounting practices.

Note 1. Significant accounting policies (continued)

AASB 9 Financial Instruments and AASB 2014–7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)

AASB 9 *Financial Instruments and AASB 2014–7 Amendments to Australian Accounting Standards* arising from AASB 9 (December 2014) will become effective from reporting periods beginning on or after 1 January 2018. The main impacts of these standards on Gold Coast Health are that they will change the requirements for the classification, measurement, impairment and disclosures associated with financial assets. AASB 9 will introduce different criteria for whether financial assets can be measured at amortised cost or fair value.

The most likely ongoing disclosure impacts are expected to relate to the credit risk of financial assets subject to impairment. Gold Coast Health's receivables do not include a significant financing component and therefore impairment losses will be determined according to the amount of lifetime expected credit losses. As Gold Coast Health's receivables are short-term in nature, it is not expected that there will be a significant impact.

AASB 16 Leases

AASB 16 *Leases* will be effective for annual periods beginning on or after 1 January 2019. It supersedes:

(a) AASB 117 *Leases*;

(b) Interpretation 4 Determining whether an Arrangement contains a Lease;

(c) SIC-15 Operating Leases—Incentives; and

(d) SIC-27 Evaluating the Substance of Transactions Involving the Legal Form of a Lease.

This standard introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases (both operating and finance) with a term of more than 12 months, unless the underlying asset is of low value. A lessee is required to recognise a right-of-use asset representing its right to use the underlying asset and a lease liability representing its obligations to make lease payments. Lessors continue to classify leases as operating or finance. Presently Gold Coast Health has minimal non-cancellable operating leases with a term exceeding 12 months and as such it is not anticipated that the impact of changes to the accounting standards for leases will have a material impact.

Note 2. Budget vs Actual Comparison

This note provides an explanation for major variances between the original budget and actual performance for 2016–2017. An explanation has also been provided for health service funding revenue due to its significance.

The original budget is the budget part of the Queensland Health Service Delivery Statement which was published prior to the completion of service agreement negotiations.

Statement of Comprehensive Income

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Revenue				
Health service funding	A	1,183,696	1,234,756	51,060
User charges and fees	B	86,345	92,938	6,593
Grants and other contributions	C	12,656	19,439	6,783
Other revenue	B	740	5,821	5,081
Net revaluation increment	F	-	5,562	5,562
Total revenue		**1,283,437**	**1,358,516**	**75,079**
Expenses				
Employee expenses	D	(865,404)	(908,804)	(43,400)
Supplies and services	E	(332,939)	(354,894)	(21,955)
Grants and subsidies		(1,323)	(804)	519
Depreciation and amortisation		(79,458)	(79,165)	293
Impairment loss		(950)	(1,680)	(730)
Other expenses		(3,363)	(6,763)	(3,400)
Total expenses		**(1,283,437)**	**(1,352,110)**	**(68,673)**
Surplus for the year		**-**	**6,406**	**6,406**
Other comprehensive income for the year *Items that will not be reclassified subsequently to operating result:*				
– Increase in asset revaluation surplus	F	-	36,521	36,521
Total other comprehensive income		-	36,521	36,521
Total comprehensive income for the year		**-**	**42,927**	**42,927**

Note 2. Budget vs Actual Comparison (continued)

Statement of Financial Position

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Assets				
Current assets				
Cash and cash equivalents	G	20,309	65,172	44,863
Receivables	H	44,893	28,136	(16,757)
Inventories		8,106	8,610	504
Prepayments		1,537	2,066	529
Total current assets		**74,845**	**103,984**	**29,139**
Non-current assets				
Property, plant and equipment	I	1,761,957	1,736,399	(25,558)
Intangibles		727	1,850	1,123
Total non-current assets		**1,762,684**	**1,738,249**	**(24,435)**
Total assets		**1,837,529**	**1,842,233**	**4,704**
Liabilities				
Current Liabilities				
Payables	J	27,331	36,942	9,611
Accrued employee benefits	K	23,170	35,743	12,573
Unearned revenue		5,047	4,948	(99)
Total current liabilities		**55,548**	**77,633**	**22,085**
Net assets		**1,781,981**	**1,764,600**	**(17,381)**
Equity				
Contributed equity	L	1,669,505	1,679,905	10,400
Accumulated surplus/(deficit)		(933)	16,019	16,952
Asset revaluation surplus	F	113,409	68,676	(44,733)
Total equity		1,781,981	**1,764,600**	(17,381)

Statement of cash flows

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Cash flows from operating activities				
Health service funding	A	1,104,239	1,153,633	49,394
User charges and fees	B	85,043	89,535	4,492
Grants and contributions	C	12,656	19,254	6,598
GST collected from customers	N	-	1,562	1,562
GST input tax credits from Australian Taxation Office	N	8,050	15,571	7,521
Other operating cash inflows	B	740	5,685	4,945
Employee expenses	D	(865,398)	(903,879)	(38,481)
Supplies and services	E	(330,907)	(356,511)	(25,604)
Grants and subsidies		(1,323)	(804)	519
GST paid to suppliers	N	(8,055)	(15,485)	(7,430)
GST remitted to Australian Taxation Office	N	-	(1,323)	(1,323)
Other operating cash outflows		(3,128)	(6,193)	(3,065)
Net cash from operating activities		**1,917**	**1,045**	**(872)**
Cash flows from investing activities				
Payments for property, plant and equipment	M	(6,389)	(12,614)	(6,225)
Payments for intangibles		-	-	-
Proceeds from sale of property, plant and equipment		(85)	931	1,016
Net cash used in investing activities		**(6,474)**	**(11,683)**	**(5,209)**
Cash flows from financing activities				
Equity injection	L	6,389	13,316	6,927
Net cash from financing activities		**6,389**	**13,316**	**6,927**
Net increase in cash and cash equivalents		1,832	2,678	846
Cash and cash equivalents at the beginning of the financial year		18,477	62,494	44,017
Cash and cash equivalents at the end of the financial year	**G**	**20,309**	**65,172**	**44,863**

Note 2. Budget vs Actual Comparison (continued)

Explanations of major variances

A. Health service funding variance
Health service funding revenue has increased by $51.1 million due to additional patient activity (estimated actual weighted activity units are 212,284 compared with budgeted activity of 198,182) and additional funding for new enterprise bargaining agreements which took effect during 2016–2017 ($22.0 million). This caused the corresponding increase in statement of cash flows of $49.4 million.

B. User charges and fees variance
The combined user charges revenue and other revenue is higher than budget by $11.7 million. Additional patient activity led to additional revenue from chargeable services. This also caused the corresponding combined increase in the statement of cash flows of $9.4 million.

C. Grants and contributions variance
Grants revenue of $19.4 million aligns to the funding agreements negotiated by Gold Coast Health with various State and Commonwealth government bodies for 2016–2017. The difference to budget relates to funding arrangements that were not confirmed before the finalisation of the budget. This also caused the corresponding increase in statement of cash flows of $6.6 million.

D. Employee expenses variance
Employee expenses is $43.4 million higher than budget due to the additional staff required to service the growth in demand for healthcare services, along with new enterprise bargaining agreements which took effect during 2016–2017 ($22.0 million). The average number of full time equivalent staff for 2016–2017 is 7,360 compared to budget of 7,108. This also caused the corresponding increase in statement of cash flows of $38.4 million.

E. Supplies and services variance
Supplies and services is $22.0 million higher than budget due to the costs of external contractors (mainly nursing staff) not included in the supplies and services budget ($17.7 million), additional costs related to the growth in demand for healthcare services ($1.9 million) and costs associated with outsourcing services to ensure patients are treated within clinically recommended timeframes ($2.4 million). This also caused the corresponding increase in statement of cash flows of $25.6 million.

F. Net revaluation increment variance
The net revaluation increment totalling $42.0 million ($5.5 million in revenue and $36.5m in other comprehensive income) is a result of land and building revaluation programs. The impact of revaluations is different to the budgeted movement of $53.0 million due to the unforeseen nature of market forces affecting revaluation calculations. The budget assumed the full impact would increase the asset revaluation reserve, resulting in a variance in other comprehensive income and asset revaluation reserve.

G. Cash and cash equivalents variance
The cash balance fluctuates due to the timing of receivables and payables. Refer to cash flow notes for more information.

H. Receivables variance
The receivables balance is lower than budget by $16.7 million. The majority of this variance is caused by the unforeseeable nature of final amendments to funding in the Service Agreement with the Department.

I. Property, Plant and equipment variance
The property, plant and equipment balance is lower than budget by $25.6 million. The majority of this variance is caused by lower than budget revaluation increment (see note F).

J. Payables variance
The variance to budget of payables is $9.6 million and is due to a difference in the assumed impact of timing of payments to suppliers at the time of preparing the budget.

K. Accrued employee benefits variance
The variance to budget of accrued employee benefits is $12.6 million and is due primarily to the impact of increased employee expenses (refer note D) and timing of payroll payment run.

L. Equity injection variance
The variance to budget in contributed equity of $10.4 million was primarily due to equity injections. The equity injection of $13.3 million reflects the Department of Health capital funding connected with the establishment of the Gold Coast University Hospital and replacement of critical medical equipment. This increased by $6.9 million compared to budget due to the increased capital requirements arising from provision of new and/or expanded health care services.

M. Payments for property plant and equipment variance
Payments for property, plant and equipment ($12.6 million) predominantly reflects the expenditure of the equity injection funding of $13.3 million (see note L).

N. GST variance
Per Queensland Treasury Financial Reporting Requirements, GST inflows and outflows are reported separately in the financial statements. The net impact of the GST variance in the cash flow is only $0.3 million.

Note 3. Key Management Personnel

The following details for key management personnel include those positions that had the authority and responsibility for planning, directing and controlling the major activities of the Gold Coast Health.

Minister

As from 2016–2017, the responsible Minister is identified as part of Gold Coast Health Key Management Personnel. The Honourable Cameron Dick is the Minister for Health and the Minister for Ambulance Services. No associated remuneration figures will be disclosed for the Minister, as Gold Coast Health does not provide the Minister's remuneration.

Board

The Board members of Gold Coast Health as at 30 June 2017 and their positions are outlined below.

Name and position of current incumbents	Appointment authority	Appointment date
Board Chair – Mr Ian Langdon	Section 25(1)(a), HHB Act	01/07/2012 (Reappointed 18/05/2016)
Deputy Board Chair – Ms Teresa Dyson	Section 23, HHB Act	18/05/2016
Board Members		
Professor Allan Cripps	Section 23, HHB Act	01/07/2012 (Reappointed 17/05/2014)
Ms Colette McCool	Section 23, HHB Act	01/07/2012 (Reappointed 17/05/2014)
Dr Andrew Weissenberger	Section 23, HHB Act	01/09/2012 (Reappointed 17/05/2014)
Dr Cherrell Hirst	Section 23, HHB Act	17/05/2014 (Reappointed 26/06/2015)
Mr Robert Buker	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)
Professor Helen Chenery	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)
Professor Judy Searle	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)

The Board members perform the duties of the Board as prescribed in the HHB Act.
Membership of board committees as at 30 June 2017 is as follows:

Name and position of current incumbents	Executive Committee	Finance and Performance Committee	Audit and Risk Committee	Safety, Quality and Clinical Engagement Committee	Research Committee
Board Chair – Mr Ian Langdon	Chair	-	-	-	-
Deputy Board Chair – Ms Teresa Dyson	Member	Chair	Member	-	-
Professor Allan Cripps	-	Member	-	-	Chair
Ms Colette McCool	Member	-	Member	Chair	-
Dr Andrew Weissenberger	Member	-	-	Member	Member
Dr Cherrell Hirst	Member	-	Member	Member	-
Mr Robert Buker	-	Member	Chair	-	-
Professor Helen Chenery	-	Member	Member	-	Member
Professor Judy Searle	-	-	-	Member	Member

Note 3. Key Management Personnel (continued)

Executives

The Key Management Personnel – Executive level includes those positions that have responsibility for planning, directing and controlling the agency as a whole. Each member holds responsibility for their divisional, financial, operational and clinical performance.

Name and position of current incumbents	Appointment authority	Appointment date
Chief Executive – Mr Ron Calvert	SESL Contract – Section 33, HHB Act.	01/10/2012*
Chief Operations Officer – Ms Kimberley Pierce (previously named Executive Director, Operations)	HES3 Contract – Section 67, HHB Act.	15/08/2016
Executive Director, Finance and Business Services – Mr Ian Moody	HES3 Contract – Section 67, HHB Act.	04/12/2013
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	Medical Officer (Queensland Health) Certified Agreement (No. 4) 2015	01/09/2014
Executive Director, Digital Transformation Services – Mr Damian Green (previously named Executive Director, People, Systems and Performance up to 18/09/2016)	HES3 Contract – Section 67, HHB Act.	07/01/2013
Executive Director, People and Engagement – Ms Hannah Bloch (new position from 19/09/2016)	HES2 Contract – Section 67, HHB Act.	19/09/2016
Executive Director, Strategy and Planning – Ms Toni Peggrem	HES3 Contract – Section 67, HHB Act.	29/09/2014
Executive Director, Governance, Risk and Commercial Services – Ms Rebecca Freath	HES2 Contract – Section 67, HHB Act.	01/08/2014

* reappointed 20 June 2016

a) Remuneration

Remuneration policy for the Gold Coast Health Board are approved by the Governor in Council and the Chair, Deputy Chair and members are paid an annual fee consistent with the government procedures titled 'Remuneration procedures for part-time chairs and members of Queensland Government bodies'. Remuneration policy for Gold Coast Health Executive is set by the Director-General of the Department as provided for under the HHB Act. The remuneration and other terms of employment for are specified in individual employment contracts. Remuneration packages for key management personnel comprise the following components:

- Short term employee benefits which include: base salary, allowances and annual leave entitlements expensed for the entire year or for that part of the year during which the employee occupied the specified position. Non-monetary benefits consist of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long term employee benefits include amounts expensed in respect of long service leave.
- Post-employment benefits include amounts expensed in respect of employer superannuation obligations.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.
- Performance bonuses are not paid under the contracts in place.

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.

Due to a change in assessment of which positions constitutes Key Management Personal per Queensland Treasury Financial Reporting Requirements, there are additional positions published for the prior year that have not met the definition in the current year.

2017

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Board						
Board Chair – Mr Ian Langdon	98	-	9	-	-	107
Board Chair – Ms Teresa Dyson	61	-	6	-	-	67
Board Members						
Professor Allan Cripps	51	-	5	-	-	56
Ms Colette McCool	55	-	5	-	-	60
Dr Andrew Weissenberger	53	-	5	-	-	58
Dr Cherrell Hirst	56	-	6	-	-	62
Mr Robert Buker	53	-	5	-	-	58
Professor Helen Chenery	54	-	5	-	-	59
Professor Judy Searle	50	-	5	-	-	55
Executive Management						
Chief Executive – Mr Ron Calvert	469	11	39	9	-	528
Chief Operations Officer (previously Executive Director, Operations) – Kimberley Pierce (from 15/08/16)	201	-	20	4	-	225
Executive Director, Finance and Business Services – Mr Ian Moody	237	-	24	5	-	266
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	424	-	32	8	-	464
Executive Director, Digital Transformation Service (previously Executive Director, People, Systems and Performance) – Mr Damian Green	234	-	18	4	-	256
Executive Director, People and Engagement – Ms Hannah Bloch (from 19/09/16)	158	-	16	3	-	177
Executive Director, Strategy and Planning – Ms Toni Peggrem	210	-	20	4	-	234
Executive Director, Governance, Risk and Commercial Services – Ms Rebecca Freath	188	-	19	4	-	211

Note 3. Key Management Personnel (continued)

2016

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Board						
Board Chair – Mr Ian Langdon	96	-	8	-	-	104
Deputy Board Chair – Mr Kenneth Brown (To 17/05/2016)	49	-	5	-	-	54
Deputy Board Chair – Ms Teresa Dyson (From 18/05/2016)	6	-	-	-	-	6
Board Members						
Professor Allan Cripps	51	-	5	-	-	56
Ms Colette McCool	52	-	6	-	-	58
Ms Pauline Ross (To 17/05/2016)	43	-	5	-	-	48
Dr Andrew Weissenberger	48	-	4	-	-	52
Dr Cherrell Hirst	53	-	5	-	-	58
Mr Robert Buker (From 18/05/2016)	5	-	1	-	-	6
Professor Helen Chenery (From 18/05/2016)	4	-	-	-	-	4
Professor Judy Searle (From 18/05/2016)	3	-	-	-	-	3

2016

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Executive Management Team						
Chief Executive – Mr Ron Calvert	362	10	30	7	-	409
Executive Director, Operations – Ms Jane Hancock	208	-	21	4	-	233
Executive Director, Finance and Business Services – Mr Ian Moody	229	-	23	4	-	256
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	434	-	31	8	-	473
Executive Director, People, Systems and Performance – Mr Damian Green	223	-	22	4	-	249
Executive Director, Strategy & Planning – Ms Toni Peggrem	204	-	15	4	-	223
Executive Director, Governance, Risk and Commercial Services – Ms Rebecca Freath	191	-	19	4	-	214
General Manager, Specialty and Procedural Services – Mr Brendan Docherty (To 21/02/2016)	118	-	11	2	-	131
A/General Manager, Specialty and Procedural Services – Mr Colin Dawson (From 22/02/2016)	50	-	6	1	-	57
Clinical Director, Specialty and Procedural Services – Dr Deborah Bailey	439	-	30	9	-	478
General Manager, Diagnostic, Emergency and Medical Services – Ms Kimberley Pierce	196	-	19	4	-	219
Clinical Director, Diagnostic, Emergency and Medical Services – Dr Mark Forbes	449	1	30	9	-	489

Note 3. Key Management Personnel (continued)

2016

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
General Manager, Mental Health and Specialist Services – Ms Karlyn Chettleburgh	210	1	21	4	-	236
Clinical Director, Mental Health and Specialist Services – Dr Kathryn Turner	397	2	25	8	-	432
General Manager, Cancer, Access and Support Services – Ms Alison Ewens	200	-	20	4	-	224
Clinical Director, Cancer, Access and Support Services – Dr Jeremy Wellwood	443	-	31	9	-	483
Senior Director, Clinical Governance and Community Partnerships – Ms Morven Gemmill (To 28/08/2015)	35	-	2	-	83	120
Senior Director, Clinical Governance and Community Partnerships – Ms Erin Finn (From 11/01/2016)	136	-	15	3	-	154
Professor Nursing and Midwifery – Professor Anita Bamford-Wade	186	-	18	4	-	208
Professor Allied Health – Professor Sharon Mickan	179	-	18	3	-	200
Director of Nursing, Diagnostic, Emergency and Medical Services – Ms Paula Duffy	159	-	18	3	-	180
Director of Nursing, Cancer, Access and Support Services – Mr Matthew Lunn	154	-	17	3	-	174
Director of Nursing, Mental Health and Specialist Services – Ms Diana Grice	162	-	18	3	-	183
Director of Nursing, Specialty and Procedural Services – Mr Paul Nieuwenhoven	118	-	13	2	-	133

Note 4. Related Parties

Gold Coast Health is controlled by its ultimate parent entity, the State of Queensland. All State of Queensland controlled entities meet the definition of a related party in AASB 124 *Related Party Disclosures*.

Transactions with other Queensland Government-controlled entities

Department of Health

Gold Coast Health receives funding in accordance with a service agreement with the Department. The Department receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. The signed service agreements are published on the Queensland Government website and publically available. The original 2016–17 service agreement was for $1,289,624,770.

In addition, the Department provides free of charge a number of services including accounts payable, procurement, payroll and information technology infrastructure and support services.

Queensland Treasury Corporation

Gold Coast Health has accounts with the Queensland Treasury Corporation (QTC) for general trust monies. The amount held by QTC is disclosed in Note 13.

Department of Housing and Public Works

Gold Coast Health pays rent to the Department of Housing and Public Works (DHPW) for a number of properties. In addition, the Department of Housing and Public Works provides fleet management services (Qfleet) to Gold Coast Health. The amount paid to DHPW in 2016–2017 was $3.1m.

Other Hospital and Health Service entities

Payments to and receipts from other Hospital and Health service entities in Queensland occur to facilitate the transfer of patients, drugs, staff and other services shared. Payments in 2016–2017 approximated $1.2m.

Transactions with people/entities related to Key Management Personnel

A member of the Gold Coast Health Board is also a Board member of the Gold Coast Hospital Foundation (a separate entity to Gold Coast Health), which has provided free equipment, resources and services to Gold Coast Health in accordance with their objectives identified in the *Hospitals Foundations Act 1982 (Qld)*.

All other transactions in the year ended 30 June 2017 between Gold Coast Health and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

Note 5. Health service funding

	2017 $'000	2016 $'000
Activity based funding	942,965	924,654
Non-activity based funding	212,626	164,572
Depreciation funding	79,165	77,553
Total health service funding	**1,234,756**	**1,166,779**

Note 6. User charges and fees

	2017 $'000	2016 $'000
Hospital fees and related services/goods	33,022	29,234
Private practice revenue	13,854	13,561
Pharmaceutical benefits scheme	37,435	35,744
Other goods and services	8,627	7,164
Total user charges and fees	**92,938**	**85,703**

Note 7. Grants and other contributions

	2017 $'000	2016 $'000
Commonwealth grants and contributions	13,355	13,723
Other grants and contributions	4,484	4,206
Donations other	1,415	1,137
Donations non-current physical assets	185	210
Total grants and contributions	**19,439**	**19,276**

Note 8. Other revenue

	2017 $'000	2016 $'000
Interest	198	224
Minor capital recoveries	983	2,000
Rental income	2,196	2,073
Gain on sale of property plant and equipment	135	42
Other	2,309	1,607
Total other revenue	**5,821**	**5,946**

Note 9. Employee expenses

	2017 $'000	2016 $'000
Employee expenses		
Employee benefits		
Wages and salaries	717,904	657,294
Annual Leave	86,362	77,113
Superannuation	75,450	69,040
Long Service Leave	15,256	14,008
Termination payments	612	380
Employee related expenses		
Other employee related expenses	7,019	7,401
Workers compensation premium	6,198	6,174
Payroll tax	3	3
Total employee expenses	**908,804**	**831,413**

The number of employees of Gold Coast Health at 30 June 2017 measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information) is 7,436 (30 June 2016: 7,279).

Note 10. Supplies and services

	2017 $'000	2016 $'000
Building services	418	482
Catering and domestic supplies	10,160	12,992
Clinical supplies and services	99,816	98,665
Communications	13,304	12,650
Computer services	13,198	7,399
Consultants	1,051	1,690
Contractors and external labour	17,653	21,765
Drugs	54,020	51,423
Expenses relating to capital works	1,915	4,149
Insurance premiums (Queensland Government Insurance Fund) *	12,766	11,469
Interstate patient expenses	49,240	49,014
Motor vehicles	1,271	1,177
Operating lease rentals	4,041	3,887
Outsourced service delivery	24,333	27,273
Repairs and maintenance	24,885	32,051
Travel – patients	4,697	4,799
Travel – staff	1,145	1,252
Utilities	14,363	10,583
Other	6,618	5,484
Total supplies and services	**354,894**	**358,204**

* Gold Coast Health is covered by the Department's insurance policy with the Queensland Government Insurance Fund (QGIF). Gold Coast Health pays a fee to the Department as part of a fee-for-service arrangement.

Note 11. Impairment loss

	2017 $'000	2016 $'000
Impairment on receivables	(1,680)	(1,400)
Impairment on intangibles	-	(267)
Total impairment loss	**(1,680)**	**(1,667)**

Note 12. Other expenses

	2017 $'000	2016 $'000
Advertising	369	560
Ex-gratia payments*	140	19
External audit fees**	237	229
Insurance – other	125	200
Internal audit fees	340	251
Interpreter fees	908	952
Inventory written off	167	170
Legal Fees	581	798
Losses from the disposal of non-current assets	569	373
Other expenses	3,327	4,109
Total other expenses	**6,763**	**7,661**

*Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the *Financial and Performance Management Standard 2009*, Gold Coast Health maintains a register setting out details of all special payments greater than $5,000. Three payments for patient and employee related matters exceeded the $5,000 threshold in 2016–2017.

**Total audit fees paid or accrued to the Queensland Audit Office for the financial statement audit were $237,000 (2016: $240,000). There are no non-audit services included in this amount.

Note 13. Current assets – Cash and cash equivalents

	2017 $'000	2016 $'000
Cash on hand	23	33
Cash at bank	57,842	55,316
QTC Cash Fund	7,307	7,145
Total cash	**65,172**	**62,494**

a) Restricted Cash

Gold Coast Health receives cash contributions from private practice arrangements (refer to Note 26) for education, study and research in clinical areas, and from external parties in the form of gifts, donations and bequests for stipulated purposes. This money is retained separately and payments are only made from the General Trust Fund for the specific purposes upon which contributions were received.

b) Effective Interest Rate

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 2.43% per annum (2016: 2.78%). No interest is earned on other bank accounts.

c) Reconciliation of surplus to net cash from operating activities

	2017 $'000	2016 $'000
Surplus for the year	6,406	10,547
Adjustments for:		
Depreciation and amortisation	79,165	77,553
Net loss on disposal of property, plant and equipment	569	373
Net revaluation (increment)	(5,562)	(10,294)
Impairment loss on intangibles	-	267
Depreciation and amortisation funding	(79,165)	(77,553)
Other	(317)	(249)
Change in operating assets and liabilities:		
(Increase)/Decrease in receivables	(7,149)	22,912
(Increase) in inventories	(493)	(189)
(Increase) in prepayments	(617)	(447)
(Decrease)/Increase in payables	(533)	3,622
Increase/(Decrease) in other employee benefits	4,925	(5,516)
Increase/(Decrease) in unearned revenue	3,816	(3,916)
Net cash from operating activities	**1,045**	**17,110**

Note 14. Current assets – Receivables

	2017 $'000	2016 $'000
Trade receivables	13,370	11,732
Less: Provision for impairment of receivables	(4,133)	(4,228)
	9,237	**7,504**
GST input tax credits receivable	1,683	1,769
GST payable	(325)	(86)
	1,358	**1,683**
Health service funding accrued	11,960	6,020
Other accrued revenue	5,581	5,780
Total receivables	**28,136**	**20,987**

a) Impaired trade receivables

Impairment is based on a specific review of individual trade debtors at risk for either actual loss events or past experiences in relation to these loss events. These loss events mainly relate to unrecoverable debts from individuals ineligible for Medicare. Total impairment loss recognised in the operating result was:

	2017 $'000	2016 $'000
Impairment losses on receivables	1,331	1,183
Bad debts written off	349	217
Total impairment loss	**1,680**	**1,400**

Movements in the provision for impairment of receivables are as follows:

	2017 $'000	2016 $'000
Opening balance	4,228	3,928
Additional provisions recognised	1,331	1,183
Receivables written off during the year as uncollectable	(1,426)	(883)
Closing balance	**4,133**	**4,228**

The aging of the impaired receivables provided for above is as follows:

	2017 $'000	2016 $'000
0–30 days	127	112
31–60 days	132	139
61–90 days	147	387
More than 90 days	3,727	3,590
Total impaired receivables	**4,133**	**4,228**

b) Past due but not impaired

The aging of the past due but not impaired receivables is as follows:

	2017 $'000	2016 $'000
0–30 days	-	-
31–60 days	2,231	2,337
61–90 days	798	750
More than 90 days	439	135
Total past due but not impaired	**3,468**	**3,222**

Based on credit history and other information, it is expected that these amounts will be received.

Note 15. Current assets – Inventories

	2017 $'000	2016 $'000
Pharmaceutical and clinical supplies	8,302	8,000
Less: Provision for impairment	(109)	(109)
Catering and domestic supplies	347	188
Other Supplies	70	38
Total inventories	**8,610**	**8,117**

Note 16. Non-current assets – Property, plant and equipment

	2017 $'000	2016 $'000
Land – at independent valuation	86,008	81,200
Buildings – at independent valuation	1,848,621	1,793,136
Less: Accumulated depreciation	(291,005)	(214,306)
	1,557,616	**1,578,830**
Plant and equipment – at cost	180,839	175,027
Less: Accumulated depreciation	(89,016)	(74,464)
	91,823	**100,563**
Capital works in progress – at cost	952	1,016
Total property, plant and equipment	**1,736,399**	**1,761,609**

Note 16. Non-current assets – Property, plant and equipment (continued)

a) Movement reconciliation

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Land $'000	Buildings $'000	Plant and Equipment $'000	Work-in-Progress $'000	Total $'000
Balance at 30 June 2015	70,906	1,609,979	104,819	527	**1,786,231**
Additions	-	461	9,052	7,938	17,451
Disposals	-	-	(373)	-	(373)
Revaluation increments	10,294	23,474	-	-	33,768
Donations received	-	-	184	-	184
Net transfers from the Department	-	1,289	-	-	1,289
Transfers in/(out)	-	2,312	5,137	(7,449)	-
Depreciation expense	-	(58,685)	(18,256)	-	(76,941)
Balance at 30 June 2016	**81,200**	**1,578,830**	**100,563**	**1,016**	**1,761,609**
Additions	-	-	7,642	4,972	12,614
Disposals	(754)	(35)	(579)	-	(1,368)
Revaluation increments	5,562	36,521	-	-	42,083
Donations received/made	-	-	185	-	185
Net transfers from the Department	-	-	(7)	-	(7)
Transfers in/(out)	-	2,071	2,965	(5,036)	-
Depreciation expense	-	(59,771)	(18,946)	-	(78,717)
Balance at 30 June 2017	**86,008**	**1,557,616**	**91,823**	**952**	**1,763,399**

b) Valuations of land and buildings

Fair value is the price that would be received by using assets in their highest and best use or by selling it to another market participant that would use the assets in their highest and best use, regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique. All Gold Coast Health assets are currently used in line with their highest and best use.

Observable inputs are publicly available data that are relevant to the characteristics of the asset being valued. Examples for Gold Coast Health include, but are not limited to, published sales data for land and general buildings. Unobservable inputs are data, assumptions and judgements that are not publicly available, but are relevant to the characteristics of the asset being valued. Examples for Gold Coast Health include, but are not limited to, internal records of construction costs, assessment of physical condition and remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Land

The State Valuation Service performed a comprehensive valuation of all land holdings, with an effective valuation date of 30 June 2017. The valuation is based on a market approach. Key inputs into the valuation include publicly available data on sales of similar land in nearby localities in the 12 months prior to the date of revaluation. Adjustments were made to the sales data to take into account the location, size, street/road frontage and access, and any significant restrictions for each individual parcel of land.

Previously, the State Valuation Service had performed a comprehensive valuation of all land holdings in 2013–14 with an index applied in 2014–2015 and 2015–2016. The indices provided by the State Valuation Service were derived from data on land sales in respective areas.

Buildings

AECOM Australia Pty Ltd performed a comprehensive valuation of all buildings measured on a current replacement cost basis (effective valuation date of 30 June 2017), except one building held at market value which was not revalued due to immateriality in 2016–2017. Key inputs into the valuation on replacement cost basis included internal records of the original cost of the specialised fit out and more contemporary design/construction costs published for various standard components of buildings. Significant judgement was also used to assess the remaining service potential of the buildings given local environmental conditions and the records of the current condition of the building.

Previously, Davis Langdon (now part of AECOM Australia Pty Ltd) had performed comprehensive valuations for 84 percent of the gross value of the building portfolio in 2013–2014. This included valuations of Gold Coast University Hospital and the Southport Health Precinct. In 2015-2016 (and 2014-2015 except for one property which was comprehensively revalued) an indexation rate determined by Davis Langdon was applied to the building portfolio.

The revaluation increment/decrement is shown below:

	2017 $'000	2016 $'000
Recognised in operating result:		
Land revaluation increment	5,562	10,294
Net building revaluation increment	-	-
Net revaluation increment	**5,562**	**10,294**
Recognised in other comprehensive income:		
Land revaluation increment	-	-
Net building revaluation increment	36,521	23,474
Net revaluation increment	**36,521**	**23,474**

The asset revaluation surplus in the statement of financial position as at 30 June 2017 ($68.7 million) relates solely to the building revaluation increments.

Note 16. Non-current assets – Property, plant and equipment (continued)

c) Fair value hierarchy classification

The fair value hierarchy classification is based on the lowest level of input that is significant to the entire fair value measurement, being:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date
- Level 2: Inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly
- Level 3: Unobservable inputs for the asset or liability

Land valued with reference to an active market is classified as Level 2. Buildings valued with reference to an active market are classified as Level 2. Purpose–built hospital buildings valued without reference to an active market are valued using the depreciated replacement cost methodology and classified as Level 3.

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
2017				
Assets				
Land	-	86,008	-	86,008
Buildings	-	1,914	1,555,702	1,557,616
Total assets	**-**	**87,922**	**1,555,702**	**1,643,624**
2016				
Assets				
Land	-	81,200	-	81,200
Buildings	-	1,615	1,577,215	1,578,830
Total assets	**-**	**82,815**	**1,577,215**	**1,660,030**

The movements associated with Level 3 assets are shown below:

	2017 $'000	2016 $'000
Balance at 30 June 2016	**1,577,215**	**1,608,312**
Transfers into Level 3 from Level 2	426	-
Additions	-	461
Disposals	(18)	-
Revaluation increments	36,388	23,472
Net transfers from the Department	-	1,289
Transfers in/(out)	1,334	2,312
Depreciation	(59,643)	(58,631)
Balance at 30 June 2017	**1,555,702**	**1,577,215**

Note 17. Non-current assets – Intangibles

	2017 $'000	2016 $'000
Software purchased – at cost	939	3,794
Less: Accumulated amortisation	(627)	(3,373)
	312	**421**
Software developed	2,091	428
Less: Accumulated amortisation	(553)	(214)
	1,538	**214**
Software work in progress – at cost	-	1,663
Total intangibles	**1,850**	**2,298**

a) Movement reconciliation

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Work-in-Progress $'000	Purchased $'000	Developed $'000	Total $'000
Balance at 30 June 2015	**267**	**833**	**321**	**1,421**
Additions	1,663	93	-	1,756
Transfers In/(out)	-	-	-	-
Amortisation expense	-	(505)	(107)	(612)
Impairment	(267)	-	-	(267)
Balance at 30 June 2016	**1,663**	**421**	**214**	**2,298**
Additions	-	-	-	-
Disposals	-	-	-	-
Transfers In/(out)	(1,663)	-	1,663	-
Amortisation expense	-	(109)	(339)	(448)
Impairment	-	-	-	-
Balance at 30 June 2017	**-**	**312**	**1,538**	**1,850**

Note 18. Current liabilities – Payables

	2017 $'000	2016 $'000
Trade and other payables	8,680	9,914
Payables to the Department	2,057	2,921
Accrued expenses	26,205	24,640
Total payable	**36,942**	**37,475**

Note 19. Current liabilities – Accrued employee benefits

	2017 $'000	2016 $'000
Wages and salaries payables	32,109	27,977
Superannuation payable	3,634	2,841
Total accrued employee benefits	**35,743**	**30,818**

Note 20. Current liabilities – Unearned revenue

	2017 $'000	2016 $'000
Health service funding unearned revenue	4,926	1,073
Other unearned revenue	22	59
Total unearned revenue	**4,948**	**1,132**

Note 21. Financial instruments

Gold Coast Health's activities expose it to a variety of financial risks – interest risk, credit risk and liquidity risk. Financial risk management is implemented pursuant to Gold Coast Health's Financial Management Practice Manual. Overall financial risk is managed in accordance with written principles of Gold Coast Health for overall risk management, as well as policies covering specific areas.

The carrying amounts of cash, trade and other receivables and trade and other payables are assumed to approximate their fair values as disclosed on the Statement of Financial Position due to their short-term nature.

Interest Risk
Gold Coast Health is exposed to interest rate risk through its cash deposited in interest bearing accounts. Changes in interest rates have had a minimal impact on the operating result.

Credit risk
Credit risk exposure refers to the situation where Gold Coast Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any provisions for impairment. As such, the gross carrying amount of cash and cash equivalents as well as receivables represents the maximum exposure to credit risk. See Note 14 for further information on impairment of receivables.

Liquidity risk
Liquidity risk refers to the situation where Gold Coast Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Gold Coast Health is exposed to liquidity risk in respect of its payables. Exposure to liquidity risk is reduced by ensuring that sufficient funds are available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts so as to match the expected incidence and duration of the various employee and supplier liabilities. Gold Coast Health has an approved overdraft facility of $7.5 million under whole-of-Government banking arrangements to manage any unexpected short term cash shortfalls. This facility has not been drawn down as at 30 June 2017.

Gold Coast Health's trade and other payables are expected to be settled within 30–60 days.

Note 22. Contingent liabilities

The following cases were filed in the courts naming the State of Queensland acting through Gold Coast Health as the defendant:

	2017 cases	2016 cases
Supreme Court	3	3
District Court	4	6
Magistrates Court	1	1
Tribunals, commissions and boards	2	0
Total cases	**10**	**10**

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of litigations before the courts at this time. Any amount payable would be covered by the Queensland Government Insurance Fund (QGIF). Gold Coast Health's maximum exposure under the QGIF policy is $20,000 excess for each insurable event. Tribunals, commissions and boards include matters that may never be litigated or result in payments to claims.

Note 23. Commitments

Non-cancellable operating leases

Commitments at the reporting date under non-cancellable operating leases are inclusive of GST and payable as follows:

	2017 $'000	2016 $'000
Within one year	2,523	2,712
One to five years	2,509	4,319
	5,032	**7,031**

Operating leases are entered into as a means of acquiring access to office accommodation and fleet vehicles and contain no restrictions on cancellation. Lease payments are generally fixed, but with standard inflation escalation clauses.

Consistent with prior year, there are no capital expenditure (property, plant and equipment and intangible), other expenditure or grants and subsidies commitments.

Lessor Commitments

Minimum lease commitments receivable but not recognised in the financial statements:

	2017 $'000	2016 $'000
Within one year	1,547	1,477
One to five years	657	2,083
	2,204	**3,560**

Gold Coast Health is the beneficiary of rental income arising from the sub-lease of clinical, retail and office accommodation to third parties. Lease receipts are generally fixed, but with inflation escalation clauses.

Note 24. Service Concession Arrangements

SurePark Pty Ltd was appointed in July 2010 to build, own, operate and transfer the Gold Coast University Hospital western car park (land owned by Gold Coast Health). The arrangement is for a period of 31 years. There was no revenue received from SurePark Pty Ltd and no upfront payments were made. Gold Coast Health does not control the facility and therefore it is not recognised as an asset of Gold Coast Health.

Healthscope Ltd was appointed in February 2012 to build, own, operate and transfer a private hospital facility in the southeast corner of the Gold Coast University Hospital campus (land owned by Gold Coast Health). The arrangement is from 12 March 2016 for a period of 50 years with possible extensions. No upfront payments were made. Gold Coast Health has a right to rental payments based on a percentage of revenue from March 2020. A reliable estimate of the rental amount cannot yet be determined. Gold Coast Health does not control the facility and therefore it is not recognised as an asset of Gold Coast Health.

Note 25. Trust transactions and balances

Patient trust receipts and payments	2017 $'000	2016 $'000
Receipts		
Amounts receipted on behalf of patients	265	240
Payments		
Amounts paid to or on behalf of patients	259	235
Assets		
Cash held and bank deposits on behalf of patients	24	18

Note 26. Granted private practice arrangements

Gold Coast Health performs a custodial role in respect of private practice transactions and balances, and as such these are not recognised in the financial statements but are disclosed in these notes for information purposes.

Trust receipts and payments	2017 $'000	2016 $'000
Receipts		
Private practice revenue	21,062	19,487
Private practice interest revenue	33	32
Total receipts	**21,095**	**19,519**
Payments		
Payments to private practice doctors under retention arrangements	6,623	4,524
Payments to Gold Coast Health for service fees	6,347	6,908
Payments to Gold Coast Health for assignment arrangements	6,209	7,354
Payments to Gold Coast Health Private Practice Trust Fund*	1,352	940
Total payments	**20,531**	**19,726**
Assets		
Cash held and bank deposits for private practice	2,376	1,812

The cash balance above represents timing differences between cash receipts and payments in relation to the private practice arrangements.

* Private Practice Trust funds are generated by doctors reaching the ceiling allowable under the retention option arrangements. These funds are included in the General Trust Fund and the allocation of these funds is managed by an advisory committee.

Note 27. Events after the reporting period

No events have occurred after the reporting period that have an impact on the financial statements.

Management certificate

30 June 2017

Certificate of Gold Coast Hospital and Health Service

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), section 43 of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with s.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; and

(b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2017 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and

(c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Ian Langdon
Board Chair

15 August 2017

Ron Calvert
Chief Executive

15 August 2017

Independent auditor's report

INDEPENDENT AUDITOR'S REPORT

To the Board of Gold Coast Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Gold Coast Hospital and Health Service. The financial report comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2017, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. I addressed these matters in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

Specialised buildings valuation ($1,557.6M)

Key audit matter	How my audit addressed the key audit matter
Buildings were material to Gold Coast Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. Gold Coast Hospital and Health Service performed a comprehensive revaluation of all of its buildings this year. The current replacement cost method comprises: • Gross replacement cost, less • Accumulated depreciation Gold Coast Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: o estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre) o identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. • The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.	My procedures included, but were not limited to: • Assessing the adequacy of management's review of the valuation process. • Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • Engaging a real estate specialist to review the valuation methodology and the underlying assumptions for a sample of the buildings being comprehensively revalued • For unit rates associated with buildings that were comprehensively revalued this year: o Assessing the competence, capabilities and objectivity of the experts used to develop the models o Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices. o On a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: ▪ modern substitute (including locality factors and oncosts) ▪ adjustment for excess quality or obsolescence. • Evaluating useful life estimates for reasonableness by: o Reviewing management's annual assessment of useful lives. o Ensuring that no asset still in use has reached or exceeded its useful life. o Enquiring of management about their plans for assets that are nearing the end of their useful life. o Reviewing assets with an inconsistent relationship between condition and remaining useful life. • Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Refer to Note 16 in the financial report.

Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

From the matters communicated with the Board, I determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2017:

a) I received all the information and explanations I required.

b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

QUEENSLAND
23 AUG 2017
AUDIT OFFICE

D J OLIVE
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

Index of charts and tables

Appendix 1

Charts

Tables

Glossary of acronyms

Appendix 2

AASB	Australian Accounting Standards Board
ABF	Activity-based Funding
ACHS	The Australian Council on Healthcare Standards
AODS	Alcohol and Other Drugs Service
ATOD	Alcohol, Tobacco and Other Drugs
BYOD	Bring Your Own Device
CAG	Consumer Advisory Group
CALD	Culturally and Linguistically Diverse
CCC	Crime and Corruption Commission
CCF	Core Capability Framework
CDU	Clinical Decision Unit
DHPW	Department of Housing and Public Works
DPC	Department Premier and Cabinet
DSO	District Senior Officer
DTS	Digital Transformation Services
EBP	Evidence Based Practice
ECGO	Executive Control Group: Operations
ED	Emergency Department
EEO	Equal Employment Opportunity
EMR	Electronic Medical Record
EMT	Executive Management Team
ENT	Ear, nose, throat
EQuIP	Evaluation and Quality Improvement Program
FBT	Fringe Benefits Tax
FPMS	Finance and Performance Management Standard 2009
FRR	Financial Reporting Requirements
FTE	Full-time Equivalent
GC2018	2018 Commonwealth Games
GCHKP	Gold Coast Health and Knowledge Precinct
GCIC	Gold Coast Integrated Care
GCUH	Gold Coast University Hospital
GOLDOC	Gold Coast 2018 Commonwealth Games Corporation
GP	General Practitioner
GST	Goods and Services Tax
HES	Health Executive Service
HHB	Hospital and Health Board
HHOT	Homeless Health Outreach Team
HHS	Hospital and Health Service
HR	Human Resources
HSC	Haemapoietic Stem Cell
ICT	Information Communication Technology
ICU	Intensive Care Unit
IHPA	Independent Hospital Pricing Authority
IMT	Information Management and Technology
KMP	Key Managenent Personnel
KPI	Key Performance Indicators
MGP	Midwifery Group Practice
MHSS	Mental Health and Specialist Services
MIS	Management Information System
MOHRI	Minimum Obligatory Human Resource Information
NAIDOC	National Aborigines and Islanders Day Observance Committee
NATA	National Association of Testing Authorities

NEAT	National Emergency Access Target
NED	Neurodevelopment Exposure Disorder
NEST	National Elective Surgery Target
NHHNA	National Health and Hospitals Network Agreement
NHMRC	National Health and Medical Research Council
NHS	National Health Service
NICU	Neonatal Intensive Care Unit
NPA	National Partnership Agreement
NSQHS	National Safety and Quality Health Service
PID	Public Interest Disclosure
PLS	Patient Liaison Service
PPH	Potentially Preventable Hospitalisations
PPM	Professional Practice Model
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QGIF	Queensland Government Insurance Fund
QPS	Queensland Police Service
QTC	Queensland Treasury Corporation
QWAU	Queensland Weighted Activity Units
RACS	Royal Australasian College of Surgeons
SCC	Statutory Compliance and Conduct
SDS	Service Delivery Statement
SNAP	Sub- and Non-acute Patients
SRAC	Strategic Research Advisory Committee
VMO	Visiting Medical Officer
WAU	Weighted Activity Units

Glossary of terms

Appendix 3

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.
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).
Allied health	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.
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 sustainable world-class positive outcomes.

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.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Department of Health	Refers to Queensland Health.
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) signed in February 2010 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 and Health Boards	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation.
Hospital and Health Service	Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services.
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 healthcare framework to improve health outcomes for Indigenous Australians.
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.

Glossary of terms (continued)

Nurse Navigator	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex healthcare needs to navigate to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.
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 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.
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 and usually has targets that define the level of performance expected against the performance indicator.
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.
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
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.
Weighted Activity Unit	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.

Compliance checklist

Appendix 4

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• **A letter of compliance from the accountable officer or statutory body to the relevant Minister/s**	ARRs – section 7	3
Accessibility	• **Table of contents** • **Glossary**	ARRs – section 9.1	3 104–109
	• **Public availability**	ARRs – section 9.2	2
	• **Interpreter service statement**	*Queensland Government Language Services Policy* ARRs – section 9.3	2
	• **Copyright notice**	*Copyright Act 1968* ARRs – section 9.4	2
	• **Information Licensing**	*QGEA – Information Licensing* ARRs – section 9.5	2
General information	• **Introductory Information**	ARRs – section 10.1	4
	• **Agency role and main functions**	ARRs – section 10.2	4
	• **Operating environment**	ARRs – section 10.3	7
Non-financial performance	• **Government's objectives for the community**	ARRs – section 11.1	10
	• **Other whole-of-government plans / specific initiatives**	ARRs – section 11.2	10
	• **Agency objectives and performance indicators**	ARRs – section 11.3	11
	• **Agency service areas and service standards**	ARRs – section 11.4	21
Financial performance	• **Summary of financial performance**	ARRs – section 12.1	18–20
Governance – management and structure	• **Organisational structure**	ARRs – section 13.1	48–49
	• **Executive management**	ARRs – section 13.2	50–54
	• **Government bodies (statutory bodies and other entities)**	ARRs – section 13.3	N/A
	• ***Public Sector Ethics Act 1994***	*Public Sector Ethics Act 1994* ARRs – section 13.4	59
	• **Queensland public service values**	ARRs – section 13.5	10
Governance – risk management and accountability	• **Risk management**	ARRs – section 14.1	56
	• **Audit committee**	ARRs – section 14.2	46
	• **Internal audit**	ARRs – section 14.3	57

Summary of requirement		Basis for requirement	Annual report reference
	• **External scrutiny**	ARRs – section 14.4	56
	• **Information systems and recordkeeping**	ARRs – section 14.5	58
Governance – human resources	• **Workforce planning and performance**	ARRs – section 15.1	30–37
	• **Early retirement, redundancy and retrenchment**	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* Directive No.16/16 *Early Retirement, Redundancy and Retrenchment* (from 20 May 2016) ARRs – section 15.2	34
Open Data	• **Statement advising publication of information**	ARRs – section 16	59
	• **Consultancies**	ARRs – section 33.1	59
	• **Overseas travel**	ARRs – section 33.2	59
	• **Queensland Language Services Policy**	ARRs – section 33.3	59
Financial statements	• **Certification of financial statements**	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	98
	• **Independent Auditor's Report**	FAA – section 62 FPMS – section 50 ARRs – section 17.2	99–102

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*

Notes to Service Performance Statement

Appendix 5

1. The 2016–17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017. A Target/Estimate for percentage of emergency department patients seen within recommended timeframes is not included in the 'All Categories' as there is no national benchmark. Queensland public hospital emergency departments face ongoing increases in demand, with an average 1.3 per cent annual increase in emergency department attendances, which has an effect on emergency department performance.
2. This is a measure of access and timeliness of emergency department services. The 2016–17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the recommended timeframe for each urgency category. The 2016–17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. *Staphylococcus aureus* are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with *Staphylococcus aureus* (including methicillin resistant *Staphylococcus aureus*) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days for each jurisdiction. The 2016–17 Estimated Actual figures are based on actual performance from 1 July 2016 to 31 March 2017.
5. This is a measure of access to, and timeliness of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. The 2016–17 Estimated Actual is for the period 1 July 2016 to 31 January 2017. Queensland has made significant progress in improving the rate of community follow up over the past five years. Increased pressure on community and inpatient mental health services has seen increases in readmission rates and is impacting the rate of follow up.
6. This is a measure of effectiveness that shows the percentage of patients who are waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, within the clinically recommended time. The 2016–17 Estimated Actual figure is based on patients waiting as at 30 April 2017.
7. This is a measure of effectiveness that indicates the percentage of patients seen within clinically recommended times during the reporting period. The 2016–17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
8. This measure indicates the amount of time for which half of all people waited in the emergency department (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The 2016–17 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017.
9. This is a measure of effectiveness that reports on the number of days for which half of all patients wait before undergoing elective surgery. The 2016–17 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017.
10. A WAU is a measure of activity and provides a common unit of comparison so that all activity can be measured consistently. Service agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Refer to Box 1, page 12.
11. The 2016–17 Estimated Actual figure reflects 1 July to 31 December 2016 activity based costs and actual activity based funded activity. The 2017-18 Target/Estimate reflects the activity based funding less Clinical Education and Training and Specified Grants and activity within the finance and activity schedules of the 2017-18 Final Round Service Agreements Contract Offers. 2017-18 Target/Estimate for cost per Queensland

WAU includes HHS activity forecast over delivery in 2016–17, funded by the Commonwealth at a marginal rate of 45 per cent. As a result, funding per Queensland WAU in 2017-18 is generally lower than the 2016–17 Target/Est cost per Queensland WAU. The impact of this is partially offset in some HHSs due to changes in Own Source Revenue classification between 2016–17 and 2017-18, and non-Queensland WAU investments. 2016–17 Est Actual cost per Queensland WAU is a point in time measure which includes the first 6 months of HHS expenditure and activity. It includes the impact of one-off investments in 2016–17.

12. This is a measure of activity. The 2016–17 Estimated Actual figures are based on 10 months of actual performance from 1 July 2016 to 30 April 2017.
13. This measure tracks the growth in occasions of service for Telehealth enabled outpatient services. These services support timely access to contemporary specialist services for patients from regional, rural and remote communities, supporting the reduction in wait times and costs associated with patient travel. The 2016–17 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017 forecast out over 12 months.
14. The 2016–17 Estimated Actual figures are based on 2016–17 Queensland WAU forecasts as provided by HHSs. 2017-18 Target/Estimate figures are based on the 2017-18 Final Round Service Agreements Contract Offers. All activity is reported in the same phase - Activity Based Funding (ABF) model Q19. 'Total WAUs – Interventions and procedures' has been reallocated to 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' service standards. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Total WAUS - Prevention and Primary Care' is a new measure for the Service Delivery Statement, however, it has been included in the HHS Service Agreements since 2016–17. Purchased Queensland WAUs in 2017-18 for Prevention and Primary Care are lower due to one off investments in Oral Health in 2016–17 and National Partnership Agreement (NPA) funding not yet allocated.
15. This measure counts the number of in-scope service contact hours attributable to each HHS, based on the national definition and calculation of service contacts and duration. The Estimated Actuals for 2016–17 are for the period 1 July 2016 to 31 March 2017. It is important to note that not all activity of ambulatory clinicians is in-scope for this measure, with most review and some service coordination activities excluded. In addition, improvements in data quality have contributed to the result, with the data more accurately reflecting way in which services are delivered. The Target/Estimate for this measure is determined using a standard formula based upon available clinical staffing, HHS rurality, and historical performance.
The targets for these measures have been set to be consistently calculated and are considered a stretch for many services.

Gold Coast Hospital and Health Service
2016–2017 Annual Report
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