Department of Health

2018–2019 ANNUAL REPORT

ADVANCING Queensland

Queensland Government

About the annual report

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2018–19. It has been prepared in accordance with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009*, and the annual report requirements for Queensland Government agencies.

The annual report aligns to the *Department of Health Strategic Plan 2016–2020* and the 2018–19 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.

Interpreter service statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 3234 0111 or 13 QGOV (13 74 68) and we will arrange an interpreter to effectively communicate the report to you.

Accessing this report

This annual report is available on the Department of Health website at http://www.health.qld.gov.au/research-reports/reports/departmental/annual-report in electronic format or in hard copy on request.

In lieu of inclusion in the annual report, information about consultancies, overseas travel, and the *Queensland language services policy* is available at https://data.qld.gov.au

For further information

Contact: Office of the Director-General, Department of Health, GPO Box 48, Brisbane QLD 4001

Email: strategiccommunications@health.qld.gov.au
Tel: (07) 3708 5376

Providing feedback

You can provide feedback on the annual report at the Queensland Government Get Involved website at www.qld.gov.au/annualreportfeedback

Copyright

Licence

Attribution

Content from this annual report should be attributed as: The State of Queensland (Department of Health) annual report 2018–2019.

Published by the State of Queensland (Queensland Health) 2019. ISSN: 1838–4110

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

24 September 2019

The Honourable Dr Steven Miles MP
Minister for Health and Minister for Ambulance Services
Member for Murrumba
Level 37, 1 William Street
Brisbane QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2018–19 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 at page 122 of this annual report.

Yours sincerely

John Wakefield
Director-General
Queensland Health

Contents

Director-General Foreword 2018–19

As Director-General for Queensland Health, I am pleased to present the Annual Report 2018–19.

Queensland Health aims to provide leadership, direction and a collaborative approach to enable the health system to deliver quality services that are safe and responsive for Queenslanders. In support of this, over the past year we have continued to execute significant bodies of work contributing to our vision for healthier Queenslanders.

One of our key objectives is promoting and protecting the health of Queenslanders. In 2018–19 we mandated the sale, promotion and advertisement of only healthier drinks in Hospital and Health Services. We also developed suicide prevention strategies and programs to be used in the health service delivery context, including enrolling over 100 school-based youth nurses in suicide risk assessment and management training, and the development of a web-based statewide clinical pathway for the assessment and management of suicide risk in general practices.

Another key objective for Queensland Health is improving health outcomes through better access to services for Queenslanders. We dedicated $16 million over two years to expand the scope and reach of the *Deadly Choices Healthy Lifestyle Program*, which aims to encourage Aboriginal and Torres Strait Islander Queenslanders to make healthy choices, and focuses on good nutrition and risk factors such as physical inactivity, smoking and substance abuse. Our 2018 *Closing the Gap* report revealed that Queensland now leads the way nationally with the highest life expectancy for Aboriginal and Torres Strait Islander males and females and the lowest life expectancy gaps. We also funded an additional 160 nurse navigator positions to support patients with chronic illnesses navigate the health system and access care appropriate for their needs.

Some other highlights for 2018–19 include:

- establishing Health and Wellbeing Queensland to drive change to help Queenslanders make healthier choices and address high overweight and obesity rates. Health and Wellbeing Queensland will bring together the community, private sector and all levels of government to drive collaboration and change
- launching the *Our Child IT* solution, which draws data from government systems to enable rapid information sharing between agencies to assist with locating children in care who are missing. This initiative was in response to the Queensland Family and Child Commission report *When a child is missing: Remembering Tiahleigh*
- enhancing our ability to respond in state emergencies by arranging for the Royal Flying Doctor Service to urgently fly-in mental health staff to flood affected areas in north and western Queensland
- launching a new five-year plan, *Shifting Minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018–2023*, for improving the mental health and wellbeing of all Queenslanders.

Initiatives like these help us ensure Queensland Health provides a health system that meets the current and future needs of Queenslanders.

Earlier this year, I announced that I will retire from my role as Director-General in September 2019. Working in Queensland Health has been the biggest honour of my career. Fostering a culture in Queensland Health that enables greater support and trust for the wonderful work done across the system is something I am extremely proud of.

Above all else, healthcare is delivered by people for people, and it is how we come together to do good things—things that make a material difference to people's lives—that I am most proud of.

I thank our hard-working staff and our volunteers for their contributions to the department and to the people of Queensland. I know the significant difference Queensland Health makes to this state will continue.

Michael Walsh
Director-General
Queensland Health

2018–19: Snapshot of our success

Mandated the **sale, promotion and advertising** of only **HEALTHIER DRINKS** in Hospital and Health Services (HHSs)

Launched the **MEDI-NAV CAREER WEBSITE** for **medical students** and **junior doctors** to communicate key workforce data and **influence medical career choices**

ADDITIONAL $20 MILLION committed to **support HHSs** in managing the increased demand for services across the winter period

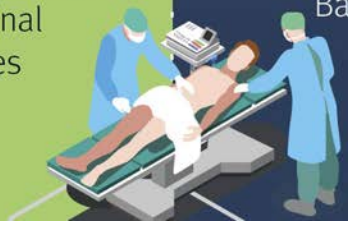
Introduced Queensland Government's **FIRST CLOUD-BASED** virtual customer service agent, 'Russell' to **reduce call volumes and queue wait times**

160 ADDITIONAL **nurse navigator positions** funded to support patients with **chronic illnesses** to navigate the health system and access care

100 SCHOOL-BASED NURSES enrolled over in suicide risk assessment and management training

Launched **QUEENSLAND PELVIC MESH SERVICE** to treat women suffering complications caused by transvaginal mesh devices

Provided surgery for **180 PATIENTS** suffering **obesity** and **uncontrolled type 2 diabetes** under the Bariatric Surgery Initiative



Delivered training in **22 FACILITIES** across Queensland to support clinicians to deliver and maintain safe, sustainable service delivery in **rural and remote** Queensland

91.49%
OF TRIPLE ZERO (000) calls responded to within
10 SECONDS

ACHIEVED 98%
client satisfaction rating for ambulance services

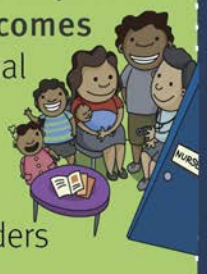
55.9%
REDUCTION
in the number of **ready for care patients** waiting longer than clinically recommended since 2015

$16 MILLION
dedicated to expand the reach of the **Deadly Choices Healthy Lifestyle Program** to encourage Aboriginal and Torres Strait Islander Queenslanders to make healthy choices

13
ABORIGINAL AND TORRES STRAIT ISLANDER
health practitioner positions created
ACROSS 8
isolated, practice locations and established medicine authorities

The average **LIFE EXPECTANCY**
for Aboriginal and Torres Strait Islander children born in Qld has increased by
3.3 YEARS FOR BOYS
2.0 YEARS FOR GIRLS
up from previous estimates in 2010–2012

Developed **CLOSING THE GAP HEALTH PLANS**
in all HHSs to identify initiatives to **improve health outcomes** for Aboriginal and Torres Strait Islander Queenslanders



Amended the **HEALTH (DRUGS AND POISONS) REGULATION 1996**
to expand the scope of allied health practitioners and provide new authorities in relation to the use of scheduled medicines

Developed **SUICIDE PREVENTION STRATEGIES AND PROGRAMS** in
11
of Queensland Health's 16 HHSs

Financial highlights

Queensland Health's (the department) 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 2016–2020 (2018 update).* These services are: Acute Inpatient Care; Emergency Care; Mental Health and Alcohol and Other Drug Services; Outpatient Care; Prevention, Primary and Community Care; Ambulance Services; and Sub and Non-Acute Care.

How the money was spent

The department's expenditure by major service is displayed within the financial statements section of this report. The percentage share of these services for 2018–19 is as follows:

- Acute Inpatient Care—46.2 per cent
- Emergency Care—9.7 per cent
- Mental Health and Alcohol and Other Drug Services—9.6 per cent
- Outpatient Care—12.9 per cent
- Prevention, Primary and Community Care—14.1 per cent
- Ambulance Services—3.9 per cent (offset by Intra-Departmental Service Eliminations—0.4 per cent)
- Sub and Non-Acute Care—4.0 per cent.

The department achieved an operating surplus of $632,000 in 2018–19 after having delivered on all agreed major services.

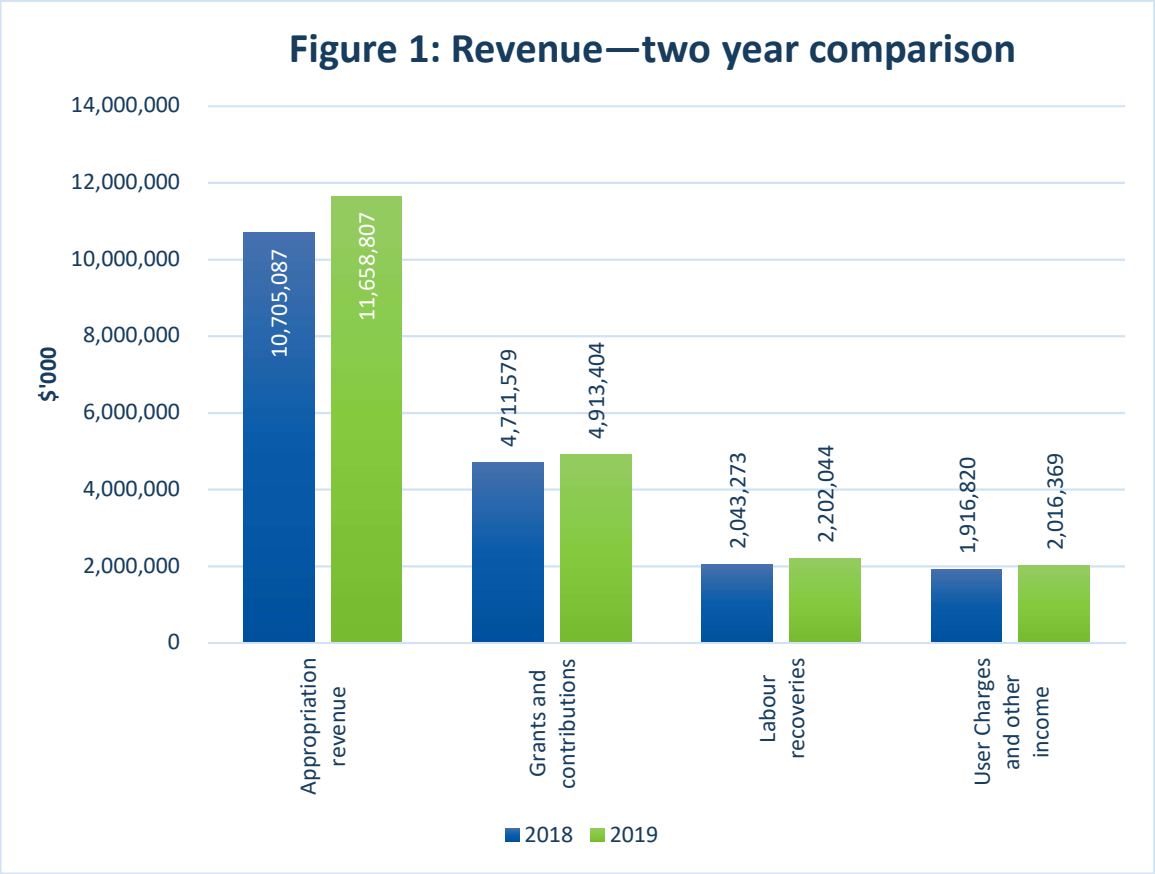
The department, through its risk management framework, financial management policies, and insurance is committed to ensuring optimal financial outcomes and delivering sustainability of services.

Income

The department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2018–19 was $20.790 billion, an increase of $1.414 billion (or 7.3 per cent) from 2017–18. Revenue is sourced from four main areas:

- *Appropriation revenue* of $11.659 billion (or 56.1 per cent), which includes State Appropriation and Commonwealth Appropriation.
- *Grants and Contributions* of $4.913 billion (or 23.6 per cent), which includes National Health Reform Funding from the Commonwealth Government.
- *Labour recoveries* of $2.202 billion (or 10.6 per cent). The department is the employer of the majority of health staff working for non-prescribed HHSs—eight HHSs transitioned to prescribed employer status on 1 July 2014. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *User charges and other income* of $2.016 billion (or 9.7 per cent), 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, the Department of Veteran Affairs and other revenue.

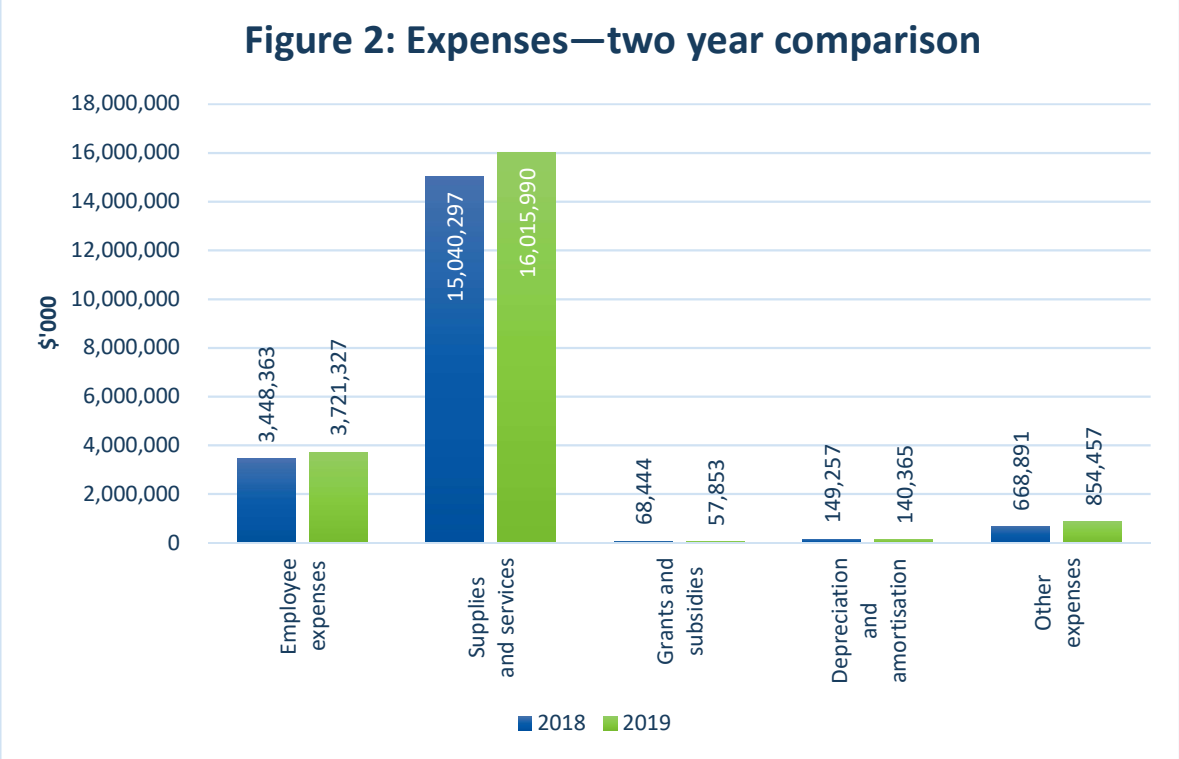
Figure 1 provides a comparison of revenue in 2017–18 and 2018–19



The major movements in revenue earned when compared to 2017–18 includes:

- Appropriation revenue—the majority of this funding increase of $953.720 million is provided to HHSs and Ambulance Services to assist with the greater demand for services and growth in costs, in line with projected increases in the Consumer Price Index.
- Grants and contributions—the increase of $201.825 million relates largely to back payment from previous financial years, and increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs.
- Labour recoveries—the increase of $158.771 million reflects the demand for services within the non–prescribed HHSs which is reflected through FTE increases, as well as Enterprise Bargaining pay increases.

Figure 2 provides a comparison of expenses in 2017–18 and 2018–19



Expenses

Total expenses for 2018–19 were $20.790 billion, which is an increase of $1.415 billion (or 7.3 per cent) from 2017–18.

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 2019, the Department of Health had a reported anticipated maintenance of $6,185,260.

The Department of Health has implemented the following strategies in place to mitigate any 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 assurance statement

Section 77 (2)(b) of the *Financial Accountability Act 2009* requires the Chief Finance Officer Queensland Health, (the department), to provide the Accountable Officer with a statement assessing the department's financial internal controls.

Accordingly, the Chief Finance Officer Assurance Statement, also provided to the department's Audit and Risk Committee, was delivered as per the below.

The Chief Finance Officer Queensland Health provided to the Director-General a statement confirming that the financial internal controls of the department for the period between 1 July 2018 and 30 June 2019 (financial year) were suitably designed and based from the outcomes of internal and external assurances performed in the department, and in all material respects, the financial internal controls have operated efficiently, effectively and economically. Further:

- the financial records in the department have been properly maintained throughout the financial year in accordance with the prescribed requirements
- the risk management and internal compliance and control systems of the department relating to financial management have been operating efficiently and effectively throughout the financial year
- since the balance date there have been no material events after the reporting date of 30 June 2019 that have a bearing on the department's operations, the result of those operations or in the financial statements. On 1 August 2019, the department implemented a new business, finance and logistics system, S/4HANA, with the primary objective of improving the robustness of the financial system from the previous version SAP 4.6B (FAMMIS) and it also aims to transform the way business is carried out through streamlining processes and enhancing efficiency, reporting and transparency. The implementation of S/4HANA has no impact for the period ended 30 June 2019
- external service providers have given an assurance about their controls.

Our department

Our vision

Healthier Queenslanders.

Our purpose

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.

Our values

The department aligns to the Queensland public service values:


Putting customers first


Putting ideas into action


Unleashing potential


Being courageous


Empowering people

Our role

Queensland Health, under the *Hospital and Health Boards Act 2011*, is responsible for the overall management of the Queensland public health system.

To ensure Queenslanders receive the best possible care, the department has entered into a service agreement with each of the 16 Hospital and Health Services (HHSs)—independent statutory bodies, governed by their own professional Hospital and Health Board (HHB) and managed by a Health Service Chief Executive (HSCE)—to deliver public health services in their local area.

The department's role includes, but is not limited to:

- providing strategic leadership and direction for health through the development of policies, legislation and regulations
- developing statewide plans for health services, workforce and major capital investment
- managing major capital works for public sector health service facilities
- purchasing health services
- supporting and monitoring the quality of health service delivery
- delivering specialised health services, providing ambulance services, health information and communication technology and statewide health support services.

Our strategic direction

The Department of Health strategic plan 2016–2020 has seven key priorities:

1. Supporting Queenslanders to be healthier: promoting and protecting the health of Queenslanders.
2. Enabling safe, quality services: delivering and enabling safe, clinically effective, high quality health services.
3. High performance: responsive, dynamic and accountable management of the department, and of funding and service performance.
4. Equitable health outcomes: improving health outcomes through better access to services for Queenslanders.
5. Broad engagement with partners: harnessing the skill and knowledge of our partners.
6. Dynamic policy and planning leadership: driving service improvement and innovation through a collaborative policy cycle.
7. Engaged and productive workforce: fostering a culture that is vibrant, innovative and collaborative.

Our contribution to government

During 2018–19, the Department of Health supported the Queensland Government's objectives for the community:

- keep Queenslanders healthy
- give all our children a great start
- create jobs in a strong economy
- be a responsive government.

The Queensland Government's objectives for the community are set out in *Our Future State*, a clear plan to advance Queensland into the future.

Our Future State priorities align with My health, Queensland's future: Advancing health 2026. Advancing health 2026 is a plan for the public health sector to make real the vision statement—'By 2026 Queenslanders will be among the healthiest people in the world'. The plan contains 16 headline measures of success, some of which align with priority targets, including:

- reduce childhood obesity by 10 per cent
- reduce rate of suicide deaths in Queensland by 50 per cent
- increase levels of physical activity for health benefit by 20 per cent
- increase availability of electronic health data to consumers
- increase the proportion of outpatient care delivered by Queensland Health via Telehealth models of care.

Queensland Public Service Values

The public service values underpin the directions of our Advancing Health 2026 vision:

- Promoting wellbeing—improving the health of Queenslanders, through concerted action to promote health behaviours, prevent illness and injury and address the social determinants of health.
- Delivering healthcare—the core business of the health system, improving access to quality and safe healthcare in its different forms and settings.
- Connecting healthcare—making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery banners.
- Pursuing innovation—developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

Our performance

Strategic objective 1—Supporting Queenslanders to be healthier

Promoting and protecting the health of Queenslanders

Key performance indicators

- An increase in the percentage of the Queensland population who meet physical activity guidelines.
- An increase in the participation of eligible Queenslanders in the target populations for cancer screening programs.
- A reduction in the percentage of Queenslanders who:
  - smoke daily
  - consume alcohol at risky levels
  - are overweight or obese.
- Progress against 95 per cent vaccination targets for one, two and five-year-olds.

Key achievements 2018–19:

- Introduced a Medicine and Poisons Bill 2019 to the Queensland Parliament following extensive consultation with stakeholders, including poison users and the pest management industry.
- Mandated the sale, promotion and advertising of only healthier drinks in Hospital and Health Services (HHSs). HHSs will monitor compliance and report annually.
- Delivered a policy to control and gradually eliminate the advertising of unhealthy food and drinks, including alcohol, on over 2000 government owned advertising spaces.
- Amended the *Public Health Act 2006* and supporting regulations to establish a Notifiable Dust Lung Disease Register to ensure Queensland Health has a comprehensive register of all diagnosed cases of notifiable dust lung diseases in Queensland.
- Conducted BreastScreen Queensland's first statewide client experience survey, in which over 16,000 women who had recently screened with the program participated. Survey results will inform ways to improve breast screening services for Queensland women.
- Enabled 21,518 Queenslanders to quit smoking via 13 QUIT, a statewide telehealth service.
- Continued to provide the *My Health for Life program* supporting Queenslanders to reduce their risk of developing chronic conditions such as type 2 diabetes, heart disease and stroke. Program data for 2018–19 indicates that 95 per cent of program participants retain their intention to maintain healthy behaviours at program completion. Six months after program completion, 48 per cent of program participants have further decreased their

waist circumference; and 63 per cent are active for 150 minutes or more each week.

- Expanded project delivery of Safe and Healthy Drinking Water in Indigenous Local Government Areas from seven communities to 14, with an aim of improving the operation and management of drinking water supplies in Indigenous communities to ensure public health is protected.
- Developed a statewide, cross-sector strategy and formed a steering committee in response to the urgent public health problem of antimicrobial resistance. Queensland's *Antimicrobial Resistance Strategy 2019–2024* was developed as a result and work on this project will continue in the coming year.
- Provided advice and support on national health funding and reform, particularly in the context of the proposed *National Health Reform Agreement* to apply from 2020–21 to 2024–25.
- Completed integration and continued to link Notifiable Conditions System data into the master linkage file on a quarterly basis to support ongoing notifiable conditions surveillance and research.
- Changed the lives of Queenslanders suffering from obesity and uncontrolled type 2 diabetes, with 180 patients receiving surgery under the *Bariatric Surgery Initiative* over the past 12 months.
- Developed suicide prevention strategies and programs to be used in a health service delivery context, including:
  - 11 HHSs implementing the *Zero Suicide in Healthcare framework*, including the design of a standardised clinical care pathway for individuals identified with suicide risk
  - the *Partners in Prevention research project* examining suicide related calls to the Queensland Ambulance Service (QAS) and Queensland Police Service (QPS) to help improve service responses and outcomes for people experiencing a suicidal crisis
  - development of a suicide prevention HealthPathway—a web-based statewide clinical pathway for the assessment and management of suicide risk in general practice
  - over 100 school-based youth health nurses enrolled in suicide risk assessment and management training to improve their ability to identify and support students at risk of suicide
  - testing of a lived experience peer support service offering an alternate waiting room and peer support services for people presenting to Redland Hospital (Metro South HHS) Emergency Department in suicidal crisis.
- Improved the health and wellbeing of prisoners through the *Offender Health Services Governance Improvement Project*. The Department of Health established an Office for Prisoner Health and Wellbeing, which will provide statewide leadership and be a coordination point for Queensland Health-provided primary healthcare services for people in Queensland Corrective Services custody.
- Enabled pharmacists to administer vaccinations to people aged 16 years and older, as a result of amendments to the *Health (Drugs and Poisons) Regulation 1996*. Pharmacists are now permitted to provide important immunisations including influenza, diphtheria/tetanus/pertussis, and measles/mumps/rubella. This achieves 'Recommendation One' of Report No.12, 56th Parliament—*Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*, which recommended that the minimum age requirement for pharmacy administered vaccinations be lowered from 18 to 16 years.
- Launched a comprehensive suite of online training courses through the *Queensland Health Immunisation program* (in collaboration with the Cunningham Centre) to facilitate free training for immunisation service providers. Three different pathways are provided for clinical, administrative and community-based health professionals to cater for different levels of skills.

Strategic objective 2—Enabling safe, quality services

Delivering and enabling safe, clinically effective, high quality health services

Key performance indicators

- A reduction in rates of preventable hospital acquired infections.
- Responsive ambulance services.
- A reduction in unplanned readmission rates.
- An increase in the percentage of information and communications technology (ICT) available for major enterprise applications.
- Increased digital innovation across Queensland Health.
- Improved information security risk profile.
- Increased performance against timely access targets by HHSs and investment in new models of care to support patient outcomes.
- Provision of clinical data analytics to support business intelligence, inform best practice clinical service delivery and support clinical decision making.

Key achievements 2018–19:

- Achieved a 98 per cent satisfaction rating for ambulance services, with 98 per cent of surveyed patients stating they were 'very satisfied' or 'satisfied' with their most recent ambulance experience.
- Received 865,493 Triple Zero (000) calls for QAS and answered 91.49 per cent within 10 seconds maintaining a performance of greater than 90 per cent.
- Exceeded QAS Service Delivery Statement targets for the 50th and 90th percentiles for the most critical Code 1A incidents and the 90th percentile for Code 1B incidents, while incident demand growth for all codes increased by 5.27 per cent when compared to the same period in the previous financial year, representing an additional 57,041 incidents compared to the same period last financial year.
- Launched the Queensland Pelvic Mesh Service in April 2019 to provide holistic interdisciplinary care to treat women suffering complications caused by transvaginal mesh devices. The service was co-designed by clinicians, Health Consumers Queensland and consumer representation to ensure a patient centric model of care is provided for women.
- Committed an additional $20 million to the 2019 *Winter Bed Strategy* to support HHSs in managing the increased demand for services across the winter period. Investment focused on increasing the capacity of the health system to provide timely access to emergency care and keeping vulnerable Queenslanders well to

reduce their risk of being hospitalised during winter.

- Increased rural generalist training positions for early career allied health professionals in HHSs from 11 to 21 in 2018–19 to provide supported entry to rural and remote practice with the aim of improving service and workforce sustainability for rural teams. The Allied Health Professions' Office of Queensland worked with HHSs to reform the funding and implementation model for the strategy.
- Introduced the Queensland Government's first cloud-based virtual customer service agent, 'Russell'. The virtual agent can deliver general service activities such as resetting forgotten or expired passwords, logging job details to hold a customer's place in the queue and scheduling customer call backs. Call volumes and queueing have reduced significantly, with Queensland Health's customer service capacity improving by approximately 90 hours a week per service agents' time, allowing real agents to answer more calls and manage more complex issues.
- Implemented 'Live Chat' to allow direct engagement and communication with Service Desk Agents for customers using the Self-Service Portal communication channel.
- Identified areas for improvement regarding 'clinical handover at emergency departments' and 'expanding non-hospital options— alternate care pathways (mental health)', resulting in:
  - a joint initiative with West Moreton HHS and Metro South HHS, delivering a collaborative Mental Health Registered Nurse and Senior Paramedic co-responder model
  - establishing Mental Health Clinicians within the Brisbane Operations Centre to provide specialist advice to paramedics about patients experiencing mental health difficulties and to facilitate navigation through the health system.
- Established the Alternate Care Pathways (Mental Health) Committee with QAS, QPS, and Queensland Health members to assist with implementing the initiatives noted above.
- Continued to implement the *QAS Digital Strategy Toward 2027* to transform the QAS digital landscape through:
  - upgrading the QAS eARF and the data warehouse platform
  - delivering a referral management coordination service and a solution to enable online management of non-emergency patient transport requests
  - implementing modern, mobile data communications in QAS vehicles to enable effective response to Triple Zero (000) incidents
  - enhancing strategic resource planning capabilities and real-time decision support for resource deployment.
- Ensured rapid disaster management across Queensland. During 2018–19, QAS:
  - activated the State Incident Management Room six times during the summer season to natural disaster events with the deployment of 126 officers and 18 Local Ambulance Coordination Centre activations
  - activated the 2018–2019 *Summer Preparedness Plan* to ensure disaster management arrangements and all QAS summer season preparedness activities were completed
  - activated the *QAS Heatwave Plan* for the heatwave across the state in November 2018 and Central Queensland Wildfires in December 2018
  - reviewed and endorsed the *2019 Pandemic Influenza Plan*
  - supported the planning and response for the Asia-Pacific Economic Cooperation forum in Papua New Guinea and Cairns
  - facilitated an observer program for 16 officers across Queensland to the Chemical, Biological and Radiological Capability Exercise Tropical Exposure.
- Delivered the *Digital Genomics Strategy and Roadmap* to present the changes that Queensland Health will make to

deliver better, safer care using a patient genome while protecting the rights and privacy of patients.

- Launched the Pathology Queensland Centre for Integrated Genomics with the assistance of the Queensland Genomics Health Alliance, as part of becoming a comprehensive provider of genomics testing to the public hospital system in Queensland.
- Hosted a national eHealth Apps workshop in Brisbane to consider potential benefits and challenges eHealth Apps present to the health system, and opportunities for national collaboration. Participants included other state and territory governments, the Australian Digital Health Agency (ADHA), Therapeutic Goods Administration (TGA), Australian Commission on Safety and Quality in Health Care, and the Australian E-Health Research Centre.
- Continued to roll-out the integrated *electronic Medical Record (ieMR) program* across Queensland, with thirteen acute healthcare facilities that have now successfully transformed into fully digital hospitals. The *ieMR Program* has resulted in an average 56 per cent reduction in the time taken to record vital signs and a 74 per cent reduction in diagnostic imaging. Independent forecasting by PwC demonstrated that the digital hospitals have realised $181.9 million financial and economic benefits.
- Presented the annual eHealth Expo. The event attracted over 1500 participants who showcased digital innovations and technologies that are improving patient care in Queensland hospitals.
- Commenced implementation of a Statewide Clinical and Business Intelligence Platform to establish a strong foundation for clinical data and analytics and migrating individual collections of data to a common environment that improves data availability and richness. The platform delivers enhanced privacy security and reliability to protect sensitive patient and commercial data.
- Delivered the *Information Management Strategy and Roadmap* for the Department of Health.
- Continued to link data in near real-time to support ongoing generation and monitoring of patient safety and quality improvement indicators, to support clinical registries and to inform evidence-based service planning and provision.
- Continued to provide Queensland Health clinicians with reliable access to critical clinical knowledge resources including leading diagnosis, treatment and medicines dosing tools through the statewide Clinical Knowledge Network (CKN). CKN is now in its fifth year and is available to all clinicians including QAS officers 24 hours per day, seven days per week regardless of their location in the state. Over the past 12 months, CKN has facilitated almost 12 million searches for medicines, diagnostic and treatment information; and supplied 1.7 million articles for diagnostic and research purposes.
- Helped our health employees to work smarter by:
  - deploying Office 2016 to 80,000 computer devices and enabled Office 365 for more than 110,000 users across the state
  - migrating 72,761 computer devices to Windows 10
  - deploying the Follow Me Desktop service to 5800 users across the State
  - constructing 20 communications rooms, implementing over 5000 wireless access points, installing 150 kilometres of data cabling and 17,500 data outlets at 120 locations
  - upgrading the bandwidth of 22 per cent (168) of Queensland Health wide area network (WAN) data links to provide double the capacity.

Case Study:

Violence risk assessment and management framework—mental health services

The Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, led the implementation of the Queensland Health response to the 2016 report, *When mental healthcare meets risk: A Queensland sentinel events review into homicide and public sector mental health services.*

A key project completed by the Chief Psychiatrist on March 2019 was the release of the Violence risk assessment and management framework—mental health services (Framework).

The Framework is a guiding document for the identification, assessment and management of Queensland Health mental health service consumers who may pose a risk of violence towards others.

The Framework provides a structured three-tiered approach to risk assessment and management, whereby elevations in the level of risk posed are associated with a more comprehensive and specialised service response. Each tier of the Framework is supported by clinical documentation and training modules to build clinical competencies and capabilities.

The Framework, developed in consultation with mental health clinicians and consumer and carer representatives, was piloted across five HHSs between June 2018 and January 2019.

Evaluation of the pilot revealed that application of the Framework:

- improved the capability of clinicians and services to identify, assess, and develop risk management plans

- improved senior clinician involvement in the identification, assessment and management of consumers who pose a risk of violence, and particularly when levels of risk increased
- improved liaison with, and referrals to, specialist forensic mental health services to provide assessment and management support for consumers with complex needs and a significantly elevated risk of violence.

Statewide implementation of the Framework occurred between March and June 2018 and was supported by:

- an induction video providing an overview of the Framework and how it is applied. Access to this video will remain ongoing for refresher sessions and new staff induction
- delivery of a training package on violence risk assessment and management to senior clinicians and Consultant Psychiatrists to align with the response required at Tier 2 of the Framework
- local implementation site coordinators within HHSs. In addition to the provision of implementation resources/tool kits, the Mental Health Alcohol and Other Drugs Branch held monthly Statewide Site Coordinator Network meetings to provide further support and an opportunity to share lessons learnt.

Strategic objective 3—High performance

Responsive, dynamic and accountable management of the department, and of funding and service performance.

Key points

- Collaboratively manage system performance against agreed key performance indicators in health service providers' contracts and service agreements.
- Purchasing plans are implemented for all strategic priorities to enable delivery and system sustainability.
- An increase in clinicians, patients and providers participating in purchasing and performance management processes.

Key achievements 2018–19:

- Implemented the *Surgery Connect Activity Navigator (SCAN),* which provides improved administration, management and reporting on the *Surgery Connect Program*. In addition, dashboards for the *Surgery Connect program* are being incorporated into the newly established System Performance Reporting (SPR) platform with the Surgery Connect activity dashboard currently live and working well.
- Provided relevant hospital activity and health-related data to Primary Health Network to enable the development of appropriate service needs plans to better deliver local targeted primary healthcare services.
- Evaluated existing areas of organisational strength through the *Capability Blueprint* project to define opportunities for better outcomes for the community, patients, and QAS and Department of Health employees. Staff engaged with stakeholders and compiled findings in the report *Our contemporary organisation: A Capability Blueprint for the future,* which was communicated to staff by the Director-General and QAS Commissioner in September 2018.
- Developed information solutions to facilitate ongoing access to relevant linked data from the Statistical Services Branch Master Linkage File for public hospitals, Retrieval Services Queensland, the Health Service Research and Planning Unit, and multiple Healthcare Purchasing and System Performance units, to enable review of complex health performance and system issues to inform value-based purchasing policy.
- Submitted relevant health sector National Minimum Datasets to the Australian Institute of Health and Welfare (AIHW) and worked cohesively to check and approve the release of a suite of standardised hospital and health outcomes data that allowed benchmarking of our performance against other states and territories, along with comparison against peer public hospitals.
- Commenced the *Rural Perioperative Team Training Program* which is a multifaceted, multidisciplinary team training program that has been developed to support clinicians to deliver and maintain safe, sustainable service delivery in rural and remote Queensland. There are currently 17 sites

involving 22 facilities across Queensland who are hosting this training program.

- Continued the *PROmoting Value-based care in Emergency Departments (PROV-ED)* project which supports widespread implementation of established clinical redesign initiatives to improve value-based care of patients presenting to Emergency Departments (EDs) across Queensland Health. There are nine successful initiatives across four HHSs within Queensland.
- Delivered $25 million in savings for Hospital and Health Services through improved procurement strategies.
- Continued to support new models of care in 14 hospitals within seven HHSs to provide optimal specialist outpatient care.
- Established the *NGO Quality Requirements Framework*. The framework is a living document that will be updated in line with national quality developments.
- Improved the *Investment Management Framework* by piloting additional supporting frameworks including assurance and technical reviews.
- Continued End of Life SEED (support, explore, excel, deliver) Innovation Funding to build a culture of innovation and excellence. In 2018–19 funding was provided to four HHSs which include Children's Health Queensland and Gold Coast HHS to fund programs including care plan development for a dying child and supporting discharge from hospital to enable dying at home.
- Co-designed a *Strategic Asset Management Planning (SAMP) Framework* with commercialised business units. This framework strengthens the strategic focus of asset management planning in line with health service planning, digital strategies and workforce planning.
- Received over 23,980 requests for assistance through Retrieval Services Queensland, of which 20,147 resulted in patient transport by air, road or boat to health care facilities.
- Established new supplier arrangements for medical officers for retrieval medical coordination and long distance high acuity air ambulance services.

Strategic objective 4—Equitable health outcomes

Improving health outcomes through better access to services for Queenslanders.

Key performance indicators

- An improvement against Closing the Health Gap targets for Aboriginal and Torres Strait Islander Queenslanders.
- Meet clinical wait times for the following services:
  - specialist outpatient clinics
  - elective surgery
  - emergency department lengths of stay.
- An increase in the uptake of telehealth services.

Key achievements 2018–19:

- Launched the *Advancing Kidney Care 2026* plan in June 2019 with the aim of improving kidney health and care, with greater access to renal services and enhanced support for all Queenslanders and improved training opportunities in renal care for health employees. The plan focuses on ensuring equitable access to services for Aboriginal and Torres Strait Islander people and people living in rural and remote areas. Additional funding included:
  - $10 million per year in recurrent funding in renal services aligned with the plan
  - $5 million per year in recurrent funding was invested to enhance renal services in North Queensland where the issue of end-stage kidney disease is the greatest for Aboriginal and Torres Strait Islander people.
- Invested an additional $10 million to fund the completion of the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021* to continue to host community-based sexual health screening events and embed sexually transmissible infection testing as part of routine clinical care. Efforts to increase sexual health screening over the last two years have seen HHSs form a close partnership with the Aboriginal and Torres Strait Islander community.
- Dedicated $16 million over two years to expand the scope and reach of the *Deadly Choices Healthy Lifestyle Program*, which aims to encourage Aboriginal and Torres Strait Islander Queenslanders to make healthy choices, and focuses on risk factors such as physical activity, smoking and substance abuse, and good nutrition.
- Delivered the 2018 *Close the Gap* report, revealing that Queensland now leads the way nationally with the highest life expectancy for both Aboriginal and Torres Strait Islander males and females and the

lowest life expectancy gaps. There have been strong improvements in Aboriginal and Torres Strait Islander life expectancy estimates, with the average life expectancy for Aboriginal and Torres Strait Islander children born in Queensland increasing by 3.3 years for boys and 2.0 years for girls, up from previous estimates in 2010–2012. The life expectancy gap between Indigenous and non-Indigenous people in Queensland has reduced by 3 years for men, from 10.8 years to 7.8 years; and 1.9 years for women, from 8.6 years to 6.7 years.

- Streamlined and improved referral pathways and the transition process for young people moving between clinical mental health services, community-based care, and support services through the provision of e-learning modules to support clinicians in the delivery of culturally capable mental health services and mental health coordination programs in the Children's Health Queensland and Townsville HHS.
- Developed *Closing the Gap* Health Plans in all HHSs, identifying system-level initiatives to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders to embed indigenous representation in Queensland Health leadership, governance and workforce; improve engagement and partnerships; and enhance transparency, reporting and accountability in Closing the Gap progress. New Aboriginal and Torres Strait Islander Director and Executive Director positions have been established in Metro North, Cairns and Hinterland, Townsville, Central Queensland, Torres and Cape, and Darling Downs HHSs.
- Released the *Aboriginal and Torres Strait Islander Cultural Capability Action Plan 2019–22* in consultation with the QAS Indigenous Liaison Officer and Cultural Capability Champion Network. This plan builds on the initiatives previously implemented and further reaffirms QAS's commitment to developing a more culturally responsive and inclusive workplace.
- Delivered a comprehensive clinical governance framework for Aboriginal and Torres Strait Islander health practitioners, which established medicine authorities and enabled Aboriginal and Torres Strait Islander health practitioners to work to their full scope of practice. Thirteen Aboriginal and Torres Strait Islander health practitioner positions were created across eight isolated practice locations, including Cooktown, Wujal Wujal, Weipa, Thursday Island, Naprunam, Horn Island, Coconut Island and Badu Island Primary Health Care Centres.
- Continued to reduce average waiting times and improve access to specialist outpatient appointments across all categories through the implementation of the *Specialist Outpatient Strategy*, with a 55.9 per cent reduction in the number of ready for care patients waiting longer than clinically recommended since March 2015. This strategy has facilitated the expansion of operational services within areas of demand, 137,000 more patients received their initial appointment in 2018–19 compared to 2015–16, which equates to 25.7 per cent more appointments. The strategy has also supported the provision of services closer to home through outreach and telehealth appointments, and introduced new technology such as 'Smart Referrals'.
- Established the Rural Maternity Taskforce (RMT), a panel of rural consumers, maternity experts, clinicians and health service decision-makers to improve safety and access for rural women. The taskforce was established in August 2018 to advise the Minister for Health and Minister for Ambulance Services on the safety of current rural maternity services in Queensland and what steps can be taken to minimise risks for mothers and babies in rural and remote communities, whilst providing services as close as possible to where they live. The RMT achieved the following deliverables:
  - a report on current maternity services, which includes:

    - a discussion of the findings from the stakeholder engagement processes/forums
    - an overview of the themes from the public submission process
    - an analysis of the factors that affect access to and safety of services, and outcomes for mothers and babies
    - six recommendations arising from the findings.
  - a decision-support guide, known as the *Rural and Remote Maternity Services Planning Framework*, to assist HHSs with planning, developing and delivering rural and remote maternity services
- Held the Queensland Maternity Summit in Cairns on 18 and 19 June 2019. The purpose of the summit was to share progress on achievements and actions arising from the 2016 Statewide Maternity Service Forum and to present deliverables of the Rural Maternity Taskforce. Key findings from the *Taskforce Report* were presented, along with feedback from the public submissions and key focus groups. *The Rural and Remote Maternity Services Planning Framework* was shared and discussed with key stakeholders. Six recommendations have been considered and accepted by the Minister for Health and Minister for Ambulance Services. The recommendations and feedback from the Queensland Maternity Summit are under consideration by the Department of Health to determine an action plan.
- Increased telehealth service events across Queensland's HHSs by 43 per cent in 2018–19 compared to 2017–18, improving access to healthcare and specialist services for rural and remote Queenslanders and providing opportunities to support and upskill our rural workforce.
- Continued to implement Clinical Prioritisation Criteria (CPC) across the public health system, improving the effectiveness and management of specialist outpatient referrals. In June 2019, 344 CPC across 24 specialties were published. These have been developed to ensure the equitable assessment of patients, regardless of where they live, and to assure patients that specialist outpatient appointments are delivered in order of clinical urgency. CPC is now considered 'business as usual' in four HHSs, with a further 13 sites having implemented these referral criteria.
- Funded and implemented an additional 160 nurse navigator positions to support patients with chronic illnesses to navigate the health system and to access care appropriate for their needs, bringing the total number of funded nurse navigator positions to 400. Due to the success of this program, the Minister for Health has committed to recurrent and ongoing funding for these 400 positions.
- Launched the Medi-Nav career website for medical students and junior doctors to communicate key workforce data and influence medical career choices.
- Facilitated upskilling opportunities for rural general practitioners and rural generalists to maintain and enhance their advanced skills in order to serve the regional, rural and remote communities in which they practice.
- Enabled the expanded delivery of the *Resilience on The Run Program* for junior doctors.
- Established a governance committee to drive the implementation of the *Rheumatic Heart Disease (RHD) Action Plan 2018–21*. The action plan will lessen the impact of acute rheumatic fever and rheumatic heart disease on Aboriginal and Torres Strait Islander peoples in Queensland. Key deliverables include:
  - public health regulations being modified to make RHD a clinically notifiable condition from 1 September 2019
  - amendment to the *Health Drugs and Poisons Regulation 1996* to enable Aboriginal and Torres Strait Islander health practitioners to administer relevant medications from 1 November 2019.

Case Study:

Navigating the health system

Andrea is a 75-year-old lady who is recently widowed. She has early dementia, and a complex medical history having suffered a stroke, a heart attack and breast cancer in recent years. She has pain in her right knee when she walks and has difficulty making appointments now that her husband has passed away and is no longer around to drive her. She is on many medications to control her blood pressure and her pain, to thin her blood and to prevent recurrence of her cancer. She often forgets to take them.

Andrea now has access to a Nurse Navigator, an advanced practice nurse who is improving the lives of Queenslanders by delivering a world class, evidenced based solution to the increasingly complex issues faced by people with chronic care needs. The *Nurse Navigator Program* harnesses the expertise of our most senior nurses to lead programs to improve the coordination and integration of patient care between our hospitals and the primary care and aged care sectors.

The Nurse Navigator has the system knowledge, access, clinical skills and time to understand and address the health needs of Queensland's most complex chronic disease patients. The Navigator works actively to partner with patients and is integral to reducing fragmentation, educating and empowering consumers, mitigating barriers and coordinating care which results in immediate improvement in patient outcomes and long-term system efficiencies.

In 2015, as part of the Queensland Government's 2015 Nursing Guarantee policy, the Queensland Government committed to create new Nurse Navigator positions across all HHSs in Queensland for consumers with complex health needs.

During the 2017 election, this commitment was strengthened by the State Government: "to expand the *Nurse Navigator Program* to 400 positions to entrench and permanentise the ongoing components of the *Nurse Navigator program*".

On 4 June 2019, the Office for the Chief Nursing and Midwifery Officer invited practitioners to celebrate the success of this four-year program at a showcase. The Minister for Health and Minister for Ambulance Services announced at the showcase that the program had been so successful that 400 Nurse Navigator roles throughout Queensland, would now be made permanent.

The *Nurse Navigator Program* is the largest state funded integrated care project in Australia. Importantly, Navigators are changing lives of Queenslanders for the better.

Strategic objective 5—Broad engagement with partners

Harnessing the skill and knowledge of our partners

Key performance indicators

- An increase in clinician and consumer engagement in shaping healthcare reform.
- Positive feedback from health service partners.
- An increase in community connectivity with Queensland Health through the use of digital and social media.

Key achievements 2018–19:

- Established the Queensland Clinical Trials Consortium, a government and industry initiative to attract more clinical trials to Queensland and investigate international trade mission opportunities. The consortium has successfully showcased Queensland's extensive clinical trials capabilities at domestic trade missions.
- Formed the Queensland Professional Development Consortium of three HHSs, seven Queensland Universities and TAFE Queensland. The Consortium's purpose is to showcase Queensland health and medical capabilities and deliver professional development training to international health executives promoting the State's academic excellence in health and medical research, education and delivery of practical and world class healthcare services. This Consortium is supported by the Trade and Investment Queensland's International Education and Training Partnership Fund.
- Designed and delivered the pilot *Advancing international knowledge exchange* (AIKE) *program* for clinicians and senior executives from Queensland hospitals to gain a better understanding of clinical practice in China and identify collaboration opportunities.
- Facilitated the Queensland health and medical science mission to China, led by the Director-General, Queensland Health, to promote Queensland's health capabilities to government agencies, hospitals, research institutions and potential investors, particularly to develop investment opportunities in biomedical research and clinical trials.
- Led an eight-day trade mission to four Chinese cities (Guangzhou, Shenzhen, Shanghai and Hangzhou), with 21 members of the Consortium participating in the mission to promote Queensland health capabilities and explore opportunities for professional development training in healthcare.
- Partnered with the Department of Justice and Attorney-General to support coroners and families by using triaging to reduce the time taken to resolve cases.
- Established the Hospital and Health Services Directors of Research Forum as a mechanism to facilitate collaboration and boost Queensland Health's collective research capability.

- Developed and piloted the Teletrials model that enables rural and remote patients to access clinical trials closer to home under a quality assured framework. The pilot successfully demonstrated that the data produced is acceptable for commercially sponsored research destined for marketing applications to national and international regulators. The *Queensland standard operating procedures* for the model will advance a national model.
- Continued the Integrated Care Innovation Fund (ICIF) to support HHSs to collaborate with Primary Health Networks and other community health providers to develop and progress new models of care and approaches to integrated service delivery. Twenty-five integrated care initiatives were implemented across 15 HHSs in partnership with six Primary Health Networks and community partners.
- Hosted a showcase to celebrate the success of the *Queensland nurse and midwife navigator program* in delivering world class healthcare to some of the most vulnerable and complex chronic disease patients across the state. The event explored practical examples of best practice, and how to embed these innovative models moving forward. The event was anchored by an announcement from Dr Steven Miles, Minister for Health and Minister for Ambulance Services to permanently fund these 400 positions, making the program the largest state funded integrated care project in Australia.
- Continued to support the Statewide Clinical networks. The networks serve as the peak body of expertise in Queensland, with over 6000 clinicians participating and providing an independent point of reference for clinicians, HHSs and the Department of Health. The statewide clinical networks guide quality improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation, optimisation and provision of high quality patient focused healthcare.
- Hosted the annual Passionate About Practice symposium at the Royal Brisbane and Women's Hospital on 7 May 2019. Key themes from this year's symposium included the power of midwifery and nursing to future proof the health of our communities with the right investment, and the need for midwives and nurses of all levels to step-up as advocates for their role in healthcare and the healthcare system.

Strategic objective 6—Dynamic policy and planning leadership

Drive service improvement and innovation through a collaborative policy cycle

Key performance indicators

- Responsive policy advice.
- Meet Government expectations regarding the delivery of the legislative program.
- Progress towards completion of initiatives designed to reform regulatory practice.

Key achievements 2018–19:

- Inducted 30 consumers into the *Rapid Results program* to ensure a consumer perspective and 22 clinical champions are working with DDG and Chief Executive (CE) sponsors to lead the initiatives.
- Established the *Health and Wellbeing Advisory Committee* in January 2019. The *Health and Wellbeing Queensland Act 2019* assented in May 2019, creating Queensland's first dedicated health promotion agency.
- Launched a national recruitment campaign in February 2019 for Queensland's first, Chief Aboriginal and Torres Strait Islander Health Officer who will focus on increasing the system-wide visibility and importance of Aboriginal and Torres Strait Islander health and improving health equity and outcomes for Queensland Aboriginal and Torres Strait Islander peoples.
- Developed and launched *Getting it right first time Queensland* initiative which aims to improve quality and reduce the variation in orthopaedic care across the state.
- Launched the new *Advancing Kidney Care 2026 Plan* and the *Statewide Cardiac Care Strategy* in June 2019. The *Advancing Kidney Care 2026 Plan* will receive $40 million in funding across four years, while the *Cardiac Care Strategy* will receive $12.3 million across four years. Both approaches have been clinically-led and consumer-led to improve access, quality and outcomes for consumers.
- Established and recruited a new *Statewide Mental Health Program* Coordinator to the QAS. This role provides advice on the establishment of policy and operational approaches with external stakeholders for mental health patients.
- Continued to prioritise domestic and family violence (DFV) service system reform through delivery of a range of initiatives designed to support health workers and clinicians to recognise and respond to DFV presentations in the health system, including a new antenatal screening for DFV training video; and projects to build the knowledge base of the health impacts and responses to non-lethal strangulation.
- Launched the *Our Child* web service on 29 March. The solution draws data from government systems to enable rapid information sharing between agencies to assist with locating children in care who are missing. This initiative was in response

to the Queensland Family and Child Commission report *When a child is missing: Remembering Tiahleigh*, which outlined recommendations to improve responses by government agencies for children missing from out-of-home care.

- Commenced implementation of Ministerial decisions relating to the passing of the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2019* on 28 February.
- Amended the *Health (Drugs and Poisons) Regulation 1996* (HDPR) on 8 November 2018 to expand the scope of allied health practitioners and provide new authorities in relation to the use of scheduled medicines. These amendments enable specified health professionals, with the necessary training and qualifications, to work to their full scope of practice, thereby improving access to timely and efficient healthcare for Queensland communities.
- Delivered an education policy summit in March 2019, exploring key issues and identified priorities for nurse education through panel and workshop sessions. The Office of the Chief Nursing and Midwifery Officer hosted the event, which incorporated consultation for the Commonwealth sponsored national review of nursing preparation. Outcomes of the summit will inform planning for Queensland Health's nurse education and development priorities through to 2026.
- Continued to support a coordinated approach to implementing the statewide strategy for end-of-life care. The strategy raises awareness and capabilities for end-of-life care through the provision of forums and public campaigns, and the development of clinical guidance tools and HHS pilot programs.
- Implemented *Clinical Standards and Aviation Standards* for retrieval services in Queensland.
- Recorded a total capital expenditure of $766.2 million for the *health portfolio capital program*. This investment has seen essential upgrades made to health facilities and supporting infrastructure across Queensland, while also supporting an average of 1178 jobs across the state. Significant infrastructure projects currently being delivered are:
  - Roma Hospital Redevelopment—total estimated investment of $98.1 million
  - Gladstone Hospital Emergency Department—total estimated investment of $42.0 million
  - Atherton Hospital Redevelopment—total estimated investment of $70.0 million
  - Cairns South Health Precinct—total estimated investment of $12.9 million
  - Adolescent Extended Treatment Facilities (five sites)—total estimated investment of $68.2 million
  - Blackall Hospital Redevelopment—total estimated investment of $17.9 million
  - Boulia Refurbishment—total estimated investment of $7.2 million
- Completed projects include:
  - Rockhampton Hospital car park—total estimated investment of $25.5 million
  - Gladstone Step Up Step Down facility—total estimated investment of $5.6 million
  - Bundaberg Step Up Step Down facility—total estimated investment of $5.4 million
  - Mackay Step Up Step Down facility—total estimated investment of $6.1 million
  - Aurukun Primary Health Care Centre refurbishment—total estimated investment of $6.7 million
  - Palm Island Primary Health Care Centre—total estimated investment of $16.5 million.

Strategic objective 7—Engaged and productive workforce

Foster a culture that is vibrant, innovative and collaborative

Key performance indicators

- Improved Working for Queensland Employee Opinion Survey results.
- An increase in the use of staff training and development programs.

Key achievements 2018–19:

- Delivered myHR, an online, self-service tool to 80,000 staff, enabling improved visibility and control of human resource information for employees and managers.
- Enacted the national regulation of the paramedicine profession under the National Registration and Accreditation Scheme (National Scheme) and Health Practitioner Regulation National Law (Queensland). As at 30 June 2019, QAS had 3900 paramedics with registration, of which 3873 are in a role requiring paramedic registration. The national scheme provides a single registration recognised anywhere in Australia, ensuring that only health practitioners who are suitably trained and qualified are registered in the profession. National registration also facilitates the detection and management of practitioner health, conduct or performance issues and provides powers to prosecute.
- Finalised the QAS Mental Health and Wellbeing Strategy 2018–2023 to address psychological wellbeing, both within and outside of the workplace by reducing barriers to accessing support and mental health stigma.

  Implementation of the strategy included:

  – producing a series of educational videos designed to provide information and education and reduce barriers to support
  – delivering mental health and leadership education through trauma and resilience in the workplace training, Critical Incident Management training, *Classified Officer Development Program* and *Critical Care Paramedic Development Program* training and other university, graduate and emergency training
  – actively participating in Queensland Mental Health Week activities, culminating in winning the Workplace Large category award (QAS Priority One Unit) at the Queensland Mental Health Week Achievement Awards.
- Developed leadership and management capabilities of Queensland clinicians through a range of innovative leadership and management development programs, delivered to 1055 Queensland Health clinicians to support innovative and sustainable healthcare services of the next generation. Programs included the *High Impact Leadership Program*, *Manage4Improvement Program*, *Step Up Program*, *Take the Lead Program*, and the *Learn2Lead Junior Doctors Program*. Queensland Health also partnered with Metro South HHSs to deliver the Clinician and *Medical Managers Orientation*

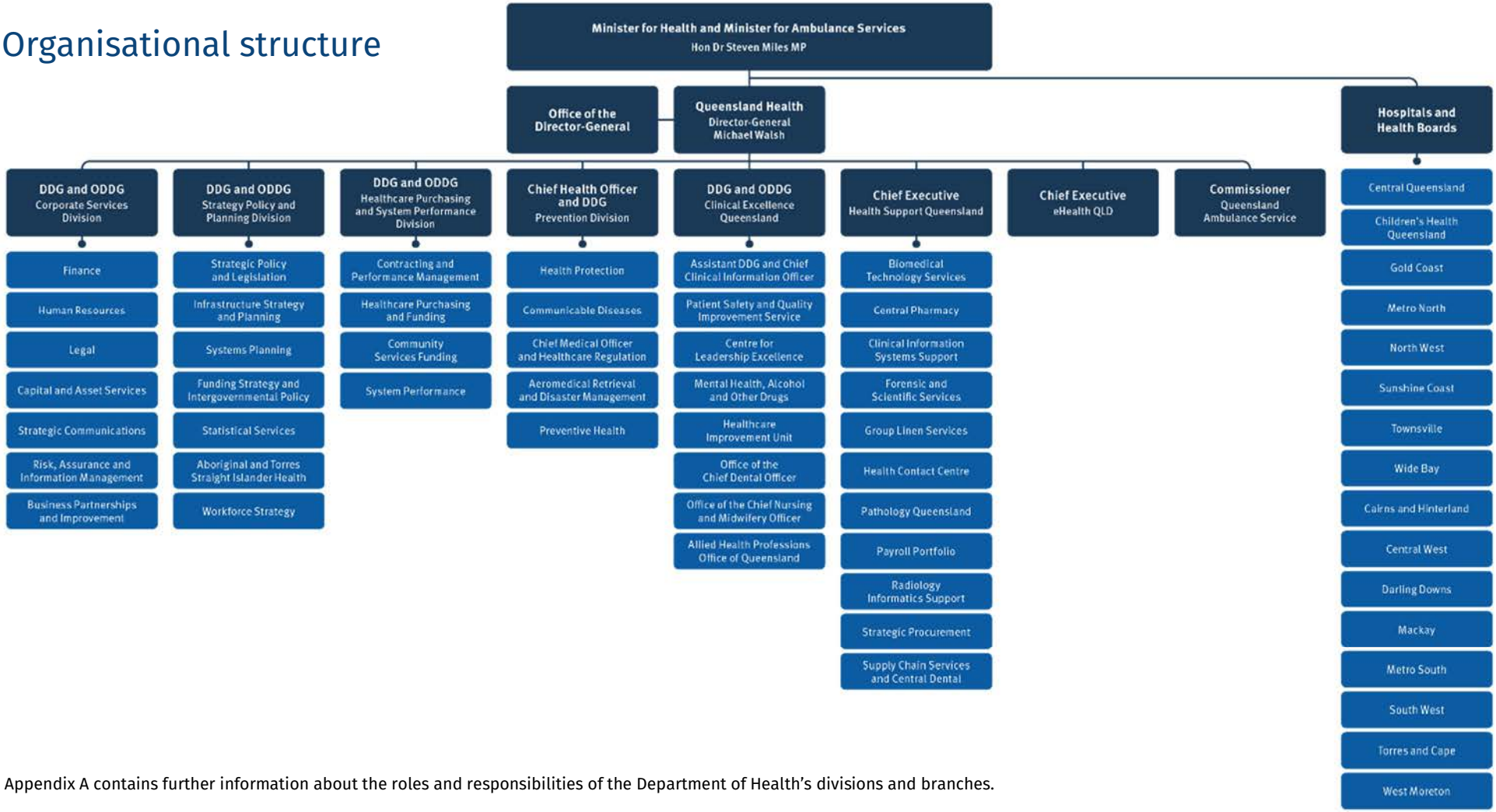
Program. Leadership and management consultancy services were also provided to nine HHSs.

- Provided ongoing oversight of the implementation of the Queensland Government's commitment to recruit 3000 nurses from June 2016 to June 2020.
- Implemented the *Next Generation leadership program* with participation by one cohort with 23 participants. The comprehensive development program targeted high performing senior leaders from across the healthcare system looking to increase their leadership capability for an executive level role. The program has successfully assisted to develop a strong talent pipeline across the broader health system.
- Implemented LEAD4QLD leadership assessment tool to the Department's Executive cohort. The tool has been developed by the Queensland Public Service Commission in collaboration with Hudson. LEAD4QLD is an interactive and engaging process designed to provide participants with personalised insights into their leadership strengths and development areas. The LEAD4QLD tool incorporates the refreshed *Leadership Competencies for Queensland framework* which defines the competencies and behaviours required for leaders across all levels. This framework and tool will continue to be rolled out throughout Department.
- Delivered the *MentorMe Program* which focused on building the leadership capability of our aspiring leaders, including empowering self-confidence, increasing personal performance and professional network and connections. In total, 25 mentees were matched with senior mentors across Queensland Health enabling participants opportunities for learning and collaboration.
- Improved the capability of Human Resource (HR) practitioners through the *HR Capability Program*, endorsed by Australian Human Resources Institute (AHRI). This program provides access to development, AHRI membership including access to the *AHRI Practicing Certificate program* which provides participants with a university level post graduate qualification and accreditation in strategic human resource management. Ninety-four practitioners are within the *HR Capability Program*.
- Commenced a school-based traineeship program within Logan. The program aims to address youth unemployment by providing school student participants with a certificate III qualification, paid work experience and exposure to alternative career pathways in the healthcare sector. The program offers 14 traineeships in areas including finance, human resources, payroll, information technology and pathology.
- Commenced the second cohort of the *Queensland Health Graduate Program* in January 2019, with 7 graduates. The program builds general management and finance capability across the Queensland Health system and includes work placements across regional, rural and metropolitan HHSs and Queensland Health.
- Monthly learning events on the Training Calendar enabled all employees to drive their own development and access capability development initiatives in the form of face-to-face workshops, webinars and short courses. A wide range of programs and on-line courses were available for employees to access.
- Developed the *Department of Health Workforce Plan 2019–2022* to enable service delivery effectively and sustainably now and in the future, through recognising and responding to workforce challenges and enabling a highly capable non-clinical workforce.

Our governance

Management and structure

Organisational structure



Appendix A contains further information about the roles and responsibilities of the Department of Health's divisions and branches.

Executive management

Michael Walsh

Director-General

Michael Walsh has been the Director-General of Queensland Health since July 2015. Queensland Health employs approximately 90,000 people and provides a public health and hospital system for nearly five million people. Michael was chair of the Australian Health Ministers Advisory Council (AHMAC) providing advice to the COAG Health Council from 2016 to 2018 and is on the Board of the Australian Digital Health Agency which is responsible for the My Health Record. Michael is also on the Board of Brisbane Diamantina Health Partners, an NHMRC accredited Advanced Health Research and Translation Centre.

Over the past 17 years, Michael has held senior executive positions in New South Wales and Queensland. Michael has worked as Chief Executive HealthShare NSW and was the inaugural Chief Executive of eHealth NSW. In Queensland, Michael has worked in both social and economic portfolios at the Deputy Director-General level including health, education and infrastructure.

Michael has also worked in the private sector including as a principal with PwC.

Michael holds a Master of Business Administration, Bachelor of Arts (Hons) in psychology, Bachelor of Science in human movement and Bachelor of Education.

Michael has a passion for organisational excellence and leading value-based teams achieving outcomes that improve the lives of all Australians.

Barbara Phillips

Deputy Director-General, Corporate Services Division

Barbara Phillips joined the Department of Health in 2017 as Deputy Director-General, Corporate Services Division. She has more than 20 years' experience from Australia and New Zealand in leading people, and large-scale policy and change programs in the public healthcare sector.

Recently Barbara led the successful implementation of a new modern statewide finance, business and logistics system to 15,000 users. The $135 million program was a significant and complex change for the Department and revolutionised finance and logistics within the organisation.

Partnering with stakeholders for mutual benefit is a key driver for Barbara. In 2018/19 she oversaw the transformation of the $777 million capital program, partnering with Hospital and Health Services and industry stakeholders to deliver one of the most diverse and geographically dispersed capital programs in Queensland.

Previously, Barbara has held executive level positions with the New Zealand Ministry of Health, including Acting Deputy Director-General for Policy and Deputy Director-General for Corporate Services.

She commenced her career in allied health frontline services in New Zealand, where she has lead significant health priorities, including the Prime Minister's Methamphetamine Action Plan (Health), Alcohol and Drug Policy, and implementing national screening programs with major ICT initiatives.

Barbara is an advocate for gender equity and supporting people. She is the Sponsor of the Department's Women's Network and the Work Able Program for

people with vision impairment. Barbara has a genuine passion for healthcare, a collaborative approach to leadership and a drive for continuous improvement.

Barbara holds an Executive Masters in Public Administration and is currently completing her PhD in leadership.

Kathleen Forrester

Deputy Director-General, Strategy, Policy and Planning Division

Kathleen Forrester is responsible for overseeing the development of strategic health policy; infrastructure, system and workforce planning; future funding strategies; statistics and data analysis; intergovernmental relations and Aboriginal and Torres Strait Islander health.

Kathleen leads her division to work collaboratively to set strategy and direction for Queensland's public health system. This work enables the department to deliver quality, safe and responsible health services to Queenslanders and contribute to its vision to make Queenslanders among the healthiest people in the world.

Kathleen has held senior positions within both state and federal government, as well as the private sector where she consulted on social policy reform.

Kathleen holds a Bachelor of Business Management (Economics) from the Queensland University of Technology, a Bachelor of Economics from the University of Queensland and a Master of Commerce (Economics) from the University of Melbourne. She is a member of the Economic Society of Australia and a graduate of the Australian Institute of Company Directors.

Nick Steele

Deputy Director-General, Healthcare Purchasing and System Performance Division

Nick Steele has held executive positions in the United Kingdom's National Health Service and in Queensland for the past 20 years.

As the Deputy Director-General, he is responsible for managing a budget of over $15 billion for purchasing health and hospital services and is responsible for ensuring the delivery of health outcomes as specified in HHS Service Agreements and contracts with non-government organisation (NGO) service providers and the private sector.

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 and Accountancy in the UK

Dr Jeannette Young PSM

Chief Health Officer and Deputy Director-General, Prevention Division

Adjunct Professor, Centre for Environment and Population Health, Griffith University. Adjunct Professor, School of Public Health and Social Work, Queensland University of Technology and Adjunct Professor, School of Public Health, University of Queensland.

In 2016, Dr Young was awarded a Queensland PSM for outstanding public service to Queensland Health, as part of the Queen's Birthday Honours List.

Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of senior positions in

hospitals in Queensland and Sydney, New South Wales. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom.

Dr Young's role includes accountability for 12 pieces of public health legislation and responsibility for health disaster planning and response, aeromedical retrieval services, environmental health risks, managing communicable disease planning and outbreaks, licensing of private health facilities and schools of anatomy, organ and tissue donation, blood, poisons and medicines, cancer screening, preventive health programs and initiatives, and medical workforce planning and leadership, to name a few. Dr Young produces a report every two years on the health of Queensland to report on the health status and burden of disease of the Queensland population.

Dr Young is a member of numerous committees and boards, including the National Health and Medical Research Council, the Queensland Institute of Medical Research Berghofer Council, the Australian Health Protection Principal Committee, the Domestic and Family Violence Death Review and Advisory Board, the Jurisdictional Blood Committee, the Organ and Tissue Jurisdictional Advisory Committee, the National Screening Committee, Radiation Advisory Council, the Queensland Clinical Senate and the Australian Strategic and Technical Advisory Group on Antimicrobial Resistance.

Dr John Wakefield PSM

Deputy Director-General, Clinical Excellence Queensland

Adjunct Professor, School of Public Health, Queensland University of Technology.
Adjunct Professor, School of Medicine, Griffith University.

MB CHB MPH (research) FACRRM FRACMA

Dr John Wakefield PSM has 30 years' experience in clinical and management roles in rural, regional and tertiary public sector health services in Queensland. After completing a Fellowship under Dr Jim Bagian at the National Centre for Patient Safety of the VA Health System in the United States, he returned to Queensland in 2004 and established the Queensland Health Patient Safety Centre, which he led until late 2012. He established a statewide network of patient safety officers and successfully established a legislative framework for incident analysis, ultimately demonstrating measurable reductions in preventable adverse events.

John is actively involved in national efforts to improve patient safety in partnership with the Australian Commission for Safety and Quality in Healthcare. He chaired the National Open Disclosure Pilot Project and regularly teaches Open Disclosure and other patient safety curricula. His research interests include patient safety culture, safety performance measurement and Open Disclosure. In 2011, John was awarded a public service medal for services to patient safety as part of the national Australia Day Awards.

John returned to the Department of Health in 2016 to lead the newly formed Clinical Excellence Queensland (CEQ). He and his team have led significant reforms in Mental Health, Nursing and Maternity Services. At the heart of CEQ are the Clinical Senate and Clinical Networks, driving continuous improvements in service quality and outcomes for patients across the state.

John has developed a successful leadership development program for clinicians from trainee to executive. Graduating over 1000 participants each year, and consulting to ten HHSs, CEQ has set the national benchmark for investment in clinician leaders for the 21st century.

Russell Bowles ASM

Commissioner, Queensland Ambulance Service

Russell Bowles was appointed Commissioner in June 2011, continuing a distinguished career with the QAS which began in January 1981. As Commissioner, Russell has implemented a number of structural, technical and operational reforms, resulting in significant service delivery improvements across a range of ambulance performance measures.

Russell holds a Master of Business Administration and was awarded the Ambulance Service Medal in the 2005 Australia Day Honours List.

Dr Peter Bristow

Chief Executive Officer, Health Support Queensland

Dr Peter Bristow trained as an intensive care physician working at Liverpool Hospital in Sydney before moving to the Prince Alfred Hospital in Melbourne. In 2000, he accepted the position as Director of Intensive Care at Toowoomba Hospital, progressing to Executive Director of Medical Services, acting Chief Executive and then Chief Executive for the Darling Downs HHS from its establishment in July 2012. From 2016 to 2017, he was Chief Executive of Townsville HHS. Both HHSs achieved zero long waits in elective surgery, endoscopy and specialist outpatients. From 2015 to 2017 he was Chair of the Queensland Health Service Chief Executive Forum. He has been Chief Executive Officer of Health Support Queensland and a member of the Departmental Leadership Team since November 2017.

Dr Bristow is a Fellow of the Royal Australasian College of Physicians, Fellow of the College of Intensive Care Medicine, Fellow of the Australian and New Zealand College of Medical Administrators and a graduate of the Australian Institute of Company Directors. He also holds a Graduate Certificate in Management.

Bruce Linaker MAICD

Acting Chief Executive Officer, eHealth Queensland

Bruce is the Acting Chief Executive of eHealth Queensland responsible for advancing healthcare through digital innovation.

In his previous role as Chief Solutions Delivery Officer, eHealth Queensland, Bruce was responsible for the successful delivery of Queensland Health's IT projects.

Prior to joining eHealth Queensland in December 2016, Bruce was the Regional Head, Portfolio Management Asia Pacific for the global French/Swiss company Lafarge Holcim and was based out of Manila, Philippines. Bruce established the portfolio management team and implemented demand and resource management processes servicing up to 10 countries with a 45,000 user-base. He was responsible for the complete shared services for Holcim's Asia Pacific region incorporating all IT, project delivery and business projects including finance, payroll, HR, CRM (Salesforce) and ERP (SAP) solutions. Prior to this, he was the IT Portfolio and Projects Manager for Holcim Australia/New Zealand developing and implementing end-to-end portfolio and project management, tools, reporting and governance.

Bruce is a recent graduate of the Australian Institute of Company Directors.

Government bodies

The following outlines the annual reporting arrangements for government bodies in the health portfolio. For more information about each government body, including details about their achievements, please refer to their annual reports.

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Mental Health Court	The President, Mental Health Court is required to prepare its own report. Details can be found in the *Mental Health Court's Annual Report 2018–2019*.	Financial transactions are included in the *Department of Health's annual report 2018–2019*
Mental Health Review Tribunal	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 2018–2019*.	Financial transactions are included in the *Department of Health's annual report 2018–2019*
Radiation Advisory Council	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the *Radiation Advisory Council's annual report 2018–2019*.	Financial transactions are included in the *Department of Health's annual report 2018–2019*
Queensland Mental Health Commission	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 2018–2019*.	
Queensland Mental Health and Drug Advisory Council	The Queensland Mental Health and Drug Advisory Council supports the Queensland Mental Health Commission. Details can be found in the *Queensland Mental Health Commission's annual report 2018–2019*.	
Hospital and Health Services (16)	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs respective annual reports 2018–2019.	
Hospital Foundations (12)	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 report 2018–2019.	

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Council of the QIMR Berghofer Medical Research Institute (QIMR)	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in QIMR's annual report 2018–2019.	
Office of the Health Ombudsman	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 2018–2019.	

Other governance entities

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Panels of Assessors (19)	The Panels of Assessors are governed by the *Health Ombudsman Act 2013* ('the Act') and was established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration. Professional Panels of Assessors comprise the 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; Dental Prosthetists Panel of Assessors; Dentists Panel of Assessors; Medical Practitioners Panel of Assessors; Medical Radiation Practitioners Panel of Assessors; Nursing Panel of Assessors; Midwifery 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 and Public Panel of Assessors (collectively 'Panels of Assessors'). The Panels of Assessors financial transactions are not included in Queensland Health's annual report as they are funded by the Australian Health Practitioner Regulation Agency.	

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
	The Panel of Assessors are entitled to be paid the remuneration and allowances approved by the Governor-in-Council. The Panel of Assessors are paid sessional meeting fees of $550 for four hours or less. Remuneration payable to the Panels of Assessors is fully funded by the Australian Health Practitioner Regulation Agency. Achievement details can be found in QCAT's annual report 2018–2019.	
Queensland Boards of the National Health Practitioner Boards	The Queensland Boards of the National Health Practitioner Boards is governed by the *Health Practitioner Regulation National Law Act 2009* ('the Act') and comprises the Queensland Board of the Medical Board of Australia; the Queensland Board of the Nursing and Midwifery Board of Australia; and the Queensland Board of the Psychology Board of Australia (collectively 'the boards') On behalf of the National Health Practitioner Boards, the Queensland Boards' functions include making individual registration and notification decisions regarding health practitioners based on national policies and standards. The Australian Health Workforce Ministerial Council sets the fees for Board members in accordance with Schedule 4, section 3 of the Act. The following rates were effective from 1 July 2017 (2018): • Board Chairs are paid a daily sitting fee of $784 (for more than four hours); $392 for extra travel time of between 4–8 hours; and $784 for extra travel time of more than eight hours. • Board members are paid a daily sitting fee of $642 for more than four hours; $321 for extra travel time of between 4–8 hours; and $642 for extra travel time of more than eight hours. Remuneration payable to the boards is funded by the Australian Health Practitioner Regulation Agency. Achievement details can be found in the Australian Health Practitioner Regulation Agency's annual report 2018–2019.	

Committees

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
Advancing Health 2026 Oversight Committee	The committee monitors actions under Advancing Health 2026. It advised the Minister for Health and Minister for Ambulance Services on collaborative opportunities between Queensland's health system sectors and on progress made to achieve the Advancing Health 2026 vision to make Queenslanders among the healthiest people in the world by 2026.	The committee met in July to finalise discussions on obesity and levels of physical activity. In May, the committee discussed Our Future State: Advancing Queensland's Priorities and introduced the *Rapid Results Program*. The June meeting 2019 featured a discussion about a new statutory body, Health and Wellbeing Queensland, and encouraged all members to contribute their skills and knowledge to the *Rapid Results Program*.	Quarterly
Sexual Health Ministerial Advisory Committee (SHMAC)	Provide advice to the Minister for Health and Minister for Ambulance Services on sexual and reproductive health-related matters in the context of the *Queensland Sexual Health Strategy 2016–2021* and associated action plans (HIV, North Queensland Aboriginal and Torres Strait Islander STI, hepatitis B, hepatitis C).	Hosted Youth Sexual and Reproductive Health Forum in Brisbane in October 2018. Research sub-committee established to set research priorities each year and assess and recommend applications for funding under the new Sexual Health Research Fund.	Quarterly
Mount Isa Lead Health Management Committee (MLHMC)	The committee is chaired by the Chief Health Officer and comprises representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa HHS. The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa. In 2015 the scope of the MLHMC was expanded to	The committee continues to further aid and strengthen lead health management strategies in Mount Isa, including the continuation of the point of care testing program involving finger-prick testing (capillary testing) to measure the blood lead levels of children under five continues to be successful. A total of 573 tests have been taken on Mount Isa children from 1 July 2018 to 16 May 2019, with some children having multiple tests during this period. These tests continue to enable the	Yearly

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
	include other airborne contaminants such as sulphur dioxide and arsenic.	early identification of lead exposure and mitigation to prevent ongoing harm to the health of young children in Mount Isa. Although there is no specific evidence of elevated levels of preeclampsia occurring in Mount Isa, meta-analysis of international studies has indicated that there is a higher risk of pregnant women developing preeclampsia in environments with elevated lead levels. The committee is currently investigating measures that could be undertaken to reduce the potential risk of preeclampsia being developed in women during pregnancy within the Mount Isa community. The committee has also been supporting the Lead Alliance sub-committee in achieving local health risk protection strategies such as the introduction of a free smart phone App. This will allow people to create a profile and record and track blood lead level test results over time. The App receives notifications about Lead Alliance programs, events and news.	
Queensland Maternal and Perinatal Quality Council (QMPQC)	Collect and analyse clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify statewide and facility-specific trends. Make recommendations to the Minister for Health and Minister for Ambulance Services on standards and quality indicators of maternal and perinatal clinical care to enable health providers in	The QMPQC has completed a confidential review of maternal and perinatal deaths for the two-year period 2016–2017 to determine avoidable factors, good practice points and recommendations which will be incorporated in the QMPQC 2019 Report due for release late 2019.	Bi-monthly

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
	Queensland to improve safety and quality. Assist with the adoption of such standards in both public and private sectors by initiating and/or contributing to the development of strategies, guidance documents, alerts and directives, in consultation with the Queensland Health Patient Safety and Quality Improvement Service, Population Health Queensland, the Statewide Maternity and Neonatal Clinical Network and with reference to *Queensland Clinical Guidelines.*		

Leadership team

Queensland Health and health system leadership is provided by three key teams:

Team	Role
Departmental Leadership Team (DLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of Queensland Health within the purview of members.
System Leadership Team (SLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of the Queensland public health system within the purview of members.
System Leadership Forum (SLF)	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.

Public Sector Ethics Act 1994

The Code of conduct for the Queensland Public Service 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 for the Queensland Public Service and ethical decision making is part of the mandatory training provided to all employees at the start of employment and then every two years. Education and training in public sector ethics, the Code of conduct and ethical decision making is provided through:

- the online ethics, integrity and accountability training which focuses on the four ethics principles and ethical decision-making, and incorporates competencies relating to fraud, corruption, misconduct and public interest disclosures. In 2018–19, 4801 employees completed this training. A further 1506 people, (students, contractors and other people working within Queensland Health), also completed the training.
- online training covering the Code of conduct and ethical decision-making, with 3212 QAS employees completing this training in 2018–19. In 2018–19, this program changed from requiring completion by employees every two years, to requiring annual completion. As a result, there has been a significant increase in the number of QAS employees completing the training in 2018–19 compared to previous financial years.
- online training covering fraud and ethic awareness, with 2762 QAS employees completing this training in 2018–19. This program must be completed every two years.

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 for the Queensland public service. 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.

Legislation

Queensland Health's functions and authority are derived from administering the following Acts of Parliament, in accordance with *Administrative Arrangements Order (No.2) 2018*.

The Director-General, on behalf of the Minister, is responsible for administering these Acts.

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Health Act 1937	Health Regulation 1996 Health (Drugs and Poisons) Regulation 1996
Health Ombudsman Act 2013	Health Ombudsman Regulation 2014
Health Practitioner Regulation National Law Act 2009	Health Practitioner Regulation National Law (Queensland)[1] Health Practitioner Regulation National Law Regulation
Health and Wellbeing Queensland Act 2019	
Hospital and Health Boards Act 2011	Hospital and Health Boards Regulation 2012 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016
Hospitals Foundations 2018	Hospitals Foundations Regulation 2018
Mater Public Health Services Act 2008	
Mental Health Act 2016	Mental Health Regulation 2017
Pest Management Act 2001	Pest Management Regulation 2003
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 1999	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016

[1] The *Health Practitioner Regulation National Law Act 2009* is applied (with modifications) as a law of Queensland under section 4 of that Act. This version is the Law as it applies in Queensland (i.e. with the modifications applied) and is authorised under section 4(2) of the *Health Practitioner Regulation National Law Act 2009*.

Act	Subordinate legislation
Public Health Act 2005	Public Health Regulation 2018
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 Guideline) Notice 2013*
Public Health (Medicinal Cannabis) Act 2016[2]	Public Health (Medicinal Cannabis) Regulation 2017
Queensland Institute of Medical Research Act 1945	
Queensland Mental Health Commission Act 2013	
Radiation Safety Act 1999	Radiation Safety Regulation 2010 *Radiation Safety (Radiation Safety Standards) Notice 2010*
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003	Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015
Termination of Pregnancy Act 2018	
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 2008

Queensland Ambulance Service legislation

The Commissioner of the Queensland Ambulance Service, on behalf of the Minister, is responsible for administering the following Act and Regulation.

Act	Subordinate legislation
Ambulance Service Act 1991	Ambulance Service Regulation 2015

[2] The *Public Health (Medicinal Cannabis) Act 2016* and regulation were repealed (ceased) as at 1 July 2019.

Prevention Division legislation

The Prevention Division administers a suite of public health portfolio legislation on behalf of the department and is committed to ensuring the department meets all legislative compliance obligations under this legislation. Strategies to ensure the department's compliance obligations under public health portfolio legislation are being met include that each program area:

- maintains a compliance obligation register which identifies the Department's legislative compliance obligations
- participates in monthly risk assessment reviews, including review of risks associated with administering the legislation and compliance obligations
- participates in quarterly and annual legislative compliance reporting processes, including self-assessment compliance audits where relevant
- ensures staff who administer portfolio legislation receive appropriate orientation and ongoing training and education about the Department's internal compliance obligations under this legislation.

During 2018–19 there were no actual breaches of the department's legislative compliance obligations under public health portfolio legislation.

Department compliance obligations met under public health legislation	Achieved
Food Act 2006 – Food Regulation 2016	✓
Health Act 1937 – Health Regulation 1996 – Health (Drugs and Poisons) Regulation 1996	✓
Pest Management Act 2001 – Pest Management Regulation 2003	✓
Pharmacy Business Ownership Act 2001	✓
Private Health Facilities Act 1999 – Private Health Facilities Regulation 2016 – Private Health Facilities (Standards) Notice 2016	✓
Public Health Act 2005 – Public Health Regulation 2018	✓
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 Guideline) Notice 2013	✓
Public Health (Medicinal Cannabis) Act 2016 [3] – Public Health (Medicinal Cannabis) Regulation 2017	✓

[3] The *Public Health (Medicinal Cannabis) Act 2016* and regulation were repealed (ceased) as at 1 July 2019.

Department compliance obligations met under public health legislation	Achieved
Radiation Safety Act 1999 – Radiation Safety Regulation 2010 – Radiation Safety (Radiation Safety Standards) Notice 2010	✓
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 2008	✓

A summary of the key activities related to the administration of public health portfolio legislation is provided below.

Licensing and approvals

Completed 20,890 licence, approvals and certificates, comprising:

- 16,208 (78 per cent) under the *Radiation Safety Act 1999*
- 2693 (13 per cent) under the *Pest Management Act 2001*
- 1989 (9 per cent) under the Health (Drugs and Poisons) Regulation 1996.

Total revenue raised by these licensing activities was $4.56 million. The Public Health Licensing Unit receives over 25,000 enquiries via email and telephone per year. The number and type of public health licences granted in 2018 was published on the Open Data Portal at: https://data.qld.gov.au/dataset/health-protection-licences

Complaints management

In 2018–19, the public health authorised officers received 1767 complaints and 1444 enquiries. They undertook 3795 investigations and 1508 inspections/audits.

Further information

For further information about the administration of public health legislation, including the inaugural *Regulatory Performance Report 2018–19*, see Appendix B of this report.

Australian Government agreements

The table below provides a summary of key achievements delivered in 2018–2019 by Queensland Health and HHSs under National Partnership Agreements (NPA) and Project 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 2018–19
Adult Public Dental Services	Queensland has met the activity targets under this NPA on Public Dental Services for Adults which funded around 80,332 courses of treatment from January 2017 to March 2019. The Australian Government announced the extension of the existing NPA on Public Dental Services for Adults to 30 June 2020, as part of the 2018–19 Mid Year Fiscal Economic Outlook. The Minister for Health accepted the extension to the agreement on 18 June 2019.
Essential vaccines	Queensland's immunisation coverage rate for all 5-year-olds increased from 94.3 per cent in 2017–2018 to 94.7 per cent in 2018–2019. Queensland is expected to meet the performance benchmarks contained in the NP on Essential Vaccines for the 2018–2019 assessment period. Queensland Health also continued to support immunisation providers to implement the National Immunisation Program and distributed over 2.8 million doses of essential vaccines to approximately 1800 immunisation providers across Queensland.
Rheumatic Fever Strategy	As of 1 September 2018, Rheumatic Heart Disease (RHD) became a notifiable condition, which means both Acute Renal Failure and RHD are now notifiable under the *Public Health Act*. This resulted in an increase in clinical notifications on the register. Queensland improved the detection, monitoring and management of the infectious condition, acute rheumatic fever and the resultant rheumatic heart disease, through key action areas, including improving clinical care, education and training, and data collection and reporting and maintaining an electronic register.
Expansion of *BreastScreen Australia Program*	From 1 July 2018 to 30 June 2019, Queensland delivered 31,062 breast screens in the 70–74 age group, in line with national *BreastScreen Australia policy* and the requirements of the *BreastScreen Australia national accreditation standards*. This exceeded the target of 23,176 screens for this period.
Healthcare and Disease Prevention in the Torres Strait Islands	This agreement has three schedules: 1. Addressing blood borne viruses and sexually transmissible infections in the Torres Strait—to enhance detection and reporting and expand the delivery of communicable and chronic disease testing, treatment, prevention and education activities to the entire Torres Strait region, with high priority given to at-risk Torres Strait Island residents. Queensland Health has conducted systematic testing, retesting, contact-tracing and antenatal testing of Torres Strait region residents at risk of HIV, hepatitis B, hepatitis C, chlamydia, gonorrhoea, syphilis and trichomonas. It has also provided best practice clinical management and treatment of

Agreement	Key achievements in 2018–19
	these diseases within clinically appropriate times, provided immunisation services for hepatitis B and rotavirus, and delivered culturally-safe community health education activities to each Torres Strait island at least twice yearly. 2. Managing Torres Strait/Papua New Guinea (PNG) cross border health issues—supports delivery of health services to PNG nationals who travel through the Torres Strait Treaty Zone and access Queensland Health facilities. Queensland Health has continued to provide health services to PNG nationals who have travelled through the Torres Strait Treaty Zone and presented at Queensland Health facilities. 3. Mosquito control and cross border liaison in the Torres Strait Protected Zone—surveillance, control and possible elimination of *Aedes albopictus* (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of *Aedes albopictus* from the Torres Strait to the mainland Australia. Queensland Health conducted regular surveillance and control activities for *Aedes albopictus* throughout the dry and wet seasons and implemented immediate control measures where isolated detections were recorded. Queensland Health also facilitated the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The Communications Officer spent time in Torres Strait health facilities providing communication and liaison services for PNG nationals, improving PNG data collection and timely and safe referrals of PNG nationals back to Daru General Hospital.
Hummingbird House Children's Hospice	The agreement provides a Commonwealth financial contribution, matched by Queensland, for the operation of a 24 hours per day, seven days per week, eight-bed freestanding children's respite care and hospice facility at Wheller Gardens in Chermside, Brisbane. The operation of this specialist paediatric facility continues to progress well, with close to full occupancy during 2018–2019, despite increased acuity patient presentations and higher staffing requirements.
Encouraging more clinical trials in Australia	Queensland has established a statewide Queensland Clinical Trials Coordination Unit to attract new clinical trials to Queensland, implement new and enhanced clinical trial data collection, establish and maintain new networks and partnerships, and to embed clinical trial processes into practice.
Improving trachoma control services for Indigenous Australians	Queensland undertook the following actions under the NPA: • 95 per cent of five to nine-year-old Aboriginal and Torres Strait Islander children in six target communities were screened for trachoma (three communities in the Torres Strait Islands and three communities in north-west Queensland). • In one north-west community a child was found to have active trachoma, confirmed by polymerase chain reaction (PCR) testing detection of Chlamydia trachomatis. The community was treated as per the national guidelines. Repeat screening in this community is scheduled for October 2019. • In a second community in north-west Queensland, a child was found to have clinical signs of active trachoma, the community was treated as per

Agreement	Key achievements in 2018–19
	the national guidelines. Subsequently, swab results were not positive for C. trachomatis by PCR and repeat screening of this community is not required. • 100% of children screened for trachoma were also assessed for clean faces. • Timely, accurate, reliable and complete trachoma program data was provided to the National Trachoma Surveillance and Reporting Unit. • Repeated prevalence screenings for active trachoma in five of these six communities demonstrated no active trachoma in children aged five to nine-years of age. These communities are no longer considered at risk of trachoma and, in-line with national guidance, have been removed from the list of at-risk communities.
National bowel cancer screen program – participant follow up function	Queensland continued to deliver the Participant Follow Up Function (PFUF) for participants of the *National Bowel Cancer Screening Program* (NBCSP) 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. In 2018–2019, 5230 follow-up interactions were delivered with the participant and 1824 with the general practitioner. A further 4566 follow-up interactions were delivered with another health professional (specialist/hospital staff or Gastroenterology Nurse) in this period.
OzFoodNet	The Queensland OzFoodNet site continued to undertake active surveillance of foodborne disease across the state, including the investigation and reporting of foodborne and other enteric disease outbreaks. The Queensland site also contributed epidemiological information to the Commonwealth through the regular reporting of outbreak and summary data on the incidence and causes of foodborne disease across the state.
Vaccine-preventable diseases surveillance	Queensland continued its surveillance and reporting of nationally notifiable vaccine-preventable diseases. In 2018–2019, Queensland exceeded the required benchmarks for transmission and reporting of surveillance data to agreed national standards.

Risk management and accountability

Risk management

Queensland Health's Departmental Leadership Team oversees risk management and receives quarterly risk reports supported by an analysis by the Risk, Assurance and Information Management Branch.

Queensland Health's *Risk Management Framework* provides the foundation and organisational arrangements for managing risk within Queensland Health. It aligns with the *AS/NZS ISO 31000:2018 Risk Management—Principles and Guidelines*. The framework aims to streamline and embed risk management to support Queensland Health in achieving its strategic and operational objectives through:

- proactive and focused executive involvement
- assessment and response to risk across the whole department
- analysis of risk exposures and meaningful reporting.

Audit and risk committee

- The Department of Health Audit and Risk Committee (ARC) operates 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 audit and risk management advice in relation to the department's risk, audit, internal control, and governance and compliance frameworks. In addition, the ARC assists in the discharge of annual financial management responsibilities as required under the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2019.
- The ARC schedules eleven meetings of which three are extraordinary meetings held specifically to address the department's Annual Internal Audit Plan and Financial Statements.

Key achievements for 2018–2019 include:

- endorsement of the *Annual Internal Audit Plan* prior to approval by the Director-General and monitored the ongoing delivery of the *Internal Audit Plan*
- endorsement of the annual financial statements prior to sign-off by the accountable officer
- 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
- completion of a comprehensive review of the committee's work plan and charter.

The Audit and Risk Committee has discharged its responsibilities as set out in the Charter, in line with *Queensland Treasury's Guidelines.*

Name	Membership (role on committee)	Remuneration of members (if applicable)
Paul Cooper	Chair (from 1/1/19) Deputy Chair (to 31/12/18)	$8400 per annum as Chair
Chris Johnson	Chair (to 31/12/18) Deputy Chair (from 1/1/19)	$6600 per annum plus $150 for the month if acting Chair for full meeting

Name	Membership (role on committee)	Remuneration of members (if applicable)
Darren Hall	Internal Member	N/A
Barbara Philips	Internal Member	N/A
Dr Judy Graves	Internal Member (to 10/01/19)	N/A
Allister Whitta	Internal Member (from 11/01/19)	N/A
In addition to the Committee members, a number of Standing Invitees regularly attend meetings, including the: Director-General, Chief Finance Officer, Chief Audit Officer and representatives from the Queensland Audit Office, and Executive Director, Risk, Assurance and Information Management.		

Internal audit

Queensland Health's Internal Audit Unit provides risk-based assurance and advisory services to the Director-General, the ARC and senior management across the department focused on improving departmental business operations. During 2018–19, the unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in accordance with the unit's approved 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 Chief Audit Officer, as head of the unit is appropriately qualified as a Professional 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 has not had any direct authority or responsibility for the activities it has reviewed throughout the 2018–19 financial year.

The unit supports management to achieve its goals and objectives by applying a risk-based approach to audit planning including assessment of departmental priorities, strategic and operational plans and other key inputs, both internal and external to Queensland Health. The unit's annual plan is endorsed by the ARC and approved by the Director-General.

During 2018–19, 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, corporate governance and related issues, including accountability, risk and best practice issues
- monitored and reported on the status of implementation of internal audit recommendations, together with QAO recommendations associated with their financial and performance audits
- provided reports on results of internal audits and assurance reviews to the ARC and the Director-General
- enhanced reporting processes to ensure DLT and ARC members are provided with Internal Audit performance dashboards and assessment of key audit themes across the range of audit services.

External scrutiny

During 2018–19, the Queensland Audit Office (QAO) published the following reports impacting the Department of Health:

Report No	Table Date	Audit Name	Objective and Department/Queensland Health response
Report 21: 2018–19	27 June 2019	Delivering forensic services	This audit assessed whether agencies deliver forensic services efficiently and effectively in order to investigate crime and prosecute offenders. The department supported the recommendations and committed to actions that continue engagement with the Queensland Police Service and Hospital and Health Services to improve governance structures and efficiency of management for a range of forensic services.
Report 17: 2018–19	14 May 2019	Managing consumer food safety in Queensland	This audit examined whether food safety is effectively managed for consumers of food in Queensland. The department agreed in principle to the recommendations and committed to establishing a temporary project team to conduct a legislative review of the *Food Act 2006* and implementing the action developed by the department in collaboration with the HHSs to respond to the recommendations.
Report 13: 2018–2019	26 February 2019	Health: 2017–2018 results of financial audits	This report summarises the results of our 2017–18 financial audits of the entities in the Queensland public health sector. The department and HHSs are working together to identify opportunities that can be taken to improve efficiency of health services.
Report 10: 2018–19	4 December 2018	Digitising public hospitals	This audit assessed how well Queensland Health had planned and was delivering its *Digital Hospitals program* and whether it was realising the intended information-sharing and patient benefits. Queensland Health supported the recommendations and committed to progressing actions to further strengthen the digital transformation of hospitals and continuing ongoing efforts to improve the *ieMR program.*
Report 6: 2018–19	18 October 2018	Delivering coronial services	This audit assessed whether agencies are effective and efficient in supporting the coroner in investigating and helping to prevent deaths. The department supported the recommendations and committed to reviewing the *Coroner's Act 2003*, establishing and supporting a board to oversee reforms and effect change, developing a coronial services framework and commissioning an independent assessment of statewide models for the management of coronial cases.

Report No	Table Date	Audit Name	Objective and Department/Queensland Health response
Report 4: 2018–19	28 September 2018	Managing transfers in pharmacy ownership	This audit assessed whether the department ensured the transfers of pharmacy ownership complied with the requirements of the *Pharmacy Business Ownership Act 2001*. The department accepted the recommendations and committed to establishing a project to implement the recommendations and a steering committee to oversee this activity.
Report 1: 2018–19	10 July 2018	Monitoring and managing ICT projects	This audit assessed whether monitoring projects and programs at the departmental and whole-of-government levels have improved successful delivery of ICT programs and projects. The department accepted the recommendations and committed to automating the publishing of dashboard data, ensuring compliance with QGCIO publishing criteria and guidelines, undertaking periodic health checks and incorporating the use of learnings as part of the department's project assurance processes.

Information systems and recordkeeping

Queensland Health is continuing to implement the *electronic Document and Records Management System* (eDRMS) across the Department as part of an enterprise content management approach to improve information management maturity and compliance. The *Corporate Records Policy Framework* identifies the new and revised policies and standards which will govern the department compliance with the *Public Records Act 2002* and the statewide *Records Governance Policy*. Implementation of eDRMS includes the decommissioning of old systems and migration of data into the eDRMS, developing a range of training and implementation advice and working with multiple business systems which hold and manage corporate records to ensure records are being managed and disposed of appropriately.

Following the significant review of the Department-wide Business Classification Scheme, work continues on the development of an agency specific Functional Retention and Disposal Sector Schedule (FRDS), to complement the Clinical Records Disposal Schedule and enable appropriate retention and disposal principles to be consistently applied across Queensland Health.

Ethical Standards Unit

The Ethical Standards Unit (ESU) is the department's central point for receiving, reporting and managing allegations of suspected corrupt conduct under the *Crime and Corruption Act 2001* and public interest disclosures under the *Public Interest Disclosures Act 2010*.

The unit enables the Director-General to fulfil a statutory obligation to report public interest disclosures to the Queensland Ombudsman and allegations of suspected corrupt conduct to the Crime and Corruption Commission (the commission). Allegations referred back to the department by the commission are managed or monitored by the unit.

The unit managed 68 complaints of corrupt conduct comprising of 176 allegations and reviewed and advised the department's executives and work units on a further 157 matters. A further three complaints were received and reviewed by the unit relating to HHS staff or were not within the department's jurisdiction. These were referred to the commission for consideration and necessary action.

The unit undertakes complex investigations into alleged corrupt conduct and provides high-level advice with regards to corruption investigations across Queensland Health and the Minister's health portfolio.

In addition to managing investigations for the department, the unit provided 473 instances of advice to HHSs, the department's executives and work units regarding corrupt conduct and public interest disclosures.

The unit manages systemwide projects including, but not limited to, reviewing the ongoing Memorandum of Understanding between Queensland Police and Queensland Health regarding the sharing of information.

Five hundred and eight staff completed face-to-face ethical awareness, managing corrupt conduct and managing public interest disclosure training as part of the unit's focus on misconduct prevention by raising ethical awareness and promoting integrity.

The unit's development and release of comprehensive public interest disclosure online training allows all employees, including those who work shift work or those who are remotely located, to complete the required mandatory training. One thousand and thirty-seven HHS staff and 2353 Department of Health staff completed the PID online training.

Our major audits and reviews

Offender Health Services Review

In January 2018, Clinical Excellence Queensland in consultation with key stakeholders commenced the Offender Health Services Review. The Review found prisoners generally have more complex health needs with a high prevalence of mental illnesses, communicable diseases, illicit drug use, poor oral health, and chronic diseases when compared to the general population. The Review further found that while health staff within correctional centres strive to provide quality health care for prisoners, this care has been hampered by a lack of coordinated leadership which has meant that many system-wide challenges such as overcrowding, insufficient clinic space and differences in operational requirements between Queensland Corrective Services (QCS) and Queensland Health are not being adequately addressed.

The Offender Health Services Review contained recommendations across five broad themes: relationships and governance; workforce; access; service standards and models; and the correctional environment and interfaces with QCS.

The Crime and Corruption Commission considered the *Offender Health Services Review Final Report* as part of Taskforce Flaxton and in December 2018 recommended the implementation of the Review recommendations. As part of the response to Taskforce Flaxton, the Queensland Government supported the *Offender Health Services Review Final Report* and noted Queensland Health and QCS would work together to implement the recommendations. Queensland Health has accepted or supported all the recommendations from the review and has established an Office for Prisoner Health and Wellbeing whose role, in part, is to support the implementation of the recommendations.

Mandatory reporting of confidential information released in the public interest

Mandatory reporting of confidential information released in the public interest under public health acts and the *Hospital and Health Boards Act* during 2018–19 is summarised below:

Under s160, s161 & s142(1) Hospital and *Health Boards Act 2011*

- Disclosed potentially identifiable patient-level activity, related costing and Medicare data for the 2018–19 fiscal year to the Department of Human Services (activity data and related Medicare numbers for de-identification to a Medicare pin), Independent Hospital Pricing Authority, the National Health Funding Pool Administrator and the National Health Funding Body, for funding arrangements and public health monitoring, in accordance with the National Health Reform Agreement and *National Health Reform Act 2011*.
- Disclosed potentially identifiable patient data for the 2014 to 2019 fiscal years to Queensland Treasury Corporation and contracted consultancy firm, Deloitte Financial Advisory Services Pty Ltd, to support a service and workforce alignment project.
- Disclosed potentially identifiable patient-level activity data on non-admitted, emergency and admitted patients for the 2014 to 2019 fiscal years in public hospitals and acute inpatient modelling demand data for private hospital activity to contracted consultancy firm Deloitte Financial Advisory Services Pty Ltd. This data was disclosed to support an analysis review of demand drivers in planned care and emergency departments.
- Disclosed BreastScreen Queensland (BSQ) client data to Colmar Brunton Pty Ltd to re-establish contact with and to undertake a Computer-Assisted Telephone Interview survey of lapsed BSQ clients (who had missed one or more regular breast screens). The findings of the survey will be used to identify and prioritise areas for quality improvement within the BSQ program and to re-engage lapsed BSQ clients with breast screening.
- Disclosed potentially identifiable patient-level activity and costing data for the 2016 to 2019 fiscal years to contracted consultancy firm Deloitte Financial Advisory Services Pty Ltd for the development of an integrated planning tool that synthesises data from multiple sources to provide an overview of the systemwide impacts of changes to capacity and capability at a single hospital, Hospital and Health Service or system-wide.
- Released limited confidential information that a person charged with an offence was known to authorised mental health services. Limited confidential information was released to the family of the victim of the offence and to the associated hospital and health service.
- Disclosed limited confidential information to the family of the victim was considered to be in the public interest as the circumstances were receiving a significant amount of media attention and Queensland Health wanted to respect the family's loss and sensitivities regarding the circumstances by ensuring the family were provided with the relevant limited confidential information.
- Disclosed limited confidential information to the Strategic Communications Branch, and subsequently the media, to ensure the circumstances were accurately reported, was considered to be in the public interest given the significant amount of media attention the circumstances received.
- Disclosed limited confidential information that a person charged with an offence was known to an authorised mental health service. The information was provided to the family of the victim of the offence to ensure they were accurately informed

about what may occur for the patient and to respect the sensitivities regarding the circumstances for the family.

- Disclosed identifiable patient-level data on mothers who gave birth in, or received after birth care from selected Queensland public hospitals from October to December 2018, to Ipsos Public Affairs Pty Ltd, to assist with selecting the survey sample and conducting interviews for the 2018–19 Queensland Health Maternity Patient Experience Survey.
- Disclosed identifiable patient-level data on patients attending the emergency department and the outpatient fracture clinic at The Townsville Hospital from May to June 2019, to Cemplicity Ltd, to assist with surveying patients for the Patient Reported Experience Measures and Patient Reported Outcome Measures application pilot.
- Disclosed identifiable patient-level data on inpatients and patients attending the paediatric oncology day unit at the Queensland Children's Hospital in June 2019, to Cemplicity Ltd, to assist with surveying patients for the Patient Reported Experience Measures and Patient Reported Outcome Measures application pilot.

Under s160 *Hospital and Health Board Act 2011*, s223(1) of the *Public Health Act* and s147(6) of the *Private Health Facilities Act 1999*

- Disclosed potentially identifiable health information for financial years 2015–16 to 2017–18 to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative. Data sourced for admitted patient, non-admitted patient and births for usual residents within each Hospital and Health Service (HHS) and for reporting hospitals within each HHS for the purposes of planning and health needs assessments for the population within each QPHN region in Queensland.

Under s144, s147(4)(g) and s147(6) of the *Private Health Facilities Act 1999*

- During 2018–19 there were no disclosures of confidential information in the public interest under this section of the legislation.

Under s160 *Hospital and Health Board Act 2011* and s147(6) of the *Private Health Facilities Act 1999*

- Disclosed confidential information for patient-level linked data including Queensland Ambulance Services data, for the period 1 January 2015 to current with any subsequent related emergency department presentations or hospital admissions within two years of the index presentation to the Motor Accident Insurance Commission (MAIC). This is to enable monitoring and forecasting of motor insurance scheme costs over time and gain better insights into patient outcomes and journeys following motor vehicle accidents.
- Disclosed potentially identifiable health information for the financial year 2017–18 to Maritime Safety Queensland (MSQ) for hospital admitted patient data relating to water transport injuries. MSQ is a division of the Department of Transport and Main Roads and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Safety Standard Branch within MSQ provides a marine safety data intelligence, advice and support role for the agency and its stakeholders.

Under s160 *Hospital and Health Board Act 2011*

- Disclosed potentially identifiable patient-level linked data including costs between the emergency department presentations and Queensland public hospital admitted patient data for the January 2014 to June 2018 period to Nous Group for the purpose of carrying out a National Disability Insurance Scheme (NDIS) impact assessment. Nous Group completed the draft evaluation in December 2017 and the final stage of the project is to undertake a trial evaluation using patient-level data from across Queensland Health datasets.
- Disclosed confidential information to the Queensland Family and Child Commission (QFCC) to identify occasions where any of the children and young people who went missing from out of home care in Queensland between September 2016 and June 2017 and received a Queensland Health service at that time.
- Disclosed confidential information for financial years 2013–14 to 2017–18 to Carramar Consulting who have been engaged by the Children's Health Collaborative Northern Queensland (CHCNQ) to undertake a project analysing and mapping health activity for northern children and young people. Data are for clinical and administrative data for children and young people who usually reside in Mackay, North West, Torres & Cape and Townsville Hospital and Health Service (HHS) for any hospital admissions, non-admitted services and emergency department presentations at any hospital within the CHCNQ HHSs.
- Disclosed confidential information to the Australian Centre for Health Service Innovation (AusHSI) who have been engaged by the Healthcare Improvement Unit, Clinical Excellence Division (CED) to evaluate the Floresco Toowoomba Project. Data released are patient unit record level for admitted patient episodes of care grouped to select mental health Diagnosis Related Groups (DRGs) at public hospitals within the Darling Downs Hospital and Health Service (DDHHS) between 1 August 2016 and 31 December 2018. These data will be used to enable evaluation of a Queensland Health funded service change program for mental health.

Under section 50P the *Ambulance Service Act 1991*

- Disclosed confidential patient information of paediatric trauma patients aged three months to 18 years to the Gold Coast Hospital and Health Service to inform the paediatric research study titled *Fibrinogen Concentrate versus Cryoprecipitate in Traumatic Haemorrhage: A Pilot Randomised Controlled Study (FEISTY Junior).*
- Disclosed confidential patient information of six children to the Queensland Family and Child Commission (QFCC) to support post-implementation review of the *When a Child is Missing* report into children missing from out-of-home care.
- Disclosed confidential patient information involving electrical injuries between 2011 and 2015 to the Centre for Road Accident Research and Road Safety, Queensland University of Technology for a secondary data analysis of collected data with an aim to develop a comprehensive database of linked information for electrical injuries in Queensland.

Under the *Public Health Act 2005*

Notifiable Conditions Register

Section 81(1) of the *Public Health Act 2005* (the Act) permits the disclosure of confidential information relating to the Notifiable Conditions Register where the Director-General (or delegate) believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 81(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were three occasions of disclosure of confidential information in the public interest under this section of the legislation. The following confidential

information was released from the Notifiable Conditions Register in the public interest:

- Confidential HIV/AIDS notification data (with onset dates between 1 January 2018 and 31 December 2018) was disclosed to The Kirby Institute for infection and immunity in society, University of New South Wales. This was provided in the public interest to raise awareness regarding HIV; describe and inform public health action, including the development of strategies to prevent or minimise the transmission of the condition and monitor the incidence and patterns of HIV/AIDS via the development and publication of national reports by the Kirby Institute that analyse HIV/AIDS notifications data.
- Confidential Information (Creutzfeldt-Jakob Disease (CJD)) notification data was disclosed to the Florey Institute of Neuroscience and Mental Health for use in the Australian National Creutzfeldt-Jacob disease Registry. The data is used by the institute to attempt to determine the likely diagnosis, cause and any implications for public health. The institute also conducts health surveillance, monitors trends, and provides advice to clinicians, health departments, and public health units about the risk of transmission of Creutzfeldt-Jakob Disease.
- Confidential Information relating to the Notifiable Conditions Register was authorised to be disclosed to a student (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.

Contact Tracing

Section 109(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to contact tracing where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 109(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information under this section of the legislation.

Perinatal statistics

Section 223(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to perinatal statistics where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 223(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there was one occasion of disclosure of confidential information under this section of the legislation. The following confidential information was released from the Perinatal Statistics Collection Register in the public interest:

- Aggregate level data, including hospital sector, Hospital and Health Service (HHS) of hospital, HHS of mother's usual residence, Statistical Area Level 2 (SA2) of mother's usual residence, mother's age group, mother's Indigenous status, mother's smoking status, low birth weight flag and a count of babies and mothers for all these variables. In total, aggregate data was supplied for 182,395 mothers and 184,527 babies 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 geographical level across Queensland for financial years 2015–2016 to 2017–2018.

Maternal death statistics

Section 228L(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to maternal death

statistics where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 228L(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information in the public interest under this section of the legislation.

Notifications about cancer

Section 241 of the *Public Health Act 2005* permits the disclosure of confidential information relating to notifications about cancer where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 241(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there was one disclosure of confidential information under this section of the legislation.

- Queensland Cancer Register 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) was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland. The information was disclosed 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 or improvement or need and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.

Under the *Private Health Facilities Act 1999*

Section 147(6) of the *Private Health Facilities Act 1999* permits the disclosure of confidential information relating to the provision of health services where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing.

Section 147(9) provides that a statement about the authorisations given by the Director-General under section 147(6), including general details about the nature of the confidential information (in a de-identified form) and the purpose for which the information was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information under this section of the legislation.

Under the *Hospital and Health Boards Act 2011*

Section 160 of the *Hospital and Health Boards Act 2011* permits the disclosure of confidential information by a designated person where the department believes on reasonable grounds that the disclosure is in the public interest and the Director-General has authorised the disclosure in writing. Section 160 provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were 10 disclosures of confidential information in the public interest under this section of the legislation. This confidential information was released in the public interest.

Human resources

Workforce profile

Queensland Health employed 90,513 full-time equivalent (FTE) staff at the end of 2018–19. Of these, 12,293 FTE staff were employed by and worked in the department, including 4610 FTE staff in the Queensland Ambulance Service, 4343 FTE in Health Support Queensland and 1458 FTE in eHealth Queensland.

The remaining 78,220 FTE staff were either:

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

Approximately 40.55 per cent of staff working in the department are managerial and clerical employees and 33.09 per cent are ambulance operatives.

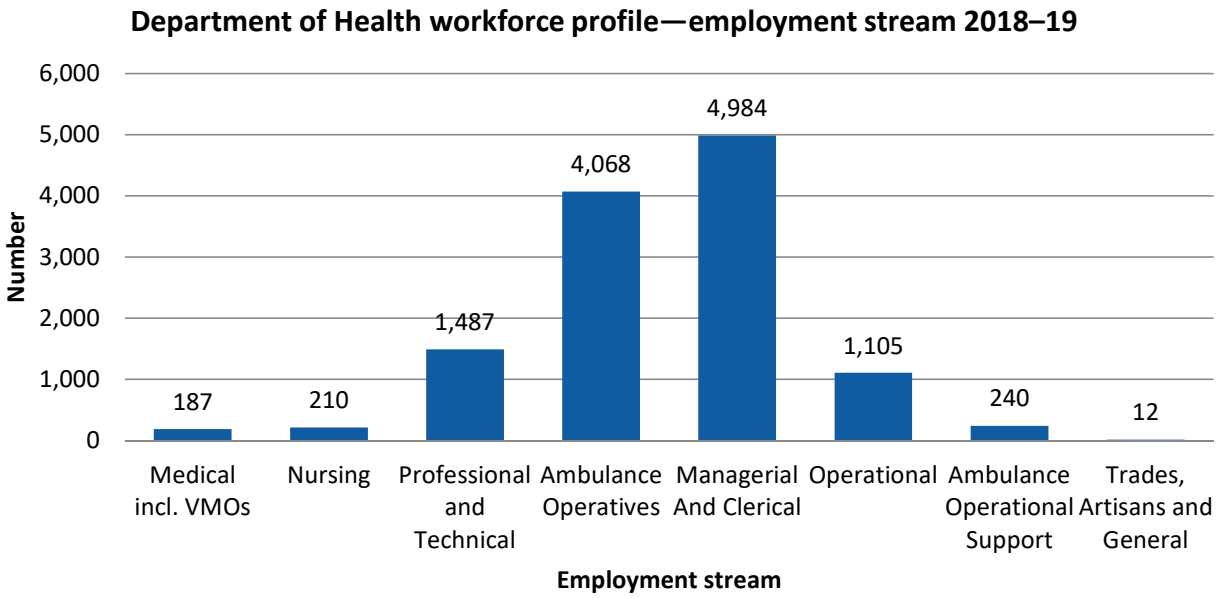
In 2018–19, the average fortnightly earnings for staff working in the department, was $3769 for females and $4924 for males.

The department's separation rate for 2018–2019 was 4.13 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

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

	Permanent	Temporary	Casual	Contract	Total
Female	5,689	806	49	48	6,592
Male	5,024	556	55	66	5,700
Total	10,712	1,362	104	114	12,293

Figure 3: Department of Health workforce profile–employment stream 2018–19



Employee performance management framework

Embedding a performance culture in the Department of Health continued through 2018–19.

Supporting executive level performance is key to leading this cultural change. The Human Resources Branch established a specialised executive performance management function. As a result 85 per cent of our senior executives now have a performance plan in place. Regular reporting to the Public Service Commission on executive performance continues.

The Public Service Commission released the LEAD4QLD development assessment tool in August 2018. More than 60 per cent of our executive cohort has started this assessment process. Aggregated results from these assessments will contribute to a refined executive development strategy.

Building the next level of leaders through the *Next Generation leadership program* continued. This program embraces the concept of self-directed performance improvement through development. Twenty-three participants completed this program in 2018–19.

The HR Branch provided a range of learning programs. These programs were available on the Training Calendar and via the development e-newsletter. Programs included *MentorMe*, *Business Matters*, tertiary scholarships and professional skill development workshops.

The department has partnered with the Australian Institute of Management (AIM) to develop the *Performance Practice program*, a tailored program designed to build the leadership skills of our line managers. Through action learning, and by exploring contemporary strategies to engage and manage employees, the program focuses on sharpening management skills that will facilitate confident and productive performance conversations. The program also aligns with the Public Service Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. The program will launch on 1 July 2019 with more than 200 people registered for this training.

The department delivers the *HR in Practice Program* to Human Resource practitioners across the state, to increase capability in the area of complex case management of employees. Eight cohorts were run during

2018–19 with 27 participants from 13 HHSs and the department, attending in the past 12 months.

The program consists of a structured series of activities designed to increase knowledge and capability in complex case management including:

- discipline processes
- health management (including independent medical examinations)
- investigations
- performance management
- suspensions.

Other topics covered during the program include corrupt conduct, diversity and inclusion, industrial relations, organisational change and policy and employment frameworks. The program allows HR practitioners to develop networks within the specialised teams of Human Resources Branch and across the HHSs and Divisions. The 2019 year is full and there is a current waiting list of 25 which will roll over into 2020 if a place is not offered due to participants withdrawing at the last minute.

Employment relations

In 2018–19 Queensland Health implemented Enterprise Bargaining Commitments resulting in the completion of:

- twenty-three commitments under the Queensland Public Health Sector Certified Agreement (No. 9) 2016 (EB9)
- ten commitments under the Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 6) 2016 (BEMS6)
- nine commitments under the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 (HPDO2)
- in addition to this Queensland Health negotiated the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018. As well as the Medical Officers' (Queensland Health) Certified Agreement (No 5) 2018.

Queensland Health completed round six of the senior medical officer MO3/MO4 eminent/pre-eminent advancement process in February 2019. One hundred and fifty-one applications were received with 36 senior medical officers successfully advancing to Eminent (MO3) and 46 advancing to Pre-eminent (MO4) status.

Throughout the year Queensland Health provided statewide guidance and support on employment arrangements including providing advice, reports and public service appeal advocacy in relation to the Public Service Commission (PSC) Directive 08/17 Temporary Employment and PSC Directive 01/17 Conversion of Casual Employees to Permanent Employment.

Employee wellbeing and inclusion

The *Workplace Mental Health and Wellbeing Strategy 2017–2020* was implemented to align to the *My Health Queensland's Future: Advancing Health 2026*. The strategy contributes to achieving the directions of promoting wellbeing

The foundational actions in the first Queensland Health Workforce Diversity and Inclusion Action Plan, which supports the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022, were progressed to completion in support of Queensland Health's ongoing commitment to building a diverse and inclusive workplace that enables all employees to participate and contribute.

Key achievements included:

- ongoing promotion of the Queensland Government statewide LGBTI network (for initiatives relating to lesbian, gay, bisexual, transgender and intersex people)
- establishment of partnerships and relationships with external stakeholders (including JobAccess and Diversity Council Australia)
- the commencement of a process to review Queensland Health policies to support and

demonstrate commitment to a diverse and inclusive workplace

- the establishment of a Diversity and Inclusion Community of Practice to enable collaboration and innovation in supporting diversity and inclusion across the organisation.

Of note was the continued success of the *Work Able program*. Established in 2017, the *Work Able program* was developed in a partnership with Vision Australia to offer unpaid and paid temporary placements to people with a vision impairment. The program, provides participants with opportunities and prospects to enhance or re-engage their skills and build their confidence for future employment opportunities.

Working for Queensland survey

The Departmental Leadership Team (DLT) has identified three priority areas that are common to all divisions and business units to address the findings of the 2017 Working for Queensland survey—engagement, performance and respect. Work towards these areas is being led by the DLT and a cross-divisional working group with members from each division, eHealth and HSQ. The working group identifies and defines organisational change projects to influence organisational change in the focus areas.

Early retirement, redundancy and retrenchment

During the 2018–19 financial year, no redundancy, early retirement or retrenchment packages were paid.

Queensland Health does not have voluntary separation programs or voluntary redundancy programs in place. The department is required to comply with relevant government policies and directives in relation to separations and adhere to the employment security policy for government agencies as part of its commitment to fairness for its workforce.

Public health report

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

Indigenous health

Indigenous Queenslanders experience a greater burden of ill health and early death than non-Indigenous 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.

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

Since January 2011, there has been an ongoing outbreak of infectious syphilis in Aboriginal and Torres Strait Islander people in North Queensland. It is currently affecting the four Hospital and Health Service (HHS) areas: Torres and Cape, North West, Cairns and Hinterland and Townsville.

As at 30 June 2019, there has been a total of 1336 infectious syphilis cases associated with the outbreak in Aboriginal and Torres Strait Islander people in North Queensland. The number increased from 94 cases in 2011, to a peak of 311 cases in 2017, followed by a decrease to 206 cases in 2018. For the first half of 2019, there were 100 cases notified. The notification rate of infectious syphilis in Aboriginal and Torres Strait Islander people in Queensland has increased from 64 cases per 100,000 population in 2011 to 135 cases per 100,000 population in 2018. There has also been an increase in the notification rate of infectious syphilis in the non-Indigenous population, from five cases per 100,000 population in 2011 to 17 cases per 100,000 population in 2018. There were 287 infectious syphilis cases in Aboriginal and Torres Strait Islander people in Queensland in 2018, 206 (72 per cent) of which were from the four HHS areas in North Queensland.

In addition to the $10 million invested by the Queensland Government to implement the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021* as detailed on page 16, the Commonwealth Government is supporting the enhanced response to syphilis in Northern Australia through implementation of a syphilis test and treat model using Point of Care Testing (POCT) in affected communities.

Between 2011 and 2018, there were 16 congenital syphilis notifications in Queensland (12 in the Aboriginal and Torres Strait Islander population and four in the non-Indigenous population), eight of which resulted in death (all in the Aboriginal and Torres Strait Islander population). There were no congenital syphilis cases notified in the first half of 2019.

A Queensland congenital syphilis case review has been completed to provide recommendations to inform change at clinical, policy and systems levels. *A Queensland Syphilis in Pregnancy Guideline* has also been developed and is being implemented across the state.

There has been an increase in new HIV notification rates in Aboriginal and Torres Strait Islander populations in Queensland, from 4.2 cases per 100,000 population in 2011 (8 cases), to a peak of 9.4 cases per 100,000 population in 2016 (20 cases), followed by a decrease to 6.6 cases per 100,000 population in 2018 (14 cases). Half of these new HIV notifications in Aboriginal and Torres Strait Islander people (2011–2018) occurred in North Queensland. In comparison,

rates in non-Indigenous populations have decreased from 4.3 cases per 100,000 population in 2011 to 3.6 cases per 100,000 population in 2018.

From 1 January 2014 to 30 June 2019, 47 new cases of HIV were diagnosed in Aboriginal and Torres Strait Islander people in North Queensland. The majority (64 per cent) of these cases are in the Cairns and Hinterland HHS. Forty-four (44) of these HIV cases are still living in North Queensland, and all have been engaged in ongoing care, with 31 (70 per cent) achieving undetectable viral load based on their most recent laboratory test results.

An HIV response team was established in the Cairns Sexual Health Service (CSHS) in January 2018 as part of the enhanced response to the cluster of HIV cases in North Queensland. Cairns and Hinterland HHS has received some recurrent funding for an ongoing clinical and public health response to HIV across North Queensland. An overarching *North Queensland HIV Framework* has been developed and a supporting *North Queensland HIV Action Plan* is being finalised to guide the ongoing clinical and public health responses.

Environmental health conditions

The health inequalities experienced by Aboriginal and Torres Strait Islander people can be attributed in part to poor environmental health conditions, including inadequate environmental health infrastructure, water supply, housing, sewerage, waste management and food safety and supply.

The burden of disease of Aboriginal and Torres Strait Islander people is estimated to be 2.2 times that of the broader Australian population but is even higher for remote and very remote Indigenous communities across central and northern Queensland. It is estimated that 30 to 50 per cent of this health inequality experienced by Aboriginal and Torres Strait Islander people can be attributed to poor environmental health.

Over the last 15 years, Queensland Health has concentrated its efforts on increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the establishment of an environmental health workforce. The new *Aboriginal and Torres Strait Islander Environmental Health Plan 2019–2022* builds on achievements to date. The plan takes 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 is built around influencing partners to ensure environmental health considerations are embedded in planning and delivery of services that influence healthy environments.

A key focus of the plan is to align clinical care with environmental health conditions in the home environment by developing a referral system to break the cycle of disease such as for repetitive infections.

As a result of successful liaison, the Queensland Department of Housing and Public Works is now working in partnership with Queensland Health to deliver healthy housing under the *Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023.*

Water quality

During 2018–19, there were a number of significant drinking water quality incidents in Indigenous communities in Queensland. These included a boil water alert that was in place for the communities of Thursday Island, Horn Island and Hammond Island in the Torres Strait following detection of Cryptosporidium in the water supply in May 2018. This alert remained in place until interim infrastructure improvements were finalised in April 2019. In May 2019, in addition to a boil water alert that had been in place since 1 February 2019, the community of Palm Island was subject to a seven day ‘do not consume’ alert. Following the lifting of the ‘do not consume’ alert, the community returned to a boil water alert. This alert will remain in place into 2019–20 until improvements in water quality can be demonstrated and the safe

operation of the drinking water treatment plant sustained.

As indicated by the incidents highlighted above, remoteness, inadequate infrastructure, limited operational capacity and poor source water quality can all impact the ability of Indigenous local governments to provide a continuous supply of safe drinking water for their communities. In response, Queensland Health has been working in partnership with Aboriginal and Torres Strait Island Councils and other State Government agencies to deliver the *Safe and Healthy drinking water in Indigenous local government areas project*.

The aim of the project is to improve the operation and management of drinking water supplies in Indigenous communities to ensure public health is protected. It adopts a new approach to building the capacity of Indigenous water operators to assure the ongoing safety and quality of water supplied by Indigenous local governments and to improve regulatory compliance. This approach includes an intensive six month mentoring program where Queensland Health environmental health staff are placed week-on/week-off in community.

By 30 June 2019, the intensive delivery phase of the project had been rolled out in 14 Aboriginal or Torres Strait Island communities in far north Queensland. During the year, the expansion of the project was identified as a key initiative under the Minister for Health and Minister for Ambulance Services' *Rapid Results Program* and *Keep Queenslanders Healthy* priority within the whole of Government *Our Future State, Advancing Queensland Priorities* (2018). As such, the 2019–20 state budget included a Queensland Health commitment to reprioritise $9.9 million over the next four years to expand the project to a total of 31 Indigenous communities across the state.

Immunisation coverage

The *Queensland Health Immunisation Strategy 2017–2022* aims to achieve 95 per cent immunisation coverage for all Queensland children.

In 2018–19, coverage rates for Aboriginal and Torres Strait Islander children at one, two and five years of age improved from 2017–18. There remains a gap between Aboriginal and Torres Strait Islander and non-Indigenous childhood immunisation rates for children at both one and two years of age.

Annualised data for 2018–19 indicate that the coverage rate for Aboriginal and Torres Strait Islander children (91.9 per cent) at one year of age is 2.4 per cent lower than for non-Indigenous children (94.3 per cent), compared with 2.5 per cent in 2017–18. The coverage rate for Aboriginal and Torres Strait Islander children (89.8 per cent) at two years of age is 2.2 per cent lower than for non-Indigenous children (92 per cent), which is also a slight improvement compared with 2017–18 (2.8 per cent). At five years of age the gap is reversed, with the rate for Aboriginal and Torres Strait Islander children (97.1 per cent) 2.6 per cent higher than for non-Indigenous children (94.5 per cent).

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 of Health:

- expanded the *Bubba Jabs on Time* initiative delivered through the Health Contact Centre to follow up Aboriginal and Torres Strait Islander children up to five years of age overdue for immunisations
- funded a project located within the Queensland Aboriginal and Islander Health Council (QAIHC) to support Aboriginal and

Torres Strait Islander Community Controlled Health Services to improve immunisation data quality and to provide strategic leadership, information and advice

- continued funding for immunisation follow-up and outreach projects, *Boots on the Ground*, developed by Townsville HHS and *Connecting Our Mob*, developed by Cairns and Hinterland HHS, to address low coverage childhood immunisation rates for Aboriginal and Torres Strait Islander children.

Childhood immunisation

- Queensland's childhood immunisation coverage is high and comparable to national rates for children at one, two and five years of age.
- Data provided by the Australian Immunisation Register show Queensland's annualised rates for childhood immunisation coverage increased marginally over the past 12 months for children in all three age cohorts measured.
- The rate for one-year-old children improved from 94.0 per cent in 2017–18 to 94.1 per cent in 2018–19. For two-year-old children the rate improved from 91.6 per cent to 91.8 per cent and for five-year-old children from 94.3 per cent to 94.7 per cent.
- Queensland continues to progress towards the goal of 95 per cent fully immunised coverage for all children under five years of age.

Chronic disease and cancer

Many Queenslanders are living longer. However, living longer can also mean spending more time with illness that is largely caused by chronic diseases such as cardiovascular disease, type 2 diabetes, high blood pressure and some cancers. Tobacco smoking, poor diet, physical inactivity, overweight and obesity all significantly contribute to chronic diseases and reduced life expectancy in Queensland.

Chronic diseases impact on the health system, the health and wellbeing of the community, and the economy. Health expenditure costs in Queensland associated with chronic diseases were estimated to be $9.6 billion in 2011–12 (most recent estimate). Reducing unhealthy behaviours and increasing healthy habits across the population is an effective way of reducing the chronic disease burden.

Tobacco smoking

Queensland is increasingly becoming smoke-free. The adult daily smoking rate has halved since 1998 and youth smoking is at its lowest recorded level. The adult daily smoking rate is 11 per cent and the teenage smoking rate is 5 per cent.

However, tobacco smoking remains a leading cause of chronic diseases such as cardiovascular disease, chronic lung disease and many cancers. Two-thirds of deaths in current smokers can be directly attributed to smoking. One-third of smokers die in middle age, losing at least 20 years of life. Exposure to second-hand smoke also causes diseases and premature death in children and adults who do not smoke.

While there has been a substantial reduction in smoking rates over recent years, significant challenges remain. The number of people who smoke is still too high—in 2018, there were 424,000 adult daily smokers. Furthermore, some groups such as Indigenous Queenslanders continue to have much higher smoking rates than the whole population. For the improved health and wellbeing of all Queenslanders, the smoke-free cultural change needs to be strengthened and sustained.

In response to this challenge, the Department's *Smoking Prevention Strategy 2017 to 2020*, under the *Health and Wellbeing Strategic Framework*, sets priority actions to help smokers to quit, prevent young people from starting smoking and expand smoke-free environments. In 2018–19, key actions included:

- delivering more than 33,500 tailored quit support sessions to smokers via Quitline
- over $2.75 million allocated for expansion of free Quitline programs providing intensive tailored quit smoking interventions for groups with high smoking rates or at high risk of harm, including disadvantaged groups, Indigenous people, those from regional, rural and remote areas, blue collar workers, pregnant women, their partners and women who are planning a pregnancy. Individuals who complete an intensive quit support program achieve a quit rate of 23 per cent at 12 months post program completion
- strengthening primary healthcare services for Indigenous smokers by increasing brief intervention skills of health professionals and access to culturally effective resources
- strengthening the capacity of Aboriginal and Torres Strait Islander Councils to create local smoke-free environments and events
- providing quit smoking support and advice to public hospital inpatients, dental and community mental health clients
- support to the higher education and training sector to create smoke-free learning environments. From 1 July 2018, all public universities and TAFE Queensland have implemented smoke-free policies banning smoking on all campuses
- encouraging and supporting workplaces to establish smoke-free policies and access to quit smoking programs
- delivering a mass and social media campaign to raise awareness of the new Quit HQ website which is designed to provide people with the tools and resources they need to quit smoking for good.

Healthy weight

The challenge of reducing overweight and obesity is a global problem. Latest data show that 66 per cent of Queensland adults and 25 per cent of Queensland children are overweight or obese in 2017–18.

Carrying excess weight places individuals at higher risk of cardiovascular disease, type 2 diabetes, high blood pressure, musculoskeletal conditions and some cancers. Children who are overweight or obese have higher rates of asthma, bone and joint complaints, sleep disturbances and early onset of diabetes.

Many factors increase the likelihood of people gaining and retaining too much weight. Our sedentary environments and modern lifestyles have contributed to inactivity and high consumption of high-energy, nutrient-poor foods. Encouragingly, in recent years there has been gradual societal change. This includes a greater awareness of overweight and obesity than a decade ago, although as yet there has been no reduction in the population prevalence.

Healthy weight is a public health priority as overweight and obesity is the second largest cause of total disease burden (second to tobacco) and the largest contributor to the disability burden in Australia. Overweight and obesity has substantial human and financial costs and compromises the potential of affected individuals, families and communities.

Unhealthy weight gain results from the complex interplay between food (energy in), physical activity (energy out), genetics and environmental factors which favour the consumption of more energy than needed. Cheap, energy-dense and nutrient-poor foods and drinks are highly marketed and readily available in many of the settings where Queenslanders live, work, learn and play, while work and leisure are largely sedentary. Given this environmental profile, it is not surprising that only 44 per cent of Queensland adults described their lifestyle as very healthy. Increasing the number of Queenslanders with a healthy weight requires a blend of actions that empower individuals and adjust environments

to make it easier for Queenslanders to eat a healthier diet and move more.

The *Keep Queenslanders healthy* priority within *Our Future State: Advancing Queensland's Priorities* (2018) aims to increase the proportion of adults and children with a healthy body weight by 10 per cent by 2026. The Department of Health is leading this priority, which includes:

- establishing a health promotion agency, *Health and Wellbeing Queensland*, to work in partnership with others to reduce risk factors such as poor nutrition and low physical activity (2019)
- increasing the availability of healthy food and drink choices in public healthcare facilities
- guiding what food and drink is promoted on government-owned advertising spaces
- improving the accessibility, affordability and acceptability of healthy food in remote Aboriginal and Torres Strait Islander communities using a community-led approach.

In addition, under the *Healthy Weight Strategy 2017 to 2020*, the Department is driving 30 actions: 11 targeting people at higher risk of unhealthy weight; and 19 designed to nudge all Queenslanders towards healthier choices. Programs associated with some of these actions include:

- supporting individuals' positive lifestyle changes to prevent diabetes and chronic disease through *My health for life,* a risk assessment and lifestyle modification program
- increasing physical activity and healthy eating by continuing community programs including *Heart Foundation Walking*, *10,000 Steps*, *Jamie's Ministry of Food* and the *Queensland Country Women's Association Country Kitchens*
- supporting schools and amateur community sporting clubs to promote healthy behaviours and provide healthy food and drink options through the *Healthy Tuckshop Support*, *Good Sports Healthy Eating* and the *Life Education* programs
- trialling a new Patient Wellness Clinical Pathway in orthopaedic specialist outpatient departments to improve health and wellbeing prior to surgery
- collaborating with Workplace Health and Safety Queensland to embed a health and wellbeing culture across industry and employer groups in the public and private sectors
- through the Council of Australian Government's Health Council, the Queensland Department of Health is leading:
  - the development of the national obesity strategy (to guide coordinated action to increase healthy weight for all Australians)
  - the *National Childhood Obesity Prevention Project* (to develop resources and approaches to limit the effects of unhealthy food and drinks on children, e.g. the *National Interim Guide to Reduce Children's Exposure to Unhealthy Food and Drink Promotion).*

Cancer screening

Cancer screening programs help to protect the health of Queenslanders by providing prevention and early detection of 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 are strongly encouraged to participate.

Queensland Health provides breast screening services that aim to reduce deaths from breast cancer and are targeted at women aged 50–74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 21 satellites and nine mobile vans covering more than 220 locations across the State. The latest available data identifies that 55.6 per cent of Queensland women aged 50 to 74 years participated in the program for the 24-month period 2016–17. In the 2018–19 financial year, 249,039 breast screens were performed.

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. The NCSP underwent changes from 1 December 2017, including a change of test, an increase in screening interval and an increase in screening commencement age from 18 to 25 years. These program changes were a result of new evidence and better technology. Approximately 53.2 per cent of Queensland women participated in the program for the 24-month calendar period 2015–16. In 2018, 360,550 Queensland women aged between 25 to 74 years undertook a Cervical Screening Test.

The *National Bowel Cancer Screening Program* (NBCSP) invites eligible Queenslanders aged 50 to 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 2018–19 financial year was over 15,700. The latest available data identifies that 40.8 per cent of eligible Queenslanders participated in the program for the 24-month calendar period 2016–17.

Queensland Health recognises the significant impact and benefit of improving participation by eligible Queenslanders 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.

Environmental health

Impacts on human health from environmental risks arise from a range of sources, including physical, chemical and biological factors and the related factors impacting behaviours. In 2015, it was estimated that two 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, 2019).

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 on the natural environment, including more frequent, adverse weather events, climate change, 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.

Climate adaptation and health system sustainability

The risks posed by changing climate have been identified by the World Health Organization as the biggest global health threat of the 21st century. This has significant health risk implications for Queenslanders and for Queensland Health as the major health service provider in Queensland.

The public health implications of changing climate are of particular concern for the aged, the young, those with existing preconditions including heart, respiratory and kidney disease, isolated communities such as our remote Indigenous communities, and coastal communities exposed to sea level rise and inundation. Other areas of climate risk to health include increasing temperatures; rainfall changes and impacts to water supply and water quality; ongoing and multiple weather events as seen in north Queensland earlier this year and their effects on mental health and resilience; reduction of air quality; maintenance of food safety; and potential for increases in vector borne disease.

These risks are exacerbated through changing demographics including our aging population, population shifts to urban heat sinks, as well as shifts to more vulnerable locations such as low lying coastal areas, or areas with an established history of riverine flooding, cyclones and bushfires. While individual climatic events are critical, there is also concern regarding long term heath implications and increases in chronic conditions, morbidity and longevity.

Queensland Heath has an imperative to adapt to these challenges while maintaining and improving on the current levels of service provided to the broader Queensland community. In response to these public health challenges, Queensland Health is working towards establishing a Climate Risk Framework and Strategy which recognises the need to mitigate and reduce our greenhouse emissions while embedding sustainability and adaptation into our day to day business. This ranges from how we plan for and build our future hospitals, through to how we manage our waste, energy and water use, and support and train our staff.

Foodborne illness– Salmonella and Campylobacter

It has been estimated that 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. Among the notifiable pathogens, Campylobacter is the major cause of human gastrointestinal illness in Australia, while Salmonella is the leading cause of foodborne illness outbreaks in Australia.

In April 2017, the Australia and New Zealand Ministerial Forum on Food Regulation (the Ministerial Forum) agreed that the food regulation system is producing strong food safety outcomes overall and identified three priority areas for 2017–2021 to further strengthen the system. One of these priorities is to reduce foodborne illness, particularly related to Campylobacter and Salmonella, with a nationally-consistent approach. A national foodborne illness strategy has been endorsed by the Ministerial Forum and focuses on food safety culture; national engagement; sector-based initiatives; consumer and industry education; monitoring and surveillance and research.

In Queensland, the reduction of foodborne illness is a priority and is achieved through a legislative framework focused on through-chain, risk-based principles. The framework is comprised of several pieces of legislation, each addressing food safety at different levels of the food supply chain and administered by several regulators.

The Queensland co-regulatory approach aims to reduce the number of food-related human cases of campylobacteriosis and salmonellosis in Queensland, while aligning with and supporting the national approach.

Key components of the Queensland co-regulatory approach include:

- undertaking research to better understand the organism, epidemiology and impact on food safety
- the development and implementation of through-chain control strategies
- engagement with industry to identify appropriate interventions
- improving capabilities and practices of local government environmental health officers
- the continued engagement and communication with relevant stakeholders including retailers, food service and consumers.

Lead in the environment

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, 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 can be harmful to people of all ages, but the risk of health effects is highest for unborn babies, infants and children. Blood lead level is an accurate way of monitoring lead exposure.

The Mount Isa Lead Health Management Committee, a Ministerial committee chaired by the Chief Health Officer continues to support the *Point of care testing program* (PoCT) undertaken by the NWHHS Child Health Services. This program utilises a simple finger prick blood lead test, which is less painful than the more invasive venous blood test, at the same time as their scheduled immunisations—at age 6 months, 12 months, 18 months and 4 years. There has been a strong community uptake of the *PoCT program*, with approximately 552 tests being undertaken during the 2018–19 year. Therefore, 'at risk', children are being more readily identified through this program and referred to their 'GP' for a more accurate venous test and follow up case management if necessary.

Former clandestine drug laboratories at residential premises

Premises that have been used as a former clandestine drug laboratory have the potential to pose a significant public health risk due to the hazardous and ongoing nature of chemical contamination arising from the manufacture of illicit drugs. Currently, the Queensland Police Service notifies the owner of the premise and the relevant local government when they have removed clandestine drug laboratory chemicals and/or equipment from a residential property.

Contamination of domestic premises used in the production of illegal drugs is a public health risk and is a local government responsibility under the *Public Health Act 2005*. An amendment to the legislation which came into force on 29 March 2019 further strengthens actions that can be taken to remediate former clandestine laboratory sites. The training of local government officers to remediate public health risks caused by the contamination of former clan lab sites has also been undertaken. The guideline *'Clandestine Drug Laboratories—A management guideline for public health regulators'*, is also now available to support local government officers.

PFAS

The historic use of aqueous film forming foams has resulted in per- and poly-fluorinated alkyl substances (PFAS) contamination at multiple sites in Queensland including Defence Force bases, airports, ports, fire stations and mines. Queensland Health works collaboratively with other government agencies to ensure that PFAS contaminated sites are properly assessed and that any emerging risks are managed appropriately. The response to identified contaminated sites follows a response framework based on assessed health risk which prioritises assessment and management of exposures to drinking water, followed by food, recreational water and then environmental risk assessment.

Communicable disease prevention and control

Over the last century, 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 almost 100,500 communicable diseases reported in Queensland during the 2018–19 financial year, representing about one notification per 48 Queenslanders.

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.

Exotic Mosquitos

The primary dengue mosquito, *Aedes aegypti*, is found in coastal north Queensland and parts of central and southern Queensland. A secondary dengue mosquito, *Aedes albopictus*, is only found in the Torres Strait. This mosquito can establish itself quickly in new locations and if it reaches mainland Australia, has the potential to spread as far south as Victoria. These species are invasive and are not known to be present in the Brisbane region. In addition to dengue viruses, they can also transmit Zika and chikungunya viruses.

There were six detections of *Ae. aegypti* or *Ae. albopictus* at international first points of entry or approved arrangements in Queensland in the 2018–19 financial year. These mosquitoes are most likely to arrive in oversized tyres, other water-holding sea cargo, or passenger aircraft. Furthermore, there were five detections of *Ae. Japaonicus* in oversized tyres from Japan.

While *Ae. Japaonicus* is not considered an important disease vector, limited overseas studies suggest there is a potential for it be involved with the transmission of some arboviruses. All detections were successfully treated at the site of detection with no further incursion detected. Routine surveillance continues, and there is currently no evidence that these mosquitoes have established at the locations where they have previously been detected.

Infection control

There are over 165,000 healthcare associated infections in Australian acute healthcare facilities every year and they are the most common complication affecting patients in hospital. Healthcare associated infections can occur in any healthcare setting.

The Queensland *Public Health Act* (2005) aims to protect and promote the health of the Queensland public. Chapter 4 of the *Public Health Act* (2005) requires that providers of declared health services minimise the risk of infection.

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 of Health 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 has provided strategic leadership to healthcare providers through the development and maintenance of a range of evidence-based resources to inform best practice in preventing and controlling the transmission of pathogenic organisms in hospital and community-based health care settings.

Influenza—2018 season

The influenza season in Queensland usually occurs annually in the southern and central areas, typically between May and October. In the tropical region, the pattern can be more variable and may include clusters outside this

period. In 2018, the Queensland season showed a bimodal distribution, with peaks in the week beginning 3 September, with a total of 688 notifications, and the week beginning 10 December, with 516 notifications.

From 1 January to 31 December 2018, there were 15,685 notifications. The number of 2018 notifications was 1.7 times lower than the previous five year mean. The notifications by type were:

- 12,670 (81 per cent) were typed as influenza A
- 3015 (19 per cent) were typed as influenza B
- 2088 influenza A were subtyped: 1060 (51 per cent) were A/H1N1 and 1028 (49 per cent) were A/H3N2
- subtype was unavailable for 10,582 influenza A cases.

From 1 January to 31 December 2018, there were 1715 admissions to public hospitals with confirmed influenza, including 200 Intensive Care Unit admissions. The number of hospitalisations in 2018 was 1.6 times lower than the five year mean. The 1715 admissions to public hospitals included Queensland residents (1650), interstate residents (34), and overseas visitors (31). Of the 1650 admissions of Queensland residents, 1447 (88 per cent) were due to influenza A. Public hospital admissions peaked in the week beginning 3 September (69 patients admitted with laboratory confirmed influenza) and in the week beginning 24 December (70 patients admitted with laboratory confirmed influenza).

Higher than expected interseasonal activity has been observed since the beginning of 2019. The number of notifications from 1 January to 30 June 2019 was 21,465, which is five times the previous five year mean for the same period. Eighty-eight per cent of notifications (18,8550) during this period were typed as influenza A. Of the subtyped Influenza A notifications, 1112 (58 per cent) were H3N2, while the remaining 42 per cent were H1N1. There have been 1414 influenza-associated public hospital admissions to 30 June 2019, including 137 that required intensive care.

The Department of Health distributes vaccine funded under the *National Immunisation Program* for individuals considered high risk for influenza disease. Given the increased risk of complications in young children from influenza, in 2018 the Department of Health commenced providing funded influenza vaccine for all Queensland children aged six months to less than five years.

Queensland Health developed and implemented the statewide *Call to Arms* campaign to raise awareness of the importance and safety of the annual influenza vaccine. Healthcare providers and parents of children aged between six months and under five years were the primary target audience, as flu is the leading cause of hospitalisation for children of this age. The campaign ran before and during Queensland's typical flu season and was supported by traditional and social media communication activities, raising awareness amongst all Queenslanders of the benefits of being vaccinated annually, as well as flu hygiene and other prevention messages. A year-round Search Engine Marketing (SEM) campaign was also implemented to continue to direct traffic to the Vaccination Matters website and engage with Queenslanders.

Key audiences addressed in this year's flu prevention communication activities included parents of children aged six months to under five years, healthcare and immunisation providers, Queensland adults, pregnant women and Aboriginal and Torres Strait Islander people. Due to the increased risk of influenza transmission in residential aged care facilities, schools and childcare facilities, Queensland Health actively promoted vaccination and hygiene messages during the influenza season to staff, parents and carers, children and residents.

There has been a high number of laboratory confirmed influenza cases reported to date this year compared to previous years. Much of the burden of disease has been in those aged 65 years and older, who have also had the highest rate of deaths. Residents of nursing homes are at particular risk of influenza transmission. In response to this, the Department of Health has made antiviral medication available to HHSs for use in nursing homes to support influenza outbreak management.

Tuberculosis

Tuberculosis (TB) is a notifiable condition in Queensland and throughout Australia. Despite TB being well controlled in Queensland, new cases are regularly diagnosed. The majority of these cases contracted their infection in countries other than Australia. In Queensland, the risk to the general public of developing any kind of TB is very low, with around 4.0 cases of TB diagnosed per 100,000 people each year. Multi-drug resistant TB (MDR-TB) can be caused by poor treatment compliance or transmission from another case of MDR-TB.

There have been 209 cases of TB notified in Queensland in the 2018–19 financial year, including eight cases of laboratory confirmed multi-drug resistant tuberculosis TB (MDR-TB). The demographics of TB cases in the 2018–19 financial year were similar to previous years, where the majority were born overseas (82 per cent), mostly from countries with a high incidence of TB (78 per cent).

The vaccine recommended for children at high risk of TB infection is Bacille Calmette-Guérin (BCG) vaccine. There is strong evidence that BCG vaccination in infancy provides over 70 per cent protection against severe disseminated forms of TB, including miliary TB and TB meningitis. BCG vaccine is not recommended for adults. There has been short supply of BCG vaccine since 2015 which has resulted in eligible children being unable to access vaccine. Vaccine supply is expected to improve in July 2019.

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

Antimicrobial resistance

Resistance to antimicrobial agents is a significant challenge at all levels of the health system, and in agriculture. Queensland Health has undertaken a project on developing a strategy to counter the increasing incidence of antimicrobial resistance. The strategy was developed as a result of a summit attended by key stakeholders in the health and veterinary sectors in May 2019, and is designed to achieve the following objectives:

- Communication, Education and Training—there is increased awareness of the current situation regarding AMR and development of skills for the actions that can be taken to address it, for consumers and professionals.
- Coordinated antimicrobial resistance surveillance and response— the response to outbreaks, and current and emerging AMR threats, is increasingly coordinated and effective and is informed by timely and meaningful surveillance information to support decision-making for the response.
- Antimicrobial stewardship and monitoring of antimicrobial usage—the use of antimicrobials is increasingly judicious and appropriate and there is access to timely and useful information to support decision-making on antimicrobial stewardship (AMS).
- Prevention and control of infection—action taken for the prevention of infection in the community, healthcare, animal health and agriculture settings is increasingly effective, is coordinated and timely, and is risk-based as informed by surveillance information and evidence.
- Research—targeted, high quality research is being undertaken into AMR, AMS, the prevention of infection and implementation science which is translatable into clinical, public health and animal health practice.
- Governance and partnerships—successful implementation of the strategy is achieved because responsibility and resources are allocated for achievement of the strategy actions, and there is designated accountability for outcomes.

Service delivery statements

The service standards featured below are reported in the Service Delivery Statements as part of the budget process each year. They provide information on the performance of Queensland's public health system.

Department of Health

The Department of Health is responsible for providing leadership and direction to enable the health system to deliver safe and responsive services for Queenslanders and working in close collaboration with HHSs and other organisations to achieve these goals.

Queensland Health Corporate and Clinical Support	Notes	2018–19 Target/Est.	2018–19 Actual
Percentage of Wide Area Network (WAN) availability across the state:	1		
– Metro		99.8%	100%
– Regional		95.7%	99.9%
– Remote		92%	99.7%
Percentage of high-level ICT incidents resolved within specified timeframes:	2, 3		
– Priority 1		80%	100%
– Priority 2		80%	95%
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5 per cent unfavourable tolerance	4	95%	87%
Percentage of correct, on time pays	5	98%	99.3%
Percentage of calls to 13 HEALTH answered within 20 seconds	6	80%	88.9%
Percentage of initiatives with a status reported as critical (Red)	7	<15%	0.0%

Queensland Health Corporate and Clinical Support	Notes	2018–19 Target/Est.	2018–19 Actual
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	8	100%	100%

Notes:

1. This is a measure of the availability and access of Information and Communication Technology (ICT) services via Queensland Health's WAN service across the state. The 2018–19 Actual figure represents average monthly availability across the period from July 2018 to June 2019.
2. This measure provides an indication of the level and variety of support provided to Queensland Health through this Service Area within required timeframes. Priority 1 definition: An enterprise application or infrastructure is inaccessible to all users at a tertiary referral hospital or multiple primary hospitals, e.g., 'Email system is down'. Priority 2 definition: An enterprise application or infrastructure is inaccessible to multiple business units at a tertiary referral hospital or to all users at a secondary referral hospital.
3. The 2018–19 Actual representing incident resolution within agreed timeframes is the number of incidents of each priority resolved within Service Level Agreement timeframes divided by the total resolved, across the period 1 July 2018 to 30 June 2019. Calculations are based on the time parameters of the Service Level Agreement, with allowances for time waiting for customer input and an assurance period after initial resolution to ensure no reoccurrence of the event. On this basis, four out of four Priority 1 incidents and 218 out of 230 Priority 2 incidents were resolved within agreed timeframes.
4. This measure shows the percentage of construction projects delivered within scope, budget and time allocations as at 30 June 2019. The 2018–19 Target/Estimate has not been achieved due to project schedule slippages caused by latent conditions, and delays encountered with land designation and land use agreements.
5. The measure is calculated by the number of forms processed on time which were submitted prior to the advertised deadline for the relevant period as a proportion of all forms submitted prior to the advertised deadline for the relevant period. The data is captured for the period 1 July 2018 to 30 June 2019.
6. The performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres. 13 HEALTH is above the Key Performance Indicator target of 80 per cent.
7. This measure is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' Portfolio status, divided by the total count of eHealth Queensland initiatives reported. The 2018–19 Actual measure is based on the June 2019 dataset. A 'red' portfolio status indicates where an initiative is forecast to exceed its baseline budget by 10 per cent or more, the end date of the project is forecast to be delayed by 30 days or more, or deliverables associated with the project have been found to be not fit-for-purpose. Additionally, the following also contributes to assessing a 'red' portfolio status of an initiative: the estimated total project cost; the initiative stage; impacts/consequences for the late delivery of outcomes, and vendor implications.
8. 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.

Acute inpatient care

Acute inpatient care includes a broad range of services provided to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Queensland Health Corporate and Clinical Support	Notes	2018–19 Target/Est.	2018–19 Actual
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 clinically recommended times:	2		
– Category 1 (30 days)		>98%	96%
– Category 2 (90 days)		>95%	92%
– Category 3 (365 days)		>95%	95%
Median wait time for elective surgery treatment (days):	3		
– Category 1 (30 days)		..	15
– Category 2 (90 days)		..	57
– Category 3 (365 days)		..	222
All categories		..	41
Percentage of admitted patients discharged against medical advice:	4		
Non-Aboriginal and Torres Strait Islander patients		0.8%	1%
Aboriginal and Torres Strait Islander patients		1%	2.8%
Number of elective surgery patients treated within clinically recommended times:	5		

Queensland Health Corporate and Clinical Support	Notes	2018–19 Target/Est.	2018–19 Actual
– Category 1 (30 days)		47,333	47,111
– Category 2 (90 days)		53,726	52,510
– Category 3 (365 days)		35,613	34,670
Average cost per weighted activity unit (WAU) for Activity Based Funding facilities	6, 7	$4,767	$4,894
Total weighted activity units—acute inpatient	6, 8	1,323,528	1,321,147

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Actuals for 2018–19 are based on actual performance from 1 July 2018 to 31 March 2019.
2. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category.
3. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
4. This service standard is a proxy measure for Aboriginal and Torres Strait Islander cultural appropriateness of inpatient services. 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 four per cent, the 2018–19 Actual is encouraging and progressing in the right direction. Actuals for 2018–19 are based on the period 1 July 2018 to 31 May 2019.
5. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services.
6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type.
7. Actual data for 2018–19 is financial year to date to March 2019. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training.
8. Actuals data for 2018–19 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions.

Outpatient care

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.

Queensland Health consolidated	Notes	2018-19 Target/Est.	2018-19 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1		
– Category 1 (30 days)		65%	65%
– Category 2 (90 days)		55%	61%
– Category 3 (365 days)		75%	90%
Percentage of specialist outpatients seen within clinically recommended times:	2		
– Category 1 (30 days)		83%	80%
– Category 2 (90 days)		69%	66%
– Category 3 (365 days)		84%	85%
Number of Telehealth outpatient service events	3	88,292	108,767
Total weighted activity units (WAUs) – Outpatients	4	372,319	391,744

Notes:

1. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Actuals for 2018–19 are as at 30 June 2019. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities.
2. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times.
3. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events.
4. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals data for 2018–19 are preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions.

Emergency care

Emergency Care is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, ambulance services, retrieval services, through to Emergency Departments (EDs). EDs are dedicated hospital-based facilities specifically designed and staffed to provide 24 hour emergency care.

Queensland Health consolidated	Notes	2018–19 Target/Est.	2018–19 Actual
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	1	>80%	75%
Percentage of emergency department patients seen within recommended timeframes:	2, 3		
– Category 1 (within 2 minutes)		100%	99%
– Category 2 (within 10 minutes)		80%	74%
– Category 3 (within 30 minutes)		75%	64%
– Category 4 (within 60 minutes)		70%	79%
– Category 5 (within 120 minutes)		70%	96%
Percentage of patients transferred off-stretcher within 30 minutes	4	90%	77%
Median wait time for treatment in emergency departments (minutes)	5	..	16
Total weighted activity units (WAUs) – Emergency Department	6	276,228	271,515

Notes:

1. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The measure reflects the performance of the 106 performance reporting facilities across the State. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations.
2. This is a measure of the access and timeliness of ED services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs.
3. The 'all categories' measure was discontinued from 2018–19 as the percentage of patients seen within recommended timeframes varies depending on the proportion of patients in each urgency category,

and there is no national benchmark for the percentage of patients seen within recommended timeframes across all categories.

4. This is an indicator of the effectiveness of HHSs' processes to accept the transfer of patients from the Queensland Ambulance Service (QAS) to ED in public hospitals. It reports the percentage of patients transferred off stretcher within 30 minutes, and data is sourced from QAS.
5. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals data for 2018–19 are preliminary.

Sub and non-acute care

Sub and non-acute care comprises of rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Queensland Health consolidated	Notes	2018–19 Target/Est.	2018–19 Actual
Total weighted activity units (WAUs)—Sub Acute	1	128,015	116,542

Notes:

1. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals data for 2018–19 are preliminary.

Mental health and alcohol and other drug services

Integrated Mental Health Services deliver assessment, treatment and rehabilitation services in community, inpatient and extended treatment settings to reduce symptoms of mental illness and facilitate recovery. Alcohol, tobacco and other drug services provide prevention, treatment and harm reduction responses in community-based services.

Queensland Health Consolidated	Notes	2018–19 Target/Est.	2018–19 Actual
Proportion of re-admissions to an acute mental health inpatient unit within 28 days of discharge	1		
– Aboriginal and Torres Strait Islander		<12%	16.3%
– Non-Aboriginal and Torres Strait Islander		<12%	12.6%

Queensland Health Consolidated	Notes	2018–19 Target/Est.	2018–19 Actual
Rate of community follow up within 1–7 days following discharge from an acute mental health inpatient unit:	2		
– Aboriginal and Torres Strait Islander		>65%	61.2%
– Non-Aboriginal and Torres Strait Islander		>65%	62.2%
Percentage of the population receiving clinical mental health care	3	>2%	2.1%
Ambulatory mental health service contact duration (hours)	4	>973,196	907,048
Queensland suicide rate (number of deaths by suicide/100,000 population)	5	..	15.0
Total weighted activity units (WAUs)—Mental Health	6	142,748	144,337

Notes:

1. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Actuals for 2018–19 are for the period 1 July 2018 to 31 May 2019.
2. Queensland has made significant progress in improving the rate of community follow up over the past eight years. Increased pressure on community and inpatient mental health services has seen increases in readmission rates and is impacting the rate of community follow up. Between 2014–15 and 2018–19 the number of in-scope separations increased by approximately 20 per cent and the number of separations with follow up increased by only 15 per cent. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslander's are evident, but trends are impacted on by smaller number of separations for Indigenous Queenslanders. Actuals for 2018–19 are for the period 1 July 2018 to 30 June 2019.
3. This measure provides a mechanism for monitoring population access and treatment rates and assessing these against what is known about the distribution of mental health disorder in the community. It is the estimated proportion of the Queensland population accessing a public mental health service over the period.
4. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2018–19 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.
5. Data sourced for this measure is from the Australian Bureau of Statistics (ABS) Causes of Death Survey's five-year age-standardised death rates for the period 2013–17 (calendar year) and is subject to

revision. The five-year rate is utilised to align to other Queensland Government reporting. No annual targets for this measure have been set given the volatility of the data. This measure aligns with the Government's target under Our Future State: Advancing Queensland's Priorities, to reduce the State's suicide rate by 50 per cent by 2026.

6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals data for 2018–19 are preliminary.

Prevention, primary and community care

These services are provided by a range of healthcare professionals in socially appropriate and accessible ways and 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 and self-management support.

Queensland Health Consolidated	Notes	2018-19Target/Est.	2018-19 Actual
Percentage of the Queensland population who consume recommended amounts of:	1,2		
– Fruits		58.2%	52.1%
– Vegetables		8.9%	8.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:	1,2		
– Persons		61.8%	59.7%
– Male		63.4%	62.9%
– Female		60.3%	56.6%
Percentage of the Queensland population who consume alcohol at risky and high-risk levels:	1,2		
– Persons		20.7%	22.3%
– Male		30.9%	33.2%
– Female		10.8%	11.9%
Percentage of adults and children with a body mass index (BMI) in the healthy weight category:	1,3		
– Adults		39%	32.3%
– Children		60%	65.5%
Percentage of the Queensland population who smoke daily:	1,2		

Queensland Health Consolidated	Notes	2018-19Target/Est.	2018-19 Actual
– Persons		11.4%	11.1%
– Male		12.9%	12.2%
– Female		9.8%	10%
Percentage of the Queensland population who were sunburnt in the last 12 months:	1, 2		
– Persons		50%	54.3%
– Male		55%	57.9%
– Female		45.9%	50.9%
Annual notification rate of HIV infection	4	3.8	3.7
Number of rapid HIV tests performed	5	5,900	6,537
Vaccination rates at designated milestones for:	6		
– all children 1 year		95%	94.1%
– all children 2 years		95%	91.8%
– all children 5 years		95%	94.7%
Percentage of target population screened for:	7		
– Breast cancer	8	56.2%	53.8%
– Cervical cancer	9	..	..
– Bowel cancer		39%	42.1%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	7,10	56.9%	57.3%
Ratio of potentially preventable hospitalisations (PPHs)—Rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	11	1.7	1.8
Percentage of women who, during their pregnancy were smoking after 20 weeks:	12, 13, 14		
– Non-Aboriginal and Torres Strait Islander women		7.4%	7%

Queensland Health Consolidated	Notes	2018-19Target/Est.	2018-19 Actual
– Aboriginal and Torres Strait Islander women		31.9%	38.3%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation:	12, 13, 15		
– Non-Aboriginal and Torres Strait Islander women		96.5%	96.5%
– Aboriginal and Torres Strait Islander women		93.8%	90.4%
Percentage of babies born of low birth weight to:	12, 13, 16		
– Non-Aboriginal and Torres Strait Islander women		4.6%	5.1%
– Aboriginal and Torres Strait Islander women		7.3%	10%
Percentage of public general dental care patients waiting within the recommended timeframe of two years	17	85%	99%
Percentage of oral health weighted occasions of service which are preventative	17, 18	15%	18%
Number of adult oral health weighted occasions of service (ages 16+)	18, 19	2,529,000	2,993,621
Number of children and adolescent oral health weighted occasions of service (0–15 years)	18, 20	1,300,000	1,174,355
Total weighted activity units (WAUs)—Prevention and Primary Care	21	49,534	54,610

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the *Health and Wellbeing Strategic Framework 2017 to 2026*. 2018–19 Actuals are from the 2018 Preventive Health Survey and are based on a telephone survey conducted in that year.
2. These are population measures from a representative survey sample, and as such there is a year to year variation. Point estimates such as these are not indicative of statistical trends.
3. This service standard measures the percentage of adults and children in Queensland with a body mass index in the healthy weight category based on measured height and weight from the National Health Survey. It aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, to increase the proportion of adults and children in the State with a healthy body weight by

10 per cent by 2026. This measure has replaced the previously reported: Percentage of the Queensland population who are overweight or obese, which will continue to be reported in the biennial Chief Health Officer report.

4. The annual notification rate of HIV infection shows the rate of new diagnoses of HIV infection per 100,000 population.
5. The rapid test is used for screening for HIV and produces a result in 30 minutes or less.
6. This is a measure of the effectiveness of the provision of funded vaccines for specific targeted programs. High immunisation rates are important to protect the health of the community. This measure aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, for 95 per cent of Queensland children aged one, two and five years to be fully immunised by 2022. The 2018–19 Actuals cover the period 1 July 2018 to 31 March 2019.
7. This is a measure of the effectiveness of the participation strategies in place for cancer screening services (e.g. BreastScreen Queensland). A high screening rate or increasing proportion of the population being tested increases the possibility of cancer being detected.
8. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland continues to be above the national average in 2016–17 based on latest published data. Activity growth is not keeping pace with population growth in the target age group.
9. On 1 December 2017 the national cervical cancer screening program changed in terms of the test, age eligibility and interval of screening and the Commonwealth Government took over responsibility for the national register. Insufficient information is available to derive an Actual for 2018–19. Further, there is insufficient data available to date to provide a Target/Estimate for 2018–19. Changes to the measure will be considered for future Service Delivery Statement reporting.
10. The proportion of small cancers detected by the programme is an important indicator of the quality of the programme. A high proportion of small cancers detected indicates more disease being detected early. This is associated with improved morbidity and mortality outcomes. Early detection allows a wider range of treatment options—including less invasive procedures—and a higher likelihood of survival.
11. Potentially Preventable Hospitalisations (PPHs) are hospitalisations that could potentially have been avoided with 'better' care or access to care outside the hospital inpatient setting. While the 2018–19 Actual is not meeting the 2018–19 Target/Estimate, it is only marginally higher and is continuing to trend downwards. The 2018–19 Actual is based on the period 1 July 2018 to 31 May 2019.
12. This is an effectiveness measure as it provides support and evidence on the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2018–2021. Actuals for 2018–19 are based on the period 1 July 2018 to 31 May 2019.
13. This measure reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies. The measure aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, to increase the number of babies born healthier by five percentage points by 2025.
14. While the 2018–19 Actual is not in line with the 2018–19 Target/Estimate, 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. If the current rate of decline continues, the target rate will be achieved in the mid 2020s. Reducing rates of smoking during pregnancy remains a challenge due to high rates of smoking in the broader Aboriginal and Torres Strait Islander population. Initiatives underway to accelerate the rate of change include the Smoking Cessation Quality Improvement Payment (QIP) and Making Tracks smoking cessation investment. The positive impact of the QIP should be realised in early to mid 2020.
15. While the 2018–19 Actual is not in line with the 2018–19 Target/Estimate, a number of the 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. To improve the statewide rate of access to antenatal care, there will be a renewed focus on those HHSs which are currently not meeting the target through existing Making Tracks investment in maternal health services. A QIP Initiative is underway to

accelerate the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments. The positive impact of the QIP should be realised in early to mid 2020.

16. Low birth weight of babies born to Aboriginal and Torres Strait Islander mothers remains a significant challenge. To achieve sustainable gains in birth weight outcomes a focus must remain on supporting women and communities to addressing risk factors before and during pregnancy, including maternal smoking, infections and hypertension. As smoking rates in Aboriginal and Torres Strait Islander women who are pregnant are declining, it is likely this will have a positive impact on the percentage of babies born of low birth weight.
17. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits. A higher rate suggests effective strategies are in place for ensuring access to preventive oral health.
18. An oral health Weighted Occasion of Service (WOoS) is a measure of activity and weights occasions of service based on their complexity to provide a common unit of comparison for oral health services.
19. Actuals for 2018–19 are based on actual performance from 1 July 2018 to 30 June 2019, as at 4 July 2019. The 2018–19 Estimated Actual performance for adult WOoS (16+ years) is higher than the 2018–19 Target/Estimate primarily due to Medicare payments claimed directly by HHSs under the Child Dental Benefits Schedule (CDBS) that were invested in additional adult dental services
20. The 2018–19 Actual performance for WOoS (0-15 years) is lower than the 2018–19 Target/Estimate due to higher than anticipated private sector activity. Child Dental Benefit Scheme (CDBS) eligible children can access oral health care in either the private or public sectors and concentrated advertising by the private sector plus the ability to provide out of routine hours care has resulted in a shift to private providers. This has resulted in lower than previous acceptance rates for offers of treatment at public sector school- based oral health services.
21. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2018–19 are preliminary.

Ambulance services

The QAS achieves this objective by providing pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

Queensland Ambulance Service		Notes	2018-19 Target/Est.	2018-19 Actual
Time within which code 1 incidents are attended:		1, 2, 3,4		
– 50th percentile response time (minutes)	Code 1A	5	8.2	7.4
	Code 1B		8.2	8.7
	Code 1C		8.2	9.1
– 90th percentile response time (minutes)	Code 1A	6	16.5	13.9
	Code 1B		16.5	16.5
	Code 1C		16.5	17.5
Percentage of Triple Zero (000) calls answered within 10 seconds		7	90%	91%
Percentage of non-urgent incidents attended to by the appointment time		2, 8	>70%	83%
Percentage of patients who report a clinically meaningful pain reduction		9	>85%	83%
Patient experience		10,11	>97%	98%
Gross cost per incident		2, 12	$703	$704

Notes:

1. Code 1 incidents are potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and/or siren) en-route. Code 1 incidents are prioritised as:
2. 1A—Acute time critical, where a patient presents with abnormal or absent vital signs;
3. 1B—Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration; or
4. 1C—Potential time critical, where a patient does not present with a pattern of injury or significant illness but has a significant mechanism of injury or history that indicates a high potential for deterioration.
5. An incident is an event that results in one or more responses by the ambulance service.
6. The time within which Code 1 incidents are attended is referred to as the 'Response time'. Response time is defined as the time taken between the initial receipt of the call for an emergency ambulance at the communications centre and the arrival of the first responding ambulance resource at the scene of an emergency. Short or reducing response times are desirable as it suggests a reduction in the adverse effects on patients and the community, of those emergencies requiring ambulance services.
7. In 2018–19, the QAS has responded to 400,971 Code 1 incidents, representing a six per cent increase from 2017–18. This increased demand for service has affected the ability of the QAS to meet response time targets in some areas. Code 1B response times are outside the *Service Delivery Statement*

response times targets at the 50th and 90th percentiles due to an increase of 3.8 per cent to a 2018–19 total of 121,095, and Code 1C response times are outside the response times targets at the 50th and 90th percentiles due to a 6.7 per cent increase in Code 1C incidents to a 2018–19 total of 268,640 incidents.

8. This measure reports the time within which 50 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
9. This measure reports the time within which 90 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
10. This measure reports the percentage of Triple Zero (000) calls answered by QAS operations centre staff in a time equal to or less than ten seconds.
11. This measure reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for designated appointment, or are met for returned transport within two hours of notification of completion of an appointment (Code 4). 2018–19 Actual data as at 30 June 2019.
12. Clinically meaningful pain reduction is defined as a minimum two-point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to ten, the initial pain score was at least seven.
13. Prior reporting periods have utilised ‘Patient Satisfaction’ as the service standard, which was amended to ‘Patient Experience’ in 2018–19 reporting period to better clarify what is being measured. This is a change to wording only, the calculation methodology remains unchanged.
14. Overall satisfaction score is reported as ‘Patient Satisfaction’ from one single question from the Council of Ambulance Authorities National Patient Satisfaction Survey Questionnaire (Q10. How satisfied were you overall with your last experience using the Ambulance Service). This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities. However, it should be noted that internal reporting of satisfaction is undertaken across multiple separate components of the patient’s experience to indicate the factors impacting on the overall satisfaction score on a year-by-year basis. The 2018–19 Actual figure was obtained from the CAA Report released in November 2018.
15. This measure reports ambulance service expenditure divided by the number of incidents. The increase in 2018–19 Target/Estimate for cost per incident relates to additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, enterprise bargaining requirements, and additional investment in information and communication technology.

Appendices

Appendix A – Department of Health Organisational Structure

Our services

Queensland Health consists of the Department of Health, the Queensland Ambulance Service and 16 independent Hospital and Health Services (HHSs) situated across the state.

The Department of Health is responsible for providing leadership and direction, while working collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders.

The department's head office is located at 33 Charlotte Street, Brisbane, QLD 4000.

Other significant offices include:

Agency	Head Office
Health Support Queensland	Level 5, 41 O'Connell Terrace, Bowen Hills, QLD 4006
eHealth	Queensland Health, Level 2, 108 Wickham Street, Fortitude Valley QLD 4006
Queensland Ambulance Services	Emergency Services Complex, Corner of Park & Kedron Park Roads, Kedron QLD 4031

Office of the Director-General

The Office of the Director-General (ODG) provides leadership, direction and support to assist the health system deliver safe, responsive, quality health services for Queenslanders and provides oversight of the divisions and service agencies within the department.

Its purpose is to ensure the safe provision of quality public health services, supporting HHSs and the system broadly with a coordinated effective approach across Queensland and across the diversity of needs within the annual budget.

The ODG has a strong commitment and focus on performance, accountability, openness and transparency, and responses delivered within timeframes.

This is achieved by:

- promoting and upholding good governance and accountability
- providing strategic advice, leadership, direction and support for the health system, the Director-General, the Minister for Health and Minister for Ambulance Services, and Cabinet
- overseeing and facilitating the development, interpretation and monitoring of policies, plans, and legislation
- facilitating, collaborating and partnering to encourage and support quality health service delivery.

Our services are delivered by eight branches:

- Director-General's Office—coordinates the leadership of activities of the department. It ensures comprehensive and accurate advice is available to the Director-General and Minister in relation to a range of executive government functions. It also facilitates intra- and inter-governmental partnerships and engagement activities.
- Ministerial and Executive Services Unit (MESU)—Coordinates the flow of information across Queensland Health and externally to stakeholders in support of the Minister and Director-General through the System and Departmental Liaison Officer (SDLO). MESU also manages incoming health enquiries and correspondence (including correspondence guidelines and templates), complaints and customer feedback, and provides secretariat and administrative support to key forums, departmental committees, and national committees including COAG Health Council (CHC) and the Australian Health Ministers' Advisory Council (AHMAC) through System Secretariat.
- Office of Health Statutory Agencies—provides support and advice to the Director-General and Minister in relation to all health portfolio statutory agencies, including the monitoring of key governance compliance requirements and providing a central point of contact for advice and guidance on application of whole-of-government policy and statutory obligations.
- Cabinet and Parliamentary Services—provides advice and support to the Director-General and Minister in relation to executive government functions including scheduling and progression of matters to Cabinet, Executive Council and Parliament; coordination of Queensland Health input into whole-of-government reporting; and preparation of briefing materials to support executive government functions.
- Estimates Team—provides advice and support to the Minister, Director-General and other senior executives across the health portfolio in relation to the annual estimates process.
- Ethical Standards Unit—the department's central point for receiving, reporting and managing allegations of suspected corrupt conduct and public interest disclosures.
- Health Innovation, Investment and Research Office—promotes a coordinated and collaborative approach to innovation, investment and research across the department, including overseeing engagement in the Advance Queensland agenda.
- Transformation Team—supports the *Rapid Results Program*, a new way of working which aims to transform some of the ways we operate the health system to deliver more and better health care. The team works across the system in a co-design approach with clinicians, consumers and health leads to elevate, escalate, accelerate and coordinate innovative work happening across the system to deliver rapid results.

Corporate Services Division

Working closely with the various divisions, our branches partner effectively with HHSs to ensure the department's business outcomes support the delivery of quality health services.

- Corporate Services Division provides innovative, integrated and professional corporate services, delivered by seven specialist branches:
  - Risk, Assurance and Information Management Branch—enabling good governance outcomes and assurance through audit, risk, governance, fraud control and compliance strategy, services and advice.
  - The Business Partnerships and Improvement Branch—frontline Corporate Services Division team for engagement with our people and clients, as well as supporting delivery of emerging and priority projects.

- The Branch supports the division to be the visible leader and driver of change to better develop and embed the department's culture program. The Branch explores opportunities to improve productivity and efficiency through enhancing business practices, leveraging technology and embracing innovation, and seeks to modernise the way in which the department supports the delivery of services to patients, through customer-focused design.
- Capital and Asset Services Branch—providing an innovative range of capital infrastructure, asset, property facilities and records management solutions for the department and the HHSs.
- Finance Branch — collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.
- Human Resources Branch—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.
- Strategic Communications Branch—delivering high quality, tailored and innovative marketing communications with a team comprising of specialists in marketing, communication, graphic design, media, online and production.
- Legal Branch—providing strategic legal services comprising of the Legal Services Unit, Privacy and Right to Information Unit and the Mental Health Court Registry.

Strategy, Policy and Planning Division

In the Strategy, Policy and Planning Division (SPPD) we use policy, planning, legislation and statistics to positively impact the health system and translate Queensland Health's vision into reality.

We are made up of eight branches, three of which form our Planning Directorate:

- Office of the Deputy Director-General
- Strategic Policy and Legislation
- Statistics and Data Governance
- Funding Strategy and Intergovernmental Relations
- Aboriginal and Torres Strait Islander Health
- Planning Directorate
- System Planning
- Workforce Strategy
- Infrastructure Strategy and Investment.

Office of the Deputy Director-General— uses correspondence, business services, governance and communication to facilitate the efficient and effective flow of information, engage our stakeholders and support our Deputy Director-General, leadership team and department.

Statistical Services Branch—uses data and statistics to monitor and report on the health of Queenslanders and their use of health services. We develop statistical standards, help ensure data quality and host the Queensland Health Data Dictionary (QHDD).

Funding Strategy and Intergovernmental Policy Branch—secures funding for our health system by managing Queensland Health's state budget submissions and advancing Queensland's position on national funding and policy matters.

Strategic Policy and Legislation Branch—uses policy and legislation to change Queenslanders' lives for the better. Every day we work to improve child protection and safety, aged care and disability services, and health services for minority groups and those in rural and remote locations. We deliver the

Department of Health's Strategic Plan and Performance Management Framework.

Aboriginal and Torres Strait Islander Health Branch—uses policy, planning and targeted programs and services to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. We oversee Queensland's efforts toward closing the gap and lead the implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*.

Planning Directorate

Planning Directorate uses medium to long-term health system strategy, integrated planning and partnerships to make a direct and meaningful impact on health services in Queensland.

We are made up of three branches:

- Infrastructure Strategy and Investment Branch—coordinates strategic planning, critical information and statewide partnerships to ensure Queensland Health has the infrastructure it needs to deliver quality patient care now and into the future. In ISIB we determine statewide infrastructure priorities and give decision-makers the information they need to make sound capital investments. We deliver the *State Health Asset and Infrastructure Planning (SHAIP) project*, the *Investment Management Framework* (IMF) and Investment Review Committee (IRC).
- System Planning Branch—uses medium to long-term statewide health services planning to support patient-focused, efficient and effective health care. We collaborate across the system to understand communities' current and future health needs, so the right services can be planned, the right resources allocated, and the right investment decisions made.
- Workforce Strategy Branch—uses analysis, forecasting and planning to understand local and system-wide needs and help Queensland Health develop a responsive, skilled and sustainable health workforce. We deliver the *Health Workforce Strategy for Queensland 2016–2026*, the *Rural and Remote Health Workforce Strategy 2017–2020* and *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026*.

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division is responsible for purchasing public health and social services and managing the performance associated with those purchasing decisions to optimize health gains, reduce inequalities and maximise the efficiency and effectiveness of the health system.

The division comprises:

- Community Services Funding Branch—collaborates with policy and program areas within the department, utilising an end-to-end commissioning framework, to contract non-government, private and academic organisations to deliver community, health or human services on behalf of government.
- Contract and Performance Management Branch—leads the development and negotiation of service agreements with the 16 HHSs and Mater Health Services ensuring the service agreements foster and support continuous quality improvement, effective health outcomes and equitable allocation of the state's multi-billion-dollar health service budget. Using a transparent performance framework, the branch is also responsible for ensuring performance against these service agreements. The *Surgery Connect program* is also managed within this branch.
- Healthcare Purchasing and Funding Branch—leads the development and application of purchasing and funding methodologies to support delivery of the greatest possible health benefit for the Queensland population from the resources available. From a healthcare purchasing perspective, this means focusing on the

patient health outcomes achieved per dollar spent to ensure resources are focused on high value activities and improved health outcomes, while funding models incentivise the uptake of good practice.

- System Performance Branch—leads the monitoring and reporting on performance of Queensland's health system, producing a range of insights and reports to the Minister, Director-General, Board Chairs, System Manager, Central Agencies, executives and operational staff across both the department and HHSs. The branch manages the department's System Performance Reporting (SPR) platform that provides performance insights to our workforce to understand the performance of their local HHS relative to their peers and to support evidence-based decisions on performance improvement and 'purchasing for performance' strategies.

Prevention Division

The Prevention Division has five branches and an office which deliver policies, programs, services 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 manages credentialing and clinical scope of practice for departmental medical administration staff, and statewide Breast Screen and retrieval services medical staff. The division also has ministerial delegation for declaring Area of Need for Queensland.

The division comprises:

- Chief Medical Officer and Healthcare Regulation Branch—responsible for providing safe, high quality, effective and contemporary policy and regulation that meets both community needs and government expectations, and covers the delivery of services, programs and projects relating to body tissues, clinical services capability framework, medical workforce planning, statewide intern accreditation, medicines medicinal cannabis, community pharmacy businesses and private health facilities.
- Communicable Diseases Branch—responsible for the surveillance, prevention and control of communicable diseases in Queensland.
- Aeromedical Retrieval and Disaster Management Branch—provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness, major events and emergency incident management, telehealth support to rural and remote clinicians, and patient transport data analysis, contract management and policy oversight of HHS owned and/or operated Helicopter Landing Sites.
- Preventive Health Branch—uses integrated, multi-strategy approaches to create environments which support health and wellbeing and encourage and support communities and individuals to adopt healthy behaviours, including regular screening for early detection of cancer, healthy eating, being physically active, being sun safe and not smoking. The branch develops the biennial Chief Health Officer report and monitors risk factors for chronic disease.
- Health Protection Branch—seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices. The branch has both a regulatory and health risk assessment focus and works across a range of program areas, including environmental hazards (e.g. asbestos, lead), water quality, fluoridation, food safety and standards, radiation health and chemical safety.

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.

CEQ identifies, monitors and promotes improvements in the quality of health services delivered by service providers (both HHSs and private health facilities, globally and within Queensland), by supporting and facilitating the dissemination of best-practice clinical standards and processes that achieve better outcomes for our patients.

The division is also accountable for setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well as monitoring and reporting on performance.

CEQ is the conduit for the Queensland Clinical Senate and 22 clinical networks to engage with the department, and also provides professional leadership for clinicians through the Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer and Allied Health Professions Office of Queensland.

The Office of the Chief Psychiatrist is located within CEQ. The office supports the Chief Psychiatrist to exercise their statutory responsibilities under the *Mental Health Act 2016*, as well as providing specialist advice regarding the clinical care and treatment of people with mental illness.

The Assistant Deputy Director-General and Chief Clinical Information Officer (CCIO) is also located within the division to support the operational and strategic leadership of CEQ and provide clinical leadership of the Clinical Informatics Portfolio. The CCIO drives continuous improvement, collaboratively working with key stakeholders to maximise the benefits associated with the use of information technology in clinical practice.

In 2019, the Office for Prisoner Health and Wellbeing was established in response to the Offender Health Services Review. It provides statewide leadership and is a coordination point for Queensland Health-provided primary healthcare services for people in Queensland Corrective Services custody.

CEQ has developed five strategic priorities to underpin and help drive improvements in care outcomes and efficiency: Innovation, Transparency, Clinician Leadership, Patient Safety and Improvement.

The work of CEQ focuses on:

- providing expert advice and support services to health services, the department and national bodies to maximise patient safety outcomes and the patient's experience of the Queensland public health system
- setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well as monitoring and reporting on performance
- providing professional leadership and principal advice for the dental, allied health and nursing and midwifery workforce and clinical informatics
- working collaboratively with health services to address access to hospital services
- investing in innovation and improvement programs and supporting update, scale and spread through knowledge management
- investing in and supporting the development of clinicians
- working to create greater transparency of performance and knowledge.

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, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 296 response locations through 15 Local Ambulance Service Networks (LASNs) that are geographically aligned with the department's HHS boundaries. The QAS has an additional

statewide LASN comprising eight operations centres distributed throughout Queensland that manage emergency call taking, operational deployment and dispatch, and coordination of non-urgent patient transport services.

In addition, the QAS works in partnership with over 140 active Local Ambulance Committees (LACs) across the state, whose members volunteer their time supporting their local ambulance service.

Health Support Queensland

Health Support Queensland (HSQ) delivers a broad range of highly specialised diagnostic, scientific, clinical support and payroll support services to enable the delivery of frontline healthcare in Queensland.

HSQ provides a diverse range of customer-centred services to the health system:

- Pathology Queensland—diagnostic pathology services to all HHSs across metropolitan, regional and remote Queensland.
- Forensic and Scientific Services—expert forensic analysis and advice, and scientific testing for public and environmental health.
- Biomedical Technology Services—comprehensive health technology management services to ensure HHS health technology fleets are safe, effective and appropriate.
- Health Contact Centre—confidential health assessment and information services to Queenslanders 24 hours a day, seven days a week.
- Group Linen Services—specialist healthcare linen hire, sourcing, distribution and laundry services.
- Strategic Procurement—procurement planning and contracting for a range of goods and services needed by Queensland Health.
- Supply Chain Services—purchasing, inventory management, contracts management, warehousing and distribution services for a range of clinical and non-clinical goods and services.
- Central Pharmacy—purchasing, warehousing and distribution services for pharmacy products required by the Queensland public health sector.
- Payroll Portfolio—providing solutions and services that enable accurate and timely pay outcomes and support for those who support the patient.
- Clinical Information Systems Support—operational support services and development for clinical ICT systems.
- Radiology Informatics Support—direct application support coordination and training, a point of contact for front line users, and of system enhancements to improve business functionality.

eHealth Queensland

eHealth Queensland is advancing healthcare through digital innovation. It is responsible for vital information communication technology (ICT) modernisation to help improve healthcare across the department and 16 HHSs.

As one of the largest ICT operations in the state, eHealth Queensland provides:

- reliable access to Queensland Health's major information systems through a wide variety of digital devices including desktop computers, laptops, personal digital devices and telephony
- leadership and guidance in identifying and implementing digital solutions to drive improvements in the safety, quality and efficiency of healthcare services
- support for innovation, enabled by digital solutions through our digital health and business solution programs
- leadership in the development and implementation of information management and digital strategies, policies and standards across Queensland Health.

Appendix B – *Queensland Health (Public Health) Regulatory Performance Report 2018–19*

About this report

This report is prepared and published in accordance with the Queensland Government's recently introduced *Regulatory Performance Framework* which 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 business, including small business and the community.

Introduction

The Prevention Division within the Department of Health is responsible for developing and administering a range of public health legislation (see Table 1) and therefore plays a vital role as a regulator in Queensland. The primary purpose of this legislation is to protect and promote public health and to safeguard the community from potential harm or illness caused by exposure to hazardous substances and/or harmful practices. Our regulatory responsibilities cover a wide range of individuals, organisations, and businesses operating in diverse industries and sectors of the community. Our regulatory responsibilities range from public and private hospitals, large and small businesses (such as food businesses, dental and veterinary practices, pharmacies, pathology services, retail shops, pest management services, and research organisations) and individuals (such as fumigators, shipmaster, medical and dental practitioners, and veterinary surgeons). Regulatory activities include granting approvals and licences, compliance monitoring and enforcement under the various pieces of public health legislation.

Table 1. Public health (portfolio) legislation

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Health Act 1937	Health Regulation 1996 Health (Drugs and Poisons) Regulation 1996
Pest Management Act 2001	Pest Management Regulation 2003
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 1999	Private Health facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016
Public Health Act 2005	Public Health Regulation 2018
Public Health (Infection Control for Personal Appearance Services) Act 2003	Public Health (Infection Control for Personal Appearance Services) Regulation 2016

Act	Subordinate legislation
Public Health (Medicinal Cannabis) Act 2016	Public Health (Medicinal Cannabis) Regulation 2017
Radiation Safety Act 1999	Radiation Safety Regulation 2010 Radiation Safety (Radiation Safety Standards) Notice 2010
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 2008

The Prevention Division administers this suite of public health legislation through a number of program areas, in collaboration with Hospital and Health Service Public Health Units, and in many instances, with local government and in co-operation with other regulators (such as Workplace Health and Safety Queensland and the Department of Natural Resources, Mines and Energy).

As a regulator, the Prevention Division is mindful that we need to strike a balance between the obligation to manage public health risks and protect the community from potential harm, while at the same time not imposing unnecessary costs on those we regulate, or indirectly on the broader community.

This report outlines the Prevention Division's regulatory performance during 2018–19 against the five regulatory model practices and principles included in the Queensland Government's recently introduced *Regulatory Performance Framework*. The report outlines the extent to which we have implemented the five model practices included in the framework have been implemented and outlines our plans for future improvements of our regulatory practices in line with these model practices. The report specifically focuses on our division's regulatory activities that directly impact on business, in particular, small businesses.

Regulatory model practices (RMP)

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

Overview

The Prevention Division has a clearly documented regulatory framework for administering public health legislation. The framework comprises an overarching policy, implementation standard and set of guidelines for monitoring and enforcing compliance with public health legislation. The framework provides clarity and consistency in relation to public health regulatory approaches and practices. It specifically promotes risk-based, intelligence driven and proportionate approaches and practices across the various program areas responsible for administering, monitoring and enforcing compliance with public health legislation.

For example, each year, Prevention Division program areas, in consultation with Hospital and Health Service Public Health Units, develop risk-based, intelligence driven compliance plans for each Act they administer. These plans include compliance promotion,

audits and inspections, and enforcement activities that support harm minimisation, without unnecessarily placing a compliance burden on industry or regulated entities.

Additionally, the division's regulatory action taken under public health legislation, in response to alleged non-compliance, is guided by a risk-based, escalating decision tool (enforcement matrix). We use a mix of compliance and enforcement tools are used, ranging from education and advice or warnings (prevention) to the seizure of items, issuing of orders, prescribed infringement notices or prosecutions/court action which may result in a significant fine (deterrence). 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/or likelihood of the alleged non-compliance being repeated by the offender, the greater the intervention level and enforcement action will be. A standardised enforcement matrix is used by regulatory officers to assess risk and decide on appropriate action and this ensures consistent and proportionate enforcement action is taken across public health legislation.

In administering public health legislation, the Prevention Division is also focused on identifying opportunities to streamline various regulatory processes (such as licencing arrangements) and to reduce unnecessary red tape and to not impose unnecessary costs on individuals, business and government agencies through reforming (including repealing and or amending) public health legislation.

Examples/case studies

Specific examples demonstrate how our regulatory activities throughout 2018–19 align with this model practice. This year we:

- Amended the Private Health Facilities Regulation and *Private Health Facilities (Standards) Notice* to remove the requirement for regulated entities to be accredited against both the *National Safety and Quality Service Standards* and another quality assurance program to meet licensing conditions in Queensland. This reduced the burden on licensed private hospitals and licensed day hospitals as they no longer had to undergo two types of accreditation, only one.
- Reviewed processes for scheduling inspections of private health facilities under the *Private Health Facilities Act 1999*, to coordinate with changes to the auditing schedule by complementary, national quasi-government regulators, thereby reducing the burden of multiple compliance related activities imposed by multiple regulatory bodies within similar timeframes.
- Amended the *Radiation Safety Act 1999* to allow certain persons to be 'prescribed licensees'. Prescribed licensees are considered to be licence holders but are not required to apply for a use or transport licence issued under the Act. The Radiation Safety Regulation 2010 was also amended to include the following individuals as 'prescribed licensees'. This change has reduced the regulatory cost and regulatory burden on these individuals.
- Dentists are taken to be use licence holders for intra-oral dental radiation apparatus to carry out intra-oral dental plain radiography if they are registered by the Australian Health Practitioner Regulation Agency and comply with the relevant national code of practice.
- Persons are taken to be transport licence holders, if they hold an authority under a corresponding transport law, for the transport a radioactive substance into Queensland and comply with the relevant national code of practice.
- Extensively reviewed the regulatory framework for medicinal cannabis to decrease the regulatory burden on all parties. The *Public Health (Medicinal Cannabis) Act 2016* (PHMCA) was repealed on 1 July 2019 to enable ongoing regulation under the Health (Drugs and Poisons) Regulation 1996 (HDPR). The list of beneficiaries of this review are patients, prescribers, pharmacists' wholesalers and manufacturers, and researchers because the red tape has been significantly

reduced while maintaining a compliance program to meet the real risks.

- Reviewed and updated guidelines for the use of specific orders to manage controlled notifiable conditions to improve the governance and use of the orders. The guidelines make explicit that all less restrictive options must have been explored prior to making an application for a detention, behavioural or initial examination order. This approach supports responses that are proportionate to risk.

Specific examples demonstrate how we are improving our practices to reflect this model practice. This year we:

- Commenced a review, across public health legislation, of the model for risk assessing regulated entities and their compliance obligations and determining frequency of compliance monitoring activity. This is occurring with the aim of ensuring our public health monitoring activities are proportionate to the level of risk and to minimise regulatory costs.
- Developed the Medicines and Poisons Bill 2019 and accompanying regulations, which was introduced into Parliament on 14 May 2019. Once the Bill is enacted it will repeal the *Health Act 1937*, Health (Drugs and Poisons) Regulation 1996, Health Regulation 1996, and *Pest Management Act 2001*. The new legislative framework aims to modernise and streamline regulatory measures for medicines and poisons, reducing the regulatory burden on government and businesses and improve national uniformity.
- Progressed amendments to the *Transplantation and Anatomy Act 1979* to minimise the unnecessary regulatory burden on stakeholders. Specifically, amendments enable pathology laboratories to access necessary tissue-based products for diagnostic and quality assurance purposes, without the requirement for a permit to purchase the products.
- Commenced implementing improved regulatory practices in relation to Pharmacy Business Ownership which reflect recommendations made in both the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's Report No. 12, 56th Parliament - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland, and Queensland Audit Office's Report No. 4: 2018–19—*Managing transfers in pharmacy ownership*.

When non-compliances with public health legislation are detected, authorised officers undertake the most appropriate and proportionate enforcement activity to rectify identified non-compliance. Table 2 shows public health legislation enforcement actions undertaken in 2018–19.

Table 2 - Public health legislation enforcement actions 2018–2019

Public health legislation (Act)	Written advices, warnings	Compliance, remedial, improvement notice, public health orders or administrative law actions	Seizures	Prescribed infringement notices	Legal proceedings (prosecutions)	**Total (n)**
Food Safety	72	22	0	42	0	**136**
Health Drugs and Poisons	145	43	5	0	1	**194**
Pest Management	12	7	0	5	0	**24**

Public health legislation (Act)	Written advices, warnings	Compliance, remedial, improvement notice, public health orders or administrative law actions	Seizures	Prescribed infringement notices	Legal proceedings (prosecutions)	**Total (n)**
Public Health	8	2	2	0	0	**12**
Radiation Safety	121	19	0	0	0	**140**
Tobacco and Other Smoking	91	26	0	131	5	**253**
Total	**449**	**119**	**7**	**178**	**6**	**759**

2. Consult and engage meaningfully with stakeholders

Overview

In undertaking our regulatory role, the Prevention Division interacts with a broad range of stakeholders and recognises the importance of consulting and engaging with these stakeholders to achieve regulatory outcomes and desired community health benefits. The Prevention Division administers public health legislation largely in collaboration with Hospital and Health Service Public Health Units. We also work closely with regulators in local government, other Queensland government departments (such as Department of Natural Resources, Mines and Energy, independent State regulators within Queensland (such as Workplace Health and Safety Queensland) and with national bodies (such as Commonwealth and inter-state regulators). Open and active engagement and communication occur internally across Queensland Health, with co-regulators, industry stakeholders and regulated entities, through a range of formal and informal consultation mechanisms and regular or ad hoc information and feedback forums.

Examples/case studies

Specific examples demonstrate how our regulatory activities throughout 2018–19 align with this model practice. This year we:

- Undertook intensive consultation on revisions to the medicines and poisons regulatory framework to seek support for the new scheme and identify areas for improvement. The consultation included the draft Medicines and Poisons Bill, draft regulations and also draft standards to be adopted under the new scheme. The consultation involved stakeholder groups including nurses, doctors, pharmacists and other health professionals; key institutions including hospitals, aged care facilities, schools and childcare providers; industry stakeholders including medicines and poisons manufacturers and wholesalers; veterinary surgeons and users of veterinary medicines; federal, state and local government; and other special interest organisations.
- Conducted in-depth consultation with various stakeholders with respect to proposed amendments to the Public Health Regulation to strengthen the current provisions enabling local councils to act on Queensland Police Service (QPS) notifications of clandestine drug laboratories that have been, or may have been, used to produce illegal drugs. Stakeholder consultations included Local

Government Association of Queensland (LGAQ), Queensland Police Service, Department of Housing and Public Works, Residential Tenancy Authority, Workplace Health and Safety Queensland, Queensland Health Forensic and Scientific Services, and Hospital and Health Service Public Health Units.

Specific examples demonstrate how we are improving our practices to reflect this model practice. This year we:

- Continued to hold regular face to face and video conference forums with Hospital and Health Service Public Health Unit Directors, Public Health Physicians, and Directors/Managers of Environmental Health to support efficient, effective and consistent regulatory practice.
- Launched the Prevention Division Regulatory Community of Practice to provide an internal support platform for program areas administering public health legislation and to promote consistent, risk-based regulatory approaches and stakeholder engagement strategies.
- Continued to participate as a committee member on the Queensland Chapter of the National Regulatory Community of Practice, an active network of public sector regulators, regulatory policymakers 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.

3. Provide appropriate information and support to assist compliance

Overview

In undertaking our regulatory role, the Prevention Division recognises the importance of providing useful, accurate and timely information to stakeholders and regulated entities. We understand that if regulated entities are not aware of their regulatory obligations under public health legislation or face significant barriers to accessing such information, they are not well positioned to comply.

The Prevention Division recognises the usefulness of compliance tools at the lower level of regulatory intervention, including education campaigns, engagement and advice, and guidance material. These tools, including publishing relevant information on-line and disseminating relevant information through the use of modern information technologies, assist with enabling and encouraging compliance as they help to ensure that regulated entities are aware of their legislative obligations and what they are required to do to comply with these obligations. Other information and support tools, in response to identified non-compliance, includes issuing notices, warning letters and other information and advice necessary to change the behaviour and achieve a return to compliance.

Examples/case studies

Specific examples demonstrate how our regulatory activities throughout 2018–19 align with this model practice. This year we:

- Completed inspections of Queensland fast food franchises (with at least 20 outlets in Queensland or 50 outlets nationally) aimed at determining the level of compliance with the display of nutritional information legislation, which promotes reduction of the incidence of overweight and obesity in Queensland consumers by facilitating healthier choices. Prior to inspections, franchise businesses across the State were informed in writing about legislative requirements and were given a 12 month transition period to come into compliance. Where noncompliances were detected during inspections, appropriate information and support was provided to achieve legislative compliance.
- Undertook inspections and audits of numerous stakeholder groups, to assess compliance with the Health (Drugs and Poisons) Regulation 1996 (HDPR). These audits provide the stakeholder groups with useful information and feedback which informs their compliance with the HDPR.

- Published a revised factsheet for doctors and pharmacists when using particular high-risk medicines, known as regulated restricted drugs. Many of these medicines can have serious side effects and so are typically limited to specialists.
- Delivered local government *authorised officer* asbestos training sessions in Brisbane and Townsville in November 2018. The asbestos training accredits local government environmental health officers to undertake asbestos incident response and remediation related actions under the *Public Health Act 2005*. Various councils from across Queensland with over 50 participants in total attended the asbestos training sessions. The training was delivered in partnership with Work Health and Safety Queensland and Local Government Association of Queensland (LGAQ).
- Developed a *Clandestine Drug Laboratories—A management guideline* for public health regulators to provide practical guidance to local governments in the management of the sites that are public health risks due to the prior operation of clandestine laboratories. The application of this guideline was a fundamental component of the "authorised officer" training we delivered to local governments.
- Developed and published the *Infection control management plan* (ICMP) for non-hospital healthcare facilities. This comprehensive guide provides guidance on infection risk and management issues to owners and operators of certain health care facilities required by chapter 4 of the *Public Health Act 2005* to develop and maintain an ICMP. Non-hospital providers will often lack access to expert infection prevention and control resources; the guide enables them to develop an ICMP independently.

Specific examples demonstrate how we are improving our practices to reflect this model practice. This year we:

- Are developing more stakeholder-oriented guidelines and factsheets to assist compliance with Health (Drugs and Poisons) Regulation. These guidelines, in general, clearly outline what the obligations of the stakeholders are, and the department's expectations. We are also in the process of revising the templates and support tools for stakeholders to use to meet their regulatory obligations.

4. Commit to continuous improvement

Overview

The Prevention Division is committed to best practice and to the continuous improvement of our regulatory activities, approaches, and practices. We are committed to ensuring our staff (including authorised officers appointed under public health legislation) have the necessary training and support to effectively, efficiently and consistently perform their administrative, clinical and regulatory duties. We also strive to leverage technological innovation to improve efficiency and effectiveness of our regulatory functions, to reduce regulatory burden and to maximise public health outcomes for the community.

Examples/case studies

Specific examples demonstrate how our regulatory activities throughout 2018–19 align with this model practice. This year we:

- Continued to implement the *Authorised Officer System Enhancement Program*, a series of integrated projects designed to strengthen and modernise our authorised officer appointment system, including upskilling of authorised officers appointed under public health legislation to support lawful, consistent, regulatory best practice.
- Undertook a review of documentation available for commercial paramedic organisations seeking (or holding) approvals from the department to deal with scheduled medicines. These stakeholders were targeted as the assessment process is typically the most complex and lengthy of all medicines approvals and there are higher risks associated with the use of medicines by

persons in this domain. In consultation with stakeholders, we developed a suite of documents aimed at streamlining the application process through the use of smart forms and guidance materials and supporting compliance by providing template smart forms to meet reporting obligations.

- Provided education to prescribing and pharmacy stakeholders about legislative changes to the Health (Drugs and Poisons) Regulation which commenced from 1 July 2019, including the repeal of the *Public Health (Medicinal Cannabis) Act 2016*.

Specific examples demonstrate how we are improving our practices to reflect this model practice. This year we:

- Progressed and are nearing completion of the planning stage for an online portal that will provide the capability for applications for licences and approvals under public health legislation to be applied for and paid online. The portal will include a searchable register of licensees and approval holders as well as provide benefits to business of:
  - a more streamlined and efficient submission and payment process
  - reduced timelines for applications to be decided
  - the ability for the business to track an applications progress
  - ensuring licence and approval applications are submitted with correct information which will enable the application to be processed more quickly.

Commenced a reform initiative to develop a digital food safety hub. Food businesses will have access to a one stop shop for legislative, licensing and training requirements, reducing the regulatory compliance burden for small business.

Developed and implemented a number of initiatives which illustrate a commitment to regulatory innovation in the area of scheduled medicines in Queensland. Specifically, the Department is seeking to remove or combine licences and approvals where possible, facilitate the adoption of technologically innovative solutions such as electronic medicine management, and reviewing internal performance to identify areas for improvement.

Operating a 13S8INFO telephone enquiry service with the Health Contact Centre to inform health practitioners of patients' prescription histories and provide advice on their legislative obligations. The service currently receives over 2000 calls each month.

Established the Pharmacy Inquiry Response Project Team to implement the recommendations of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's Report - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. The Team will coordinate input from an Interim Pharmacy Roundtable (in the short term) and the Queensland Pharmacy Council (once established). The project has an anticipated duration of three years to implement the recommendations.

5. Be transparent and accountable in actions

Overview

The Prevention Division's regulatory framework for administering public health legislation includes and promotes the principles of being a transparent and accountable regulator. Our procedures require all regulatory compliance decisions made under public health legislation, along with the reasons for the decisions and the evidence relied upon in reaching the decisions, to be clearly documented.

We work to ensure regulatory procedures, standards and timeframes for making regulatory decisions (such as granting licences and approvals) are provided in accessible formats (e.g. in written advices, published on the web) to provide clarity and certainty to stakeholders and regulated entities. We also strive to ensure our decisions in administering regulation are objective, made without undue bias and in the absence of conflicts of interest.

We are increasing our efforts to ensure we report publicly on our regulatory performance through this annual report and other relevant, public platforms. We also plan to increase the amount of information we have publicly available on-line about our regulatory framework, policies, and procedures.

Examples/case study

Specific examples demonstrate how our regulatory activities throughout 2018–19 align with this model practice. This year we strengthened requirements for authorised officers appointed under public health legislation to comply with approved practice standards, including declaring any relevant interests and managing any conflicts of interest relevant to their appointment.

Specific examples demonstrate how we are improving our practices to reflect this model practice. This year we:

- Published, guidelines and factsheets which detail how applications for licences and approvals under the *Health Act 1937* and the Drugs and Poisons Regulation 1996 will be assessed and where applications for licences and approvals are refused or rejected, we provided detailed explanation of the reasons for the decision and information on avenues to appeal the decision. For all endorsements that are granted with conditions, justification was provided for imposing the conditions.
- Provided guidance to stakeholders on regulatory expectations under the *Transplantation and Anatomy Act 1979*. All the forms related to Schools of Anatomy (SoA) such as the application form for authorisation to establish a SoA, and the Audit checklist and evaluation tool for Queensland SoA are available on the Queensland Health website.

Acronyms

Acronym	Definition
ABF	Activity Based Funding
ACSQHC	Australian Commission on Safety and Quality in Healthcare
ADHA	Australian Digital Health Agency
ADWG	Australian Drinking Water Guidelines
AEHRC	Australian e-Health Research Centre
AHD	Advance Health Directive
AHMAC	Australian Health Ministers' Advisory Council
AHPPC	Australian Health Protection Principal Committee
AIDS	Acquired immune deficiency syndrome or acquired immunodeficiency syndrome
AMAQ	Australian Medical Association Queensland
ARC	Department of Health Audit and Risk Committee
ASC	Architecture and Standards Committee
ASM	Ambulance Service Medal
APEC	Asia-Pacific Economic Cooperation
AUSHSI	Australian Centre for Health Service Innovation

Acronym	Definition
AUSMAT	Australian Medical Assistance Teams
BAC	Barrett Adolescent Centre
BCG	Bacillus Calmette-Guerin
BDM	Births Deaths and Marriages
BiOC	Birthing in Our Communities
BJoT	*Bubba Jabs on Time project*
BOM	Bureau of Meteorology
BPE	Building Performance Evaluations
BPF	*Business Planning Framework*
BYOD	Bring Your Own Device
CALF	Congenital Anomaly Linked File
CAPS	Cabinet and Parliamentary Services
CBD	Central Business District
CBR	Chemical, Biological and Radiological Capability
CDNA	Clinical Diseases Network Australia
CHAP	Community Health Action Plan
CHIA	Certified Health Informatician of Australasia

Acronym	Definition
CHP	Community Helicopter Providers
CKN	Clinical Knowledge Network
CLDP	*Creative Leadership Development Program*
CLEAR	Collaboration for Emergency Admission Research and Reform
COAG	Council of Australian Governments
COI	Commission of Inquiry
CoP	Community of Practice
CPA	Certified Practicing Accountants
CPC	Clinical Prioritisation Criteria
CSD	Corporate Services Division
CSG	Coal Seam Gas
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CWP	Coal Worker's Pneumoconiosis
DA	Design Authority
DBAC	Digital Business Advisory Committee
DMEC	Disaster Management Executive Committee
DET	Department of Education and Training

Acronym	Definition
DFV	Domestic and family violence
DMHAOD	Division of Mental Health Alcohol and Other Drugs
DIAC	Digital Infrastructure Advisory Committee
DFV	Domestic and Family Violence
DLT	Departmental Leadership Team
ED	Emergency Department
ESU	Ethical Standards Unit
FSR	*Financial System Renewal Program*
FTE	Full-time equivalent
GC2018 Commonwealth Games	Gold Coast 2018 Commonwealth Games
GOLDOC	Gold Coast 2018 Organising Committee
GP	General Practitioner
HCW	Healthcare Workers
HEOC	Health Emergency Operation Centre
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
hMPV	Human metapneumovirus
HR	Human Resources

Acronym	Definition
HSQ	Health Support Queensland
IMD	Invasive Meningococcal Disease
IWFM	Integrated Workforce Management
IVD	In Vitro Diagnostic medical device
HCC	Health Contact Centre
HHB	Health and Hospital Board
HIIRO	Health Innovation Investment Research Office
HSCE	Health Service Chief Executive
HIS	Hospital Safety Index
HSQ	Health Support Queensland
ICT	Information and communication technology
ieMR	integrated electronic Medical Record
IMF	*Investment Management Framework*
IMHDRR	Integrated Mental Health Data Reporting Repository
IMSGC	Information Management Strategic Governance Committee
IMT	Incident Management Team
IPL	Intense Pulsed Light

Acronym	Definition
iRMS	Integrated Referral Management System
IUIH	Institute for Urban Indigenous Health
IVD	In Vitro Diagnostic
KPI	Key Performance Indicator
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LASN	Local Ambulance Service Network
LAC	Local Ambulance Committee
LIS	Laboratory Information System
MAC	Ministerial Advisory Committee
MAPLE	Monitoring of Applications, Permits and Licensing Events
MARS	Medications, Anaesthetics and Research Support
MBA	Master of Business Administration
MESU	Ministerial and Executive Services
MHAOD	Mental Health, Alcohol and Other Drugs
MHDAPC	Mental Health, Drug and Alcohol Principal Committee
MIMMS	Major Incident Medical Management and Support

Acronym	Definition
MSAC	Medical Services Advisory Committee
MSHHS	Metro South Hospital and Health Service
NAIDOC	National Aboriginal and Islander Day Observance Committee
MUM	Midwifery Unit Manager
NBA	National Blood Authority
NaMIG	Nurses and Midwives Implementation Group
NBCSP	*National Bowel Cancer Screening Program*
NDRRA	National Disaster Relief and Recovery Arrangements
NCSP	*National Cervical Screening Program*
NCSR	National Cancer Screening Registry
NDIS	National Disability Insurance Scheme
NGO	Non-government Organisation
NHHNA	National Health and Hospitals Network Agreement
NHMRC	National Health and Medical Research Council
NoCS	Notifiable Conditions System
NPA	National Partnership Agreements

Acronym	Definition
NPAAC	National Pathology Accreditation Advisory Council
NPEV	National Partnerships on Essential Vaccines
NRAS	National Registration and Accreditation Scheme
NSQHSS	*National Safety and Quality Health Service Standards*
NSW	New South Wales
NUM	Nurse Unit Manager
ODG	Office of the Director-General
OHSA	Office of Health Statutory Services
OST	Opioid Substitution Treatment
PA	Princess Alexandra
PACS	Picture Archiving and Communication System
PCR	Polymerase Chain Reaction
PFAS	Per- and poly- Fluoroalkyl substances
PHN	Primary Health Network
PHU	Public Health Unit
PII	Professional indemnity insurance
PNG	Papua New Guinea
POCT	Point of Care Testing

Acronym	Definition
PPM	Privately practicing midwives
PSM	Public Service Medal
PrEP	Pre-Exposure Prophylaxis
PTS	Patient Transport Service
PTSS	Patient Travel Subsidy Scheme
PSBA	Public Safety Business Agency
QAEHS	Queensland Alliance for Environmental Health Sciences
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QAST	Queensland Association of School Tuckshops
QBR	Queens Baton Relay
QCAT	Queensland Civil and Administrative Tribunal
QDMC	Queensland Disaster Management Committee
QFES	Queensland Fire & Emergency Services
QGAir	Queensland Government Air
QGHA	Queensland Genomics Health Alliance
QHEPS	Queensland Health Electronic Publishing Service

Acronym	Definition
QHSPEC	Queensland Health Strategic Procurement Executive Committee
QIMR	Queensland Institute of Medical Research
QPS	Queensland Police Service
QRA	Queensland Reconstruction Authority
QUT	Queensland University of Technology
RASFF	Rapid Alert System for Food and Fuel
RBWH	Royal Brisbane Women's Hospital
RCA	Root Cause Analysis
RDUP	*Rural Doctors Upskilling Program*
RESIST	Recognise Early Signs and Initiate Sepsis Treatment
RMO	Resident Medical Officer
RFDS	Royal Flying Doctor Service
RSQ	Retrieval Services Queensland
RTO	Registered Training Organisation
SCUH	Sunshine Coast University Hospital
SCoS	Standing Committee on Screening

Acronym	Definition
SDCC	State Disaster Coordination Centre
SDCG	State Disaster Coordination Group
SDS	Service Delivery Statement
SHEMC	State Health Emergency Management Committee
SLF	System Leadership Forum
SLT	System Leadership Team
SPR	System Performance Reporting
SRAM-ED	Suicide Risk Assessment and Management in Emergency Departments
SUSD	Step Up Step Down
STC	Severe Tropical Cyclone
STI	Sexually transmissible infection
TC	Tropical Cyclone
TEMSU	Telehealth Emergency Management Support Unit
TGA	Therapeutic Goods Administration
TMR	Transport and Main Roads
TRAIC	Tackling Regional Adversity through Integrated Care
UQ	University of Queensland

Glossary

Term	Definition
Acute	Having a short and relatively severe course.
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for Hospital in the Home patients).
Admitted patient	A patient who undergoes a hospital's formal admission process.
AUSLAB	Laboratory information system which is implemented in 35 public pathology laboratories across Queensland. More than 20,000 tests are ordered per day on this system.
Benchmarking	The collection of performance information for the purpose of comparing performance with similar organisations.
Best practice	Cooperative way in which organisations and their staff undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable, world class positive outcomes.
BloodNet	Australia's online blood ordering and inventory management system. BloodNet is a web-based system that allows staff in health facilities across Australia to order blood and blood products in a standardised way and to do so, quickly, easily and securely from the Australian Red Cross Blood Service (Blood Service).
BloodSTAR	An ICT system managed by the National Blood Authority. The system standardises and manages access to the supply of immunoglobulin products for the treatment of conditions identified in the Criteria for the clinical use of intravenous immunoglobulin in Australia, funded by all governments through the national blood arrangements. (https://www.blood.gov.au/bloodstar)
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical networks	A peak body of experts who serve as an independent point of reference for clinicians, HHSs and Queensland Health. Guide the quality improvement reform and support clinical policy development, emphasising evidence based practice and clinical consensus to guide implementation, optimisation and provision of high quality patient focussed healthcare.
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.

Term	Definition
Choosing Wisely	An organisation established to help the healthcare community and consumers to eliminate the use of unnecessary and sometimes harmful tests, treatments, and procedures.
Enhealth	National Environmental Health Standing Committee
GP Connect	Fast, reliable access for primary care clinics, general practices and specialists to pathology test results from any Pathology Queensland laboratory statewide.
Full-time equivalent	Refers to full-time equivalent staff currently working in a position.
Healthcare worker	A health professional who provides preventive, curative, promotional or rehabilitative healthcare services in a systematic way to people, families or communities.
Healthier. Happier campaign	The campaign is about improving attitudes and encouraging the adoption of healthy lifestyles by promoting the increase in physical activity and better nutrition as part of everyday life. It focuses on making incremental changes towards a healthy lifestyle for all, regardless of size.
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
HealthPACT	Health Policy Advisory Committee on Technology
Health reform	Response to the *National Health and Hospitals Reform Commission Report (2009)* that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Australian Government and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement signed in February 2010 by the Australian Government and all states and territories amending the NHHNA.
Heater cooler unit	Equipment used to regulate the temperature of patients intraoperatively
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	A Hospital and Health Board (HHB) is made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Services	Hospital and Health Services (HHS) are separate legal entities established to deliver public hospital services. HHSs commenced on 1 July 2012. Queensland's 16 HHSs replaced existing health service districts.

Term	Definition
Hospital Foundations	Assist their associated hospitals to provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They comprise the Bundaberg Health Services Foundation; Children's Health Foundation Queensland; Far North Queensland Hospital Foundation; Gold Coast Hospital Foundation; Ipswich Hospital Foundation; Mackay Hospital Foundation; PA Research Foundation; Royal Brisbane and Women's Hospital Foundation; Sunshine Coast Health Foundation; The Prince Charles Hospital Foundation; Toowoomba Hospital Foundation; Townsville Hospital Foundation.
Hospital in the Home	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
Immunisation	Process of inducing immunity to an infectious agent by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Indigenous healthcare worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.
i.Pharmacy	An enterprise-wide pharmacy management system, which allows pharmacy staff within Queensland Health to dispense and distribute medicines to patients, wards and departments
LASN	A Local Ambulance Service Network is geographically aligned to a HHS boundary. There are 15 geographic LASNs, with an additional statewide LASN comprising of the eight operations centres.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
My Health Record	An Australian Digital Health Agency initiative to establish a national digital health record system providing each Australian patient and their healthcare providers a secure online summary of the patient's health information.
Next Generation program	A program for senior leaders in Queensland Health, and builds the capability of high performing senior leaders.
NDIS	The National Disability Insurance Scheme is a national scheme providing individualised (reasonable and necessary) disability supports to people with a disability over a lifetime. It is administered by a single agency— National Disability Insurance Agency.
Nurse navigator	Highly experienced nurses who have an in-depth understanding of the health system, to assist high-needs patients with receiving end-to-end care and coordination service.
Outpatient	A non-admitted, non-emergency patient who is provided with an outpatient service.

Term	Definition
Outpatient service	Examination, consultation, treatment or other service provided to a non-admitted, non-emergency patient in a specialty unit or under an organisational arrangement administered by a hospital.
PACS	A picture archiving and communication system (PACS) is a medical imaging technology which provides economical storage and convenient access to images from multiple modalities.
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Performance indicators usually have targets that define the level of performance expected against the performance indicator.
Population health	The promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised, population-based programs and strategies.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Queensland Clinical Senate	Represent clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care in Queensland.
Queensland healthcare system	Incorporates the public, private and not-for-profit healthcare sectors.
Ryan's Rule	Ryan's Rule is a statewide patient, family/carer escalation process to honour the memory of Ryan. It offers patients, their family and/or carer an opportunity to 'escalate' their concerns independently when they believe the patient in hospital is getting worse, is not doing as well as expected or who shows behaviour that is not normal for them.
SA2	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.[4]
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.

[4] Australian Bureau of Statistics. (2011). Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2016. Canberra: Australian Bureau of Statistics. Retrieved on 18 September 2019 from https://www.abs.gov.au

Term	Definition
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and or/video interactive links for clinical consultations and educational purposes • store-and-forward telehealth, including digital images, video, audio and clinical (storage) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • telehealth services and equipment to monitor people's health in their home.
The Viewer	The Viewer is a secure read-only, web-based application that sources key patient information from a number of existing Queensland Health enterprise clinical and administrative systems.

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 2
Accessibility	Table of contents	ARRs – section 9.1	Page 3–4
	Glossary	ARRs – section 9.1	Page 117–121
	Public availability	ARRs – section 9.2	Page 1
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	Page 1
	Copyright notice	Copyright Act 1968 ARRs – section 9.4	Page 1
	Information Licensing	QGEA – Information Licensing ARRs – section 9.5	Page 1
General information	Introductory Information	ARRs – section 10.1	Page 5–6
	Machinery of Government changes	ARRs – section 10.2, 31 and 32	Not applicable
	Agency role and main functions	ARRs – section 10.2	Page 13–14
	Operating environment	ARRs – section 10.3	Page 13–14
Non–financial performance	Government's objectives for the community	ARRs – section 11.1	Page 14
	Other whole-of-government plans / specific initiatives	ARRs – section 11.2	Page 51–53
	Agency objectives and performance indicators	ARRs – section 11.3	Page 15–34

Summary of requirement		Basis for requirement	Annual report reference
	Agency service areas and service standards	ARRs – section 11.4	Page 80–94
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 9–12
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 35, 95–101
	Executive management	ARRs – section 13.2	Page 36–39
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Page 40–42
	Public Sector Ethics Act 1994	Public Sector Ethics Act 1994 ARRs – section 13.4	Page 46
	Queensland public service values	ARRs – section 13.5	Page 13–14
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 54
	Audit committee	ARRs – section 14.2	Page 54
	Internal audit	ARRs – section 14.3	Page 55
	External scrutiny	ARRs – section 14.4	Page 56
	Information systems and recordkeeping	ARRs – section 14.5	Page 57
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Page 64–67
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Page 67
Open Data	Statement advising publication of information	ARRs – section 16	https://data.qld.gov.au

Summary of requirement		Basis for requirement	Annual report reference
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 42 and 50 ARRs – section 17.1	Included in financial statements section commencing page 125
	Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	Included in financial statements section commencing page 125

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

Queensland Health

Financial Statements - 30 June 2019

Queensland Health

Contents and General Information

30 June 2019

Contents

General Information

Queensland 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 Queensland Health website at http://www.health.qld.gov.au

Queensland Health

Statement of profit or loss and other comprehensive income

For the period ended 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs budget variance $'000
Revenue						
Appropriation revenue	3	**11,658,807**	10,934,749	10,705,087	i.	724,058
User charges	4	**1,987,574**	1,907,215	1,886,113	ii.	80,359
Labour recoveries	5	**2,202,044**	2,158,880	2,043,273	iii.	43,164
Grants and other contributions	6	**4,913,404**	4,712,648	4,711,579	iv.	200,756
Other revenue	7	**25,910**	22,968	26,515		2,942
Interest revenue		**2,885**	668	4,192		2,217
Total revenue		**20,790,624**	19,737,128	19,376,759		1,053,496
Expenses						
Employee expenses	8	**(3,721,327)**	(3,694,926)	(3,448,363)		(26,401)
Supplies and services	11	**(1,766,436)**	(1,796,064)	(1,659,283)		29,628
Health services	12	**(14,249,554)**	(13,836,181)	(13,381,014)	v.	(413,373)
Grants and subsidies	13	**(57,853)**	(77,404)	(68,444)		19,551
Depreciation and amortisation	20,21	**(140,365)**	(148,509)	(149,257)		8,144
Impairment losses		**(3,272)**	(950)	(7,011)		(2,322)
Share of loss from associates	28	**(1,417)**	-	(1,263)		(1,417)
Other expenses	14	**(849,768)**	(153,114)	(660,617)	vi.	(696,654)
Total expenses		**(20,789,992)**	(19,707,148)	(19,375,252)		(1,082,844)
Surplus for the year		**632**	29,980	1,507		(29,348)
Other comprehensive income						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus		**22,611**	-	72,500		22,611
Other comprehensive income for the year		**22,611**	-	72,500		22,611
Total comprehensive income for the year		**23,243**	29,980	74,007		(6,737)

** This relates to Actual vs budget comparison commentary section (page 6).*

The accompanying notes form part of these statements.

Queensland Health

Statement of financial position

As at 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs budget variance $'000
Assets						
Current assets						
Cash and cash equivalents	15	**992,820**	273,702	295,481	vii.	719,118
Loans and receivables	17	**846,017**	846,957	1,324,306		(940)
Inventories	18	**67,884**	71,720	63,435		(3,836)
Assets held for sale	19	**8,000**	22,951	9,022	viii.	(14,951)
Prepayments		**77,331**	81,088	84,134		(3,757)
Total current assets		**1,992,052**	1,296,418	1,776,378		695,634
Non-current assets						
Loans and receivables	17	**51,288**	40,108	67,805	ix.	11,180
Interests in associates	28	**75,041**	77,721	76,458		(2,680)
Property, plant and equipment	20	**1,011,225**	1,347,843	1,000,951	x.	(336,618)
Intangibles	21	**340,929**	333,757	308,470		7,172
Other assets		**3,288**	2,081	2,966		1,207
Total non-current assets		**1,481,771**	1,801,510	1,456,650		(319,739)
Total assets		**3,473,823**	3,097,928	3,233,028		375,895
Liabilities						
Current liabilities						
Payables	22	**1,342,648**	485,827	1,204,676	xi.	856,821
Accrued employee benefits	23	**499,348**	499,281	439,874		67
Unearned revenue		**2,670**	2,939	3,073		(269)
Total current liabilities		**1,844,666**	988,047	1,647,623		856,619
Non-current liabilities						
Unearned revenue		**2,622**	3,561	2,739		(939)
Total non-current liabilities		**2,622**	3,561	2,739		(939)
Total liabilities		**1,847,288**	991,608	1,650,362		855,680
Net assets		**1,626,535**	2,106,320	1,582,666		(479,785)
Equity						
Contributed equity		**85,559**		73,604		
Asset revaluation surplus	24	**225,804**		206,925		
Retained surpluses		**1,315,172**		1,302,137		
Total equity		**1,626,535**	2,106,320	1,582,666	xii.	(479,785)

** This relates to Actual vs budget comparison commentary section (page 6).*

The accompanying notes form part of these statements.

Queensland Health

Statement of changes in equity

For the period ended 30 June 2019

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
Balance at 1 July 2017	-	134,425	1,291,624	1,426,049
Surplus for the year	-	-	1,507	1,507
Increase/(decrease) in asset revaluation surplus	-	72,500	-	72,500
Total comprehensive income for the year	-	72,500	1,507	74,007
Transactions with owners in their capacity as owners:				
Equity injections	357,709	-	-	357,709
Equity withdrawals	(611,325)	-	-	(611,325)
HHS equity transfers*	331,067	-	-	331,067
Reclassification between equity classes	-	-	-	-
Net assets transferred	(3,847)	-	-	(3,847)
Other equity adjustments	-	-	9,006	9,006
Balance at 30 June 2018	73,604	206,925	1,302,137	1,582,666

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
Balance at 1 July 2018	73,604	206,925	1,302,137	1,582,666
Surplus for the year	-	-	632	632
Increase/(decrease) in asset revaluation surplus	-	22,611	-	22,611
Total comprehensive income for the year	**-**	**22,611**	**632**	**23,243**
Transactions with owners in their capacity as owners:				
Equity injections	378,258	-	-	378,258
Equity withdrawals	(708,053)	-	-	(708,053)
HHS equity transfers*	389,250	-	-	389,250
Reclassification between equity classes	-	(3,732)	3,732	-
Net assets transferred to HHSs	(47,500)	-	-	(47,500)
Other equity adjustments**	-	-	8,671	8,671
Balance at 30 June 2019	**85,559**	**225,804**	**1,315,172**	**1,626,535**

Significant accounting policies

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland State Public Sector entities as a result of machinery-of-government changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

** 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.*

*** Other equity adjustments ($8.7M) represents a transaction related to an agreement with the Department of State Development, Manufacturing, Infrastructure and Planning and Queensland Treasury, regarding demolition works carried out on the former Gold Coast Hospital site.*

The accompanying notes form part of these statements.

Queensland Health

Statement of cash flows

For the period ended 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs budget variance $'000
Cash flows from operating activities						
Inflows						
Appropriation revenue receipts	3	**11,169,940**	10,934,749	10,426,551	xiii.	235,191
User charges		**1,770,229**	1,903,246	1,562,614		(133,017)
Labour recoveries		**2,193,354**	2,158,880	2,038,106		34,474
Grants and other contributions		**5,338,931**	4,634,068	4,403,427	xiv.	704,863
GST collected from customers		**26,219**	15,044	24,110		11,175
GST input tax credits		**234,658**	167,844	222,333		66,814
Other revenue		**26,746**	22,684	28,629		4,062
Payroll loans and advances		**5,766**	-	20,044		5,766
Outflows						
Employee expenses		**(3,657,500)**	(3,688,281)	(3,460,939)		30,781
Supplies and services		**(1,426,419)**	(1,725,418)	(1,303,646)		298,999
Health services		**(13,575,235)**	(13,836,181)	(12,754,919)		260,946
Grants and subsidies		**(57,853)**	(77,404)	(68,444)		19,551
GST paid to suppliers		**(232,794)**	(157,036)	(229,094)		(75,758)
GST remitted		**(25,732)**	(15,044)	(24,831)		(10,688)
Other expenses		**(144,062)**	(153,065)	(148,780)		9,003
Cash recoupment from HHSs/(payments made on behalf of)		**(26,345)**	-	5,449		(26,345)
Net cash from/(used by) operating activities	25	**1,619,903**	184,086	740,610		1,435,817
Cash flows from investing activities						
Inflows						
Proceeds from sale of property, plant and equipment		**9,848**	3,402	27,262		6,446
Loans and advances		**-**	41,163	-		(41,163)
Outflows						
Payments for property, plant and equipment		**(146,691)**	(720,963)	(145,397)	xv.	574,272
Payments for intangibles		**(68,892)**	(93,113)	(87,399)	xvi.	24,221
Net cash from/(used by) investing activities		**(205,735)**	(769,510)	(205,534)		563,775
Cash flows from financing activities						
Inflows						
Equity injections		**327,810**	1,390,408	352,635	xvii.	(1,062,598)
*Outflows***						
Equity withdrawals		**(1,044,639)**	(758,103)	(883,069)	xviii.	(286,536)
Net cash from/(used by) financing activities		**(716,829)**	632,305	(530,434)		(1,349,134)
Net increase/(decrease) in cash held		**697,339**	46,881	4,642		650,458
Cash and cash equivalents at the beginning of the financial year		**295,481**	226,821	290,839		68,660
Cash and cash equivalents at the end of the financial year	15	**992,820**	273,702	295,481		719,118

** 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 3.*

The accompanying notes form part of these statements.

Actual vs budget comparison

i. The $724.1M variance in Appropriation revenue is mainly due to a change in unearned appropriation returned to Treasury of $488.9M, which is treated as a reduction to revenue in the Budget but reflected as Other expense in the Actuals. The remainder of the variance is mainly due to the State funded appropriation increase of $193.4M which is driven by a variety of funding decisions (including new funding and swaps as approved by Queensland Treasury throughout the year) as well as an increase in Commonwealth funded appropriation of $41.8M which can be attributed to funding of the Adult Dental Program increased activity.

ii. The $80.4M variance in User charges mostly relates to the growth in Fee for Service revenue recoveries from HHSs. This mainly includes variable levies charged for a new WAN telecommunications carriage of $18.0M, increases in other computer and telecommunications related charges of $17.5M, an increase in both price and demand for drugs of $26.4M, higher than expected increases in laboratory, as well as an increase in outsourced service deliveries of $24.3M that were not known at the time of the budget. This is partially offset by a decrease in QGIF premiums of $6.7M, which were not as high as expected.

iii. The $43.2M variance in Labour recoveries is mainly due to increases in non-prescribed HHS FTEs over the course of the year. FTEs increased by 660 from 2018 to 2019 as a result of changes in activities at these HHSs.

iv. The $200.8M variance in Grants and other contributions is mainly due to the increased National Health Reform Agreement funding from the Commonwealth Government of $63.2M, receipt of additional prior years' funding of $105.3M that was not known at the time of the budget preparation and an increase in other grants of $32.3M.

v. The $413.4M variance in Health services is mainly due to the additional funding of $302.7M provided to HHSs through in-year Service Agreement amendments to deliver additional activity in order to meet increased demand in hospital and health services as well as the increased depreciation funding of $55.3M and other grants.

vi. The $696.7M variance in Other expenses is mainly due to the recognition of the unspent appropriation for 2018 -19 which is payable to Queensland Treasury and was not known at the time of the budget.

vii. The $719.1M variance in Cash and cash equivalents is mainly due to payments received from Commonwealth in respect of prior years' funding of $608.8M, which was not known at the time of budget preparation as well as an increase in other grants of $53.2M and an increase in Own Source Revenue of $16.6M.

viii. The $15.0M variance in Assets held for sale is mainly due to the timing of settlement for sale of the former Gold Coast Hospital site, Lot 2. There was also recognition of the Biomedical Technology Services site being held for sale of $8.0M, which is an outcome of land resumption by the State Government's Cross River Rail Delivery Authority.

ix. The $11.2M variance in non-current Loans and receivables is mainly due to a reclassification of a portion of non-current payroll related receivables for overpayments to current receivables. This is part of an annual impairment assessment and was not known at the time of budget preparation.

x. The $336.6M variance in Property, plant and equipment is mainly due to capital swaps of $105.7M and capital deferrals of $168.3M. This includes deferral of Health Technology Equipment Replacement of $25.1M, hospital redevelopment projects of $65.3M, emergency department projects of $20.9M and Building Better Hospitals project of $13.8M.

xi. The $856.8M variance in Payables is mainly due to appropriations payable of $698.8M, equity swaps of $61.2M and HHS payables of $69.8M, which were not known at the time of the budget.

xii. The $479.8M variance in Total equity is mainly due to changes in the timing and nature of funding related to capital programs and operating expenses.

xiii. The $235.2M variance in Appropriation revenue receipts is mainly due to the State funded appropriation increase of $193.4M as well as an increase in Commonwealth funded appropriation of $41.8M (refer to Appropriation revenue comment i. above).

xiv. The $704.9M variance in Grants and other contributions is mainly due to payments received in respect of prior years' activities of $608.8M, which was not known at the time of budget preparation.

xv. The $574.3M 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 x. above).

xvi. The $24.2M variance in Intangibles is mainly due to the timing of expenditure relating to the Financial Systems Renewal Project which was not known at the time of budget preparation.

xvii. The $1.1B 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 $731.3M, which offsets revenue in HHSs. The remaining variance of $368.7M is mainly related to the timing and treatment of expenditure relating to capital programs, which were budgeted for as a capital expense.

xviii. The $286.5M variance in Equity withdrawal is mainly due to larger than expected equity withdrawal of $92.0M, which was in line with the Treasury cash funding profile. The remainder of the variance in mainly due to HHS non-appropriated equity transfers relating to capital reimbursement programs of $330.2M.

The accompanying notes form part of these statements.

Queensland Health

Statement of profit or loss and other comprehensive income by major departmental services

For the period ended 30 June 2019

	Acute Inpatient Care		Emergency Care		Mental Health 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	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Revenue																		
Appropriation revenue	**5,258,039**	4,995,851	**1,102,943**	1,003,938	**1,097,174**	970,608	**1,467,480**	1,261,033	**453,989**	414,871	**1,605,342**	1,443,298	**673,840**	615,488	**-**	-	**11,658,807**	10,705,087
User charges	**933,722**	915,779	**195,860**	184,030	**194,836**	177,920	**260,595**	231,157	**80,619**	76,049	**285,076**	264,567	**122,566**	120,251	**(85,700)**	(83,640)	**1,987,574**	1,886,113
Labour recoveries	**1,054,025**	1,011,723	**221,096**	203,310	**219,939**	196,561	**294,171**	255,375	**91,006**	84,017	**321,807**	292,287	**-**	-	**-**	-	**2,202,044**	2,043,273
Grants and other contributions	**2,311,500**	2,293,003	**484,867**	460,788	**482,332**	445,491	**645,123**	578,790	**199,580**	190,418	**774,895**	725,268	**15,107**	17,821	**-**	-	**4,913,404**	4,711,579
Other revenue	**12,123**	12,992	**2,543**	2,611	**2,530**	2,524	**3,383**	3,279	**1,047**	1,079	**3,701**	3,753	**583**	277	**-**	-	**25,910**	26,515
Interest revenue	**1,381**	2,076	**290**	417	**288**	403	**385**	524	**119**	172	**422**	600	**-**	-	**-**	-	**2,885**	4,192
Total Revenue	**9,570,790**	9,231,424	**2,007,599**	1,855,094	**1,997,099**	1,793,507	**2,671,137**	2,330,158	**826,360**	766,606	**2,991,243**	2,729,773	**812,095**	753,837	**(85,700)**	(83,640)	**20,790,624**	19,376,759
Expenses																		
Employee expenses	**1,538,214**	1,465,954	**327,543**	303,356	**292,962**	264,833	**386,377**	338,155	**114,633**	106,036	**449,886**	409,879	**611,712**	560,150	**-**	-	**3,721,327**	3,448,363
Supplies and services	**816,618**	782,291	**175,256**	163,943	**147,731**	136,655	**193,080**	172,953	**55,757**	52,890	**244,035**	224,326	**150,112**	140,318	**(16,153)**	(14,093)	**1,766,436**	1,659,283
Health services	**6,771,005**	6,605,677	**1,410,627**	1,309,754	**1,467,052**	1,322,800	**1,974,877**	1,731,690	**620,676**	580,236	**2,071,916**	1,900,404	**2,948**	-	**(69,547)**	(69,547)	**14,249,554**	13,381,014
Grants and subsidies	**14,528**	18,810	**3,240**	4,265	**3,280**	3,406	**2,357**	2,988	**535**	695	**33,911**	32,821	**2**	5,459	**-**	-	**57,853**	68,444
Depreciation and amortisation	**54,152**	58,044	**12,079**	13,158	**7,196**	7,891	**8,787**	9,220	**1,997**	2,145	**17,916**	19,344	**38,238**	39,454	**-**	-	**140,365**	149,257
Impairment losses	**1,405**	3,006	**313**	682	**187**	409	**228**	478	**52**	111	**465**	1,002	**622**	1,323	**-**	-	**3,272**	7,011
Share of loss from associates	**678**	625	**142**	126	**142**	121	**189**	158	**59**	52	**207**	181	**-**	-	**-**	-	**1,417**	1,263
Other expenses	**407,960**	329,363	**85,482**	66,312	**85,594**	63,677	**114,667**	82,683	**35,566**	27,127	**114,051**	87,080	**6,448**	4,375	**-**	-	**849,768**	660,617
Total expenses	**9,604,560**	9,263,770	**2,014,682**	1,861,596	**2,004,144**	1,799,792	**2,680,562**	2,338,325	**829,275**	769,292	**2,932,387**	2,675,037	**810,082**	751,079	**(85,700)**	(83,640)	**20,789,992**	19,375,252
(Deficit)/Surplus for the year	**(33,770)**	(32,346)	**(7,083)**	(6,502)	**(7,045)**	(6,285)	**(9,425)**	(8,167)	**(2,915)**	(2,686)	**58,856**	54,736	**2,013**	2,758	**-**	-	**632**	1,507
Items that will not be reclassified subsequently to profit or loss																		
Increase/(decrease) in asset revaluation surplus	**1,110**	34,473	**248**	7,689	**148**	4,581	**180**	5,594	**41**	1,271	**367**	11,405	**20,517**	7,486	**-**	-	**22,611**	72,499
Other comprehensive income	**1,110**	34,473	**248**	7,689	**148**	4,581	**180**	5,594	**41**	1,271	**367**	11,405	**20,517**	7,486	**-**	-	**22,611**	72,499
Total comprehensive income	**(32,660)**	2,127	**(6,835)**	1,187	**(6,897)**	(1,704)	**(9,245)**	(2,573)	**(2,874)**	(1,415)	**59,223**	66,141	**22,530**	10,244	**-**	-	**23,243**	74,006

The accompanying notes form part of these statements

Queensland Health

Statement of assets and liabilities by major departmental services

As at 30 June 2019

	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	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Current assets																		
Cash and cash equivalents	**444,590**	119,417	**93,259**	23,997	**92,771**	23,201	**124,082**	30,143	**38,387**	9,917	**135,739**	34,500	**63,992**	54,306	**-**	-	**992,820**	295,481
Loans and receivables	**396,750**	648,222	**83,223**	130,263	**82,788**	125,939	**110,730**	163,622	**34,256**	53,830	**121,132**	187,271	**32,404**	22,149	**(15,266)**	(6,990)	**846,017**	1,324,306
Inventories	**32,484**	31,213	**6,814**	6,273	**6,778**	6,064	**9,066**	7,879	**2,805**	2,592	**9,918**	9,018	**19**	396	**-**	-	**67,884**	63,435
Assets held for sale	**3,829**	4,466	**803**	898	**799**	868	**1,069**	1,128	**331**	371	**1,169**	1,291	**-**	-	**-**	-	**8,000**	9,022
Prepayments	**35,981**	40,964	**7,548**	8,232	**7,508**	7,959	**10,042**	10,340	**3,107**	3,402	**10,986**	11,835	**2,159**	1,402	**-**	-	**77,331**	84,134
Total current assets	**913,634**	844,282	**191,647**	169,663	**190,644**	164,031	**254,989**	213,112	**78,886**	70,112	**278,944**	243,915	**98,574**	78,253	**(15,266)**	(6,990)	**1,992,052**	1,776,378
Non-current assets																		
Loans and receivables	**24,548**	33,574	**5,150**	6,747	**5,123**	6,523	**6,852**	8,475	**2,120**	2,788	**7,495**	9,699	**-**	-	**-**	-	**51,288**	67,805
Interests in associates	**35,920**	37,858	**7,534**	7,608	**7,495**	7,355	**10,025**	9,556	**3,101**	3,144	**10,966**	10,937	**-**	-	**-**	-	**75,041**	76,458
Property, plant and equipment	**248,350**	256,573	**52,094**	51,560	**51,822**	49,848	**69,312**	64,763	**21,443**	21,307	**75,824**	74,124	**492,380**	482,776	**-**	-	**1,011,225**	1,000,951
Intangibles	**159,006**	151,554	**33,353**	30,455	**33,179**	29,444	**44,377**	38,255	**13,729**	12,585	**48,546**	43,784	**8,739**	2,393	**-**	-	**340,929**	308,470
Other assets	**1,564**	1,469	**328**	295	**327**	285	**437**	371	**135**	122	**478**	424	**19**	-	**-**	-	**3,288**	2,966
Total non-current assets	**469,388**	481,028	**98,459**	96,665	**97,946**	93,455	**131,003**	121,420	**40,528**	39,946	**143,309**	138,968	**501,138**	485,169	**-**	-	**1,481,771**	1,456,650
Total assets	**1,383,022**	1,325,310	**290,106**	266,328	**288,590**	257,486	**385,992**	334,532	**119,414**	110,058	**422,253**	382,883	**599,712**	563,422	**(15,266)**	(6,990)	**3,473,823**	3,233,028
Current liabilities																		
Payables	**631,751**	582,643	**132,518**	117,085	**131,825**	113,198	**176,317**	147,069	**54,547**	48,385	**192,881**	168,326	**38,075**	34,960	**(15,266)**	(6,990)	**1,342,648**	1,204,676
Accrued employee benefits	**223,014**	203,659	**46,780**	40,926	**46,535**	39,568	**62,241**	51,407	**19,255**	16,912	**68,089**	58,837	**33,434**	28,565	**-**	-	**499,348**	439,874
Unearned revenue	**1,243**	1,486	**261**	299	**259**	289	**347**	375	**107**	123	**379**	429	**74**	72	**-**	-	**2,670**	3,073
Total current liabilities	**856,008**	787,788	**179,559**	158,310	**178,619**	153,055	**238,905**	198,851	**73,909**	65,420	**261,349**	227,592	**71,583**	63,597	**(15,266)**	(6,990)	**1,844,666**	1,647,623
Non-current liabilities																		
Unearned revenue	**1,256**	1,355	**263**	273	**262**	264	**350**	342	**108**	113	**383**	392	**-**	-	**-**	-	**2,622**	2,739
Total non-current liabilities	**1,256**	1,355	**263**	273	**262**	264	**350**	342	**108**	113	**383**	392	**-**	-	**-**	-	**2,622**	2,739
Total liabilities	**857,264**	789,143	**179,822**	158,583	**178,881**	153,319	**239,255**	199,193	**74,017**	65,533	**261,732**	227,984	**71,583**	63,597	**(15,266)**	(6,990)	**1,847,288**	1,650,362
Net assets	**525,758**	536,167	**110,284**	107,745	**109,709**	104,167	**146,737**	135,339	**45,397**	44,525	**160,521**	154,899	**528,129**	499,825	**-**	-	**1,626,535**	1,582,666

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 to departmental services on the basis of the services they primarily support and 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 Queensland Health system. These reflect the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2016-2020 (2018 update*) 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 of 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
The Ambulance Services provides 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

Statement of compliance

The financial statements are general purpose financial statements which have been prepared in compliance with section 42 of the *Financial and Performance Management Standard 2009* 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. Amounts are recorded at their historical cost, except where stated otherwise.

Services provided free of charge or for a nominal value

The Department provides corporate services to Hospital and Health Services (HHS) free of charge. This includes payroll, accounts payable and banking.

The fair value of these services to HHSs during 2018-2019 is estimated to be $111.6M ($111.3M in 2017-18) for payroll and $7.5M ($7.6M in 2017-18) for banking and accounts payable.

Goods and Services Tax and other similar taxes

Queensland Health is a state body, as defined under the *Income Tax Assessment Act 1936*, and is exempt from Commonwealth taxation, with the exception of Fringe Benefits Tax and Goods and Services Tax.

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
- Loans to other entities - held at amortised cost
- Payables - held at amortised cost

The Department does not enter into transactions for speculative purposes, or for hedging.

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 to be 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:

Note 17 Loans and receivables (allowance for impairment and grants receivable)

Note 20 Property, plant and equipment (valuation).

Note 1. Significant accounting policies (continued)

Future impact of accounting standards not yet effective

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 30 June 2019 reporting periods. The Department's assessment of the impact of these new standards and interpretations is set out below.

AASB 1058 *Income of Not-for-Profit Entities* and AASB 15 *Revenue from Contracts with Customers*
Year of Application 2019-20

Description
These two standards supersede most of the current income recognition requirements for public sector Not-for-Profit entities (NFPs) currently contained in AASB 1004 *Contributions*. The limited scope of AASB 1004 is mainly applicable to parliamentary appropriations, administrative arrangements and contributions by owners.

Under AASB 15, revenue should be 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, the new model may result in a change in the timing and/or amount of revenue to be recognised. For example, 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).

Key to assessing the correct accounting treatment of grants revenue is the consideration of whether the contract is enforceable and if the performance obligations are sufficiently specific.

A key feature of AASB 1058 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.

Mandatory application date
The transition date for both AASB 15 and AASB 1058 is 1 July 2019. Consequently, these standards will first apply to the Department when preparing the financial statements for 2019-20.

There has been a significant change in the requirements for the recognition and measurement of grant income. AASB 1058 *Income of Not-for-Profit Entities* is a new standard which provides requirements for income recognition by NFPs. Combined with the new revenue standard, AASB 15 *Revenue from Contracts with Customers*, AASB 1058 is meant to simplify and clarify income recognition and measurement for NFPs.

Impact
The Department has performed a review of the impact of the application of AASB 15 and AASB 1058 and the results of this review are summarised below.

The Department assessed grant revenue, including the National Health Reform Agreement (NHRA), against the requirements of AASB 15 and AASB 1058. The assessment concluded that there are no changes to the current accounting treatment of grant revenue.

The Department has reviewed Licence Fee revenue separately from other revenue. Under the replaced Standard, AASB 118 *Revenue*, licence revenue was recognised as received in advance and then recognised in revenue over the life of the licence. Under AASB 15 the performance obligation is satisfied when the licence is issued. The change in the accounting treatment will not have a material impact on revenue recognition.

Own source revenue was also reviewed separately. The effect of the adoption of AASB 15 and AASB 1058 is insignificant.

AASB 16 *Leases*
Year of Application 2019-20

Description
AASB 16 removes the distinction between operating and finance leases. Under the new standard, a lessee will recognise a right of use asset (the right to use the leased asset) and a financial liability to pay rentals. Depreciation and a finance expense will be recognised in profit or loss. AASB 16 exceptions include short-term and low-value leases. Exemption from AASB 16 is available where the lessor has substantive substitution rights over the asset. Where the lessor has substantive substitution rights, costs will be expensed as incurred without recognition of a right of use asset or a lease liability.

Future impact of accounting standards not yet effective (continued)

The Department intends to apply the simplified transition approach and will not restate comparative amounts for the year prior to first adoption. The cumulative effect of applying the standard will be recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application.

Mandatory application date
This standard will first apply to the Department from its financial statements for 2019-20. When applied, the standard supersedes AASB 117 *Leases*, AASB Interpretation 4 *Determining whether an Arrangement contains a Lease*, AASB Interpretation 115 *Operating Leases – Incentives* and AASB Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

Impact
The Department has performed a review of the impact of AASB 16 application and the results of this review are summarised below.
The majority of lease contracts are held with the Department of Housing and Public Works (DHPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

The Department has been advised by Queensland Treasury and DHPW that, effective 1 July 2019, amendments to the framework agreements that govern QGAO and GEH will result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DHPW 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 will continue to be expensed as supplies and services expenditure when incurred.

The Department has also been advised by Queensland Treasury and DHPW that, effective 1 July 2019, motor vehicles provided under DHPW's QFleet program will be exempt from lease accounting under AASB 16. This is due to DHPW holding substantive substitution rights for vehicles provided under the scheme. From 2019-20 onward, costs for these services will continue to be expensed as supplies and services expenditure when incurred.

The review also highlighted occupancy leases with an associated entity. The Department acts as a lessor by sub-leasing a portion of the leased property. Under AASB 16 the Department will recognise transactions as both lessee and lessor. On initial application the Department will recognise approximately $10.6M as a right of use asset, $44.4M as a lease liability and $33.8M as a lease receivable.

The Department is to recognise plant and equipment of approximately $6.2M as a lease liability and right of use asset.

There are no other standards that are not yet effective and that would be expected to have a material impact on the Department in the current or future reporting periods and on foreseeable future transactions.

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.

Accounting standards applied for the first time

The only Australian Accounting Standard being applied for the first time in 2018-19 is AASB 9 *Financial Instruments*. An upfront impairment of trade receivables has been recognised by the Department according to the requirements of the new standard. Comparative information for 2017-18 has not been restated and continues to be reported under AASB 139 *Financial Instruments: Recognition and Measurement*. The Department's debt instruments comprise of receivables disclosed in Note 17. These were classified as Loans and receivables as at 30 June 2018 (under AASB 139) and were measured at amortised cost.

This has not resulted in a material change to the carrying value of the Department's receivable balances. State and Commonwealth Government receivables have not been impaired due to the low credit risk associated with such receivables.

Note 2. Activities and other events

There were no material events after the reporting date of 30 June 2019 that have a bearing on the Department's operations, the results of those operations or these financial statements.

Note 3. Appropriation revenue

	2019 $'000	2018 $'000
Reconciliation of payments from Consolidated Fund to appropriated revenue recognised in operating result		
Budgeted appropriation revenue	**10,934,749**	10,319,023
Transfers (to)/from other departments	**-**	33,750
Transfers (to)/from other headings	**235,191**	73,778
Total appropriation receipts (cash)	**11,169,940**	10,426,551
Less: Opening balance appropriation revenue receivable	**(96,542)**	(95,420)
Add: Closing balance appropriation revenue receivable	**77,084**	96,542
Add: Opening balance appropriation revenue payable	**508,325**	277,414
Less: Closing balance appropriation revenue payable	**(698,840)**	(508,325)
Net appropriation revenue	**10,959,967**	10,196,762
Add: Deferred appropriation payable to Consolidated Fund (expense)	**698,840**	508,325
Appropriation revenue for services recognised in the Statement of profit or loss and other comprehensive income	**11,658,807**	10,705,087

	2019 $'000	2018 $'000
Reconciliation of payments from Consolidated Fund to equity adjustment		
Budgeted equity adjustment appropriation	**77,157**	113,690
Transfers (to)/from other headings	**(247,395)**	(113,409)
Lapsed appropriation	**(216,352)**	(210,303)
Less: Opening balance appropriated equity injection receivable	**(29,200)**	(62,291)
Add: Closing balance appropriated equity injection receivable	**39,823**	29,200
Add: Opening balance appropriated equity withdrawal payable	**107,412**	96,909
Less: Closing balance appropriated equity withdrawal payable	**(61,240)**	(107,412)
Equity adjustment recognised in contributed equity*	**(329,795)**	(253,616)

**This is net of equity injections and equity withdrawals*.

Significant accounting policies

Appropriations provided under the Appropriation Act 2018 are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Unspent appropriation for 2018-19 amounted to $411.0M ($194.3M in 2017-18). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

The funding received may be more than 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.

Note 4. User charges

	2019 $'000	2018 $'000
Sale of goods and services	**1,668,320**	1,562,797
Hospital fees	**310,355**	312,917
Rental income	**8,899**	10,399
	1,987,574	1,886,113

Significant accounting policies

User charges and fees are recognised by the Department when delivery of the goods or services in full or part has occurred, in accordance with AASB 118 *Revenue*.

Hospital fees mainly consist of interstate patient revenue, Department of Veterans' Affairs revenue and Motor Accident Insurance Commission revenue. The sale of goods and services includes drugs, medical supplies, linen, pathology and other services provided to HHSs.

Note 5. Labour recoveries

	2019 $'000	2018 $'000
Labour recoveries from non-prescribed Hospital and Health Services	**2,202,044**	2,043,273
	2,202,044	2,043,273

The Department provides employees to non-prescribed HHSs (HHSs not prescribed as employers under the *Hospital and Health Boards Act 2011*) to perform work 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.

Note 6. Grants and other contributions

	2019 $'000	2018 $'000
Australian Government - National Health Funding Pool	**4,772,568**	4,571,599
Donations of inventory and non-current assets	**70,415**	62,821
Other grants and donations	**70,421**	77,159
	4,913,404	4,711,579

Significant accounting policies

Non-reciprocal grants, contributions, donations and gifts are recognised as revenue in the year in which the Department obtains control over them which is generally at the time of receipt. Where grants received are reciprocal in nature, revenue is recognised when services are delivered by the State, according to the terms of the funding agreements. Donated assets are recognised at their fair value.

Note 7. Other revenue

	2019 $'000	2018 $'000
Recoveries and reimbursements	**6,984**	7,697
Grants returned	**6,594**	9,667
Licences and registration charges	**5,053**	4,611
Sale proceeds of non-capitalised assets	**1,331**	1,515
Net gains from disposal/transfer of non-current assets	**1,824**	2,142
Other	**4,124**	883
	25,910	26,515

Note 8. Employee expenses

	2019 $'000	2018 $'000
Wages and salaries	**2,940,372**	2,732,245
Employer superannuation contributions	**319,354**	294,906
Annual leave levy	**354,108**	317,488
Long service leave levy	**62,987**	58,982
Redundancies	**2,578**	2,535
Workers' compensation premium	**9,790**	9,763
Other employee related expenses	**32,138**	32,444
	3,721,327	3,448,363

Significant accounting policies

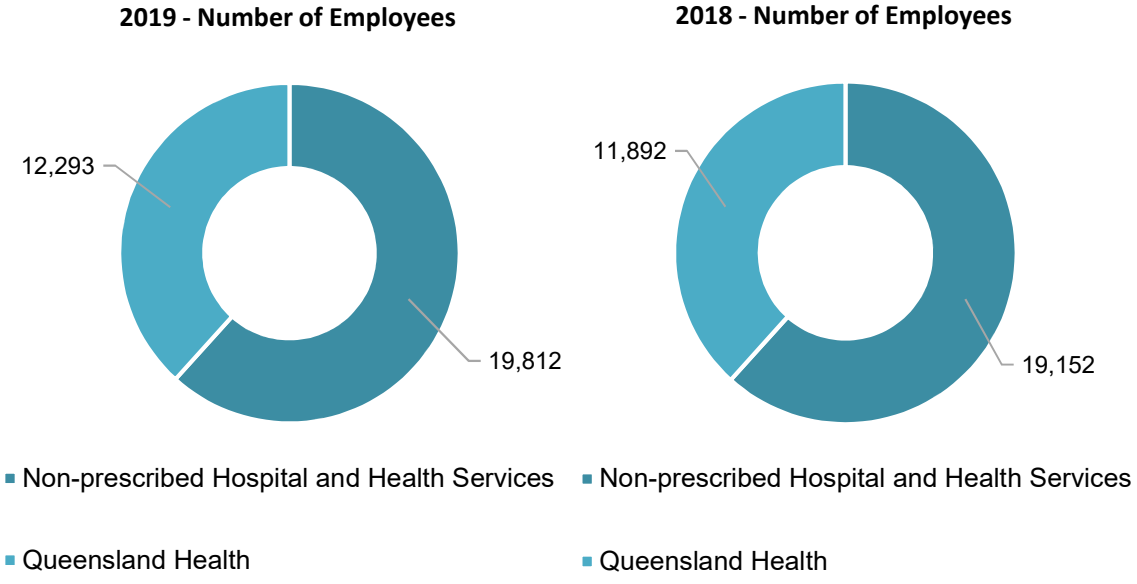
Under the Queensland Government's Annual leave and Long service leave central schemes, levies are payable by the Department to cover the cost of employee leave (including leave loading and on-costs). These levies are expensed in the period in which they are paid or payable. Amounts paid to employees 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.

Note 8. Employee expenses (continued)

Significant accounting policies (continued)

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. 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.

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 2019. 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 9. 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 2018-2019, 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 of 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

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 9. 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			
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
Director-General, Queensland Health 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 Hospital and Health Services. ***Current:*** Michael Walsh (6 July 2015 to current)	603	557	15	21	12	11	23	18	-	-	**653**	**607**
Deputy Director-General, Corporate Services Division 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. ***Current:*** Barbara Phillips (6 March 2017 to current)	334	313	11	8	6	6	29	27	-	-	**380**	**354**
Deputy Director-General, Clinical Excellence Queensland 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. ***Current:*** Dr John Wakefield (4 January 2016 to current)	467	449	11	13	9	9	49	48	-	-	**536**	**519**
Deputy Director-General, Healthcare Purchasing and System Performance Division Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes. ***Current:*** Nicholas Steele (31 August 2015 to current)	311	316	8	9	6	6	33	33	-	-	**358**	**364**
Queensland Chief Health Officer and Deputy Director-General, Prevention Division 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. ***Current***: Dr Jeannette Young (6 July 2015 to current)	500	534	27	23	10	10	52	55	-	-	**589**	**622**
Deputy Director-General, Strategy, Policy and Planning Division Responsible for providing strategic leadership and direction to the activities of Queensland's health system through establishing the high-level policy agendas, overseeing system-wide planning processes and facilitating strategic reform initiatives. ***Current***: Kathleen Forrester (2 November 2015 to current)	278	278	7	8	5	5	29	29	-	-	**319**	**320**

Note 9. 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			
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
Commissioner, Queensland Ambulance Services Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. ***Current***: Russell Bowles (3 June 2011 to current)	393	316	8	8	8	7	43	37	-	-	**453**	**368**
Chief Executive, Health Support Queensland 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. ***Current:*** Dr Peter Bristow (acting from 13 November 2017 to 18 March 2018, appointed from 19 March 2018 to current)	509	323	9	4	10	6	51	32	-	-	**579**	**365**
Former: Gary Uhlmann (11 January 2016 to 17 November 2017)	-	124	-	5	-	2	-	11	-	83	**-**	**225**
Chief Executive, eHealth Qld 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. ***Current:*** Bruce Linaker (Acting) (01 February 2019 to current)	100	-	7	-	2	-	9	-	-	-	**118**	**-**
Former: Dr Richard Ashby (20 February 2017 to 31 January 2019)	333	547	5	5	3	11	16	52	11	-	**368**	**615**
Chief Aboriginal and Torres Strait Islander Officer 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. ***Current:*** To be appointed*												
Minister for Health and Minister for Ambulance Services** 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*. ***Current***: Hon Dr Steven Miles (12 December 2017 to current)	-	-	-	-	-	-	-	-	-	-	-	-
Former: Hon Cameron Dick (16 February 2015 to 11 December 2017)	-	-	-	-	-	-	-	-	-	-	-	-

* *Chief Aboriginal and Torres Strait Islander Officer is a newly created position in the Department's executive structure and has not been filled as at 30 June 2019.*

** *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 10. 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	Value $'000		Nature of significant transactions
	2019	2018	
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government	Refer Note 3		The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2019, there were outstanding balances for receivables and payables relating to these transactions.
Queensland Government Insurance Fund (QGIF)	Refer Note 14		The Department pays an annual insurance premium for a policy that covers the Department and HHSs. The policy provides a range of covers including property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.
WorkCover Queensland	Refer Note 8		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.
Cairns and Hinterland HHS	$881,853	$808,837	The Department procures health services from the HHSs. As at 30 June 2019, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 17 and 22).
Central Queensland HHS	$550,029	$514,432	
Central West HHS	$76,086	$71,216	
Children's Health Queensland HHS	$740,647	$693,298	
Darling Downs HHS	$716,457	$664,868	
Gold Coast HHS	$1,435,419	$1,329,888	
Mackay HHS	$405,815	$372,752	
Metro North HHS	$2,624,875	$2,462,303	
Metro South HHS	$2,245,460	$2,135,839	
North West HHS	$181,265	$169,131	
South West HHS	$138,078	$130,997	
Sunshine Coast HHS	$1,140,795	$1,086,802	
Torres and Cape HHS	$203,218	$194,425	
Townsville HHS	$925,487	$864,402	
West Moreton HHS	$608,424	$549,295	
Wide Bay HHS	$567,946	$561,715	

In addition, the Department has the below transactions with all HHSs:

a) Cash recoupment for supplier and employee payments made on behalf of HHSs (refer Statement of cash flows).
b) Charges for central services provided to HHSs such as pathology, ICT support, procurement and linen (refer Note 4).
c) Services provided below fair value (refer Note 1).
d) Labour recoveries related to non-prescribed HHSs (refer Note 5).

The Department receives services from the Department of Housing and Public Works (DHPW) and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, shared services, repairs and maintenance and capital works. The value of these transactions during 2018-19 was $114.2M ($121.6M in 2017-18).

Note 11. Supplies and services

	2019 $'000	2018 $'000
Drugs	**473,023**	461,369
Clinical supplies and services	**484,074**	461,147
Consultants and contractors	**134,376**	137,063
Expenses relating to capital works	**23,372**	31,784
Repairs and maintenance	**166,498**	147,928
Operating lease rentals	**59,987**	61,267
Computer services	**150,408**	119,435
Communications	**56,697**	58,091
Advertising	**15,674**	11,673
Catering and domestic supplies	**10,883**	9,638
Utilities	**10,320**	11,433
Motor vehicles and travel	**28,583**	23,718
Building services	**8,216**	7,907
Interstate transport levy	**5,656**	5,479
Other	**138,669**	111,352
	1,766,436	1,659,283

Significant accounting policies

Operating lease payments are recognised as an expense in the period in which they are incurred.

Note 12. Health services

	2019 $'000	2018 $'000
Hospital and Health Services	**13,377,709**	12,547,994
Mater Hospitals	**480,311**	455,853
National Blood Authority	**54,929**	54,350
Aeromedical services	**123,768**	114,032
Mental health service providers	**59,962**	77,875
Other health service providers	**152,875**	130,910
	14,249,554	13,381,014

Note 13. Grants and subsidies

	2019 $'000	2018 $'000
Medical research programs	**29,105**	26,553
Public hospital support services	**15,261**	27,226
Other services including community, home, rural and mental health	**13,487**	14,665
	57,853	68,444

Note 14. Other expenses

	2019 $'000	2018 $'000
Deferred appropriation payable to Consolidated Fund	**698,840**	508,325
Insurance QGIF	**119,945**	117,833
Insurance other	**2,496**	2,220
Journals and subscriptions	**11,310**	10,127
Other legal costs	**3,329**	3,492
Audit fees*	**1,480**	1,496
Special payments**	**1,040**	4,553
Other	**11,328**	12,571
	849,768	660,617

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 2018-19 include $0.7M for financial statements audit ($0.7M in 2017-18) and $0.6M for the assurance engagement and other audits ($0.6M in 2017-18).

**In 2018-19, there were seven special payments exceeding $5,000 (10 payments in 2017-18). These related to patient and other ex-gratia payments.

Note 15. Cash and cash equivalents

	2019 $'000	2018 $'000
Cash at bank	**963,491**	265,458
24-hour call deposits	**9,329**	10,023
Fixed rate deposit	**20,000**	20,000
	992,820	295,481

Significant accounting policies
Cash and cash equivalents includes 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 2018-19 the weighted average interest rate on the 24-hour call deposit was 2.39 per cent per annum (2.41 per cent per annum in 2017-18).

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 2018-19 the weighted average interest rate on this deposit was 2.08 per cent per annum (1.94 per cent per annum in 2017-18).

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 $520.0M 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 17).

Note 16. Restricted assets

	2019 $'000	2018 $'000
General trust	**10,610**	11,115
Clinical drug trials	**442**	106
	11,052	11,221

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 ring-fenced for stipulated purposes.

Note 17. Loans and receivables

	2019 $'000	2018 $'000
Current		
Trade receivables	**418,509**	382,360
Receivables from HHSs	**26,345**	28,259
Payroll receivables*	**25,522**	18,035
	470,376	428,654
Less: Pay date transitional loan fair value adjustment	**(1,469)**	(1,614)
Less: Allowance for impairment of receivables	**(7,815)**	(6,209)
	(9,284)	(7,823)
	461,092	420,831
GST input tax credits receivables	**24,327**	26,192
GST payable	**(1,049)**	(563)
	23,278	25,629
Appropriation receivable	**116,907**	125,742
Annual leave reimbursements	**210,006**	189,725
Grants receivable	**-**	503,496
Long service leave reimbursements	**34,419**	30,768
Loans to other entities	**-**	28,023
Other	**315**	92
	846,017	1,324,306
Non-current		
Payroll receivables*	**80,150**	93,403
Less: Pay date transitional loan fair value adjustment	**(8,603)**	(8,552)
Less: Allowance for impairment of receivables	**(20,259)**	(17,046)
	51,288	67,805
	51,288	67,805

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 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 12 years.

Loans to other entities refer to an interest-free loan to Telstra relating to the relocation of the South Brisbane Telephone Exchange in connection with the development of the Queensland Children's Hospital. This loan was repaid within the current 2018-19 financial year.

*Payroll receivables include amounts relating to pay date transitional loan, salary overpayments and interim cash payments. As at 30 June 2019, the Department held a pay date transitional loan of $57.2M ($62.2M in 2017-18) to provide a transitional loan equal to two weeks' net pay (of which $4.8M is classified as current and $52.4M is classified as non-current). As at 30 June 2019, the Department recognised $45.9M ($46.3M as at June 2018) relating to salary overpayments with $18.1M classified as current and $27.8M classified as non-current. Interim cash payments of $2.6M ($2.9M as at June 2018) have been recognised as at 30 June 2019.

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 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 2019. 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 recovery of those receivables. In the absence of other debt collection indicators, which cannot be obtained without significant cost and effort, the change in the Australian consumer price index (CPI) is determined to be the most relevant forward-looking indicator for receivables. The credit loss rate is reviewed on an annual basis. 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 2019.

Note 17. Loans and receivables (continued)

Set out below is the Department's credit risk exposure with trade and other debtors broken down by aging band. The comparative disclosure for 2018 is made according to AASB 139 impairment rules, where receivables are assessed individually for impairment.

Credit risk exposure of loans and receivables

	Gross receivables 2019 $'000	*Loss rate 2019 %	Expected credit losses 2019 $'000	** Gross receivables 2018 $'000	Receivables Impairment Allowance 2018 $'000
Aging					
Not Due	**1,338**	3.94%	**(53)**	-	-
0 to 30 days	**1,912**	3.63%	**(69)**	2,808	-
31 to 60 days	**684**	8.12%	**(56)**	778	-
61 to 90 days	**324**	13.44%	**(44)**	501	-
91 to 120 days	**328**	33.34%	**(109)**	-	-
More than 120 days	**2,190**	88.76%	**(1,944)**	7,974	(1,581)
	6,776		**(2,274)**	**12,061**	**(1,581)**

**Loss rate percentage is derived by combining both the Department and QAS.*
*** Prior year Gross receivables are not comparable with the current year as they were not classified on the same basis and did not exclude low risk government debt.*

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 2019.

An allowance for impairment of $28.1M ($23.3M in 2017-18) has been recognised in relation to payroll overpayments, pay date transitional loan, and other receivables. 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 prepared annually.

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 2019 $'000	Past Due but Not impaired 2018 $'000	Impaired 2019 $'000	Impaired 2018 $'000
0 to 30 days	**23,619**	2,808	**11,028**	11,847
31 to 60 days	**817**	778	**70**	-
61 to 90 days	**513**	501	**55**	-
More than 90 days	**1,931**	6,393	**16,922**	11,409
	26,880	**10,480**	**28,074**	**23,256**

Movement in the allowance for impairment

	2019 $'000	2018 $'000
Opening balance	**23,256**	26,222
Increase/(Decrease) in impairment recognised	**4,818**	(2,966)
Closing balance	**28,074**	**23,256**

Note 18. Inventories

	2019 $'000	2018 $'000
Medical supplies and drugs	**62,504**	57,685
Less: Allowance for loss of service potential	**(99)**	-
	62,405	57,685
Engineering	**2,857**	2,694
Catering and domestic	**1,564**	1,954
Other	**1,058**	1,102
	67,884	63,435

Significant accounting policies

Inventories are measured at weighted average cost, adjusted for obsolescence, other than 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.

Note 19. Assets held for sale

	2019 $'000	2018 $'000
Land	**8,000**	9,022
	8,000	9,022

Significant accounting policies

Non-current assets are classified as held for sale when their carrying amount is to be recovered principally through a sale transaction and a sale is highly probable. According to AASB 5 Land and buildings held for sale are recorded at fair value.

Biomedical Technology Services site $8.0M, to be acquired by the Cross River Rail Delivery Authority and will settle in late 2019.

Sale of lot 2, former Southport hospital site $9.0M, settled this financial year.

Note 20. Property, plant and equipment

2019	**Land $'000**	**Buildings $'000**	**Plant and equipment $'000**	**Capital works in progress $'000**	**Total $'000**
Gross	193,304	908,631	816,422	107,043	2,025,400
Less: Accumulated depreciation	-	(447,742)	(566,433)	-	(1,014,175)
Carrying amount at end of period	**193,304**	**460,889**	**249,989**	**107,043**	**1,011,225**
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3**			
Movement					
Carrying amount at start of period	202,000	435,337	268,535	95,079	1,000,951
Additions	1,791	96	40,057	104,747	146,691
Donations received	1,250	-	171	-	1,421
Donations made	-	-	(19)	-	(19)
Disposals	(110)	(17)	(776)	-	(903)
Revaluation increments/(decrements)	(11,230)	33,841	-	-	22,611
Transfers (to)/from HHSs	6,655	(42,578)	25	(13,353)	(49,251)
Transfers (to)/from intangibles	-	-	-	-	-
Transfers to assets held for sale	(8,000)	-	-	-	(8,000)
Stocktake adjustments	-	-	27	-	27
Transfers between classes	948	56,324	22,158	(79,430)	-
Write-off capital works in progress	-	-	-	-	-
Depreciation expense	-	(22,114)	(80,189)	-	(102,303)
Carrying amount at end of period	**193,304**	**460,889**	**249,989**	**107,043**	**1,011,225**

** Carrying amount of level 2 buildings $0.5M as at 30 June 2019 ($0.5M in 2017-18).*

Note 20. Property, plant and equipment (continued)

2018	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	202,000	834,053	811,962	95,079	1,943,094
Less: Accumulated depreciation	-	(398,716)	(543,427)	-	(942,143)
Carrying amount at end of period	202,000	435,337	268,535	95,079	1,000,951
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3*			
Movement					
Carrying amount at start of period	190,550	343,169	285,874	89,354	908,947
Additions	-	1,310	28,882	115,205	145,397
Donations received	-	-	4	-	4
Disposals	(11,186)	104	(1,488)	-	(12,570)
Revaluation increments/(decrements)	(6,307)	78,807	-	-	72,500
Transfers (to)/from HHSs	9,133	(1)	364	(21,073)	(11,577)
Transfers (to)/from intangibles	-	-	40	(417)	(377)
Transfers to assets held for sale	9,423	-	-	-	9,423
Stocktake adjustments	-	-	92	-	92
Transfers between classes	10,387	32,611	44,992	(87,990)	-
Depreciation expense	-	(20,663)	(90,225)	-	(110,888)
Carrying amount at end of period	202,000	435,337	268,535	95,079	1,000,951

Significant accounting policies

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.

Note 20. Property, plant and equipment (continued)

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 10 to 103 years; for plant and equipment the total useful life is between 1 and 42 years:

- 2 to 24 years for Computer, furniture & fittings
- 1 to 42 years for Medical equipment
- 1 to 22 years for Office equipment
- 5 to 36 years for Engineering and Other equipment
- 2 to 22 years for Vehicles

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, 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 modern day equivalent asset, built to current standards and with modern 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.

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 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 $11.6M decrement ($5.1M decrement in 2017-18) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.55 to 1.33 were applied, which were sourced from the State Valuation Services.

The Department recognises land valued at $0.04M ($0.04M in 2017-18) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

Note 20. Property, plant and equipment (continued)

Buildings

The Department recognises five heritage buildings held at gross value of $3.9M (five buildings at gross value of $3.8M in 2017-18). An independent revaluation of 484 buildings and site improvements was performed during 2018-19. For buildings not subject to independent revaluations during 2018-19, indices of between 1.02 and 1.03 were applied, 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. The building valuations for 2018-19 resulted in a net increment to the building portfolio of $36.7M ($78.0M increment in 2017-2018).

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 21. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2019 $'000	**2018 $'000**	**2019 $'000**	**2018 $'000**	**2019 $'000**	**2018 $'000**	**2019 $'000**	**2018 $'000**
Gross	**121,889**	121,105	**456,258**	439,406	**151,537**	107,411	**729,684**	667,922
Less: Accumulated amortisation	**(97,252)**	(91,045)	**(291,503)**	(268,407)	**-**	-	**(388,755)**	(359,452)
Balance at 30 June	**24,637**	30,060	**164,755**	170,999	**151,537**	107,411	**340,929**	308,470
Represented by movements in carrying amount:								
Carrying value at 1 July	**30,060**	37,578	**170,999**	155,540	**107,411**	66,017	**308,470**	259,135
Additions	**316**	1,243	**340**	(417)	**68,236**	86,573	**68,892**	87,399
Disposals	**(120)**	-	**(1)**	-	**-**	-	**(121)**	-
Transfers (to)/from property, plant & equipment	**-**	417	**-**	-	**-**	(40)	**-**	377
Transfers (to)/from HHSs	**-**	-	**1,822**	-	**(72)**	(72)	**1,750**	(72)
Transfers between classes	**599**	655	**23,439**	44,412	**(24,038)**	(45,067)	**-**	-
Write-off of software work in progress	**-**	-	**-**	-	**-**	-	**-**	-
Amortisation expense	**(6,218)**	(9,833)	**(31,844)**	(28,536)	**-**	-	**(38,062)**	(38,369)
Balance at 30 June	**24,637**	30,060	**164,755**	170,999	**151,537**	107,411	**340,929**	308,470

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 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 30 years. The Department controls both 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 22. Payables

	2019 $'000	**2018 $'000**
Trade payables	**388,050**	359,781
Appropriations payable	**760,080**	615,737
Hospital and Health Service payables	**69,777**	125,733
PAYG withholdings	**119,414**	90,902
Other payables	**5,327**	12,523
	1,342,648	1,204,676

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 23. Accrued employee benefits

	2019 $'000	2018 $'000
Salaries and wages accrued	**146,324**	131,091
Annual leave levy payable	**287,438**	248,656
Long service leave levy payable	**55,973**	51,262
Other employee entitlements payable	**9,613**	8,865
	499,348	439,874

Significant accounting policies
Wages and salaries due but unpaid at reporting date are recognised in the Statement of financial position at current salary rates. As the Department expects such liabilities to be wholly settled within 12 months of reporting date, the 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.

Note 24. Asset revaluation surplus

	Land 2019 $'000	Land 2018 $'000	Buildings 2019 $'000	Buildings 2018 $'000	Total 2019 $'000	Total 2018 $'000
Carrying amount at start of period	**73,761**	80,068	**133,164**	54,357	**206,925**	134,425
Asset revaluation increment/(decrement)	**(11,230)**	(6,307)	**33,841**	78,807	**22,611**	72,500
Asset revaluation transferred to retained surplus	**(37)**	-	**(3,695)**	-	**(3,732)**	-
Carrying amount at end of period	**62,494**	73,761	**163,310**	133,164	**225,804**	206,925

Note 25. Reconciliation of surplus to net cash from operating activities

	2019 $'000	2018 $'000
Surplus for the year	**632**	1,507
Adjustments for:		
Depreciation and amortisation	**140,365**	149,257
Write off of non-current and other assets	**6,639**	3,879
Net (gain)/loss on disposal of non-current assets	**(1,824)**	-
Share of loss - associates	**1,417**	1,263
Impairment losses	**3,272**	7,011
Donated non-cash assets	**(77,969)**	(62,821)
Non-cash depreciation funding expense	**731,322**	653,438
Other non-cash items	**4,079**	18,143
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	**500,704**	(330,597)
(Increase)/decrease in inventories	**65,966**	69,060
(Increase)/decrease in prepayments	**6,481**	(5,608)
Increase/(decrease) in payables	**179,865**	228,077
Increase/(decrease) in accrued employee benefits	**59,474**	8,687
Increase/(decrease) in unearned revenue	**(520)**	(686)
Net cash from operating activities	**1,619,903**	740,610

Note 26. Contingencies

Guarantees
As at 30 June 2019 the Department held guarantees of $6.8M ($3.0M in 2017-18) 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 2019, the Department had 11 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.

Note 27. Commitments to expenditure

	Capital 2019 $'000	Capital 2018 $'000	Lease - operating 2019 $'000	Lease - operating 2018 $'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**133,205**	55,049	**60,369**	55,678
1 year to 5 years	**4,955**	8,747	**152,828**	156,639
more than 5 years	**-**	-	**102,536**	124,271
	138,160	63,796	**315,733**	336,588

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 2 to 8 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 28. Interests in associates

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement runs to 2022. The Department has no rights to the net assets or liabilities of the AEHRC, except return of cash contributions in limited circumstances. The Department makes a cash contribution of $1.5M per annum.

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 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 2018 to 30 June 2019, 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 2018. The information disclosed 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.

Entity name	Incorporated		Ownership interest
Translational Research Institute Pty Ltd (the Company)	Australia	12 June 2009	25 shares of $1 per share (25% shareholding)
Translational Research Institute Trust (TRI Trust)	Australia	16 June 2009	25 units with equal voting rights (25% of voting rights)

	2019 $'000	2018 $'000
Summarised statement of profit and loss and other comprehensive income		
Revenue	**29,695**	29,534
Expenses	**(35,365)**	(34,586)
Surplus/(deficit)	**(5,670)**	(5,052)
Other comprehensive income	**-**	-
Total comprehensive income	**(5,670)**	(5,052)
The Department's share of total comprehensive income	**(1,417)**	(1,263)

Note 28. Interests in associates (continued)

The summarised financial information of the TRI Trust is set out below:	2019 $'000	2018 $'000
Summarised statement of financial position		
Current assets	**82,637**	77,820
Non-current assets	**246,868**	256,948
Total assets	**329,505**	334,768
Current liabilities	**9,312**	8,071
Non-current liabilities	**20,024**	20,858
Total liabilities	**29,336**	28,929
Net assets	**300,169**	305,839
The Department's share of net assets	**75,041**	76,458

Note 29. 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 and the Queensland Mental Health Commission

	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref	Actual vs budget variance $'000
Administered revenues					
Administered item appropriation	**30,948**	18,744	73,779	i.	**12,204**
Taxes, fees and fines	**73**	-	190		**73**
Other revenue	**-**	4	-		**(4)**
Total administered revenues	**31,021**	18,748	73,969		**12,273**
Administered expenses					
Grants	**30,948**	18,748	71,401	i.	**12,200**
Borrowing costs	**-**	-	2,378		**-**
Other expenses	**73**	-	190		**73**
Total administered expenses	**31,021**	18,748	73,969		**12,273**
Administered assets					
Current					
Cash	**3**	4	9		**(1)**
Receivables	**-**	-	-		**-**
Total administered assets	**3**	4	9		**(1)**
Administered liabilities					
Current					
Payables	**3**	4	9		**(1)**
Other financial liabilities	**-**	-	-		**-**
Total administered liabilities	**3**	4	9		**(1)**

Actual vs budget comparison

i. The $12.2M variance for Administered appropriation and Grants is a result of an in-year decision relating to the Office of the Health Ombudsman, which was not known at the time the budget was published.

Note 30. Reconciliation of payments from Consolidated Fund to administered revenue

	2019 $'000	2018 $'000
Budgeted appropriation	**18,744**	34,149
Transfers from (to)/from other headings	**12,204**	39,630
Administered revenue recognised in Note 29	**30,948**	73,779

Queensland Health

Management Certificate

For the period ended 30 June 2019

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act, we certify that in our opinion:

a) the prescribed requirements for establishing and keeping the accounts have been complied with, in all material respects 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 Queensland Health (the Department) for the financial year ended 30 June 2019 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.8 and s.15 of the *Financial and Performance Management Standard 2009* 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.

Michael Walsh – Director General
Queensland Health

Date 26 / 8 / 2019

Luan Sadikaj CPA – Chief Finance Officer
Queensland Health

Date 26 / 8 / 19

Queensland Audit Office
Better public services

INDEPENDENT AUDITOR'S REPORT

To the Director-General of Queensland Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Queensland Health.

In my opinion, the financial report:

a) gives a true and fair view of the department's financial position as at 30 June 2019, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental service as at 30 June 2019, the statement of comprehensive income, statement of changes in equity, statement of cash flows and statement of comprehensive income by major departmental service 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 of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the 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 of Queensland 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 Director-General is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards, and for such internal control as the Director-General determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Director-General 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.

Queensland Audit Office
Better public services

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the department's internal control.
- 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 Director-General 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.

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2019:

a) I received all the information and explanations I required.

b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

27 August 2019

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

Annual Report 2018–2019
Department of Health
www.health.qld.gov.au