Unite & Recover

Department of Health

ANNUAL REPORT 2021–2022

Queensland Government

Annual Report 2021–22 - Department of Health

Published by the State of Queensland (Queensland Health), September 2022

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An electronic version of this document is available at **www.health.qld.gov.au/research-reports/reports/departmental/annual-report**

Disclaimer

Purpose

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2021–22. It has been prepared in accordance with the *Financial Accountability Act 2009,* the Financial and Performance Management Standard 2019 and the annual report requirements for Queensland Government agencies for the 2021–22 reporting period.

The annual report aligns to the Department of Health Strategic Plan 2021-2025 and the 2021–22 Service Delivery Statements. The report has been prepared for the Minister to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.

The Department of Health is the commonly used term for Queensland Health. Queensland Health is the legally recognised body responsible for the overall management of Queensland's public health system. All references to the Department of Health refer to Queensland Health.

Open data

Information about consultancies, overseas travel and the Queensland Language Services Policy is available on the Queensland Government Open Data website at www.data.qld.gov.au

Interpreter accessibility

The Queensland Government is committed to providing accessibility to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can free call 13 QGOV (13 74 68) and we will arrange an interpreter to communicate the report to you.

www.qld.gov.au/languages

Attribution

Content from this annual report should be attributed as: The State of Queensland (Department of Health) annual report 2021–22.

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Letter of compliance

30 September 2022

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services
Member for Redcliffe
Level 37, 1 William Street
Brisbane QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament, the Annual Report 2021–22 and financial statements for the Department of Health.
I certify this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the Financial and Performance Management Standard 2019, and
- the detailed requirements set out in the annual report requirements for Queensland Government agencies.

A checklist outlining compliance with the annual reporting requirements can be found in the Definitions and compliance section of this annual report.

Yours sincerely

Shaun Drummond
Acting Director-General
Queensland Health

Acknowledgement of Country

The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples cultures and connection to the lands, waters and communities across Queensland.

Aboriginal and Torres Strait Islander people are advised that this publication may contain the names of deceased people.

Throughout the Annual Report, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is 'Aboriginal and Torres Strait Islander peoples' or 'First Nations peoples'.

The terminology 'First Nations peoples' refers to the Aboriginal peoples and Torres Strait Islander peoples, their nations, societies, and language groups that have occupied these lands since time immemorial. The term describes the vast network of independent yet interdependent sovereign First Nations (and affiliated tribal units or confederation of clans) that existed and continue to exist today, which have distinct geographic boundaries and complex systems of government, lores, languages, cultures and traditions.

The word 'peoples' recognises individual and collective dimensions to their lives as affirmed by the United Nations Declaration on the Rights of Indigenous Peoples (2007). Acknowledging First Nations peoples' right to self-determination, Queensland Health recognises the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identity, which may include the terms explained above or particular sovereign First Nations peoples (for example, Mununjali, Yidinji, Turrbal) and traditional place names (for example, Meanjin Brisbane). In all contexts, whether written or verbal, the preferred terminology is the one decided by the peoples being referenced, discussed or described.

Contents

Director-General's Foreword

After another challenging, yet extraordinary year when it comes to what our health system has produced and delivered, I am proud to present the 2021–22 Annual Report for the Department of Health.

The continuous and rapidly evolving effects of the pandemic required the department to operate with a reactive approach at times this year – working around the clock to provide the community with the most up-to-date health information and directives and supporting our Hospital and Health Services to care for Queenslanders. However, there have also been several proactive projects delivered, resulting in better outcomes for Queenslanders, which is amazing considering the circumstances we, as an organisation, have faced.

With our state borders closed for the first half of 2021–22, we managed to contain the spread of COVID-19 and prepare ourselves for the fact that eventually, COVID-19 case numbers would rise in our state.

Our drive across Queensland to boost COVID-19 vaccination rates saw record numbers of people accessing the COVID-19 vaccine and by the time our borders were open, we had 81.1 per cent of eligible Queenslanders fully vaccinated and by 30 June 2022 that number had increased to 92.7 per cent of eligible Queenslanders fully vaccinated.

The Voluntary Assisted Dying Act 2021 was passed in September 2021 after a rare conscience vote by Members of Parliament. Since this time the department has been working hard to establish a high quality, safe, accessible and compassionate scheme before voluntary assisted dying becomes available from 1 January 2023.

I am pleased to report that Queensland Health was re-accredited as a White Ribbon Australia workplace. Re-accreditation recognises the active steps the department continues to take to prevent and respond to employees affected by domestic and family violence. The re-accreditation process included an audit of the department's policies, procedures and workplace culture in relation to domestic and family violence, gender equality and the drivers of domestic and family violence. It also considers how well employees understand the issues of family and domestic violence and what they can do if someone discloses that they are experiencing violence themselves.

It was my pleasure to join as the new Chief Operating Officer for Queensland Health. Working in partnership with our 16 Hospital and Health Services and the Queensland Ambulance Service, the team have already made inroads to strengthen our health system in managing critical services while we continue our strong response to COVID-19. I would also like to acknowledge the great work Dr David Rosengren has achieved in the role of COO while I have been acting in the Director-General role.

In February we launched the Rural and Remote Health and Wellbeing Strategy 2022 – 2027 and the Digital Strategy for Rural and Remote Healthcare. Our regional, rural and remote locations are home to approximately 38 per cent of all Queenslanders and, concerningly, these populations still suffer from poorer health outcomes and a higher burden of chronic disease than those living in metropolitan areas.

These strategies outline a whole-of-government approach to achieving health equity for our rural and remote populations. We have been and will continue to partner with our colleagues across health services, not-for-profit organisations, Aboriginal and Torres Strait Islander community-controlled organisations and Queensland's education sector to make these strategies a reality – helping us deliver on our vision of a world class health system for all Queenslanders.

The department continues with our business case for change, aligning with our strategic objective to support and advance our workforce. This is an opportunity to improve healthcare delivery by doing things differently, streamlining processes across the department, and working collaboratively and not in competition.

We are always going to be in a changing environment, we're always going to be pressured with the increasing needs our community and challenged by the complex environment of running a public health system across 16 Hospital and Health Services with a diverse range of requirements. In saying that, I'd like to personally thank our people for their continued dedication and commitment. I am extremely proud of our workforce, in particular those who have been working in the department to support our frontline staff through what has been an unprecedented 12 months. You have not only protected, and saved Queenslander's lives but helped position Queensland Health as a leader in response to the COVID-19 crisis. We have another big year ahead and I can't wait to see many of the great projects in the pipeline come to life.

Shaun Drummond

Acting Director-General

Financial highlights

Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered to reflect the department's planning priorities articulated in the Department of Health Strategic Plan 2021-2025. These services are: Acute Inpatient Care; Emergency Care; Integrated Mental Health Services; Outpatient Care; Prevention, Primary and Community Care; Ambulance Services and Sub and Non-Acute Care. In 2021–22, the Department continued to deliver these services amidst a COVID-19 global pandemic, while leading the COVID-19 public health response for Queensland.

How the money was spent

The department's expenditure by major service is displayed on page 8 within the financial statements section. The percentage share of these services for 2021–22 is as follows:

- Acute Inpatient Care – 46.4%
- Prevention, Primary and Community Care – 15.4%
- Outpatient Care – 11.5%
- Mental Health and Alcohol and Other Drug Services – 9.9%
- Emergency Care – 9.4%
- Sub and Non-Acute Care – 4.3%
- Ambulance Services – 3.1%.

The department achieved an operating surplus of $2.163 million in 2021–22 after having delivered on all agreed major services.

The department, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the department's financial risk due to contingent liabilities resulting from litigation is mitigated by its insurance with the Queensland Government Insurance Fund.

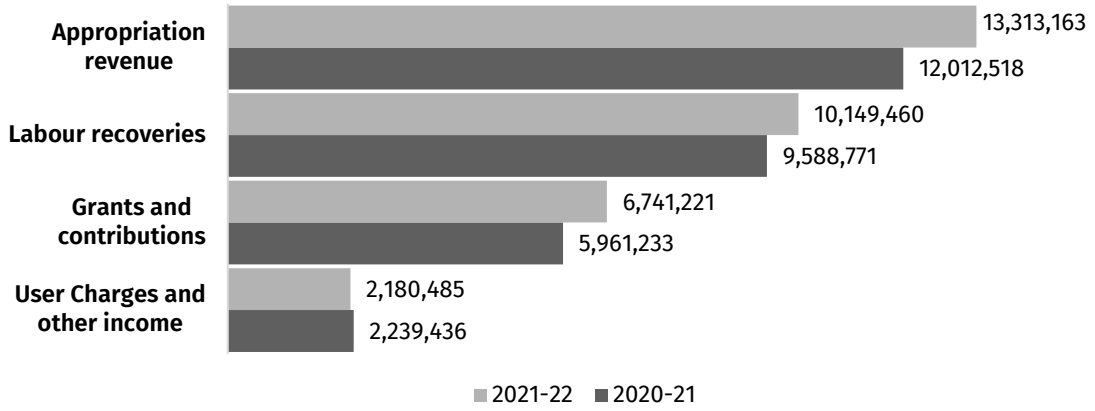
Income

The department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2021–22 was $32.384 billion, an increase of $2.582 billion (or 8.7%) from 2020-21. Revenue is sourced from four main areas:

- Appropriation revenue of $13.313 billion (or 41.1%), which includes State Appropriation and Commonwealth Appropriation.
- Labour recoveries of $10.149 billion (or 31.3%). The department is the legal employer of the majority of health staff working for HHSs. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- Grants and contributions of $6.741 billion (or 20.8%), which includes National Health Reform Funding (NRHA) from the Australian Government. Additional Commonwealth funding has been provided in 2021–22 due to COVID-19 as part of the National Partnership on COVID-19 Response Agreement (NPCR).
- User charges and other income of $2.180 billion (or 6.7%), which mainly includes recoveries from the Hospital and Health Services (HHSs) for items such as drugs, pathology and other fee for service categories. It also includes revenue from other States for cross-border patients, the Department of Veterans' Affairs and other revenue.

Figure 1 provides a comparison of revenue in 2020-21 and 2021–22.

Figure 1: Revenue - two year comparison $'000



The major movements in revenue earned when compared to 2020-21 includes:

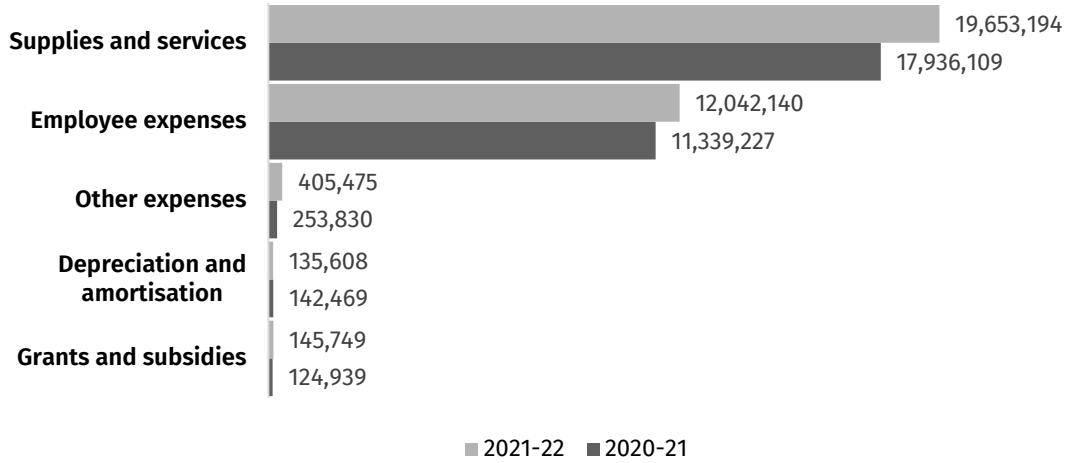
- Grants and contributions – the increase of $779.988 million relates largely to increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs in 2021–22 and additional funding provided for COVID-19 (NPCR).
- Labour recoveries – the increase of $560.689 million is largely due to growth and the impact of enterprise bargaining agreements during the year.

Expenses

Total expenses for 2021–22 were $32.382 billion, which is an increase of $2.586 billion (or 8.7%) from 2020-21.

Figure 2 provides a comparison of expenses in 2020–21 and 2021–22.

Figure 2: Expenses - two year comparison $'000



The major movement in expenses incurred when compared to 2020-21 includes:

- Employee expenses – the increase of $702.913 million is mainly due to general FTE growth to meet the increasing demand for services. This category includes non-prescribed HHS employee expenses amounting to $10.149 billion in the 2021–22 financial year, recovered through labour recoveries income.
- Supplies and services – the increase of $1.717 billion is predominantly due to additional funding paid to HHSs and Mater Hospital for the provision of health services. Additional expenditure has also been incurred in 2021–22 due to the COVID-19 pandemic response.

- Other expenses – the increase of $151.645 million in Other expenses is mainly due to a net increase in the allowance for loss of service potential expense relating to provision for future stock obsolescence.

Anticipated maintenance

Anticipated maintenance is a common building maintenance strategy utilised by public and private sector industries. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework which requires the reporting of anticipated maintenance.

Anticipated maintenance is defined as maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe.

As of 30 June 2022, the Department of Health had a reported anticipated maintenance of $27.966 million.

The department has implemented the following strategies to mitigate risks associated with these items:

- Allocated additional funding to support major redevelopment projects in the Strategic Asset Management Plan
- Allocated minor capital funding to priority services to address anticipated maintenance
- Commenced preventative refurbishment and maintenance to support deteriorating assets and extend their life expectancy
- Engaged an independent third party to provide detailed condition assessments for remaining infrastructure to inform further investment
- Reviewed asset lifecycle and future replacement needs in accordance with risk assessment and prioritisation criteria.

Chief Finance Officer Statement

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

For the financial year ended 30 June 2022, a statement assessing the Department's financial internal controls has been provided by the Chief Finance Officer to the Acting Director-General.

The statement was prepared in accordance with Section 54 of the Financial and Performance Management Standard 2019. The statement was also provided to the Department's Audit and Risk Committee.

About us

The Department of Health (the department) provides strategic leadership and direction to the Queensland public health system.

The department delivers expert health system governance, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategies, urgent patient retrieval services, health infrastructure planning and corporate support services for the employment of over 100,000 Queensland Health staff.

As part of an integrated Queensland Health system that supports the delivery of world class health services, the department is committed to partnerships with the 16 Hospital and Health Services (HHSs) across the state, with consumers, with clinicians and with external providers of health and social services.

Our Commitment with First Nations peoples

Queensland Health is committed to delivering a health system that acknowledges the Traditional Custodians of the lands on which we work and live and pays respect to the First Nations Elders past present and emerging. We recognise the efforts of our past and current Aboriginal and Torres Strait Islander staff. The department is committed to achieving health parity by having more First Nations staff across the health system and listening to their voices.

Our vision

A world class health system for all Queenslanders.

Our purpose

To provide highly effective health system leadership.

Our values

To enable this vision the Queensland Public Sector has transformed from a focus on compliance to values-led way of working. The following five values underpin behaviours that will support and enable better ways of working and result in better outcomes for Queenslanders

- Customers first
- Ideas into action
- Unleash potential
- Be courageous
- Empower people

Our opportunities

- Harnessing the power of clinician and consumer engagement and co-design
- Driving health access and equity reform agenda
- Enhancing networking and integration across the system
- Enabling access and use of data and intelligence across the system
- Effectively engaging, empowering and developing our workforce
- Strengthening system foundations that enable better health system outcomes

Our contribution to the Queensland Government's objectives for the community – Unite and Recover

The Queensland Government is dedicated to taking strong action for the community and improving the lives of Queenslanders now and into the future. The government's objectives for the community are built on Unite and Recover – Queensland's Economic Recovery Plan.

Safeguarding our health

Safeguard the health of Queenslanders by keeping our health system pandemic-ready and supporting priority vaccinations to our vulnerable populations

Building Queensland

Drive investment in health infrastructure and hospitals that support our recovery and the wellbeing of our diverse communities

Growing our regions

Help Queenslander's regions grow by attracting clinical expertise and building capacity within our rural and remote health network

Investing in skills

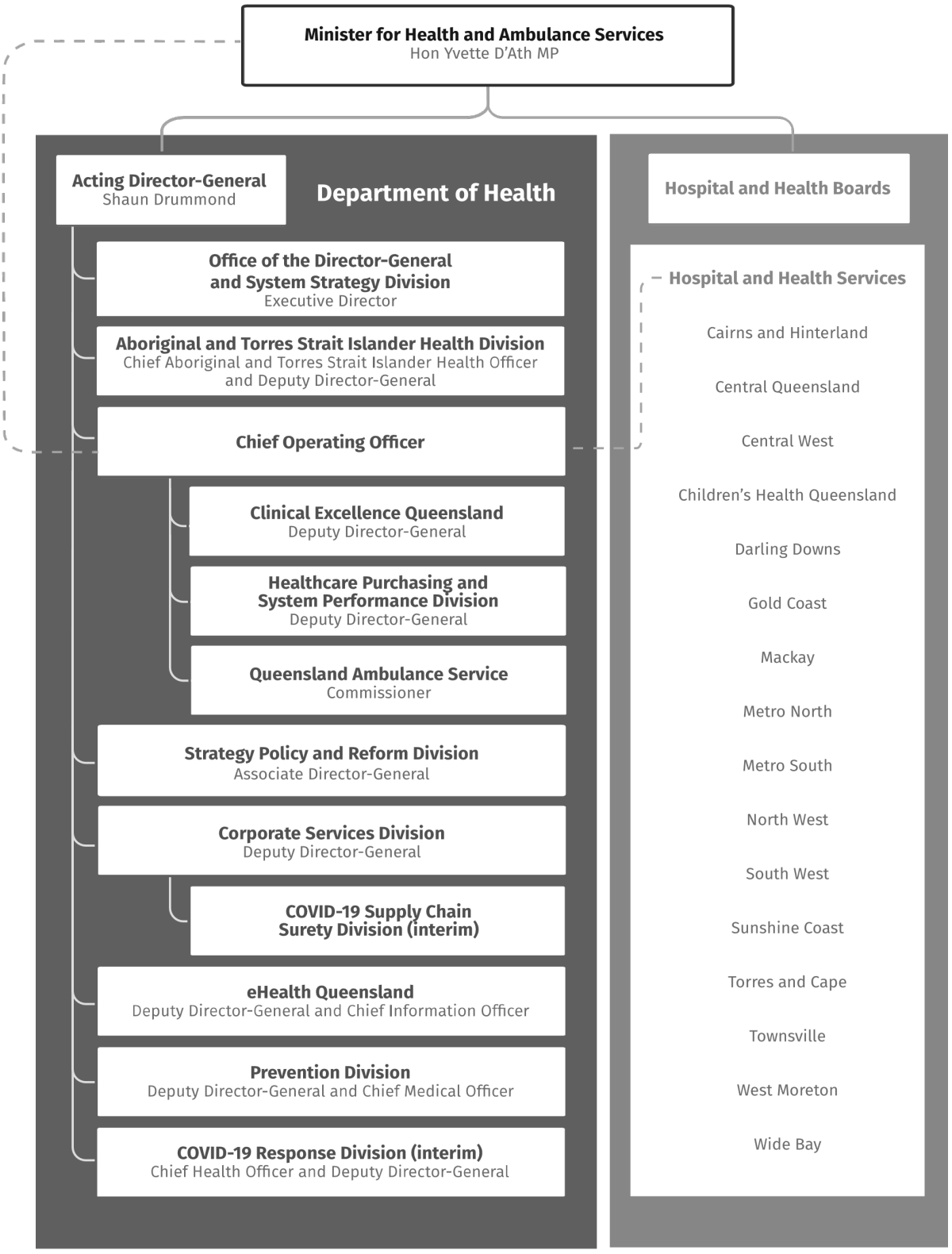
Ensure we have a skilled and capable workforce to deliver health system leadership, policy and strategy

Backing our frontline services

Supporting investment in our world-class frontline health services

Our organisational structure

Queensland Health consists of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs) situated across the state. The Department of Health is responsible for providing leadership and direction, collaboratively enabling the health system to deliver quality services that are safe and responsive for Queenslanders.



Executive leadership team

Acting Director General

Shaun Drummond

Shaun has worked in the health system for more than 20 years as a HHS Chief Executive and Chief Operating Officer and developed a deep understanding of and passion for executive health management and clinical service delivery.

During his career, he has worked in the public health system in New South Wales, Victoria, Queensland and New Zealand. He also has an extensive professional background in industrial relations and organisational development.

Shaun became Executive Director, Operations of Metro North HHS in late 2014, before moving into the Chief Executive role in 2017.

In 2021, Shaun moved to Deloitte, before being appointed Queensland Health's Chief Operating Officer in January 2022. Shaun has been the Acting Director-General since March 2022.

Chief Operating Officer

Dr David Rosengren

MB BS

David is a practicing Senior Staff Specialist in Emergency Medicine with more than 20 years of clinical and leadership experience in both public and private hospital emergency departments.

In more recent times he has held several senior operational executive roles in the public health system including the Executive Director of Royal Brisbane and Women’s Hospital and Acting Chief Operating Officer for Metro North HHS.

David has held several representative roles with the Australasian College for Emergency Medicine (ACEM) and oversaw the Metropolitan Emergency Department Access Initiative (MEDAI) project in 2012. He was the Chair of the Queensland Clinical Senate between 2012 to 2019.

David has current representative roles on several boards and committees including Health Round Table, Choosing Wisely National an advisory Group, Royal Brisbane and Women’s Hospital Foundation and the Sony Foundation.

David has been acting in the Chief Operating Officer role for Queensland’s Department of Health since March 2022.

Strategy, Policy and Reform Division

The Strategy, Policy and Reform Division (SPR) drives the strategic agenda for health in Queensland. This is achieved by:

- leading the department's system sustainability reform agenda through multidisciplinary teams from across the department working closely with clinicians, system leaders, consumers and government and industry stakeholders to optimise healthcare delivery
- leading policy development for older persons' health, public aged care and reforms related to the Royal Commission into Aged Care Quality and Safety, palliative care reform, domestic and family violence, child protection and women's health, people with disability, and culturally and linguistically diverse communities
- the management of statutory appointments, governance and compliance advice across approximately 60 health portfolio agencies
- leading and managing the preparation, review and amendment of health portfolio legislation to enable the effective implementation of government policy through close collaboration with other divisions to ensure the legislation being developed meets the objectives of the department and can be implemented effectively
- designing communications activities, campaigns and strategies to engage and empower Queenslanders to improve their health and wellbeing and communicating with staff across the department
- providing operational support and policy advice to the Minister, Minister's Office, Director-General and executive management in relation to Cabinet and Cabinet Committee procedures, parliamentary procedures, Executive Council processes and government reporting.

As at 30 June 2022, SPR comprised of:

- Cabinet and Parliamentary Services
- Reform Office
- Social Policy, Legislation and Statutory Agencies Branch
- Strategic Communications Branch

Organisational changes for 2021–22

- The Strategy, Policy and Reform Division was established as an interim division at the beginning of 2022. It comprised the Reform Office initially and was expanded on 4 April 2022 to include Social Policy and Legislation Branch, the Office of Health Statutory Agencies, Cabinet and Parliamentary Services and Strategic Communications Branch.

Associate Director-General, Strategy, Policy and Reform Division

Jasmina Joldić PSM

BA (Hons), GradCert Policy Analysis, MPA

Ms Jasmina Joldić PSM is an accomplished senior executive and policy expert with more than 15 years' experience in the State and Commonwealth government and the higher education sector. She has extensive experience shaping high-performing government landscapes and executing critical initiatives focused on utilising a diversified and innovative mix of strategies, reforms, organisational design, re-engineering and transformation, as well as enterprise-wide change management. A strong advocate for health equity, Jasmina has played a key role with Queensland Health's system-wide transformation agenda. In 2022, she was awarded a Public Service Medal for her leadership in delivering critical functions and health policies that have contributed to the state's successful COVID-19 response.

Aboriginal and Torres Strait Islander Health Division

The Aboriginal and Torres Strait Islander Health Division (A&TSIHD) designs, leads and advocates for a culturally safe, equitable and responsive health system to support First Nations Queenslanders to reach their full health potential and live long and healthy lives.

Health equity is the overarching reform agenda driving Queensland Health's approach to First Nations health and will deliver the critical improvements required to eliminate avoidable and unjust health disparities experienced by First Nations people living in Queensland.

A&TSIHD is committed to applying the principle and practice of co-design in how we partner with HHSs, the Aboriginal and Torres Strait Islander community-controlled health sector and other partners. A&TSIHD works in collaboration and partnership to achieve equitable health outcomes and eliminate institutional racism and racial discrimination for First Nations Queenslanders. This is achieved by:

- driving measurable improvement in the health of First Nations Queenslanders
- working as a system leader to influence and improve the delivery of high-quality services that are culturally and clinically safe, accessible and integrated
- providing strategic leadership and direction through influencing, developing and monitoring policies and legislation seeking to achieve health equity for First Nations people living in Queensland
- implementing the Making Tracks Investment Strategy, commissioning services from our public hospitals, partner providers and the non-government organisation (NGO) sector
- operating as part of a networked system, exemplified in the way we engage on all system-affecting matters with HHSs, Aboriginal and Torres Strait Islander community-controlled health organisations (A&TSICCHOs) and other partners.

As at 30 June 2022, A&TSIHD comprised of:

- Strategy Branch
- Engagement Branch
- Office of the Deputy Director-General

Chief Aboriginal and Torres Strait Islander Health Officer and Deputy-Director-General, Aboriginal and Torres Strait Islander Health Division

Haylene Grogan

MPA; MA (Aboriginal Affairs); Bachelor of Nursing Science; Graduate Certificate Management; Graduate Diploma of Aboriginal Studies; Midwifery Certificate; and General Nursing Certificate.

Haylene proudly began her career as an Aboriginal Health Worker and pursued a nursing career as a registered nurse and midwife before joining Queensland Health as Senior Director, Aboriginal and Torres Strait Islander Health Division.

Haylene is a proud Yalanji and Tagalaka woman with Italian heritage. Haylene has extensive public sector experience in Aboriginal and Torres Strait Islander policy development, having held executive positions in the Queensland, New South Wales (NSW) and Commonwealth Government. She was the Director of Policy and Reform at NSW Aboriginal Affairs, where she led the development of an Aboriginal Economic Prosperity Framework and guided NSW to becoming the first jurisdiction in Australia to enact Aboriginal languages legislation, with the introduction of the *Aboriginal Languages Act 2017*. Haylene re-joined Queensland Health in 2019, after a 10-year hiatus, and is leading an Aboriginal and Torres Strait Islander health equity reform agenda within the health sector, particularly with the Aboriginal and Torres Strait Islander community-controlled health sector in Queensland.

Corporate Services Division

Corporate Services Division (CSD) provides innovative, integrated and professional corporate services and works closely with the department's divisions and HHSs to ensure the department's business outcomes support the delivery of quality health services. This is achieved by:

- collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management
- providing strategic legal services to Queensland Health and working collaboratively with legal teams across the HHSs
- supporting departmental assurance through audit, public records management, privacy, right to information, risk management, governance, and fraud control strategy, service and advice
- delivering a range of human resource services and support to attract, retain and build workforce capability, develop and maintain statewide employment and arrangements, and monitor and manage workforce performance
- engaging with our people and clients, in addition to supporting the Mental Health Act 2016 through the Mental Health Court Registry
- supporting the largest and most complex workforce management, payroll, business, finance and logistics systems in the Queensland public sector.

As at 30 June 2022, CSD comprised:

- Finance Branch
- Legal Branch
- Risk, Assurance and Information Management Branch
- Human Resources Branch
- The Business Partnerships and Improvement Branch
- Corporate Enterprise Solutions

COVID-19 Supply Chain and Surety Division (interim division)

The COVID-19 Supply Chain Surety Division (CSCSD) was established to bolster and secure critical items for the duration of the pandemic. CSCSD provides a full procure-to-pay supply chain service to support Queensland frontline healthcare workers in delivering effective patient care.

This is achieved by:

- purchasing, inventory management, warehousing and distribution services for a range of clinical and non-clinical goods and services
- procurement planning and contracting for a range of goods and services provided to Queensland Health
- purchasing and provision of warehousing and distribution services for pharmacy products required by Queensland Health
- coordinating specialist healthcare linen hire, sourcing, distribution and laundry services
- supporting the state's health system through the provision of essential financial services, including accounts payable and receivable, banking, corporate card, debt management and general ledger support.

CSCSD also has a key role to play in the development and implementation of the Queensland Government Critical Supply Reserve (QGCSR). The QGCSR is a key response to the experience of global and local supply chain disruption during the COVID-19 pandemic, which impacted the availability of essential supplies to the healthcare sector.

The QGCSR is being created to protect against current and future supply chain disruption. It will ensure Queensland frontline workers can access the critical supplies and equipment needed to protect themselves and care for the community. This includes establishing a statewide reserve with up to 12 months of stock to safeguard critical supplies.

The reserve of supplies will be stored in a network of facilities in key locations across the State that are connected through an efficient and reliable logistics network. This is being achieved through the new regional warehouses in Cairns and Rockhampton and expanding Queensland Health's distribution centre footprint in Brisbane and Townsville.

As at 30 June 2021, CSCSD comprised of:

- Strategic Procurement
- Central Pharmacy
- Supply Chain Surety
- Group Linen Services
- Finance Transactional Services

Organisational changes for the 2021–22 reporting period:

- Barbara Phillips, Deputy Director-General, Corporate Services Division has taken extended leave with Nick Steele currently acting Deputy Director-General.
- The Health Capital Division was established, comprising Capital and Asset Services Branch and led by Luan Sadikaj as Acting Deputy Director-General.
- A Business Case for Change was progressed and implemented in 2021–22 to fully integrate the QGCSR into Queensland Health's supply chain, enhanced by the commissioning of two new regional warehouses (Cairns and Rockhampton) and establishment of a tactical network of distribution locations and a reliable logistics network.
- As part of this business case, employees working in the Cairns and Rockhampton warehouses relocated to the new regional warehouse sites in November 2021.
- The Transition Proposal: CSCSD purchasing, imprest and warehousing staff to HHSs, commenced during 2021–22. This organisational structure change is progressing and will be implemented in 2022-23.

Acting Deputy Director-General Corporate Services Division and COVID-19 Supply Surety Division

Nick Steele

BA (Hons) Economics

Nick Steele has held executive positions in the National Health Service (United Kingdom) and Queensland for the past 23 years. Nick is currently Acting Deputy Director-General, CSD where he provides leadership for the department's corporate services including finance, human resources, legal, governance, information management, workforce and payroll systems, supply chain and procurement.

Nick's substantive role is Deputy Director-General, Healthcare Purchasing and System Performance Division, where he was responsible for managing a budget over $17 billion for purchasing hospital and health services and community-based health and social services, to support delivery of improved health outcomes for Queenslanders via contracts with HHSs, Non-Government Organisations (NGOs) and the private sector.

Nick serves as an ex-officio member of the Queensland Government Domestic and Family Violence Prevention Council and is the Sponsor of the Department's Women's Network and Executive Sponsor of the Queensland Health LGBTIQ+ Employee Network.

Nick holds an Economics degree from the University of Leeds, is a member of the Australian Institute of Company Directors and has dual membership with CPA Australia and the Chartered Institute of Public Finance & Accountancy in the United Kingdom.

Chief Finance Officer, Corporate Services Division

Luan Sadikaj

BBus (Finance), CPA

Since starting with Queensland Health in the role of Chief Finance Officer in 2018, Luan has been responsible for leading a range of financial management system-level products and services to deliver financial excellence in healthcare across 16 HHSs and eight Divisions.

Prior to Queensland Health, Luan was appointed Acting Deputy Under Treasurer of the Agency Performance and Investment Group, Queensland Treasury. In this role Luan was responsible for commercial, fiscal, and economic advice on the state's economic portfolios and Treasury's investment policy and attraction programs.

Since 2008, Luan has been involved in the development of the Queensland Budget both at the aggregate level and in his current role with Queensland Health.

Prevention Division

The Prevention Division delivers public health policies, programs, services, licensing and regulatory functions that aim to improve the health of all Queenslanders through the promotion and protection of health and wellbeing, detection and prevention of diseases and injury, and supporting high-quality healthcare service delivery. The Division's Office of the Deputy Director-General manages credentialing and scope of practice for statewide services – BreastScreen Queensland and Retrieval Services and departmental medical and dental officers. The Division also has ministerial delegation for declaring Area of Need for Queensland.

This is achieved by:

- providing strategic advice on matters related to medical workforce and medical recruitment campaigns, credentialing, private facilities, medication management services, Schools of Anatomy, drugs and drug approvals, blood, human tissues and related products, review of healthcare legislation and policy and medicinal cannabis
- coordinating the surveillance, prevention and control of communicable diseases in Queensland
- providing clinical coordination of all aeromedical retrieval and transfers across Queensland, telehealth and education support to rural and remote Queensland Health facilities
- providing expertise, leadership and innovation to improve policy, systems and programs related to disease prevention, population cancer screening and health promotion
- safeguarding the community from potential harm or illness caused by exposure to environmental hazards and enhancing the protective elements of water quality; fluoridation, food safety and standards; radiation health and chemical safety. This is achieved through a strong and established network at local, state and national levels
- providing a strategic framework for research, international engagement, export, investment and innovation activities to ensure Queensland Health is positioned to meet the state's current and future healthcare needs, including improved access to clinical trials in rural, regional and remote areas through the Australian Teletrials Program, deliver better patient outcomes, create and maintain jobs, and boost the state's economy
- responsibility for leading the implementation of voluntary assisted dying in Queensland
- pathology Queensland (PQ) provides diagnostic pathology services to all HHSs across metro, regional and remote Queensland, in the disciplines of anatomical pathology, chemical pathology, haematology, immunology, microbiology and genomics. Forensics and Scientific Services unit (FSS) provides comprehensive scientific testing and expert analysis and advice in forensics, public and environmental health including, DNA analysis, forensic chemistry, toxicology, pathology (autopsies), forensic medical services, public health microbiology and virology, environmental chemistry and radiation science
- leading the recovery of invoices under Queensland's mandatory quarantine fee recovery program. This includes triaging and assessing fee waiver applications and conducting reviews of fee waiver application outcomes.

As at 30 June 2022, Prevention Division comprised of:

- Office of the Deputy Director-General and Chief Medical Officer
- Aeromedical Retrieval and Disaster Management Branch
- Healthcare Regulation Branch
- Communicable Diseases Branch
- Office of Precision Medicine and Research (formerly Health Innovation, Investment and Research Office)
- Health Protection Branch
- Pathology Queensland and Forensic and Scientific Services
- Preventative Health Branch
- Voluntary Assisted Dying Unit
- Quarantine Fee Waiver

Organisational changes for the 2021–22 reporting period:

- Implementation of Phase 1 of the Business Case for Change (commencing 21 June 2021) included the move of Pathology Queensland (inclusive of Forensic and Scientific Services) and Office of Precision Medicine & Research (OPMR) (formerly Health Innovation, Investment and Research Office) to Prevention Division.
- In September 2021, the Voluntary Assisted Dying Unit was created in Prevention Division

to implement the clinical and administrative arrangements required for voluntary assisted dying to be available in Queensland from 1 January 2023.

- The interim COVID-19 Response Division (CRD) was established in on the 18 October 2021. The creation of this interim Division realigned saw the move of the Health Disaster Management Unit, including SHECC State Health Emergency Coordination Centre, and the COVID Vaccine Command Centre and Vaccination Taskforce to CRD.
- The Prevention Division ICT Portfolio Office was transferred from Communicable Diseases Branch to the Office of the Deputy Director-General Prevention Division in November 2021 as it provides a Divisional service.
- In February 2022, the remit of the Health Innovation, Investment and Research Office (HIIRO) was expanded, and the unit was renamed the Office of Precision Medicine and Research.

Acting Deputy Director-General and Chief Medical Officer, Prevention Division and Chief Clinical Information Officer

Prof. Keith McNeil

MBBS FRACP

Professor Keith McNeil plays a key role in the clinical leadership of the statewide Digital Hospital Program. He works closely with key stakeholders to maximise the clinical and patient safety benefits associated with technology in the healthcare setting, while minimising risk. Professor McNeil has previously worked within Queensland Health as the Head of Transplant Services at The Prince Charles Hospital, Chief Executive Officer at RBWH, and Chief Executive Metro North HHS. More recently, Professor McNeil was Chief Clinical Information Officer, National Health Service, (United Kingdom) following roles as Chief Executive Officer at Addenbooke's Hospital and Cambridge University Hospital Foundation Trust.

COVID-19 Response Division

The COVID Response Division (CRD) provides overall strategic direction to support Queensland Health's response to COVID-19. CRD is responsible for delivering integrated pandemic management activities and is led by the Chief Health Officer and Deputy Director-General, supported by three Deputy Chief Health Officers, the Vaccination Taskforce State Director and the COVID Health System Response Lead.

This is achieved by:

- leading the prevention and surveillance of COVID-19 and provides expert advice and coordination relating to management of cases, epidemiological analysis and biostatistics and infection control advice for the community
- providing operational leadership and cross-agency planning and coordination for the COVID-19 response, including the State Health Emergency Coordination Centre
- leading the integrated COVID-19 related policy and legislative response, processing and assessing requests for exemptions to the Public Health Directions and working with stakeholders to facilitate and coordinate COVID-19 related compliance activities
- providing strategic leadership, operational planning and logistics to support the implementation of the statewide COVID-19 vaccination program
- overseeing the development and implementation of the health system response plan for the COVID-19 positive pathways and models of care and coordination across the health services as well as providing Quarantine Services functions.

As at 30 June 2022, the COVID Response Division comprised of:

- COVID-19 Public Health Response Branch
- COVID-19 Operations and Disaster Management Branch
- COVID-19 Governance Branch
- COVID-19 Vaccination Taskforce
- COVID-19 Health System Response Branch
- Office of the Chief Health Officer

Organisational changes for the 2021–22 reporting period:

- The CRD was established as an interim division on the 18 October 2021 to provide oversight across a number of COVID-19 related functions to support the pandemic response.
- The Division is led by the Chief Health Officer, with support from the Deputy Chief Health Officers.
- Dr Lynne McKinlay was appointed as Deputy Chief Health Officer to lead the COVID-19 Governance Branch. The Branch realigned the Public Health Directions, the Health Directions Exemption Service, Compliance and the Response Lead functions from the Office of the Director-General.
- Dr James Smith was appointed as Deputy Chief Health Officer to lead the COVID-19 Public Health Response Branch, including the Incident Management Team and the work at a national level with Communicable Diseases Network Australia.
- Dr Peter Aitken was appointed as Deputy Chief Health Officer to lead the COVID-19 Operations and Disaster Management Branch. The Branch realigned the Health Disaster Management Unit, State Health Emergency Coordination Centre and COVID-19 Quarantine Services function from the Prevention Division.
- Bronwyn Nardi continued to lead the COVID-19 Vaccination Taskforce as the State Director, COVID-19 Vaccination Program. The Vaccine Command Centre and Vaccine Taskforce were realigned from the Prevention Division.
- The COVID Health System Response Branch was established on the 5 November 2021 to oversee the development and implementation of the health system response plan for the COVID-19 positive pathways and models of care. Jane Hancock led this Branch until 18 March 2022. Sean Birgan is the current COVID-19 Health System Response Lead.

Executive Leadership Summary

- Dr Jeannette Young left the role of Chief Health Officer and Deputy Director-General on 31 October 2021.
- Dr Peter Aitken acted as the Chief Health Officer and Deputy Director-General between 1 November 2021 to 12 December
- Dr John Gerrard was appointed as the Chief Health Officer and Deputy Director-General on 13 December 2021.

Chief Health Officer and Deputy Director-General, Prevention Division and COVID Response Division

Dr John Gerrard

BSc (Med) MB BS (Syd) MSc (Microbiology) DLSHTM DTM&H (Lon) FRACP

Dr Gerrard was appointed Chief Health Officer and Deputy Director General, Prevention Division for Queensland Health in December 2021. He is currently the Deputy Director-General for the Interim CRD. Prior to assuming this position, he was the long-term Director of Infectious Diseases at the Gold Coast Hospital, where he was instrumental in the design the Gold Coast University Hospital, which has been at the front line of Queensland's COVID-19 response.

A leading infectious disease specialist, early in his career Dr Gerrard identified Australia's earliest known case of AIDS. He has since been involved in malaria vaccine trials and has worked internationally to strengthen pandemic preparedness, including travel to Sierra Leone during the 2014 West African Ebola epidemic, where he helped establish Australia's first Ebola Treatment Centre. He was awarded the Australian Humanitarian Overseas Service Medal for this work.

Dr Gerrard managed Queensland's first cases of COVID-19 and was part of a mission to assist Japanese authorities in containing the outbreak of COVID-19 aboard the Diamond Princess.

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division (HPSP) is responsible for purchasing public health and human services from service providers, and managing the performance associated with those purchasing decisions, to optimise health gains, reduce inequalities, and maximise the health system's efficiency and effectiveness. This is achieved by:

- leading the development and negotiation of service agreements with the 16 HHSs and Mater Health Services
- developing and managing contracts with private providers to deliver the Surgery Connect program
- collaborating with policy and program areas to commission community-based health and human services from non-government, private and academic organisations
- purchasing of health services informed by the work the division undertakes in leading health service planning activities of statewide and/or system significance, to better understand communities' current and future health needs and support investment decisions
- advancing Queensland's position on national funding and policy matters
- leading the development and application of purchasing and funding methodologies on behalf of the department to realise the greatest possible health benefit for the Queensland population from available resources
- developing and applying purchasing models focused on patient outcomes and delivery of high value activities and best practice models of care to improve health outcomes
- supporting the performance management of service agreements and contracts, through utilising a range of information sources to analyse data and trends and produce a range of insights, dashboards and reports
- managing the department's System Performance Reporting (SPR) platform which publishes these reports to allow departmental and HHS staff to review performance trends and support evidence-based decisions on performance improvement and purchasing activities
- collaborating with policy, planning and strategy teams to drive improved access and equity of health outcomes for people living in rural and remote communities
- supporting frontline service delivery by maintaining up-to-date clinical support tools for rural and remote practitioners
- ensuring a rural and remote perspective is included in education and training, workforce planning, service planning, funding models and system sustainability initiatives
- managing the governance and commissioning of statewide services.

As at 30 June 2022, the Healthcare Purchasing and System Performance Division comprised of:

- Community Services Funding Branch
- Contract and Performance Management Branch
- Funding Strategy and Policy Branch
- Healthcare Purchasing and Funding Branch
- Office of Rural and Remote Health
- System Performance Branch
- System Planning Branch
- Office of the Deputy Director-General, HPSP.

Acting Deputy Director-General, Healthcare Purchasing and System Performance Division

Melissa Carter

Melissa Carter has a Bachelor of Business degree in Accounting and Legal Studies and is a member of the Institute of Chartered Accountants (Australia and New Zealand).

Melissa has extensive experience in leadership and engagement with a proven record of adding value through the public health sector. Melissa has held senior positions in both New South Wales Health and Queensland Health for the past 12 years, most recently as Chief Finance and Corporate Officer for Metro North HHS. She has led the allocation of $18B of funding for purchasing of HHS ensuring delivery of health outcomes as specified in HHS Service Agreements and has managed the complex consolidation of QAS into Queensland Health.

Clinical Excellence Queensland

Clinical Excellence Queensland (CEQ) works in partnership with HHSs, clinicians, and consumers, to help drive continuous improvement in patient care, promote and spread innovation and create a culture of service excellence across the Queensland health system. This is achieved by:

- supporting the statewide development, delivery, and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs treatment
- commitment to progression of the delivery of safe, appropriate, and sustainable public oral health services in Queensland
- providing strategic workforce leadership and policy advice to support the delivery of health priorities and achievement of government health objectives
- leading the development, implementation, and evaluation of strategies to ensure an appropriately skilled allied health workforce meets the current and future health service needs of Queensland
- working collaboratively with HHSs to explore and implement new and innovative models of care which improve access to healthcare
- partnering with the health workforce and key stakeholders to support HHSs to minimise patient harm, reduce unwarranted variations in health care and to achieve high quality patient-centred care
- assisting clinicians to develop their leadership style to enhance the performance of clinical teams and support improvement in healthcare culture and service delivery
- Providing clinical leadership of the Clinical Informatics Portfolio.

As at 30 June 2022, CEQ comprised of:

- Office of the Deputy Director-General
- Office of the Chief Clinical Information Officer
- Allied Health Professions Office of Queensland
- Centre for Leadership Excellence
- Healthcare Improvement Unit
- Mental Health Alcohol and Other Drugs Branch
- Office of the Chief Dental Officer
- The Office of the Chief Nursing and Midwifery Officer (OCNMO)
- Patient Safety and Quality Improvement Service (PSQIS)
- Statistical Services Branch (SSB)

Deputy Director-General, Clinical Excellence Queensland

Dr Helen Brown

MB BCh BAO, FRACP, MPhil

Dr Helen Brown graduated from medicine from the National University of Ireland, Galway. She relocated to Queensland in 2001 and attained her neurology fellowship with the Royal Australasian College of Physicians in 2010. She was awarded a Master of Philosophy from Griffith University in 2011.

Helen is currently the Acting Deputy Director-General, Clinical Excellence Queensland. Helen was the Director of Neurology and Stroke at the Princess Alexandra Hospital from 2014-2021 where she implemented a successful clinical redesign program for the neurology outpatient service. Helen then transitioned to the roles of Clinical Director of the Neurosciences Division at the Royal Brisbane and Women's Hospital and Director of the Neurosciences Research Institute at Metro North Health.

Helen is passionate about ongoing education and was the Queensland Chair for the Australian and New Zealand Association for Neurologists (ANZAN) Education and Training Committee from 2014-2022 and a Senior Lecturer with the University of Queensland. Her area of sub-specialty expertise is stroke, and she was previously the Co-Chair of the Qld Stroke Clinical Network.

Executive leadership summary:

- Adjunct Professor Shelley Nowlan acted as Deputy Director-General between July 2021 and March 2022.
- Dr Helen Brown was appointed Deputy-Director General in March 2022.

eHealth Queensland

eHealth Queensland is advancing healthcare through the use of digital technologies and is responsible for the modernisation of vital information and communication technology (ICT) to enable improved healthcare across Queensland Health. This is achieved by:

- advising on statewide eHealth innovation, strategy, planning, standards, architecture, and governance. It is responsible for delivering clinical, corporate and infrastructure ICT programs in line with the Queensland Health vision and investment priorities
- providing modern ICT infrastructure and customer support for desktop, mobile, smart devices, telehealth, data centres, network, and security
- enhancing engagement with the recipients of its services within including HHSs
- leading, guiding, identifying, and implementing digital solutions to drive improvements in the safety, quality, and efficiency of healthcare services
- accountability for ICT service and performance across the system
- partnership with HHSs and the department to ensure their priorities are enabled using digital innovation and technologies
- leading the development and implementation of information management and digital strategies, policies and standards across Queensland Health
- developing a service model that is responsive to the changing context of health service delivery, emerging technologies and models of care and local HHS needs.

As at 30 June 2022, eHealth Queensland comprised of:

- Digital Strategy and Transformation Branch
- Customer Services Branch
- Digital Solutions Delivery Branch
- Corporate Services Branch
- Technology Services Branch
- Information Technology Services Branch.

Deputy Director-General, eHealth Queensland

Damian Green

BEc (Hons), BA, FAIDH, FCHSM

Damian joined the Department of Health executive team in September 2019 and is responsible for leading the ongoing transformation of Queensland's public health service through the delivery of an innovative and customer-focused ICT platform and service.

Damian initially joined Queensland Health in 2013 with roles at the Gold Coast HHS where he was responsible for leading Gold Coast Health's digital transformation.

Prior to joining Queensland Health, Damian spent 16 years in the private sector leading the design and delivery of ICT transformation programs in the public sector.

Damian is an Adjunct Professor at the School of Business Strategy and Innovation, Griffith University. He is also a Board Director, Gold Coast Primary Health Network. He is also a member of the Boards of the CSIRO Australian eHealth Research Centre and Australasian Institute of Digital Health.

Organisational changes for the 2021–22 reporting period:

- People and Culture Branch transitioned to Human Resources Branch (CSD)
- Financial Services Branch transitioned to Finance Branch (CSD)
- Information Technology Services Branch transitioned from Health Support Queensland to eHealth Queensland.

Queensland Ambulance Service

Through delivery of timely, patient-focused ambulance services, the QAS forms an integral part of the primary healthcare sector in Queensland. Operating as a statewide service within the department, the QAS is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, interfacility ambulance transport, casualty room services, confidential health assessment and information services and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 302 response locations through eight Regions, and 17 Districts, with Districts being aligned to the state's HHS boundaries. The QAS has eight operations centres located throughout Queensland that manage emergency call-taking, operational deployment and dispatch and coordination of non-urgent patient transport services, as well as the Health Contact Centre (HCC) which offers virtual care services providing confidential health assessment and information services 24 hours a day, 7 days a week using multi-channel delivery models.

In addition, the QAS works in partnership with 136 active Local Ambulance Committees across the State, whose members volunteer their time supporting their local ambulance service.

Commissioner, Queensland Ambulance Service

Craig Emery ASM

EMPA

Craig Emery was appointed as Commissioner in February 2022, continuing his distinguished career with the QAS which began in January 1990. As Commissioner, Craig provides leadership for the QAS in its delivery of timely, quality and appropriate ambulance services for the Queensland community.

Craig holds an Executive Master of Public Administration and was awarded the Ambulance Service Medal in the 2017 Australia Day Honours list.

Since commencing in the role of Commissioner, Craig has led the development of a new QAS Strategy 2022-27 which will set the broad direction for the delivery of ambulance services to Queenslanders. The new Strategy, to be launched early in the 2022-23 financial year, has been developed in close consultation with the QAS workforce. Through the consultation process, Craig and his executive team engaged directly with over 2,100 QAS staff, including through workforce forums, regional roadshows, virtual meetings and site visits, as well as other key stakeholders across government, community and the health sector.

Organisational changes for the 2021–22 reporting period:

- On 5 July 2021, the QAS transitioned from 15 geographically located Local Ambulance Service Networks (LASNs) to eight QAS Regions, comprising of 17 Districts. These 17 Districts are aligned to the state's HHS boundaries. This structure provides a heightened level of Executive oversight at a regional level and greatly assists with the delivery of frontline ambulance services.
- Establishment, recruitment and appointment of a Deputy Commissioner – Operations North and Rural and Remote.

Our Locations

HEAD OFFICE

Department of Health

1 William Street

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Brisbane QLD 4001

Aboriginal and Torres Strait Islander Health Division
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Brisbane QLD 4000

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Brisbane QLD 4000

eHealth Queensland
108 Wickham Street
Fortitude Valley QLD 4006

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4001

Clinical Excellence Queensland
15 Butterfield Street
Herston QLD 4006

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4001

Healthcare Purchasing and System Performance Division
33 Charlotte Street
Brisbane QLD 4000

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

Corporate Services Division
33 Charlotte Street
Brisbane QLD 4000

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

Prevention Division
33 Charlotte Street
Brisbane QLD 4000

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

COVID-19 Supply Chain Surety Division
41 O'Connell Terrace
Bowen Hills QLD 4006

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

COVID-19 Response Division
33 Charlotte Street
Brisbane QLD 4000

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

Strategy, Policy and Reform Division
33 Charlotte Street
Brisbane QLD 4000

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

Queensland Ambulance Service
Emergency Services Complex
Corner of Park and Kedron Park Roads,
Kedron QLD 4031

Phone: 13 74 68
GPO Box 48
Brisbane QLD 4000

Our people

Workforce profile

Queensland Health employed 99,032 FTE staff at the end of 2021–22. Of these, 13,459 FTE staff were employed by and worked in the department, including 8,263 FTE in Department of Health divisions and 5,196 FTE in the QAS.

The remaining 85,573 FTE staff were either:

- engaged directly by HHSs
- employed by Queensland Health and contracted to hospital and HHSs under a service agreement between the Director-General and each HHS.

Table 1 – Department of Health workforce profile – workforce type and gender

2021–22 FTE	Permanent	Temporary	Casual	Contract	Total
Female	6,390	769	136	168	7,463
Male	5,280	415	118	173	5,987
Non-binary	1	6	0	2	9
Total	**11,672**	**1,190**	**254**	**343**	**13,459**

Table 2 – Department of Health target group data[1]

Gender	Number	Percentage of total workforce
	(Headcount)	(Calculated on headcount)
Woman	8,371	57.08%
Man	6,279	42.82%
Non-binary	15	0.10%
Diversity Groups	**Number**	**Percentage of total workforce**
	(Headcount)	**(Calculated on headcount)**
Women	8,371	57.08%
Aboriginal Peoples and Torres Strait Islander Peoples	282	1.92%
People with disability	414	2.82%
Culturally and Linguistically Diverse – Born overseas	283	1.93%

Culturally and Linguistically Diverse – Speak a language at home other than English (including Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages)	1,417	9.66%
	Number	**Percentage of total Leadership Cohort**
	(Headcount)	**(Calculated on headcount)**
Women in Leadership Roles2	193	48.86%

1. To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers should be replaced by <5.

2. Women in Leadership Roles are considered those positions that are Senior Officer and equivalent and above.

Strategic workforce planning and performance

Leadership and capability

The Next Generation executive leadership program is a 10-month workshop and executive coaching program designed to build skills in personal leadership and impact, vision, innovation and leading in complexity for high potential leaders from across Queensland Health. In February 2022, 25 successful applicants from across the state commenced the program (which is scheduled to conclude in October 2022).

Professional development short courses offer opportunities in a variety of curated topics relevant to the organisation's strategic objectives and aligned with the Public Service Commission's Leadership competencies for Queensland. During 2021–22, 194 employees attended a variety of short courses. Popular course topics included leadership, coaching, change management, project management and negotiation.

Employees across the department have engaged with development in the following ways:

- 534 registered learners at leadership programs
- 1,114 learner engagements with online leadership resources
- 1,246 registered learners at other professional development programs, e.g., project management, change management, government writing, resilience.
- 4,359 learner engagements with other professional development resources e.g., communication skills and business essentials.

Grow your own

The School Based Traineeship Program continued with 13 senior high school students, from 13 different schools. These students are undertaking Certificate III in Business and IT and work placement within the Department of Health including the QAS and across six geographic regions including Ipswich, Toowoomba, Brisbane, Rockhampton, Cairns and Hervey Bay.

Early retirement, redundancy and retrenchment

There was one redundancy package paid by the Department of Health in 2021–22 at a cost of $79,150.

Employee performance management framework

The Department of Health continued learning and development programs such as:

- The Performance Practice program, a tailored program designed to build the leadership skills of our line managers and delivered in partnership with the Australian Institute of Management. The program is aligned to the Public Service Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. During 2021–22, 166 employees attended this training.

- The Next Generation leadership program, delivered in partnership with the Queensland University of Technology (QUT) Graduate Executive Education unit, is a 10-month workshop and coaching program that aims to develop personal leadership and impact, vision, innovation and leading in complexity for staff across Queensland Health.
- The Performance Practice program is a tailored program designed to build the leadership skills of our line managers. The program is aligned to the Public Service Commission's leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. During 2021–22 166 employees have attended this training.

Employment relations

In 2021–22, Queensland Health continued implementation and completion of commitments under the following agreements:

- Nurses and Midwives' (Queensland Health and Department of Education) Certified Agreement 2018
- Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018
- Queensland Public Health Sector Certified Agreement (No. 10) 2019 (EB10)
- Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 7) 2019 (BEMS7)
- Aboriginal and Torres Strait Islander Health Workforces (Queensland Health) Certified Agreement (No.1) 2019
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 (HPDO3).
- Queensland Ambulance Service Certified Agreement 2017

Employment Relations commenced and is continuing negotiations on replacement agreements for six of the above certified agreements, with QAS commencing the same process for the Queensland Ambulance Services Certified Agreement 2017.

Human Resources Branch has continued to manage a range of workforce matters emerging from the COVID-19 response, including establishing the employment framework for certain clinical students to be employed for COVID-19 related support tasks, and managing the COVID-19 mandatory vaccination exemption process.

The department continues to provide statewide guidance and support on employment arrangements including advice, reports and public service appeal advocacy.

Employee wellbeing and inclusion

Employee inclusion

The Executive Leadership Team endorsed the Workforce Diversity and Inclusion Action Plan 2020–2022 which will further drive the department's ongoing commitment to building a diverse and inclusive workplace.

The actions are aligned to the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022.

Key achievements included:

- Delivery of manager and all staff information sessions about flexible work, disability awareness, and LGBTIQ+ awareness.
- Ongoing support for employees affected by domestic and family violence.
- Over 100 Queensland Health employees joined the 'Queensland Health Team' to participate in the Darkness to Daylight Challenge, a run to raise awareness of the impact of domestic and family violence and fundraising over $13,000 for Challenge DV.
- A Queensland Health wide event for the release of the new Gender Affirmation Guide which support employees affirming their gender at work—along with education sessions for human resources practitioners across the state to support implementation.
- Participation in the Brisbane Pride Rally and March in November 2021.
- Continued support for the Queensland Health statewide LGBTIQ+ employee network (for initiatives relating to lesbian, gay, bisexual, transgender, intersex and queer or questioning employees).

Human Resource capability

The department and HHSs are partnering to codesign a Queensland Health Human Resources (HR) capability framework aligned to Queensland Public Service HR Capability framework. This framework establishes consistent measures that enable a HR capability uplift which is specific to the unique and varied needs of Queensland Health HR practitioners. Further HR capability programs will be delivered to support the implementation of the framework.

Mental health and wellbeing

- Promotion of the Public Service Commission's Everyday Conversations for Healthy Minds training program for leaders which recognises the important role leaders play in creating or facilitating the conditions for psychological safety within teams.
- Delivered Mental Health First Aid training for staff and leaders in 2021-2022 to encourage early help-seeking and promote mentally healthy workplaces.
- Developed a Fatigue Awareness Campaign in March 2022 to raise awareness of fatigue and the individual health and workplace safety imperatives of managing fatigue.
- Updated and expanded the dedicated COVID-19 staff wellbeing response including staff resources and guidance material. Information and resources covered safe working support and PPE, remote and flexible working, a wellbeing resource hub (including dedicated healthcare worker support), and transition back to the workplace.
- Rolled out the annual staff influenza vaccination program from April 2022, prior to the government offering free influenza vaccinations to all Queenslanders.

Public Sector Ethics Act 1994

The *Code of Conduct for the Queensland Public Service* (the Code of Conduct) applies to all Queensland Health staff. The Code is based on the four ethics principles in the *Public Sector Ethics Act 1994*:

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

Training and education in relation to the Code of Conduct and ethical decision making is part of the mandatory training provided to all employees at the start of employment and annually thereafter.

The online Code of Conduct training focuses on the four ethics principles, ethical decision making, competencies relating to fraud, corruption, misconduct and public interest disclosures and bullying, sexual harassment and discrimination. In 2021–2022, 6,038 employees completed this training.

In addition, Queensland Health has a workplace conduct and ethics policy that outlines the obligations of management and employees to comply with the Code of Conduct. Staff are encouraged to contribute to the achievement of a professional and productive work culture within Queensland Health, characterised by the absence of any form of unlawful or inappropriate behaviour.

Our performance

Protecting the health of Queenslanders through effectively planned and timely responses to system wide threats

Our strategies

- Implement and improve pandemic level surveillance
- Strengthen testing, tracing and isolation programs
- Strengthen and administer legislation which protects communities from public health threats
- Focus delivery of digital innovation, real-time data analytics and connected systems to manage pandemic responses
- Embed trusted health and pandemic literacy into service delivery
- Build resilience and capacity into critical functions and clinical reserve
- Plan for and respond to natural disasters and climate change

Wastewater sampling for the surveillance of COVID-19

Throughout 2021–22, the department continued delivery of the Queensland COVID-19 wastewater surveillance program. The program has provided wastewater trends to complement clinical surveillance arising from rapid antigen tests and polymerase chain reaction testing since its inception in July 2020. At its peak in December 2021, approximately 170 wastewater samples were being analysed each week from over 100 sites across Queensland, representing approximately 70 per cent of the State's population.

Following the opening of the Queensland border in December 2021, and the transition to a much higher prevalence of COVID-19 cases, the program was scaled back to approximately 20 samples per week, representing approximately 20 per cent of the State's population.

Since January 2022, the program has benefited from the reporting of numerical viral concentrations as opposed to detections and non-detections, allowing Queensland Health to monitor changes in COVID-19 prevalence within communities. The program results have been made available on an internal dashboard and a public facing website, which at its peak was being viewed around 35,000 times per month.

Modelling to support the COVID-19 response and vaccine rollout

In 2021–22, dashboards were developed and maintained by the department to support the COVID-19 vaccination rollout. This was in addition to a dashboard developed to support the rollout of the influenza vaccination program.

Modelling was also undertaken to investigate the potential impact of COVID-19 and influenza on bed demand through 2022.

Additional reporting on booster coverage for aged care homes was also established to support planning to increase booster take up using the Commonwealth's myAgedCare portal data.

COVID-19 State Health Emergency Coordination Centre (SHECC) activation for COVID-19

The SHECC has been activated to Stand Up since 25 January 2020. The SHECC response to COVID-19 continues to be scalable to the needs of the event and determined by COVID-19 activity.

As multi-agency engagement and other reporting requirements have reduced, SHECC staffing has reduced to reflect levels appropriate to current reporting and operational requirements.

Winter season preparedness and response continues with consideration towards both COVID-19 and influenza requirements. SHECC is currently projected to wind down between October and December 2022, however this will be determined by COVID-19 and influenza activity.

Disaster season preparedness with COVID-19 context

Throughout various stages of the pandemic, the department undertook dual activation planning and preparedness activities for both the department and HHSs in the event of a concurrent disaster or emergency incident – including dual SHECC activation processes.

The 2021-2022 summer season saw a La Niña declaration, which saw the SHECC move to Stand Up for three severe weather events:

- Darling Downs flooding in December 2021
- South-East Queensland flooding in February 2022
- Queensland flooding in May 2022

The SHECC also moved to Lean Forward for one additional severe weather event (Tropical Cyclone Tiffany and flooding in January 2022).

The department established a weather cell within the current COVID-19 SHECC to manage dual activations for the weather events.

The department also completed the Queensland Health debrief for the Flooding and Weather Event and continues to review lessons learned from disaster and emergency incidents to inform future responses.

Queensland Health submissions for the Royal Commission into National Natural Disaster Arrangements

The department has been an active contributor on the Royal Commission Implementation Working Group, which is led by Queensland Fire and Emergency Services, and has met all consultation and reporting requests.

The department coordinated the Queensland Health implementation of recommendations with partner agencies. Recommendations have focused on mental health in disaster recovery, air quality monitoring and messaging, and primary healthcare representation in disaster management.

All Queensland Health led recommendations have been delivered within, or ahead of, requested prioritisation timeframes, with most recommendations awaiting finalisation of reporting requirements.

Develop and deliver an integrated and consistent incident management system for the SHECC (Noggin 2.0), enabling enhanced reporting and information sharing with the SDCC and the HHSs

The department has successfully completed stage one which involved the migration of current data and workflows from the SHECC instance of Noggin OCA along with new configuration and development to leverage the improved platform capabilities within Noggin 2.0.

Stage two will focus on the configuration of a base build and standardised template for all HHS, while stage three is the development, testing and release of integration between the HHS and SHECC instances of Noggin 2.0.

Additional funding options are being explored for a state-wide rollout of Noggin 2.0 in line with multiple post incident review recommendations, including an internal audit and independent external review, and dual activation learnings.

Queensland Health COVID-19 Policy and Action Plan response for people with disability

In 2021–22 the department continued to work with the COVID-19 Disability Working Group to oversee implementation of the *Queensland Health COVID-19 Policy and Action Plan for Queenslanders with disability* (Policy and Action Plan).

The Policy and Action Plan was developed with the assistance of the COVID-19 Disability Working Group, comprising of disability sector representatives from across government and non-government agencies.

The Policy and Action Plan focused on nine priorities that addressed people with disability's need for appropriate and timely information, equitable access to COVID-19 healthcare and ongoing access to their regular non-COVID-19 healthcare and disability support services. High risk settings and situations are addressed, including group residential settings and the discharge of vulnerable patients from hospital. Key successes included:

- local level consultation with disability service providers to support their efforts to be COVID-19 safe and to be prepared in the event of an outbreak
- focused efforts to discharge long-stay patients from hospital to protect their wellbeing and increase the capacity of the health system, inclusive of a $4 million investment to support individual patient discharge solutions.
- innovative solutions implemented (e.g., telehealth, home visits, partnerships with NGOs) to ensure people with disability could attend health appointments for non-COVID-19 matters

- development of accessible resources for people with disability and the sector
- Public Health Directions promoted the safety, wellbeing and human rights of people with disability
- mandatory vaccinations for the disability workforce to maintain the safety of people with disability receiving care
- improved accessibility at state run vaccination clinics and in-reach vaccination opportunities for people with disability as required
- data collection of positive COVID-19 cases inclusive of a data identifier for people with disability
- COVID-19 clinical triaging recognising disability as a risk factor
- in April 2022, the department hosted the COVID-19 Disability Deep Dive Forum to reflect on the challenges and opportunities of the pandemic response and consider learnings for future health responses.

Queensland Health COVID-19 Policy and Action Plan response for people from Culturally and Linguistically Diverse (CALD) communities

In 2021–22 the department continued to implement a targeted pandemic response for people from CALD communities.

This included the extension and state-wide expansion of the Refugee Health Network Queensland CALD COVID-19 Health Engagement Project to ensure multicultural communities were supported with information about testing and access to healthcare. The Project also partnered with the Metro South Hospital and Health Service to deliver pop-up information sessions and vaccination clinics for vulnerable communities.

Delivering key public health advice and information in a meaningful way to guide Queenslanders through the COVID-19 pandemic

The department has aligned the COVID-19 public health response, including for vulnerable settings, with National Cabinet decisions, the Australian Health Protection Principal Committee (AHPPC), the Australian Technical Advisory Group on Immunisation (ATAGI) and the Communicable Diseases Network Australia (CDNA) advice.

In 2021–22 regular reviews and amendments were made to public health directions to ensure any changes promoted the safety, wellbeing, and human rights of all Queenslanders, particularly those who are vulnerable.

Through the CALD COVID-19 Health Engagement Project, Queensland Health partnered with community leaders to deliver public information sessions via Zoom with the Deputy Chief Health Officer, Dr Lynne McKinlay. The CALD COVID-19 Engagement Project worked in partnership with communities, places of worship, TAFES and schools to deliver tailored information sessions to people from CALD backgrounds, including interpreters and clinicians in the delivery of these.

From this, the department achieved:

- eight Zoom forums with the Chief Health Officer involving over 100 CALD community leaders and representatives to announce lockdowns, discuss restrictions and vaccination
- co-designed audio, visual and PowerPoint COVID-19 vaccine education resources with CALD communities leading to increased outreach and more trusted information sources
- 59 COVID-19 information sessions using co-designed resources, delivered by funded partners in language to TAFE migrant classes, schools, faith-based groups, multicultural community groups, community play groups, women's groups and young people's networks.

Coordinate and publish high-quality communication assets to inform the public about Queensland Health's response to the COVID-19 pandemic

The department coordinated and published high-quality communication assets to inform the public on Queensland Health's response and measures in place to respond to the COVID-19 pandemic. This included communications tailored to specific audiences, including people with disability and CALD communities.

The Queensland Chief Health Officer acknowledged the unique needs of people with disability during press conferences, especially in relation to public health directions.

Auslan interpreters are included at press conferences organised by the department.

Throughout the pandemic, the department has developed accessible and timely resources appropriate to the disability sector and people with disability in consultation with the COVID-19 Disability Working Group.

Public Health Directions were translated and published on Queensland Health's Information for Multicultural Communities webpage.

The department worked with the CALD COVID-19 Health Engagement Project to co-design community resources to support the pandemic response.

From this, the department achieved:

- greater than 200 plain English announcements and resources, translated into up to 42 languages
- a new WhatsApp channel with 118 community and sector representatives who forwarded prepared messages and translations via their grassroots community WhatsApp, Facebook and text messaging groups.
- distribution of information and resources through networks of over 1,300 community, faith-based and community sector representatives.

Additionally, all Public Health Directions and supporting communication were published on the Queensland Health website promptly following approval.

Interagency initiatives as part of the Queensland Government's response to the COVID-19 pandemic

In April 2020, the department established the COVID-19 Disability Working Group with disability sector representatives from across government and non-government agencies to provide implementation oversight of Queensland Health's mainstream health COVID-19 response to support people with disability. This working group has met regularly since establishment and is currently broadening its scope to focus on disability issues beyond COVID-19.

The COVID-19 Aged Care Working Group was established in April 2020 to provide a mechanism for the Queensland Health to engage with aged care providers, peak bodies and key stakeholders. Working group membership includes:

- sector peaks
- advocacy Bodies
- the Commonwealth Department of Health
- the Aged Care Quality and Safety Commission
- the Public Advocate
- unions
- Primary Health Networks.

The department continues to meet regularly meet with the COVID-19 Aged Care Working Group to discuss how COVID-19, and government responses to it, are impacting the sector, residents and families. The Working Group is consulted on a range of issues, including amendments to relevant Public Health Directions, resident care, Commonwealth responses and supports, and public health and infection prevention and control measures.

In 2021, Queensland Health also established a database of all aged care providers in the state so up to date information can be quickly and efficiently distributed to stakeholders. This database has been used to disseminate information and advice about relevant public health directions, infection prevention and control measures and managing COVID-19 during natural disasters.

Pathology Queensland and Forensic & Scientific Services (PQ FSS)

In 2021–22, the department progressed multiple improvements to standardised testing capability, collaborative research and COVID-19 analysis to increase reliability and detection, delivering improved health outcomes for Queenslanders.

As a commitment to the growth of Genomics, 2022 saw with the introduction of a standalone genomics discipline, nine Queensland Genomics Health Alliance (QGHA) funded genomics research into clinical implementation projects and the development of a sustainable funding model with key stakeholders for future genomics testing. The Genomics unit also continued its Metro North HHS – Pathology Queensland – Illumina® Whole Genome Sequencing (WGS) Partnership, to support the delivery of a quality and sustainable genomic testing service in Hospital and Health Services (HHSs). The WGS partnership will continue until December 2023.

In a collaborative with HHSs, Pathology Queensland sponsored a study of investigative protocols for patients presenting to Emergency Departments with suspected Acute Coronary Syndrome (ACS). The investigative pathway utilised the high sensitivity Troponin I (hs-TnI) assay, available on PQ's new Atellica analysers. The new protocol allows better risk stratification of patients with low likelihood of ACS to be discharged from ED earlier than under previous practices. This initiative has improved patient flows in Emergency Departments and has reduced the number of patients requiring further investigation, delivering significant cost savings and improved patient outcomes.

In 2021–22 PQ FSS delivered high quality specimen analysis services for the community and HHSs through its laboratories in metro, regional and remote Queensland, with a total of 17.3 million tests conducted, 1.6 million SARS-COV-2 and almost 29,000 microbial whole genome sequence tests state-wide. Due to the unprecedented demand for SARS-COV-2 testing, PQ FSS prioritised the procurement and introduction of additional instrumentation, genomic analysis expertise and

technology platforms, including cloud solutions for data storage and analysis pipelines to strengthen Queensland's Public Health response to COVID-19.

Pathology Queensland is also expanding its local service offering to HHS customers with the rollout of new General Chemistry and ImmunoAssay (GCIA) analysers across the laboratory network. Installation of the new state-of-the-art Atellica analysers will expand the menu of tests able to be delivered in each laboratory. This initiative will improve the Turn Around Time (TAT) for results to support quality of care and assist clinicians in improving patient flows. Twenty-seven new Atellica GCIA analysers were installed into 13 PQ sites in 2021–22 bringing a total of 43 Atellica analysers installed into 22 PQ laboratories. A further 14 instruments will be installed into the remaining 12 PQ laboratories in 2022–23.

Continue to deliver initiatives to respond to COVID-19 in the Residential Aged Care Sector

The department continues to support the aged care sector, the Commonwealth, and the Aged Care Quality and Safety Commission to respond to outbreaks of COVID-19 in residential aged care facilities across Queensland.

In December 2021, the department established the Vulnerable Facilities Team (VFT) as a cell of the State Health Emergency Coordination Centre (SHECC) to lead the response to COVID-19 in vulnerable facilities, including Residential Aged Care Facilities (RACFs). Key functions of the team include:

- acting as first point of contact/coordination for all vulnerable facility issues and queries
- providing data for decision making, including development of reports and data analysis
- escalating issues for resolution and developing of a system response, notably for high-risk facilities at risk of failure and for issues unable to be resolved within the VFT
- developing communications and guidance for stakeholders such as RACFs, disability care providers and Queensland Government agencies.

Since April 2021, the department has convened an interjurisdictional Senior Oversight Group which meets least fortnightly and more frequently when risk and transmission increases. The Senior Oversight Group includes representatives of the Commonwealth Department of Health and the Aged Care Quality and Safety Commission. The Australian Defence Force also participated in meetings until June 2022. Meetings focus on coordinating the response to the highest risk aged care homes with COVID-19 outbreaks. The meetings also include discussion of statewide issues, such as antiviral and PPE distribution, and consider next steps for the COVID-19 response in residential aged care.

The department also continues to respond to requests from the Commonwealth Department of Health to deploy PPE to residential aged care facilities with COVID outbreaks. As at 30 June 2022, Queensland Health had provided more than 1.25M items of PPE to aged care facilities across the state.

Between May and June 2022, the department undertook a COVID-19 quality assurance process to support ongoing preparedness and response to COVID-19 in its publicly run residential aged care services. This included services completing a self-assessment audit tool as a precursor to a meeting either virtually or in person with staff from the department. The work highlighted good practice and areas of improvements through a collaborative and supportive "lessons learnt" model with key clinical and care staff.

$46.5M for mental health services across Queensland

In August 2020, the Premier and Minister for Trade announced $46.5 million over two years to support the Mental Health and Wellbeing Community Package for localised mental health, alcohol and other drug community treatment and support services as part of the Queensland's Economic Recovery Strategy—Unite and Recover for Queensland Jobs.

The package comprised six targeted and evidence-based initiatives designed to mitigate the immediate and longer-term mental health impacts of the COVID-19 pandemic, including:

- addressing economic and social impacts on mental health and wellbeing with targeted interventions in areas most affected:
  - initiative 1: bolstering community mental health and drug and alcohol treatment and support responses in collaboration with community partners to provide flexible, bespoke service delivery arrangements (including face to face and telehealth options) in high priority areas
  - initiative 2: localised mental health initiatives through grants to rural councils
  - initiative 3: providing additional capacity for alcohol and other drug residential rehabilitation services delivered by non-government organisations
- Quarantine
  - initiative 4: Enhancing specialist mental health responses to the impacts on

people's mental health and wellbeing in quarantine

  - initiative 5: Enhancing support for people in the community experiencing a mental health crisis by expanding mental health co-responder services for Sunshine Coast Hospital and Health Service (HHS)

- Young People
  - initiative 6: Providing additional support to young people whose mental health has been affected by the economic and social changes through a new Moderated Online Social Therapy program

In 2021, an additional program was added to the Mental Health and Wellbeing Community Package to provide mental health support for business owners and their families located in the border zone and adversely impacted by border closures.

- Border Business zone and Tourism
  - initiative 7: Additional mental health support for business owners and their families.

Queensland Government Critical Supply Reserve (QGCSR) Activation

In response to the global supply chain disruption experienced since early 2020, a statewide reserve has been established to secure critical supplies for Queensland and protect against supply chain disruption.

The QGCSR was formally activated in July 2021 and will enable Queensland Government agencies access to a reserve of critical supplies in the event of an emergency.

Extensive engagement and consultation was undertaken across the Queensland Government to establish the Reserve, with 11 agencies now approved to access the reserve.

To date, four agencies have accessed the QGCSR and have been provided with personal protective equipment and other stock, including critical medical consumables. These agencies include:

- Queensland Corrective Services
- Department of Communities, Housing & Digital Economy
- Department of Seniors, Disability Services & Aboriginal & Torres Strait Islander Partnerships, and
- Mater Hospital Brisbane.

Purchasing of critical supplies for the QGCSR is well progressed, with most product categories above 100 per cent target stock holdings. This has underpinned the Queensland Health supply chain's ability to meet surges in demand throughout the COVID-19 response—maintaining health service delivery and keeping frontline staff safe.

The reserve of supplies will be stored in a network of facilities in key locations that are connected through an efficient and reliable logistics network—improving access to critical supplies across the state.

ATHENA Program

Further development has been undertaken, of the ATHENA Program that aims to deliver an engaged and research ready large cohort of consented patients along with rich data to connect patients, researchers, and industry to boost patients access to research and researchers and the industry's access to patients and researchers access to research data.

The ATHENA COVID-19 Study continued with patient recruitment and participant engagement through the Dynamic Consent Platform to further test and refine the ATHENA program concepts. An important COVID-19 data asset with linked primary care data has been produced.

Effective partnerships with Primary care and Queensland Ambulance Service to drive co-designed models of care

Our strategies

- Develop strategic partnerships that deliver health priorities and system-wide planning for alternate models of care
- Strengthen primary care representation on existing clinical networks and create a public health and prevention clinical network
- Develop and implement targeted co-design digital solutions for rural and remote primary care to optimise telehealth and virtual care to improve patient experience and outcomes
- Focus collaboration and delivery of HealthPathways and clinical prioritisation for Emergency Department avoidance

QAS response environment

In 2021–22, the QAS continued to work with its partners and stakeholders in responding, on average, 3,890 times per day, with an ambulance vehicle and its crew being dispatched the equivalent of every 22 seconds. This type of sustained performance requires well established, highly regarded and bought in partnerships across the State.

QAS COVID-19 Response

The QAS worked heavily with its HHS and allied health service providers, logistics and supply chain operators and relevant industrial bodies in maintaining, and where possible, enhancing its ability to continue to effectively operate in a COVID-19 environment. QAS reviewed and updated its QAS Demand Surge (COVID-19) Concept of Operations Plan to reflect lessons learnt, encompassing intelligence, data and emerging themes in ongoing support of the operational response to the COVID-19 pandemic. The Concept of Operations has facilitated the expansion of response capability and strengthened strategic oversight of ambulance operations through a multi-faceted approach.

QAS Clinical Hub

The QAS Clinical Hub is staffed by a multi-disciplinary team including senior paramedics, mental health clinicians and medical officers. The QAS Clinical Hub provides a secondary triage to a select cohort of patients that determines the most appropriate healthcare pathway that is proportionate to the acuity of the patients waiting in the community.

The QAS Clinical Hub coordinates the entry of patients with specific presentations into the broader healthcare system after a Triple Zero (000) call is received. This occurs through undertaking an in-depth telephone assessment that determines the primary complaint of the patient. The QAS Clinical Hub will assess the most appropriate care pathway for the patient requesting assistance. This pathway may involve several options, including, telephone advice only, referral to other care pathways, the dispatch of specialised ambulance services such as the Local area Assessment and Referral Unit (LARU) or a Mental Health Co-Responder for on site assessment and triage. Should a patient then require transport to an Emergency Department, or other health facility, an ambulance or other transport is arranged. The QAS Clinical Hub is an important unit that connects patients with appropriate care across the health networks

QAS Mental Health Response Program

The QAS Mental Health Response Program includes the Mental Health Liaison Service (MHLS) and the QAS Mental Health Co-responder Program (MH CORE).

In 2021–22, the QAS Mental Health Response Program, across the QAS MHLS and MH CORE, provided specialised mental health interventions to approximately 50 people each day that was experiencing a mental health crisis and were provided with interventions, referrals and treatments which either did not require an ambulance response or transport to a hospital Emergency Department.

QAS Mental Health Liaison Service

The QAS MHLS is located in the QAS Clinical Hub and is staffed with senior QAS mental health clinicians who provide Statewide support and assistance to QAS personnel through the provision of information and advice to crews before and at the scene, or by providing interventions to people who call Triple Zero (000).

The MHLS provides clinical input to approximately 85 per cent of mental health calls to Triple Zero (000). In 2021–22, clinicians spoke to 5796 people who called Triple Zero (000) as a direct referral from an operator, who were experiencing a suicide crisis and were, at the time, alone. The clinicians were able to offer a specialised mental health suicide risk assessment and management plan for the person in suicide crisis.

The clinicians provide verbal de-escalation, obtain collateral, facilitate linkages with treating mental health teams in the public or private sector, and inform the clinical decision making of paramedics on average 95 times a day.

In the last financial year, the clinicians have also spoken to paramedics on scene 5,394 times to offer information, advice, support and assistance via consultation liaison.

An additional 6.5 FTEs Mental Health Clinicians have been allocated to the MHLS. With further enhancement and development of the service, would achieve integration with the QAS Mental Health Co-responder (MH CORE) program; providing specialist input into complex cases and real time education, as well as providing training to paramedics, first responders and supervisors regarding mental health assessment and available treatments for people in crisis.

QAS Mental Health Co-responders

QAS Mental Health Co-responders (MH CORE) pairs a Queensland Health Mental Health Clinician with a senior QAS Paramedic to provide timely, appropriate and specialised in field mental health assessment, treatment and care to people in a mental health crisis in the pre-hospital setting.

In May 2021, the Minister for Health and Ambulance Services announced a commitment, via the Care4Qld strategy for the expansion of the MH CORE Program by an additional four teams a year for the next three years.

In 2021–22, additional co-responder units were established operating in Rockhampton, and the Metro North, Metro South and Gold Coast Regions. By the end of 2021–22, 12 MH CORE sites were in operation throughout the state at Cairns, Townsville, Rockhampton, and the Sunshine Coast, Metro North (three sites), Metro South (three sites) and Gold Coast Regions, bringing the number of sites operating throughout the state to 12.

In 2021, the Queensland Health's Mental Health Alcohol and Other Drugs Branch commissioned research for the QAS and Queensland Police Service (QPS) Co-responder programs. The evaluation will use a mixed-methods design to address key areas of interest regarding the functioning and impacts of the MH CORE for the QAS and the QPS including consumer demographics and patterns of service use, safety and system performance, workforce factors, and consumer acceptance, satisfaction, and outcomes.

Health Contact Centre

The Health Contact Centre (HCC) offers virtual care services providing confidential health assessment and information services to Queenslanders 24 hours a day, 7 days a week using multi-channel delivery models.

The HCC contributes to delivering a timely response to patients / the community through the widely publicised 13 HEALTH and 13 QUIT numbers.

The HCC introduced a new Model of Care to support Public Health Physicians by initially contacting persons with COVID-19 positive results in the after-hours period, transitioning to managing non-urgent COVID-19 after hours calls to Public Health Units.

The HCC was identified as the Digital Front Door in the Virtual Care Strategy and has demonstrated this in supporting users of the yourQH portal and delivering a general health information inquiry service via 13 HEALTH which received 148,910 calls in 2021–22.

Health professionals can refer patients with chronic disease to the HCC's Self-Management of Chronic Conditions service which uses the COACH program to support people to improve their management of chronic conditions through lifestyle changes.

People can access the quit smoking support form on the Quitline website which offers an alternate model to self-management or General Practice. People supported by Quitline counsellors are seven times more likely to quit and remain not smoking than those who attempt to quit without support. Mental Health and Oral Health services refer people to Quitline which also offers a dedicated program for First Nations people. In 2021–22 Quitline completed 24,404 smoking cessation sessions.

Shifting Minds suicide prevention flagship Crisis System Reform initiative

The 2019 State Budget allocated $61.9 million over four years to Queensland Health for mental health crisis system reform initiatives, including funds for the following services fully implemented in 2021–22:

- Crisis Support Spaces, providing clinical and peer support for people experiencing a mental health crisis as an adjunct or alternative to the emergency department, are now operating in Cairns, Townsville, Mackay, Prince Charles, Princess Alexandra, Ipswich, and Hervey Bay hospitals and at the Southport Health Precinct. There were 1,799 presentations across all Crisis Support Spaces during 2021–22.
- A crisis stabilisation unit opened at Robina Hospital in August 2021 to provide mental health clinical assessment and crisis support for up to 23 hours in an alternative location to the emergency department. There were 2,135 presentations to the Robina Hospital crisis stabilisation unit during 2021–22.

The Way Back Support Services have been jointly funded by the Queensland and Commonwealth Governments to provide assertive psychosocial support for people following a suicide attempt or suicidal crisis. There were 4,411 referrals to seven The Way Back Support Services across Queensland during 2021–22.

Support and advance our workforce

Our strategies

- Attract, select, retain and empower the right people to create a diverse, inclusive and engaged workforce
- Build a thriving workforce culture that is healthy, innovative, and equipped to perform effectively and responsively
- Provide development opportunities and strategies to enable the workforce to demonstrate excellence to meet the needs of a world class health system
- Deliver system wide strategies that enable and incentivise interdisciplinary modes of care
- Ensure the workplace is safe, rewarding, enhances wellbeing and adequately equips the workforce to perform at the highest level

Statewide leadership and management training, and professional development for clinicians

The department delivered statewide leadership and management training, and professional development for clinicians. All activities met the evaluation target of 90 per cent excellent or good.

Boosting frontline health services

In 2021–22 the department worked with key stakeholders including the Queensland Nurses and Midwives' Union to explore potential model for expanding the nurse-to-patient ratios in places experiencing high demand including emergency departments and maternity wards.

Further to this, clinical expert working groups were established to undertake significant scoping and planning work, including review of literature, service profiles, and exploration of operational challenges for emergency department, maternity wards, operating theatres, and prison health services.

This work has informed the development of program logic models and agreement on problem statements and proposed solutions. Additionally, options for potential ratio trials have been identified by clinical expert groups for emergency department, maternity wards, and operating theatres. Work on prison health is ongoing.

Initial FTE and costing gap work finalised, with additional refinement and contextualisation required from potential trial sites prior to agreement on final gaps.

Extensive consultation to assess proposed options, prior to final agreement to trial, has commenced. This will include engagement with HHSs assessment reviews of potential implementation challenges and barriers because of COVID-19 which might impact trial timelines.

It is currently envisaged that up to eight trials, across the four clinical settings, will commence across the first half of 2022–23.

Deliver prevocational accreditation services

Following a full accreditation assessment by the Australian Medical Council in mid-late 2021, the department was awarded a full four-year accreditation and approved by the Medical Board of Australia as an intern accreditation authority, with this function administered by Prevocational Medical Accreditation Queensland.

Throughout 2021–22 Prevocational Medical Accreditation Queensland has accredited and monitored Intern Training programs across Queensland to ensure intern education and training supports intern wellbeing and patient safety while complying with the required national standards. Prevocational Medical Accreditation Queensland has worked with accredited training providers to enable them to respond to the many challenges faced during the financial year, while maintaining compliance with the standards.

Creating safe, diverse and inclusive workplaces

Through the provision of a system to enable employees to express their opinion of their workplace culture and leadership, 65 per cent (5,634) of Department of Health employees participated in the 2021 Working for Queensland survey (from 1 to 29 September 2021), on par with that achieved in 2020.

Further to support the department's commitment to creating safe, diverse, and inclusive workplaces, the following activity was also undertaken in 2021–22:

- delivery of manager and all staff information sessions about flexible work, disability awareness, and LGBTIQ+ awareness.
- ongoing support for employees affected by domestic and family violence.
- over 100 Queensland Health employees joined the 'Queensland Health Team' to participate in the Darkness to Daylight Challenge, a run to raise awareness of the impact of domestic and family violence and fundraising over $13,000 for Challenge DV.
- a Queensland Health wide event for the release of the new Gender Affirmation Guide which support employees affirming their gender at work—along with education sessions for human resources practitioners across the state to support implementation.
- participation in the Brisbane Pride Rally and March in November 2021.
- continued support for the Queensland Health statewide LGBTIQ+ employee network (for initiatives relating to lesbian, gay, bisexual, transgender, intersex and queer or questioning employees).

Aligning rural medical workforce functions to a strategic workforce level

To align rural medical workforce functions to a strategic workforce level, a 'Collaborative' has been established by the department rather than a coordinating hub, as no additional funding was available and a governance structure which included all partners involved in a medical pathway was deemed to be more appropriate at this time.

This collaborative named FORCE (Future proofing Our Rural workforCE collaborative) met five times and looked at a range of emergent issues as well as medium to long term solutions arising based on the recommendations from the project of the same name.

Supporting the medical workforce planning and policy at a system level

The department strengthened partnerships and worked with key stakeholders including medical schools, medical student organisations, junior doctor representatives, specialist medical colleges, and professional and workforce agencies to augment training pathways, develop innovative workforce models, improve supply, distribution and access to services, and enhance the attraction and retention of doctors within Queensland.

Medical Practitioner Workforce Plan for Queensland (MPWP4Q) funding was allocated in 2021–22 to progress key initiatives and deliverables aimed at addressing medical workforce issues associated with the maldistribution of the workforce (both geographically and specialties in undersupply), the regional and rural workforce, and physician wellbeing.

Supporting professional development opportunities for our workforce

The department is continuing to support development opportunities for health planning staff that align with the capabilities outlined in the *Health Service Planning Capability Framework* developed by the Executive Directors Health Service Planning Forum. This includes monthly virtual forums and a QHEPS toolbox to showcase formal and informal development opportunities.

Since semester one 2020, over 400 Queensland Health staff have been offered HECS waiver scholarships by the University of Tasmania to undertake a Graduate Certificate in Clinical Redesign. This course is designed to equip Queensland Health staff with the knowledge and skills to identify and diagnose a health service delivery issue, develop potential solutions, and plan their implementation.

Foster a culture of leadership and capability development

Changes to the delivery of professional development has seen an increase in the variety and accessibility of virtual courses and online resources in addition to the traditional classroom style face to face training. In 2021–22 employees across the department have engaged with development in the following ways:

- 534 registered learners at leadership programs
- 1,114 learner engagements with online leadership resources
- 1,246 registered learners at other professional development programs, e.g., project management, change management, government writing, resilience.
- 4,359 learner engagements with other professional development resources e.g., communication skills and business essentials.

Workforce Mental Health and Wellbeing

The department updated the draft workforce Queensland Health Mental Health and Wellbeing Framework 2022-2024, underpinned by the Public Service Commission's *Be Healthy Be Safe Be Well Framework* for the public sector (an evidence-based integrated approach to managing organisational health, safety and wellbeing). Updates have been made to align with

developments in international best practice, and in the Australian and Queensland legislative and regulatory landscape regarding managing psychosocial risks in the workplace. Key developments for alignment included:

- release of International Standard ISO45003: Occupational Health and Safety Management – Psychological Health and Safety at Work – Guidelines for Managing Psychosocial Risks which provides guidance on managing workplace psychosocial risks within an ISO45001 Workplace Health and Safety Management System
- Workplace Health and Safety Queensland's drafting of pending Queensland Workplace Health and Safety Code of Practice: Managing the Risk of Workplace Psychosocial Hazards, to come into effect in 2022/23
- The *National Respect@Work Report Recommendations*, that brought the management of workplace sexual harassment into a workplace health and safety risk management frame.

Training was also coordinated by the department for selected HR Branch functional leaders to increase awareness of international best practice standards in the management of workplace psychosocial hazards, for collaboration in developing systemic HR responses.

Mental health First-Aid encourages early help-seeking and promotes mentally healthy workplaces. It is evidence-based training that gives employees the skills and confidence to have supportive conversations with their co-workers to help guide them to professional help if needed. Evaluation by staff completing MHFA training has demonstrated an expansion of mental health literacy, and enabled staff to respond to colleagues positively with awareness, knowledge and confidence when faced with mental health issues.

There was a significant increase in Mental Health First Aid participation for staff and leaders across 2021–22. 79 staff participated in the training which was more than the 65 staff which undertook the training in the previous financial year. Engaging Leaders Workshops also commenced and saw 24 managers attend.

COVID-19 staff wellbeing response and support resources

COVID-19 staff wellbeing response and support resources includes guidance material, including pandemic response updates, safe working support and PPE, remote and flexible working, and transitioning back to the workplace. These staff wellbeing support resources have been updated by the department to include an expansion of the online state-wide staff wellbeing resource hub, outlining a tired model of support and including topical webinars, fact sheets, resources and links to further information and support, including dedicated healthcare worker support.

Develop and implement Palliative Care and End-of-Life Care Strategy and Queensland Health Workforce Plan

In late 2021, the department undertook consultation and engagement to support the development of a new Palliative and End-of-Life Care Strategy and Workforce Plan. Feedback was sought on the principles, goals and action areas that will underpin the Strategy.

Undertaking the strategic planning work to inform the new Strategy and Workforce Plan is an essential part of making sure that the new funding is allocated to areas with the greatest need Queensland.

The Strategy, which is anticipated for release in late 2022, will guide local service delivery to ensure all Queenslanders can access high quality palliative care and achieve their goals for care at the end-of-life. The accompanying Workforce Plan will support additional investment in Queensland's specialist palliative care workforce. An increase in Queensland Health's front line specialist palliative care workforce will deliver additional palliative care services as well as providing additional support for other clinicians to deliver palliative care services in their local community.

Statutory Health Agency appointments: Recruitment, selection and appointment, induction, coordination and/or management of health statutory agencies and office holders

In 2021–22, over 160 appointments were made across 26 health statutory agencies. This included appointments to Hospital and Health Boards, Hospital Foundations, Health and Wellbeing Queensland, the Mental Health Review Tribunal, the Queensland Board of the Medical Board of Australia, Queensland Board of the Nursing and Midwifery Board of Australia and the Queensland Board of the Psychology Board of Australia as well as to the statutory positions of the Health Ombudsman and the Queensland Institute of Medical Research Berghofer Deputy Director.

Advance Health Equity with First Nations people

Our strategies

- Deliver state-wide targeted First Nations prevention and health promotion strategies
- Co-Develop and co-implement First Nations Health Equity Framework to support Hospital and Health Services co-develop Health Equity Strategies
- Support the implementation of the National Agreement on Closing the Gap including priority projects to strengthen Aboriginal and Torres Strait Islander community-controlled health services.
- Embed First Nations perspectives in health system planning

COVID-19 response to First Nations Queenslanders - and *Make the Choice Campaign*

The department developed and updated pandemic planning tools to support the management of COVID-19 in Queensland's discrete and remote Aboriginal and Torres Strait Islander communities. These tools were also supported by ongoing practical support and assistance with co-ordination of responses to assist a targeted public health approach based on the needs of individual communities.

The department also coordinated regional meetings to identify requirements and activities to support increased vaccination uptake for First Nations Queenslanders. In addition the department developed and supported the training of First Nations staff, from public and NGO sector, to deliver COVID-19 vaccinations in their communities.

On 21 August 2021, the Make the Choice campaign was officially launched by the Minister for Health and Ambulance Services at the Redcliffe Hospital. The Make the Choice campaign was developed collaboratively between the department, Queensland Aboriginal and Islander Health Council (QAIHC) and Institute for Urban Indigenous Health. This campaign aimed to increase vaccination rates for First Nations people and provide a trusted source of information on COVID-19. The campaign continues with success underpinned by strong localised branding, materials, collateral and a website where Aboriginal and Torres Strait Islander Community Controlled Health Organisations (A&TSICCHOs) can direct First Nations consumers.

As of 27 June 2022, 79.2 per cent of First Nations people aged 12 years old and over received at least one dose of COVID-19 vaccine. For First Nations people aged 50-year-old and over, at a higher risk of hospitalisation and death, 91.5 per cent received at least one dose with 87.6 per cent receiving at least two doses.

Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework

In October 2021, the Minister for Health and Ambulance Services and the QAIHC Chairperson co-launched Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework at Parliament House. The co-designed Framework was informed by extensive statewide consultations. The Framework guides HHSs in the co-development and co-implementation of Health Equity Strategies. In accordance with the Hospital and Health Boards Regulation 2012. HHSs are required to consult with prescribed Aboriginal and Torres Strait Islander stakeholders during the development and implementation of their Health Equity Strategies.

All 16 HHSs produced a working draft of their inaugural Health Equity Strategy by 30 April 2022 in accordance with the revised milestone stipulated by the Minister for Health and Ambulance Services (Milestone 1), and 11 HHSs have undertaken the legislated 30-day consultation process with prescribed stakeholders on their draft Health Equity Strategy by 30 June 2022 (Milestone 2). The Minister for Health and Ambulance Services extended the timeframe for HHSs to finalise and publish their inaugural Health Equity Strategies until 30 September 2022 due to the impact of the Omicron wave in December 2021 and January 2022, the widespread flooding in South-East Queensland in March 2022 and the need for HHSs to genuinely co-design the Health Equity Strategies in partnership with First Nations peoples.

Closing the Gap funding allocation - Making Tracks Interim Investment Strategy 2021–22.

In 2021–22, $87.4 million has been allocated towards Closing the Gap and achieving health Aboriginal and Torres Strait Islander community-controlled health sector. Investment represents a continuation of service from 2018–2021.

First Nations Health Workforce Strategy

Substantial policy development work was undertaken in 2021–22 to develop a new First Nations Health Workforce Strategy for Queensland. . In July 2021, the Minister for Health and Ambulance Services revised the original scope of GEC1540 to expand the strategy beyond Queensland Health to focus on the entire health system in partnership with A&TSICCHOs; and expand the collaborative partners to include all six the Clinical Chiefs in Queensland Health to create First Nations employment pathways across all clinical streams.

The new strategy is being co-designed in partnership with QAIHC as the peak body representing A&TSICCHOs in Queensland and a Tier 3 governance committee with over 50 per cent Aboriginal and Torres Strait islander government and non-government representation from across the health, training and education sectors. A concept paper was approved by the Minister for Health and Ambulance Services targeted engagement and consultation with key stakeholders in early 2021–22. An extensive engagement and consultation process will be undertaken in 2021–22 about the types of actions to be delivered under the new strategy to address the longstanding workforce supply and demand pressures that have prevented the achievement of previous First Nations workforce targets across the health sector. The new Queensland First Nations Health Workforce Strategy for Action will be released in 2022-23.

First Nations Health Equity reform agenda

The First Nations Health Equity reform agenda is the overarching approach being driven across the health system to achieve health equity, eliminate institutional racism and attain life expectancy parity by 2031. The agenda is guided by a robust legislative and policy environment. Work commenced on a cultural safety reform project in early 2022 (GEC1541) after experiencing delays in 2021 due to the COVID-19 pandemic. The project aims to improve patient safety for First Nations peoples accessing care from the public health system and supports the commitments in the Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No.1) 2019.

First Nations Community Based Palliative Care investment

equity for First Nations peoples. This includes $45.9 million to HHSs and $37.2 million to Non-Government Organisations including the

On 17 March 2022, the department hosted a First Nations Community Based Palliative Care Workshop. Co-designed with the Queensland Aboriginal and Islander Health Council, the workshop heard the stories of consumers, family members and our partners to recommend a set of good models of practice principles. The outcomes of the workshop will help inform the co-design of First Nations palliative care initiatives next financial year.

Ending Rheumatic Heart Disease: Queensland's First Nations Strategy 2021-24

On 4 March 2022, the Minister for Health and Ambulance Services released the *Ending Rheumatic Heart Disease: Queensland's First Nations Strategy 2021-24* (RHD Strategy) and officially launched the strategy in Cairns on 27 April 2022.

Rheumatic Heart Disease (RHD) is a potentially fatal condition caused by repeated cases of Acute Rheumatic Fever (ARF) where a person's heart valves become stretched or scarred, an illness caused by the body's autoimmune response to streptococcal bacteria. RHD is largely eliminated among the broader population, however, First Nations people continue to experience higher rates, highlighting the health inequity between First Nations people and other Australians.

The RHD Strategy builds on the achievements of the previous *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021* and aligns with the National Ending RHD Strategy. The Strategy was co-designed with the Aboriginal and Torres Strait Islander Community Controlled Health sector and provides a pathway to advance the vision of ending ARF and RHD in Queensland. The aim of the RHD Strategy is for a strengthened, integrated, equitable, whole of system response, capable of prevention, early detection, diagnosis, treatment and management of ARF and RHD across Queensland

Safe and Healthy Drinking Water in Indigenous Local Government Areas program

Through the Safe and Healthy Drinking Water in Indigenous Local Government Areas program, intensive support was provided in the communities of Erub, Badu, Mapoon and Yarrabah (CHHHS); Woorabinda (CQHHS); Doomadgee (THHS); and Cherbourg (DDHHS). Tailored on-going support was also provided in communities that had previously participated in the intensive support phase of program delivery, including Saibai, St Paul, Wujal Wujal, Lockhart River (CHHHS) and Palm Island (THHS). It should be noted that in 2021-2022, there

was some disruption to program rollout due to ongoing impacts and restrictions from COVID-19.

In November 2021, a program symposium was held in Cooktown. It brought together Indigenous drinking water operators from across the state to share knowledge and experiences. The symposium included a site visit to Hope Vale water treatment plant and the Torres Strait Island Regional Council sharing their experience of transitioning to electronic record keeping for regulatory compliance.

Improving access to planned care for First Nations people through Surgery Connect

Surgery Connect access rules and policies have been updated in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector to improve access for First Nations people.

A contract has been established between Children's Health Qld (CHQ) and Institute Urban Indigenous Health (IUIH) to improve planned care access for First Nations children via the Surgery Connect program.

Health reform that plans for a sustainable future

Our strategies

- Develop and deliver a statewide Equity Framework co-designed in cross-government and non-government partnership
- Identify system-wide opportunities to address chronic disease prevention and treatment through a Queensland health needs assessment and plan
- Progress value-based healthcare initiatives that lead to better outcomes for patients and a sustainable health system
- Transform non-admitted care to improve patient experience, reduce wait times and improve clinical outcomes
- Align resources and workforce toward Department of Health and system strategic priorities
- Partner with Hospital and Health Services to plan, build and safely commission quality healthcare facilities.

Support the workforce through the response and recovery phase of the COVID-19 pandemic

The following activities were undertaken by the department to support the workforce during the response and recovery phase of the COVID-19 pandemic:

- Promoted the Public Service Commission's Everyday Conversations for Healthy Minds training program for leaders. The program aligns with the PSC's Leadership Competencies for Queensland and recognises the important role leaders play in creating or facilitating the conditions for psychological safety within teams.
- Delivered Mental Health First Aid training for staff and leaders in 2021-2022 to encourage early help-seeking and promote mentally healthy workplaces.
- Developed a Fatigue Awareness Campaign in March 2022 to raise awareness of fatigue and the individual health and workplace safety imperatives of managing fatigue.
- Updated and expanded the dedicated COVID-19 staff wellbeing response including staff resources and guidance material. Information and resources covered safe working support and PPE, remote and flexible working, a wellbeing resource hub (including dedicated healthcare worker support), and transition back to the workplace.
- Rolled out the annual staff influenza vaccination program from April 2022, prior to the government offering free influenza vaccinations to al Queenslanders.

Analyse the mobilisation of the Aboriginal and Torres Strait Islander Health Practitioner profession (sub initiative of GEC#1540)

In 2021–22 the approach for the implementation for five (5) permanent Health Practitioner positions and the additional non recurrent funding available for temporary Health Practitioner positions was finalised.

Aboriginal and Torres Strait Islander Health Practitioner role descriptions were developed to guide the implementation of the Health Practitioner roles.

Ongoing engagement with all HHSs to discuss implementation methodology has occurred.

Regional Warehouses for Central and Far North Queensland

In 2021–22 the department delivered two new regional warehouses in Cairns and Rockhampton to support regional HHSs to respond to the COVID-19 pandemic and maintain service delivery, while protecting against future supply chain disruptions caused by natural and health-related disasters and other disruptions.

The new Far North Queensland Regional Warehouse in Cairns transitioned to a fully operational 'pick, pack and send' facility on 15 November 2021 providing expanded

capacity of 1700 pallets (up from 168) and 787 pick faces (up from 455).

The new Central Queensland Regional Warehouse in Rockhampton transitioned from a bulk storage facility to a fully operational 'pick, pack and send' facility on 29 November 2021, providing expanded capacity of 964 pallets (up from 100) and 932 pick faces (up from 668).

Delivery of these facilities resulted in a 900 per cent increase in regional warehouse capacity and surety of supply in these regions.

North Queensland and South East Queensland Distribution Centres

To further enhance the resilience of Queensland Health's supply chain network, the QGCSR program has progressed delivery of two new distribution centres in Brisbane and Townsville.

The new South-East Queensland Distribution Centre reached practical completion on 1 April 2022 and work continues to fit out the facility to meet the specific needs of Queensland Health. The facility is anticipated to be fully operational in late October 2022.

A site for the new North Queensland Distribution Centre in Townsville has been secured and construction is expected to commence in July 2022.

Queensland Health Climate Risk Strategy 2021-2026

In recognition of climate-related risks to the health system, the department released the *Queensland Health Climate Risk Strategy 2021-2026*, which outlines the agency's plan to provide quality and dependable health care services in the face of climate induced risks. The Strategy is aligned with the Queensland Government's climate change initiatives and is underpinned by the *Climate Change Adaptation Planning Guidelines and Climate Change Information Almanac*. The Strategy provides a policy framework to support a consistent climate risk management approach across the whole public sector health system. An Operational Plan is being prepared to support the implementation of the Strategy in 2022.

During 2021–22, the department continued to train staff from HHSs on the use of the *Climate Adaptation Planning Guidelines and Climate Change Information Almanac*. These documents provide the HHSs with regional climate predictions and risk planning templates to support the development of localised HHS Climate Risk Action Plans.

Many of the HHSs have already commenced work on climate risk actions at an operational level and the department has conducted a southeast Queensland regional workshop to further aid in the development of Climate Risk Action Plans for those major HHSs. These plans recognise the need to mitigate and reduce our greenhouse emissions while embedding sustainability and adaptation into the everyday business of the HHS based on risk.

In delivering against the 2020 election commitments, the Office of Hospital Sustainability (OHS) works collaboratively within Queensland Health and across government to achieve Queensland's target of zero net emissions by 2050 and embed climate risk management and decision-making processes in all aspects of Queensland Health's capital, strategic and operational planning. To date, the OHS has successfully reduced approximately 60,000 tonnes of CO2 emissions from energy efficiency and renewable energy initiatives. To build on this further, the OHS developed a Greenhouse Gas Emissions Reduction Plan to specifically target electricity usage and demand, vehicle fuels, and air travel.

Air Quality

The department is continuing to work with other state and national jurisdiction health agencies, and the Queensland Department of Environment and Science (DES) to improve the monitoring of PM2.5 (particles with a diameter of 2.5 micrometres or less) and PM10 (particles with a diameter of 10 micrometres or less) across Queensland.

Prior to the start of the 2021-2022 fire season (August 2021 - January 2022), six existing DES monitoring stations were upgraded and four new PM2.5 monitoring stations were installed, along with ten smoke sensor sites. These upgrades allow for more meaningful public health messaging which aligns with other state and national jurisdictions, consistent with PM2.5 and PM10 levels for 'short term' bushfire smoke events and reflects health risk assessment of the 'live' monitoring data on the DES website to provide timely public advice to the community.

QScript – Queensland's real-time prescription monitoring system

The QScript Health Practitioner Portal was made available to all relevant health practitioners on 27 September 2021. As at 31 July 2022 over 65 per cent of all relevant health practitioners had registered for use of QScript. In March 2022, the department published a QScript Implementation Report which set out details about the implementation of QScript for the first five months to the end of February 2022. The report is available on the Queensland Health website at: https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1149661/qscript-implementation-report.pdf

Australian Teletrial Program - Access to Clinical Trials Closer to Home

In 2020, the Commonwealth awarded $75.2m over 5 years to Queensland Health for the Australian Teletrial Program (ATP). The ATP will improve access to, and participation in clinical trials for rural, regional and remote patients. Queensland Health, via the Office of Precision Medicine and Research (OPMR),, leads this Program with partners Victoria, Tasmania, South Australia, Western Australia and the Northern Territory. Key achievements in 2021–22 included:

- Head agreement executed with the Commonwealth, with the ATP formally commencing on 5 October 2021.
- Subcontracts executed with jurisdictional partners for their participation in the ATP.
- Agreements executed with suppliers to deliver national components of the ATP including evaluation and impact assessment, industry insights, and expansion of practice-based research networks.
- National Office established within Queensland Health and Regional Clinical Trial Coordinating Centres established in partner jurisdictions.
- National governance committees and advisory groups established and meetings held.
- Policy harmonisation activities commenced including development of a teletrials toolkit to standardise processes, and a Standalone Teletrials Participant Information and Consent Form.
- Education and training programs commenced in partner jurisdictions.
- Publications generated and conference presentations regarding the ATP.

During the first six months of the ATP (to 31 March 2022), there have been 47 new clinical trials, 37 new or improved clinical trial sites, 65 participants on trials and 144 people trained.

Queensland Implementation of the Australian Teletrial Program

The Queensland Regional Clinical Trial Coordinating Centre (QRCCC) was established in Townsville under the Office of Precision Medicine and Research (OPMR). The centre will coordinate the setting up of clinical trial clusters using the Australian Teletrial Model (ATM). Key achievements for QRCCC in 2021–22 included:

- Memo has been executed between the department and 11 HHSs across Queensland for the setup of Commonwealth funded teletrial coordinator positions under the Australian Teletrial Program.
- Regional and rural HHSs received funds for training of staffs relating to clinical trials and critical logistics for conducting clinical and teletrials.
- In collaboration with Queensland Clinical Trial Coordination Unit (QCTCU), QRCCC has successfully rolled out and concluded education and training for interested Queensland Health staff members engaged in or interested to clinical trials.
- Ongoing onsite hands-on training are being provided for new teletrial coordinators
- QRCCC Nurse educators continue to organise clinical and teletrial related fortnightly education sessions to deliver crucial clinical and teletrial education to interested Clinical and Teletrial Coordinators
- Establishment of the Queensland Teletrial Coordinator Network.

Encouraging more clinical trials in Australia Federation Funding Agreement

Queensland has met the activity targets under the Extension of the Encouraging More Clinical Trials Federation Funding Agreement. The key achievements in 2021–22 included:

- Ongoing operation and support for central coordination units
- Active engagement with Clinical Trials Project Reference Group (CTPRG), the Commonwealth, the Australian Commission for Safety and Quality in Health Care (ACSQHC) and the national consultations process to develop the One Stop Shop and the related National Clinical Trials Front Door (NCTFD).
- Active engagement with CTPRG, the Commonwealth, and the ACSQHC to agree cross-jurisdictional governance arrangements to underpin the One Stop Shop.
- Active engagement with CTPRG and the Commonwealth to develop and agree a single set of requirements for Site Specific Authorisations (SSA), to provide a single regulatory experience for users across Australia and for consistent national implementation via the One Stop Shop.
- Ongoing participation and commitment to the National Mutual Agreement (NMA) Scheme.
- Active engagement with CTPRG, the Commonwealth and the ACSQHC, to develop and agree the accreditation scheme for ethics committees to strengthen the NMA Scheme and support its expansion beyond the public sector.
- Engagement in consultations to inform development of a national quality standard to

underpin the accreditation scheme for NMA ethics committees, and NMA Scheme re design.

- Full contribution of data to the National Aggregate Statistics (NAS) 2021 22, as agreed by the CTPRG.
- Active engagement with CTPRG, the Commonwealth and the ACSQHC to further support implementation of the Governance Framework through design and implementation of the One Stop Shop
- Active collaboration and contributions to enable ongoing evaluation of the measure.
- The Queensland Government has accepted an extension of the original NPA from April 2022 to 30 June 2025.

Development and implementation of the clinical trial strategic action plan and reform agenda for increasing commercial clinical trial activity in Queensland 2021-2025.

The Clinical Trial Strategic Action Plan implementation was supported by over 50 facilitated workshops and events across all HHSs resulting in new intra and inter HHS and Departmental collaborations and communities of practice to support clinical trials across the state.

Attraction of biomedical companies to collaborate and invest in Queensland

The department continued to focus on showcasing Queensland's health and biomedical expertise, and attracting biomedical companies to invest in the State, working closely with allies at the Department of State Development, Infrastructure, Local Government and Planning, Queensland Treasury, and Trade and Investment Queensland. During 2021–22, the department contributed to an agreement with global biomedical company, Stryker, and the company commenced setting up its R&D Lab at the Herston Health Precinct.

Two notable showcase events were also held during the year: the Queensland Health Investor Forum, held on 24 November 2021, led by Queensland Treasury which attracted an online audience of some 200; and the Queensland Precision Medicine and Clinical Trials Showcase Event, held in conjunction with Life Sciences Queensland and Trade and Investment Queensland. This in-person event in San Diego attracted some 50 companies and was held on 12 June 2022, the day before the world's largest biotechnology event, BIO2022, began.

Delivery of hybrid or online events in targeted markets

The department delivered successful hybrid and online events during the year, with the highlights being three joint events with the Queensland Healthcare Professional Development Consortium (with members from seven Queensland universities, TAFE Queensland, three HHSs and the Department of Health). The events included:

- The Australia-China Allied Health Symposium, part of the Shenzhen International Rehabilitation Forum 2021, held on 5 September 2021, with speakers from Queensland and China; and
- The Aged Care and Children's Care Allied Health and Nursing Symposiums, each being half-day events held on 11 March 2022 with speakers from Queensland and China.

Food Safety

The Department led the Food Regulation Standing Committee National Kava Working Group to assess if national food standards were fit for purpose in light of a Commonwealth proposal to allow commercial importation of kava. As a result, urgent amendments were made to the Australia New Zealand Food Standards Code to only permit safe kava plant varieties and explicitly prohibit the use of additives and processing aids in kava. This effectively limits kava to traditional use and prohibits the sale of flavoured and preserved pre-packaged kava beverages, which should help prevent the broader unsafe uptake of kava products in the general community. The department is also assisting the Commonwealth with an evaluation of the health, social, cultural and economic effects of kava in Australia.

The Food Pantry

Since its launch in June 2021, the online Food Pantry digital food safety hub continues to reduce costs to businesses and the health system and contributes to the recovery of Queensland's small business sector from the economic and social impacts of the pandemic. In 2021–22, there was continued investment into this simple, user-friendly 'one-stop-shop' for food businesses and consumers via the interactive website. It includes links to food safety legislation, industry regulators, and access to free online tools and educational resources, government and consumers through online tools and educational materials.

Strengthening Queensland e-cigarette and tobacco retailing controls and increase smoke-free public places

The Queensland Government has committed to developing regulatory options for consideration that increase smoke-free public places and to further restrict the supply, advertising and promotion of tobacco and e-cigarette products. Options also include taking direct action on illicit tobacco supply alongside relevant Commonwealth and State agencies.

To take this commitment forward a public consultation paper outlining the expected regulatory impacts of options was developed and released on 30 May 2022 for comment. The consultation was available for four weeks and received responses from members of the public, businesses, public health organisations, public health experts and stakeholder representative associations.

Streamline Capital Budget process to ensure best practice financial administration

Monthly engagement was undertaken by the department to improving performance reporting of HHSs, Capital Project Delivery, eHealth, and other departmental capital delivery teams for Budget Paper 3, capital forecasting and data completeness in the Capital Intelligence Portal (CIP).

A contemporary regulatory scheme for medicines and poisons

The *Medicines and Poisons Act 2019* (the Act) was assented to on 26 September 2019 and commenced on 27 September 2021. The medicines and poisons regulatory framework was a significant reform, which replaced the *Health Act 1937* and the *Pest Management Act 2001* with the single Act, following the culmination of over a decade of work. The *Health Act 1937* was one of the oldest pieces of legislation on Queensland's statute book and was difficult to apply in practice, outdated and overly prescriptive.

The new legislation includes a greater focus on risk management, recognition of modern electronic prescription management systems, a contemporary system of regulating poisons and pesticides, more flexible requirements for storage and disposal of medicines and poisons, increased national uniformity in the control of poisons and modern drafting and terminology.

The medicines and poisons regulatory framework consists of the Act and three supporting regulations, which:

- provide greater assurance to the community that the medicines, poisons and therapeutic goods they use are regulated by a modern, outcomes-focused framework that enhances public safety
- ensure Queensland Health is better able to monitor and respond to health risks associated with inappropriate access to and use of medicines and poisons. For example, the framework minimises the risk that medicines and poisons could be diverted for unlawful purposes by limiting who may supply medicines and poisons, introduces real-time prescription monitoring for particular medicines and enables the chief executive to make an emerging risk declaration to prevent substances that may pose a risk of injury or illness entering the marketplace until their safety has been determined
- simplify licensing requirements, for example, manufacturers with licenses for multiple sites will be able to transition to a single license for all sites, and employees will be able to be included in an employer's approval without the need to hold a separate approval.

The introduction of the Act and regulations included a significant consultation process with stakeholders and the development of Departmental Standards, guidance materials and forms to assist stakeholders to comply with the new legislation.

Radiation Safety

In 2021–22 the department undertook a number of key pieces of work, to support its ongoing commitment to the regulatory reform agenda, including:

- the *Radiation Safety Regulation 2010*, Radiation Safety Standards and associated Radiation Safety (Radiation Safety Standards) Notice 2010 were remade ahead of their scheduled expiry. This included a significant consultation process with stakeholders to assist with compliance, and desired community health benefits.
- continued foundational work to prescribe a number of offences under the *Radiation Safety Act 1999* as prescribed infringement notice (PIN) offences. Prescribing offences under the Act as PIN offences will provide a more efficient and cost-effective alternative option to pursuing a prosecution under the Act, whilst still providing a person the right to elect to have the alleged offence dealt with by a court. This process included extensive consultation with the Department of Justice and Attorney-General.
- the Health Protection Branch led the department's contribution to Queensland's consideration of whether to participate in the Automatic Mutual Recognition of Occupational Registrations (AMR). This included provision of feedback on the Commonwealth's *Mutual Recognition Amendment Act 2021*, information regarding current systems arrangements under mutual recognition, and an overview of regulatory processes required to facilitate AMR for licences issued under the *Radiation Safety Act 1999*, the *Food Act 2006*, or *Pest Management Act 2001*.
- amendment to the *Radiation Safety Act 1999* to remove the requirement that proof of identity documents required to support an application for an Act instrument (such as a licence) be prescribed in a regulation, effective 1 July 2022. This means:

- an applicant will be required to provide proof of their identity to the satisfaction of the chief executive, and the department will rely on a policy, approved by the chief executive, to assist it in satisfying itself of an applicant's identity during the application process
- the policy has been informed by the National Identity Proofing Guidelines, published by the Commonwealth Department of Home Affairs, and the change will enable the department to more efficiently set appropriate proof of identity requirements that meet contemporary practice.

Public Health Licensing System

Implementation of the new online renewals system for radiation safety use and possession licences, radiation safety officers and accredited persons has provided significant benefit—providing regulated entities and persons with 24/7 access to renew licences online and reducing departmental processing time.

Performance outcomes include:

- radiation safety renewal applications submitted online have reduced significantly to a turnaround of one day (median), over other methods which take seven days (median) to process.
- positive industry uptake and confidence for lodging radiation safety renewals online was represented by data showing approximately 84 per cent of all applications for the month of June 2022 were lodged online.

Voluntary Assisted Dying Act 2021

In September 2021, Parliament passed the *Voluntary Assisted Dying Act 2021* (the Act), based on the recommendations of the Queensland Law Reform Commission's report, *A legal framework for voluntary assisted dying* (Report no. 79). The Act establishes a legal framework for voluntary assisted dying in Queensland, allowing eligible people who are suffering and dying to choose the timing and circumstances of their death. The department is leading implementation of the Act and is consulting broadly with stakeholders, including HHSs, private and faith-based hospitals and hospices, general practice, residential aged care, advocacy groups, First Nations people, culturally and linguistically diverse groups and consumers to develop supporting information, guidelines, policies and training. This will ensure consumers, entities, clinicians and other relevant stakeholders, including those who conscientiously object to voluntary assisted dying, understand the process and their rights and responsibilities.

Voluntary assisted dying will be available in Queensland from 1 January 2023.

Health and Other Legislation Amendment Act 2022

In December 2021, the Health and Other Legislation Amendment Bill 2021 (the Bill) was introduced to Parliament. This Bill included amendments to 11 Acts to improve the operation of health portfolio legislation and support the provision of health services in Queensland. The most significant amendments were to the *Mental Health Act 2016*, to improve the process for approving electroconvulsive therapy, and to the *Hospital and Health Boards Act 2011*, to enable allied health professionals to access The Viewer to achieve better health outcomes for patients. The amendments to the *Mental Health Act 2016* provide additional protections and ensure patients' views, wishes and preferences are considered to the greatest extent practicable. In February 2022, this Bill was passed as the *Health and Other Legislation Amendment Act 2022*.

Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Act 2022

The department prepared two Bills to extend public health legislation to support the Queensland Government response to COVID-19. In September 2021, the *Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Act 2021* was passed to extend public health legislation for COVID-19 and a range of other departmental legislation related to COVID-19 to 30 April 2022. In April 2022, the *Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Act 2022* was passed to extend public health COVID-19 related legislation to 31 October 2022.

Rural and Remote Health and Wellbeing Strategy 2021-26

Following approval by the Minister for Health and Minister for Ambulance Services, the *Rural and Remote Health and Wellbeing Strategy 2022-2027* was released in February 2022 with the *Digital Strategy for Rural and Remote Healthcare*.

Implementation of the strategy has commenced to identify gaps and system-level enablers.

Time for You

A suite of behaviour change strategies co-designed by clinicians and consumers to drive high benefit healthcare decisions has been developed. The behaviour change strategies aim to improve cancer and gastroenterology care for frail consumers by building knowledge, confidence and skills for shared decision-making.

Implementation of the strategies within Metro North and Metro South HHSs project sites will occur

in 2022-23. An evaluation will be undertaken to assess the impact of the tools in clinical practice.

Planning for the system: support implementation of HHS Local Area Needs Assessment (LANAs) and complete work on the Queensland Geographic Needs Index (QGNI)

The LANA framework was developed by the Executive Director Health Service Planning Forum and endorsed by the System Management advisory Committee (SMC) on 25 August 2021.

All HHSs are members of the LANA Community of Practice. The Community of Practice, established by the department, provides access to templates, resources and shared learnings to support HHSs as they develop their LANAs. Additionally, centralised access to LANA minimum data sets in the Planning Portal has been completed.

Work by all HHSs continues to complete their LANAs by December 2022.

The QGNI has been completed and was endorsed by the SMC on 30 June 2021. It is now available via the Planning Portal.

Planning for the system: support the operationalisation of the genomics and precision health strategic roadmap

On 2 March 2022, the department endorsed the strategic intent of the Future of Genomics in Queensland business case and with some amendment, supported progression of the business case to the Director-General. It is envisaged the newly established Office of Precision Medicine and Research will take carriage of this work.

Choosing Better Care Together

The Choosing Better Care Together program includes value-based initiatives that lead to better outcomes and a sustainable health system. Initiatives in progress include:

- releasing acute hospital capacity by enhancing access to Palliative Care at Home (PCaH) for people aged under 65
- improving patient outcomes through the improved data collection and sharing to reduce unwarranted variation in clinical care through Getting It Right First Time (GIRFT); and, reduce surgical complications through National Surgical Quality Improvement Program (NSQIP)
- improving cancer and gastroenterology care for frail consumers by implementing a suite of behaviour change strategies to drive high benefit healthcare decisions by clinicians and consumers through the Time For You (TFY) project.

The Choosing Better Care Together program concluded on 30 June 2022.

Reduce the rate of stillbirth by 20 per cent within five years (2025)

Safer Baby Bundle (SBB): Regular contact with sites continues for ongoing support. Data collection continues with 2021 complete data now available. Workshop three was held in-person in April 2022 for 100 clinicians across two days. Workshop evaluation was positive. Fetal Growth Restriction (FGR) workshop and Train the trainer (TTT) education commenced virtually in March. Clinicians attended both the FGR workshop and the TTT sessions from across the state. The SBB improvement project will continue to collect outcome data for five years post-implementation to monitor the success of the program.

Connecting Your Care

The department has continued delivering on the investment in non-admitted pathway reform initiatives to improve efficiency, equity access to care and equity of outcomes including:

- YourQH, an app and web-based portal, providing a convenient and secure way for patients and families to view and manage their outpatient and community appointments. YourQH solution went live in Townsville HHS on 15 May 2022.
- Smart Referrals, a digital referrals capability enabling faster, streamlined management of referrals to and within Queensland public hospitals. Implementation of Smart Referrals solution completed for all HHSs across the State. Work continues facilitating the uptake of Smart Referrals with GP community.
- A number of clinical improvement initiatives working towards their expected outcomes:
  - routine administrative audits: 59,286 completed to date this financial year, 6,978 removed (11.8 per cent) as at May 2022
  - clinical screening of long waits
  - ENT project (Dial a Dizzy vestibular physiotherapy service, and remote Audiology service establishment)
  - expansion of the Ophthalmology Interventional Clinical Nurse Consultant role at Sunshine Coast Hospital and Health Service
  - gastroenterology project (implementation of GIE Quality Framework)
  - funding provided to support the establishment of project teams for

Proof-of-Concept trial to implement the continuity of care criteria at eight HHSs.

In addition, the Project implementation plan to support implementation of recommendations from the Connecting Your Care/ non admitted reform business case has been finalised and is being delivered against for Northern Program which is now being managed under the established Project Steering Committee.

Development of a Priority Patient dashboard is also in progress with parameters and business requirements identified. Central Area Program is also progressing.

Queensland Rural and Remote Maternity Services Planning Framework

Under the ministerial commitment to oversee the pilot of the *Queensland Rural and Remote Maternity Services Planning Framework*, the department progressed an implementation plan aligned to the six recommendations made by the *Rural Maternity Services Planning Framework*.

The Executive Leadership Team approved the *Rural Maternity Recommendations - Implementation Plan* project close report on 10 March 2022. Ongoing activities have transitioned to business as usual. The close report is available online at: https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity

$27.8 million for renal dialysis treatment across regional Queensland

The department has committed $27.8 million to establish additional renal dialysis treatment spaces across regional, rural and remote Queensland in Proserpine, Clermont, Charters Towers, Ingham and Longreach hospitals and at the Cooktown Multipurpose Health Service and Kowanyama Primary Health Care Centre.

Four treatment spaces each in new dialysis units in Charters Towers and Ingham (Townsville HHS) have been established and both commenced provision of dialysis in May 2022 and one (of two) dialysis chairs in Bowen (Mackay HHS) opened in June 2022.

Enhance the data linkage platform to increase capacity and capability to meet increasing demand for data linkage services to inform policy planning, service evaluation and research

Data linkage infrastructure was modified in 2021–22 to enable concurrent routine linkage processes to be undertaken. This allowed the linkage system to be responsive to requirements such as daily linkage to support Queensland Health COVID-19 and influenza management. Storage capacity was increased to support the increased volumes of data being processed. Further system development will occur in 2022-23 to allow the system to continue to meet increasing demands.

Develop plan for health services and funding options to operationalise proposed satellite hospitals as per the Satellite Hospitals Program

The department and HHSs have developed the service mix for each of the Satellite Hospitals. Operational funding has been built into the 2022-23 Service Agreements where applicable.

Review the approach to statewide and highly specialised services to optimise equitable access, clinical safety and quality and ensure service sustainability and agreed implementation planning

The revised governance and commissioning arrangements for statewide services were endorsed by the System Management advisory Committee in August 2021. This included endorsement of the new statewide services policy, implementation standard and processes to commence or change a statewide service.

Queensland Sepsis Program 5-year strategy

The following activities were completed by the department under the Queensland Sepsis Program 5-year strategy:

- Article on results of Queensland Sepsis Collaborative published in the Lancet Regional Health Western Pacific Journal November 2021
- First Nations representative member included on the Queensland Sepsis Steering committee (QSSC)
- Post-Sepsis Care Discussion Paper recommendations—approved to proceed
- audit of Adult General Medicine sepsis inpatients complete with results indicating areas for improvement in this cohort
- journal paper on results of adult Sepsis General Medicine Audit submitted for publication
- engaged with medical colleges to identify opportunities to include sepsis education in the post-graduate curriculum
- journal paper on findings of digital sepsis algorithm project in draft for submission.
- abstract for presentation on Digital Sepsis Algorithm Project at ACHSM conference 2022 Asia-Pacific health leadership congress accepted
- Digital Sepsis Algorithm Final Report endorsed by QSSC.

Actions commenced/underway:

- Adult Inpatient Sepsis Pathway Pilot launched 1 June 2022—11 HHSs, 28 wards in 22 facilities participating
- Adult Inpatient Sepsis iLearn module in final testing for launch in early August 2022
- research protocol for project to test sepsis pathway with maternal sepsis inpatients submitted
- research protocol for project to conduct a prospective evaluation of sepsis algorithm in draft
- research protocol for the project to test the efficacy of digital sepsis algorithm amongst high-risk First Nations people in draft
- Sepsis Collaborative AMS Data Analysis manuscript in draft for submission for publication
- adult sepsis pathway promotion strategy ongoing. From Feb to June 2022: Site visits to five Wide Bay facilities and Robina; virtual education provided to Longreach and Gin Gin; phone support provided to 25 sites
- pharmacy engagement project to raise community awareness of sepsis—three pharmacies were recruited, and the project commenced
- engaging with Health Information Management Clinical Network in relation to sepsis coding education for medical officers.

Interconnected system governance that delivers the building blocks to support Hospital and Health Services

Our strategies

- Improve information access, connectivity and utilisation including through streamlined data governance arrangements
- Advance innovation across the health system
- Engage Hospital and health services and partners to co-design system-wide strategy and policy
- Advance networked governance arrangements-through alliances and partnerships that build trust and learning across the system

Increasing maturity in managing current and emerging security risks to protect information and the delivery of healthcare services across Queensland Health

A Cyber Security Strategy and Roadmap was developed through a co-design approach with HHSs and input from Queensland Government and Health Consumers Queensland with final approval processes underway. The strategy aligns with and supports the *Queensland Health Digital Health 2031 Strategy*.

A Cyber Security Program has been established with priority projects underway including, but not limited to, End Point Protection and anti-virus capability uplift. Key milestones were met to deliver uplift of endpoint protection and anti-virus capability, with projects continuing to be delivered through 2022-23.

Cyber Security emergency exercises (also known as scenario tabletop exercises) were delivered within the department to enhance ransomware risk management and readiness. Support for exercises also provided to several large HHSs who are actively managing current and emerging cyber risks with a focus on ensuring continuity of services and care to health consumers.

Continue the delivery of Clinical and Business Intelligence (CBI) Platform and Service capabilities to enable enhanced data analytics to improve healthcare delivery and support management of pandemic responses

CBI continued to bolster its platform and service capability through formalisation of the delivery module, bundled service offering and PowerBI Service.

Additionally, CBI implemented and supported many initiatives, enabling enhanced data analytics to improve healthcare delivery and support management of healthcare and the pandemic response, some of which included:

- provided COVID-19 Vaccination and COVID model of care initiatives i.e. data ingestion, analytics and reporting (dashboards, visualisations etc)
- enhanced advancing kidney care data analytics and reporting, used to improve patient outcomes; determine effective kidney care practices and services, facilitate system improvement; and support service planning
- successfully supported Smart Referrals Reporting and Analytics Capability (SRRAC) Release 1 and 2.1 – including the introduction of enhanced reporting which enable improved ability to track the referral journey and drive service improvements
- completed data refresh enhancements for Referral Lodgement and Tracking (RLaT)
- SRAAC rolled out to Central West HHS, North West HHS, Wide Bay HHS, Gold Coast HHS and Metro North HHS—enabling more access to information.
- completed data refresh enhancements for Referral Lodgement and Tracking (RLaT) and rolled out to Metro North HHS—enabling more timely information access. Go-live of upgraded instance in Wide Bay HHS also completed

- completed work packages and releases for 2021–22 to enable further rollout of YourQH (patient online portal) which enables patients and families to view and manage their outpatient and community appointments
- data integration, engineering and reporting completed include successful ingestion and provision of 22 data collections, and successfully went live with a new site—Townsville HHS.

Progressive enhancements to The Viewer to provide additional capabilities and to extend access

In 2021–22, the department progressed the following capability and accessibility enhancements to The Viewer.

Additional Capability Enhancements

Usability improvements:

- onboarding notifications to promote user awareness and adoption of enhancements and new features
- reformatting of Operating Room Management Information System (ORMIS) reports
- introduction of a pathology widget to support efficient patient care for admitted patients with easy-to-read pathology trend information
- Tell Us Once single sign-on capabilities for Health Provider Portal (HPP) and The Viewer.

Increased integrations:

- gastroenterology and Enterprise-wide Liaison Management System (eLMS) Medication Profile Records
- warfarin therapy information captured in Enterprise Discharge Summary (EDS)
- increased access to Radiology data, including any associated images for Children's Hospital Queensland, Caboolture, North West HHS
- Respiratory Reports for Rockhampton, Sunshine Coast University Hospital and Toowoomba Health Service
- Outsourced Gastroenterology Reports – Cairns Hospital and Wide Bay
- Residential Age Care Facility Care Plans – Metro South
- Cardiac Outpatient and Outreach Letters – Princess Alexandra Hospital
- Neurology Reports, Toowoomba, Rockhampton and Redcliffe, Woodford CC
- Discharge Health Report, Fibroscan Reports – TPCH
- Kidney Support Clinic Care Plan – RBWH
- accessibility enhancements
- telehealth and virtual care
- virtual emergency department encounters within Emergency Department Information System (EDIS)
- virtual wards and Inpatient Admissions via Hospital Based Corporate Information System (HBCIS)
- Diabetes and Endocrinology Telehealth Outpatient Letter – Princess Alexandra Hospital.

Other:

- broadened the user base by enabling access to additional eligible health practitioners including pharmacists and further adoption of The Viewer by QAS
- showcased The Viewer to HHSs and community practice groups at healthcare industry events including Digital Health Institute Summit – April 2022.

Queensland Health Information Management (IM) Strategy and Roadmap

The department continued the implementation of the Queensland Health Information Management (IM) Strategy and Roadmap to drive improvements in the management of information that assist in enabling healthcare delivery and advancements. Activity undertaken to support this included:

- completion of the information use and disclosure guidance document that provides guidance to stakeholders within Queensland Health when seeking to use and disclose confidential information with parties internal and/or external to Queensland Health
- approval of the updated data and application custodianship, roles and responsibilities document, that defines accountability for custodians across Queensland Health to ensure that data and information are appropriately managed throughout their lifecycle and are accessible to appropriate stakeholders
- enabling the meaningful use of clinical terminology data in Queensland Health, the Queensland Clinical Terminology Service makes available for browsing and download, national clinical terminology content such as SNOMED CT-AU (including the Australian Medicines Terminology) and additional content for use in Queensland Health. Implementation of the Queensland Clinical Terminology Service occurred on 31 August 2021.

Negotiation and renewal of digital health intergovernmental funding agreements

During 2021–22, the department successfully negotiated national digital health funding arrangements to extend the following funding agreements.

Intergovernmental Agreement on National Digital Health until 30 June 2023. This will continue funding to the Australian Digital Health Agency and enable Queensland Health to interact with national digital health infrastructure, whilst future arrangements are being negotiated during 2022–23.

Joint Venture Agreement for the Australian E-Health Research Centre between CSIRO and Queensland Government until 30 September 2022. This was an interim bridging measure, whilst future arrangements are being finalised.

National Health Services Directory Services Contract until 30 June 2023. This will provide funding to Healthdirect Australia to maintain the national directory, which supports national information and virtual health services, including COVID-19 consumer services.

Digital Health 2031 Strategy

The department launched the *Digital Health 2031* strategy which sets clear direction on providing digital capabilities across the following four key strategic themes:

- Empowered Consumers—empower all consumers to manage and optimise their healthcare throughout the course of their lives
- Digitally enabled Population Health—deliver equitable and accessible care closer to home for our First Nations people and other diverse communities across Queensland
- Connected and Insight-enabled Workforce—foster a connected workforce with greater access to meaningful insights and tools to enable smarter, safer, and higher quality care delivery across the continuum of care
- Health Service Modernisation for Sustainability—ensure we have a robust health system that is value-based and can sustainably meet the evolving needs of our population.

Supporting Families Changing Futures—Advancing Queensland's child protection and family support reforms

To meet the Minister's objectives under the Portfolio Priorities Statement, the department continued to contribute to the Government's child and family reform agenda *Supporting Families Changing Futures – Advancing Queensland's child protection and family support reforms.*

In a collaboration with Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) on combination of policy development, and practice improvement projects, the department has progressed the following:

- the roll out and implementation of the Unify information sharing arrangements and Our Child to improve the safety and wellbeing of children and young people at risk
- review and update of guidelines to ensure the safety and wellbeing of children and young people including:
    - Unborn High Risk Child Alerts
    - Statement of Intent regarding the prioritisation of health services for children and young people in the child protection system
    - discharge escalation pathway for a child at risk
    - updated COVID-19 prevention and management in residential non-family based care services guideline
- implementation of measures to support the recommendations from the Royal Commission into Response to Institutional to Child Sexual Abuse including:
    - implementation of Child Safe Principles through a Queensland Health child safe organisation commitment and a self-audit tool for HHSs
    - analysis of services within Queensland Health to support children exhibiting harmful sexual behaviours
    - Co-chair of the National Strategy to Prevent and Respond to Child Sexual Abuse Strategic Management Group
    - Queensland Health membership on the Children with Harmful Sexual Behaviours Working Group
    - support Early Years Places in four locations through the provision on improved access to health and mental health through integrated services for parents of children aged zero to eight years.
- Maintained and enhanced Queensland Health's contribution as a participating agency to Queensland's Child Death and Injury Review Model (CDIRM), including the establishment of Queensland Health CDIRM Steering Committee. The committee is comprised of senior clinicians and leaders from child protection,

patient safety and quality, First Nations health and social policy. The committee's purpose is to identify and respond to system-wide gaps and trends raised through the CDIRM process. The committee met three times in 2021-2022.

Maintenance and support core Queensland Health Research Activity database and Ethics & Governance Infrastructure including Ethics Review Manager, Database of Research Activity 2.0 and Queensland Clinical Trial Portal

Well-functioning and up-to-date systems for internal (QH) and external use to support ethics and governance approval and monitoring (ERM), activity reporting (ERM & DoRA2.0) and Clinical Trial site recruitment (CT Portal). 99.9 per cent Uptime Service Level during standard working hours on working days.

My Health Record system

The department commenced uploading pharmacist shared medicine list documents to the My Health Record system, the first jurisdiction in the country to introduce the capability statewide. In 2021–22 more than 320,000 documents were uploaded.

A pilot has also commenced at two Brisbane metro hospitals to upload summaries from emergency department presentations to the My Health Record system with more than 39,000 documents being uploaded.

Uploading these documents to the My Health record system will contribute to improving the quality of information available for clinicians at the point of care and enable consumers to access their own medical records.

Queensland Health website and intranet redevelopment projects: Use the Design System to build a "live Beta" Queensland Health website

After an extensive discovery, consultation and development process, a Beta version of the Digital Design System was released.

In 2021-2022, the following websites were redeveloped using the Design System:

- Queensland Health Design System website
- Discovery and Alpha development of selected main Department site content sections
- Get the COVID-19 Vaccine
- Cairns and Hinterland Hospital and Health Service
- Darling Downs Hospital and Health Service
- Sunshine Coast Hospital and Health Service
- Ice Help campaign
- BreastScreen Queensland
- Project Echo.

Engagement is ongoing with the Queensland Government Customer and Digital group at the Department of Communities, Housing and Digital Economy to adapt the Queensland Health Digital Design System for whole of government use further to the new Queensland Government Digital Services Framework.

Discovery work has been undertaken on applying the Design System to the Queensland Health Intranet and will proceed to development during financial year 2022-2023, pending completion of other works.

Establish a new ten-year partnership agreement with the Royal Flying Doctors Service (RFDS) and a $20 million grant is subject to RFDS confirmation of other funding sources totalling $57 million from the Australian Government and $10 million from the private sector

The Agreement was executed on 24 June 2022.

RFDS was approved for increased funding of $25 million for the RFDS Brisbane Aeromedical Hub in lieu of the $20 million capital grant. A funding agreement for the Aeromedical Hub was executed on 27 June 2022 with the funding subsequently released to RFDS.

Develop and deliver, in consultation with key stakeholder groups, a state-wide standardised guideline for medical care at mass gathering events

The Department of Health held the inaugural Queensland Mass Gathering Health Guideline Steering Committee (QMGHG) meeting on 31 March 2022 with representation from Local Government Association of Queensland (LGAQ), QAS and Queensland Police Service.

Since the inaugural QMGHG Steering Committee meeting, subsequent consultation meetings have been held with LGAQ, QAS and a mass gathering subject matter expert from Griffith University. Consultation with local councils has also commenced.

Initial consultations have helped inform the initial draft Healthcare Guidelines for Mass Gathering Events in Queensland. The initial guideline will be workshopped with a working group, scheduled for July 2022, and will aim to identify any additional content required prior to further consultation.

Queensland Health System 5-year strategy

The department has commenced design and implementation of a comprehensive reform program to help deliver sustainable solutions to address demand and workforce challenges that the health system is facing now and into the future.

The reform program is underlined by extensive consultation with the Queensland Health workforce, clinicians and consumers, as well as other key stakeholders, to identify the foundational changes required to bring about successful change. Within months of being established, the Reform Office had undertaken consultation with more than 900 stakeholders across the health system and set the foundations for a 10-year strategy to optimise healthcare delivery. The reform program focuses on key enablers including data, information and communications technology, policy, funding, workforce, partnerships, governance and structure to support the commissioning of new and innovative service delivery models.

Digital Strategy for Rural and Remote Healthcare

The department published the *Digital Strategy for Rural and Remote Healthcare* which aims to identify the unique needs and challenges in rural and remote, key focus areas for the future state and identifying Information Communication and Technology priorities.

Virtual Healthcare Strategy

The department completed the Virtual Healthcare Strategy to identify priorities for virtual care delivery across a number of care delivery areas including Wellness and Care Management, Chronic Disease, Acute Care and Emergency. Capabilities include Virtual Healthcare Hubs, Remote Patient Monitoring and a Digital Front Door for patients and health providers.

Integrated electronic Medical Record (ieMR)

The Queensland Government announced the provision of additional funding of $300 million over five years for the continued roll-out of the ieMR functionality and funding of $90 million over three years for the next tranche of the Infrastructure Maintenance Program.

Pilot the laboratory module that was released in version 7.3 of ISOH

The pilot was successfully completed, and the dental laboratory module is now available for other Queensland Health dental laboratories across the State.

Implement the *Mental Health Alcohol and Other Drugs Digital Information Strategy 2022-27* (Digital Information Strategy) as a key priority of the new Mental Health Alcohol and Other Drugs services plan to 2027

The department continued to work through Roadmap packages to identify and inform work to be progressed for program enablement, this included development of program director role and the early allocation of dedicated support for the program. Foundational work will support timely commencement for expected budget allocation in 2022-23 financial year. Risks and recommendations for endorsement and final release of the Digital Information Strategy have been assessed with publication of final document to align with release of the new MHAOD plan to 2027.

Integrate Mental Health Alcohol and Other Drugs Consumer Journey Board(s) Project

Project initiation, engagement and high-level requirements gathering are complete. The working group is progressing the identification and documentation of detailed requirements, which will inform the preferred solution option as outlined in the business case. The business case is under internal review and on track for completion within schedule.

Undertake research in collaboration with the frontline workforce to improve personal protective equipment design to reduce the discomfort and irritation associated with prolonged usage

The department and QUT Design Lab in collaboration with frontline workforce undertook research to improve PPE design to reduce discomfort associated with prolonged use. This informed development of guidelines for optimising procurement strategies and guiding future user-centred innovation in Queensland.

Establish a project in collaboration with key stakeholders, including the Queensland Nurses and Midwives' Union(QNMU) to develop a nursing and midwifery scorecard that incorporates Positive Practice Environment indicators

A governance structures to enable engagement with QNMU and other stakeholders has been established and Phase 1 project work has been finalised. This focused on benchmarking exercise to map existing standards and indicators to Positive Practice Environment indicators.

Stakeholders have agreed on indicators that could be incorporated into the scorecard in the short term, as well as identified additional options that could be incorporated in the medium to longer term with changes to data collection activities.

Work to further develop the scorecard, including the format, functionality and where it will be hosted, will continue into 2022-23, with the final scorecard due to be finalised by 30 June 2023.

Zero Suicide in Healthcare framework

The department continued to support implementation of the Zero Suicide in Healthcare framework in 12 HHSs across Queensland. A multi-site collaborative is supporting HHSs to embed best practice approaches in the identification, engagement, assessment, treatment and transition of people at risk of suicide.

All services have implemented a suicide prevention clinical pathway providing a consistent and structured approach to the care of people at risk of suicide. Some sites have developed pathways and safety plans targeting specific groups, such as Aboriginal and Torres Strait Islander peoples, children and young people and people with low literacy. Implementation of the Zero Suicide in Healthcare framework is supported by a statewide Suicide Prevention Practice Guideline which launched in March 2022 and workforce training and development in suicide risk assessment and management.

Services are testing a suite of measures to monitor implementation of the suicide prevention pathway to detect implementation gaps, track changes over time, and identify data-driven quality improvement priorities and options for future research and evaluation.

Develop, implement and evaluate a trial of the management of urinary tract infections by community pharmacists

The Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q) continues to be delivered in community pharmacies across metropolitan, regional and rural areas of Queensland. The UTIPP-Q has been extended to 31 October 2022 while the department obtains legislative approval to transition the community pharmacy urinary tract infection service to usual care. Consultation was undertaken with key consumer, medical and pharmacy stakeholders on the implementation of the urinary tract infection service.

The evaluation report for the UTIPP-Q is available on the Queensland University of Technology ePrints website.

New 42-bed residential alcohol and other drug residential treatment service in Rockhampton

Service delivery at the new purpose-built 42-bed Alcohol and Other Drug Residential Rehabilitation and Withdrawal Management Service in Rockhampton (Binbi Yadubay) commenced on 6 December 2021. The new service includes eight withdrawal management beds, 32 rehabilitation beds for adults and two-family units for parents seeking treatment for substance dependence with young children in their care.

$51M capital program to deliver three new purpose-built alcohol and other drug residential treatment services to be operated by non-government organisations, including:

- 10-bed youth alcohol and other drugs residential treatment service (to be built in Cairns) with non-residential treatment and support for young people in North Queensland
    - A site for the residential service has been identified and design of the model of service including a focus on meeting the needs of Aboriginal and Torres Strait Islander young people has been informed by local consultation.
- 45-bed adult Alcohol and Other Drug Residential Treatment Service in Ipswich
    - Identification of a suitable site continues for this new service that will feature 10 withdrawal management beds and 35 rehabilitation beds.
- 28-bed Alcohol and Other Drug Residential Treatment Service in Bundaberg
    - A site has been identified for this new service that will feature eight withdrawal management beds and 20 rehabilitation beds.

A detailed business case for Cairns and Bundaberg services is progressing and informing capital delivery strategies. Work will continue in 2022-23 to acquire land and finalise a design for the Ipswich service as well as finalising the delivery strategy for all three services to enable construction to commence.

Queensland Health Funding Model (QHFM)

An analysis of the current model and assessment of future/emerging needs was completed in consultation with Queensland Treasury and the Department of Premier and Cabinet. The QHFM review proposal resulted in significant operating growth in the 2022-23 budget. Several improvements have been recommended to funding arrangements from 2022-23.

Service Delivery Statements

Acute Inpatient Care

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[1]	<2	0.7
Percentage of elective surgery patients treated within the clinically recommended times[2]		
• Category 1 (30 days)	>98%	92.0%
• Category 2 (90 days)[3]	..	76.7%
• Category 3 (365 days)[3]	..	83.4%
Median wait time for elective surgery treatment (days)[2]		
• Category 1 (30 days)	..	16
• Category 2 (90 days)	..	68
• Category 3 (365 days)	..	271
• All categories	..	36
Percentage of admitted patients discharged against medical advice[4]		
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.0%
• Aboriginal and Torres Strait Islander patients	1.0%	3.0%
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities[5]	$5,109	$5,386
Other measures		
Number of elective surgery patients treated within clinically recommended times[2]		
• Category 1 (30 days)	48,555	49,853
• Category 2 (90 days)[3]	..	37,305
• Category 3 (365 days)[3]	..	20,669
Total weighted activity units (WAU) - Acute Inpatients[6]	1,460,447	1,361,493

Notes:

1 Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021-2022 Actual rate is based on data reported between 1 July 2021 and 30 June 2022.

2 In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives.

3 As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-2022 will be carried forward into 2022-2023.

4 Current performance for Aboriginal and Torres Strait Islander patients is not meeting the target and is likely to take longer than initially projected to achieve. However, given Statewide rates have historically been above 3.5 per cent and approaching 4 per cent, there has been an improvement. The 2021-2022 Actual is for the period 1 July 2021 to 30 June 2022.

5 The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021-2022 Actuals are as of 22 August 2022.

6 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Outpatient Care

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Percentage of specialist outpatients waiting within clinically recommended times[1]		
• Category 1 (30 days)	65%	62.2%
• Category 2 (90 days)[2]	..	43.8%
• Category 3 (365 days)[2]	..	71.6%
Percentage of specialist outpatients seen within clinically recommended times[1]		
• Category 1 (30 days)	83%	80.1%
• Category 2 (90 days)[2]	..	55.8%
• Category 3 (365 days)[2]	..	76.9%
Efficiency measure		
Not identified		
Other measures		
Number of Telehealth outpatients service events[3]	213,294	305,462
Total weighted activity units (WAU) - Outpatients[4]	388,352	343,668

Notes:

1 In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives.

2 As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-2022 will be carried forward into 2022-2023.

3 Telehealth 2021-2022 Actual is as of 18 August 2022.

4 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Emergency Care

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[1]	>80%	67.7%
Percentage of emergency department patients seen within recommended timeframes[1]		
• Category 1 (within 2 minutes)	100%	99.7%
• Category 2 (within 10 minutes)	80%	63.9%
• Category 3 (within 30 minutes)	75%	63.0%
• Category 4 (within 60 minutes)	70%	78.3%
• Category 5 (within 120 minutes)	70%	96.0%
Percentage of patients transferred off stretcher within 30 minutes[2]	90%	62.4%
Median wait time for treatment in emergency departments (minutes)[1]	..	15
Efficiency measure		
Not identified		
Other measure		
Total weighted activity units (WAU) - Emergency Department[3]	300,082	288,367

Notes:

1 During the COVID-19 pandemic Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021-2022 Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions.

2 Emergency Department performance has been impacted by the additional time and resources required to manage COVID-19 precautions. The increased treatment time within emergency departments has impacted patient off stretcher performance. Patient off stretcher 2021-2022 Actual is as of 15 August 2022.

3 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Sub and Non-Acute Care

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measure		
Not identified		
Efficiency measure		
Not identified		
Other measure		
Total weighted activity units (WAU) - Sub-acute[1]	136,199	181,671

Notes:

1 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Mental Health and Alcohol and Other Drug Services

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[1]		
• Aboriginal and Torres Strait Islander	<12%	14.7%
• Non-Aboriginal and Torres Strait Islander	<12%	10.7%
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[2]		
• Aboriginal and Torres Strait Islander	>65%	58.0%
• Non-Aboriginal and Torres Strait Islander	>65%	60.4%
Efficiency measure		
Not identified		
Other measures		
Percentage of the population receiving clinical mental health care[3]	>2.1%	2.1%
Ambulatory mental health service contact duration (hours)[4]	>956,988	794,807
Queensland suicide rate (number of deaths by suicide/100,000 population)[5]	..	15.4
Total weighted activity units (WAU) - Mental Health[6]	164,658	161,382

Notes:

1 Mental Health readmissions 2021-2022 Actuals are for the period 1 July 2021 to 31 May 2022, as of 16 August 2022.

2 Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2021-2022 Actuals are as of 16 August 2022.

3 Percentage of the population receiving clinical mental health care measure 2021-2022 Actuals are as of 29 August 2022.

4 Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021-2022 Target has not been met. Figures are as of 16 August 2022.

5 Queensland suicide rate is the 5-year rolling average for the period 2016-2020. An annual Target is not identified for this measure as progress is expected over the long-term.

6 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Prevention, Primary and Community Care

Queensland Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Percentage of the Queensland population who consume alcohol at risky and high risk levels[1]		
• Persons	21.8%	22.6%
• Male	32.9%	32.6%
• Female	11.2%	13.1%
Percentage of the Queensland population who smoke daily[1]		
• Persons	10.0%	10.4%
• Male	11.4%	11.0%
• Female	8.6%	9.8%
Percentage of the Queensland population who were sunburnt in the last 12 months[1]		
• Persons	47.8%	49.3%
• Male	53.0%	54.6%
• Female	43.0%	44.3%
Annual notification rate of HIV infection[2]	<3.0	2.4
Vaccination rates at designed milestones for children 1-5 years		
• all children 1 year	95%	93.6%
• all children 2 years	95%	92.6%
• all children 5 years	95%	94.0%
Percentage of target population screened for		
• breast cancer[3]	55.7%	51.7%
• cervical cancer[4]	..	..
• bowel cancer	43.4%	39.1%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter[5]	58.4%	58.4%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations[6]	1.7	1.7
Percentage of women who, during their pregnancy, were smoking after 20 weeks[7,8]		
• Non-Aboriginal and Torres Strait Islander women	6.5%	6.2%
• Aboriginal and Torres Strait Islander women[8]	35.0%	36.1%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation[7]		
• Non-Aboriginal and Torres Strait Islander women	97.0%	96.7%
• Aboriginal and Torres Strait Islander women[9]	91.0%	89.4%

Queensland Health	2021-2022 Target	2021-2022 Actual
Percentage of babies born of low birth weight to[7]		
• Non-Aboriginal and Torres Strait Islander women	4.6%	4.9%
• Aboriginal and Torres Strait Islander women	7.3%	9.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years[10]	85%	98.0%
Percentage of oral health Weighted Occasions of Service which are preventative[10]	15%	16.5%
Efficiency measure		
Not identified		
Other measures		
Number of rapid HIV tests performed[11]	6,000	5,610
Total weighted activity units (WAU) - Prevention and Primary Care[12]	49,400	46,771

Notes:

1 The survey measures are population measures from a representative survey sample, and as such there is a year to year variation. Points such as these are not indicative of statistical trends.

2 The annual notification rate of HIV infection (per 100,000 population per year) 2021-2022 Actual is based on the period 1 January 2021 to 31 December 2021.

3 Participation rates in cancer screening programs have been impacted by the COVID-19 pandemic. Participation in the program is dependent on clients being invited to the program every two-years therefore lower participation over the last two years will continue to impact participation rates.

4 Insufficient information is available to derive 2021-2022 Actuals.

5 There is significant random variation in the size of cancer detected from year to year and therefore a three year average is used to calculate this measure. The 2021-2022 Actual is based on the 3-year average for financial years 2017/18-2019/20 calculated in April 2022.

6 The 2021-2022 Target is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2021-2022 Actual is based on the period 1 July 2021 to 30 June 2022.

7 Antenatal services, smoking and low birth weight measures Actual for 2021-2022 are based on the period 1 July 2021 to 30 April 2022.

8 While the 2021-2022 Actual is just over the 2021-2022 Target, rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one per cent per annum.

9 While the 2021-2022 Actual is close to the 2021-2022 Target, a number of the Hospital and Health Services (HHSs) have reached the target and overtime there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–03 when the rate was 76.7 per cent.

10 Oral Health measures 2021-2022 Actual are based on actual performance from 1 July 2021 to 30 June 2022.

11 The HIV rapid test 2021-2022 Actual is based on the period 1 January 2021 to 31 December 2021. There was a decrease in the number of HIV rapid tests performed in 2021, likely due to lockdown restrictions implemented during the COVID-19 pandemic and implementation of an HIV self-testing program.

12 The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 29 August 2022.

Queensland Health Corporate and Clinical Support

Department of Health	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Percentage of Wide Area Network (WAN) availability across the state[1]		
• Metro	99.8%	99.73%
• Regional	95.7%	99.98%
• Remote	92.0%	99.51%
Percentage of high level ICT incidents resolved within specified timeframes[2]		
• Priority 1	80%	91.7%
• Priority 2	80%	65%
Efficiency measures		
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance[3]	95%	92.5%
Percentage of correct, on time pays[4]	98%	99.81%
Other measures		
Percentage of initiatives with a status reported as "action required" (Red)[5]	<15%	3%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators[6]	100%	100%

Notes:

1 The Wide Area Network (WAN) 2021-2022 Actual represents average monthly availability across the period from July 2021 to 30 June 2022.

2 ICT service levels have been impacted by COVID-19 resulting in disruptions to ICT supply chains, increased equipment shortages and a restricted labour market. The high-level ICT incidents resolved 2021-2022 Actual is calculated across the period 1 July 2021 to 30 June 2022. Figures include downgraded incidents.

3 The percentage of capital infrastructure projects delivered on budget and within time 2021-2022 Actual is based on data as at 17 May 2022.

4 Percentage of correct, on time pays is Percentage of correct, on time pays for the period 1 July 2021 to 30 June 2022.

5 The 2021-2022 Target has been recast from 5.7% to <15% to address an error in the 2021-2022 financial year SDS: the 5.7% was the actual for 2020-21 not the intended (and historic) target of <15%. The 2021-2022 actual percentage is based on the June 2022 Queensland Government Digital Projects Dashboard update.

6 Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

Queensland Ambulance Service

Queensland Ambulance Service	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Time within which code 1 incidents are attended - 50th percentile response time (minutes)[1]		
• Code 1A	8.2	8.8
• Code 1B	8.2	11.5
• Code 1C	8.2	12.9
Time within which code 1 incidents are attended - 90th percentile response time (minutes)[1]		
• Code 1A	16.5	17.6
• Code 1B	16.5	23.3
• Code 1C	16.5	25.7
Percentage of Triple Zero (000) calls answered within 10 seconds[1]	90%	85.78%
Percentage of non-urgent incidents attended to by the appointment time[1]	70%	78.2%
Percentage of patients who report a clinically meaningful pain reduction[1]	85%	82.9%
Patient experience[2]	97%	96%
Efficiency measures		
Gross cost per incident[3]	$772	$837
Percentage of calls to 13 HEALTH answered within 20 seconds[1]	80%	58.3%

Notes:

1 The 2021-2022 Actuals for Queensland Ambulance Services measures are for the period 1 July 2021 to 30 June 2022.

2 The patient experience percentage 2021-2022 Actual is from the Council of Ambulance Authorities annual report released in October 2021.

3 The variance between the 2021-2022 Actual and 2021-2022 Target reflects that funding provided for the COVID-19 pandemic response that was provided on a cost recovery basis in line with Commonwealth and State funding arrangements.

Public Health Report 2021–22

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

1. Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander Queenslanders experience a greater burden of ill health and early death than Other Queenslanders. As well as the impact of risk factors, access to clinical services and the performance of the health system, health status is also affected by a range of factors outside the influence of the health system. These include social, cultural, historical, environmental and economic factors.

1.1 Sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs): – Infectious syphilis (less than two years duration) and HIV

Queensland Health has approved recurrent funding of $5.1 million per annum to continue activities under the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan. Hospital and Health Services are encouraged to deliver tailored community and place-based responses as part of the Health Equity Strategy development process. Additional funding has also been provided to four HHSs to support contact tracing in these areas. Queensland Health has funded a suite of syphilis prevention strategies to be delivered during 2022 by key partner non-government organisations, including health promotion campaigns and training for health providers.

There has been an ongoing outbreak of infectious syphilis, disproportionally affecting Aboriginal and Torres Strait Islander peoples in five HHS areas in Queensland: Torres and Cape, North-West, Cairns and Hinterland, Townsville and Central Queensland. There were 219 infectious syphilis cases in Aboriginal and Torres Strait Islander Queenslanders in 2021, 135 (62 per cent) of which were from the five outbreak-affected HHS areas. The notification rate of infectious syphilis in Aboriginal and Torres Strait Islander Queenslanders has increased from 63 cases per 100,000 population per year in 2011 to 91 cases per 100,000 population per year in 2021. There has also been an increase in the notification rate of infectious syphilis in Other Queenslanders, from five cases per 100,000 population per year in 2011 to 17 cases per 100,000 population per year in 2021.

Between 1 January 2011 and 30 June 2022, there were 16 Aboriginal and Torres Strait Islander notifications of congenital syphilis and nine notifications for Other Queenslanders (25 in total). Six of these notifications were received in the 2021–22 financial year. Nine notifications resulted in death, all Aboriginal and Torres Strait Islander babies. A review of cases is currently being undertaken and recommendations are under development.

Statewide, there was a continuing decrease in HIV notifications, from 185 cases (3.8 per 100,000 population per year) in 2017 to 124 cases (2.4 per 100,000 population per year) in 2021. However, HIV notifications were over-represented in Aboriginal and Torres Strait Islander peoples, accounting for 6 per cent of the total HIV notifications in Queensland. From 2017–2021, 53 per cent (2547) of HIV notifications in Aboriginal and Torres Strait Islander peoples occurred in North Queensland. Twenty-four (24) of these HIV cases are still living in North Queensland, and 23 (96 per cent) have been engaged in ongoing care, with 18 (75 per cent) achieving undetectable viral load. Cairns and Hinterland HHS provides ongoing clinical and public health services for HIV across North Queensland.

1.2 Environmental health conditions

The health inequalities experienced by Aboriginal and Torres Strait Islander peoples can be attributed in part to poor environmental health conditions across areas such as water supply, housing, sewerage, pest management, animal management, waste management and food safety and supply.

The burden of disease of Aboriginal and Torres Strait Islander peoples is estimated to be 2.3 times that of the broader Australian population but is even higher for remote and very remote Aboriginal and Torres Strait Islander communities across central and northern Queensland. It is estimated that a significant portion of this health inequality experienced by Aboriginal and Torres Strait Islander peoples can be attributed to poor environmental health conditions (Australian Institute of Health and Welfare, 2022).

The *Aboriginal and Torres Strait Islander Environmental Health Plan 2019–2022* (the Plan) is based on a multi-strategy approach to improving environmental health conditions in Aboriginal and Torres Strait Islander local government areas. Work under the Plan is focused on supporting healthy living environments, developing partnerships between environmental health and clinical care, and providing advocacy across government. It

seeks to influence partners to ensure environmental health considerations are embedded in planning and delivery of services that influence healthy environments.

During 2020–21, work has begun on establishing and delivering a 'Healthy Housing' program for Aboriginal and Torres Strait Islander communities and increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the delivery of formal training and mentoring to the Aboriginal and Torres Strait Islander workforce. Work has also been significantly progressed to establish a Certificate III Environmental Health training course tailored for Aboriginal and Torres Strait Islander peoples currently employed by Aboriginal and Torres Strait Islander local governments in rural and remote parts of Queensland. The availability of a training course registered and supported by Queensland Health provides the much-needed certainty for training and upskilling the Aboriginal and Torres Strait Islander Environmental Health Worker workforce.

Domestic animal health within discrete communities can become a public health issue where poor local animal health leads to the occurrence of zoonotic diseases. The focus of animal management in communities is the reduction of zoonotic disease through both population control and disease prevention. Queensland Health is partnering with the Local Government Association of Queensland to develop a panel of veterinary providers to support veterinary services to these discrete communities. It is expected that the panel will provide improved access to these services for many communities while reducing costs.

In addition, Queensland Health is working collaboratively with other jurisdictions to progress actions under the National Action Plan for Aboriginal and Torres Strait Islander Environmental Health which seeks to improve the access of Aboriginal and Torres Strait Islander peoples to healthy environments.

1.3 Water quality

Queensland Health continues to work in partnership with Aboriginal and Torres Strait Islander councils and other state government agencies to deliver the 'Safe and Healthy drinking water in Indigenous local government areas' program. The aim of the program is to improve the operation and management of drinking water supplies in communities to ensure public health is protected. Program delivery involves building the capacity of Aboriginal and Torres Strait Islander water treatment plant operators to assure the ongoing safety, quality and quantity of water being supplied by each Aboriginal or Torres Strait Islander local government. This approach includes both intensive mentoring and ongoing support phases. Funding is in place to roll out the program to 31 communities by the end of the June 2023.

During 2021–22, delivery of the program was interrupted due to the impacts of COVID-19. However, delivery of intensive support was able to be provided in the communities of Erub, Badu, Mapoon and Yarrabah (Cairns and Hinterland HHS); Woorabinda (Central Queensland HHS); Doomadgee (Townsville HHS); and Cherbourg (Darling Downs HHS, while ongoing support was provided in Saibai, St Paul, Wujal Wujal, Lockhart River (CHHHS) and Palm Island (THHS). Both Queensland Health and the Department of Regional Development, Manufacturing and Water have worked closely with Cherbourg Aboriginal Shire Council to resolve critical infrastructure failures and operational issues to improve water quality. A long-standing boil water alert in place for five months was lifted in June 2022, coinciding with the operation of the newly installed reservoirs. Further improvements in operational practices are required by Council to ensure the safety of the drinking water supply.

One of the key concerns identified by the program to date is the lack of a culturally appropriate training package for Aboriginal and Torres Strait Islander water operators. Queensland Health engaged the Water Industry Operators Association of Australia to undertake a gap analysis of training and skills competencies in the 31 communities. This information will be used to develop training needs for each of the communities.

1.4 Immunisation coverage

Queensland's Aboriginal and Torres Strait Islander childhood immunisation coverage rates for the one-year-old and two-year-old cohorts have historically been lower than coverage rates for Other Queensland children in these age cohorts. However, the gap in coverage rates has narrowed over time. In the March 2016 quarterly coverage report, there was a 6.3 per cent (87.6 per cent v 93.9 per cent) difference between the one-year-old cohorts and a 4.9 per cent (87.4 per cent v 92.3 per cent) difference between the two-year-old cohorts. Six years later, in March 2022, these gaps had been reduced to 2.9 per cent (90.9 per cent v 93.8 per cent) and 1.4 per cent (90.9 per cent v 92.3 per cent) respectively.

Immunisation coverage for five-year-old Aboriginal and Torres Strait Islander children has historically been higher than coverage for Other Queensland children. In March 2022, coverage for five-year-old Aboriginal and Torres Strait Islander children was 97.0 per cent compared to 93.4 per cent for Other Queensland children.

Delayed or incomplete vaccination puts children at risk of contracting vaccine-preventable diseases.

Timeliness is a major concern for vaccines due at two, four and six months of age, as this is when children receive vaccines that protect against many serious diseases including pertussis, pneumococcal, Haemophilus influenzae type B (Hib) and rotavirus. Infection caused by these organisms can be severe, lead to hospitalisation, and can be fatal.

To address this issue, the department:

- continued the *Bubba Jabs on Time* initiative delivered through the Health Contact Centre to follow up families of Aboriginal and Torres Strait Islander children up to five years of age overdue for immunisations
- continued to fund the immunisation follow-up and outreach project 'Connecting Our Mob', delivered through the Cairns and Hinterland HHS Public Health Unit (PHU) to improve uptake and timeliness of childhood immunisations for Aboriginal and Torres Strait Islander children in the greater Cairns metropolitan area.

2. Chronic disease and cancer

Unprecedented levels of chronic disease in the population in the form of conditions such as diabetes, cardiovascular disease, cancers, musculoskeletal disorders, and chronic respiratory conditions are accelerating demand on the health system. Much of this burden is preventable by addressing a few lifestyle risk factors, particularly tobacco smoking, poor nutrition, low levels of physical activity and unprotected exposure to the Queensland sun. Adverse outcomes associated with COVID-19 among patients with chronic disease have further highlighted the impact of chronic disease and the benefits of keeping people well in the community.

Queensland Health's Preventive Health Branch works in a multisystemic way to ensure populations live, work play and age in circumstances that maximise opportunities for good health and wellbeing. This is achieved by delivering healthy built, natural, cultural, and commercial environments and ensuring that there are many opportunities in our health system for early identification and intervention in chronic disease so that progression to more serious illness is avoided wherever possible.

Queensland contribution to national prevention policy and strategy

Preventive Health Branch leads and participates in intergovernmental networks to inform and guide prevention policy and strategy in Australia, for the benefit of Queenslanders. It also provides advice to Government, health services and the public, with a focus on smoking reduction and contributes to the nutrition related chronic disease reduction priorities in national food regulation work.

In 2021–22, the Preventive Health Branch:

- continued to lead the development of the *National Obesity Strategy 2022–2032* by providing leadership and cross-jurisdictional coordination for the national working group. The Strategy, released by Australian Health Ministers on 4 March 2022, is a 10-year framework for action to prevent, reduce and treat overweight and obesity in Australia. Implementation of the Strategy in Queensland will be led by Health and Wellbeing Queensland.
- continued to lead a trans-national review of menu labelling. Menu labelling involves the display of energy in kilojoules, at the point-of-sale for ready-to-eat standard food and drinks. Having access to this information in a consistent way supports Australians to make informed purchasing decisions. A Consultation Regulatory Impact Statement to improve and strengthen menu labelling was released in April 2021. Submissions from industry, public health and consumer groups, community members, and Australian governments preferred the option to include mandatory food labelling in the Food Standards Code, in combination with comprehensive, sustained consumer education in Australia and New Zealand. A Decision Regulatory Impact Statement was drafted and ultimately supported by members at the bi-national Food Regulation Standing Committee in March 2022.

Queensland leadership in prevention priorities and health system action

2.1 Smoking reduction

Queensland has made substantial progress through legislation, quit support and community education efforts to reduce daily smoking, from 24 per cent in 1998 to 10 per cent in 2020. However, given the long lag effects associated with smoking related illness, use of smoking products remains the leading cause of death and disease in Queensland, and in 2015–16, the total cost of smoking related disease was estimated at $27.4 billion.

Poor health outcomes from smoking are unequally distributed in the community, with higher smoking rates among Aboriginal and Torres Strait Islander peoples, people in low socio-economic circumstances and people living in regional and remote areas. Smoking related illness causes half of all deaths of Aboriginal and Torres Strait Islander peoples aged over 45 years and a third of deaths in this population in total.

A significant driver of smoking reduction in Queensland has been reduced smoking uptake. However, this success is at risk from intensive electronic cigarette (e-cigarette) promotion primarily targeted at adolescents and young adults, and among whom use of e-cigarette products is becoming more common.

After comprehensive global systematic reviews, the National Health and Medical Research Council concluded in 2022 that:

- e-cigarette use and exposure poses health risks for users and bystanders
- non-smokers who try e-cigarettes are three times more likely to try tobacco smoking
- e-cigarettes are not proven or safe and effective smoking cessation aids.

The Queensland Government has committed to increasing the range of public places that are free from smoking and e-cigarette use, and to further restricting the supply, advertising, and promotion of all smoking products (including e-cigarettes). Community consultation on proposed reforms to progress the Government's commitments was released in May 2022. Proposed reforms respond to new challenges in tobacco control, with the intent of addressing:

- environments and policies that promote smoking uptake by young people or reduce successful quit attempts
- exposure to second-hand smoke in recreational outdoor settings that are out-of-step with community expectations
- information gaps in the current monitoring, investigative and enforcement framework of the *Tobacco and Other Smoking Products Act 1998*
- illicit trade of smoking products.

Queensland will continue to deliver a Quitline service and will also support and participate in research that investigates new approaches to helping more Queenslanders to successfully quit smoking:

- In 2020–21, Quitline completed over 10,120 single session support and information calls and provided intensive quit support (combination of multiple session support calls with a 12-week supply of Nicotine Replacement Therapy (NRT)) to over 3710 individuals within identified priority smoking cohorts, including pregnant women and their partners, Aboriginal and Torres Strait Islander peoples, clients of Community Mental Health, and individuals living in regional, rural and remote Queensland
- Collaborative projects with Queensland clinicians aim to improve smoking cessation knowledge, skills, and referrals. In 2021–22, there was a focus on working with priority groups, including First Nations women who are pregnant and smoke, and their families, through a pilot of the enhanced quit smoking support initiative for pregnant clients in select public antenatal services. The main focus of the program was to train midwives and other antenatal staff to increase their knowledge, skills and confidence to assess nicotine dependence, increase their knowledge of the correct way to use nicotine replacement products, and provide clients with a 2-week starter pack of NRT, along with a referral to Quitline, for continued smoking cessation support.

2.2 Healthy places healthy people

Well-designed built and natural environments which preference healthy lifestyles contribute to improving physical and mental health outcomes and will reduce the chronic disease burden in our communities in the longer term.

State and local government agencies with policy and investment responsibilities for built and natural environment infrastructure have the greatest potential to positively impact the health and wellbeing of Queensland communities. To address gaps in the consistent delivery of built environment attributes proven to support healthy living, Preventive Health Branch has partnered with the Office of the Queensland Government Architect to lead a cross government codesign process that informed the development of the *Healthy Places, Healthy People Framework*. The Framework reinforces the collective impact value for the consistent inclusion of built environment attributes proven to preference health outcomes in infrastructure planning and investment decisions by State and Local Government partners.

During 2021–22, the Framework was applied to projects addressing walkability and shade in Ipswich and bus shelter design in Brisbane. Preventive Health Branch has also partnered with the University of Southern Queensland to measure and collect data on the level of protection provided by street tree species to inform natural shade provision planning for footpaths in Queensland.

Improving chronic disease prevention within the Queensland public sector health system

During 2021–22, Preventive Health Branch partnered with The Australian Prevention Partnership Centre to lead a systems analysis to better understand how the Queensland public sector health system currently supports (and impedes) chronic disease prevention. The analysis specifically focused on secondary and tertiary prevention of chronic

disease, that is, prevention within clinical settings. The project was co-funded by the Commonwealth Government Health Innovation Fund and Queensland Health.

The analysis deeply engaged with 200 systems stakeholders using a system science approach and a range of participatory and qualitative methods to reveal barriers and enablers for clinical prevention, system interdependencies and key leverage points, and potential opportunities for system redesign.

The project identified a package of 18 actions across five intersecting domains for driving system redesign to sustainably strengthen clinical prevention in the Queensland public sector health system. These opportunities include strengthening the mandate, intrinsic and extrinsic rewards, the role of consumers, internal capability and capacity, networks, and accountability for prevention. The current focus has now shifted towards implementation planning, integrating these actions within the Queensland Health reform process and strategy.

2.3 Skin cancer prevention

Queensland has the unfortunate title of being the skin cancer capital of the world, with melanoma incidence rates being 40 per cent higher than the national rate and by far the highest of all jurisdictions. Along with the burden of non-melanoma cancers, the treatment of skin cancers puts a high, yet preventable economic and social burden on the health system and individuals. As the strategic lead for skin cancer prevention in Queensland, Preventive Health Branch provides expert sun safety policy advice and implementation support to relevant state agency partners to increase Queenslanders' use of the five sun protective behaviours, reduce unsafe exposure to ultraviolet radiation and sunburn risk. Through funding and secretariat support for *Skin Cancer Prevention Queensland,* a collaboration of government agencies, academic and research partners, clinicians and non-government advocacy, education, and awareness organisations are enabled to work together and ensure consistency of messaging, translation of research findings to inform policy and programs, and maximise the collective impact of each agency's skin cancer prevention efforts.

In 2021–22, the department:

- partnered with the Safer Schoolies initiative and promoted the uptake of sun safe behaviours at schoolies festivals and conducted research on young adults' use of sun safety behaviours. Findings will be used to inform skin cancer risk reduction strategies with this hard-to-reach target group
- collaborated on the use of social media channels to deliver sun safety focused population level messaging, along with targeted approaches for priority groups
- supported 23 organisations to purchase permanent shade structures to reduce sun exposure in children though funding the Sun Smart Shade Creation Initiative.

From 2022–23, Preventive Health Branch will work closely with Strategic Communications Branch to deliver a multi-year public awareness campaign that encourages Queenslanders to adopt the five sun safe behaviours and provides increased opportunities for expert skin checks for hard-to-reach groups.

2.4 Cancer Screening

Cancer screening programs help to protect the health of Queenslanders by providing prevention and early detection of selected cancers. Screening tests look for particular changes and early signs before cancer develops or symptoms emerge. Queensland supports the delivery of the three national cancer screening programs for breast, bowel and cervical cancer. All eligible people in the target age groups are strongly encouraged to participate.

For over 25 years, Queensland Health has been providing breast screening services to reduce deaths from breast cancer targeting women aged 50–74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 22 satellites and 11 mobile vans covering more than 260 locations across the State. The latest available data identifies that 52.1 per cent of Queensland women aged 50 to 74 years participated in the program for the 24-month calendar period 2020–2021. In the 2021–22 financial year, 233,619 breast screens were performed, which was 20,000 more screens than two years previously, which was impacted by COVID lockdowns and a temporary suspension in screening due to COVID-19.

Queensland Health also supports the National Cervical Screening Program (NCSP). The Program aims to reduce the number of women who develop or die from cervical cancer through screening, which currently detects early changes in the cervix before cervical cancer develops. Most cervical cancers are found in people who have never screened or screened less regularly than recommended. Approximately 62.1 per cent of Queensland women participated in the program for the four-year period 2018–2021. On 1 July 2022, the NCSP expanded test options, offering self-collection as a choice to all people eligible for cervical screening (unless a co-test is indicated). This change means all women and people with a cervix aged 25–74 years will have the choice to

screen using either a self-collected vaginal sample, or a clinician collected sample from the cervix. Both options continue to be accessed through a healthcare provider. Recent evidence demonstrates that a Cervical Screening Test using a self-collected vaginal sample is as accurate as a clinician-collected sample taken from the cervix during a speculum examination. Self-collection provides a level of control and choice for many patients, removing a significant cervical screening barrier for those less likely to screen.

The National Bowel Cancer Screening Program (NBCSP) invites eligible Queenslanders aged 50–74 years to screen every two years for bowel cancer using a free, simple test at home. Queensland Health supports the NBCSP through the delivery of the Participant Follow Up Function (PFUF) for participants who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. The total number of follow-up interactions in Queensland that were delivered for the 2021–22 financial year was over 7400. On average PFUF officers followed up participants on their first GP reminder in eight days and those on first colonoscopy reminder in six days, much lower than the 28-day KPI. The latest available data identifies that 39 per cent of eligible Queenslanders participated in the program for the 24-month calendar period 2019–2020. In 2019–2020, 471,626 Queenslanders aged between 50 and 74 years participated in bowel screening.

Queensland Health recognises the significant impact and benefit of improving participation by eligible Queenslanders in the target age group in cancer screening programs and as a result continues to prioritise and invest in a range of collaboratively developed state and local level strategies. These strategies aim to increase participation rates and ensure that those participants requiring follow up are seen in a timely manner.

3. Environmental Health

Impacts on human health from environmental risks arise from a range of sources, including physical, chemical and biological factors and related factors impacting behaviours. In 2018, it was estimated that 2 per cent of the total burden of disease in Australia was due to occupational exposures and hazards, including injuries, loud noise, carcinogens, particulate matter, gas and fumes, asthmagens and ergonomic factors (Australian Institute of Health and Welfare, 2021) and 1.3 per cent of the total burden of disease was attributed to fine particulate ($PM_{2.5}$) air pollution (Australian Institute of Health and Welfare, 2021). In 2018, it was estimated that about 2% of deaths were attributed to $PM_{2.5}$ air pollution and 1.1 per cent of deaths were attributed to occupational exposures and hazards (Australian Institute of Health and Welfare, 2021).

The natural environment can influence physical and mental health through factors such as the quality of air and water, soil in which food is grown, positive and negative effects of exposure to ultraviolet radiation (adequate exposure protecting against Vitamin D deficiency and excessive exposure being linked to skin cancer) and the potential impact of extreme weather events (Australian Institute of Health and Welfare, 2018). The built environment also encompasses several determinants of health, including housing, neighbourhood conditions and transport routes, which shape the social, economic and environmental conditions that are needed for good health (Glasgow Centre for Population Health, 2013).

Pressures from the natural environment, including more frequent, adverse weather events, climate change and population growth, and design of the built environment can contribute to an unhealthy environment and negatively influence people's physical and mental health and wellbeing (Australian Institute of Health and Welfare, 2018). The ability to effectively identify, assess and respond to threats from environmental sources is a critical part of a proactive and integrated health protection response to safeguard and improve the health of Queenslanders.

3.1 Climate adaptation and health system sustainability

The occurrence of climate related events in Queensland continues to reinforce the concerns of the World Health Organization, which identified earlier this millennium that changing climate is the biggest global health threat of the 21st century. In Queensland, recent notable climatic events have included dust storms, drought, flood, wildfires and cyclones. The effects on human health have also been compounded by the sequential occurrence of climatic disasters, allowing little opportunity for respite or recovery. This risk was highlighted in early 2022, with multiple flooding events occurring across Queensland.

The *Queensland Health Climate Risk Strategy 2021–2025* (the Strategy) and an implementation road map was approved by the Minister in November 2021. The Strategy is directly supported by the Climate Change Adaptation Planning Guidelines and Climate Change Information Almanac. The Strategy provides a policy framework to support consistent climate risk management across the whole public sector health system. The Strategy is aligned to key Queensland Government policy frameworks including the *Queensland Climate Action Plan 2020–2030*, which builds on actions already taken under the Queensland Climate Transition Strategy and Queensland Climate

Adaptation Strategy and marks the next steps towards realisation of Queensland's targets to achieve zero net emissions by 2050. Training for all HHSs and Queensland Ambulance Service in climate risk assessment is proposed to be completed by the end of 2022. A number of HHSs have commenced preparation of their Climate Risk Action Plans.

The newly established Queensland Health Office of Hospital Sustainability (OHS) is responsible for the Green House Gas Emissions Reduction plan – 10-year (2020–2030) and actively working to establish HHS and Queensland Health-wide resource usage and environmental impact reporting to guide carbon reduction efforts, influence infrastructure design and investment decisions and mature waste management and recycling across Queensland Health. OHS is also working with the whole of government initiative on a Future Economy Taskforce linked to the decarbonising global environment effort agreed to by the Queensland Government. Under the leadership of OHS, Queensland Health has to date reduced its carbon footprint by approximately 60,000 tonnes of carbon dioxide equivalent (tCO2-e).

3.2 Foodborne illness – Salmonella and Campylobacter

It has been estimated there are approximately 4.1 million cases of foodborne illness in Australia each year, with contaminated food causing approximately 30,800 hospitalisations and 80 deaths every year. Campylobacter is currently the leading cause of gastrointestinal illness in Australia among all the notified enteric pathogens, while Salmonella is the leading cause of foodborne illness outbreaks in Australia. In Queensland, there were 9046 cases of Campylobacter infection reported during 2021–22. This compares with 8720 cases notified during the previous financial year and a 5-year mean of 8286 cases. The notification rate during 2021–22 was 175 cases per 100,000 population, which has been the highest recorded rate in Queensland. There were no outbreaks of *Campylobacter* infection investigated during the past 12 months.

There were 3594 *Salmonella* notifications in Queensland during 2021–22, which was 5.5 per cent lower than 2020–21 (3802 cases) and 9.5 per cent lower than the 5-year mean (3973 cases). The notification rate during 2021–22 was 69 cases per 100,000 population. The notification rate has been declining for the past three years. Nine outbreaks of *Salmonella* infection were investigated during the financial year, which resulted in at least 121 cases of infection and 16 hospitalisations. Eight of the nine outbreaks were due to foodborne transmission.

Eggs were the source of infection for two outbreaks and chicken meat was the source of infection for three outbreaks. Genomic testing of human and poultry *Salmonella* isolates enabled investigators to link all three outbreaks to a single poultry manufacturer. Investigations suggested mouse plague affected poultry farms were supplying the manufacturer with chickens that had higher than usual levels of *Salmonella*. The implicated company has been proactively working at both farm and processing levels to reduce *Salmonella* in finished product, which has resulted in a marked decrease in associated cases in 2022. A source of infection was not identified for the remaining three foodborne outbreaks.

The Queensland Senior Officers Working Group (SOWG) endorsed the *Reducing Risk in the Community - Queensland Foodborne Pathogen Risk Mitigation Strategy March 2015 – March 2018*. The strategy describes specific actions to be undertaken by each agency in order to improve *Salmonella* and *Campylobacter* prevention and control practices.

In April 2017, the Australia and New Zealand Ministerial Forum on Food Regulation (now the Food Minister's Meeting) agreed the food regulation system was producing strong food safety outcomes overall and identified priority areas to further strengthen the system. One of these priorities was to reduce foodborne illness, particularly related to *Campylobacter* and *Salmonella*, with a nationally consistent approach. In June 2018, *Australia's Foodborne Illness Reduction Strategy 2018-2021* was endorsed.

While the COVID-19 pandemic delayed some activities, in late 2021 a scorecard was developed outlining Australia's foodborne illness data. The scorecard identified a five year mean of 20 per cent fewer cases of salmonellosis, with the main sources being leafy vegetables and eggs, and a five year mean increase of 10 per cent more cases of campylobacteriosis, mainly caused by poultry products and handling. In Queensland, following a steady decline over the period 2015–2018, *Salmonella* notification rates have remained relatively stable between 2019 and 2021; however, campylobacteriosis levels have seen little improvement over time. Annual notifications of listeriosis remain low, with fluctuations between 5 and 18 cases per year.

The *Queensland Foodborne Illness Risk Reduction Implementation Plan 2022–2025* has been drafted as a coordinated approach by Queensland Health, Department of Agriculture and Fisheries and Safe Food Production Queensland to controlling food borne pathogens in Queensland, focusing on *Salmonella*, *Campylobacter* and Listeria monocytogenes.

3.3 Air Quality

The air quality in Queensland is considered relatively clean compared to many countries around the world; however, it should not be taken for granted. The bushfires of 2019-2020 highlighted to the community the importance of air quality in maintaining a healthy lifestyle.

The department is continuing to work with the Commonwealth, other state health agencies, and the Queensland Department of Environment and Science (DES) to improve the monitoring of $PM_{2.5}$ (particles with a diameter of 2.5 micrometres or less) and PM_{10} (particles with a diameter of 10 micrometres or less) across Queensland.

Prior to the start of the 2021–2022 fire season (August 2021–January 2022), six existing DES monitoring stations were upgraded, and four new $PM_{2.5}$ monitoring stations were installed, along with ten smoke sensor sites. These upgrades allow for more meaningful public health messaging which aligns with other state and national jurisdictions, consistent with $PM_{2.5}$ and PM_{10} levels for 'short term' bushfire smoke events and reflects health risk assessment of the 'live' monitoring data on the DES website to provide timely public advice to the community.

3.4 Water Quality

Drinking water incidents

During 2021–221, there were 198 drinking water incidents reported to Queensland Health by Water Supply Regulation within the Department of Regional Development, Manufacturing and Water. These included 55 incidents where E. coli, an indicator of microbial contamination, was detected in a water supply, 38 were due to infrastructure failure and 44 were for exceedances of other drinking water guideline values.

Of the 198 incidents, 30 resulted in the issue of a boil water alert and one in a do not consume alert. The HHS PHUs with the most incidents in their areas were Darling Downs (n=51), Townsville (n= 37) – serving Townsville and North West HHS; and Tropical (n= 34) – serving Cairns and Hinterland and Torres and Cape HHSs.

Recycled water

During 2021–22, Queensland Health worked closely with the Department of Regional Development, Manufacturing and Water and Seqwater to prepare for the potential recommissioning of the Western Corridor Recycled Water Scheme. This scheme could provide a new, sustainable source of drinking water for South East Queensland in preparation for future water security challenges. The February 2022 rainfall event increased the SEQ water grid storage capacity, reducing the urgency for the recycled water introduction to the drinking water supply.

Queensland Health's role has included the review of verification monitoring activities to ensure that the purified recycled water produced by the scheme is safe before being added to Lake Wivenhoe. Queensland Health has also been assisting Seqwater with stakeholder engagement activities, particularly in relation to the provision of information to health professionals and health consumers.

3.5 Occupational Dust Lung Disease

On 6 October 2021, the Minister for Health and Minister for Ambulance Services (the Minister) tabled the *Notifiable Dust Lung Disease Register Annual Report 2020-2021* in the Queensland Parliament. This annual report was provided to meet the requirements of the *Public Health Act 2005* and includes:

- the number of notifications and reports of notifiable dust lung disease given to the Notifiable Dust Lung Disease Register (NDLD Register) during the 2020–21 financial year
- a description of the types of notifiable dust lung diseases recorded in the NDLD Register during the financial year
- other actions undertaken by Queensland Health to implement the purposes of the NDLD Register.

Since 1 July 2019, Queensland occupational and respiratory medicine specialists must notify cases of notifiable dust lung disease to the NDLD Register. On request, Resources Safety and Health Queensland and the Office of Industrial Relations must also report information that their organisations hold on cases of notifiable dust lung disease to the NDLD Register.

A notifiable dust lung disease is any of the following respiratory diseases when caused by occupational exposure to inorganic dust:

- cancer (e.g. mesothelioma)
- chronic obtrusive pulmonary disease, including chronic bronchitis and emphysema
- pneumoconiosis, including:
  - asbestosis
  - coal workers' pneumoconiosis
  - mixed-dust pneumoconiosis
  - silicosis.

Examples of inorganic dust include dust from silica, coal, asbestos, natural stone, tungsten, cobalt, aluminium and beryllium.

During its third year of operations (2021–22), the NDLD Register provided support and advice to the

Commonwealth Department of Health, into the design and development of a National Occupational Respiratory Disease Registry (National Registry). Establishing a National Registry was a recommendation of the National Dust Disease Taskforce to support the prevention, early identification, control and management of occupational respiratory diseases in Australia.

Preparations are underway for the third annual report of the NDLD Register (2021–22), which must be provided to the Minister by 30 September 2022 and tabled as soon as practicable in the Queensland Parliament.

Further information about the NDLD Register, including copies of the NDLD Register annual reports and a link to information about the National Registry, is available from the NDLD Register website.

3.6 Lead

Lead and lead compounds are not beneficial or necessary for human health and can be harmful to the human body. Health effects resulting from lead exposure differ substantially between individuals. Factors such as a person's age, the amount of lead, the exposure period (long or short), and the presence of other health conditions, will influence the symptoms or health effects experienced. Many lead exposures resulting in elevated blood lead levels are a result of inadvertent lead exposures at the workplace. Queensland Health supports both the Department of Natural Resources and the Office of Industrial Relations (Workplace Health and Safety Queensland) in their endeavours to improve the health of workers exposed to lead.

Although lead can be harmful to people of all ages, the risk of health effects is highest for unborn babies, infants and children. Babies and young children can be more affected by lead in the environment because they often put their hands, and other objects that can have lead from dust or soil on them, into their mouths. Blood lead level is an accurate way of monitoring lead exposure.

Despite the continuing COVID-19 global pandemic, lead health management strategies in Mount Isa continue to be strengthened, delivering a multifaceted and integrated lead health management program. The Mount Isa Lead Health Management Committee continues to support the point of care testing (PoCT) program undertaken by the North West HHS Child Health Services.

The PoCT program continues to be supported by the Mount Isa community, as the preferred method to measure a child's blood lead level. The COVID-19 pandemic, along with the recall of test consumable materials impacted the testing program, with the program being suspended between September 2021 and April 2022. The suspension of the program resulted in a drop in testing, from 284 in 2020–2021 to a total of 148 tests undertaken during the 2021–22 year. This represents 144 individual children being tested, with a small number of children having more than one test during this period. The results of the tests undertaken identified:

- 98 children had blood lead levels <5 µg/dL
- 38 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL
- 8 children had blood lead levels ≥ 10 µg/dL

This allows 'at risk' children to be more readily identified at an early stage and referred to their general practitioner for follow-up and case management if necessary.

3.7 Per- and polyfluoroalkyl substances (PFAS)

PFAS are environmentally persistent chemicals that tend to accumulate in the food chain and human tissue. The effects of PFAS on human health are uncertain. However, as a precaution, the Australian Government recommends exposure to PFAS be minimised wherever possible. Studies undertaken in Australia confirm exposure for most of the Australian population to PFAS from their diet is very low and there are no health and safety concerns.

A number of PFAS-contaminated sites have been identified in Queensland and are being investigated primarily by the Department of Defence, Air Services Australia, and the Department of Environment and Science. These include defence bases, airports, ports, mines, power stations and fuel facilities. Contamination is mostly as a result of the use of and inadequate containment of firefighting foams containing PFAS before their use in Queensland was banned in 2019.

During the 2021–22-year, Queensland Health continued to review investigation data and provided advice on assessing community human health risks to inform the government response for contamination sites. This mainly included the Callide Power Station near Biloela and a number of airports and defence facilities. As a result, actions have been taken to minimise PFAS exposure at these sites.

3.8 Radiation Safety Officer legislation training

Online Radiation Safety Officer legislation training developed during 2020-2021 and made available free of charge through the Queensland Health webpages has now been fully implemented. It is now expected that all persons who hold the position of radiation safety officer will have completed such training. The training was updated to align with the new the Radiation Safety Regulation 2021. Successful completion of the online training provides requisite knowledge of the

operation and expectations of the *Radiation Safety Act 1999* for persons seeking appointment as a Radiation Safety Officer. The legislation training outlines the minimum duties of radiation safety officers and includes details of the legislated functions, including interpreting legislation, guidelines, codes of practice and standards. The course material also covers how to assess radiation safety culture and how to prepare a radiation safety officer's assessment report to provide advice to the relevant business owner. This includes preparatory activities to develop a customised audit checklist in the interests of continual improvement and supporting a good radiation safety culture, how to conduct in-field observations and analyse them, and guidance on how to report recommendations to the possession licensee.

The training includes a video, '*Why do we need RSOs?*', targeted at possession licensees (owners of radiation businesses) who must appoint a radiation safety officer for their business. The video is also published on the department webpage, providing an overview '*Why do we need RSOs?*', targeted at possession licensees (owners of radiation businesses) who must appoint a radiation safety officer for their business. The video is also published on the department webpage, providing an overview of radiation roles and responsibilities. The video discusses how vital a radiation safety officer is in the operation of a radiation practice, and the important benefits a radiation safety officer brings to a radiation business, including ensuring appropriate radiation safety culture and measures are in place, ultimately improving business profitability through having a safer, more compliant organisation.

Over three hundred Radiation Safety Officers have completed the training. Positive feedback has been received from learners undertaking the course, who advised that it has assisted them to undertake their duties.

4. Pharmacy inquiry response

There has been continued progress in the delivery of the Government Response to the Inquiry into the establishment of a pharmacy council and transfers of pharmacy ownership in Queensland.

As part of the Government Response to Recommendation Two of the Inquiry, the department engaged QUT to develop, implement and undertake a service evaluation of the management of urinary tract infections (UTIs) by community pharmacists. The model of care for the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q) enabled Queensland pharmacists who have undertaken required education and training, to provide optimal, guideline-concordant treatment to women aged between 18 and 65 years of age, presenting with symptoms of an uncomplicated UTI. Using a decision-making protocol, pharmacists select the most appropriate treatment from a choice of three antibiotics.

The UTIPP-Q commenced on 19 June 2020. To date, the service has been accessed by over 8,700 patients, enabling women to receive immediate advice, treatment and/or onward referral. Almost 2,000 pharmacists and 821 community pharmacies across Queensland continue to participate in the Pilot.

In July 2022, the Minister for Health and Ambulance Services announced that Queensland Health would transition the UTIPP-Q to usual care. Consultation was undertaken in July 2022 with key consumer, medical and pharmacy stakeholders on the implementation of the UTI service, once the UTIPP-Q finishes in October 2022.

The review of pharmacy ownership arrangements for compliance with the *Pharmacy Business Ownership Act 2001* (the Cohort Review) was completed. Of the 1074 pharmacies eligible for review, 303 participated in the review, 521 declined to participate and 250 were reviewed outside of the Cohort Review process as part of a subsequent notification.

The Community Pharmacy Compliance Survey was finalised. Of the 1261 pharmacies in Queensland, 737 pharmacies were selected for participation, and 86 per cent of them responded to the survey. A key aim of this Survey was to provide education and support to pharmacies as they transition to compliance with the new *Medicines and Poisons Act 2019* and its subordinate legislation.

A Consultation Regulatory Impact Statement was released for public consultation around the implementation of a new regulatory framework for pharmacy ownership, including a pharmacy ownership licensing scheme. The consultation period has closed, and work is progressing with the regulatory and legislative reform.

The Interim Pharmacy Roundtable provided formal advice to the Minister for Health and Ambulance Services in relation to the reform of the regulation of pharmacy ownership in Queensland.

5. Communicable disease prevention and control

Considerable progress has been made in reducing communicable disease related morbidity and mortality. However, communicable diseases remain relatively common and are a significant public health priority in Queensland. There were 646,092 episodes of communicable diseases (including

COVID-19) notified to Queensland Health during the 2021–22 financial year, representing about one notification per eight Queenslanders, and 116,181 of these were unrelated to COVID-19.

Contemporary communicable disease challenges are increasingly complex, with new and re-emerging communicable diseases inevitable due to changing interactions between humans, animals and the environment. A One Health approach to minimise the acute and long-term impacts of communicable diseases is supported by comprehensive surveillance systems, maintenance of sufficient capacity for early assessment of potential threats and comprehensive response plans. The Communicable Diseases Branch works closely with government and non-government partners in response to One Health communicable diseases threats and is working to develop a One Health Strategic Plan.

5.1 COVID-19 public health response

Between 1 July 2021 and 30 June 2022, almost 1.3 million cases of COVID-19 were reported to the department through notifications to the notifiable conditions register, or voluntarily through the Queensland Health online rapid antigen test (RAT) portal. From 1 July 2021 to 12 December 2021, the domestic and international borders were closed, and Queensland maintained an elimination strategy for the COVID-19 pandemic. During this period, only 500 of the total cases for that year were reported to Queensland Health through PCR testing and these were primarily of Delta lineage.

From 13 December 2021, domestic borders opened. Simultaneously, a new highly transmissible variant, Omicron, was introduced and displaced the Delta variant, resulting in the first significant wave of COVID-19 in Queensland. Consequently, pandemic response in Queensland shifted to a suppression approach. During this period between 13 December and 30 June 2022, over 99 per cent of the cases in Queensland were reported, and 1318 people are known to have died with COVID. The reported case numbers following December 2021 are an under-estimate of true cases due to reliance on rapid antigen tests (RATs) which do not perform to the same standard as PCR tests and require manual reporting by members of the public. While the public have been encouraged to register positive results in the Queensland Health RAT portal, it is impossible to determine the proportion of the population that complied with this request. The shift to utilising RATs was required to maintain capacity and appropriate PCR testing turnaround time at laboratories while testing demand surged during this wave of COVID-19 cases.

5.1.1 Compliance

Queensland Health introduced a range of regulatory measures using Chief Health Officer public health directions under the *Public Health Act 2005* to mitigate the risk of spread of disease within the community. These directions give effect to the long-established public health disease control regulatory measures of utilising border and quarantine controls, promoting hygienic practices in households, the community, and businesses, specifying social distancing requirements and enhancing record keeping, to assist with contact tracing when cases emerge.

Industry and Quarantine Plans

Queensland Health worked in partnership with agencies and their stakeholders to implement COVID safe Industry Plans which outline the specific measures that businesses and community organisations were required to comply with. A multi-agency enforcement program was established to ensure compliance with these measures. Queensland Police Service led the management of quarantine and border controls, while all regulatory agencies took responsibility for compliance with COVID-safe requirements in the industries they regulate.

Digital COVID-19 App

The Digital COVID-19 App (DCoVA) was purpose built by eHealth Queensland as a system for Queensland Police Service and Queensland Health to securely capture information on persons required to quarantine under a quarantine direction notice. Since January 2020, 314,587 persons were recorded in DCoVA as being subject to a quarantine direction notice. DCoVA enabled the personal details of all individuals subject to a quarantine direction notice to be secured and documented as a record, in addition to a range of metrics that provide overview and insight into the quarantine system. These include enabling early insights into hotel quarantine capacity issues, monitoring compliance of individuals, implementing downstream health and wellbeing services, and assembling accurate lists of persons eligibility for early release from quarantine. The DCoVA data shows a visual representation of the increases and decreases in demand for government-nominated accommodation and home quarantine in accordance with the restrictions and relaxations to public health directions that occurred throughout the COVID-19 pandemic.

Pacific Labour Scheme & Seasonal Worker Program

The closure of Australia's international borders in 2020 and Queensland's state borders during 2020–21 resulted in a shortage of seasonal farm workers, on which the horticultural and animal industry sectors are highly reliant. The Pacific Labour Scheme and Seasonal Worker Programme (the Programme) enabled Pacific Island seasonal farm workers to enter Queensland and quarantine on-farm or in hotel quarantine. Between October 2020

and January 2022, 72 applications were endorsed by the Chief Health Officer for 5245 seasonal farm workers to quarantine in Queensland. The Programme included five Pacific Island countries (Samoa, Vanuatu, Solomon Islands, Tonga and Kiribati) and quarantine operations occurred in 16 rural and regional local government areas across Queensland. At least 120 Queensland agriculture sector businesses were supported by the workers, equating to between $839.2 million and $996.55 million in gross value of production per annum.

Home Quarantine Trial

In August 2021, Queensland experienced critical hotel quarantine capacity issues and a two-week pause was applied for all domestic travellers entering Queensland from a COVID-19 hotspot. As part of Queensland's response, a trial of home quarantine for domestic travellers wishing to return to Queensland from a COVID-19 hotspot was established. The home quarantine trial included a daily check-in text message linked to a webform and geo-location software to demonstrate compliance with home quarantine requirements. The trial reduced the number of persons entering hotel quarantine from a COVID-19 hotspot and supported the transition for fully vaccinated domestic travellers to home quarantine from 15 November up to 13 December 2021, at which point quarantine requirements for fully vaccinated domestic travellers ceased.

Early release from quarantine

Under the Border Restrictions Direction, individuals entering Queensland from a COVID-19 hotspot (hotspot) were required to quarantine for 14 days from the date of arrival. In some circumstances, it was determined the hotspot no longer presented a COVID-19 risk to the Queensland community and was removed during the person's quarantine period. To ensure the individual was afforded the same freedom of movement as a person entering Queensland after the hotspot was removed, an early release process from quarantine was developed. The process ensured the efficient and timely release of individuals from quarantine once eligibility criteria was confirmed. The process was also used for the release of vaccinated domestic travellers and later international arrivals, as Queensland reached vaccination targets of 70 per cent, 80 per cent and 90 per cent, in accordance with the Roadmap to Reunite Families.

Professional Sports Plans

Several professional sporting groups were restricted from operating during the COVID-19 public health emergency and many sporting events were suspended, delayed or cancelled. In June 2020, the Restrictions on Businesses, Activities and Undertakings Direction allowed sporting teams of national significance to operate under a COVID Safe Professional Sporting Plan approved by the Chief Health Officer. The combination of Queensland's elimination strategy for COVID-19 and high COVID-19 community transmission in other States placed Queensland as the most suitable sporting hub for Australia during 2020–21. In total, 16 sporting codes and multiple pre-Tokyo training camps for Australia's Olympic and Paralympic pursuits at the Tokyo games were approved under a COVID Safe Professional Sporting Plan. These provided significant benefits, including an estimated $31 million for the Australian Football League (AFL) Grand Final in October 2020 and an economic contribution of around $136 million from 80 AFL games played in Queensland during the 2020 Toyota AFL Premiership Season.

Alternative quarantine arrangements

Alternative quarantine arrangements were established for Australian Border Force (ABF), Australian Defence Force (ADF), professional sporting groups and the entertainment industry. These arrangements were necessary for ABF and ADF to ensure the various cohorts they managed could enter Queensland from overseas or from COVID-19 hotspots without delay. Defence services that were able to continue under the alternative quarantine arrangements included two strategic and operative defence training exercises with foreign forces on Queensland soil, the evacuation of Afghanistan Evacuees, ADF and other government agency personnel returning from Afghanistan in September 2021, and the annual posting cycle of ADF personnel between 1 November 2021 and 31 January 2022. The alternative quarantine arrangements for ABF enabled the safe movement and accommodation of persons refused immigration clearance until they could be safely returned to their origin destination.

Queensland's success in managing COVID-19 and the low number of cases provided an attractive location to produce film and television productions. Alternative quarantine arrangements were introduced in 2020 due to the entertainment industry being unable to continue operating due to Queensland's International and interjurisdictional border restrictions and associated quarantine requirements. The entertainment industry is economically significant to Queensland and supporting the industry through alternative quarantine arrangements resulted in the Steve Jaggi Company undertaking productions in Far North Queensland generating an economic benefit estimate of $11 million dollars, with at least 90 per cent of the benefit remaining in the state and 150 jobs created. In 2021, the Queensland Premier announced an investment of $71 million dollars to continue growing Queensland's booming film and television industry, highlighting the importance of this industry in Queensland.

5.1.2 Health Directions Exemption Service

The Health Directions Exemptions Service (HDES) was stood up in April 2020 as part of the Queensland Health response to the COVID-19 pandemic, and the introduction of Public Health Directions. Although the Public Health Directions imposed restrictions and obligations across a range of situations and events, most of those Directions also allowed exemptions to be granted in extreme exceptional circumstances. As the Queensland Government's response to the COVID-19 pandemic evolved, an increasing number of Public Health Directions were introduced to protect the Queensland community from COVID-19. For the financial year July 2021 to June 2022, HDES received 34,172 exemption requests via the COVID-19 Services Portal, of which, 7263 were approved by the Chief Health Officer or their delegates.

5.1.3 Sewer surveillance program

The Health Protection Branch led the design and implementation of a sewer surveillance program for SARS-CoV-2 for Queensland which currently serves as a complementary measure of the prevalence of COVID-19 prevalence in 18 sentinel locations throughout Queensland. Results are provided to HHS PHUs and other Queensland Health stakeholders via a PowerBI dashboard and regular emails. During previous periods of low community transmission, the program helped to identify areas with undetected transmission.

The program commenced with a pilot in July 2020 and is currently funded until 30 September 2022. It is being delivered in collaboration with the University of Queensland and CSIRO. Over the course of the program, over 6800 wastewater samples have been tested from 111 locations in 32 local government areas, covering 70 per cent of the state's population.

Sewer surveillance approaches for disease surveillance are increasingly being accepted and adopted by leading public health institutions internationally. Queensland continues to actively share learnings in this space with equivalent programs in other Australian states and territories and New Zealand. The Health Protection Branch has also contributed to the drafting of reference documents such as the National SARS-CoV-2 Wastewater Testing and Reporting Framework, which has been endorsed by enHealth. Results from the Queensland wastewater surveillance program are published to the Queensland Open Data Portal on a quarterly basis.

5.1.4 Death Data Review

In February 2022, the Commonwealth Government requested all states and territories expand their COVID-19 reporting to include more detailed information regarding COVID-19 related deaths. The Health Care Support Service (HCSS) within HDES was requested to assist in compiling the data required to meet the expanded reporting requirement. HCSS consisted of a team of clinicians, and from this team the Clinical Morbidity and Mortality Team was stood up to meet the Federal Government's reporting requirements. To inform the data collection, the Clinical Morbidity and Mortality Team identified the relevant data sources and the priority fields. This was required where the deceased was either COVID-19 positive at the time of death, or where COVID-19 was identified as contributing to their death. For the financial year July 2021 to June 2022, Queensland recorded 1240 COVID-19 related reported deaths.

5.1.5 COVID-19 testing

Queensland Health's COVID-19 testing strategy underwent major changes during 2021–2022 in response to shifting phases of the COVID-19 pandemic and to align with the AHPPC recommendations for winter season preparedness in 2022.

In July 2021, Queensland remained in the elimination phase of the pandemic, with the testing strategy reflecting an objective of rapid detection and early notification of new cases. This was achieved by offering the gold standard, Polymerase Chain Reaction (PCR) testing, to all individuals in Queensland with symptoms of COVID-19 or with any risk factors for acquiring COVID-19. Testing demand was met through the maintenance of Queensland Health testing clinics and by establishing partnerships with private laboratories to support the testing response.

Following the opening of Queensland borders in December 2021 and the emergence of the Omicron variant of concern, the pandemic shifted to the suppression phase, with rising COVID-19 case numbers and widespread community transmission in Queensland. In response, Queensland Health testing strategy shifted to focus on monitoring transmission and disease severity with rapid identification of outbreaks in high-risk settings. Access to appropriate testing during major surges in testing demand was maintained by incorporating the use of rapid antigen testing (RAT) and through ongoing collaboration and funding agreements with private laboratories to supplement the Queensland Health testing clinics. Funding agreements ensured public access to private laboratories for COVID-19 testing was maintained without requiring a testing referral.

Timely notification of test results was achieved through both an increased use of RATs by the public for immediate results and the establishment of automatic SMS result delivery to patients who had a PCR test.

Approaching winter 2022 and the transition to living with COVID-19, Queensland Health testing strategy aimed to meet the AHPPC recommendations for winter preparedness. While continuing to monitor the COVID-19 transmission and severity trends in the general community and across high-risk settings, the identification of other respiratory viruses was also prioritised for those susceptible to severe disease. Queensland Health's Testing Framework Implementation Plan was updated in May 2022 to outline plans for incorporating broader respiratory virus testing while maintaining health system testing capacity. This required procurement of equipment to allow simultaneous testing of COVID-19 and other respiratory pathogens at Queensland Health facilities.

5.1.6 COVID-19 vaccination program

Throughout 2021–22, the state response to the COVID-19 pandemic had a particular focus on the continued roll-out of the COVID-19 vaccination program. Vaccination, combined with decisive public health measures, has been very successful at preventing thousands of deaths and serious illness, stopping our hospitals from being overwhelmed with COVID-19 patients, and protecting the most vulnerable.

The service delivery model of the vaccination program has evolved significantly over its lifespan to align with shifts in clinical decision making and policy, major program pivots and the evolving needs of Queensland communities.

Over the past 12 months, COVID-19 vaccination has been available through state-run services, as well as through primary care providers such as general practices and community pharmacies. Queensland Health has operated community-based vaccination locations (CBVLs) throughout the state, providing easier access to vaccination for Queenslanders while freeing up capacity in public hospitals for business-as-usual services.

Some of these CBVLs included mass vaccination clinics at locations such as the Brisbane Convention and Exhibition Centre (BCEC) at South Bank, and the Brisbane Entertainment Centre at Boondall. BCEC, which opened on 11 August 2021, had the highest throughput of any Queensland Health CBVL, with close to 330,000 COVID-19 vaccines in total being administered through this site and a maximum daily throughput of 6,049 doses on 19 September 2021.

Queensland Health also operated several pop-up vaccination clinics throughout the financial year. This included 'popping-up' at schools, shopping centres, community centres, as well as at sporting and community events, making it as convenient as possible for people to be vaccinated opportunistically while going about their everyday activities.

With the expansion of COVID-19 vaccination eligibility to children aged 12 to 15 years on 13 September 2021, Queensland Health facilitated a number of 'super weekends', including a 'Super Schools Saturday' on 23 October 2021. This involved pop-up clinics at 116 schools across the state, with an event-style format including stalls, entertainment, and sporting personalities in attendance. More than 16,000 doses were administered as part of this initiative.

HHSs worked locally throughout the program to provide targeted access to COVID-19 vaccination for First Nations People. This included culturally appropriate clinics, vaccination at cultural events and merchandise to encourage vaccination. This was in addition to efforts being led by local Aboriginal Community Controlled Health Organisations (ACCHOs) and Commonwealth providers.

In October 2021, the Queensland Government established an intergovernmental First Nations Vaccination Rapid Support Team. The purpose of the dedicated team was to provide coordination and visibility of First Nations initiatives across the state to help increase vaccination rates within the First Nations population. The Team worked across the spectrum of providers and organisations to establish the 'Make a Choice' communications and marketing strategy. The strategy aimed to ensure communication and engagement initiatives were targeted to addressing access barriers and needs, including increasing trust in COVID-19 vaccinations to protect communities.

In addition to communication and engagement initiatives, each HHS worked in collaboration with the Rapid Support Team, local ACCHOs, Aboriginal and Torres Strait Islander councils and other organisations to progress targeted vaccination initiatives to address specific local access needs. One of the most targeted and successful initiatives was the "door-to-door, street-to-street" activity in several discrete communities. Trained vaccinators embedded in a team of community health workers walked door-to-door to talk to households about the importance COVID-19 vaccination, leave them with information about COVID-19 vaccination, and vaccinate household members if appropriate.

Queensland Health also coordinated strategies alongside Mater and HHSs, to provide access to COVID-19 vaccination for Queensland's Culturally and Linguistically Diverse (CALD) communities. This included providing priority vaccination lanes at strategic CBVLs for CALD individuals, coordinating outreach clinics and information sessions to CALD communities, and targeted vaccination services for refugee communities.

On 8 November 2021, COVID-19 booster vaccinations commenced for people aged 18 years and older.

Eligibility was expanded to people aged 16 years and older in February 2022, and to children aged 12 to 15 years with certain medical conditions in June 2022.

Paediatric vaccination of children aged 5 to 11 years commenced on 10 January 2022. The Queensland Government strongly encouraged parents to have their children vaccinated against COVID-19 prior to the commencement of the school year. A "Back-to-School Vaccination Blitz" was promoted, with pop-up vaccination clinics at a number of primary schools throughout the state.

On 25 March 2022, the Australian Technical Advisory Group on Immunisation (ATAGI) made the recommendation of a 'winter (fourth) dose' of a COVID-19 vaccine for people aged 65 years and older, residents of aged care or disability care facilities, people aged 16 years and older with severe immunocompromise, and First Nations People aged 50 years and older. Eligibility for the winter dose was expanded to people with a wider range of medical conditions in May 2022.

With the steady decline in demand for COVID 19 vaccination, Queensland Health HHSs have progressively scaled back their CBVLs, with the last closing on 30 June 2022. Over the life of the program, Queensland Health have facilitated a total of 66 CBVLs and 925 pop-up or outreach clinics throughout the state. Queensland Health remains flexible and responsive to emerging health needs due to the COVID 19 pandemic and, if warranted by demand, will re-establish vaccination clinics to meet community needs.

Vaccination data

From the commencement of the program on 22 February 2021 to 30 June 2022, more than 11.4 million COVID-19 vaccine doses were administered in Queensland in total. More than 3.8 million of these were administered through Queensland Health run vaccination clinics. As at 30 June 2022, the coverage rate for people aged 16 years and older was 94.2 per cent having received at least one dose, and 92.7 per cent having received at least two doses. More than 2.4 million Queenslanders had received a booster (third) dose, which equated to approximately 63.4 per cent of the eligible population. Almost 450,000 people had received a winter (fourth) dose.

Uptake among the 12 to 15 years age group was quite strong, with 76.1 per cent having received at least one dose and 71.0 per cent having received at least two doses. However, uptake among the five to 11 years age group has been quite low, with only 43.0 per cent having received at least one dose by 30 June 2022 (31.4 per cent with at least two doses). Low coverage among the five to 11 years age group is a national trend, although Queensland is below the national average of 52 per cent.

Coverage for Queensland's First Nations People aged 16 years and older was 81.8 per cent having received at least one dose, and 78.1 per cent having received at least two doses. The estimated coverage for booster doses for First Nations People was 48.9 per cent. This is below the national averages of 85.0 per cent for at least one dose, 81.5 per cent for at least two doses and 56.8 per cent for at least three doses.

5.1.7 COVID-19 Models of Care

Queensland Health developed a series of models of care to address the anticipated impact of COVID-19 on the public hospital system. The model of care developed and implemented in late 2021, due to increasing COVID-19 numbers in the community, utilised Calvary Medibank to provide a triaging mechanism. The Calvary Medibank model relied on records from the notifiable conditions (NoCs) register of people with a positive COVID-19 PCR test result. The HHSs were advised via a specifically designed statewide dashboard of those people who were identified as moderate or high risk through the Medibank Calvary triaging, so that they could manage their care. Low risk patients were expected to self-care in the community. Between late December 2021 and early February 2022, approximately 100,000 consumers were assessed with this model, with 18,000 being referred to a HHS.

Recognising that the number of cases of potentially positive COVID-19 cases would increase as a result of the removal of border restrictions (17 December 2021) and an anticipated peak of Omicron variant cases (late January 2022), a modified model of care was developed. This modification was made as access to PCR tests became more challenging and the wait times for results longer. Further, with a greater number of rapid antigen tests (RATs) in use, it was anticipated that this would increase the ability to identify COVID-19 positive people in the community. The modified model of care was developed to allow people experiencing COVID-19-like symptoms but with no test results to obtain health advice and was more likely to be capable of managing the expected volume of patients requiring support.

The COVID-19 Pathways of Care–Opt-in model commenced in Queensland on 3 February 2022. Consumers could access the model via an online webform (the COVID Care Self-Checker) or via the two telephone lines (HealthDirect/National Coronavirus Helpline or 'Billie the Bot'—a digital voice assistant) available to the Queensland community.

The HHSs were notified via a specifically designed statewide dashboard of those people who were identified as moderate or high risk through the triaging via the three avenues noted above. The

HHSs contacted those people to ascertain if further advice or care was required. As per the previous model, people identified as low risk were expected to self-care in the community, with advice regarding a number of online resources.

From 3 February 2022 to 30 June 2022, over 328,000 people used one of the three channels. The online self-checker was the most used channel, with over 293,000 people entering details about their symptoms and risk factors.

At 30 June 2022, the model of care was adjusted to focus on the most used mechanisms by the community, with those mechanisms that were poorly used being discontinued, namely "Billie the Bot" digital voice assistant. The model of care is continually being reviewed, with input from key stakeholders in the primary care sector and virtual ward clinicians in the HHSs.

5.1.8 SHECC Operations

The State Health Emergency Coordination Centre (SHECC) has been activated to Stand Up for the COVID-19 pandemic since 25 January 2020. The SHECC response to COVID-19 continues to be flexible and scalable to the evolving needs of the event and determined by COVID-19 activity and changes in operational requirements.

Throughout various stages of the pandemic, Queensland Health has undertaken preparedness activities for concurrent events such as natural disasters and seasonal influenza. This included internal dual activation planning as well as resource and exercise development across HHSs and with government agency partners.

Dual SHECC activation was largely not required during the 2020-2021 summer season. However, the 2021–22 summer season saw significant rainfall events with a La Niña declaration. To support HHS responses, the SHECC moved to Stand Up for three severe weather events and a dedicated weather cell was embedded within the existing COVID-19 SHECC for:

- Darling Downs flooding in December 2021
- South-East Queensland flooding in February 2022
- Queensland flooding in May 2022.

The SHECC also moved to Lean Forward for one additional severe weather event (Tropical Cyclone Tiffany and flooding across Wide Bay and Sunshine Coast regions in January 2022).

Queensland Health provided lead agency advice to disaster management stakeholders regarding additional COVID-19 considerations for disaster responses. Queensland Health regularly updated disaster management planning resources to reflect any changes in public health requirements, and developed additional resources and guidance as required.

In addition to providing public health and mental health support to people impacted by the flooding events, Queensland Health coordinated support to isolated patients and vulnerable people and managed impacts, such as significant road closures and workforce shortages. Queensland Health continues to review lessons learned from disaster and emergency incidents to inform future responses.

Despite workforce pressures, Queensland Health has continued to support international and domestic public health preparedness and response to the COVID-19 pandemic via provision of staff to Australian Medical Assistance Teams (AUSMAT) deployments. AUSMAT are multi-disciplinary health teams incorporating doctors, nurses, paramedics, fire-fighters (logisticians) and allied health staff such as environmental health staff, radiographers and pharmacists. They are designed to be self-sufficient, experienced teams that can rapidly respond to a disaster zone to provide lifesaving treatment to casualties, in support of a health response at a local level. Queensland Health supported 6 AUSMAT deployments totalling 14 personnel between August 2021 and March 2022:

- Fiji—in response to a COVID-19 outbreak in August 2021
- Western New South Wales—in response to a COVID-19 outbreak in August 2021
- United Arab Emirates—in response to the repatriation of Australians and visa holders from Afghanistan in August 2021
- Papua New Guinea—in response to a COVID-19 outbreak in October 2021
- Solomon Islands—in response to a COVID-19 outbreak in February 2022
- Vanuatu—in response to a COVID-19 outbreak in March 2022.

5.2 Mosquito-borne diseases

5.2.1 Exotic mosquitoes

Under the *Biosecurity Act 2015,* the Department of Agriculture and Water (DAWE) conducts routine surveillance at nominated International First Points of Entry (FPoE) or Approved Arrangement (AA) sites. This is to detect the introduction of mosquito species not usually found in Australia or a mosquito species found in Australia but outside the usual distribution, known as exotic mosquito detections, that are capable of transmitting diseases that can have severe impacts on the health of people and animals.

There were eight detections of exotic mosquitoes at FPoE or AA sites in Queensland in the 2021–2022 financial year. Of these, five were associated with the detection of Aedes aegypti or Aedes albopictus. A mosquito control response was deployed for each of the five detections. The remaining three detections were mosquitoes that are not considered a public health risk for disease spread. Routine surveillance continues, and there is currently no evidence that exotic mosquitoes have established at the detection locations.

5.2.2 Japanese encephalitis

On 4 March 2022, Japanese encephalitis virus (JEV) was declared a Communicable Disease of National Significance by the Acting Chief Medical Officer for Australia. This followed the detection of JEV in pigs in a commercial piggery in Southern Queensland on 25 February 2022, with concurrent detections in piggeries in New South Wales and Victoria; the first in mainland Australia since 1998. As of 29 June 2022, a total of 39 confirmed human cases of JEV have been detected across the country in the current outbreak. Five of these have been in Queensland. Sadly, five people have died as a result of JE during the current outbreak; one in Queensland, two in New South Wales, one in South Australia, and one in Victoria. Since the beginning of the JEV outbreak JEV has been detected in mosquitoes at three infected piggeries in South East Queensland, with the last detection occurring in mid-April.

In response to the current outbreak, a JEV One Health Taskforce was established to provide governance and oversight to the response in Queensland and includes representation from Queensland Health, Department of Agriculture, Department of Premier and Cabinet, Queensland Treasury, and Department of State Development, Infrastructure, Local Government and Planning. Queensland Health has received federal funding to support mosquito surveillance and control activities in the current financial year. Queensland Health has distributed JEV vaccine to over 37 general practices throughout the state.

5.3 Infection control

Following amendments made to the *Public Health Act 2005* in 2017 that strengthened the existing infection control regulatory framework for health care facilities, the department has continued to provide advice and guidance to HHS Public Health Units investigating complaints in relation to breaches of infection control standards, as requested.

The department continues to provide leadership and evidence-based policy and guidance for the prevention and control of infections in Queensland's healthcare facilities.

5.4 Influenza – 2021–22 season

The department distributes influenza vaccines funded under the National Immunisation Program (NIP) for individuals considered high risk for influenza disease. As of 30 June, more than 1.35 million doses of NIP influenza vaccine were distributed to immunisation providers throughout Queensland.

This season, influenza has spread rapidly across Queensland and cases climbed faster and earlier than expected. In response to this, from 24 May 2022 until 17 July 2022, the Queensland Government offered free influenza vaccinations to all Queenslanders over six months of age not already eligible for free vaccination under the NIP. As of 30 June 2022, more than 1.9 million Queenslanders had received an influenza vaccine in 2022, compared to 1.77 million people in total in 2021.

Queensland Health developed and implemented the Statewide 'You can't hide from flu' campaign to help reduce the transmission of flu among Queenslanders and the subsequent impact on the health system. The campaign aimed to raise awareness of the health risks of flu, the availability, effectiveness and importance of annual flu vaccination and to remind Queenslanders to stay at home when sick and how to protect themselves and others from getting the flu. Communication was targeted at all Queensland adults with a skew towards parents and carers of children over six months of age. Secondary audiences were groups that are at high-risk of developing complications from the flu including adults aged 65 years and older, pregnant women, all Aboriginal and Torres Strait Islander peoples over the age of six months and people with underlying medical conditions. The campaign ran on a mix of statewide traditional and social media channels. Queensland Health actively promoted vaccination and hygiene messages during the influenza season to the education sector for staff, parents and carers, children and residents due to the increased risk of influenza transmission in these settings.

Residents of nursing homes are at particular risk of influenza transmission. In response to this, the department has ensured equitable distribution of antiviral medication to HHSs for use in nursing homes and other vulnerable settings to support influenza outbreak management.

Very few laboratory influenza notifications were made to the department during 2021. Only 298 total cases were reported, which is less than 1 per cent of the previous five year mean. Of these 298 cases, 80 per cent were type A and 20 per cent were type B.

The pattern of laboratory confirmed influenza notifications during the first half of 2022 has presented a very different picture. There have been over 31,000 notifications of laboratory confirmed influenza between 1 January 2022 to 30 June 2022,

which is more than four times the previous five-year mean at the same time of year. The majority of cases notified to date are type A (more than 99 per cent). There have been over 3,000 laboratory confirmed influenza presentations to Queensland public hospitals during this period, which is five times the five-year mean of hospitalisations for this time of year.

5.5 Tuberculosis

Tuberculosis (TB) continues to have a low incidence in Queensland with around three to four cases of TB diagnosed per 100,000 people each year. There were 150 cases of TB notified in Queensland in the 2021–22 financial year, including three cases of laboratory confirmed multi-drug resistant TB. The majority of cases were born overseas (89 per cent), mostly from countries with a high incidence of TB (85 per cent). Tuberculosis amongst Aboriginal and Torres Strait Islander peoples occurs at significantly higher rates (2.9 per 100,000 in 2021–22) than in Australian born, Other Queenslanders (0.2 per 100,000 in 2021–22).

The small decrease in cases this financial year can likely be attributed to the international border closures associated with the COVID-19 pandemic, resulting in a reduction of international migration into Queensland. In addition, there were no cross-border cases in the 2021–22 financial year (compared with an average of six to seven cases per year during 2016–2020), reflecting the closure of the border in the Torres Strait Protected Zone during this time.

The vaccine recommended for young children at high risk of TB infection is Bacille Calmette-Guérin (BCG) vaccine. The BCG vaccine is not generally recommended for adults. The availability of BCG vaccination clinics varies across the state due to HHS based resource prioritisation and workforce issues. The BCG vaccine may also be administered outside of the Queensland Health program by private practices such as travel clinics.

Services for the clinical diagnosis, migration-related referrals, management and public health follow-up of people with TB, and vaccination services are provided by HHSs through a network of TB Control Units in Metro South, Cairns, Torres and Cape, Townsville, Mackay, Rockhampton and Toowoomba.

5.6 Antimicrobial resistance

In the Global Action Plan on Antimicrobial Resistance in 2015, the World Health Organization recognised that antimicrobial resistance (AMR) 'poses a profound threat to human health' and threatens the 'very core of modern medicine and the sustainability of an effective, global public health response to the enduring threat from infectious diseases'.

AMR occurs when, over time, microorganisms (such as bacteria, fungi, viruses and parasites) become resistant to antimicrobials (antibiotics, antifungals, antivirals and antiparasitics). This can occur through a process of genetic selection, or through the sharing of genetic material by microorganisms. AMR results in antimicrobials becoming less effective in treating infections. In other words, the drugs don't kill the bugs.

Misuse and overuse of antimicrobials has resulted in a rapid increase in AMR in recent times. In the first decades following the introduction of antimicrobials, the problem of resistance was mitigated by the ongoing discovery of new antimicrobials. However, such discovery has slowed dramatically in recent decades, meaning that resistance is developing and spreading at a much faster pace than the development of new therapies.

Queensland's Antimicrobial Resistance Strategy 2022–2027 has been developed with the input of a range of experts across human and animal health. The strategy provides a pathway for the coordinated cross-sector response required to ensure continued improvements in the health of all Queenslanders.

Implementation of the strategy was paused in March 2020 until December 2020 due to the reallocation of staff resources to assist with the COVID-19 response in Queensland. The second national Antimicrobial Resistance Strategy was released by the Australian Government in 2020 and the Queensland strategy is currently being updated to reflect the national strategy. An action plan is also being developed for the Queensland AMR strategy. Following Ministerial approval of the updated Queensland AMR strategy and action plan, the strategy will be publicly launched.

Prevention Division (Queensland Health) Regulatory Performance Report 2021–22

About this report

This report is prepared and published in accordance with the *Queensland Government's Regulatory Performance Framework*[1] (the Performance Framework). The Performance Framework requires annual reporting by regulators of their performance against five model practices, with a particular focus on achieving the policy objectives of regulation as well as reducing the regulatory burden on businesses and the community.

Specifically, this report outlines the Prevention Division's regulatory performance against the five regulatory model practices and supporting principles outlined in the Performance Framework during 2021–22.

The five regulatory model practices are:

1. Ensure regulatory activity is proportionate to risk and minimises unnecessary burden
2. Consult and engage meaningfully with stakeholders
3. Provide appropriate information and support to assist compliance
4. Commit to continuous improvement
5. Be transparent and accountable in actions.

This report outlines the extent to which the Prevention Division has implemented these five model practices during 2021–22 and outlines plans for future improvement. The report focuses on regulatory activities that directly impact on businesses, particularly small businesses, and the community.

During the year, some adjustments to the Prevention Division's planned regulatory work was necessary in order to continue to provide an effective response to the COVID-19 pandemic.

Introduction

The Prevention Division delivers both regulatory and non-regulatory functions (including policies, programs and services), that aims to improve the health of the Queensland population by promoting and protecting health and well-being, detecting and preventing disease and injury, supporting high quality healthcare service delivery and driving health and medical research.

As part of its regulatory function, the Prevention Division is responsible for developing and administering a range of public health (portfolio) legislation (Table 1). The primary purpose of this legislation is to protect and promote public health and to safeguard the Queensland community from potential harm or illness caused by exposure to hazardous substances or harmful practices.

[1] See Section 5, p27, Regulatory Performance Framework of the: Queensland Government Guide to Better Regulation

Table 1: Public health (portfolio) legislation[2]

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Medicines and Poisons Act 2019[3]	Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021
Pharmacy Business Ownership Act 2001	-
Private Health Facilities Act 1999	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2019
Public Health Act 2005	Public Health Regulation 2018 Public Health (Further extension of Declared Public Health Emergency – COVID-19) Regulation (No. 2) 2022[4]
Public Health (Infection Control for Personal Appearance Services) Act 2003	Public Health (Infection Control for Personal Appearance Services) Regulation 2016
Radiation Safety Act 1999	Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021
Tobacco and Other Smoking Products Act 1998	Tobacco and Other Smoking Products Regulation 2010
Transplantation and Anatomy Act 1979	Transplantation and Anatomy Regulation 2017
Water Fluoridation Act 2008	Water Fluoridation Regulation 2020

A number of program areas within the Prevention Division administer this suite of public health legislation, either solely or in collaboration with HHS PHUs, local government, and in co-operation with other regulators, including the Department of Resources' the Department of Agriculture and Fisheries, Safe Food Production Queensland, and Workplace Health and Safety Queensland.

Regulated entities comprise individuals, organisations, and businesses operating across a broad spectrum of the Queensland community. These include public and private hospitals, large and small businesses (e.g. food businesses, dental and veterinary practices, pharmacies, pathology services, retail shops, pest management services, and research organisations) and individuals (e.g. fumigators, shipmaster, medical and dental practitioners, and veterinary surgeons). Regulatory activities under the suite of public health legislation include education and guidance, granting approvals and licences, complaints management, investigations, compliance monitoring, and enforcement.

[2] Table 1 does not include the *Voluntary Assisted Dying Act 2021,* which has not yet commenced. The *Voluntary Assisted Dying Act 2021* is expected to commence 1 January 2023, except for Part 8 and section 53, which commenced on 24/03/2022. In addition, it does not include the *Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003* and supporting regulation, as this legislation was not identified as in-scope for the Prevention Division (Queensland Health) Regulatory Performance Report.

[3] The *Medicines and Poisons Act 2019* commenced on 27 September 2021, repealing the *Health Act 1937, Pest Management Act 2001* and their respective subordinate legislation.

[4] This regulation further extended the declared public health emergency, made under section 323(1) of the *Public Health Act 2005* to Thursday 22 September 2022.

In carrying out its regulatory functions, the Prevention Division strives to ensure regulatory actions achieve a balance between the obligation to manage public health risks and protect the community from potential harm, whilst not imposing unnecessary regulatory burden or costs on those regulated, or indirectly on the broader community.

Regulatory model practices (RMP)

RMP 1: Ensure regulatory activity is proportionate to risk and minimises unnecessary burden

Supporting principles

- A proportionate approach is applied to compliance activities, engagements and regulatory enforcement actions
- Regulations do not necessarily impose on regulated entities
- Regulatory approaches are updated and informed by intelligence gathering so that effort is focused towards risk

Overview

The Prevention Division has maintained a clearly documented regulatory framework to support the consistent and effective administration of public health (portfolio) legislation. On 1 July 2021, the division's regulatory framework was replaced with the department's *Legislative Compliance Management Framework* (LCMF).

The LCMF includes an overarching policy and portfolio legislation implementation standard for monitoring and enforcing compliance with portfolio legislation. The LCMF provides clarity and consistency in relation to the best practice regulatory approaches and aligns with the *Queensland Government's Regulatory Performance Framework*[5] five model practices. The Prevention Division has embraced the LCMF, which specifically promotes risk-based, intelligence driven and proportionate approaches and practices for administering, monitoring and enforcing compliance with portfolio legislation.

For example, each year public health program areas across the Prevention Division, in consultation with HHS PHUs, develop risk-based, intelligence driven compliance plans for each public health (portfolio) Act. These plans include compliance promotion and education as well as proactive compliance surveys, audits and inspections, that support harm minimisation, without unnecessarily placing a compliance burden on industry or regulated entities.

In addition, the regulatory action taken in response to subsequent findings of non-compliance or complaints about alleged breaches of the legislation is guided by a risk-based, escalating decision tool (enforcement matrix). A mix of compliance and enforcement tools is used, ranging from education, advice or warnings to more serious punitive actions such as issuing of orders, prescribed infringement notices or prosecutions which may result in a significant fine or penalty.

The chosen regulatory action depends on an assessment of, and is proportionate to, the relative severity and likelihood of harm and the history of non-compliance. The more serious the actual or potential harm or consequence is, and the greater the likelihood of the non-compliance being repeated by the offender, the greater the intervention level and enforcement action. A standardised enforcement matrix is used by our authorised officers to assess risk and decide on appropriate action, and this ensures consistent and proportionate enforcement action is taken across public health legislation.

[5] See Section 5, p27, Regulatory Performance Framework at: https://qpc.blob.core.windows.net/wordpress/2019/06/Queensland-Government-Guide-to-Better-Regulation-May-2019.pdf

A key focus for the Prevention Division continues to be identifying opportunities to streamline various regulatory processes (such as licencing arrangements) and to not impose unnecessary costs on individuals, businesses and government agencies, including through reforming (repealing and or amending) public health legislation.

Licensing and approvals

A wide range of licences and approvals are granted under public health legislation. Table 2 indicates the number of licences, approvals and certificates granted during the 2021–22 financial year.

Table 2: Licences and approvals granted by Queensland Health during 2020-21[6]

Act	Number
*Food Act 2006***	70
*Radiation Safety Act 1999**	15,814
Medicines and Poisons Act 2019 (poisons)[7] *	3955
Medicines and Poisons Act 2019 (medicines)[8] #	1351
Grand total	21,190

*Source: Management of Applications, Permits, Licenses and Events (MAPLE)

#Source: Medicines Prescription Monitoring System (Q Script)

** This does not include food business licences, which are the responsibility of local governments under the *Food Act 2006*

Compliance monitoring and enforcement activities

During the 2021–22 financial year, Queensland Health authorised officers appointed under public health legislation received and responded to 2815 complaints and 915 enquiries about potential breaches under the legislation. They also undertook 895 investigations and 1188 inspections or audits to assess compliance under the legislation.

A key focus of compliance monitoring activities during the 2021–22 financial year has been on the provision of information and education regarding the new *Medicines and Poisons Act 2019*. Inspectors appointed under this legislation received and responded to 61 notifications about potential breaches under the legislation. A total of 937 reports to the chief executive were received from 1 October 2021 to 30 June 2022, as required under the Medicines and Poisons (Medicines) Regulation 2021. It was reported that 528 of these related to failure to give written prescription and 297 related to lost or stolen medicines.

When non-compliances with public health legislation are identified, authorised officers undertake the most appropriate and proportionate enforcement activity to rectify them. Table 3 shows the range of enforcement actions undertaken during 2021–22.

[6] These figures do not include licences/approvals under the *Private Health Facilities Act 1999*, the *Transplantation and Anatomy Act 1979* and the *Pharmacy Business Ownership Act 2001*.

[7] These figures include licences and approvals granted under the recently repealed *Pest Management Act 2001* and Health (Drugs and Poisons) Regulation 1996, for the period 1 July 2021 to 26 September 2021.

[8] These figures include licences and approvals granted under the recently repealed Health (Drugs and Poisons) Regulation 1996, for the period 1 July 2021 to 26 September 2021. The data also includes total licences granted, irrespective of application type, i.e. includes initial, renewal and amendment applications.

Table 3: Public health legislation enforcement actions by Queensland Health 2021–22

Act	Written advice or warning	Compliance, Remedial Notice or Public Health Order	Improvement Notice	Prescribed Infringement Notices (PINs)	Administrative actions	Legal proceedings	Total	%
Food Act 2006	101	9	0	6	0	1	117	7
Medicines and Poisons Act 2019[9]	622	3	0	0	3	5	633	38
Public Health Act 2005	36	5	0	38	0	6	85	5
Radiation Safety Act 1999	2	0	53	0	0	0	55	3
Private Health Facilities Act 1999	0	0	0	0	178	0	178	11
Pharmacy Business Ownership Act 2001	0	469	0	0	0	0	469	28
Tobacco and Other Smoking Products Act 1998	36	24	0	59	0	1	120	8
Grand Total	797	510	53	103	181	13	1657	100%
%	48	31	3	6	11	1	100%	

Source: Management of Applications, Permits, Licenses and Events (MAPLE) and Program area corporate records

[9] These figures include enforcement actions taken under the recently repealed *Pest Management Act 2001* and Health (Drugs and Poisons) Regulation 1996, for the period 1 July 2021 to 26 September 2021.

Examples and case studies

Additional examples which demonstrate how regulatory activities align with this model practice are provided below.

- Completed a comprehensive review of key guidance material supporting consistent, statewide administration of the *Food Act 2006*.
- Developed and distributed a newsletter for environmental health officers on current and emerging food safety issues and regulatory amendments under the *Food Act 2006*.
- Developed a circular for HHS PHUs and a fact sheet on new Plain English Allergen Labelling (PEAL) requirements under the *Food Act 2006.*
- Successfully completed implementation of a new medicines and poisons scheme under the *Medicines and Poisons Act 2019* and supporting regulations, which repealed the *Health Act 1937*, Health (Drugs and Poisons) Regulation 1996 (HDPR) and the *Pest Management Act 2001.* The new scheme minimises regulatory burden, including through the removal of duplication with national licensing, permitting multi-site licenses and approvals and removing overly prescriptive and inflexible requirements for storage, recordkeeping and prescriptions.
- Introduced a risk-based, education first approach to monitoring and enforcing the new *Medicines and Poisons Act 2019 (MPA)* and supporting regulations. This approach is outlined in the 'Compliance, monitoring and enforcement - *Medicines and Poisons Act 2019* (Qld) (MPA)' guideline. While some aspects of the monitoring strategy were delayed due to COVID, a range of education strategies were implemented. Specifically:
    - 526 education emails were sent to health practitioners advising them of the new offences in the legislation for self-prescribing and self-administering high-risk medicines
    - 58 education emails were sent regarding requirements for prescribing approvals to prescribe amphetamines and methylphenidate under the Act
    - seven education letters were sent in relation to the Monitored Medicines Standard and the requirements for checking QScript.
- Whilst the initial focus of the regulatory approach under the *Medicines and Poisons Act 2019* is on education and voluntary compliance, actions of significant risk will be investigated. A faster progression to more serious regulatory intervention will be considered if high risk activities are identified, such as giving a show cause notice or taking immediate administrative action.
- Continued to implement the recommendations of the Parliamentary Committee's Report[10] and Queensland Audit Office (QAO) report[11], that the department review pharmacy business ownership arrangements in Queensland to promote compliance with relevant provisions of the *Pharmacy Business Ownership Act 2021*.
- Introduced the Pharmacy Business Ownership Administration System (PBOAS). The PBOAS portal is a new ICT solution which transitions the paper-based model of submitting pharmacy business ownership notifications to Queensland Health to a more streamlined and efficient on-line model for notifications. The introduction of the PBOAS notification portal continues to provide business efficiencies and periodic system enhancements further ensure regulatory burden for pharmacies is minimised.
- Completed the review of pharmacy ownership arrangements for compliance with the *Pharmacy Business Ownership Act 2001* (the Cohort Review). Of the 1,074 pharmacies eligible for review, 303

[10] The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (the Committee) Report No. 12, 56th Parliament - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland (Committee's Report).

[11] The Queensland Audit Office's Report - Managing transfers in pharmacy ownership (Report 4: 2018-19).

participated in the review, 521 declined to participate, and 250 were reviewed outside of the Cohort Review process as part of a subsequent notification.

- Provided formal advice through The Interim Pharmacy Roundtable to the Minister for Health and Ambulance Services in relation to the reform of the regulation of pharmacy ownership in Queensland.
- Continued to monitor licensed private hospital and day hospital activities to ensure hospitals are complying with the requirements of the *Private Health Facilities Act 1999.* The monitoring activities include on-site compliance inspections, investigation of complaints, and review of clinical incidents.
- Provided advice and supported amendments to *the Infection Control for Personal Appearance Services Act 2003 (ICPAS),* which were introduced to Parliament in December 2021, to support streamlined licence restoration for personal appearance service businesses.
- Implemented the remade Radiation Safety Regulation 2021 and the Radiation Safety (Radiation Safety Standards) Notice 2021. The amended legislation maintains an effective and current legislative framework.
- Implemented a revised suite of five radiation safety standards made by the Minister under the *Radiation Safety Act 1999*, which included the development of associated tools. The development of these standards included a significant public consultation process.
- Commenced a process to introduce penalty infringement notices into the State Penalties Enforcement Regulation (2014) for compliance breaches against certain sections of the *Radiation Safety Act 1999* to assist in strengthening the enforcement framework.
- Progressed a package of reforms under the *Tobacco and Other Smoking Products Act 1998,* aligning with the Government election commitment to strengthen Queensland tobacco legislation retail provisions to reduce supply. This included direct action on illicit tobacco at retail premises and strengthening Queensland's advertising and promotion provisions and increasing smoke-free public places.
- Provided advice and support for the remaking of the *Tobacco and Other Smoking Products Regulation* (from 2010 to 2021). The amended regulation maintains an effective legislative framework to support the regulation of smoking and smoking-related products in Queensland and the creation of environments that protect the health and wellbeing of Queenslanders through smoke-free areas. The changes to the regulation were designed to improve its operational effect, reflect current drafting practices, and improve clarity and readability.
- Progressed amendments to the *Transplantation and Anatomy Act*, to remove unnecessary regulatory burden for key stakeholders and to update subordinate legislation to ensure its currency. From 1 July 2022, the Act's definition of tissue has been amended to clearly exempt human milk, to provide clarity that there is no prohibition on the trade of human milk under the Act, and that hospitals can purchase human milk to prevent or treat illness in pre-term infants.
- Completed a review of the *Water Fluoridation Code of Practice* to replace the current version (dated 2013). This code is the key technical specification document governing fluoridation practices in Queensland. Key changes included a new simplified layout, amendments to encompass changes introduced by the Water Fluoridation Regulation 2020 (notably the requirement for batch analysis certificates required for each batch of fluoride prior to any of the batch being added to a water supply, to be issued only by an Australian laboratory, accredited by the National Association of Testing Authorities Australia (NATA), and updates to reference documents.

RPM 2: Consult and engage meaningfully with stakeholders

Supporting principles

- Formal and informal consultation mechanisms are in place to allow for the full range of stakeholder input and Government decision-making circumstances
- Engagement is undertaken in ways that help decision-making circumstances
- Cooperative and collaborative relationships are established with stakeholders including other regulators, to promote trust and improve efficiency and effectiveness of the regulatory framework

Overview

In undertaking its regulatory role, the Prevention Division recognises the importance of consulting and engaging meaningfully with a broad range of stakeholders to achieve desired regulatory outcomes and community health benefits. The Prevention Division administers public health legislation largely in collaboration with HHS PHUs and local governments. Public health program areas also conduct regulatory activities in close consultation with other state and national regulators. The Prevention Division is also committed to close and extensive engagement with a wide range of other government and non-government stakeholders, comprising industry and community groups, and including during the development of public health policy and reform of legislation.

Open and active engagement and communication occurs internally across Queensland Health, with co-regulators, industry stakeholders, statutory agencies, regulated entities and the public. This is achieved through a range of formal and informal consultation mechanisms (e.g. webinars, seminars, face to face meetings, educational presentations, correspondence, and seeking feedback during inspection processes) and through regular or ad hoc information and feedback forums, including participation and engagement in formal working groups and ministerially appointed advisory groups/committees.

Examples and case studies

Examples which demonstrate how regulatory activities align with this model practice are provided below.

- Worked in close collaboration with the food regulation authorities in Australia and New Zealand to ensure food standards are implemented and enforced consistently. This work is progressed through participation in the Implementation Subcommittee for Food Regulation (ISFR) and its Surveillance Evidence and Analysis Working Group (SEAWG) group.
- Participated in quarterly SEAWG meetings with state and territory food regulators. Items being progressed included Antimicrobial Resistance (AMR) surveillance in retail food, Survey of low-THC hemp seed foods; and labelling and advertising of low alcohol products. These activities contribute to the national strategy to reduce foodborne illness and prevention of misleading advertising and labelling.
- Continually engaged with relevant stakeholders, including HHS PHUs and officers involved with enforcing provisions under the new *Medicines and Poisons Act 2019*. This regular engagement is an important part of ensuring the Act is administered effectively, efficiently and ensuring any non-compliances and risks are detected and remediated appropriately.
- Continued to consult broadly in administering the *Pharmacy Business Ownership Act 2021,* with regulated entities, their agents and peak body representatives, including The Pharmacy Guild of Australia, The Pharmaceutical Society of Australia and Interim Pharmacy Roundtable (IPR). A particular focus of the consultation was in relation to the regulation of pharmacy business ownership and the

implementation of recommendations made in the Parliamentary Committee's Report[12] and Queensland Audit Office (QAO) Report.[13]

- Continued engagement and participation with the Pharmacy Premises Registering Authorities of Australia (PPRAA), a forum of state and territory pharmacy premises authorities. PPRAA activities are intended to allow for the consideration and potential development of a nationally consistent framework in relation to the registration and regulation of pharmacy business premises.
- Continued to meet with major stakeholder (licensees) and new stakeholders to discuss issues relating to compliance obligations under the *Private Health Facilities Act 1999*.
- Provided regular updates to private health facilities (licenced private hospital and day hospitals) of changes to COVID-19 requirements, Therapeutic Goods recalls and general notifications regarding best practice.
- Completed frequent engagement with key industry and government stakeholders regarding the measures under the *Public Health Act 2005* required to manage COVID-19 risks. The engagement focused on ensuring stakeholders were able to operationalise amendments to existing Public Health Directions, or the introduction of new requirements following updates to the medical advice.
- Actively engaged with South-East Queensland local governments during the response to the February 2022 flood event, encouraging them to undertake monitoring of flood impacted recreational water sites. Water quality monitoring of recreational water sites can help local governments fulfil their obligation to manage public health risks associated with recreational water, as required by the *Public Health Act 2005*. As part of this activity, key public health messaging was also developed in collaboration with local government stakeholders and the South-East Queensland environmental organisation Healthy Land and Water.
- Facilitated open and active engagement and communication to promote compliance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, including across Queensland Health, with industry stakeholders, statutory agencies, regulated entities and members of the public.
- Consulted with key stakeholders on proposed 2021 amendments to the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Long term and targeted consultation with local government and legal sectors was undertaken. Feedback received was acknowledged, considered, and where appropriate informed drafting instructions.
- Provided several workshops to accredited people about the new suite of radiation safety standards, associated tools, and legislative processes to support compliance with the *Radiation Safety Act 1999*.
- Provided a detailed suite of frequently asked questions to accredited persons to ensure consistent and transparent messaging about the radiation safety standards and to further support compliance with the *Radiation Safety Act 1999*.
- Undertook early targeted consultations, in relation to a package of proposed reforms under the *Tobacco and Other Smoking Products Act 1998*, seeking information from HHSs, community organisations, Aboriginal and Torres Strait Islander health organisations, representative bodies, peak retailer and licensed venue associations, and the peak local government association in Queensland. Stakeholder and community engagement informed the development of a Consultation Regulatory Impact Statement (CRIS). Public consultation on the CRIS sought stakeholder views on a suite of policy options and the associated regulatory impacts. Nearly 200 submissions were received during May and June 2022.
- Progressed targeted consultation with key stakeholders on proposed amendments to the Transplantation and Anatomy legislation.

[12] The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (the Committee) Report No. 12, 56th Parliament - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland (Committee's Report).

[13] The Queensland Audit Office's Report - Managing transfers in pharmacy ownership (Report 4: 2018-19).

- Consulted with a range of industry and government agency stakeholders as part of the review of Water Fluoridation Code of Practice to ensure technical operational advice continued to align with industry best practice and the latest regulatory requirements governed by other agencies (e.g. dangerous goods, electrical safety). A review of all technical calculations required by the code was also undertaken in collaboration with Queensland Health Forensic and Scientific Services.

RMP 3: Provide appropriate information and support to assist compliance

Supporting principles

- Clear and timely guidance and support is accessible to stakeholders and tailored to meet the needs of the target audience
- Advice is consistent, and where appropriate, decisions are communicated in a manner that clearly articulates what is required to achieve compliance
- Where appropriate, regulatory approaches are tailored to ensure compliance activities do not disproportionately burden particular stakeholders (e.g., small business) or require specialist advice

Overview

Prevention Division branches and program areas are actively committed to supporting stakeholders and regulated entities understand and achieve compliance through the provision of useful, accurate and timely information across multiple platforms, with a strong on-line presence.

For example, the Prevention Division recognises the value of compliance tools at the lower level of regulatory intervention, including education campaigns, engagement and advice, and guidance material. The publication of on-line information and dissemination of tailored and targeted information through modern technologies assists with enabling and encouraging compliance, as they help ensure that regulated entities are aware of their legislative obligations and what they are required to do to comply with these obligations. Program area staff are also available by phone or email to respond to enquiries.

Other information and support tools in response to identified or potential non-compliances, include issuing notices, warning letters and other information and advice as necessary to change the behaviour and achieve a return to compliance.

Additional information and advice to assist compliance with the legislation was again provided to stakeholders and regulated entities in 2021–22, to ensure coordination of efforts across the regulatory system and in response to the COVID-19 outbreak.

Examples and case studies

Examples which demonstrate how regulatory activities align with this model practice are provided below.

- Continued to provide timely advice and guidance to regulators, food business owners and other members of the public, on interpretation of the *Food Act 2006* and the Australia New Zealand Food Standards Code. The advice and guidance provided was especially in the context of the COVID-19 outbreak, which has continued to cause economic disruption in many sectors, including the food business industry.
- Provided immediate guidance on a range of queries from food businesses, local and state government departments, auditors and members of the public to ensure compliance with the latest Chief Health Officer COVID-19 directions. Created resources for the food business industry to provide guidance in ensuring a safe food supply. Information and support were provided via email, updated fact sheets, updated guidelines, COVID complaint reporting and direction to the latest state and federal government web site information. Staffing activities were prioritised to ensure a rapid response could be undertaken in relation to the surge of incoming queries relating to COVID-19.
- Created an extensive range of guidance materials, including guidelines, factsheets, approved forms and application materials, to complement the implementation of the new *Medicines and Poisons Act 2019*

and supporting material. This material will assist entities and individuals, licence and approval holders to better understand how to comply with the new legislation.

- Progressed and consulted on a new 'What Pharmacists Need to Know' guidance material to assist pharmacists in understanding key requirements under the new medicines legislation. A number of industry stakeholders were selected to provide feedback on the new guidance material, including the Interim Pharmacy Roundtable, Key Legal Firms and relevant representatives, Pharmacy Guild of Australia, Pharmacy Society of Australia, Pharmacy brokers, and pharmacy banner branded representatives.
- Developed several different compliance tools, including a Private Health Facilities Standards self-assessment tool that is completed by each facility with obligations under the *Private Health Facilities Act 1999* and updated on a yearly basis.
- Developed a number of fact sheets to inform new and existing licensees of their obligations under the *Private Health Facilities Act 1999*.
- Presented a range of industry workshops and forums throughout the year, jointly with HHS PHUs, to promote understanding on a range of topics relevant to compliance with the *Public Health Act 2005*. Topics included managing public health risks associated with poorly managed water distribution networks, recycled water user agreements, managing public health risks associated with interactive water features, and water risk management in hospital and healthcare facilities.
- Responded to requests from HHSs seeking support, interpretation and guidance on the legislative requirements for infection control provisions under the *Public Health Act 2005*, to ensure consistent administration and enforcement of the legislation.
- Completed a voluntary annual local government compliance survey related to the administration of the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The survey results are compiled and analysed into a state-wide report. The intent of the report is to provide local government with a state-wide picture of the administration and enforcement of the legislation relating to personal appearance services in Queensland, which supports local governments benchmarking their regulatory services.
- Responded to requests from local government seeking support, interpretation and guidance on the legislative requirements under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, supporting consistent administration and enforcement of the Act.
- Continued to provide timely advice and guidance to regulated entities on interpretation of the *Radiation Safety Act 1999*.
- Continued to provide comprehensive information and resources to support compliance with the *Tobacco and Other Smoking Products Act 1998* and *the Tobacco and Other Smoking Products Regulation 2021*. Key approaches included:
- the provision of accurate, contemporary information and resources on the Department of Health website to support businesses, organisations and the community to comply with the legislative requirements.
- funding 13QGOV to provide information about the smoking laws; support retailers, liquor licensed venues, facilities, and community organisations to comply with the laws; and facilitate the provision of free copies of signs required by the legislation.
- the provision of timely and quality advice to stakeholders seeking information about the smoking laws and raising emerging issues, including about e-cigarettes and illicit tobacco, with the Minister for Health and Ambulance Services and the Department of Health.
- The delivery of smoking cessation programs to assist smokers on their journey to quit smoking.
- The launch of Dr Karl's Vaping Truths campaign for 18- to 34-year-old Queenslanders in June 2022 to help prevent uptake of e-cigarettes.
- Referred intelligence about suspected nicotine import or advertising breaches to the Therapeutic Goods Administration for investigation. This is in support of changes to the Commonwealth Poison Standard regarding nicotine e-cigarettes and liquid nicotine, which came into effect in October 2021, and in support of the Commonwealth Government, who is responsible for the monitoring and enforcement of the illegal importation of nicotine e-cigarettes and liquid nicotine.

- Engaged with Facebook and Instagram to identify smoking product-related content on their platforms that violates their self-regulatory community, commerce and advertising policies. The aim is of this activity is to improve the artificial intelligence that implements the policies.
- Utilised the annual compliance assessment tools and guidelines as educational tools, as well as compliance tools, to assist stakeholders maintain compliance with the *Transplantation and Anatomy Act 1979*. The availability of staff to provide information and respond to enquiries is communicated to stakeholders when the initial communication (and any subsequent communication) is sent out to stakeholders regarding the compliance assessment activities. Support and information are provided via phone discussion and email. Information and support has been provided in relation to:
- the process for the application of permits to buy human tissue (hospitals)
- appropriateness of advertising applications, in consultation with Strategic Communications Branch (Assisted Reproductive Technology providers)
- queries from Schools of Anatomy (SoA) in relation to regulatory requirements.
- Promptly notified all drinking water service providers implementing fluoridation in Queensland upon publication of the revised *Water Fluoridation Code of Practice.* Electronic industry newsletters, issued by the Queensland Water Directorate and the Water Supply Regulator, were also used to promote awareness of the update of the Code.

RMP 4: Commit to continuous improvement

Supporting principles

- Regular review of the approach to regulatory activities, collaboration with stakeholders and other regulators to ensure it is appropriately risk based, leverages technological innovation and remains the best approach to achieving outcomes.
- To the extent possible, reform of regulatory activities is prioritised on the basis of impact on stakeholders and the community
- Staff have the necessary training and support to effectively, efficiently and consistently perform their duties

Overview

The Prevention Division has a strong commitment to continuous improvement of regulatory activities, approaches, and practices. This commitment consists of ensuring all staff (including authorised officers appointed under public health legislation) have the necessary training and support to effectively and consistently perform their administrative, clinical and regulatory duties.

The Prevention Division also strives to continually improve regulatory activities through leveraging technological innovation (including contemporary ICT solutions), supporting research and engaging with and learning from regulatory communities of practice. The Division implements processes of continuous reflection and review, including benchmarking against best practice standards and regulatory approaches, with the aim of reducing the regulatory burden and maximising public health outcomes for the community.

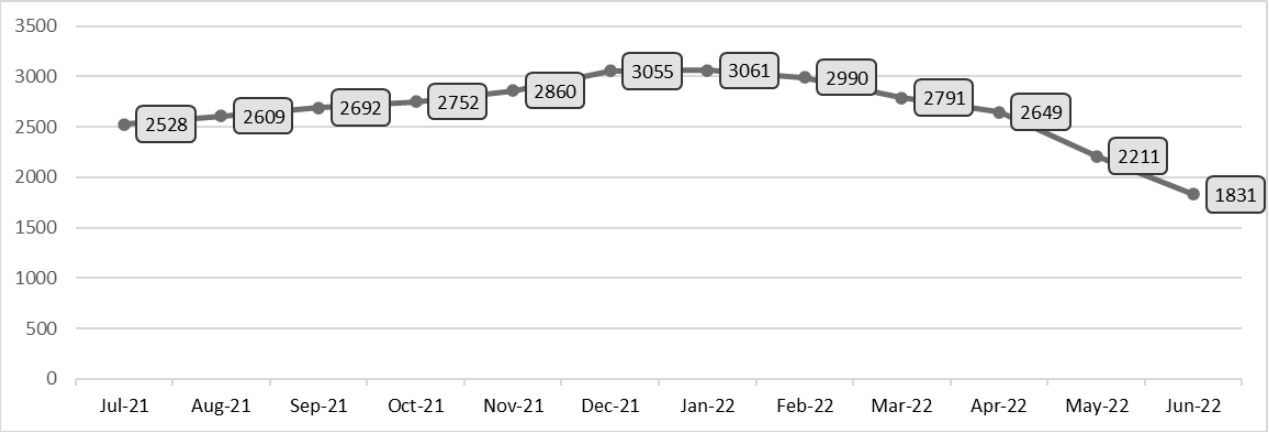
Examples and case studies

Examples which demonstrate how regulatory activities align with this model practice are provided below.

- Continued to enhance the electronic data management system for processing appointments under public health legislation. This initiative has enabled the department to more efficiently process and track appointments under public health legislation, including an enhanced reporting capability on the number and type of appointments. This enhanced processing and reporting capability was timely in the face of increased demand for appointments, for example as Contact Tracing Officers or Emergency Officer (Generals) under the *Public Health Act 2005* to support the COVID-19 response. Figure 1 illustrates the total number of current appointments under public health legislation for each month

from 1 July 2021 to 30 June 2022. Table 4 presents the total number and type of current appointments under public health legislation as at 30 June 2022. As shown in Figure 1, the number of appointments under public health legislation have been trending downwards from the start of 2022. This downward movement in the number of appointments during the last half of this financial year coincides with the easing of COVID-19 restrictions and contact tracing.

Figure 1. Total number of current appointments under public health legislation from 1 July 2021 to 30 June 2022, by month (Cumulative)



Source: Management of Applications, Permits, Licenses and Events (MAPLE)

Table 4: Number and type of appointments as at 30 June 202214

Type of Appointment	Number of Appointments
Contact Tracing Officer	1129
Emergency Officer (Medical) and Contact Tracing Officer	46
Contact Tracing Officer and Emergency Officer (General)	174
Emergency Officer (Gen) only and Authorised person	56
Emergency Officer	391
Other15	35
Total	1831

Source: Management of Applications, Permits, Licenses and Events (MAPLE)

- Continued investment in the MAPLE Online Licensing Portal to enable applications for six licence, certificate or approval (licence) types for radiation safety and pest management to be submitted online, including payments. The online renewals functionality for radiation safety was completed this financial year. During the month of June 2022, 84 per cent of eligible radiation safety renewal licences

[14] The numbers include individual appointments only. They do not include appointment by occupational class, such as appointment of a Queensland Police Service officer as Emergency Officer (General), under the *Public Health Act 2005.*

[15] 'Other' includes: Vector Control Officers; Inspectors (Corporate Office) and Authorised Officers (Corporate Office) appointed under various public health Acts.

were submitted online, indicating positive up-take by eligible businesses. The online renewal capability for pest management is expected to be completed later in 2022. In addition, the ability to submit new applications online is expected to be completed by the end of 2022, making it easier and faster for businesses to apply for radiation safety and pest management licences. The portal includes a dashboard for the licence holder to self-manage the licence, contact details, track applications and other functions.

- Procured and offered *Cert IV Government Investigations* training to authorised officers appointed under public health legislation. Successful completion of this course by both newly appointed and experienced authorised officers builds a workforce that has the minimum level of qualification for officers engaging in regulatory and investigative activities, as recommended by the Australian Government Investigation Standards 2011.
- Enhanced and relaunched the *Prosecutions Learning Framework*, to report and share learnings from prosecutions and promote consistency of good regulatory practice across the public health regulatory workforce.
- Maintained the Public Health Operational and Regulatory Toolbox – a central repository of key resources available to support public health regulatory staff, including handbooks, guidelines, procedures, forms and templates.
- Continued to support and participate as a committee member on the Queensland Chapter of National Regulatory Community of Practice (NRCoP). The NRCoP is an active network of public sector regulators, regulatory policy makers and others with a professional or scholarly interest in regulation, keen to learn from and with each other to deliver better regulation and better community outcomes.
- Continued to maintain and enhance The Food Pantry, a digital food safety hub that includes an online portal providing a one stop shop for legislative, licensing and training requirements and includes educational materials such as food business checklists, fact sheets, templates and posters. Also includes an online self-assessment tool based on the existing *Know your food* business resource, an online complaint form, and interactive tools for the development of food labels based on the document *Label Buster* and free online training systems. Members of the public, small to medium size food business owners and operators, local and state governments supporting compliance with food safety standards continue to benefit from this innovative, web-based information platform.
- Completed a review of the *Food Act 2006*, which identified potential amendments to make it more fit-for-purpose and to deliver efficient and effective regulation. Feedback received from industry, regulators, and other stakeholders since the commencement of the Act have formed the basis of the proposed amendments.
- In 2019, the Queensland Audit Office released the findings into an audit which examined whether food safety was effectively managed for consumers in Queensland. The audit report recommended that a legislative review of the *Food Act 2006* be undertaken to ensure it enables effective responses to food safety risks. The most significant changes proposed will be adoption of the nationally approved four-tier risk classification system to replace the current variable licensing processes used for food businesses across the 77 local governments and one town authority in Queensland, and subsequently, to bring state food businesses under that same risk framework. The objective is to provide for equivalence for all food premises in Queensland with respect to licensing and inspections, based on their likelihood to contribute to foodborne disease and the potential magnitude of that contribution. Other issues identified are intended to nationally align Queensland's legislation, reducing regulatory burden and creating operational efficiencies to ensure minimum effective food regulation whilst ensuring maintenance of the primary objective of the *Food Act 2006*, of protecting and promoting the health and safety of the community.
- Continued to convene the Medicines Approvals and Regulation Advisory Panel (MARAP), a body which was established to assist the department make informed and consistent decisions regarding regulatory compliance and policy for the HDPR, and now for the new *Medicines and Poisons Act 2019*. The MARAP has been used successfully on an ongoing basis to provide wider consultation on regulatory and policy matters, including decisions resolving long-term and complex applications for approval.
- Facilitated the establishment of the Medicines Expert Advisory Group (MEAG). The MEAG is established for the purpose of providing advice and making recommendations to department delegates and executive decision makers involved in administering the *Medicines and Poisons Act 2019*. The specific functions of MEAG are set out in its Terms of Reference (TOR).

- Progressed high level consultation with various industry partners to support compliance outcomes in relation to aspects of pharmacy business and medicines management. In addition, work remains ongoing in relation to delivering the recommendations from the Parliamentary Committee's Report[16] (in particular recommendations 6,7,8,9, 10 and 11) and the Queensland Audit Office (QAO) Report[17]. Further efficiencies have been gained by the ongoing review and grouping processes of similar pharmacies (brands, leases and other arrangements) through optimising the approach to reviewing leases specifically. This included seeking additional legal advice where required.
- Continued to implement the Pharmacy Business Ownership Administration (PBOAS) Portal, supporting the efficient and effective administration of the *Pharmacy Business Ownership Act 2001*. The PBOAS portal is a new ICT solution aimed at transitioning the paper-based model of submitting pharmacy business ownership notifications to Queensland Health, to a more streamlined and efficient on-line model for notifications. This new technology provides an opportunity to embed digital capability, future proofing ICT capabilities using proven (and advanced) technology platforms.
- In response to the COVID-19 pandemic, implemented desk-top inspections which included online self-assessments, video conferencing and direct discussion, if social distancing could be maintained, with private health facilities licensed under the *Private Health Facilities Act 1999*. Regulatory staff complied with COVID-19 requirements during on-site compliance activities and meetings.
- Continued to invest in a new Notifiable Conditions System (NOCs) which improved the capacity for collating notifications of notifiable conditions from pathology laboratories and clinicians, as required under the *Public Health Act 2005.*
- Regularly updated or amended Public Health Directions for COVID-19, made under the *Public Health Act 2005*, to ensure that the regulatory framework for managing COVID-19 risks was current and based on available best practice information.
- Procured a training package on the control of waterborne *Legionella* risks in buildings to assist authorised officers undertaking regulatory activities relating to the water risk management provisions of the *Public Health Act 2005*.
- Completed an extensive review and update of the *Infection Control for Personal Appearance Services Guidelines*. The aim of the guidelines is to provide evidence-based guidance for business owners and providers of personal appearance service to minimise the risk of infection and enhance compliance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003.*
- Provided advice to inform proposed amendments to the *Public Health (Infection Control for Personal Appearance Services) Act 2003,* to streamline licensing provisions relating to high-risk personal appearance services for both businesses and local government.
- Invited local government feedback on the operation and administration of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* through the annual Local Government compliance survey related to the administration of the Act.
- Completed a review of the application forms approved under the *Radiation Safety Act 1999* to ensure that the information requested in paper-based applications matches that which is being sought in the online application forms scheduled for implementation during the 2022-2023 financial year. A critical part of this review has been to ensure that only information required is sought in order to reduce the red tape burden on both the department and the applicants. Importantly, this arrangement will support the transition from paper-based records to electronic records.
- Continued to review the *Tobacco and Other Smoking Product Act 1998* and subordinate legislation to maintain currency, respond to new and emerging issues and reduce regulatory burden on government and businesses. A review of compliance activities was also undertaken as part of continuous

[16] The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (the Committee) Report No. 12, 56th Parliament - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland (Committee's Report).

[17] The Queensland Audit Office's Report - Managing transfers in pharmacy ownership (Report 4: 2018-19).

improvement. Options for an online complaints mechanism were also explored, to further support the community to make complaints about non-compliance with Queensland tobacco and e-cigarette laws.

- Completed an annual review of the *Transplantation and Anatomy Act 1979* self-assessment compliance tools, based on responses from stakeholders during compliance processes. This stakeholder feedback informs planned revision of the self-assessment tool and informs prioritisation of issues to be addressed in policy development and future legislative amendments.
- Provided authorised officers with a training session on the revisions to the Water Fluoridation Code of Practice, to promote compliance under the *Water Fluoridation Act 2008*.

RMP 5: Be transparent and accountable in actions

Supporting principles

- Where appropriate, regulatory frameworks and timeframes for making regulatory decisions are published to provide certainty to stakeholders
- Decisions are to be provided in a timely manner, clearly articulating expectations, and the underlying reasons for decisions
- Indicators of regulator performance are publicly available

Overview

The Prevention Division's regulatory approach to administering public health legislation includes and promotes the principles of being a transparent and accountable regulator. Divisional procedures require all regulatory compliance decisions, along with the reasons and the evidence relied upon in reaching the decisions, made under public health legislation, to be clearly documented.

Regulatory processes, standards and timeframes for making regulatory decisions (such as granting licences and approvals) are provided in transparent and accessible formats (e.g. in written advices, published on the web). This is to provide clarity and certainty to stakeholders and regulated entities. The division strives to ensure decisions in administering regulation are objective, made in an unbiased manner and that any conflicts of interest are appropriately managed in the respective decision-making process.

The Prevention Division public health program areas also maintain an active on-line presence. For example, many public health regulatory documents, including enforcement guidelines and Act-specific compliance plans, which outline regulatory strategy and regulatory performance targets, are available in a central location on the Prevention Division intranet (called the Public Health Operational and Regulatory Toolbox) and on a Local Government secure site portal. These resources are readily available state-wide for Queensland Health HHS PHUs) authorised officer and other regulatory staff and our Local Government regulatory partners, to promote consistent, best practice decision making and regulatory practice.

In addition, a comprehensive range of regulatory documents are also published across Queensland Health and Queensland Government sites on the internet.

The Prevention Division continues to increase the amount of information that is publicly available on-line about its regulatory approaches and activities and report publicly on its regulatory performance through this annual report and other relevant public platforms.

Examples and case studies

Examples which further demonstrate how regulatory activities align with this model practice are provided below.

- Completed the current (fourth) annual regulator performance report (2021–22), outlining how the Prevention Division aligns with, or plans to improve its regulatory practices to align with, the Performance Framework five model practices. Previous regulatory performance reports are available at Regulator performance framework - Queensland Treasury

- Provided regular guidance to local government in relation to the Food Safety Act 2006 and in the context of COVID-19. Materials published during this financial year include documentation in relation to a lead compliance agencies list, that clearly outlines which agency is leading the response. These are available to provide transparency and accountability for state government, local government and the public.
- Published an extensive range of guidance materials, including guidelines, factsheets, approved forms and application materials, to complement the implementation of the new *Medicines and Poisons Act 2019* and supporting material. This material will assist entities and individuals, licence and approval holders to better understand how to comply with the new legislation.
- All applications for substance authorities under the *Medicines and Poisons Act 2019* that are refused are given a detailed explanation of the reasons for the decision and the applicant is given an avenue to appeal the decision. For all substance authorities that are granted with conditions, justification is provided for imposing the conditions. A 90-day timeframe is provided for under the Act, which ensures decisions are made and communicated to substance authority applicants in a timely manner. Internal monitoring and reporting systems are also in place to track the progress of applications.
- Prepared the second annual report of the Notifiable Dust Lung Disease Register (NDLD Register), and provided the report to the Minister for Health and Ambulance Services, as required under the *Public Health Act 2005*. The report provides details of the operations of the NDLD Register, including number and nature of notifiable dust lung diseases received by the NDLD Register during the financial year, and other actions Queensland Health has taken to achieve the purposes of the Register. To-date, two annual reports have been published and are available on the NDLD Register website.
- Published on the open data portal details of Legionella detections, notified under the water risk management provisions of the *Public Health Act 2005*.
- Held monthly teleconferences with Queensland Health infection control practitioners, public health and tuberculosis control nurses. These statewide stakeholder forums promote transparency and consistency of regulation practice under the *Public Health Act 2005* for communicable disease management.
- Conducted frequent engagement with key industry and government stakeholders when the Public Health Directions, made under the *Public Health Act 2005*, for managing COVID-19 risks were updated based on the latest medical advice, to ensure that there was a clear understanding of the requirements and rationale behind the Directions.
- Provided regular updates in relation to issues and matters arising from the administration of the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, to local government at advisory group meetings, and disseminated actions from the meetings to all local governments as soon as practicable, to promote transparency and accountability.
- Published and distributed to local government, the report on Local Government Activities under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, further supporting regulatory transparency and accountability.
- Maintained procedures under the *Radiation Safety Act 1999*, requiring clear documentation of all regulatory compliance decisions under the Act, along with the reasons for the decisions and the evidence relied upon in reaching the decisions.
- Published Reducing the negative effects of smoking in Queensland Consultation Regulatory Impact Statement on the Queensland Treasury internet site.
- Maintained publication of the Schools of Anatomy (SoA) Audit checklist and evaluation tool, application forms for authorisation to establish a SoA, and notification forms of variation to establish an SoA.
- Standard criteria are used for assessing compliance with the *Transplantation and Anatomy Act 1979*, and for assessing and approving advertising and permits to buy human tissue. These are provided to stakeholders to assist their understanding of the department's considerations and enable a standard, streamlined and transparent approach to decision-making in the approval of permits to buy human tissue.

Our governance

Leadership teams

New and continuing leadership teams in 2021–22 included:

- Executive Leadership Team (ELT)
- System Leadership Forum (SLF)
- COVID System Leadership Forum (CSLF)

Boards, Councils and Committees

- The Department of Health Audit and Risk Committee (ARC)
- Sexual Health Ministerial Advisory Committee (SHMAC)
- Mount Isa Lead Health Management Committee (MLHMC)
- Queensland Government Critical Supply Reserve (QGCSR) Whole of Government Steering Committee

Tier 2 committees

- Queensland Health Data and System Intelligence Advisory Committee (DSIAC)
- Disaster Management Advisory Committee (DMAC)
- System Management Advisory Committee (SMAC)
- Rural and Remote Health Advisory Committee (RRHAC)
- Patient Safety and Quality Advisory Committee (PSQAC)
- System ICT Advisory Committee
- Investment Assurance Committee (IAC)
- First Nations Health Improvement Advisory Committee (FNHIAC)

Statutory bodies

- Hospital and Health Services (HHSs) (16)
- Hospital Foundations (13)
- QIMR Berghofer Medical Research Institute (QIMR)
- Office of the Health Ombudsman
- Health and Wellbeing Queensland
- Mental Health Court
- Mental Health Review Tribunal
- Panels of Assessors (19)
- Queensland Board of the Medical Board of Australia
- Queensland Board of the Nursing and Midwifery Board of Australia
- Queensland Board of the Psychology Board of Australia
- Queensland Mental Health Commission
- Queensland Mental Health and Drug Advisory Council
- Radiation Advisory Council

Leadership teams

Executive Leadership Team (ELT)

Continuing

Role, function and responsibilities

The Executive Leadership Team (ELT) supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.

Membership

- Director-General (Chair)
- Chief Operating Officer
- Chief Health Officer
- Chief Aboriginal and Torres Strait Island Health Officer and Deputy Director-General, A&TSIHD
- Deputy Director General, CSD and CSCSD
- Deputy Director-General, CEQ
- Deputy Director-General, HPSP
- Deputy Director-General, eHealth Queensland and Chief Information Officer Queensland Health
- Associate Director-General, SPR
- Deputy Director-General, Prevention Division
- Commissioner, QAS
- Chief Finance Officer
- Executive Director, Office of the Director-General

Number of scheduled meetings/sessions

The Executive Leadership Team (ELT) met fortnightly on a Thursday for the 2021–22 reporting period.

System Leadership Forum (SLF)

Continuing

Role, function and responsibilities

Provides a collaborative forum in which the department leadership team and public health service chief executives can openly and robustly discuss the overall leadership, strategy, direction, challenges and opportunities facing Queensland's public health system.

Membership

- Department of Health Executive Leadership Team
- Hospital and Health Service Chief Executives
- Chief Executive, Mater Health Services

Number of scheduled meetings/sessions

The System Leadership Form (SLF) met on the second Tuesday of each month for the 2021–22 reporting period.

COVID System Leadership Forum (CSLF)

Established until the Declared Public Health Emergency is revoked

Role, function and responsibilities

To address the COVID-19 pandemic, the department has established the COVID System Leadership Forum (CSLF). Members of the CSLF have specific areas of responsibility for the pandemic response.

Membership

- Executive Leadership Team
- Health Service Chief Executives
- Chief Executive, Mater Health Services
- Chair of the Queensland Clinical Networks' Executive
- Chair, Queensland Clinical Senate
- Chief Executive Officer, Health Consumers Queensland
- Department of Health – COVID-19 Leads in Charge

Number of scheduled meetings/sessions

The COVID System Leadership Forum (CSLF) met on a stand-up/stand down basis, as and when required, for the 2021–22 reporting period.

Boards, Councils and Committees

The Department of Health Audit and Risk Committee	
Act or instrument	Financial Accountability Act 2009 and the Financial and Performance Management Standard 2019
Functions	The Department of Health Audit and Risk Committee (ARC) operated in accordance with its charter, having due regard for Queensland Treasury's Audit Committee Guidelines: Improving Accountability and Performance (the Guidelines). The ARC provides the Director-General with independent advice and assurance in relation to the department's risk, internal control, audit, governance, performance discharge of annual financial management responsibilities as required under the *Financial and Performance Management Standard 2019.*
Achievements	Key achievements for 2021–22 include: • endorsement of the annual internal audit plan for 2022–23 prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program for 2021–22 • endorsement of the annual financial statements for 2020–21 prior to sign-off by the accountable officer. • endorsement of the information standard 18 (is18:2018) annual return prior to sign-off by the director-general • provision of direction on departmental business matters relating to business performance, improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters. • oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities • oversight of large departmental projects.
Membership	In addition to the committee members, several standing invitees regularly attend meetings, including the Director-General, Chief Finance Officer, Chief Audit Officer, Executive Director, Risk, Assurance and Information Management and representatives from the Queensland Audit Office (QAO).
Financial reporting	Expenditure related to the Committee totalled $17,875 (ex GST). Transactions of the entity are accounted for in the financial statements.

Renumeration

Position	Name	Meeting attendance	Approved annual, sessional or daily fee	Actual fees received
Chair	Paul Cooper	3	$8,400.00 p.a. (ex GST)	$3,500.00 (ex GST)
Deputy Chair	Chris Johnson	3	$8,400.00 p.a. (ex GST)	$3,300.00 (ex GST)
Chair	Dan Hunt	7	$15,000.00 p.a. (ex GST)	$7,500.00 (ex GST)
Deputy Chair	Mark Stone	7	NIL	NIL
Member	Barbara Phillips	4	NIL	NIL
Member	David Sinclair	1	NIL	NIL
Member	Nick Steele	2	NIL	NIL
Member	Darren Hall	9	NIL	NIL
Member	Alister Whitta	10	NIL	NIL

No. scheduled meetings/sessions	The ARC held ten meetings during the 2021–22 financial year of which one was an extraordinary meeting held specifically to address the Information Standard 18 (IS18:2018) compliance.
Total out of pocket expenses	NIL

Sexual Health Ministerial Advisory Committee (SHMAC)

Act or instrument	Terms of Reference
Functions	The Sexual Health Ministerial Advisory Committee (SHMAC) provides advice to the Minister for Health and Ambulance Services on sexual and reproductive health-related matters in the context of the Queensland Sexual Health Strategy 2016-2021 and associated action plans Human Immunodeficiency Virus (HIV), Hepatitis C, Sexually Transmissible Infections (STIs), Aboriginal and Torres Strait Islander (A&TSI) Blood Borne Viruses and STIs and North Queensland A&TSI STIs.
Achievements	Key achievements for 2021–22 include: • Research and sub-committee set research priorities and assessed and recommended applications for funding under the Sexual health Research Fund with four projects funded in FY 2020-21. • Inputted professional advice on COVID Safe Industry Plans for Queensland Sex on Premises Venues and Adult Parties, and Queensland Sex Industry • Continued implementation of the Supporting Teacher-led Relationships and Sexuality Education in Queensland State Schools project in partnership with the Department of Education and True Relationships and Reproductive Health adapted to meet COVID-19 directions.
Membership	• Emeritus Professor Cindy Shannon (Chair) • Dr Anthony Allworth • Mr Phillip Carswell • Associate Professor Ignacio Correa-Velez • Ms Candi Forrest • Professor Rebecca Kimble • Mr Dallas Leon • Dr Kylie Stephen • Dr Diane Rowling • Ms Hayley Stevenson • Dr Stephan Strathis
Financial reporting	NIL

Renumeration

Position	Name	Meeting attendance	Approved annual, sessional or daily fee	Actual fees received
Chair	Emeritus Professor Cindy Shannon AM	9	$390.00 daily chair fee $300.00 daily member fee	50% of daily fee for meetings of four hours or less
Member	Associate Professor Anthony Allworth	5	$300.00 daily member fee	

Member	Mr Phillip Carswell OAM	7	$300.00 daily member fee	
Member	Associate Professor Ignacio Correa-Velez	5	$300.00 daily member fee	
Member	Ms Candi Forrest	3	$300.00 daily member fee	
Member	Mr Dallas Leon	5	Commencing 22 June 2022 $300.00 daily member fee	Commencing 22 June 2022 – 1 meeting at 50% of $390.00 daily chair fee
No. scheduled meetings/sessions	Sexual Health Ministerial Advisory Committee – 3 (each more than four hours) Research Sub-Committee – 2 (one less than 4 hours, one more than four hours) Forum Sub-Committee – 4 (each less than 4 hours)			
Total out of pocket expenses	$214.10 in 'out of pocket' costs were claimed by remuneration-eligible members during the 2021–22FY, relating to travel expenses and mileage.			

Mount Isa Lead Health Management Committee

Act or instrument	N/A
Functions	The Mount Isa Lead Health Management Committee (MLHMC) is chaired by the Chief Health Officer and is comprised of representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa Hospital and Health Service. The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa.
Achievements	Lead and lead compounds are not beneficial or necessary for human health and can be harmful to the human body. Blood lead level is an accurate way of monitoring lead exposure. Health effects resulting from lead exposure differ substantially between individuals. Protecting children from exposure to lead is important to lifelong good health. Lead can be harmful to people of all ages, but the risk of health effects is highest for unborn babies, infants, and children. Even low levels of lead in blood have been shown to negatively affect a child's intelligence, ability to pay attention, and academic achievement. Other factors such as the amount of lead, whether the exposure is over a short-term or a longer period, and the presence of other health conditions, will influence the symptoms or health effects experienced. Lead health management strategies in Mount Isa continue to be strengthened, through the implementation of an update of its Strategic Plan. A key component of the Plan is to strengthen the Public Health Unit and co-locate with the Lead Health Alliance to better coordinate and integrate lead health care management. The MLHMC continues to support the point of care testing program (PoCT) undertaken by the North West HHS Child Health Services. The PoCT program continues to be supported by the Mount Isa community, as the preferred method to measure a child's blood lead level. The COVID-19 pandemic, along with the recall of test consumable materials impacted the testing program, with the program being suspended between September 2021 and April 2022. The suspension of the program resulted in a drop in testing, from 284 in 2020-2021 to a total of 148 tests undertaken during the 2021–22 year. This represents 144 individual children being tested, with a small number of children having more than one test during this period. The results of the tests undertaken identified: • 98 children had blood lead levels <5 µg/dL

	• 38 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL • 8 children had blood lead levels ≥ 10 µg/dL This allows 'at risk' children to be more readily identified at an early stage and referred to their general practitioner for follow-up and case management if necessary.
Membership	• Federal Representative (Member for Kennedy) • State Representative (Member for Traeger) • Chief Health Officer, Department of Health (Chairperson) • Mayor, Mount Isa City Council • Chair, North West Hospital and Health Board • Chief Executive, North West Hospital and Health Service • Commissioner, Queensland Family and Child Commission • Deputy Director-General, Department of Environment and Science • Commissioner for Mine Safety and Health, Department of Resources • General Manager Health, Safety, Environment, and Community Relations, Glencore Mount Isa Mines • Executive Director, Health Protection Branch, Department of Health • Director, Environmental Hazards Unit, Health Protection Branch (Secretary), Department of Health
Financial reporting	NIL
No. scheduled meetings/sessions	Annual
Total out of pocket expenses	NIL

Queensland Government Critical Supply Reserve Whole of Government (QGCSR WoG) Steering Committee

Act or instrument	Terms of Reference
Functions	The QGCSR WoG Steering Committee is responsible for overseeing the strategy, design, implementation, benefits realisation, government risk and issue management, and investment made to establish the QGCSR and its operating procedures.
Achievements	Key achievements for 2021–22 include: Oversaw the period of establishment and activation of the Queensland Government Critical Supply Reserve on 12 July 2021, and the commissioning and operationalisation of both the Far North Queensland Regional Warehouse in Cairns and the Central Queensland Regional Warehouse in Rockhampton.
Membership	• Deputy Director-General CSCSD and CSD, QGCSR Program Senior Responsible Owner • Deputy Director-General, Manufacturing and Regional Development, Department of Regional Development, Manufacturing and Water • A/Director-General, Department of Regional Development, Manufacturing and Water

	• Director-General, Queensland Health • Assistant Commissioner, Queensland Fire and Emergency Services • Acting Deputy Director-General and Chief Advisor Queensland Government Procurement, Department of Energy and Public Works • Deputy Under Treasurer, Queensland Treasury • Deputy Director-General, State Development Group, Department of State Development, Infrastructure, Local Government and Planning • Assistant Commissioner, Queensland Police • Chief Procurement Officer, Queensland Health
Financial reporting	NIL
No. scheduled meetings/sessions	2
Total out of pocket expenses	NIL

System ICT Advisory Committee

Act or instrument	Terms of Reference
Functions	The primary function of the Committee is to contribute to the effective assurance of Queensland Health's ICT capabilities. The Committee does this by advising the Deputy Director-General eHealth Queensland on: • setting and monitoring the Queensland Health ICT strategy to ensure alignment to Queensland Government ICT policy positions • maintaining oversight of Queensland Health's ICT governance mechanisms including the enterprise ICT architecture, including its security and information management frameworks, to support safe, consistent and effective interoperability that enables access, availability and protection of data • advising on the development of ICT strategies (information, cyber security, application, infrastructure and technology), architectures, ICT policies, standards, and roadmaps in alignment with Queensland Government policy and contractual requirements and industry good practice • informing the development of the strategic agenda for shared systems across Queensland Health including approving strategic investments in health systems to ensure commercial viability and sustainability • providing strategic advice on the prioritisation and definition of ieMR investments including recommendations on funding to the Senior Responsible Officer and Service Owner • endorsing the enterprise ICT portfolio contributions to the annual State-wide Asset Management Plan and support submissions to fund the priorities • providing leadership on digital strategic initiatives through its review and input into critical investment business cases to ensure alignment with strategic imperatives and achievability of business outcomes • monitoring performance of the Queensland Health ICT portfolio to ensure portfolio investment and delivery is prudent, efficient and delivering value

	• maintaining strategic oversight of eHealth Queensland, particularly in relation to the provision of enterprise ICT services to HHSs and the department • Providing oversight and management of critical system ICT risk, reviewing risk mitigation actions and advising on digital application and technology foundations to ensure they align to current and future business needs.
Achievements	Key achievements for 2021–22 include: • setting the Queensland Health ICT strategic direction through endorsement of the Queensland Health Digital Health 2031 Strategy, the Rural and Remote Digital Healthcare Strategy, the Queensland Health Virtual Healthcare Strategy, the QH Enterprise Architecture Vision, and the Mental Health Digital Information Strategy and Roadmap • continued oversight of the eHealth Queensland service delivery to the HHS and the department including: endorsing the eHealth Queensland Business Charter and strategic priorities; and noting the approved 2021 eHealth Queensland Strategic Asset Management Plan and the top ten unfunded investment proposal priorities • continued oversight of the QH ICT portfolio performance and investment pipeline including: endorsing the 2021 Queensland Health Strategic Asset Management Plan System-Wide ICT Investment Priorities; approving the priorities for the ieMR funding package 4; and endorsing the business cases for iPharmacy, the 2022 integrated electronic Medical Record System Business Case and the Infrastructure Maintenance Program (IMP) Tranche 2 Plan and Funding Request.
Membership	• Deputy Director-General, eHealth Queensland (Co-Chair) • Hospital and Health Service Chief Executive, Children's Health Queensland HHS (Co-Chair) • Hospital and Health Service Chief Executive Representative, Central West HHS • Deputy Director-General, CEQ • Aboriginal and Torres Strait Islander Health Division representative • Executive Director, Information Communications and Technology, QAS • Chief Clinical Information Officer, CEQ • Hospital and Health Service Chief Information Officer Representative, Townsville Hospital and Health Service • Department of Health Chief Finance Officer, CSD • General Manager, Corporate Enterprise Solutions • Queensland Clinical Senate Representative, Nurse Unit Manager, Inala Indigenous Health Service, Metro South Hospital and Health Service • State-wide Clinical Network Representative, Chair Digital Health Improvement Network • Consumer Representative, Senior Engagement Advisor, Health Consumers Queensland • Consumer Community Representative Advisors: • Senior Director, Digital Architecture and Governance, eHealth Queensland • Senior Director, Innovation and Strategy. eHealth Queensland

	• Chair Architecture and Standards Committee, eHealth Queensland • Chair Information Security Committee, eHealth Queensland • Director, Digital Strategic Partnerships, eHealth Queensland • Senior Director, Cyber Security, eHealth Queensland • Manager, Office of Deputy Director General CEQ
Financial reporting	NIL

Renumeration

Position	Name	Meetings/ sessions attended	Approved annual, sessional, or daily fee	Approved sub-committee fees if applicable	Actual fees received
Consumer representative	Chris Tankey	4	$187.00 per meeting	NIL	$748.00
Consumer representative	Kristy Thomas	6	$187.00 per meeting	NIL	$1,122.00
No. scheduled meetings/sessions	11				
Total out of pocket expenses	$1870.00				

Queensland Health Data and System Intelligence Advisory Committee (DSIAC)

Act or instrument	Terms of reference
Functions	The primary function of the committee is to contribute to the effective management and delivery of the health portfolio by the Department of Health and Hospital and Health Services. The Committee will undertake the following functions: • Develop and represent a state-wide approach to the curation and effective use of data and intelligence across Queensland Health. • Provide a forum to discuss issues and share learnings related to data and intelligence across Queensland Health. • Develop and communicate a Vision and Strategy for Queensland's digital health agenda • Initiate and lead quality improvement activities to support change in data and analytics across Queensland • Identify, prioritise and implement actions/improvements that address significant issues and current risks related to the timely access to accurate data and information. • Identify and promote disinvestment strategies to drive the system's efforts to a fully matured digital health ecosystem. • Strengthening the integration of healthcare service delivery between Hospital and Health Services (HHSs) and the Aboriginal and Torres Strait Islander community-controlled health sector and at local and regional (networks) levels.
Achievements	Key achievements for 2021–22 include:

	• Endorsement of Tier 3 Data Access Governance Working Group (DAGWG) report titled The Future of Data Access Governance in Queensland. The report outlines the core vision, overarching principles and recommendations for reform options to support realisation of a contemporary data access government framework across the Queensland Health data ecosystem. Ultimately, aiming to better harness existing digital and data capabilities to drive improved system and patient outcomes. • Established and commenced Tier 3 Data Access Governance Advisory Group, to support further consideration, consultation and implementation of recommendations outlined in DAGWGs The Future of Data Access Governance in Queensland report. • Established and commenced Statewide Data and Analytics Advisory Network, to facilitate prioritisation and governance for delivery of data and analytic products for Queensland Health. The primary objective is to strengthen the equity and availability of data across the system, to support informed clinical and corporate decision-making through provision of high-level evidence, data and information.
Membership	• Chief Clinical Information Officer (Co-chair) • Chief Executive, Metro South HHS (nominated by Health Service Chief Executive Forum) (Co-chair) • Deputy Director-General, eHealth Queensland • Executive Director, Digital Strategy & Transformation Branch • Executive Director, Healthcare Improvement Unit • Executive Director, Statistical Services Branch • Senior Director, Healthcare Purchasing and Funding Branch • Senior Director, Strategy Branch • Senior Director Finance Branch • Senior Director, Human Resources Branch • Hospital and Health Service Chief Information Officer Forum Representative, Metro South HHS • Chair, Digital Healthcare Improvement Clinical Network, Gold Coast HHS • Queensland Clinical Senate Representative • Senior Engagement Advisor, Health Consumers Queensland • Consumer representative • Chief Pathologist
Financial reporting	Nil

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Consumer representative	Keren Pointon	4	Meeting fee $187.00	Meeting fee $187.00	$748.00
No. scheduled meetings/sessions	12 scheduled meetings, with four cancellations due to COVID-19 or public holiday periods				

Total out of pocket expenses	$748.00

Disaster Management Advisory Committee (DMAC)

Act or instrument	Terms of reference
Functions	The purpose of the Disaster Management Advisory Committee (the Committee) is to ensure that Queensland Health (QH) has effective, efficient and equitable disaster and emergency incident management arrangements that address QH responsibilities in the State Disaster Management Plan and are consistent with the Queensland Disaster Management Arrangements. The primary function of the Committee is to provide high level, strategic review of disaster management activities, including: • reviews of QH wide disaster management and emergency incident plans or products • ensure conformance of the Disasters and Emergency Incidents Policy and Standard with alignment to the Disasters and Emergency Incidents Health Service Directive and the strategic direction of QH • identify opportunities for improved conformance and alignment of disaster and emergency incident management activities across QH, including the department, QAS and HHSs • identify and manage emerging risks, barriers and opportunities, at a corporate level that may impact on disaster management across Queensland Health, including the Department, QAS and HHSs.
Achievements	Key achievements for 2021–22 include: • endorsement of the revised 2022 Terms of Reference, Committee Workplan, Doctrine Review Schedule and Committee Induction document • endorsement of the Disasters and Emergency Incidents Health Service Directive in 2021 and the Queensland Health Disasters and Emergency Incidents Training Framework in 2021 • convening of a 'strategic priorities and future directions' workshop with committee members to capture key lessons learnt within their division or HHS in response to both natural disasters and the COVID-19 pandemic, to better inform future disaster management priorities and strategic direction • surge planning for a dual emergency incident or response activation (e.g. COVID-19 and a natural disaster such as a seasonal weather event) • continued stakeholder information sharing and engagement on topics including COVID-19, seasonal weather forecasts, seasonal preparedness/reviews, pre-winter flu season briefing and post-winter flu season review, dual State Health Emergency Coordination Centre (SHECC) activation briefings/reviews, and Australasian Medical Assistance Team deployments • continued stakeholder information sharing across QH and partner agency committees and working groups, including, but not limited to the Queensland Disaster Management Committee, State Disaster Coordination Group, Queensland State Counter Terrorism Committee and Major Event Working Groups (e.g. 2032 Olympic and Paralympic Games) • continued opportunities for improved conformance and alignment of disaster and emergency incident management activities across QH, including the department, QAS and HHSs

	• continued review and endorsement of key bodies of work by partner agencies. The Committee provided endorsement for the publication of the interim revision of the state Chemical, Biological, Radiological and Nuclear plan, led by Queensland Fire and Emergency Services on the provision that QFES lead a full review of the plan within 12-months.
Membership	• Deputy Chief Health Officer, COVID Operations and Disaster Management Branch (Chair) • Director-General, Queensland Health • Commissioner, Queensland Ambulance Service • Deputy Commissioner, Corporate and Statewide Services, Queensland Ambulance Service • Executive Director, Health Contact Centre, Queensland Ambulance Service • Senior Director, Health Disaster Management Unit • Executive Director, Health Protection Branch • Director/Executive Director Communicable Disease Branch • Executive Director, Aeromedical Retrieval and Disaster Management Branch • Executive Director, Risk Assurance and Information Management Branch • Senior Director, Strategic Communication Branch • Director, Statutory and Advisory Services, Insurance Services Team • Director, Assets Services • Executive Director, Healthcare Improvement Unit • Executive Director, Mental Health, Alcohol and Other Drugs Branch • Director, Strategy, Planning and Partnerships, Mental Health Alcohol and Other Drugs • Executive Director, Technology Services, eHealth • Director, Healthcare Purchasing and System Performance • Senior Director, Aboriginal and Torres Strait Islander Health Division • Queensland Clinical Senate Representative • Director, Health Consumers Queensland • Health Consumer Representative • Health Service Chief Executive Forum Regional Representative • Principal Project Officer, Health Disaster Management Unit
Financial reporting	Nil
Remuneration	Nil
No. scheduled meetings/sessions	6
Total out of pocket expenses	Nil

First Nations Health Improvement Advisory Committee	
Act or instrument	Terms of reference
Functions	The primary function of the committee is to advance the First Nations health equity reform agenda by: • shared leadership, decision-making and accountability in driving a First Nations health equity reform agenda across the health and social care ecosystem. • strengthening the integration of healthcare service delivery between Hospital and Health Services (HHSs) and the Aboriginal and Torres Strait Islander community-controlled health sector and at local and regional (network) levels. • strategic influence through a structured interface with other relevant Queensland Health Tier 2 committees including fostering relationships across the broader health sector. • oversight of the development, implementation and monitoring of the Hospital and Health Boards (Health Equity Strategies) Regulation 2020 to address institutional racism and create a culturally safe and capable health system. • driving health reforms aimed at strengthening First Nations representation and accountability across the public health system, including legislative reforms where appropriate. • informing future health investment and funding decisions for First Nations people to align with identified First Nations priorities (noting Queensland Health retains responsibility for funding decisions). • development of an annual workplan outlining First Nations Health Improvement Advisory Committee priorities.
Achievements	Key achievements for 2021-22 include: Established a time-limited Tier 3 Sub-Committee to shape the development of the 'Queensland First Nations Health Workforce Strategy for Action'. This work relates to the Palaszczuk Government's election commitment to develop and implement a First Nations workforce strategy.
Membership	• Chief Aboriginal and Torres Strait Islander Health Officer, and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division, Queensland Health (Co-Chair) • Board Chair, Queensland Aboriginal and Islander Health Council (Co-Chair) • Chief Executive, Institute for Urban Indigenous Health • Board Chair, Torres and Cape Hospital and Health Board • Board Member, Children's Health Queensland • Chief Executive, West Moreton Hospital and Health Service • A/Executive Director, Office of Rural and Remote Health • First Assistant Secretary, Indigenous Health Division, Commonwealth Department of Health • Chief Executive, Healing Foundation • Senior Engagement Advisor, Health Consumers Queensland (HCQ) • HCQ First Nations consumer representative • Mayor of Woorabinda, Local Government Association of Queensland (LGAQ)

	• Nominee of Queensland Clinical Network Executive • Nominee of the Queensland Clinical Senate • Senior Director, Healthcare Purchasing and System Performance Division (HPSPD) • Executive Director, Office of the Director-General
Financial reporting	NIL

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Consumer representative	Mr John Anderson	3	$187.00 + GST ($205.70) per meeting in line with HCQ remuneration schedule		$617.10

No. scheduled meetings/sessions	2 meetings held – one cancelled due to Omicron and held OOS
Total out of pocket expenses	Include total $ cost for Chair and all members. 'Out of pocket' expenses are outlined in the Remuneration Procedures for part-time Chairs and members of Queensland Government bodies.

Investment Assurance Committee (IAC)

Act or instrument	Terms of reference The Committee functions under the authority and delegations of the Director-General and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the Hospital and Health Board Act 2011
Functions	The primary function of the IAC is to contribute to the effective assurance of the Department of Health and Queensland Health's capital infrastructure, and undertakes the following functions: Supports the ELT and the Director-General in meeting their statutory responsibilities Monitors high priority projects undertaken by, or directly affecting, the department of falling within the state-wide responsibilities of members.
Achievements	The IAC provides assurance of capital projects in alignment with the Queensland Treasury's Project Assessment Framework (PAF) with 35 projects considered in 2021–22. The IAC continues to progress improvements to QH assurance practices to support the delivery of capital projects and achievement of health service outcomes.
Membership	• Deputy Director-General, CSD • Deputy Director-General, HPSP • Chief Digital Strategy Officer, eHealth Queensland • Executive Director, Capital and Asset Services Branch, CSD

	• Senior Director, Infrastructure Strategy, Capital and Asset Services Branch, CSD • Senior Director, Property & Planning, Capital and Asset Services Branch, CSD • Executive Director, Healthcare Improvement Unit, CEQ • Nominated Hospital and Health Services' Chief Executive Forum (HHS CE) representative x2 • Nominated Hospital and Health Board Chairs' Forum (HHB) representatives x2 • Nominated Queensland Clinical Senate representative • Nominated Queensland Treasury representative • Senior Director, System Planning Branch, HPSP • Nominated Health Consumers Queensland member representative x2 • Nominated First Nations representative
Financial reporting	Nil

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Independent Chair	Contribute Consulting	10	$5,940.00 (excl GST)/month	NIL	$59,400.00 (excl GST)
Probity Advisor	O'Connor Marsden	8	$245.00 / hour (excl GST)	NIL	$4,330.00 (exl GST)

No. scheduled meetings/sessions	11
Total out of pocket expenses	Include total $ cost for Chair and all members, 'Out of pocket' expenses are outlined in the Remuneration Procedures for part-time Chairs and members of Queensland Government bodies

Rural and Remote Health Advisory Committee (RRHAC)

Act or instrument	The Committee functions under the authority and delegations of the Director-General and the ELT and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the Hospital and Health Board Act 2011.
Functions	The purpose of the Rural and Remote Health Advisory Committee (RRHAC) is to articulate and advise the government and Queensland Health on strategies and policies to optimise the health outcomes of Queenslanders living in rural and remote communities. The primary functions of the RRHAC are to: • advise the ORRH of policy and strategy directions and opportunities for reform and improvement • advise the ELT and QHLB on system directions and priorities for health service delivery for those living in rural and remote parts of Queensland.
Achievements	Key achievements for 2021–22 include:

	• seven meetings have convened since September 2020 across the following regional, rural and remote sites: Townsville, Stanthorpe, Longreach, Weipa (including a visit to Napranum), and Charleville (including a visit to Roma). • face-to-face engagement with staff, consumers and community members in rural and remote sites through facility tours, consumer engagement activities, and presentations on topics such as infrastructure and workforce. • oversaw the development and launch of the Rural and Remote Health and Wellbeing Strategy 2022 – 2027 • currently guiding implementation of the Rural and Remote Health and Wellbeing Strategy 2022 – 2027 • endorsed the First Responder Project recommendations • investigated the challenges around patient repatriation from a metropolitan to a rural or remote location. • provided advice and contributed to ORRH and other QH programs and projects including: • contextualised key performance indicators for rural and remote hospital and health services • the future proofing our rural and remote medical workforce project • Building Sustainable Primary Healthcare project • Rural Generalist Nursing Pilot Program • Rural and Remote Workforce strategies • First Nations Health Equity Strategy • Digital Strategy for Rural and Remote Healthcare • Rural Maternity Implementation Oversight Committee inc. allocation of $500,000 in upskilling funding • Rural and Remote Locality Health Need and Service Profiles project • A framework around virtual GPs in rural and remote settings • Rural and remote consumer engagement
Membership	• Deputy Director General, HPSP (Chair) • Two HSCE Forum representatives (one regional, one remote) (Co-chair) • Executive Director Office of Rural and Remote Health (ORRH) • Senior Director, Engagement Branch, A&TSIHD • Queensland Aboriginal and Islander Health Council representative • Deputy Director- General, CEQ • QAS representative • Queensland Clinical Senate representative • Statewide Clinical Network Executive representative • Chair Queensland Rural and Remote Clinical Network (QRRCN) • Chief Allied Health Officer • Chief Nursing and Midwifery Officer • Chief Medical Officer

	• Rural or remote General Practitioner representative nominated by QRRCN • Organisation representative of Health Consumers Queensland • Rural and remote health consumer nominated by Health Consumers Queensland • Rural and remote PHN representative • Executive Director, Queensland Rural Medical Service (Darling Downs HHS)
Financial reporting	Financial reporting arrangements are reported through Healthcare Purchasing and System Performance Division, Department of Health, Queensland Health. RRHAC has an annual budget of $30,000 to facilitate travel of Queensland Health staff and consumers to attend meetings in rural and remote locations.

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Health Consumer Representative	Dr Jim Madden (PhD)	2	$187.00 (4 hours & under) $374.00 (over 4 hours)	n/a	$1122.00 (includes costs incurred for travel)

No. scheduled meetings/sessions	3
Total out of pocket expenses	$1122.00

Patient Safety and Quality Advisory Committee (PSQAC)

Act or instrument	Terms of reference PSQAC functions under the authority and delegations of the Director-General and the Departmental Executive Leadership Team (ELT) and reflects the Director-General's responsibilities under Section 45 of the *Hospital and Health Boards Act 2011*.
Functions	The primary functions of the PSAQ are to: • Lead and promote a culture across the public health system to be patient and family centred, outcomes orientated, supportive of providers, and where continued pursuit of excellence is the norm. • Develop and promulgate systems to support Hospital and Health Services in evaluating and improving safety and quality of clinical services. • Define key system domains, measures and indicators of healthcare safety and quality with a focus on outcomes that matter to patients and their families as well as providers. • Recommend systems for reporting of these indicators to relevant stakeholders (including other Tier 2 committees). • Implement systems for identification and system-wide promulgation of best practice in clinical care.

	• Identify emerging system-level risks, issues and opportunities impacting on the clinical safety and quality, and provision of strategic advice in relation to these. • Provide advice to the department regarding system investments aimed at targeting improvement in: • Patient and family experience of care • Care reliability • Preventable patient harm • Unwarranted variation in clinical care • Promote equity of health outcomes for vulnerable groups
Achievements	Key achievements for the 2021–22 include: • Development of the Consumer Safety and Quality System Strategy Map, endorsed by the ELT. • Development of business case for centralised service for infection prevention and control, endorsed by ELT. the initial centralised service will be established in Prevention Division, specifically to address COVID-19 infection control and prevention • Identification of 21 high level system level risks through engagement with Hospital and Health Services (HHSs), Department of Health Divisions, clinical networks, and quality assurance committees. Outcomes and recommendations to be progressed to ELT for endorsement in mid-2022.
Membership	• Deputy Director-General CEQ (Chair) • Health Service Chief Executives' Forum Nominees x2 (Co-Chairs) • Chair of the Queensland Clinical Networks Executive or nominee • Chair of the Queensland Clinical Senate or nominee • Senior Director, Strategy Branch, A&TSIHD • Chief Clinical Information Officer or nominee • Nominee of Directors of Clinical Governance Improvement and Implementation Partnership • Chief Executive Officer, Health Consumers Queensland • Consumer representative nominated by Health Consumers Queensland • Nominee of PHN • Nominee of the QAS • Nominee of Executive Directors' Medical Services Forum • Nominee of Executive Directors' Nursing and Midwifery Forum • Nominee of Executive Directors' Allied Health Forum • Nominee of Hospital and Health Boards Safety and Quality Chairs Committee • Representative of Chairs of Quality Assurance Committees • Executive Director, Patient Safety and Quality Improvement Branch, CEQ • Executive Director, Health Improvement Unit • Executive Director, Contracting and Performance Management, Healthcare Performance & System Planning

Financial reporting	Nil

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Consumer representative	Helen Mees	6	$187.00 per meeting attendance	N/A	$0.00 claim forms sent to Ms Mees but not yet returned.

No. scheduled meetings/sessions	Six held between July 2021 and April 2022.
Total out of pocket expenses	Nil

System Management Advisory Committee (SMAC)

Act or instrument	The Committee functions under the authority and delegations of the Director-General and the ELT and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the *Hospital and Health Board Act 2011.*
Functions	The core functions of the Committee are to strategically plan, procure and manage the performance of services provided in the public health system. This includes enhancing the quality, safety, sustainability and effectiveness of the health system.
Achievements	Key achievements for 2021–22 include: • Endorsed the Local Area Needs Assessment (LANA) Framework, as a guidance tool for Hospital and Health Services (HHSs) to undertake their LANAs. • Reviewed key system risks oversighted by SMC and raised a new risk regarding the system impact of the COVID-19 pandemic. • Noted system performance reports at each meeting, with discussion on system performance challenges, responses and required actions, including in relation to improving emergency department flows. • Endorsed the proposed governance model and noted the approach for the development, negotiation and finalisation of the 2022/23 – 2024/25 HHS Service Agreements. • Endorsed the Palliative Care Planning Guideline Final Recommendations Paper, September 2021. • Endorsed the Queensland Normal Birth Strategy Report's recommendations to identify scope for implementation. • Endorsed the development of a Queensland Publicly Funded Homebirth Options Paper. • Endorsed recommendations for services eligible for specified grants. • Provided feedback on the proposed future bed modelling scenarios to inform the approach for determining bed need and the allocation of new bed infrastructure to 2031.

	• Endorsed the Queensland Pelvic Mesh Service (QPMS) and Movement Disorders Surgical Service as statewide services and the Bariatric Surgery model of care as a statewide model of care. • Endorsed the strategic intent of the Future of Genomics in Queensland business case to support implementation of the 'Genomics and precision health – A strategic 5-year roadmap' to transition the use of genomics to 'business as usual' healthcare delivery. • Noted and provided feedback on the Choosing Better Care Together Evaluation and Benefits Plan. • Established the Virtual Healthcare Working Group as a sub-committee and noted the development of the preliminary South East Queensland Virtual Hospital Business case. • Noted and discussed the development of a Health Funding Atlas – health funding by Statistical Area 2 (SA2).
Financial reporting	Financial reporting arrangements are through Healthcare Purchasing and System Performance Division, Department of Health.

Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Health Consumer Representative	Elizabeth Miller	6 meetings 1 out-of-session	$187.00/half day (4 hours) plus $40.00/hr less formal engagement	n/a	$1382.00

No. scheduled meetings/sessions	Between 01 July and 30 June 2021 there were eight scheduled meetings of which one was held as an out-of-session meeting. In addition, there were two out-of-session sittings for consideration of additional papers/matters.
Total out of pocket expenses	$1382.00

Statutory bodies

Hospital and Health Services (16)	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	Sixteen HHSs are accountable for the delivery of public HHSs in Queensland. They operate and manage a network of public HHSs within a defined geographic or specialised area. HHS are statutory bodies with expertise-based Hospital and Health Boards, accountable to the local community and the Queensland Parliament via the Minister for Health and Ambulance Services.
Annual reporting arrangements	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHS's respective annual reports for 2021–22.

Hospital and Health Boards (HHBs)	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	HHBs govern and control the HHSs for which the Board has been established. HHSs are the principal providers of public health services. There are 16 HHBs: • Cairns and Hinterland HHB • Central Queensland HHB • Central West HHB • Children's Health Queensland HHB • Darling Downs HHB • Gold Coast HHB • Mackay HHB • Metro North HHB • Metro South HHB • North West HHB • South West HHB • Sunshine Coast HHB • Torres and Cape HHB • Townsville HHB • West Moreton HHB • Wide Bay HHB
Annual reporting arrangements	As per the HHS annual reporting arrangements.

Hospital Foundations (13)	
Act or instrument	*Hospital Foundations Act 2018*
Functions	Hospital foundations help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They are administered by voluntary boards appointed by the Governor in Council on recommendation of the Minister for Health and Ambulance Services. There are 13 Queensland Hospital Foundations:

	• Bundaberg Health Services Foundation • Children's Hospital Foundation Queensland • Central Queensland Hospital Foundation • Far North Queensland Hospital Foundation • Gold Coast Hospital Foundation • Ipswich Hospital Foundation • Mackay Hospital Foundation • The PA Research Foundation • The Prince Charles Hospital Foundation • Royal Brisbane and Women's Hospital Foundation • Sunshine Coast Health Foundation • Toowoomba Hospital Foundation • Townville Hospital Foundation
Annual reporting arrangements	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual reports for 2021–22.

QIMR Berghofer Medical Research Institute (QIMR Berghofer)

Act or instrument	*Queensland Institute of Medical Research Act 1945*
Functions	The QIMR Berghofer was established for the purpose of research into any branch or branches of medical science.
Annual reporting arrangements	QIMR Berghofer is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR Berghofer's Annual Report 2021–22

Office of the Health Ombudsman

Act or instrument	*Health Ombudsman Act 2013*
Functions	The Office of the Health Ombudsman is Queensland's health service complaints agency. The Office is led by the Health Ombudsman, which is a statutory appointment under the Act. Amongst other things, the Health Ombudsman's functions are to receive and take relevant action on health service complaints and identify, investigate and deal with health service issues and report on systemic issues.
Annual reporting arrangements	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's Annual Report 2021–22.

Health and Wellbeing Queensland

Act or instrument	*Health and Wellbeing Queensland Act 2019*
Functions	Health and Wellbeing Queensland (HWQld) was established to improve the health and wellbeing of the Queensland population. HWQld has a focus on reducing the burden of chronic diseases through targeting risk factors for those diseases such as poor nutrition, low physical activity and obesity, and reducing health inequity.
Annual reporting arrangements	HWQld is required to prepare its own annual report, including independently audited financial statements. Details can be found in HWQld's Annual Report 2021–22.

Mental Health Court

Act or instrument	*Mental Health Act 2016*
Functions	The Mental Health Court is constituted by judges of the Supreme Court of Queensland. The Court is assisted by one or two assisting clinicians. The primary function of the Court is to determine questions of unsoundness of mind, fitness for trial and diminished responsibility in relation to persons charged with criminal offences. The Court is also the appeal body to the Mental Health Review Tribunal, another statutory body established under the Act. In addition, the Court has special powers of inquiry into the lawfulness of the detention of persons in authorised mental health facilities.
Annual reporting arrangements	The President, Mental Health Court is required to prepare its own annual report. Details can be found in the Mental Health Court's Annual Report 2021–22. Financial transactions are included in the Department of Health's Annual Report 2021–22.

Mental Health Review Tribunal

Act or instrument	Mental Health Act 2016
Functions	The primary role of the Mental Health Review Tribunal is to provide independent review of treatment authorities, forensic orders (under the *Forensic Disability Act 2011*), treatment support orders, fitness for trial and the detention of minors in high security units. The Tribunal also heard applications for examination authorities, the approval of regulated treatments and the transfer of patients into and out of Queensland. The Tribunal is also the appeal body against decisions of the Chief Psychiatrist and administrators of an Authorised Mental Health Service.
Annual reporting arrangements	The President, Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the Mental Health Review Tribunal's Annual Report 2021–22. Financial transactions are included in the Department of Health's Annual Report 2021–22.

Queensland Mental Health Commission

Act or instrument	*Queensland Mental Health Commission Act 2013*
Functions	The primary function of the Queensland Mental Health Commission is to drive ongoing reform towards a more integrated, evidence-based, recovery orientated mental health, alcohol and other drug system in Queensland.
Annual reporting arrangements	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's Annual Report 2021–22.

Queensland Mental Health and Drug Advisory Council

Act or instrument	Queensland Mental Health Commission Act 2013
Functions	The Queensland Mental Health and Drug Advisory Council provides advice to the Queensland Mental Health Commission on mental health or substance misuse issues either on its own initiative or at the Commission's request and can make recommendations to the Commission regarding its functions.
Annual reporting arrangements	Details of the Queensland Mental Health and Drug Advisory Council's activities and any recommendations made to the Queensland Mental Health Commission can be found in the Queensland Mental Health Commission's Annual Report 2021–22.

Independent statutory bodies and authorities

Panels of Assessors	
Act or instrument	*Health Ombudsman Act 2013*
Functions	Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT), by providing expert advice to judicial members hearing disciplinary matters relating to health care practitioners. There are 19 Queensland Panels of Assessors: • Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors • Chinese Medicine Practitioners Panel of Assessors • Chiropractors Panel of Assessors • Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors • Dentists Panel of Assessors • Dental Prosthetists Panel of Assessors • Medical Practitioners Panel of Assessors • Medical Radiation Practitioners Panel of Assessors • Midwifery Panel of Assessors • Nursing Panel of Assessors • Occupational Therapists Panel of Assessors • Optometrists Panel of Assessors • Osteopaths Panel of Assessors • Paramedics Panel of Assessors • Pharmacists Panel of Assessors • Physiotherapists Panel of Assessors • Podiatrists Panel of Assessors • Psychologists Panel of Assessors • Public Panel of Assessors
Annual reporting arrangements	Details can be found in QCATs Annual Report 2021–22

Queensland Board of the Medical Board of Australia	
Act or instrument	*Health Practitioner Regulation National Law Act 2009*
Functions	The Queensland Board of the Medical Board of Australia is responsible for making registration and notification decisions about individual medical practitioners, based on national policies and standards, on behalf of the Medical Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA's) Annual Report 2021–22

Queensland Board of the Nursing and Midwifery Board of Australia	
Act or instrument	*Health Practitioner Regulation National Law Act 2009*

Functions	The Queensland Board of the Nursing and Midwifery Board of Australia makes decisions about nurses, midwives and students regarding registration, endorsement and notation, as well as compliance (registration standards, conditions) based on national policies and standards, on behalf of the Nursing and Midwifery Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA's) Annual Report 2021–22

Queensland Board of the Psychology Board of Australia

Act or instrument	*Health Practitioner Regulation National Law Act 2009*
Functions	The functions of the Queensland Board of the Psychology Board of Australia include making individual registration and notification decisions of practitioners, based on national policies and standards, on behalf of the Psychology Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA's) Annual Report 2021–22

Radiation Advisory Council

Act or instrument	*Radiation Safety Act 1999*
Functions	The Radiation Advisory Council advises the Minister on the administration of the and makes recommendations for the prevention or minimisation of dangers arising from radioactive substances and associated machinery.
Annual reporting arrangements	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the Radiation Advisory Council's Annual Report 2021–22. Financial transactions are included in the Department of Health's Annual Report 2021–22.

Risk management and accountability

Risk management

The department's Executive Leadership Team oversees risk management and received quarterly risk reports compiled in line with the department's risk management framework (the framework), which aligns with the AS/NZS ISO 31000:2018 Risk Management—Guidelines. The framework aims to embed risk management to support the department in achieving its strategic and operational objectives.

External scrutiny

During 2021–22, Queensland Audit Office (QAO) published the following reports to Parliament directly related to the Department of Health:

Report No	Tabled Date	Audit Name	Objective
Report 2 (2021–22)			
	14 September 2021	Measuring emergency department patient wait time	This audit followed on from Emergency department performance reporting (Report 3: 2014–15). It assessed whether Queensland Health: is effectively managing performance in terms of emergency length of stay (ELOS—the amount of time people spend in emergency departments before being admitted or discharged) and patient off stretcher time (POST—the amount of time it takes to transfer people from the care of ambulance staff to the care of emergency departments) implemented the recommendations made in Report 3: 2014–15 concerning the reliability of reported data.
Report 8 (2021–22)			
	6 December 2021	Improving access to specialist outpatient services	This audit examined whether, by implementing the Specialist Outpatient Strategy, the Department of Health and the hospital and health services improved patient access to specialist outpatient services and reduced waiting lists.
Report 12 (2021–22)			
	16 December 2021	Health 2021	This report discussed the financial statement audit results of Queensland Health entities, which include the Department of Health and 16 hospital and health services. It also summarised the financial statement audit results for 13 hospital foundations, four other statutory entities and three controlled entities.

Internal audits

Queensland Health's Internal Audit Unit (Unit) provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management. During the 2021-2022 financial year, the Unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in line with the department's Internal Audit Charter, developed in accordance with the Financial and Performance Management Standard 2019, the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF) and Queensland Treasury's Guidelines. The Unit's annual plan is endorsed by the ARC and approved by the Director-General. The Chief Audit Officer, as head of the Unit is appropriately qualified as a Chartered Accountant (Australia and New Zealand) and a Member of the Institute of Internal Auditors Australia. The function is monitored by the ARC to ensure it operates efficiently,

effectively and economically. Objectivity is essential to the effectiveness of the internal audit function. Accordingly, the Unit did not have direct authority or responsibility for the activities it reviewed in the 2021-2022 financial year.

During 2021-2022, the Internal Audit Unit:

- developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs;
- supported management by providing advice on a range of significant business initiatives;
- monitored and reported on the status of implementation of internal audit recommendations, together with Queensland Audit Office; recommendations associated with their performance audits; and
- provided reports resulting from internal audits to the ARC and the Director-General.

Information systems and recordkeeping

The Department of Health continues its commitment towards improving information maturity and compliance with the *Public Records Act 2002*. Specific programs of work included:

- Expanding the electronic Document and Records Management (eDRMS) user base by 332 a further increase of 17 per cent on the previous financial year.
- The Corporate Records Management Policy Framework continues to align with the Public Records Act and has regard to the 'Records governance policy legislation. The Department's corporate records management policy framework was fully reviewed in FY2021/22.
- The department's Business Classification Scheme was updated to include a risk rating for each of the classifications to enable staff to focus their record management efforts on records of high-risk. This is in line with Queensland State Archives Whole of Government expectations.
- A guide was developed to define corporate records and clinical records with case scenarios.

A project was also undertaken in this financial year to reconcile the physical records inventory from the offsite storage providers with the department's eDRMS inventory.

Information security attestation

The Department of Health continues to mature its security posture to address a global cyber threat environment. The focus of security outcomes are directed towards supporting patient information confidentiality and ICT system integrity relied on for Health Consumer services across Queensland Health.

Department of Health also undertakes an annual Information Security Management System assurance review in line with Queensland Government requirements. Independent audit activities were undertaken for Financial Year 2021–22. All security recommendations arising from the Financial Year 2020-21 attestation were actively managed with oversight through Department of Health Audit and Risk Committee.

Specific programs of work included:

- Development of the Cyber Security Strategy supported by Health Consumer Queensland and a co-design with Hospital and Health Services to align to the Digital Health 2031 Strategy.
- Targeted projects to address cyber security technology priorities in line with the Australian Signals Directorate Essential 8 recommended controls to mitigate key cyber security risks.
- Priority uplift of the Information Security Management System in line with the Queensland Government Information Security Policy 18.

Human Rights Act 2019

The *Human Rights Act 2019* (HRA) is aimed at protecting and promoting human rights and building a human rights focused culture within Queensland and the public sector. We all have a role to play in respecting, protecting, and promoting human rights.

The Department of Health's strategic plan 2021-25 outlines our purpose which is *to provide highly effective health system leadership,* and our vision which is *to create a world class health system*. The strategic plan

highlights the department's commitment to respect, protect and promote human rights in our decision making and actions.

Building a human rights culture, a culture that respects, protects and promotes human rights is an ongoing process. It requires departmental employees to understand their obligations to act and make decisions in a way that is compatible with human rights and to give proper consideration to human rights when making decisions. It also requires the Queensland community to know their rights and to understand what to do if they believe the department has failed to act or make decisions compatibly with their human rights.

Building and embedding a human rights culture

During 2021–22, the department has continued to progress the objectives of the HRA, whilst continuing to build and embed a human rights culture. The highlights across the various divisions including the QAS are summarised below:

- Policy and programs
    - Ongoing review of existing policies, directives, programs, procedures, strategies, and services to ensure compatibility with human rights and ensuring human rights considerations are captured in new departmental policies and programs.
- Training and education
    - Promoting and encouraging staff to undertake human rights training through an updated online interactive training module.
    - Preparing updates to a comprehensive suite of human rights resources available on QHEPS, including links to fact sheets, guides, tools, training, and caselaw
    - Arranging tailored human rights training for departmental senior executives by the Queensland Human Rights Commission
- Complaints management
    - Development of a new fact sheet, *Customer complaints: Identifying human rights complaints* with a new human rights complaints management online training module to assist staff to identify human rights complaints.
    - Updating department human resources processes, briefing documents and correspondence when managing human rights in internal employee complaints, that is, to ensure human rights are identified and the delegates' consideration of those rights are appropriately recorded (for example, in standard documents for Public Interest Disclosures, complainants, witnesses, and subject officers).
- COVID-19 response improvements
    - A purpose-built human rights compatibility assessment has been built into decision making processes for COVID-19 exemption applications, together with a companion guide to ensure that human rights considerations are recorded appropriately by decision makers in the COVID-19 exemption team.
    - A review is also planned for the operations of Health Directions Exemption Service and its role in the management of the COVID-19 pandemic. The review will consider the application of human rights in the exemptions decision-making process and will deliver recommendations for any future pandemic.
- Functional public entities
    - Human rights expectations are highlighted in department procurement processes, including at the request for quotes and invitation to offer stages
    - Precedent contracts and Standing Offer Arrangements include the requirement for suppliers of goods and services to comply with all relevant Queensland legislation, including the HRA where applicable
    - Department officers are encouraged to discuss the HRA with contractors and advise of relevant obligations when performing a service for Queensland Health
    - Human rights considerations also form part of the assurance criteria for new and refurbished infrastructure projects

- Special cultural rights for Aboriginal peoples and Torres Strait Islander peoples
    - The Minister for Health and Ambulance Services and the Queensland Aboriginal and Islander Health Council (QAIHC) Chairperson co-launched Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework at Parliament House which provides guidance to Hospital and Health Services to co-design and co-implement Health Equity Strategies.
    - National Aborigines and Islanders Day Observance Committee (NAIDOC) Week from 4-11 July 2021
    - National Sorry Day 26 May 2022
    - National Reconciliation Week commencing 27 May 2022
- Participation in other events and initiatives that promote human rights
    - Reaccreditation as a White Ribbon Workplace recognising Queensland Health's commitment to raising awareness about Domestic and Family Violence (DVF), supporting employees affected by DFV, and taking action of prevent DFV within the workplace and in the community
    - Human Rights Week on 3-10 December 2021
    - Queensland Ambulance RESPECT program, an initiative designed to foster a culture where employees feel empowered to 'step up' and 'stamp out' inappropriate workplace behaviour (sexual harassment, harassment, bullying and discrimination).
    - QAS Diversity and Inclusion Framework review on 23 May 2022
    - Queensland Health's commitment to becoming a Child Safe organisation
- Community consultation and engagement
    - Statewide telehealth trial program to pilot improved access to health services, particularly in regional, rural, and remote areas of Queensland
    - Preparing for implementation of the *Voluntary Assisted Dying Act 2021*
    - Throughout the pandemic community consultations with industry and community stakeholders occurred when considering changes to public health directions, such as limitation on visitors to residential aged care, class exemptions for boarding schools' workers, airline crews and various agriculture sectors.
- Human rights champion
    - In May 2022, the Chief Legal Officer was appointed by the Executive Leadership Team as the Queensland Health Human Rights Champion to oversee and coordinate human rights objectives across the department into the future.

Human rights in our legislative instruments

Queensland Health develops legislation and subordinate legislation consistent with the requirements of the *Human Rights Act 2019*.

During the past year, Queensland Health progressed several pieces of legislation that work to respect, protect, or promote human rights, or otherwise have a significant impact on human rights. Opportunities to strengthen and promote human rights were realised through amendments to various departmental legislation including, but not limited to:

- *Ambulance Service Act 1991*: remove requirement for the Queensland Ambulance Service Commissioner to be no older than 65 years of age (taking part in public life).
- COVID-19 emergency legislation *Queensland's response to the COVID 19 pandemic is supported by a range of amendments to the *Public Health Act 2005* and other legislation.
- *Hospital and Health Boards Regulation 2012* (HHB Regulation): Hospital and Health Services are required to consult with prescribed Aboriginal and Torres Strait Islander stakeholders during the development and implementation of their Health Equity Strategies (cultural rights).
- *Medicines and Poisons Act 2019* (the MP Act) and its associated regulations, the Medicines and Poisons (Medicines) Regulation 2021 (Medicines Regulation), the Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 and the Medicines and Poisons (Pest Management) Regulation 2021 commenced. The MP Act introduced a new regulatory framework for medicines and poisons in

Queensland, repealing and replacing the *Health Act 1937, Pest management Act 2001*, Health (Drugs and Poison) Regulation 1996, Health Regulation 1996 and Pest Management Regulation 2003. The Medicine Regulation supports the MP Act by setting the scope of lawful practice for dealing with medicines, including compliance with departmental standards, extended practice authorities and substance management plans. As part of the parliamentary process, human rights certificates were prepared assessing the compatibility of the HRA.

- *Mental Health Act 2016*: safeguards for the use of electroconvulsive therapy; stronger rights-based approach for decisions and processes regarding patient transfer; strengthening protections for confidential information and to clarify how information notices for victim's work (recognition and equality before the law; freedom of movement; privacy and reputation; right to fair hearing).
- *Mental Health Act 2016 and Mental Health Regulation 2017*: to allow involuntary patients from Norfolk Island to be transported and treated in Queensland in certain circumstances (promoting the right to health services and right to life).
- *Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Act 2021*; and *Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Act 2022* was passed to extend public health COVID-19 related legislation to 31 October 2022.
- *Public Health (Infection Control for Personal Appearance Services) Act 2003*: allow greater flexibility in renewing and restoring licenses for businesses regulated by the Act (right to property).
- Public Health Regulation 2018: prescribes a disclosure agreement between Queensland Health and Resources Safety and Health Queensland (RSHQ) about sharing of information from the Notifiable Dust Lung Disease Register. A human rights certificate was granted on the basis RSHQ plays an important role in monitoring, regulating and protecting the health and safety of workers and the benefits gained by prescribing the agreement outweigh any adverse impacts on the right to privacy and reputation.
- *Termination of Pregnancy Act 2018 and Criminal Code Act 1899*: enables students to assist in the termination of a pregnancy (right to education; health services; thought, conscience, religion and belief).
- *Transplantation and Anatomy Act 1979*: clarifies that human milk is not subject to prohibitions on trade in human tissue (right to health services; protection of families and children).
- *Voluntary Assisted Dying Act 2021* provides a lawful process through which eligible persons may access voluntary assisted dying. Crucially, the Act defines who is eligible and provides choice on how the life ending substance is administered. It builds in appropriate safeguards and oversight to prevent abuse and ensure accountability and compliance.

Human rights complaints

A human rights complaint is an allegation the department failed to act or make a decision in a way that is compatible with human rights (section 58(1)(a) of the HRA) and/or failed to give proper consideration to human rights relevant to a decision (section 58(1)(b) of the HRA).

In the 2021–22 financial year, the department received 435 complaints which were identified as human rights complaints (361 complaints originated from members of the public and customers and 74 originated from other complaints such as employee grievances).

Total number of human rights complaints identified 2021–22	435 human rights complaints
Outcome of complaints	• 207 complaints were resolved by the department • 200 complaints remain open/ongoing • 4 complaints were withdrawn • 4 complaints were referred to the QIRC for conciliation • 20 complaints were unresolved (including closed or lapsed).

Human rights identified in complaints	• Recognition and equality before the law • Protection from torture and cruel, inhuman or degrading treatment • Freedom of movement • Freedom of thought, conscience, religion and belief • Freedom of expression • Peaceful assembly and freedom of association • Taking part in public life • Property rights • Privacy and reputation • Protection of families and children • Right to liberty and security of person • Humane treatment when deprived of liberty • Right to health services.

The department is committed to resolving all complaints, including human rights complaints. The actions taken to deal with and resolve human rights complaints during the last year included giving an explanation, offering an apology, making changes to practices or processes, fee waiver, conciliation, further staff training, local management and disciplinary action.

Human rights during COVID-19

On 29 January 2020, under the *Public Health Act 2005*, the Minister for Health and Minister for Ambulance Services made an order declaring a public health emergency in relation to COVID-19. During the public health emergency, the Chief Health Officer has emergency powers under the *Public Health Act 2005* (Qld) to issue Public Health Directions, to assist in containing, or to respond to the spread of COVID-19 within the community. The public health emergency order continued through the 2021–22 year.

The department acknowledges the COVID-19 related measures and subsequent extensions of expiry dates for these measures have a very significant impact on human rights. Queensland Health gave careful consideration to these impacts in developing this legislation. Each limitation is considered against the criteria in section 13 of the HRA.

A significant number of human rights complaints received (88.5 per cent) relate to the department's response to the COVID-19 pandemic restrictions and exemptions under the *Public Health Act 2005*. The majority were resolved, and as noted above, subsequent changes were made to COVID-19 restrictions that reflect an appropriate balance of impacts on individuals' human rights and the risk of exposure to the public and the spread of COVID-19.

The COVID-19 related measures support the right to life in section 16 of the HRA. The right to life imposes substantive and procedural obligations on the State to take appropriate steps and adopt positive measures to protect life.

Throughout the year, the department maintained an open dialogue with the Human Rights Commissioner, exchanging correspondence and meeting face to face to discuss human rights issues related to the COVID-19 response.

Mandatory reporting of confidential information disclosed in the public interest

Section	Details of Disclosure
Ambulance Service Act 1991	
Section 50P(3)	Disclosed confidential patient information for the study *Heat and its impact on Ambulance Services.*
Section 50P(3)	Disclosed confidential patient information to support *The Australian Paediatric Acute Code Stroke (PACS) Study: closing the inequality gap between adults and children in best-practice stroke care.*
Section 50P(3)	Disclosed confidential patient information for the study *Electroencephalographs (EEG) in Traumatic Brain Injury (EnTRAIN).*
Section 50P(3)	Disclosed confidential patient information for the study *Emergency Examination Authorities and Emergency Examination Orders in north Queensland Hospital and Health Service districts*.
Section 50P(3)	Disclosed confidential patient information for the study *Evaluation of the introduction of prehospital dexamethasone for the treatment of paediatric croup*.
Section 50P(3)	Disclosed confidential patient information for the study *Epidemiology of Prehospital Injury in Queensland (EPIQ).*
Section 50P(3)	Disclosed confidential patient information for the study *Princess Alexandra Hospital management of patients in cardiac arrest*.
Hospital and Health Boards Act 2011	
Section 160	As part of the COVID-19 Vaccine Management Plan, Queensland Health delivered a digital solution that would manage the administration of the COVID-19 vaccine. In addition to meeting the reporting requirements of the Commonwealth and State Governments, the solution was required to capture confidential patient information. To ensure the integrity of the patient information and to allow for system maintenance and support, the vendors (Microsoft and PricewaterhouseCoopers) were granted access and this confidential patient information was disclosed.
Section 160	Disclosed identifiable patient-level data on patients who were admitted or received care from Queensland public hospitals from July 2021 to June 2022, to Philips Electronics Australia Limited, to assist with surveying patients for the Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) statewide program.
Public Health Act 2005	

Section 81 (1) Notifiable Conditions Register	During 2021-2022 there were two disclosures of confidential information under Section 81(1) of the *Public Health Act 2005*. The following confidential information was released from the Notifiable Conditions Register in the public interest: Confidential information contained within HIV/AIDS notifications made to Queensland Health with date of onset between 1 January 2020 and 3 December 2020. Data fields included date HIV diagnosed, National ID number, date of birth, country of birth (coded), state where first diagnosed (and postcode), and whether case newly diagnosed. The information was disclosed to a research institute contracted by the Australian Department of Health to monitor and report on the national incidence and patterns of HIV/AIDS. Confidential Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk, and contacts or potential contacts. The information was disclosed to a University of Queensland project officer to develop an enhanced follow up of HCV notifications for the purposes of improving Hepatitis C treatment uptake.
Section 81 (1) Notifiable Conditions Register and Section 109 (1) Contact Tracing	During 2021-2022 there was one disclosure of confidential information under both Section 81(1) and Section 109(1) of the *Public Health Act 2005*. The following confidential information was released in the public interest: Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk, and contacts or potential contacts. The information was disclosed to a University of Queensland project officer to follow up on historical notifications of Hepatitis C (HCV) for the purpose of engaging people who may not have been treated in care.
Section 223 (1) Perinatal Statistics Collection	During 2021-2022 there were five disclosures of confidential information under Section 223(1) of the *Public Health Act 2005*. The following confidential information was released from the Perinatal Statistics Collection in the public interest: Data relating to mother's date of birth, baby's Indigenous status and the Queensland Registry for Births, Deaths and Marriages (RBDM) record number/ID for all Queensland birth registrations from 2012 to current (2022), with regular quarterly updates for all years disclosed during the financial year to the RBDM. Each quarterly data supply includes updated records over the whole period with approximately 600,000 records in total per file. RBDM has a statutory responsibility to maintain its birth registry pursuant to the Births, Deaths and Marriages Registrations Act 2003. RBDM requested matching data from the Perinatal Statistics Collection for incorporation into the RBDM birth registrations data to assist with the completeness and quality of birth registrations, and to address issues with under-registration and identification of Aboriginal and Torres Strait Islander people for Queensland.

	Aggregate level data relating to hospital sector, HHS of hospital, HHS of mother's usual residence, SA2[1] of mother's usual residence, mother's age groups, mother's Indigenous status, mother's smoking status, low birth weight flag and a count of babies and mothers for all these variables were disclosed. In total, data on 59,241 mothers and 59,943 babies was disclosed over the period. The data was supplied to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative, an independent, not-for-profit organisation funded by the Australian Government, to assist with their service planning at the SA2[1] geographical level across Queensland for the financial year 2019-2020. Aggregate level data for births and mothers for usual residents within Wide Bay HHS for years from 2017 to 2019 were disclosed. Data included HHS, SA2[1] of usual residence, Indigenous status, and a range of grouped items for antenatal visits such as BMI>30, mother's smoking status, birthweight, premature births, and mother's age groups. In total, data on 5874 mothers and 5957 babies was disclosed over the period. The data was supplied to Deloitte Financial Advisory Pty via access to the Planning Portal to enable completion of a local area needs assessment report for service planning to support the current and future primary health care needs of Queenslanders within the Wide Bay HHS region. Aggregate level data for births and mothers for usual residents within each of the five HHSs in the Better Health North Queensland HHS group was disclosed. Data included HHS, SA2[1] of usual residence, Indigenous status, and a range of grouped items for antenatal visits such as BMI>30, smoking status, birthweight, premature births, and mother's age groups. In total, data on 27,502 mothers and 27,882 babies was disclosed over the period. The data was supplied to Ernst and Young via access to the Planning Portal to enable completion of a local area needs assessment report for service planning to support the current and future primary health care needs of Queenslanders within the Better Health North Queensland region. Data relating to Queensland births, babies and mothers admitted to Queensland hospitals (public and private hospitals) for years 2010 to 2012 and 2017 to 2019 was disclosed. In total, data on 354,418 mothers and 365,676 babies was disclosed over the period. The data was provided to La Trobe University to calculate prevalence rates for specific diseases, conditions, and risks, by HHS, remoteness, age, sex, and Indigenous status, to determine the Queensland Aboriginal and Torres Strait Islander Burden of Disease 2018. This analysis will guide key policy, planning and investment decisions by quantifying health risk contributors to the health gap between Aboriginal and

[1] Statistical Areas Level 2 (SA2) are medium-sized general-purpose areas built up from whole Statistical Areas Level 1. Their purpose is to represent a community that interacts together socially and economically. SA2s generally have a population range of 3,000 to 25,000 persons. *Australian Bureau of Statistics*, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Statistical%20Area%20Level%202%20(SA2)~10014

	Torres Strait Islander and non-Aboriginal and Torres Strait Islander Queenslanders.
Section 228L (1) Maternal death statistics	During 2021-2022 there were no disclosures of confidential information in the public interest under this section of the legislation.
Section 241 (1) Queensland Cancer Register	During 2021-2022 there was one disclosure of confidential information under Section 241(1) of the *Public Health Act 2005*. The following confidential information was released from the Queensland Cancer Register in the public interest: Incidence and mortality data, including unique person number, unique cancer number, month and year of death and cause of death (if person deceased), site for each cancer the person has, and details of breast or melanoma tumour (if applicable). The information was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality, and survival with a view to identifying areas of improvement or need, and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.
Section 81 of the *Public Health Act 2005*	Confidential information contained within HIV notifications made to Queensland Health with date of onset between 1 January 2020 and 31 December 2020. Data fields disclosed included: • date HIV diagnosed • National ID number • 2 x 2 code for first name and last name • date of birth • country of birth (coded) • State where first diagnosed (and postcode) • Whether case newly diagnosed. The information is being disclosed in the public interest to: • raise awareness about HIV • describe and inform public health action including the development of strategies to prevent or minimise the transmission of the condition • monitor the incidence and patterns of HIV. It was disclosed to research institute contracted by the Australian Department of Health to report on the national surveillance of HIV.
Section 81 and Section 109 of the *Public Health Act 2005*	Confidential Information relating to the Notifiable Conditions Register was authorised to be disclosed to four students (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed for the student or a relevant person performing functions under the Act; the student's study and providing a public sector health service to the person. Information held on the Notifiable Conditions Register was disclosed to the students to allow for their involvement in the investigation of outbreaks and the routine work of the Communicable Diseases Branch.

Section 160 of the *Public Health Act 2005*	Confidential Information relating to the Notifiable Conditions Register was authorised to be disclosed to four students (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed for the student or a relevant person performing functions under the Act; the student's study and providing a public sector health service to the person. Information held on the Notifiable Conditions Register was disclosed to the students to allow for their involvement in the investigation of outbreaks and the routine work of the Communicable Diseases Branch

Public Health Act 2005 and Hospital and Health Boards Act 2011

Section 81 (1) of the *Public Health Act 2005* And Section 160 (1) of the *Hospital and Health Boards Act 2011*	During 2021-2022 there were two disclosures of confidential information under Section 81(1) of the *Public Health Act 2005* and Section 160(1) of the *Hospital and Health Boards Act 2011*. The following confidential information was released in the public interest: Confidential Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk and contacts or potential contacts. The information was disclosed to a University of Queensland project officer to follow up historical notifications of HCV for the purposes of engaging people who may not have been treated in care. Confidential Information relating to the Notification of HCV including a case's name, date of birth, address, contact details, the notified condition, risk and contacts or potential contacts. The information was disclosed to a University of Queensland project officer to develop an enhanced follow up of Notification of HCV notifications. This project remained active until 31 July 2022.

Private Health Facilities Act 1999

Section 147(6)	Disclosure of confidential health information to the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) to enable validation of the patient-level data provided directly by Queensland private hospitals, to ensure a complete and comprehensive registry. The information disclosed consists of identifiable unit record data for admitted patients in Queensland public and private hospitals undergoing select joint replacement surgeries in 2020-21. AOANJRR was established in 1999 and collects information from all hospitals in Australia undertaking joint replacement surgery. AOANJRR evaluates prosthesis effectiveness, provides audit capabilities for surgeons, and can track patients if necessary. The AOANJRR is a prescribed entity listed in section 35 of the Hospital and Health Boards Regulation 2012 and as such can receive detailed information on patients undergoing joint replacement surgery in Queensland public hospitals.
Section 147(6)	Disclosure of confidential private hospital information to Hardes and Associates to provide service planning and analytics for a collaborative of 10 Queensland private hospital groups who engaged Hardes and Associates services. The information disclosed consists of potentially identifiable patient-level private hospital admitted patient episodes of care (from

	QHAPDC) for the financial year 2020-21, for the 10 participating private health facilities.
Section 147(4)	Disclosure of confidential information to the Department's Healthcare Purchasing and System Performance Division staff engaged in contracting and funding of public health services at private hospitals, Hospital and Health Services' employees working in and for HHS funding units engaged in the contracting and funding services from private hospitals; HHS treating clinicians and relevant treating clinicians at the private hospital to investigate clinical practice/ clinical standards relating to the index event for the Avoidable Hospital Readmissions; and private hospital staff who are responsible for managing the relevant Standing Offer Arrangement for publicly funded patients with Queensland Health and/or HHS staff. The information disclosed contained publicly funded patients treated in private hospitals relating to Avoidable Hospital Readmissions.

Hospital and Health Boards Act 2011 and Private Health Facilities Act 1999

Section 151(1) of the *Hospital and Health Boards Act 2011* And Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to the Independent Hospital Pricing Authority (IHPA) and National Health Funding Body (NHFB) for identification of patient activity related to Highly Specialised Therapies. The identification of such patient activity is required so that the associated funding can be excluded from the annual funding reconciliation undertaken by the NHFB on behalf of the National Health Funding Pool Administrator (Administrator) to allow for state reimbursement of this block-funded service under the National Efficient Cost (NEC) Supplementary Determination. The information disclosed contained state record identifiers associated with 2020-21 patient-level care which are linked to the provision of high cost, highly specialised therapies by Metro North Hospital and Health Services and Children's Health Queensland.
Section 151(1) of the *Hospital and Health Boards Act 2011* And Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to entities of the Commonwealth (IHPA, the Administrator, the NHFB and Services Australia) for the 2021–22 to 2023-24 Activity Based Funding (ABF) Alternative Funding Source data request specifications. The information disclosed contained state record identifiers and other information associated with activity that is attributed to the diagnosis and treatment of Medicare-ineligible patients with COVID-19 or suspected of having COVID-19. This is required for final funding reconciliation under the National Partnership on COVID-19 Response.
Section 151(1) of the *Hospital and Health Boards Act 2011* And Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to IHPA for the Individual Healthcare Identifier (IHI) Pilot Data Submission Project. The information disclosed contained the IHIs and other data in the IHI National Best Endeavours Data set which relate to the June Quarter public health activity data from 1 July 2021 to 30 June 2022. The intention of the Project is to identify any potential issues ahead of IHI implementation into the national activity data sets from July 2022.

Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Metro North Hospital and Health Service (MNHHS) to evaluate the clinical utility and health economics of routinely using Whole Genome Sequencing (WGS) in streamlining diagnosis and ongoing clinical management of patients with rare undiagnosed genetic diseases. The information disclosed consists of linked identifiable patient level data from the Queensland Hospital Admitted Patient Data (QHAPDC) (for public and private hospitals) and the Queensland Health Non-Admitted Patient Data Collection (QHNAPDC), for a cohort of consenting patients, who are undergoing genetic testing as part of the Queensland Health WGS program. The linked patient-level data was disclosed to WGS project officers and Information Technology workers at the MNHHS, as well external consultants from Griffith University (Menzies Institute), for a two-year period prior to the date of genomic testing for each patient (1 December 2018 to 31 December 2021). The WGS program is a partnership between MNHHS, Pathology Queensland and Illumina CA (a genetic testing equipment supplier).
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Queensland Department of Transport and Main Roads (TMR) to analyse clinical outcomes for patients with serious road crash injuries. The information disclosed consists of potentially identifiable patient-level linked data for patients with serious road crash injuries, as recorded in the Queensland Road Crash Database and/or admitted to a public or private hospital in Queensland, with a relevant ICD10-AM morbidity code relating to a transport or road injury. For each patient with serious road crash injuries, information was linked using records from QHAPDC, Emergency Department Collection (EDC), the QAS, Death Registrations (from the Queensland Registry of Births, Deaths and Marriages), Cause of Death Unit Record File data (from the Australian Coordinating Registry) and data from the Motor Accident Insurance Commission Compulsory Third Party Personal Injury Register, for the period from 1 January 2015 to 31 December 2020.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to Health Policy Australia (HPA) to update the acute hospital activity service projections for New South Wales (NSW) Health. The information disclosed consists of de-identified patient-level information from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) (for any NSW residents discharged from a public or private Queensland hospital) and from the Emergency Department Collection (EDC) (for any NSW resident presenting to the Mater Hospital Brisbane Emergency Department), from 1 July 2015 to 30 June 2020. The data disclosed included information on Statistical Area 2 (SA2) of the patient's usual residence in NSW, as well as morbidity and funding information. HPA were commissioned by the Strategic Reform and Planning Branch within NSW Health.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Australian Institute of Health and Welfare (AIHW) to update the National Integrated Health System Information (NIHSI) dataset. The information disclosed consists of identifying patient-level data for patients admitted to all public and private hospitals (including Mater Hospital Brisbane and Mater Mothers' Hospital) (from QHAPDC), presenting at a non-admitted service at a public hospital (from QHNAPDC) or presenting to a hospital emergency department (including the Mater emergency department) in Queensland, from 1 July 2019 to 30 June 2020.

	The NIHSI project is creating an enduring linked dataset that includes state and territory health service data (admitted patient, emergency department and non-admitted patient data) and Commonwealth data (Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Residential Aged Care and National Death Index), to inform health policy and health service planning and delivery.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to PricewaterhouseCoopers Consulting (PwC) to lead the development of the preliminary business case for a virtual hospital model to reduce pressure on Emergency Departments and release acute bed capacity in the health system. The information disclosed consists of potentially identifiable patient-level data for financial years 2016–17 to 2020–21, relating to admitted public patient hospitalisations (from QHAPDC) and public patient emergency episodes (from EDC), within each South-East Queensland Hospital and Health Services (HHS) and for reporting hospitals within each HHS. PwC was engaged by the Queensland Department of Health to lead the development of the preliminary business case.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to Maritime Safety Queensland (MSQ) to undertake analysis on water transport injuries. The information disclosed consists of 2020-21 financial year data related to hospital admissions for water transport injuries with additional data items to identify HHS of Hospital and State/HHS/SA2 of usual residence. MSQ is a division of the Department of Transport and Main Roads (TMR) and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Planning and Information Management Branch within MSQ, provides a marine safety data intelligence, advisory and support role for the agency and its stakeholders.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999*	During 2021–22 information from Queensland Hospital Admitted Patient Data Collection and the Emergency Department Collection for South-East Queensland Public and Private Hospitals was disclosed to assist with the on-going COVID-19 response. The information was utilised to develop a business case that would identify opportunities for a virtual hospital model of care that would increase acute bed capacity and reduce impacts on Emergency Departments.
Hospital* and *Health Boards Act 2011 and Private Health Facilities Act 1999* and *Public Health Act 2005	
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to Queensland Treasury Corporation (QTC) and Deloitte Financial Advisory Pty Ltd (Deloitte) to provide assurance of health service projection models and the planning and purchasing of health services to inform the Queensland Health Funding Model. The information disclosed consists of potentially identifiable patient-level data for select years, from QHAPDC, QHNAPDC, Perniatal Data Collection (PDC), Oral Health and the EDC.

And Section 223(1) of the *Public Health Act 2005*	
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999* And Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to Deloitte Financial Advisory Pty Ltd (Deloitte) to enable the completion of a Local Area Needs Assessment quantitative analysis report for the Wide Bay Hospital and Health Service (WBHHS). The information disclosed consists of potentially identifiable patient-level data for select years, from QHAPDC, QHNAPDC, PDC, Oral Health and the EDC, for usual residents within each HHS and for reporting hospitals within the WBHHS. Deloitte have been contracted by the WBHHS to complete the Local Area Needs Assessment.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999* And Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to Ernst and Young to enable the completion of a Local Area Needs Assessment quantitative analysis report for the Better Health North Queensland Hospital and Health Service (BHNQ HHS) group (five North Queensland HHS combined areas). The information disclosed consists of potentially identifiable patient-level data for select years from QHAPDC, QHNAPDC, PDC, Oral Health and the EDC. Ernst and Young were contracted to provide services to the BHNQ HHS group to complete the quantitative data analysis for the Local Area Needs Assessment.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999* And Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to the Queensland Primary Health Network (QPHN) for the purposes of planning and undertaking a population health needs assessment for the population within each QPHN region within Queensland. The information disclosed consists of potentially identifiable patient-level data for financial year 2019-20 relating to admitted patient hospitalisations (from QHAPDC), non-admitted patient service events (from QHNAPDC) and births (from the Queensland PDC), for usual residents within each Hospital and Health Service (HHS) and for reporting hospitals within each HHS. QPHN is an independent, not-for-profit organisation that is funded by the Australian Government to meet health needs within individual regions throughout Queensland.
Section 160 of the *Hospital and Health Boards Act 2011* And	Disclosure of confidential information to the La Trobe University for the evaluation of the Queensland Aboriginal and Torres Strait Islander Burden of Disease 2018. The information disclosed consists of potentially re-identifiable patient-level data on Queensland residents admitted to Queensland hospitals (public and private) and data relating to Queensland mothers/their babies/the birth event, for a selected number of calendar years. The data is

Section 147(6) of the *Private Health Facilities Act 1999* And Section 223(1) of the *Public Health Act 2005*	used to calculate the prevalence rates for specific diseases, conditions and risks by HHS, remoteness, age, sex, and Indigenous status. These prevalence rates will then be sent to the Australian Institute of Health and Welfare to calculate and produce the output files. The department's Aboriginal and Torres Strait Islander Health Division has engaged La Trobe University to perform the statistical and epidemiological analysis for a new Queensland-only report.
Section 160 of the *Hospital and Health Boards Act 2011* And Section 147(6) of the *Private Health Facilities Act 1999* And Section 223(2) of the *Public Health Act 2005*	Disclosure of confidential health information to KPMG to undertake health service planning for a Local Area Needs Assessment for the South West HHS. The information disclosed consists of potentially identifiable patient-level data for select years relating to admitted patient hospitalisations (from QHAPDC), non-admitted patient service events (from QHNAPDC) and births (from the Queensland PDC), for usual residents within each HHS and for reporting hospitals within the SWHHS. KPMG has been contracted by SWHHS to undertake additional support in the delivery of its Local Area Needs Assessment.

Government agreements and legislation

Australian Government agencies

The table below provides a summary of key achievements delivered in 2021–22 by the department and HHSs under National Partnership Agreements (PAs) with the Australian Government.

This is not an exhaustive list of all past and present agreements. For detailed information, visit http://www.federalfinancialrelations.gov.au/content/npa/health.aspx

Agreement	Key achievements in 2021–22
The National Mental Health and Suicide Prevention Agreement	The National Mental Health and Suicide Prevention Agreement sets out the shared intention of the Commonwealth, state, and territory governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide toward zero, and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system. Following the signing of the National Agreement on 24 March 2022 by the Queensland Treasurer, Queensland Health led negotiations with the Commonwealth Government on the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland, which was signed by the Minister for Health and Ambulance Services on 31 March 2022. The Bilateral Schedule commits a total of $260.4 million over five years (2021/22 - 2025/26) by the Commonwealth and Queensland Governments to support improved mental health and suicide prevention outcomes for all people in Queensland, through collaborative efforts to address gaps in the mental health and suicide prevention system. Queensland Health is currently working with the Commonwealth Government to finalise the implementation plan.
Adult Public Dental Services	Queensland has met the activity targets under the Federation Funding Agreement – Health (FFA) for Public Dental Services for Adults, which funded around 35,694 courses of dental treatment from 1 April 2021 to 31 March 2022.
National Health Reform Agreement	The National Health Reform Agreement outlines the conditions under which Commonwealth funding for public hospitals is provided. It is generally renegotiated in three to five-year intervals, with the Addendum to the current Agreement finalised in May 2020 to operate from 1 July 2020 to 30 June 2025. The Agreement provides annual funding to Queensland of more than $5 billion and is fundamental to the operations of Queensland Health's hospital network, as well as setting out priorities for long-term national health reform.
National Partnership on COVID-19 Response	A National Partnership on COVID-19 Response was signed in March 2020 to provide for a Commonwealth financial contribution for costs incurred in responding to the COVID-19 pandemic, including as a result of the diagnosis and treatment of patients with COVID-19 or suspected of having COVID-19, and efforts to minimise spread of COVID-19 in the community. An extension of this agreement in 2020 provided viability payments to contracted private hospitals. This agreement has now been extended to December 2022. In accordance with Aged are Schedule D of the National Partnership, the department: • established a state emergency response mechanism to support all residential aged care and disability facilities managing outbreaks

	• provided more than 1.25 million items of PPE to private residential aged care facilities.
Comprehensive Palliative Care in Aged Care	Continued to implement the Queensland Specialist Palliative Care in Residential Aged Care Facilities Project which aims to build the capacity and capability of residential aged care facilities to provide high quality palliative care to residents.
Hummingbird House Children's Hospice	The agreement provides a Commonwealth and Queensland financial contribution toward the operation of a 24 hours per day, seven days per week, children's respite care and hospice facility in Chermside, Brisbane.
Specialise Dementia Care Program	The Specialist Dementia Care Program is a Commonwealth program that funds specialist dementia care units in private residential aged care facilities; there are currently three units in Queensland. In-reach clinical advice and support has been provided by three HHSs for residents of the Specialist Dementia Care Unit located within their respective area.
Health Innovation Fund	The Stimulating and enabling system innovation for greater precision in prevention project aimed to generate and integrate systems intelligence and foster networked capability to prioritise and strengthen prevention actions and capacity. We have completed a systems analysis and identified 5 action areas for system redesign to strengthen clinical prevention in the health system. Through the establishment of a community of practice we are building internal capacity to improve the use, interpretation and predictive value of population level primary prevention data. Health and Wellbeing Queensland have led the development of a mechanism to foster collaboration at local and regional levels (more information is available in their Annual Report).
The National Bowel Cancer Screening Program – participant follow-up function	From 1 April 2021 to 31 March 2022 Queensland delivered 7370 participant follow up services.
National Partnership Agreement Essential Vaccines (NPEV)	Information is not yet available for the 2021–22 assessment period. Queensland fully met all five of the performance indicators assessed in 2020-21. This achievement delivered over $3.6 million in reward funding from the Australian Government in 2021–22.
National Partnership Agreement *OzFoodNet*	The Queensland OzFoodNet site provides fortnightly and annual surveillance and outbreak investigation reports to the Commonwealth Department of Health as per the agreement. Ongoing funding is subject to satisfactory annual performance reports. The 2021 annual report was approved. The 2022 annual report is due 30 April 2023.
Extension of Encouraging More Clinical Trials in Australia	Queensland has met the activity targets under the Extension of the Encouraging More Clinical Trials Federation Funding Agreement. The key achievements in 2021–22: • ongoing operation and support for central coordination units • active engagement with Clinical Trials Project Reference Group (CTPRG), the Commonwealth, the Australian Commission for Safety and Quality in Health Care (ACSQHC) and the national consultations process to develop the One Stop Shop and the related National Clinical Trials Front Door (NCTFD). • active engagement with CTPRG, the Commonwealth, and the ACSQHC to agree cross-jurisdictional governance arrangements to underpin the One Stop Shop.

	• active engagement with CTPRG and the Commonwealth to develop and agree a single set of requirements for Site Specific Authorisations (SSA), to provide a single regulatory experience for users across Australia and for consistent national implementation via the One Stop Shop. • ongoing participation and commitment to the National Mutual Agreement (NMA) Scheme. • active engagement with CTPRG, the Commonwealth and the ACSQHC, to develop and agree the accreditation scheme for ethics committees to strengthen the NMA Scheme and support its expansion beyond the public sector. • engagement in consultations to inform development of a national quality standard to underpin the accreditation scheme for NMA ethics committees, and NMA Scheme re design. • full contribution of data to the National Aggregate Statistics (NAS) 2021 22, as agreed by the CTPRG. • active engagement with CTPRG, the Commonwealth and the ACSQHC to further support implementation of the Governance Framework through design and implementation of the One Stop Shop • active collaboration and contributions to enable ongoing evaluation of the measure. • the Queensland Government has accepted an extension of the original NPA from April 2022 to 30 June 2025.

Other whole-of-government plans and specific initiatives

Strategy	Key achievements in 2021–22
Queensland Sexual Health Strategy 2016-2021	The Queensland Sexual Health Strategy 2016-2021 was launched on 1 December 2016 supported by Action Plans addressing HIV, Hepatitis B, Hepatitis C, Sexually Transmissible Infections and the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021. Commencing on 1 January 2022 the Sexual Health Strategy transitioned from a time-limited strategy to become an enduring framework. The Framework continues the work of the Strategy and aims to improve the sexual and reproductive health of all Queenslanders.
National Obesity Strategy 2022 - 2032	Queensland's Department of Health led the development of the National Obesity Strategy on behalf of the Australian Health Ministers' Meeting (formerly Council of Australian Governments (COAG) Health Council). The Strategy was released on 4 March 2022, World Obesity Day with a joint statement from all Australian Health Ministers. The National Obesity Strategy 2022-2032 is a multi-jurisdictional strategy aimed at preventing and reducing overweight and obesity in Australia.

Health Portfolio Acts and Subordinate Legislation

The department administers a suite of health portfolio legislation and is committed to ensuring all legislative compliance obligations under this legislation are met.

Legislation	Details	Number of breaches
Ambulance Service Act 1991 Ambulance Service Regulation 2015	The *Ambulance Service Act 1991* and the Ambulance Service Regulation 2015 are the primary pieces of enabling legislation for the Queensland Ambulance Service. This legislation serves to: • Establish the QAS; • Establish membership of the QAS; • Enable and regulate the functions and powers of the Ambulance Service and its officers; • Regulate fees payable for ambulance services.	No breaches of this legislation have been identified
Food Act 2006 Food Regulation 2016	The main purposes of the *Food Act 2006* and *Food Regulation 2016* are as follows: • To ensure food for sale is safe and suitable for human consumption; • To prevent misleading conduct relating to the sale of food; • To apply the food standards code.	No internal breaches of this legislation have been identified.
Health Transparency Act 2019 Health Transparency Regulation 2020	The *Health Transparency Act 2019* and *Health Transparent Regulation 2020* enable the collection and publication of particular types of information about public sector health service facilities, private health facilities, State aged care facilities and private residential aged care facilities. The purpose of the collection and publication of this information is to improve the transparency of the quality and safety of health services provided in Queensland and help people make better-informed decisions about health care	No breaches of this legislation have been identified.
Hospital and Health Boards Act 2011 Hospital and Health Boards Regulation 2012 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016	The *Hospital and Health Boards Act 2011* establishes a public health sector system that delivers high quality hospital and other health services to persons in Queensland, having regard to the principles and objectives of the national health system. The Act provides for a wide range of functions and obligations including appointment of members to Hospital and Health Boards, management and funding of the health system, disclosure of confidential information, appointment of the Chief Health Officer, conduct on health service land, and clinical reviews.	One breach of this legislation has been identified.
Mater Public Health Services Act 2008	The *Mater Public Health Services Act 2008* provides for the Department of Health and the Mater to enter into arrangements about the funding and delivery of public health services by Mater hospitals,	No breaches of this legislation have been identified.

	providing additional public health service capacity to the benefit of Queenslanders.	
Medicines and Poisons Act 2019 Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021	The *Medicine and Poisons Act 2019* ensures substances, including medicines, poisons, pesticides and fumigants are used safely and effectively and do not cause harm to human health.	No breaches of this legislation have been identified.
Mental Health Act 2016 Mental Health Regulation 2017	The *Mental Health Act* 2016 establishes statutory roles and appointments for the effective administration of the Act and sets out legislative requirements for HHSs, clinicians, statutory bodies and other persons including members of the public in fulfilling their functions and rights under the Act. Non-compliance with the *Mental Health Act* is monitored by the Chief Psychiatrist and reported in the Annual Report of the Chief Psychiatrist.	Reporting on breaches of this legislation will be reported in the 2021–22 Chief Psychiatrist Annual Report.
Pharmacy Business Ownership Act 2001	The objects of the Pharmacy Business Ownership Act 2001 are to: • Promote the professional, safe and competent provision of pharmacy services; and • Maintain public confidence in the pharmacy profession.	No action has been taken in relation to breaches of this legislation.
Private Health Facilities Act 1999 Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016	The main object of the *Private Health Facilities Act 1999* is to provide a framework for protecting the health and wellbeing of patients receiving health services at private health facilities.	There was one breach identified under section 30 of this legislation. An application was submitted to change the name of an authority holder by using an "Application to Change an Approval" form, and an approval was granted. However, this was deemed an incorrect process for changing the name of an authority holder and the approval was rescinded. In order to change the name of the authority holder, the applicant had to submit a new application for an approval. The issue has been resolved.
Public Health Act 2005 Public Health Regulation 2018 Public Health (Further Extension of Declared Public	The *Public Health Act 2005* protects and promotes the health of the Queensland public.	No breaches of this legislation have been identified.

Health Emergency- COVID-19) Regulation (No.4) 2021		
Public Health (Infection Control for Personal Appearance Services) Act 2003 Public Health (Infection Control for Personal Appearance Services) Regulation 2016 Public Health (Infection Control for Personal Appearance Services) (Infection Control Guidelines) Notice 2013	The purpose of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* is to minimise the risk of infection that may result from the provision of personal appearance services.	No breaches of this legislation have been identified.
Radiation Safety Act 1999 Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021	The main object of the *Radiation Safety Act 1999* is to protect persons and the environment from the harmful effects of sources of ionising radiation and harmful non-ionising radiation.	No breaches of this legislation have been identified.
Research Involving Huma n Embryos and Prohibition of Human Cloning for Reproduction Act 2003 Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015	The National Health and Medical Research Council's Embryo Research Licensing Committee (NHMRC ERLC) is responsible for monitoring compliance with the legislation and license conditions. Compliance with the legislation is required under the department's Research Ethics and Government Health Service Directive as well as research funding agreements.	No breaches of this legislation have been identified.
Termination of Pregnancy Act 2018	The *Termination of Pregnancy Act 2018* provides clarity for women, health practitioners and the community about the circumstances in which termination of pregnancy is lawfully permitted. The Act: • ensures termination of pregnancy is treated as a health issue rather than a criminal issue, • enables reasonable and safe access by women to terminations of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations, • supports a woman's right to health, including reproductive health and autonomy, • provides clarity and safety for health practitioners providing terminations of pregnancy, • brings Queensland legislation in line with other Australian jurisdictions.	No breaches of this legislation have been identified.
Therapeutic Goods Act 2019 Therapeutic Goods Regulation 2021	The *Therapeutic Goods Act 2019* adopts the Therapeutic Goods Act 1989 (Cwth) and the regulations, order, permissions and manufacturing principles under it as laws of Queensland. The Act ensures national regulatory controls apply consistently to the Queensland-based manufacturers of therapeutic goods.	No breaches of this legislation have been identified.
Tobacco and Other Smoking Products Act 1998 Tobacco and Other Smoking Products Regulation 2021	The object of the *Tobacco and Other Smoking Products Act 1998* is to improve the health of	No breaches of this legislation have been identified.

	members of the public by reducing their exposure to tobacco and other smoking products	
Transplantation and Anatomy Act 1979 Transplantation and Anatomy Regulation 2017	The *Transplantation and Anatomy Act 1979* provides for the removal of human tissues for transplantation and other medical and scientific purposes, for post-mortem examinations, for the definitions of death, for the regulation of schools of anatomy, and for related purposes.	No breaches of this legislation have been identified.
Voluntary Assisted Dying Act 2021	The object of the Voluntary Assisted Dying Act 2021 is to establish a legal framework for voluntary assisted dying in Queensland, allowing eligible people who are suffering and dying to choose the timing and circumstances of their death.	N/A for the 2021-22 financial year.
Water Fluoridation Act 2008 Water Fluoridation Regulation 2020	The *Water Fluoridation Act 2008* promotes good oral health in Queensland by the safe fluoridation of public potable water supplies.	No breaches of this legislation have been identified.

Monitored Agency Legislation

Legislation	Details	Number of breaches
Health and Wellbeing Queensland Act 2019 *Health Ombudsman Act 2013* Health Ombudsman Regulation 2014 *Health Practitioner Regulation National Law Act 2009* Health Practitioner Regulation National Law (Queensland) Health Practitioner Regulation National Law Regulation 2018 *Hospital Foundations Act 2018* Hospital Foundations Regulation 2018 *Mental Health Act 2016* (to the extent of administering provisions relevant to the Mental Health Review Tribunal) *Queensland Institutes of Medical Research Act 1945* *Queensland Mental Health Commission Act 2013*	The department is committed to meeting all legislative compliance obligations and applies effective strategies to administer it including: Providing oversight of statutory appointments made under health portfolio legislation Supporting good board governance and compliance including annual reporting requirements	During 2021–22 there were no reported breaches of the department's legislative compliance obligations under monitored agency legislation.

Definitions and compliance

Acronyms and glossary

Acronym	Definition
A&TSIHD	Aboriginal and Torres Strait Islander Health Division
AHPOQ	Allied Health Professionals Office of Queensland
PSC	Public Service Commission
HR	Human Resources
ELT	Executive Leadership Team
QPS	Queensland Public Service
QAO	Queensland Audit Office
AIHW	Australian Institute of Health and Welfare
AKC2026	Advancing Kidney Care 2026
BCS	Bachelor of Computer Science
BSQ	BreastScreen Queensland
CAA	Council of Ambulance Authorities
CCAP	Cultural Capability Action Plan
CCPDP	Critical Care Paramedic Development Program
CEQ	Clinical Excellence Queensland
CEWT	Children's Early Warning Tool
CHQ	Children's Health Queensland
CLE	Clinical Leadership Excellence
COAG	Council of Australian Governments
CODP	Classified Officer Development Program
CRD	COVID-19 Response Division
CSCF	Clinical Services Capability Framework
CSD	Corporate Services Division
DoH	Department of Health
DCGIIP	Directors of Clinical Governance Improvement and Implementation Partnership
ELT	Executive Leadership Team
ESU	Ethical Standards Unit
EWARS	Early Warning and Response System
G&E	Governance and Engagement Unit

Acronym	Definition
MESU	Ministerial and Executive Services Unit
MHAODB	Mental Health Alcohol and Other Drugs Branch
MHAP	Mental Health and Addiction Portal
MHLS	Mental Health Liaison Service
MSQ	Maritime Safety Queensland
NDIS	National Disability Insurance Scheme
NGO	Non-government organisations
NHMRCELC	National Health and Medical Research Council's Embryo Research Licensing Committee
NRT	Nicotine Replacement Therapy
NSW	New South Wales
OCDO	Office of the Chief Dental Officer
ODGSSD	The Office of the Director-General and System Strategy Division
OHSA	Office of Health Statutory Agencies
OpCen	Operations Centre
PAH	Princess Alexander Hospital
PHNs	Primary Health Networks
PHRLT	Pandemic Health Response Leadership Team
PID	Public Interest disclosure
PSQIS	Patient Safety and Quality Improvement Service
PD	Prevention Division
QAS	Queensland Ambulance Services
ODDG	Office of Deputy-Director General
QHIDS	
QHLB	Queensland Health Leadership Board
QIWAG	Queensland Insights Website Advisory
QMPQC	Queensland Maternity and Perinatal Quality Council
QWAC	Queensland Website Advisory Committee
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
RRP	Rapid Results Program

GP	General Practitioner
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
HPSP	Healthcare Purchasing and System Performance Division
HIIRO	Health Innovation, Investment and Research Office
HSQ	Health Support Queensland
HWQld	Health and Wellbeing Queensland
ieMR	Integrated electronic Medical Record
ICT	Information and Communication Technology
LAN	Local Ambulance Service Network
LASN	Local Area Service Network
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
SDLO	System and Department Liaison Officer
SHECC	State Health Emergency Coordination Centre
SPR	System Performance Reporting
SUSD	Stand Up Stand Down
SSB	Statistical Services Unit
STARS	Surgical, Treatment and Rehabilitation Service
UTI	Urinary Tract Infection

Compliance

Summary of requirement		Basis of 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	Letter of compliance; page 4
Accessibility	• Table of contents • Glossary	ARRs – section 9.1	Contents; page 6 Definitions and compliance; page 157
	• Public availability	ARRs – section 9.2	Accessibility; page 2
	• Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	Interpreter accessibility; page 3
	• Copyright notice	*Copyright Act 1968* ARRs – section 9.4	Copyright; page 2
	• Information licensing	*QGEA – Information Licensing* ARRs- section 9.5	License summary statement; page 2
General Information	• Introductory Information	ARRs – section 10	About us; page 13
Non-financial performance	• Government's objectives for the community and whole-of-Government plans/specific initiatives	ARRs – section 11.1	Our contributions to government; page 13
	• Agency objectives and performance indicators	ARRs – section 11.2	Our performance; Strategic Achievements; page 32
	• Agency service areas and service standards	ARRs – section 11.3	Our performance: Service delivery statements; page 62
Financial performance	• Summary of financial performance	ARRs – section 12.1	Financial highlights; page 10
Governance	• Organisational structure	ARRs – section 13.1	Our organisation structure; page 14
	• Executive management	ARRs – section 13.2	Executive leadership team; page 15
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Our governance; Leadership teams, Boards Councils and Committees, Statutory bodies; pages 109 - 132
	• Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs – section 13.4	Our people; *Public Sector Ethics Act*; page 31
	• Human Rights	*Human Rights Act 1994* ARRs – section 13.5	Our governance; *Human Rights Act 2019*, page 134
	• Queensland public service values	ARRs – section 13.6	About us; Our values; page 13
Governance – risk	• Risk management	ARRs – section 14.1	Our governance; Risk management; page 133

management and accountability	• Audit committee	ARRs – section 14.2	Our governance; The Department of Health Audit and Risk Committee; page 110
	• Internal audit	ARRs – section 14.3	Our governance; Internal audit; page 133
	• External scrutiny	ARRs – section 14.4	Our governance; External scrutiny; page 133
	• Information systems and recordkeeping	ARRs – section 14.5	Our governance; Information systems and recordkeeping; page 134
	• Information security attestation	ARRs – section 14.6	Our governance; Information security attestation; page 134
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	Our people; strategic workforce planning and performance; page 29
	• Early retirement, redundancy and retrenchment	*Directive* No.04/18 *Early Retirement, Redundancy and Retrenchment* ARRs – section 15.2	Our people; Early retirement, redundancy and retrenchment; page 29
Open Data	• Statement advising publication of information	ARRs – section 16	Open data; page 3
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Financial Statements 30 June; page 161
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Financial Statements 30 June 2022; page 198

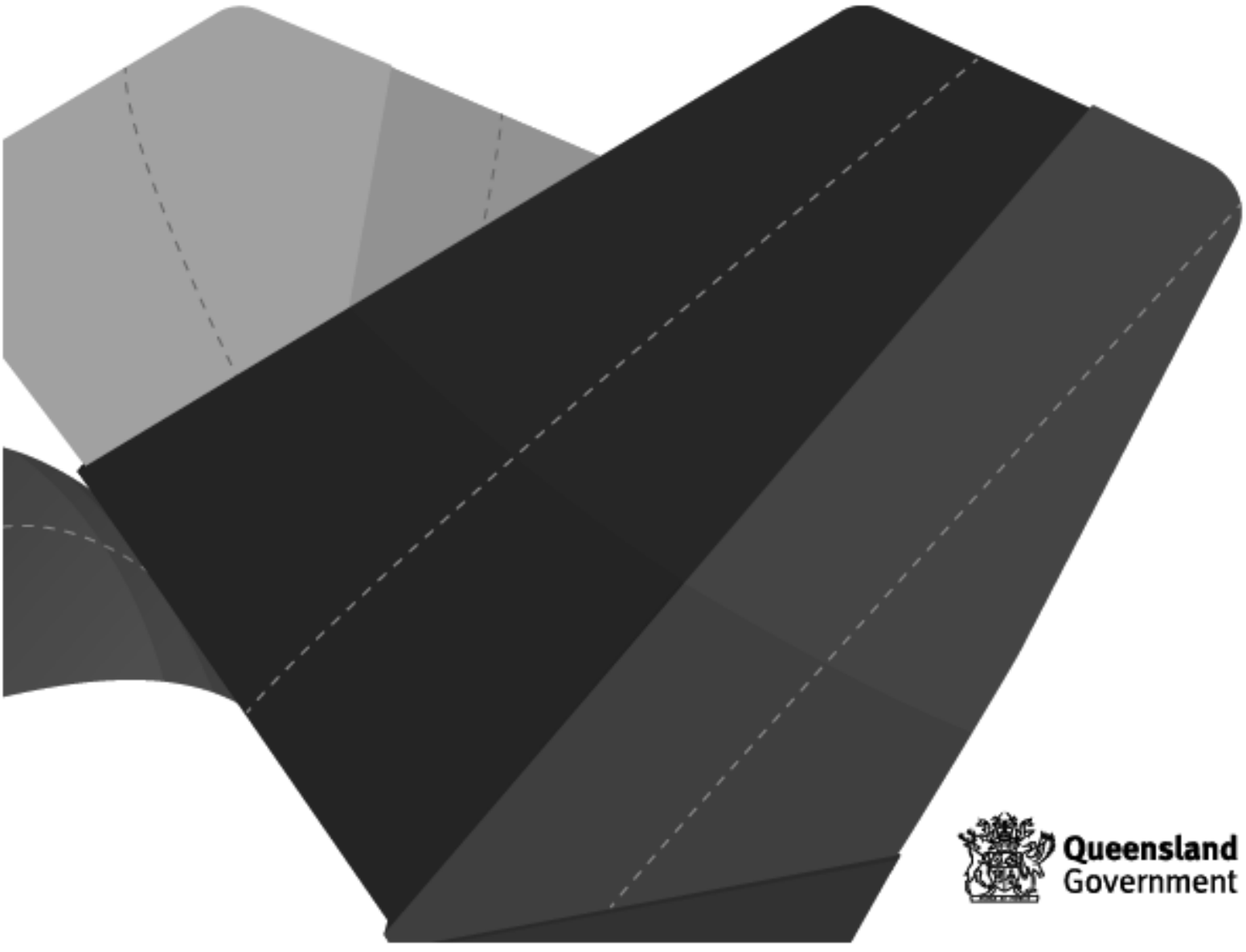
FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

Financial Statements

30 June 2022

Department of Health

Financial Statements - 30 June 2022



Queensland Government

Department of Health
Contents and General Information
For the year ended 30 June 2022

Contents

General Information

Department of Health (the Department) is a Queensland Government department established under the *Public Service Act 2008* and its registered trading name is Queensland Health.

Queensland Health is controlled by the State of Queensland which is the ultimate parent entity.

The head office and principal place of business of the Department is:

1 William Street

Brisbane

Queensland 4000

For information in relation to the Department's financial statements, email FIN_Corro@health.qld.gov.au or visit the Department of Health website at http://www.health.qld.gov.au.

Department of Health

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2022

	Note	2022 $'000	Original Budget 2022 $'000	2021 $'000	Ref*	Actual vs budget variance $'000
REVENUE						
Appropriation revenue	2	**13,313,163**	**12,919,108**	12,012,518	i.	394,055
User charges	3	**2,064,633**	**1,847,082**	1,995,957	ii.	217,551
Labour recoveries	3	**10,149,460**	**9,829,543**	9,588,771	iii.	319,917
Grants and other contributions	3	**6,741,221**	**5,992,739**	5,961,233	iv.	748,482
Other revenue	3	**112,934**	**27,379**	240,183	v.	85,555
Share of gain from associates	22	**-**	**-**	386		-
Interest revenue		**2,918**	**1,051**	2,910		1,867
TOTAL REVENUE		**32,384,329**	**30,616,902**	29,801,958		1,767,427
EXPENSES						
Employee expenses	4	**(12,042,140)**	**(11,635,054)**	(11,339,227)	vi.	(407,086)
Supplies and services	7	**(2,162,479)**	**(2,607,005)**	(1,879,517)	vii.	444,526
Health services	8	**(17,490,715)**	**(16,052,320)**	(16,056,592)	viii.	(1,438,395)
Grants and subsidies	9	**(145,749)**	**(89,660)**	(124,939)	ix.	(56,089)
Depreciation and amortisation	16, 17, 18	**(135,608)**	**(164,186)**	(142,469)	x.	28,578
Net impairment losses on financial and contract assets		**(39,079)**	**(1,545)**	(54,813)	xi.	(37,534)
Share of loss from associates	22	**(2,939)**	**-**	-		(2,939)
Other expenses	10	**(363,457)**	**(46,931)**	(199,017)	xii.	(316,526)
TOTAL EXPENSES		**(32,382,166)**	**(30,596,701)**	(29,796,574)		(1,785,465)
SURPLUS/(DEFICIT) FOR THE YEAR		**2,163**	**20,201**	5,384		(18,038)
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus	21	**58,704**	**-**	12,395		58,704
OTHER COMPREHENSIVE INCOME FOR THE YEAR		**58,704**	**-**	12,395		58,704
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**60,867**	**20,201**	17,779		40,666

** This relates to Actual vs budget comparison commentary section (page 6).*

Department of Health
Statement of financial position
As at 30 June 2022

	Note	2022 $'000	Original Budget 2022 $'000	2021 $'000	Ref*	Actual vs budget variance $'000
ASSETS						
Current Assets						
Cash and cash equivalents	12	**234,394**	**270,696**	413,725	xiii.	(36,302)
Loans and receivables	14	**3,176,653**	**1,050,676**	2,309,179	xiv.	2,125,977
Inventories	15	**209,152**	**230,018**	231,436	xv.	(20,866)
Prepayments		**66,332**	**99,633**	66,128	xvi.	(33,301)
Other assets		**13**	**-**	13		13
TOTAL CURRENT ASSETS		**3,686,544**	**1,651,023**	3,020,481		2,035,521
Non-current Assets						
Loans and receivables	14	**93,021**	**76,790**	106,557	xvii.	16,231
Property, plant and equipment	16	**1,225,703**	**1,706,363**	1,001,661	xviii.	(480,660)
Right-of-use assets	17	**16,418**	**16,303**	20,726		115
Intangibles	18	**302,518**	**297,969**	321,354		4,549
Interests in associates	22	**70,133**	**72,686**	73,072		(2,553)
Other assets		**29,026**	**5,748**	6,675	xix.	23,278
TOTAL NON-CURRENT ASSETS		**1,736,819**	**2,175,859**	1,530,045		(439,040)
TOTAL ASSETS		**5,423,363**	**3,826,882**	4,550,526		1,596,481
LIABILITIES						
Current Liabilities						
Payables	19	**2,154,531**	**369,425**	2,010,130	xx.	1,785,106
Accrued employee benefits	20	**1,012,619**	**1,162,974**	660,808	xxi.	(150,355)
Lease liabilities	17	**2,532**	**3,298**	3,239		(766)
Other liabilities		**499**	**107,663**	1,106	xxii.	(107,164)
TOTAL CURRENT LIABILITIES		**3,170,181**	**1,643,360**	2,675,283		1,526,821
Non-current Liabilities						
Lease liabilities	17	**66,276**	**67,236**	83,499		(960)
Other liabilities		**59**	**-**	553		59
TOTAL NON-CURRENT LIABILITIES		**66,335**	**67,236**	84,052		(901)
TOTAL LIABILITIES		**3,236,516**	**1,710,596**	2,759,335		1,525,920
NET ASSETS		**2,186,847**	**2,116,286**	1,791,191		70,561
EQUITY						
Contributed equity		**551,431**		211,918		
Asset revaluation surplus	21	**302,002**		243,383		
Retained surpluses		**1,333,414**		1,335,890		
TOTAL EQUITY		**2,186,847**	**2,116,286**	1,791,191	xxiii.	70,561

** This relates to Actual vs budget comparison commentary section (page 6).*

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the year ended 30 June 2022

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2020	**136,846**	**245,025**	**1,316,475**	**1,698,346**
Surplus for the year	-	-	5,384	5,384
Increase/(decrease) in asset revaluation surplus	-	12,395	-	12,395
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**12,395**	**5,384**	**17,779**
Transactions with owners in their capacity as owners:				
Equity injections	772,991	-	-	772,991
Equity withdrawals	(790,418)	-	-	(790,418)
HHS equity transfers*	290,522	-	-	290,522
Reclassification between equity classes	-	(14,037)	14,037	-
Net assets transferred to HHSs	(198,023)	-	-	(198,023)
Other equity adjustments	-	-	(6)	(6)
BALANCE AT 30 JUNE 2021	**211,918**	**243,383**	**1,335,890**	**1,791,191**

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2021	**211,918**	**243,383**	**1,335,890**	**1,791,191**
Surplus/(Deficit) for the year	-	-	2,163	2,163
Increase/(decrease) in asset revaluation surplus	-	58,704	-	58,704
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**58,704**	**2,163**	**60,867**
Transactions with owners in their capacity as owners:				
Equity injections	814,527	-	-	814,527
Equity withdrawals	(830,081)	-	-	(830,081)
HHS equity transfers*	341,530	-	-	341,530
Reclassification between equity classes	-	(85)	85	-
Net assets transferred from Queensland Fire and Emergency Services**	50,149	-	-	50,149
Net assets transferred to HHSs	(36,612)	-	-	(36,612)
Other equity adjustments	-	-	(4,724)	(4,724)
BALANCE AT 30 JUNE 2022	**551,431**	**302,002**	**1,333,414**	**2,186,847**

Significant accounting policies

Non-exchange transfers of assets and liabilities between wholly owned Queensland State Public Sector entities as a result of machinery-of-government changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

** Hospital and Health Services (HHSs) are independent statutory bodies and equity injections should not be taken to indicate control or ownership by the Department. HHS equity transfers represent equity withdrawals for reimbursements of a capital nature, offset by injections mainly relating to depreciation funding.*

*** Queensland Fire and Emergency Services (QFES) transferred property, plant and equipment of $43.4M (refer to Note 16), and cash of $6.7M to the Department in 2021-22, that QFES had received as part of a larger Machinery of Government transfer, upon disestablishment of the Public Safety Business Agency.*

Department of Health
Statement of cash flows
For the year ended 30 June 2022

	Note	2022 $'000	Original Budget 2022 $'000	2021 $'000	Ref*	Actual vs budget variance $'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Inflows						
Appropriation revenue receipts		**12,508,755**	**12,714,683**	12,332,464	xxiv.	(205,928)
User charges		**1,808,551**	**1,804,530**	1,577,304		4,021
Labour recoveries		**10,128,183**	**9,829,543**	9,882,790	xxv.	298,640
Grants and other contributions		**6,354,292**	**5,898,237**	5,880,091	xxvi.	456,055
GST collected from customers		**13,881**	**24,797**	10,451		(10,916)
GST input tax credits		**347,144**	**128,347**	292,406		218,797
Other revenue		**114,573**	**21,763**	239,647	xxvii.	92,810
Payroll loans and advances		**1,518**	**-**	4,934		1,518
Outflows						
Employee expenses		**(11,836,105)**	**(11,572,542)**	(11,588,877)		(263,563)
Supplies and services		**(1,761,269)**	**(3,030,795)**	(1,655,959)	xxviii.	1,269,526
Health services		**(16,426,417)**	**(15,548,904)**	(15,445,625)	xxix.	(877,513)
Grants and subsidies		**(145,749)**	**(89,660)**	(124,939)	xxx.	(56,089)
GST paid to suppliers		**(362,366)**	**(128,347)**	(276,957)		(234,019)
GST remitted		**(13,979)**	**(24,332)**	(26,387)		10,353
Other expenses		**(89,317)**	**(39,834)**	(204,981)	xxxi.	(49,483)
Cash recoupment from HHSs/(payments made on behalf of HHSs)		**(63,587)**	**-**	(403,575)	xxxii.	(63,587)
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	**578,108**	**(12,514)**	492,787		590,622
CASH FLOWS FROM INVESTING ACTIVITIES						
Inflows						
Proceeds from sale of property, plant and equipment		**930**	**1,650**	4,130		(720)
Loans and advances		**-**	**7,436**	-		(7,436)
Outflows						
Payments for property, plant and equipment		**(264,383)**	**(1,283,683)**	(206,600)	xxxiii.	1,019,300
Payments for intangibles		**(16,907)**	**(45,163)**	(20,543)		28,256
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		**(280,360)**	**(1,319,760)**	(223,013)		1,039,400
CASH FLOWS FROM FINANCING ACTIVITIES						
Inflows						
Equity injections**		**955,752**	**1,913,284**	540,503	xxxiv.	(957,532)
Outflows						
Equity withdrawals**		**(1,429,976)**	**(836,901)**	(1,320,337)	xxxv.	(593,075)
Lease payments		**(2,855)**	**(3,239)**	(8,806)		384
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		**(477,079)**	**1,073,144**	(788,640)		(1,550,223)
NET INCREASE/(DECREASE) IN CASH HELD		**(179,331)**	**(259,130)**	(518,866)		79,799
Cash and cash equivalents at the beginning of the financial year		**413,725**	**529,826**	932,591		(116,101)
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	12	**234,394**	**270,696**	413,725		(36,302)

** This relates to Actual vs budget comparison commentary section (page 6)*

*** Details of the Department's change in liability for equity withdrawals payable/receivable is outlined in Note 2. Equity Injections includes $6.7M from the transfer of cash from Queensland Fire and Emergency Services.*

Actual vs budget comparison

Statement of profit or loss

i. The $394.1M variance in Appropriation revenue is predominantly due to additional funding provided during the year for Rapid Antigen tests ($196.9M), other general COVID-19 funding ($169.5M) and enterprise bargaining arrangements ($115.5M), offset by deferrals and swaps ($79.2M) as approved by Queensland Treasury.

ii. The $217.6M variance in User charges is mainly due to both Sale of goods and Services and Hospital fees being higher than budget. The Sale of Goods and Services variance ($218.0M) is largely driven by growth in telecommunications and computer related Fee for Service revenue ($53.3M) and Pathology revenue recoveries from HHSs ($45.1M). In addition, cross border charges to HHSs ($90.6M) and outsourced revenue from other government agencies ($24.1M) were not known at the time of the budget.

iii. The $319.9M variance in Labour recoveries is mainly due to changes and growth in HHS FTEs over the course of the year. HHS FTEs increased by 2,104 predominantly due to changes in activities at these HHSs.

iv. The $748.5M variance in Grants and contributions is mostly owing to the recognition of an additional $691.5M COVID-19 funding from the Commonwealth National Partnership Agreement. This was not known at the time of the budget. The remainder of the variance is due to the recognition of $75.2M for Commonwealth Teletrials funding.

v. The $85.6M variance in Other revenue is largely due to the recognition of COVID-19 Quarantine fees revenue ($69.3M) not known at the time of budget. The remainder of the variance is due to higher than anticipated Non-Government Organisation (NGO) funding recalls from prior years due to COVID-19 impacts on funded projects and programs ($8.4M).

vi. The $407.1M variance in Employee expenses is largely owing to the increase (2,104) in HHS FTEs during the year, fully offset by labour recoveries, which were not known at the time of the budget.

vii. The $444.5M variance in Supplies and services is mainly due to funding being re-directed throughout the year from Supplies and services to purchase health services from the HHSs.

viii. The $1.4B variance in Health services is mainly due to additional funding ($1.1B) provided to HHSs and Mater Hospital through in-year Service Agreement amendments to deliver additional activity and services, in order to meet increased Hospital and Health Services demand. This additional funding included $551.0M of COVID-19 NPA funding, and $106.0M of COVAX vaccine funding that has been provided to HHSs in arrears for increased expenditure as a result of the COVID-19 pandemic and was not known at the time of the budget. The remainder of the variance is largely due to higher than budgeted depreciation funding ($73.8M), in part owing to depreciation incurred on right-of-use assets recognised under *AASB 16 Leases*.

ix. The $56.1M variance in Grants and subsidies expense is mainly due to additional Home community and rural health services payments ($55.1M), which were not known at the time of the budget.

x. The $28.6M variance in Depreciation and amortisation is mainly owing to an overestimate in budgeted amortisation on computer software developed of $16.0M and a higher budgeted plant and equipment depreciation amount of $10.9M.

xi. The $37.5M variance in Impairment losses is largely due to the recognition of a provision for doubtful debts ($16.2M), salary overpayments ($13.0M), and impairment waivers ($7.3M) relating to hotel quarantine fees recognised during 2021-22. These were not known at the time of the budget.

xii. The $316.5M variance in Other expenses largely relates to an increase ($222.5M) in the loss of service potential expense, the recognition of Rapid Antigen test inventory provided to HHSs free of charge ($46.9M) and Pandemic Leave payments ($58.3M) associated with the COVID-19 pandemic, paid to the Australian Government. These were not known at the time of the budget.

Statement of Financial Position

xiii. The $36.3M variance in Cash and cash equivalents is largely owing to actual net cash from operating activities being $590.6M greater than budgeted, actual cash flows used by investing activities being $1.0B less than budgeted and actual cash flows ($477.1M) used in financed activities being $1.6B greater than the budgeted net cash from financing activities ($1.1B). Refer to comments in the Statement of Cash Flows below.

xiv. The $2.1B variance in Loans and receivables (current) is largely owing to Appropriations receivable of $1.2B and Receivables from HHSs of $1.1B that were both not known at the time of budget**.**

xv. The $20.9M variance in Inventories is largely owing to a significant increase in Allowance for loss of service potential ($267.3M), offset by a significant increase ($196.4M) in inventory balances during the year, largely due to the acquisition of Rapid Antigen Test kits and surgical respirators due to the COVID-19 pandemic.

xvi. The $33.3M variance in Prepayments relates to future period estimates that were not known at the time of the budget.

xvii. The $16.2M variance in Loans and receivables (non-current) is largely due to adjustments to the non-current portion of the Corporate Pay Date Loan receivable ($18.6M). This was not known at the time of the budget.

xviii. The $480.7M variance in Property, plant and equipment is due to deferrals of budgeted capital expenditure ($442.0M) and expensing in the capital program ($72.0M), which were not known at the time of the budget.

xix. The $23.3M variance in Other assets non-current is due to the recognition of a lease advance payment in 2021-22 to the Brisbane Airport Corporation, which was not known at the time of the budget.

xx. The $1.8B variance in Payables is mainly due to appropriations payable of $1.3B, trade payables of $202.6M, PAYG payables of $142.8M and HHS payables of $168.1M, which were not known at the time of the budget.

xxi. The variance of $150.4M in Accrued employee benefits is mostly due to the budget having included a 14-day greater accrual period incorporated into the calculation, than the 4-day accrual captured in actuals.

xxii. The variance of $106.9M in Other liabilities (current) relates to future period estimates of Commonwealth funding contract liabilities associated with the COVID-19 pandemic which were not known at the time of the budget.

xxiii. The $70.6M variance in Total equity is mainly due to changes in the timing and nature of funding related to capital programs and operating expenses.

Statement of Cash Flows

xxiv. The $205.9M variance in Appropriation revenue receipts is due to lapsed appropriation revenue, associated with reclassifying operating to capital funding and the COVID-19 pandemic.

xxv. The $298.6M increase in Labour recoveries is mainly due to changes and growth in HHS FTEs over the course of the year. HHS FTEs increased by 2,104 predominantly due to changes in activities at these HHSs. (Refer to Labour recoveries comment iii above).

xxvi. The $456.1M variance in Grants and other contributions is mostly owing to the receipt of additional ($529.7M) COVID-19 funding from the Commonwealth NPA, not known at the time of the budget. (Refer to the Grants and contributions revenue comment iv. above).

xxvii. The $92.8M variance in Other revenue is largely owing to the recognition of COVID-19 Quarantine fees revenue ($69.4M) not known at the time of budget. The remainder of the variance is due to higher than anticipated Non-Government Organisation (NGO) funding recalls from prior years due to COVID-19 impacts on funded projects and programs ($8.4M) and Other recoveries and reimbursements ($8.1M).

xxviii. The $1.3B variance in Supplies and services is mainly due to funding being re-directed throughout the year from Supplies and services to purchase health services from the HHSs.

xxix. The $877.5M variance in Health services is mainly due to additional funding ($1.1B) provided to HHSs and Mater Hospital through in-year Service Agreement amendments to deliver additional activity and services, in order to meet increased demand.

xxx. The $56.1M variance in Grants and subsidies expense is mainly due to additional Home community and rural health services payments ($53.8M), which was not known at the time of the budget.

xxxi. The $49.5M variance in Other expenses is mainly due to Pandemic leave payments ($33.2M), associated with the COVID-19 pandemic which were paid to the Australian Government and other miscellaneous expenses ($16.3M). These were not known at the time of the budget.

xxxii. The $63.6M variance in Cash recoupment from HHSs is due to this amount not being known at the time of the budget.

xxxiii. The $1.0B variance for Property, plant and equipment is mainly due to changes in the timing (deferrals) and the nature of funding (swaps) provided for the Department's Capital Program (refer to PPE comment xviii. above).

xxxiv. The $957.5M variance in Equity injections is mainly due to the difference in treatment of depreciation funding between budget and actuals. For the budget that treatment resulted in equity injection to the Department of $924.0M, which offsets revenue in HHSs.

xxxv. The $593.1M variance in Equity withdrawals is mainly due to higher than expected equity withdrawal of $592.5M, which was in line with the Treasury cash funding profile.

Department of Health

Statement of profit or loss and other comprehensive income by major departmental services

For the year ended 30 June 2022

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
REVENUE																		
Appropriation revenue	**5,925,792**	5,411,973	**1,206,312**	1,098,282	**1,257,726**	1,180,678	**1,461,015**	1,325,555	**546,470**	473,562	**1,958,507**	1,644,103	**957,341**	878,365	**-**	-	**13,313,163**	12,012,518
User charges	**975,198**	954,960	**198,521**	193,795	**206,982**	208,334	**240,437**	233,898	**89,932**	83,562	**322,308**	290,107	**55,146**	54,804	**(23,890)**	(23,503)	**2,064,633**	1,995,957
Labour recoveries	**4,867,632**	4,660,808	**990,903**	945,844	**1,033,135**	1,016,804	**1,200,124**	1,141,573	**448,887**	407,834	**1,608,779**	1,415,908	**-**	-	**-**	-	**10,149,460**	9,588,771
Grants and other contributions	**3,190,597**	2,847,672	**649,509**	577,894	**677,191**	621,249	**786,648**	697,480	**294,233**	249,180	**1,128,418**	953,667	**14,625**	14,091	**-**	-	**6,741,221**	5,961,233
Other revenue	**53,617**	115,815	**10,915**	23,503	**11,380**	25,266	**13,219**	28,366	**4,944**	10,134	**17,721**	35,183	**1,138**	1,916	**-**	-	**112,934**	240,183
Share of gain from associates	**-**	180	**-**	27	**-**	35	**-**	33	**-**	12	**-**	99	**-**	-	**-**	-	**-**	386
Interest revenue	**1,399**	1,414	**285**	287	**297**	309	**345**	346	**129**	124	**463**	430	**-**	-	**-**	-	**2,918**	2,910
TOTAL REVENUE	**15,014,235**	13,992,822	**3,056,445**	2,839,632	**3,186,711**	3,052,675	**3,701,788**	3,427,251	**1,384,595**	1,224,408	**5,036,196**	4,339,497	**1,028,249**	949,176	**(23,890)**	(23,503)	**32,384,329**	29,801,958
EXPENSES																		
Employee expenses	**5,449,077**	5,209,658	**1,104,239**	1,051,439	**1,154,238**	1,120,962	**1,337,388**	1,269,020	**499,923**	453,425	**1,682,678**	1,491,919	**814,597**	742,804	**-**	-	**12,042,140**	11,339,227
Supplies and services	**972,381**	844,724	**182,412**	158,057	**200,649**	177,354	**220,927**	190,764	**81,685**	68,289	**370,209**	311,624	**158,106**	152,208	**(23,890)**	(23,503)	**2,162,479**	1,879,517
Health services	**8,343,751**	7,796,810	**1,733,843**	1,610,423	**1,783,037**	1,690,693	**2,099,930**	1,943,678	**787,602**	694,101	**2,738,657**	2,319,201	**3,895**	1,686	**-**	-	**17,490,715**	16,056,592
Grants and subsidies	**55,322**	22,964	**8,402**	3,532	**12,016**	41,000	**10,177**	4,262	**3,632**	1,534	**55,967**	51,632	**233**	15	**-**	-	**145,749**	124,939
Depreciation and amortisation	**44,737**	47,503	**6,795**	7,306	**8,651**	9,413	**8,230**	8,817	**2,937**	3,174	**24,664**	26,404	**39,594**	39,852	**-**	-	**135,608**	142,469
Net impairment losses on financial and contract assets	**17,177**	24,231	**2,609**	3,727	**3,321**	4,802	**3,160**	4,498	**1,128**	1,619	**9,470**	13,470	**2,214**	2,466	**-**	-	**39,079**	54,813
Share of loss from associates	**1,369**	-	**208**	-	**265**	-	**252**	-	**90**	-	**755**	-	**-**	-	**-**	-	**2,939**	-
Other expenses	**167,280**	89,803	**25,439**	13,858	**32,357**	17,810	**30,811**	16,726	**10,997**	6,020	**92,068**	49,655	**4,505**	5,145	**-**	-	**363,457**	199,017
TOTAL EXPENSES	**15,051,094**	14,035,693	**3,063,947**	2,848,342	**3,194,534**	3,062,034	**3,710,875**	3,437,765	**1,387,994**	1,228,162	**4,974,468**	4,263,905	**1,023,144**	944,176	**(23,890)**	(23,503)	**32,382,166**	29,796,574
(DEFICIT)/SURPLUS FOR THE YEAR	**(36,859)**	(42,871)	**(7,502)**	(8,710)	**(7,823)**	(9,359)	**(9,087)**	(10,514)	**(3,399)**	(3,754)	**61,728**	75,592	**5,105**	5,000	**-**	-	**2,163**	5,384
ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO PROFIT OR LOSS																		
Increase/(decrease) in asset revaluation surplus	**6,629**	5,913	**1,007**	909	**1,282**	1,172	**1,220**	1,098	**435**	395	**3,655**	3,287	**44,476**	(379)	**-**	-	**58,704**	12,395
OTHER COMPREHENSIVE INCOME	**6,629**	5,913	**1,007**	909	**1,282**	1,172	**1,220**	1,098	**435**	395	**3,655**	3,287	**44,476**	(379)	**-**	-	**58,704**	12,395
TOTAL COMPREHENSIVE INCOME	**(30,230)**	(36,958)	**(6,495)**	(7,801)	**(6,541)**	(8,187)	**(7,867)**	(9,416)	**(2,964)**	(3,359)	**65,383**	78,879	**49,581**	4,621	**-**	-	**60,867**	17,779

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2022

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000
CURRENT ASSETS																		
Cash and cash equivalents	**74,611**	173,671	**15,189**	35,244	**15,836**	37,888	**18,396**	42,537	**6,881**	15,197	**24,659**	52,760	**78,822**	56,428	**-**	-	**234,394**	413,725
Loans and receivables	**1,511,158**	1,110,048	**307,626**	225,268	**320,737**	242,169	**372,579**	271,884	**139,357**	97,132	**499,446**	337,222	**30,152**	29,975	**(4,402)**	(4,519)	**3,176,653**	2,309,179
Inventories	**100,309**	112,493	**20,420**	22,829	**21,290**	24,542	**24,731**	27,553	**9,250**	9,844	**33,152**	34,175	**-**	-	**-**	-	**209,152**	231,436
Prepayments	**27,832**	27,415	**5,666**	5,564	**5,907**	5,981	**6,862**	6,715	**2,567**	2,399	**9,199**	8,329	**8,299**	9,725	**-**	-	**66,332**	66,128
Other assets	**6**	6	**1**	1	**1**	1	**2**	2	**1**	1	**2**	2	**-**	-	**-**	-	**13**	13
TOTAL CURRENT ASSETS	**1,713,916**	1,423,633	**348,902**	288,906	**363,771**	310,581	**422,570**	348,691	**158,056**	124,573	**566,458**	432,488	**117,273**	96,128	**(4,402)**	(4,519)	**3,686,544**	3,020,481
NON-CURRENT ASSETS																		
Loans and receivables	**44,612**	51,794	**9,082**	10,511	**9,469**	11,299	**10,999**	12,686	**4,114**	4,532	**14,745**	15,735	**-**	-	**-**	-	**93,021**	106,557
Interests in associates	**33,635**	35,518	**6,847**	7,208	**7,139**	7,749	**8,293**	8,699	**3,102**	3,108	**11,117**	10,790	**-**	-	**-**	-	**70,133**	73,072
Property, plant and equipment	**295,704**	236,365	**60,196**	47,967	**62,762**	51,566	**72,906**	57,893	**27,269**	20,683	**97,732**	71,806	**609,134**	515,381	**-**	-	**1,225,703**	1,001,661
Right-of-use-assets	**7,875**	10,075	**1,603**	2,044	**1,671**	2,198	**1,941**	2,467	**726**	882	**2,602**	3,060	**-**	-	**-**	-	**16,418**	20,726
Intangibles	**142,145**	151,016	**28,937**	30,646	**30,170**	32,946	**35,046**	36,988	**13,109**	13,214	**46,980**	45,877	**6,131**	10,667	**-**	-	**302,518**	321,354
Other assets	**13,920**	3,244	**2,834**	658	**2,955**	708	**3,432**	795	**1,284**	284	**4,601**	986	**-**	-	**-**	-	**29,026**	6,675
TOTAL NON-CURRENT ASSETS	**537,891**	488,012	**109,499**	99,034	**114,166**	106,466	**132,617**	119,528	**49,604**	42,703	**177,777**	148,254	**615,265**	526,048	**-**	-	**1,736,819**	1,530,045
TOTAL ASSETS	**2,251,807**	1,911,645	**458,401**	387,940	**477,937**	417,047	**555,187**	468,219	**207,660**	167,276	**744,235**	580,742	**732,538**	622,176	**(4,402)**	(4,519)	**5,423,363**	4,550,526
CURRENT LIABILITIES																		
Payables	**1,020,836**	967,410	**207,811**	196,322	**216,668**	211,051	**251,689**	236,948	**94,140**	84,651	**337,392**	293,890	**30,397**	24,377	**(4,402)**	(4,519)	**2,154,531**	2,010,130
Accrued employee benefits	**466,387**	304,261	**94,942**	61,745	**98,989**	66,378	**114,989**	74,523	**43,010**	26,624	**154,143**	92,431	**40,159**	34,846	**-**	-	**1,012,619**	660,808
Lease liabilities	**1,215**	1,575	**247**	319	**258**	343	**299**	386	**112**	138	**401**	478	**-**	-	**-**	-	**2,532**	3,239
Other liabilities	**238**	534	**48**	109	**50**	117	**58**	131	**22**	47	**78**	163	**5**	5	**-**	-	**499**	1,106
TOTAL CURRENT LIABILITIES	**1,488,676**	1,273,780	**303,048**	258,495	**315,965**	277,889	**367,035**	311,988	**137,284**	111,460	**492,014**	386,962	**70,561**	59,228	**(4,402)**	(4,519)	**3,170,181**	2,675,283
NON-CURRENT LIABILITIES																		
Lease liabilities	**31,786**	40,587	**6,471**	8,236	**6,746**	8,854	**7,837**	9,941	**2,931**	3,551	**10,505**	12,330	**-**	-	**-**	-	**66,276**	83,499
Other liabilities	**28**	267	**6**	55	**6**	59	**7**	66	**3**	24	**9**	82	**-**	-	**-**	-	**59**	553
TOTAL NON-CURRENT LIABILITIES	**31,814**	40,854	**6,477**	8,291	**6,752**	8,913	**7,844**	10,007	**2,934**	3,575	**10,514**	12,412	**-**	-	**-**	-	**66,335**	84,052
TOTAL LIABILITIES	**1,520,490**	1,314,634	**309,525**	266,786	**322,717**	286,802	**374,879**	321,995	**140,218**	115,035	**502,528**	399,374	**70,561**	59,228	**(4,402)**	(4,519)	**3,236,516**	2,759,335
NET ASSETS	**731,317**	597,011	**148,876**	121,154	**155,220**	130,245	**180,308**	146,224	**67,442**	52,241	**241,707**	181,368	**661,977**	562,948	**-**	-	**2,186,847**	1,791,191

The accompanying notes form part of these statements.

Major services

Significant accounting policies

The revenue and expenses of the Department's corporate services are allocated based on the services they primarily support. These are included in the Statement of profit or loss and other comprehensive income by major departmental services.

There were seven major health services delivered by the Department of Health. These reflect the Department's planning priorities as articulated in the Department of Health Strategic Plan 2021-2025 and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

Acute Inpatient Care

Aims to provide safe, timely, appropriately accessible, patient centred care that maximises the health outcomes of patients. A broad range of services are available to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Emergency Care

Aims to minimise early mortality and complications through diagnosing and treating acute and urgent illness and injury. This major service is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, retrieval services, through to Emergency Departments.

Mental Health and Alcohol and Other Drug Services

Aims to promote the mental health of the community, prevent the development of mental health problems and address the harms arising from the use of alcohol and other drugs. This service aims to provide timely access to safe, high quality assessment and treatment services.

Outpatient Care

Aims to deliver coordinated care, clinical follow-up and appropriate discharge planning throughout the patient journey. Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

Sub and Non-Acute Care

Aims to optimise patients functioning and quality of life and comprises rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Prevention, Primary and Community Care

Aims to prevent illness and injury, addresses health problems or risk factors, and protects the good health and wellbeing of Queenslanders. Services include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning.

Ambulance Services

Aims to provide timely and quality ambulance services which meet the needs of the Queensland community and includes emergency and non-urgent patient care, routine pre-hospital patient care and casualty room services, patient transport, community education and awareness programs and community first aid training. The Queensland Ambulance Service continues to operate under its own corporate identity.

Note 1. Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of these financial statements to the extent they are not disclosed in any of the specific notes that follow this note. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

These general-purpose financial statements have been prepared in compliance with section 38 of the *Financial and Performance Management Standard 2019* and in accordance with Australian Accounting Standards and Interpretations applicable to the Department's not-for-profit entity status. The financial statements comply with Queensland Treasury's reporting requirements and authoritative pronouncements for reporting periods beginning on or after 1 July 2021.

Services provided free of charge or for a nominal value

The Department provides free corporate services to Hospital and Health Services (HHS). These services include payroll, accounts payable and banking.

The 2021-22 fair value of these services is estimated to be $133.7M ($129.0M for 2020-21) for payroll and $9.9M ($8.2M for 2020-21) for banking and accounts payable.

Goods and Services Tax and other similar taxes

Department of 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 and Goods and Services Tax. The Department satisfies section 149-25(e) of *A New Tax System (Goods and Services) Act 1999* and together with all Hospital and Health Services, forms a "group" for GST purposes.

Historical cost convention

The financial statements have been prepared on a historical cost basis, except land and buildings which are measured at fair value and assets held for sale which are measured at fair value less costs to sell.

Financial Instruments

Financial assets and financial liabilities are recognised in the Statement of financial position when the Department becomes a party to the contractual provisions of the financial instrument.

Financial instruments are classified and measured as follows:
• Receivables - held at amortised cost; and
• Payables - held at amortised cost.
The Department currently does not enter into transactions for speculative purposes, or for hedging.

Note 1. Significant accounting policies (continued)

Critical accounting judgement and key sources of estimation uncertainty

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements. The estimates and associated assumptions are based on historical experience and other factors that are considered as relevant and are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

- Impairment of financial assets - Note 14 Loans and receivables;
- Allowance for loss of service potential – Note 15 Inventories;
- Estimation of fair values for land and buildings - Note 16 Property, plant and equipment;
- Estimated useful life of intangible assets - Note 18 Intangible assets; and
- Estimation uncertainties and judgements related to lease accounting – Note 17 Leases.

New and amended standards adopted

The Department has not applied any new standards or amendments for the first time in the annual reporting period commencing 1 July 2021.

Following the issuance of IFRIC's agenda decision on *Configuration or Customisation Costs in a Cloud Computing Arrangement* in April 2021, the Department has changed its accounting policy for recognition criteria of certain cloud computing and software-as-a-service (SaaS) costs. The retrospective effects of this change in accounting policy are not material.

A number of other amendments and interpretations apply for the first time for the year ended 30 June 2022, but do not have an impact on the Department's financial statements.

New standards and interpretations not yet adopted

The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury.

The Department has not early adopted any new accounting standards or interpretations that have been published, and that are not mandatory for the 30 June 2022 reporting period.

Other presentation matters

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. Material changes to comparative information have been separately identified in the relevant note where required. Amounts have been rounded to the nearest thousand Australian dollars.

Note 2. Appropriation revenue

	2022 $'000	2021 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	**12,714,683**	12,283,406
Transfers (to)/from other departments	**-**	-
Transfers (to)/from other headings	**-**	49,058
Lapsed appropriation revenue for other services	**(205,928)**	-
TOTAL APPROPRIATION RECEIPTS (CASH)	**12,508,755**	12,332,464
Less: Opening balance appropriation revenue receivable	**(214,197)**	(111,728)
Add: Closing balance appropriation revenue receivable	**829,063**	214,197
Add: Opening balance appropriation revenue payable	**1,108,421**	686,006
Less: Closing balance appropriation revenue payable	**(918,879)**	(1,108,421)
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	**13,313,163**	12,012,518

	2022 $'000	2021 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	**272,460**	(98,740)
Transfers (to)/from other headings	**-**	(49,532)
Treasurer's Advance	**-**	-
Lapsed appropriation	**(144,652)**	(90,355)
EQUITY ADJUSTMENT RECEIPTS (CASH)	**127,808**	(238,627)
Less: Opening balance appropriated equity injection receivable	**(305,548)**	(70,086)
Add: Closing balance appropriated equity injection receivable	**384,380**	305,548
Add: Opening balance appropriated equity withdrawal payable	**117,355**	103,093
Less: Closing balance appropriated equity withdrawal payable	**(339,549)**	(117,355)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY*	**(15,554)**	(17,427)

**This is net of equity injections and equity withdrawals.*

Significant accounting policies

Appropriations provided under the *Appropriation Act 2022* and *Appropriation (COVID-19) Act 2020* are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Funding received can exceed the associated expenditure over the financial year due to operating efficiencies, changes in activity levels or timing differences. Any unspent appropriation may be returned to the consolidated fund and may become available for re-appropriation in subsequent years.

Unspent appropriation for 2021-22 amounted to $188.1M ($179.2M in 2020-21). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

Note 3. Revenue

2022	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	**1,716,285**	**-**	**-**	**-**	**1,716,285**
Hospital fees	**255,571**	**-**	**-**	**-**	**255,571**
Labour recoveries from non-prescribed HHSs	**-**	**10,149,460**	**-**	**-**	**10,149,460**
Australian Government - National Health Funding Pool - Activity based funding*	**-**	**-**	**5,184,913**	**-**	**5,184,913**
Quarantine Fees	**-**	**-**	**-**	**69,284**	**69,284**
Licence charges	**-**	**-**	**-**	**5,403**	**5,403**
	1,971,856	**10,149,460**	**5,184,913**	**74,687**	**17,380,916**
NON-CONTRACT REVENUE					
Hospital fees	**86,031**	**-**	**-**	**-**	**86,031**
Rental income	**6,746**	**-**	**-**	**-**	**6,746**
Australian Government - National Health Funding Pool - Other funding**	**-**	**-**	**1,320,285**	**-**	**1,320,285**
Other grants and donations			**236,023**	**-**	**236,023**
Recoveries and reimbursements	**-**	**-**	**-**	**12,132**	**12,132**
Grants returned	**-**	**-**	**-**	**14,926**	**14,926**
Sale proceeds of non-capitalised assets	**-**	**-**	**-**	**919**	**919**
Net gains from disposal/transfer of non-current assets	**-**	**-**	**-**	**580**	**580**
Other	**-**	**-**	**-**	**9,690**	**9,690**
	92,777	**-**	**1,556,308**	**38,247**	**1,687,332**
TOTAL	**2,064,633**	**10,149,460**	**6,741,221**	**112,934**	**19,068,248**

*Contract revenue includes $296.8M of COVID-19 related funding.
**Non-contract revenue includes $597.8M of COVID-19 related funding.

2021	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	1,629,543	-	-	-	1,629,543
Hospital fees	268,048	-	-	-	268,048
Labour recoveries from non-prescribed HHSs	-	9,588,771	-	-	9,588,771
Australian Government - National Health Funding Pool - Activity based funding*	-	-	4,666,983	-	4,666,983
Quarantine Fees	-	-	-	179,419	179,419
Licence charges	-	-	-	5,123	5,123
	1,897,591	9,588,771	4,666,983	184,542	16,337,887
NON-CONTRACT REVENUE					
Hospital fees	91,869	-	-	-	91,869
Rental income	6,497	-	-	-	6,497
Australian Government - National Health Funding Pool - Other funding**	-	-	1,124,470	-	1,124,470
Other grants and donations	-	-	169,780	-	169,780
Recoveries and reimbursements	-	-	-	12,441	12,441
Grants returned	-	-	-	25,166	25,166
Sale proceeds of non-capitalised assets	-	-	-	924	924
Net gains from disposal/transfer of non-current assets	-	-	-	1,661	1,661
Other	-	-	-	15,449	15,449
	98,366	-	1,294,250	55,641	1,448,257
TOTAL	1,995,957	9,588,771	5,961,233	240,183	17,786,144

*Contract revenue includes $258.6M of COVID-19 related funding.
**Non-contract revenue includes $455.2M of COVID-19 related funding.

Note 3. Revenue (continued)

Significant accounting policies

Under AASB 15 *Revenue from Contracts with Customers*, revenue is recognised when an entity transfers control of goods/services to a customer, at the amount to which the entity expects to be entitled. Depending on specific contractual terms, some revenue may be recognised at a point in time (e.g. when control is transferred to the customer) and other revenue may be recognised over the term of the contract (e.g. when the entity satisfies its performance obligations progressively over a period of time).

In assessing the correct accounting treatment of grants revenue, consideration is given as to whether the contract is enforceable and if the performance obligations are sufficiently specific. Where there is no enforceable contract, grants revenue is not recognised under AASB 15 but is recognised under AASB 1058 *Income for Not-for-Profit Entities*.

AASB 1058 guidance is that it is necessary to first determine whether each transaction, or part of that transaction, falls in the scope of AASB 15. Only if AASB 15 does not apply, should AASB 1058 be considered. Under AASB 1058 revenue is recognised immediately on receipt of the funds.

User charges and fees are recognised by the Department when delivery of the goods or services in full or in part has occurred. The sale of goods and services includes drugs, medical supplies, linen, pathology and other services provided to HHSs. Hospital fees mainly comprise interstate patient revenue, Department of Veterans' Affairs revenue and Motor Accident Insurance Commission revenue.

The Department provides employees to non-prescribed HHSs (HHSs not prescribed as employers under the *Hospital and Health Boards Act 2011*) to work for the HHSs under a service agreement. The employees for non-prescribed employer HHSs remain the employees of the Department and in substance are contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs.

Grants, contributions and donations revenue arise from non-exchange transactions where the Department does not directly give approximately equal value to the grantor. Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under AASB 15. If these criteria are not met, the grant is accounted for under AASB 1058, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by the Department. Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as the Department satisfies its obligations under the grant through construction of the asset.

Note 4. Employee expenses

	2022 $'000	2021 $'000
Wages and salaries*	**9,490,738**	9,028,582
Employer superannuation contributions	**1,021,733**	955,020
Annual leave levy	**1,180,827**	1,061,737
Long service leave levy	**233,725**	209,588
Termination payments	**10,121**	6,209
Workers' compensation premium	**7,915**	5,599
Other employee related expenses	**97,081**	72,492
	12,042,140	11,339,227

Significant accounting policies

Under the Queensland Government's Annual leave and Long service leave central schemes, levies are payable by the Department to cover the cost of employee leave (including leave loading and on-costs). These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly, in arrears. Non-vesting employee benefits, such as sick leave, are recognised as an expense when taken.

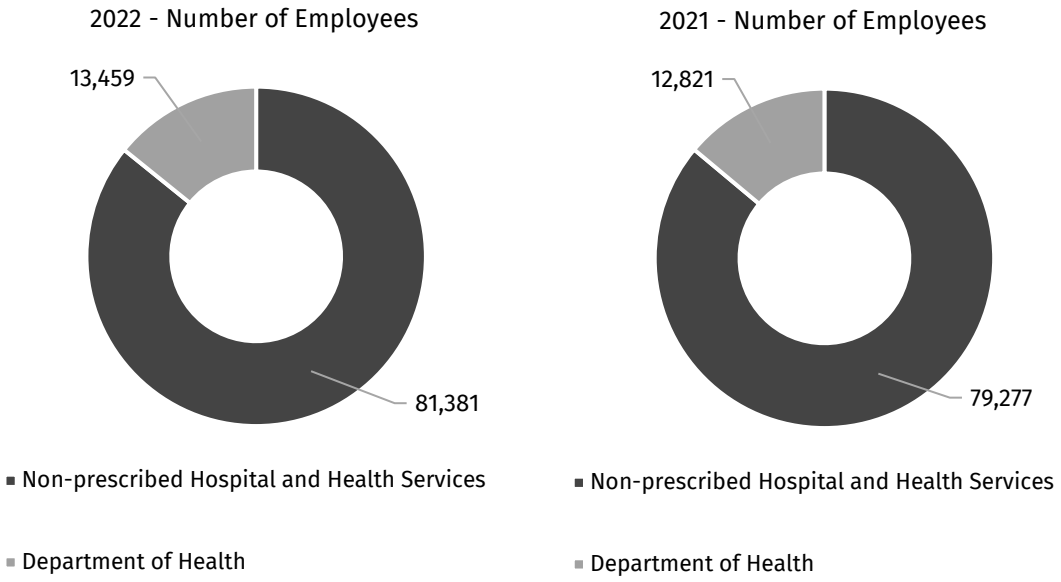
Employer superannuation contributions are paid to the superannuation fund of the eligible employee's choice. For the defined benefit scheme, contributions are paid at rates determined by the Treasurer on the advice of the State Actuary (refer to Note 20). For accumulated contribution plans, the rate is determined based on the relevant Enterprise Bargaining agreement or the employee's contract of employment. Contributions are expensed in the period in which they are paid or payable and the Department's obligation is limited to its contribution to the superannuation funds.

Under current Employer Arrangements, all HHSs are non-prescribed employers. This results in all non-executive employees being employed directly by the Director-General in the Department of Health and contracted to the HHSs.

* Wages and salaries include $0.0M ($55.4M for 2020-21) one-off, pro-rata payments for nil (51,101 for 2020-21) full-time equivalent employees.

Note 4. Employee expenses (continued)

The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.



The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2022. Hospital and Health Service employees are those of the non-prescribed employer HHSs where the employees remain employees of the Department and are effectively contracted to the HHS.

Note 5. Key management personnel disclosures

Key management personnel include those positions that had direct or indirect authority and responsibility for planning, directing and controlling the activities of the Department.

Remuneration policy for the Department's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*, the *Hospital and Health Boards Act 2011* and the *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2021-2022, the remuneration of most key management personnel did not increase and none of the key management personnel has a remuneration package that includes potential performance payments. Remuneration packages for key management personnel comprise the following:

Short-term employee benefits

- Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.
- Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes applicable to other benefits.

Other employee benefits

- Long term employee benefits including long service leave accrued.
- Post-employment benefits including superannuation benefits.
- Termination benefits. Employment contracts only provide for notice periods or payment in lieu on termination, regardless of the reason.

Note 5. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits				Other employee benefits						Total Benefits $'000	
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000			
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Director-General, Department of Health*												
Current: Shaun Drummond (acting from 14 March 2022 to current).	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Former: Dr John Wakefield (acting from 7 to 18 September 2019, appointed from 19 September 2019 to 13 March 2022). Responsible for the overall management of the public sector health system. Responsibilities include State-wide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Services.	**393**	532	**7**	8	**9**	11	**43**	60	**-**	-	**452**	611
Chief Operating Officer**												
Current: Dr David Rosengren (acting from 14 March 2022 to current).	**207**	-	**-**	-	**5**	-	**15**	-	**-**	-	**227**	-
Former: Shaun Drummond (acting from 17 January 2022 to 13 March 2022). Responsible for playing a key leadership role for the Department in supporting the Director General in setting the strategic business direction and ensuring the achievement of corporate goals. Leads the ongoing response to COVID-19. Supports the Director-General in being the primary point of contact and relationship manager of the Hospital and Health Service Network.	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Deputy Director-General, Corporate Services Division and Covid-19 Supply Surety Division												
Interim: Nicholas Steele (1 June 2022 to current).	**31**	-	**-**	-	**1**	-	**3**	-	**-**	-	**35**	-
Current: Barbara Phillips (6 March 2017 to 26 September 2021, and 29 January 2022 to 31 May 2022).	**218**	357	**3**	6	**5**	8	**19**	31	**-**	-	**245**	402
Interim: Luan Sadikaj (acting from 27 September 2021 to 28 January 2022). Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations and major capital infrastructure activities.	**93**	-	**-**	-	**2**	-	**9**	-	**-**	-	**104**	-
Deputy Director-General, Clinical Excellence Queensland												
Current: Dr Helen Brown (acting from 28 March 2022 to current).	**123**	-	**-**	-	**3**	-	**10**	-	**-**	-	**136**	-
Interim: Shelley Nowlan (acting from 1 July 2021 to 27 March 2022).	**203**	-	**6**	-	**4**	-	**18**	-	**-**	-	**231**	-
Former: Dr Jillann Farmer (from 1 June 2020 to 30 June 2021). Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, and research and professional clinical leadership activities of the Department.	**-**	511	**-**	5	**-**	11	**-**	56	**-**	-	**-**	583
Deputy Director-General, Healthcare Purchasing and System Performance Division												
Interim: Melissa Carter (acting from 28 February 2022 to curent).	**117**	-	**-**	-	**3**	-	**12**	-	**-**	-	**132**	-
Current: Nicholas Steele (31 August 2015 to 27 February 2022). Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.	**234**	326	**6**	6	**5**	7	**25**	34	**-**	-	**270**	373

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits							
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000		Total Benefits $'000	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Queensland Chief Health Officer and Deputy Director-General, Prevention Division												
Current: Dr John Gerrard (13 December 2021 to current).	**373**	-	**4**	-	**7**	-	**30**	-	**-**	-	**414**	-
Interim: Prof. Keith McNeil (acting from 15 June 2020 while Dr Young then Dr Gerrard handled the COVID pandemic).	**478**	496	**5**	5	**11**	11	**52**	54	**-**	-	**546**	566
Former: Dr Jeannette Young (6 July 2015 to 31 October 2021). Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats.	**188**	521	**9**	9	**4**	11	**19**	54	**-**	-	**220**	595
Associate Director-General, Health Service Strategy, Policy & Reform* **												
Current: Jasmina Joldic (acting from 24 January 2022 to current). Responsible for taking carriage of the reform program for Queensland Health during the COVID-19 pandemic, and take the reforms through implementation once it concludes.	**133**	-	**1**	-	**3**	-	**12**	-	**-**	-	**149**	-
Commissioner, Queensland Ambulance Services												
Current: Craig Emery (acting from 7 August 2021, appointed from 7 February 2022 to current).	**332**	-	**-**	-	**7**	-	**31**	-	**-**	-	**370**	-
Former: Russell Bowles (3 June 2011 to 6 August 2021). Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service.	**62**	429	**-**	-	**1**	9	**5**	44	**-**	-	**68**	482
Chief Executive Officer, Health Support Queensland (Position abolished as from 1 July 2021.)												
Former: Philip Hood (acting from 20 January 2020 to 30 June 2021). Responsible for managing the strategic functions relating to the Clinical and State-wide Service, Pathology, Medication, Radiology, Biomedical Technology and Forensic and Scientific Services and Queensland Blood Management.	**-**	249	**-**	6	**-**	5	**-**	25	**-**	-	**-**	285
Deputy Director-General, eHealth Queensland and Chief information Officer, Queensland Health												
Current: Damian Green (23 September 2019 to current). Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings.	**305**	284	**3**	5	**7**	6	**25**	22	**-**	-	**340**	317
Chief Aboriginal and Torres Strait Islander Health Officer & Deputy Director-General												
Current: Haylene Grogan (25 September 2019 to current). Responsible for providing the strategy and direction for improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders and empowering the Aboriginal and Torres Strait Islander health workforce.	**312**	289	**5**	5	**7**	6	**33**	30	**-**	-	**357**	330

Note 5. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits				Other employee benefits						Total Benefits $'000	
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000			
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Chief Finance Officer												
Interim: Natasha McCarthy (acting from 27 September 2021 to 28 January 2022, and 5 May 2022 to current).	**142**	-	**2**	-	**3**	-	**10**	-	**-**	-	**157**	-
Current: Luan Sadikaj (10 September 2018 to 26 September 2021, and 29 January 2022 to 4 May 2022). Responsible for providing both strategic and operational leadership related to all financial management issues within the Department. The CFO supervises the finance unit and provides leadership to all finance related personnel. The CFO has statutory accountabilities as outlined in the *Financial Accountability Act 2009*.	**107**	229	**6**	5	**2**	5	**11**	23	**-**	-	**126**	262
Executive Director, Office of the Director-General and System Strategy Division												
Current: Matthew Rigby (acting from 4 April 2022 to current).	**63**	-	**-**	-	**1**	-	**5**	-	**-**	-	**69**	-
Interim: Dawn Schofield (acting from 6 May 2021 to 3 April 2022).	**178**	42	**2**	1	**4**	1	**18**	4	**-**	-	**202**	48
Former: Jasmina Joldic (7 March 2018 to 8 May 2021). Responsible for leadership of the Office of the Director-General in the provision of an extensive range of time sensitive, confidential, strategically significant initiatives for the Director-General and Office of the Minister for Health and Minister for Ambulance Services.	**-**	206	**-**	5	**-**	4	**-**	21	**-**	-	**-**	236
Deputy Director-General, Health Capital Division												
Current: Luan Sadikaj (acting from 15 May 2022 to current). Responsible for leading Queensland Health's dedicated Capital Program Delivery function, embracing an innovative and collaborative approach to managing existing assets, leveraging emerging healthcare technology, utilising contemporary building practices and enhanced design processes and overseeing significant investment in built infrastructure.	**43**	-	**-**	-	**1**	-	**4**	-	**-**	-	**48**	-
Minister for Health and Ambulance Services****												
Current: Hon Yvette D'Ath (12 November 2020 to current)	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Deputy Premier and Minister for Health and Minister for Ambulance Services****												
Former: Hon Dr Steven Miles (12 December 2017 to 11 November 2020) The Department's responsible Minister is identified as part of the department's KMP, consistent with additional guidance included in the revised version of AASB 124 *Related Party Disclosures*.	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-

** The current Director-General receives no remuneration or other such payments from the Department. His entitlements ($222K for the above noted period) were paid, and recognised as an expense, by Department of Premier and Cabinet.*
*** The former Chief Operating Officer received no remuneration or other such payments from the Department. His entitlements ($135K for the above noted period) were paid, and recognised as an expense, by Department of Premier and Cabinet.*
**** On appointment of the current Associate Director-General, Health Service Strategy, Policy and Reform, entitlements of $35,000 were initially paid, and recognised as an expense, by Department of State Development, Infrastructure, Local Government and Planning. This arrangement continued until 25 March 2022, at which point entitlements were paid, and recognised as an expense, by the Department as disclosed above.*
***** The Minister receives no remuneration or other such payments from the Department. The majority of the Ministerial entitlements are paid by the Legislative Assembly. As the Minister is reported as KMP of the Queensland Government, aggregate remuneration expenses for the Minister are disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.*

Note 6. Related Party Transactions

Transactions with other Queensland Government-controlled entities

The table below sets out the significant aggregate transactions conducted between the Department and other Queensland Government controlled entities.

Entity Nature of Significant Transactions	$'000 2022	2021
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government		
The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2022, there were outstanding balances for receivables and payables relating to these transactions.	Refer Note 2	
Queensland Government Insurance Fund (QGIF)		
The Department pays an annual insurance premium for a policy that covers property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.	Refer Note 10	
WorkCover Queensland		
The Department pays an annual premium for all Divisions which covers all employees of the Department in case of sustaining a work related injury or illness.	Refer Note 4	
Hospital and Health Services		
The Department procures health services from the HHSs. As at 30 June 2022, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19).		
Cairns and Hinterland HHS	**1,018,669**	928,327
Central Queensland HHS	**642,235**	587,628
Central West HHS	**77,216**	73,277
Children's Health Queensland HHS	**743,256**	721,236
Darling Downs HHS	**848,694**	781,732
Gold Coast HHS	**1,742,782**	1,574,907
Mackay HHS	**472,992**	431,292
Metro North HHS	**3,118,919**	2,852,276
Metro South HHS	**2,547,385**	2,398,762
North West HHS	**190,737**	186,051
South West HHS	**149,756**	145,374
Sunshine Coast HHS	**1,160,790**	1,110,484
Torres and Cape HHS	**228,662**	213,758
Townsville HHS	**1,004,256**	946,661
West Moreton HHS	**740,503**	673,264
Wide Bay HHS	**671,705**	615,128

In addition, the Department has the below transactions with all HHSs:

a) Charges for central services provided to HHSs such as pathology, ICT support, procurement and linen (refer Note 3).

b) Services provided below fair value (refer Note 1).

c) Labour recoveries related to non-prescribed HHSs (refer Note 3).

The Department receives services from the Department of Energy and Public Works (DEPW), formerly Department of Housing and Public Works (DHPW), and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, repairs and maintenance and capital works. The value of these transactions during 2021-22 was $110.6M ($153.4M in 2020-21).

The Department receives shared services from the Department of Communities, Housing and the Digital Economy (DCHDE). The value of these transactions during 2021-22 was $8.9M ($4.8M in 2020-21). These services were previously provided through DEPW.

Note 7. Supplies and services

	2022 $'000	2021 $'000
Drugs	**572,287**	541,058
Clinical supplies and services*	**687,743**	533,584
Consultants and contractors	**206,310**	178,891
Expenses relating to capital works	**19,527**	6,643
Repairs and maintenance	**206,965**	192,048
Rental expenses**	**51,988**	50,104
Lease expenses	**8,454**	9,747
Computer services	**171,076**	156,656
Communications	**48,635**	50,250
Advertising	**17,501**	16,433
Catering and domestic supplies	**5,066**	4,351
Utilities	**10,237**	9,242
Motor vehicles and travel	**23,730**	18,806
Building services	**15,280**	13,845
Interstate transport levy	**3,029**	2,967
Freight and office supplies	**31,631**	18,151
Other***	**83,020**	76,741
	2,162,479	1,879,517

Significant accounting policies
Lease expenses include lease rentals for short-term leases, leases of low value assets and variable lease payments.

**Includes a June 2022 $28.3M ($32.7M in 2020-21) write down of inventory to net realisable value.*

***Rental expenses include building rental.*

****The Department receives free information technology services from the Department of Communities, Housing & Digital Economy, for service access by Queensland Ambulance Service to the Government Wireless Network.*

The fair value of these services for 2021-22 is estimated to be $7.0M ($7.3M for 2020-21).

Note 8. Health services

	2022 $'000	2021 $'000
Hospital and Health Services*	**16,385,479**	15,053,581
Mater Hospitals*	**544,189**	516,278
National Blood Authority	**47,256**	59,214
Aeromedical services	**142,465**	132,937
Mental health service providers	**80,072**	76,888
Other health service providers	**291,254**	217,694
	17,490,715	16,056,592

**Inclusive of a specific COVID funding component for Hospital and Health Services of $674.0M ($521.0M in 2020-21) and Mater Hospitals of $10.5M ($12.3M in 2020-21).*

Note 9. Grants and subsidies

	2022 $'000	2021 $'000
Medical research programs	**25,467**	38,868
Public hospital support services*	**65,215**	49,606
Mental health and other support services	**55,067**	36,465
	145,749	124,939

**2022 includes $65.2M COVID-19 grants to other government departments and hospitals ($32.0M in 2020-21).*

Note 10. Other expenses

	2022 $'000	2021 $'000
Insurance QGIF	**2,820**	3,362
Insurance other	**2,831**	2,802
Journals and subscriptions	**10,990**	11,035
Other legal costs	**6,418**	5,447
Audit fees*	**1,517**	1,512
Special payments**	**462**	250
Interest - lease liabilities	**1,602**	1,531
Net increase in allowance for loss of service potential ***	**222,459**	44,420
Quarantine Fees	**795**	118,709
Pandemic leave payments ****	**58,262**	-
Donated inventory *****	**46,922**	-
Other	**8,379**	9,949
	363,457	199,017

Significant accounting policies

Property losses and liability claim settlement amounts payable to third parties above the $10,000 insurance deductible and associated legal fees are insured through the Queensland Government Insurance Fund (QGIF). For medical indemnity claims, settlement amounts above the $20,000 insurance deductible and associated legal fees, are also insured through QGIF. Premiums are calculated by QGIF on a risk basis.

** Queensland Audit Office audit fees for 2021-22 include $0.8M for financial statements audit ($0.8M in 2020-21) and $0.6M for the assurance engagement and other audits ($0.6M in 2020-21).*

*** In 2021-22, there were seven special payments exceeding $5,000 (eight payments in 2020-21). These related to patient and other ex-gratia payments.*

**** Increase in allowance for loss of service potential incudes a provision for critical supply reserves of Rapid Antigen Test inventory. (Refer Note 15.)*

***** Pandemic leave payments, related to the COVID 19 pandemic, made to the Australian government.*

****** Donated inventory includes COVID medical supplies inventory (Rapid Antigen Tests) donated to HHSs, state government agencies and other institutions.*

Note 11. Reconciliation of surplus to net cash from operating activities

	2022 $'000	2021 $'000
Surplus/(deficit) for the year	**2,163**	5,384
Adjustments for:		
Depreciation and amortisation	**135,608**	142,469
Impairment of non-current and other assets	**241,478**	47,242
Net (gain)/loss on disposal of non-current assets	**(970)**	(2,227)
Share of (gain)/loss - associates	**2,939**	(386)
Net impairment losses on financial and contract assets	**26,071**	54,813
Donated non-cash assets	**(80,945)**	(96,583)
Non-cash depreciation funding expense	**924,035**	850,154
Other non-cash items	**(251,658)**	(37,058)
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	**(800,460)**	(783,861)
(Increase)/decrease in inventories	**103,229**	34,333
(Increase)/decrease in prepayments and other assets	**(22,555)**	20,113
(Increase)/decrease in other financial assets	**-**	8,650
Increase/(decrease) in payables	**(51,537)**	503,158
Increase/(decrease) in accrued employee benefits	**351,811**	(252,418)
Increase/(decrease) in unearned revenue	**(1,101)**	(996)
Net cash from operating activities	**578,108**	492,787

Note 12. Cash and cash equivalents

	2022 $'000	2021 $'000
Cash at bank	**206,470**	385,503
24-hour call deposits	**7,924**	8,222
Fixed rate deposit	**20,000**	20,000
	234,394	413,725

Significant accounting policies
Cash and cash equivalents include cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of one year or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

The Department's operational bank accounts are grouped within the whole-of-government set-off arrangement with the Commonwealth Bank of Australia. The Department does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash overdraft facility as it is part of the whole-of-government banking arrangements.

The 24-hour call deposit includes the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2021-22 the annual effective interest rate on the 24-hour call deposit was 0.76 per cent per annum (0.51 per cent per annum in 2020-21).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2021-22 the weighted average interest rate on this deposit was 0.59 per cent per annum (0.46 per cent per annum in 2020-21).

Financial risk is managed in accordance with Queensland Government and departmental policies. The Department has considered the following types of risks in relation to financial instruments:

- Liquidity risk - this risk is minimal as the Department has an approved overdraft facility of $420M under whole-of-government banking arrangements to manage any cash shortfalls.
- Market risk (interest rate risk) - the Department has interest rate exposure on its 24-hour call deposits and fixed rate deposits. Changes in interest rates have a minimal effect on the operating results of the Department.
- Credit risk - the credit risk relating to deposits is minimal as all Department deposits are held by the State through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer Note 14).

Note 13. Restricted assets

	2022 $'000	2021 $'000
General trust	**9,899**	9,867
Clinical drug trials	**1,189**	2,017
	11,088	11,884

The Department's General trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are demarcated for stipulated purposes.

Note 14. Loans and receivables

	Current 2022 $'000	Non-Current 2022 $'000	Total 2022 $'000	Current 2021 $'000	Non-Current 2021 $'000	Total 2021 $'000
TRADE AND OTHER RECEIVABLES						
Trade Receivables	**208,509**	**-**	**208,509**	253,978	-	253,978
Less: Allowance for impairment of receivables	**(73,862)**	**-**	**(73,862)**	(58,646)	-	(58,646)
Receivables from HHSs	**1,150,468**	**-**	**1,150,468**	1,022,241	-	1,022,241
Appropriation Receivable	**1,213,443**	**-**	**1,213,443**	519,745	-	519,745
Grants receivable	**252,732**	**-**	**252,732**	202,182	-	202,182
Annual leave reimbursements	**305,245**	**-**	**305,245**	265,510	-	265,510
Long service leave reimbursements	**58,228**	**-**	**58,228**	45,913	-	45,913
Right-of-use asset lease receivable	**1,925**	**50,369**	**52,294**	2,462	63,460	65,922
Other Receivables	**433**	**-**	**433**	371	-	371
	3,117,121	**50,369**	**3,167,490**	2,253,756	63,460	2,317,216
PAYROLL LOANS						
Payroll Overpayments	**35,759**	**13,262**	**49,021**	25,155	20,942	46,097
Less: Overpayments impairment	**(20,421)**	**(3,772)**	**(24,193)**	-	(13,948)	(13,948)
Payroll Cash Advances	**1,969**	**-**	**1,969**	2,187	-	2,187
Less: Payroll Cash Advances impairment	**(1,835)**	**-**	**(1,835)**	-	-	-
Payroll Pay Date Loan	**4,159**	**41,030**	**45,189**	4,288	45,125	49,413
Less: Pay date loan fair value adjustment	**(99)**	**(7,278)**	**(7,377)**	(879)	(8,022)	(8,901)
Less: Pay date loan impairment	**-**	**(590)**	**(590)**	-	(1,000)	(1,000)
	19,532	**42,652**	**62,184**	30,751	43,097	73,848
GST						
GST input tax credits receivable	**40,880**	**-**	**40,880**	25,649	-	25,649
Less: GST payable	**(880)**	**-**	**(880)**	(977)	-	(977)
	40,000	**-**	**40,000**	24,672	-	24,672
	3,176,653	**93,021**	**3,269,674**	2,309,179	106,557	2,415,736

Significant accounting policies

Trade receivables are generally settled within 60 days; however, some debt may take longer to recover. The recoverability of trade debtors is reviewed on an ongoing basis. All known bad debts are written off when identified.

The pay date transitional loan was to provide a transitional loan equal to two weeks' net pay, and was measured at fair value on initial recognition, calculated as the present value of the expected future cash flows over the estimated life of the loan, discounted using a risk-free effective interest rate of 3.05 per cent. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority of the balance remaining is expected to be recovered over the next 11 years. The Department is undertaking a process to recover these debts by working with the individuals affected. The non-current portion of payroll overpayments has not been discounted to present value as this could not be reliably estimated, due to the uncertainty of the timing of future cash receipts.

Credit risk exposure of receivables

There are no other credit enhancements relating to the Department's receivables. The Department has not experienced any significant delays in receiving payments from debtors during this COVID-19 pandemic to 30 June 2022, as the majority of the debt is with other government agencies.

The closing balance of receivables arising from contracts with customers at 30 June 2022 is $266.9M ($359.0M in 2020-21).

The Department uses a provision matrix to measure the expected credit losses on trade receivables. The calculations reflect historical observed default rates calculated using impairments (credit losses) experienced on past sales transactions during the last 5 years preceding 30 June 2022. This data is consolidated, and a probability rate is calculated based on receivables moving into the next aging bracket. Based on average rates for the 5-year period, an expected credit loss calculation matrix is prepared.

Historical default rates are adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future

Note 14. Loans and receivables (continued)

recovery of those receivables. To reflect the expected future changes the following relevant economic factors were considered: Australian GDP Annual Growth Rate; Unemployment Rate; and Government Debt to GDP percentage. Based on the expected change in Australia's economic forecast a conservative adjustment of 7.6 per cent has been calculated. This is determined to be the most relevant forward-looking indicator for receivables. The credit loss rate is reviewed twice a year.

The total adjusted credit loss rate has been applied to the aged debtors (excluding any government, scholarship and payroll customers) to derive the expected credit loss value as at 30 June 2022. Set out below is the Department's credit risk exposure with trade and other debtors broken down by aging band.

Credit risk exposure of loans and receivables

	Gross receivables	*Loss rate	Expected credit losses	Gross receivables	*Loss rate	Expected credit losses
	2022	2022	2022	2021	2021	2021
	$'000	%	$'000	$'000	%	$'000
Ageing						
Not Due	**8,247**	**8.08%**	**(666)**	10,557	8.85%	(935)
0 to 30 days	**12,537**	**8.02%**	**(1,006)**	5,870	9.03%	(530)
31 to 60 days	**8,966**	**8.65%**	**(776)**	5,556	9.64%	(535)
61 to 90 days	**8,729**	**9.76%**	**(852)**	4,400	10.76%	(474)
91 to 120 days	**8,040**	**13.17%**	**(1,059)**	3,892	13.84%	(539)
More than 120 days	**51,318**	**100.00%**	**(51,318)**	22,034	100.00%	(22,034)
	97,837		**(55,677)**	52,309		(25,046)

**Loss rate percentage is derived by combining both the Department and QAS.*

Impairment of financial assets

At the end of each reporting period, the Department assesses whether there is objective evidence that a financial asset, or group of financial assets, is impaired. Objective evidence may include the financial difficulties of the debtor, changes in debtor credit ratings and current outstanding account balances. The loss allowance for trade receivables reflects the lifetime expected credit losses and incorporates reasonable and supportable forward-looking information as at 30 June 2022.

An allowance for impairment of $100.5M ($52.2M in 2020-21) has been recognised in relation to payroll overpayments, pay date transitional loan and other receivables. In addition, a nil allowance for impairment ($21.4M in 2020-21) has been recognised in relation to nil Quarantine fee revenue accrued ($82.5M in 2020-21). The total allowance for impairment relating to invoices raised and revenue accrued is $100.5M ($73.6M in 2020-21). Allowance for other non-government receivables, being subject to AASB 9, are assessed based on their value, quantity and age of the amounts. An impairment matrix for this portion of receivables is reviewed twice a year.

The Department recognises the net change of impairment as all impairments are recorded against the allowance account.

Ageing of loans and receivables

	Past Due but Not impaired	Past Due but Not impaired	Impaired	Impaired
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
0 to 30 days	**20,857**	16,083	**6,716**	13,733
31 to 60 days	**8,256**	5,720	**2,361**	1,588
61 to 90 days	**8,271**	3,992	**2,475**	1,366
More than 90 days	**9,146**	2,397	**88,928**	35,463
	46,530	28,193	**100,480**	52,150

Movement in the allowance for impairment

	2022	2021
	$'000	$'000
Opening balance	**73,594**	25,756
Increase/(Decrease) in impairment recognised on aged receivables	**48,331**	26,394
	121,925	52,150
Increase/(Decrease) in impairment recognised on accrued revenue - quarantine fees	**(21,445)**	21,445
Closing balance	**100,480**	73,594

Note 15. Inventories

	2022 $'000	2021 $'000
Medical supplies and drugs*	**426,373**	220,675
Less: Allowance for loss of service potential**	**(267,331)**	(44,904)
	159,042	175,771
Non-medical, engineering and other	**45,204**	50,638
Catering and domestic	**4,906**	5,027
	209,152	231,436

Significant accounting policies
Inventories are measured at weighted average cost, adjusted for obsolescence, other than general vaccine stock which is measured at cost on a first in first out basis. Inventory is held at the lower of cost and net realisable value.

Inventories consist mainly of pharmacy and general medical supplies held for sale to HHSs.

*Significant increase in medical supplies and drugs reflects the planned stock increase to mitigate potential supply chain interruptions from COVID-19.

**Includes provision for critical supply reserve Rapid Antigen Test inventory (see Note 10).

Note 16. Property, plant and equipment

2022	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	230,377	1,103,832	892,719	233,354	2,460,282
Less: Accumulated depreciation	-	(592,654)	(641,925)	-	(1,234,579)
Carrying amount at end of period	**230,377**	**511,178**	**250,794**	**233,354**	**1,225,703**
Categorisation of fair value hierarchy	*Level 2*	*Level 3*			
Movement					
Carrying amount at start of period	169,283	451,738	286,816	93,824	1,001,661
Additions	32,285	27,174	41,900	163,024	264,383
Donations made	-	-	(5)	-	(5)
Disposals	(430)	(252)	(2,633)	-	(3,315)
Revaluation increments/(decrements)	20,716	37,988	-	-	58,704
Transfers (to)/from HHSs	(1,510)	(21,928)	(19,934)	-	(43,372)
Transfer (to)/from Queensland Fire and Emergency Services	5,535	37,885	-	-	43,420
Transfer (to)/from Economic Development Qld	4,498	-	-	-	4,498
Transfers between classes	-	3,816	19,678	(23,494)	-
Depreciation expense	-	(25,243)	(75,028)	-	(100,271)
Carrying amount at end of period	**230,377**	**511,178**	**250,794**	**233,354**	**1,225,703**

2021	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	169,283	963,176	901,315	93,824	2,127,598
Less: Accumulated depreciation	-	(511,438)	(614,499)	-	(1,125,937)
Carrying amount at end of period	169,283	451,738	286,816	93,824	1,001,661
Categorisation of fair value hierarchy	*Level 2*	*Level 3*			
Movement					
Carrying amount at start of period	180,710	449,160	283,546	178,004	1,091,420
Additions	799	4,393	63,350	138,058	206,600
Donations received	-	-	118	-	118
Disposals	(1,855)	(1,581)	(1,247)	-	(4,683)
Revaluation increments/(decrements)	(7,133)	19,537	-	-	12,404
Transfers (to)/from HHSs	(3,858)	(186,072)	(8,093)	-	(198,023)
Transfers (to)/from intangibles	-	-	763	-	763
Transfers between classes	620	189,905	31,713	(222,238)	-
Depreciation expense	-	(23,604)	(83,300)	-	(106,904)
Carrying amount at end of period	169,283	451,738	286,816	93,824	1,001,661

Note 16. Property, plant and equipment (continued)

Property, plant and equipment are initially recorded at cost plus any other costs directly incurred in bringing the asset to the condition ready for use. Items or components that form an integral part of an asset and are separately identifiable are recognised as a single asset. Significant projects undertaken on behalf of HHSs which are completed within the financial year are valued and transferred to the HHS at fair value. The cost of items acquired during the financial year has been determined by management to materially represent the fair value at the end of the reporting period.

Assets received for no consideration from another Queensland Government agency are recognised at fair value, being the net book value recorded by the transferor immediately prior to the transfer. Assets acquired at no cost, or for nominal consideration, other than a transfer from another Queensland Government entity, are initially recognised at their fair value by the Department at the date of acquisition.

The Department recognises items of property, plant and equipment when they have a useful life of more than one year and have a cost or fair value equal to or greater than the following thresholds:

- $10,000 for Buildings (including land improvement)
- $1 for Land
- $5,000 for Plant and equipment

Depreciation (representing a consumption of an asset over time) is calculated on a straight-line basis (equal amount of depreciation charged each year). The residual (or scrap) value is assumed to be zero, with the exception of ambulances. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments 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.

The Department's buildings have total useful lives ranging from 3 to 65 years, with exceptions up to 100 years; for plant and equipment the total useful life is between 2 and 25 years, with exceptions up to 52 years:

- 2 to 20 years for Computer equipment, and Office furniture & equipment, with exceptions up to 42 years
- 2 to 19 years for Medical equipment, with exceptions up to 42 years
- 3 to 25 years for Engineering equipment, with exceptions up to 52 years
- 3 to 15 years for Vehicles, with exceptions up to 22 years

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Land and buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use (the highest value regardless of current use). All assets of the Department for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e. laboratories, stations and heritage listed), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility, adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a current day equivalent asset, built to current standards and with current materials.

The Department's land and buildings are independently and professionally valued by the State Valuation Service (qualified valuers) and AECOM (qualified quantity surveyors) respectively. The Department also revalues significant, newly commissioned assets in the same manner to ensure that they are transferred to HHSs at fair value.

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 expensed to the extent it exceeds the balance, if any, of the revaluation surplus. On revaluation, 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.

Impairment of non-current assets

All non-current assets are assessed for indicators of impairment on an annual basis. If an indicator of impairment exists, the Department determines the asset's recoverable amount (higher of value in use and fair value less costs of disposal). Any amounts by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

Note 16. Property, plant and equipment (continued)

Land

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account the land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land.

The revaluation program resulted in a $23.1M increment ($4.1M decrement in 2020-21) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.6 to 3.1 were applied, which were sourced from the State Valuation Services.

The Department recognises land at Tangalooma valued at $0.10M ($0.08M in 2020-21) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

Buildings

The Department recognises five heritage buildings held at gross value of $3.7M (five buildings at gross value of $3.5M in 2020-21). An independent revaluation of 130 buildings and site improvements was performed during 2021-22. For buildings not subject to independent revaluations during 2021-22, indices of 1.08 were applied across the board, which were sourced from AECOM.

Indices are based on inflation (rises in labour, plant and material prices) across the industry and take into account regional variances due to specific market conditions, including being assessed for the impact of the COVID-19 pandemic. The state of Queensland generally has seen above market price increases during the past year that were largely driven by higher demand for property due to buyer behaviours, net immigration from other states and construction cost increases from interruptions to supply chains all of which have resulted from the COVID-19 pandemic. The building valuations for 2021-22 resulted in a net increment to the building portfolio of $36.8M ($3.5M increment in 2020-2021).

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Significant, newly commissioned assets are firstly transferred to the Department's building class, revalued to fair value and then transferred to the respective HHS. Other commissioned assets are transferred from the Department's work in progress to the respective HHS which recognises assets in their relevant asset class.

Note 17. Leases

a) Lessee

This note provides information for leases where the Department is a lessee. For leases where the Department is a lessor, see Note 17 (b).

(i) The statement of financial position shows the following amounts relating to leases:

Right-of-use assets

2022	Buildings $'000	Equipment $'000	Total $'000
Gross	18,750	-	18,750
Less: Accumulated depreciation	(2,332)	-	(2,332)
Carrying amount at end of period	**16,418**	**-**	**16,418**
Movement			
Carrying amount at start of period	20,726	-	20,726
Re-measurements	(3,439)	-	(3,439)
Depreciation expense	(869)	-	(869)
Carrying amount at end of period	**16,418**	**-**	**16,418**

2021	Buildings $'000	Equipment $'000	Total $'000
Gross	22,189	-	22,189
Less: Accumulated depreciation	(1,463)	-	(1,463)
Carrying amount at end of period	**20,726**	**-**	**20,726**
Movement			
Carrying amount at start of period	18,202	1,370	19,572
Re-measurements	3,335	-	3,335
Depreciation expense	(875)	(1,370)	(2,245)
Other adjustments	64		64
Carrying amount at end of period	**20,726**	**-**	**20,726**

Note 17. Leases (continued)

Lease liabilities

	2022 $'000	2021 $'000
Current	**2,532**	3,239
Non-current	**66,276**	83,499
	68,808	86,738

Significant accounting policies

The Department as lessee

For any new contracts entered into, the Department considers whether a contract is, or contains a lease. A lease is defined as a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration. To apply this definition the Department assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Department;
- the Department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract; and
- the Department has the right to direct the use of the identified asset throughout the period of use. The Department also assesses whether it has the right to direct how and for what purpose the asset is used throughout the period of use.

The majority of lease contracts are held with the Department of Energy and Public Works (DEPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

Effective 1 July 2019, amendments to the framework agreements that govern QGAO and GEH result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DEPW having substantive substitution rights over the non-specialised, commercial office accommodation, and residential premises assets used within these arrangements. From 2019-20 onwards, costs for these services continue to be expensed as supplies and services expenditure when incurred.

Effective 1 July 2019, motor vehicles provided under QFleet program are exempt from lease accounting under AASB 16. This is due to DEPW holding substantive substitution rights for vehicles provided under the scheme. From 2019-20 onward, costs for these services continue to be expensed as supplies and services expenditure when incurred.

Measurement and recognition of leases as a lessee

At lease commencement date, the Department recognises a right-of-use asset and a lease liability on the balance sheet. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Department, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Department also assesses the right-of-use asset for impairment when such indicators exist.

At the commencement date, the Department measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Department's incremental borrowing rate. Queensland Treasury (QT) have mandated that unless an implicit rate is stated in the lease, that agencies are to use incremental borrowing rates. QT have mandated that Queensland Treasury Corporations Fixed Rate Loan rates are to be used as the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed payments), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability is reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

The Department has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

The total cash outflow for leases in 2021-22 was $2.9M ($8.8M in 2020-21).

Refer to Note 10 for the lease liability interest expense.

The Department holds an occupancy lease with Translational Research Institute Pty Ltd (TRI). The Department acts as a lessor by sub-leasing a portion of the leased property (See 17 (b)). Under AASB 16 the Department recognises transactions as both lessee and lessor.

Note 17. Leases (continued)

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

b) Lessor

The Department acts as a lessor by sub-leasing floor space in the TRI building to the University of Queensland. The sub-lease with the lessor is for the same term as that for the Department on the head lease. The sub-lease expires in 2043.

(i) The statement of financial position shows the following amounts relating to lessors:

Lease receivable

	2022 $'000	2021 $'000
Current	**1,925**	**2,462**
Non-current	**50,369**	**63,460**
	52,294	65,922

***(ii)* Amounts recognised in the statement of profit or loss**

The statement of profit or loss shows the following amounts relating to lessors:

	2022 $'000	2021 $'000
Rentals received from operating leases (included in other revenue)	**6,746**	6,497
Interest received (Included in interest revenue)	**1,387**	1,281
	8,133	7,778

The Department has assessed that the sub-lease is a finance lease after considering the indicators of a finance lease in AASB 16. Accordingly, as a sub-lessor the Department has applied the following accounting policy:

- derecognises a portion of the right-of-use asset relating to the head lease that it transfers to the sub-lessee, and
- recognises during the term of the lease the finance income on the sublease and recognises the net investment in the sublease as a receivable;
- retains the total lease liability relating to the head lease in its statement of financial position, which represents the lease payments owed to the head lessor; and
- The Department also assesses the receivable for impairment.

c) Maturity analysis

Minimum lease cash payments to be made on the lease liability and received on the sub-lease are as follows:

	Lease liability payments to be made		Lease receivable payments to be received	
	2022 $'000	2021 $'000	2022 $'000	2021 $'000
In year 1	**4,211**	4,790	**3,200**	3,641
In year 2	**4,211**	4,790	**3,200**	3,641
In year 3	**4,211**	4,790	**3,200**	3,641
In year 4	**4,211**	4,790	**3,200**	3,641
In year 5	**4,211**	4,790	**3,200**	3,641
Later than 5 years	**67,369**	81,436	**51,201**	61,892
	88,424	105,386	**67,201**	80,097

Note 18. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000	2022 $'000	2021 $'000
Gross	**125,380**	125,121	**599,336**	579,581	**62,085**	65,395	**786,801**	770,097
Less: Accumulated amortisation	**(112,007)**	(107,155)	**(372,276)**	(341,588)	**-**	-	**(484,283)**	(448,743)
Carrying amount at end of period	**13,373**	17,966	**227,060**	237,993	**62,085**	65,395	**302,518**	321,354
Represented by movements in carrying amount:								
Carrying value at 1 July	**17,966**	22,278	**237,993**	243,539	**65,395**	69,086	**321,354**	334,903
Additions	**259**	781	**12,949**	1,066	**3,699**	18,696	**16,907**	20,543
Disposals	-	**-**	**(3,538)**	(9)	-	**-**	**(3,538)**	(9)
Transfers (to)/from property, plant & equipment	**-**	-	**-**	-	**-**	(763)	**-**	(763)
Transfers (to)/from HHSs	**-**	**-**	**2,263**	**-**	**-**	**-**	**2,263**	**-**
Transfers between classes	**-**	-	**7,009**	21,624	**(7,009)**	(21,624)	**-**	-
Amortisation expense	**(4,852)**	(5,093)	**(29,616)**	(28,227)	**-**	**-**	**(34,468)**	(33,320)
Carrying amount at end of period	**13,373**	17,966	**227,060**	237,993	**62,085**	65,395	**302,518**	321,354

Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than $100,000. Intangible assets are recorded at cost, which is, purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software includes all direct costs associated with the development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis.

The total useful life for the Department's software ranges from 3 to 28 years, with exceptions up to 30 years. The Department controls registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 19. Payables

	2022 $'000	2021 $'000
Trade payables	**548,976**	264,921
Appropriations payable	**1,258,428**	1,225,776
Contract Liability - Commonwealth	**11,328**	58,053
Hospital and Health Service payables	**168,068**	211,492
PAYG withholdings	**147,387**	241,113
Other payables	**20,344**	8,775
	2,154,531	2,010,130

Significant accounting policies

Payables are recognised for amounts to be paid in the future for goods and services received. Trade payables are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and normally settled within 60 days.

Note 20. Accrued employee benefits

	2022 $'000	2021 $'000
Salaries and wages accrued	**497,134**	178,186
Annual leave levy payable	**333,679**	301,660
Long service leave levy payable	**82,141**	69,603
Other employee entitlements payable	**99,665**	111,359
	1,012,619	660,808

Significant accounting policies
Wages and salaries due but unpaid at reporting date are recognised at current salary rates and are expected to be fully settled within 12 months of reporting date. These liabilities are recognised at undiscounted values. Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049. For changes to employer arrangements refer to Note 4.

Note 21. Asset revaluation surplus

	Land 2022 $'000	Land 2021 $'000	Buildings 2022 $'000	Buildings 2021 $'000	Total 2022 $'000	Total 2021 $'000
Carrying amount at start of period	**58,635**	63,278	**184,748**	181,747	**243,383**	245,025
Asset revaluation increment/(decrement)	**20,716**	(7,143)	**37,988**	19,538	**58,704**	12,395
Asset revaluation transferred to retained surplus*	**(375)**	2,500	**290**	(16,537)	**(85)**	(14,037)
Carrying amount at end of period	**78,976**	58,635	**223,026**	184,748	**302,002**	243,383

**Represents transfers via Equity for revaluation increments/(decrements) on land & building assets recorded by the Department of Health in its capacity as the asset management administrator.*

Note 22. Interests in associates

Associates

The Department has two associated entities - Translational Research Institute Pty Ltd and Translational Research Institute Trust (TRI Trust). The Department does not control either entity but does have significant influence over the financial and operating policy decisions. The Department uses the equity method to account for its interest in associates.

Translational Research Institute Pty Ltd (the Company) is the trustee of the TRI Trust and does not trade.

The objectives of the TRI Trust are to maintain the Translational Research Institute Facility (TRI Facility), and to operate and manage the TRI Facility to promote medical study, research and education.

TRI has a 31 December year end. TRI's financial statements for the 12 months 1 July 2021 to 30 June 2022, endorsed by the TRI Board, have been used to apply the equity method. There have been no changes to accounting policies or any changes to any agreements with TRI since 31 December 2021. The information disclosed below reflects the amounts presented in the financial statements of TRI and not the Department's share of those amounts. Where necessary, they have been amended to reflect adjustments made by the Department, including fair value adjustments and modifications for differences in accounting policy.

Joint Operations

Effective July 1, 2021, the Department, through Queensland Ambulance Service (QAS), entered a joint operation agreement with Queensland Fire and Emergency Services (QFES), entitled "Co-location of Kedron Park Facility". The agreement provides for the co-location, management and operation of the Emergency Services Complex (the "Complex"), located at Kedron, Queensland. In accordance with the agreement, the Department has a 39.6% share of net assets jointly owned with QFES. The Department's initial share of the net assets has been recognised in equity ($50.1M), comprising cash and cash equivalents ($6.7M) and property, plant and equipment ($43.4M).

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement runs to 30 June 2022. As at 30 June 2022 a renewal of the agreement was being renegotiated. (Refer to Note 27 Activites and other events). The Department has no rights to the net assets or liabilities of the AEHRC, except a return of cash contributions in limited circumstances. The Department makes a cash contribution of $1.5M per annum.

Note 22. Interests in associates (continued)

Entity	Ownership Interest
Translational Research Institute Pty Ltd (the Company)	
Incorporated in Australia on 12 June 2009	25 shares of $1 per share (25% shareholding)
Translational Research Institute Trust (TRI Trust)	
Incorporated in Australia on 16 June 2009	25 units with equal voting rights (25% of voting rights)

	2022 $'000	2021 $'000
SUMMARISED STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME		
Revenue	**26,434**	38,337
Expenses	**(38,191)**	(36,791)
SURPLUS/(DEFICIT)	**(11,757)**	1,546
Other comprehensive income	**-**	-
TOTAL COMPREHENSIVE INCOME	**(11,757)**	1,546
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	**(2,939)**	386

The summarised financial information of the TRI Trust is set out below:

	2022 $'000	2021 $'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	**34,116**	61,468
Non-current assets	**275,079**	260,802
TOTAL ASSETS	**309,195**	322,270
Current liabilities	**11,118**	11,621
Non-current liabilities	**17,547**	18,364
TOTAL LIABILITIES	**28,665**	29,985
NET ASSETS	**280,530**	292,285
THE DEPARTMENT'S SHARE OF NET ASSETS	**70,133**	73,072

Note 23. Contingencies

Guarantees

As at 30 June 2022 the Department held guarantees of $20.7M ($8.3M in 2020-21) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements.

Litigation in progress

At 30 June 2022, the Department had 14 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited up to $20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time. Queensland's *Human Rights Act 2019* (the Act) protects 23 human rights and commenced from 1 January 2020. Under section 97 of the Act, public entities are required to include the number of human rights complaints received. For the year ended 30 June 2022, Queensland Health received 45 human rights complaints, of which there were 8 related cases remaining open.

At 30 June 2021 the Department reported on a litigation case that has not been resolved as at 30 June 2022. This is in relation to Queensland Industrial Relations Commission applications on the applicability of specialty allowances in certain regions. A further hearing of this case was held during the 2022 financial year and the outcome of this litigation remains uncertain.

Note 24. Commitments for expenditure

	Capital 2022 $'000	Capital 2021 $'000	Lease - operating 2022 $'000	Lease - operating 2021 $'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**508,352**	171,133	**52,718**	44,291
1 year to 5 years	**628**	3,475	**116,791**	125,646
more than 5 years	**27**	-	**22,165**	20,115
	509,007	174,609	**191,674**	190,052

Significant leases are entered into by the Department as a way of acquiring access to office accommodation facilities. Lease terms, for these leases, extend over a period of 1 to 10 years. The Department has no options to purchase any of the leased spaces at the conclusion of the lease. Some leases do provide the option for a right of renewal at which time the lease terms are renegotiated. Lease payments are generally fixed but do contain annual inflation escalation clauses upon which future year rentals are determined, with rates ranging between 2 to 4 per cent.

Note 25. Administered transactions and balances

Significant accounting policies

The Department administers, but does not control, certain resources on behalf of the Queensland Government. In doing so it has responsibility and is accountable for administering related transactions and items but does not have the discretion to deploy the resources for the achievement of the Department's objectives.

Amounts appropriated to the Department for transfer to other entities are reported as administered appropriation items.

Administered transactions and balances are comprised primarily of the movement of funds to the Queensland Office of the Health Ombudsman, the Queensland Mental Health Commission and Health and Wellbeing Queensland.

	2022 $'000	Original Budget 2022 $'000	2021 $'000	Ref	Actual vs budget variance $'000
Administered revenues					
Administered item appropriation	**71,381**	**77,212**	69,770	i.	(5,831)
Taxes, fees and fines	**63**	**4**	87		59
Total administered revenues	**71,444**	**77,216**	69,857		(5,772)
Administered expenses					
Grants	**71,381**	**77,216**	69,770	i.	(5,835)
Other expenses	**63**	**-**	87		63
Total administered expenses	**71,444**	**77,216**	69,857		(5,772)
Administered assets					
Current					
Cash	**2**	**4**	5		(2)
Total administered assets	**2**	**4**	5		(2)
Administered liabilities					
Current					
Payables	**2**	**4**	5		(2)
Total administered liabilities	**2**	**4**	5		(2)

Actual vs budget comparison

i. The $5.8M variance for Administered appropriation and Grants relates to a deferral ($7.3M) of state funding for Health and Wellbeing Queensland (HWQ), for use in future financial years, offset by new unbudgeted funding ($1.5M) provided to HWQ this financial year.

Note 26. Reconciliation of payments from Consolidated Fund to administered revenue

	2022 $'000	2021 $'000
Budgeted appropriation	**77,212**	69,296
Transfers from (to)/from other headings	**(5,831)**	474
Administered revenue recognised in Note 25	**71,381**	69,770

Note 27. Activities and other events

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement that extended to 30 June 2022 was renegotiated and executed subsequent to 30 June 2022.

There were no other material events after the reporting date of 30 June 2022 that have a bearing on the Department's operations, the results of those operations or these financial statements.

The Department's financial statements are expected to be impacted by the COVID-19 programs beyond 30 June 2022, although the actual impacts cannot be reliably estimated at the reporting date.

Department of Health

Management Certificate

For the year ended 30 June 2022

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with section 62(1)(b) of the Act, we certify that in our opinion:

a) the prescribed requirements for establishing and keeping the accounts have been complied with, in all material respects and;

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2022 and of the financial position of the Department at the end of that year; and

The Director-General, as the Accountable Officer of the Department, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.

Shaun Drummond – Acting Director General
Department of Health

Date 25/8/2022

Luan Sadikaj CPA – Chief Finance Officer
Department of Health

Date 25/8/2022

Queensland Audit Office
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INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health.

In my opinion, the financial report:

a) gives a true and fair view of the department's financial position as at 30 June 2022, 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 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows and statement of profit or loss and other comprehensive income by major departmental services for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General 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 department 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 Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the department for the financial report

The Accountable Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Accountable Officer is also responsible for assessing the department'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 department 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. This is not done for the purpose of expressing an opinion on the effectiveness of the department's internal controls, but allows me to express an opinion on compliance with prescribed requirements.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the department.
- Conclude on the appropriateness of the department'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 department'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 department 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 Accountable Officer 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.

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Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2022:

a) I received all the information and explanations I required.

b) I consider that, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the department's transactions and account balances to enable the preparation of a true and fair financial report.

26 August 2022

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

ANNUAL REPORT 2021–2022
Department of Health
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