Gold Coast Hospital and Health Service

2014 ANNUAL REPORT 2015

Queensland Government

The Gold Coast Hospital and Health Service Annual Report 2014-15 has been prepared to meet annual reporting requirements to the Minister for Health, government, the community and other stakeholders.

The annual report provides an overview of our non-financial performance and financial position for the 2014-15 reporting year. This includes details of outcomes against its 2014 strategic priorities and the Queensland Government's objectives for the community. The report also provides information on how we are governed, the people who enable us to operate and our plans for building a healthier Gold Coast community.

Public availability statement

An electronic copy of this publication and other annual online data reporting documents are available at https://publications.qld.gov.au/dataset/gold-coast-hospital-and-health-service-2014-2015-annual-report

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

Interpreter Service statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 1300 744 284 and we will arrange an interpreter to effectively communicate the report to you.

Licence and attribution

Letter of compliance

The Honorable Cameron Dick MP
Minister for Health and
Minister for Ambulance Services
Level 19, 147-163 Charlotte Street
Brisbane QLD 4000

7 September 2015

Dear Minister

I am pleased to present the Annual Report 2014-2015 and financial statements for the Gold Coast Hospital and Health Service.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*; and
- the detailed requirements set out in the Annual Report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements is included in this report.

Yours sincerely

Mr Ian Langdon
Chair of Board
Gold Coast Hospital and Health Service

Contents

Message from the Chair

Board Chair Ian Langdon

The past year has been one of consolidation and continued growth for Gold Coast Health. It has also been a year of remarkable clinical performance achievements which are detailed in Ron Calvert's Chief Executive's report.

The board appreciates the efforts of Ron, his executive team and all staff who collectively provide first-class health care in both our hospital and community settings.

During the year there was a change of State Government and as Chair I commend the incoming government for its approach of capturing the gains of the past three years and then providing policy guidance for further building on that platform. We are united with the Minister on his four key priorities in keeping people healthy; treating them safely and quickly; working with our healthcare partners to keep people out of hospital where possible and supporting them when they leave our care and finally, to employ continuous improvement and innovation to help us sustainably manage increasing demand.

The recent growth in the community's utilisation of Gold Coast Health services is reflected in the statistics included in this report.

In planning for the immediate future it is a significant challenge to assess if this unprecedented rate of growth will continue or plateau.

A telling fact is that more local health services are being delivered as a result of new clinical services which allow people to be treated on the Gold Coast rather than travel to Brisbane.

Having consolidated new facilities and established additional services and with increased capacity and staffing, our board and management must now address issues that impact upon the long-term future.

As the major employer on the Gold Coast we need to demonstrate leadership in the manner that we recruit and value our staff. Too many of our employees are on short-term contracts and we do not sufficiently embrace the challenge of providing employment opportunities for the various categories of disadvantaged within our community. During 2015-16 and in the years beyond, these are challenges that we will address.

An exciting and unique opportunity exists for Gold Coast Health to capitalise upon the 2018 Commonwealth Games scheduled for the city. The Games precinct adjoins the Gold Coast University Hospital (GCUH) site and together with Griffith University we must take all steps to see this as a legacy opportunity to develop a Health, Knowledge and Research Precinct. The vision should be one of partnering with the private and university sectors to build upon existing clinical, research and technical capabilities already on-site. This will allow, in future years, integration of public health, private and university services that fosters excellence and exciting opportunities for all concerned.

I wish to thank all the directors on the board. Each and every member has contributed their considerable expertise and time to ensuring that Gold Coast Health achieves its goals. Local autonomy requires local stewardship and through the operations of the board and its various committees, and under the guidance of Queensland Health, such stewardship has been established.

Message from the Chief Executive

Chief Executive Ron Calvert

Writing this message each year provides me with a welcome opportunity to reflect on where we have come from. It's easy working in an organisation such as Gold Coast Health to find your focus often on the 'here and now', let alone what lies ahead. Each day brings with it a new challenge and every tomorrow offers the promise of even more. Amid such constant activity, taking a moment to ponder the year that was is a task I'm more than happy to complete.

For me it's not just about the past year though. When I consider where we find ourselves today, I can't help but think back to where Gold Coast Health was when I arrived in October 2012. Ours was a health service in deficit and only a couple of months later we faced a further $9 million budget reduction as part of cost savings across the state's hospital and health services. How times have changed. This year we not only delivered our third successive operating surplus but have negotiated a record Budget for 2015-16 of $1.193 billion, a significant increase on the $754 million Budget the service had when I was first appointed.

Financial spreadsheets matter little to the people we care for though. They simply want to receive safe and quality treatment as soon as possible and it is our progress on that front that I am most proud of. Take endoscopy. In late 2012 we had hundreds of people waiting more than two years for a 'category 4' endoscopic procedure. Today nobody in that category waits longer than 30 days. We are having similar success with elective surgery because it's now extremely rare for anyone to wait longer than clinically recommended and if they do it's only for a handful of days. These are the things that make a difference to people's lives.

Providing safe and quality care to our community is what ultimately drives us at Gold Coast Health. Among many highlights during the past year, there are a few initiatives and innovations that have particularly struck a chord with me. The launch of the city's first stem-cell transplant service at Gold Coast University Hospital (GCUH) is already having an impact on lives, with patients receiving this complex treatment closer to their homes and loved ones. Not content with making up to 12,000 home visits in one year, our Maternity Home Visiting Team is now paying postnatal visits to new mums across the entire Gold Coast Health region and not just the more densely populated areas.

The dominant feature of the past year has probably been the continued, phenomenal increase in demand for our services. Last year we faced a record increase in levels of demand. This year that demand has reached new heights. We've faced increased numbers coming through the "front door" of our Emergency Department, with an extra 8046 patients being seen. We have also seen a 19 per cent increase in interstate patients.

We haven't responded to this by simply allowing waiting lists to grow. Between July 2014 and June 2015 we reduced the number of patients waiting longer than clinically recommended for their outpatient appointment by 3118 or 32 per cent. Of course, when we see more people in outpatients there is a consequent increase in the number of people who subsequently need an operation. By undertaking 18 per cent more surgical operations last year compared to the year before, we have made sure seeing more people in outpatients didn't push our waiting lists up, making a difference to the lives of an extra 2426 people. To deal with extra demand in emergency, more outpatient referrals and extra elective work needed to reduce the waiting lists, we have recruited an additional 75 medical positions and 335 nurses.

These are truly exciting times for Gold Coast Health. In a long career I've been fortunate to have been exposed to many talented people and visionary organisations, but it is my present colleagues and this health service that are setting the standard.

About Gold Coast Health

Gold Coast Hospital and Health Service (Gold Coast Health) delivers a broad range of secondary and tertiary health services across two public hospitals, a number of health precincts and community health centres throughout the region. Key primary health services are also offered such as community child health clinics and oral health services for adults and children.

Gold Coast Health was established as a statutory body on 1 July 2012 under the *Hospital and Health Boards Act 2011*.

The inaugural Gold Coast Hospital and Health Service Board was appointed by the Governor-in-Council on 29 June 2012 and is accountable to the local community and the Minister for Health.

Our vision and priorities

Our vision

Gold Coast Health will use innovation and a patient-centred approach to deliver world-class healthcare.

Our purpose

To provide safe, responsive and financially-sustainable health services for the Gold Coast community.

Our mission

- Lead disease prevention on the Gold Coast
- Provide secondary and tertiary services of the highest quality and best value
- Design and implement contemporary models of integrated healthcare
- Provide high quality health sector education
- Contribute to knowledge development through research and evidence-based clinical practice

Our values

- Acting with integrity
- Being accountable
- Serving the community
- Empowering people
- Working together
- Striving for excellence

Queensland Government's objectives for the community

Gold Coast Health is committed to improving health in the region by contributing to the Queensland Government's objectives for the community:

- Delivering quality frontline services
- Building safe, caring and connected communities
- Protecting the environment
- Creating jobs and a diverse economy

Other whole-of-government plans and specific initiatives

Gold Coast Health objectives and strategic priorities are guided by the National Health Reform Agreement and the Queensland Plan. Strategic priorities also align with the Queensland Government's key health priorities which are:

1. Strengthening our public health system
2. Providing responsive and integrated government services
3. Supporting disadvantaged Queenslanders
4. Ensuring safe, productive and fair workplaces
5. Achieving better health education and training outcomes

Gold Coast Health is also committed to the Public Service values which include:

- Putting customers first by knowing our customers, delivering what matters and making decisions with empathy
- Turning ideas into action by challenging the norm and suggesting solutions, encouraging and embracing new ideas and working across boundaries
- Unleashing potential by expecting greatness, leading and setting clear expectations and seeking, providing and acting on feedback
- Being courageous by owning our actions, successes and mistakes, taking calculated risk and acting with transparency
- Empowering people by leading and trusting, playing to everyone's strengths and developing ourselves and those around us

Our priorities and strategic objectives

The board of Gold Coast Health sets the strategic priorities. The Strategic Plan articulates how the service will deliver on its commitments to the state and provide the best services, at the best time, and in the best place to its community. Our 2014-15 strategic priorities were:

1. Provide access to safe and high quality healthcare
2. Provide integrated health care
3. Engage our community
4. Value and empower staff
5. Increase transparency
6. Use resources wisely
7. Develop the Gold Coast Health and Knowledge Precinct as part of research and education initiatives

Our strategic challenges

Gold Coast Health is striking a balance between short-term performance improvement and laying the foundations for sustainable world-class performance.

With this short-term objective, the service is managing a number of key strategic challenges.

Challenge: Achieve national performance targets and meet increasing demand for services

Our strategy: Partner with primary healthcare providers to develop integrated care pathways

Challenge: Meet critical performance outcomes

Our strategy: On-going engagement with clinicians, strengthened accountability and reporting systems

Challenge: Recruit and retain a talented workforce in a highly-competitive market in areas where national and international workforce shortages exist

Our strategy: Specific targeted recruitment and retention strategies

Challenge: Maintain a positive workforce culture during a time of significant change and leverage the opportunities to enhance research, education and training

Our Strategy: Positive engagement with university and commercial partners

Our commitment

A range of services and programs were implemented to deliver on the service's strategic objectives for 2014-15. The service agreement between the Gold Coast Health Board and Queensland Health sets out the agreed services that will be provided to the community every year.

Year in review

Highlights: July-December 2014

Robots for pharmacies

A robotic dispensing system was commissioned for Robina Hospital pharmacy to improve efficiency. It will result in faster and safer automatic dispensing of patient medication. The system was also scheduled to be installed at GCUH in 2015 to improve efficiency.

Project team wins praise

The GCUH Project Team was announced as a finalist in the Queensland Premier's Excellence Awards. The category of Excellence in Performance recognised outstanding initiatives, teams and individuals in the public sector.

Ensuring mental health matters

As mental health services continue to grow, so does the need to raise community awareness of the help that is available. Initiatives to spread inclusiveness included the inaugural Art Beat festival which showcased the talent and creativity of mental health consumers. The wider community joined in workshops, a music festival and an art exhibition.

Being an employer of choice

On 1 July 2014 responsibility for the employment of staff transferred from the Department of Health to Gold Coast Health.

Nurse Practitioners join ED

The introduction of nurse practitioners is helping ensure more patients are seen and treated faster at Gold Coast Health's Emergency Departments (ED). The six nurse practitioners employed in ED and eight others working across medicine, paediatrics and mental health, are helping the service meet rising patient demand.

Chaplaincy on the increase

In a reflection of the importance of actively engaging with the community, the Multi-faith and Chaplaincy Department was expanded to include representation of 16 faiths and denominations, allowing the service to better connect with the broader community.

Healthy staff equals happy staff

Team Health is leading the way in empowering staff to achieve their physical goals. Regular yoga, boot camps, cycling, walking and running sessions draw people together. This year Team Health was represented at Gold Coast Airport Marathon, in netball at the Corporate Games in Brisbane, the National Corporate Triathlon Series and more.

Highlights: January-June 2015

Hospital meets targets

Almost 100 per cent of elective surgery patients were treated within clinically recommended times for surgery in each specialty for the period January-June 2015.

Stem-cell service starts

Gold Coast Health established the city's first nationally-accredited stem-cell transplant service. It is expected to treat up to 50 blood cancer patients a year and broadens the service's ability to provide access to high quality healthcare.

Big rewards for excellent ideas

The Improvers, an innovation competition to empower staff, delivered $355,000 to eight projects that will directly enhance patient care. These projects have the power to make a big difference with previous winning ideas put into practice, such as electronic beds with built-in alarms for elderly patients at risk of falling and a falls avoidance video accessible by all patients and translated into three foreign languages, proving successful.

Southport comes online

The $12.5 million Southport Health Precinct opened in a purpose-built environment that meets the needs of both patients accessing a range of services from oral health to child mental health, and the staff who deliver the services.

Critical role in care of young people

Newer services delivered by Gold Coast Health continue to exceed expectations. The Children's Critical Care Unit has seen unprecedented activity and in its first year the unit's clinicians cared for 399 patients.

Focus on research

Gold Coast Health published its first Research Annual Report as part of a successful move towards developing the Gold Coast Health and Knowledge Precinct with key partners. That goal was further cemented with the appointment of three professional positions – Professor Medicine, Professor Nursing and Midwifery and Professor Allied Health.

Service meets demand

Gold Coast Health staff numbers grew to meet increasing demand. Our Emergency Departments have had a 14 per cent increase in presentations, including 19 per cent more interstate patients than in 2013-14. We have recruited to 75 medical positions and 335 new nursing positions.

Trauma services moves quickly

The service proved its ability to deliver quality care in the most urgent circumstances by taking a pivotal step towards gaining accreditation for Level 1 Trauma Centre for training. Gold Coast Health passed the pre-inspection visit by Royal Australasian College of Surgeons. The trauma service saw 1359 patients between January-June 2015.

Our facilities

Gold Coast University Hospital

Gold Coast University Hospital is a tertiary-level facility with 750 beds. The facility continues to develop and deliver clinical services to meet growing community demands. Its high-level services include surgery, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, outpatients, environmental health and public health services and more. It is co-located with the future Gold Coast Private Hospital, due to open in early 2016, and the Gold Coast Health and Knowledge Precinct, a collaboration between Gold Coast Health, Griffith University and other partners.

Robina Hospital

Robina Hospital is a 364-bed facility that offers services including surgery, general and specialist medicine, aged and dementia care, emergency medicine, intensive care, cardiology, mental health and ambulatory care services. The facility also increased general and orthopaedic surgery services during the financial year.

Carrara Health Centre

Carrara Health Centre is a 63-bed inpatient facility providing single rooms for patients requiring rehabilitation and interim care. It features a rehabilitation gymnasium and both indoor and outdoor therapy areas to support 24-hour care in a therapeutic setting.

Robina Health Precinct

Robina Health Precinct provides a mix of services including antenatal and post-natal care, cardiac rehabilitation, child and youth mental health, family health clinics, a healthy aging clinic as well as chronic disease and post-acute care.

Southport Health Precinct

The Southport Health Precinct opened in October 2014 with a number of health and community services relocating to the refurbished facility. The redevelopment allowed consolidation of a number of community services into one location which enables improved access, service delivery and patient outcomes through enhanced flow and closer relationships between services.

By September 2015 the precinct will be fully operational providing patient-based services including child health, child and youth mental health, oral health, alcohol and drug services, sexual health, public health, renal dialysis and the transition care service.

Community services

Community service facilities are located throughout the region and provide a range of services including child health, mental health and oral health. Major health centres are at key locations including Palm Beach, Helensvale and Coomera. A number of facilities owned and leased by the health service have relocated to the Southport Health Precinct during this financial year.

Our performance

Gold Coast Health delivers public health services to a population of more than 551,000 people in the Gold Coast region, as well as people in northern New South Wales.

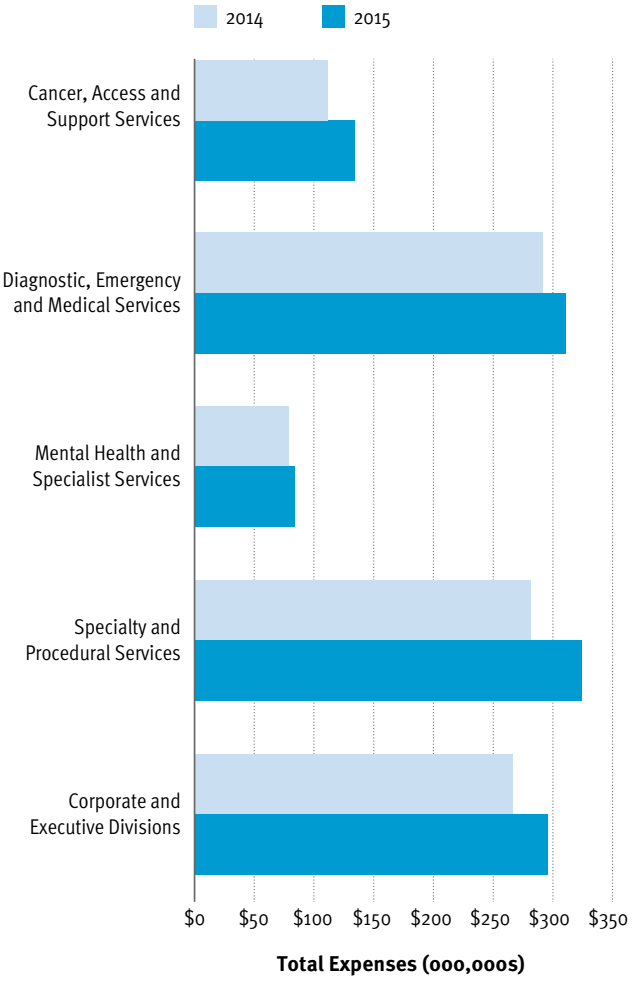
The health service has an annual operating budget of almost $1.2 billion and oversees more than 1100 beds across two hospitals, as well as a wide range of community facilities and services.

The Gold Coast region is projected to have the largest population growth of any local government area in Queensland over the coming years, with an estimated increase of at least 27 per cent to almost 740,000 people in 2026.

Summary of financial performance

Gold Coast Health reported total comprehensive income of $15.2 million for the year. This included a net revaluation increment of $12.4 million on land and buildings that is due to a number of property-related factors, including the current state of the Gold Coast market. The underlying operating performance was therefore a surplus of $2.8 million.

Chart 1: Expenses by four directorates and corporate services

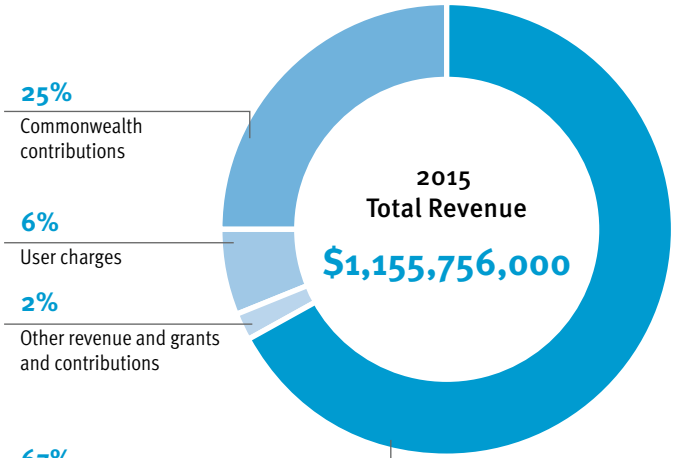


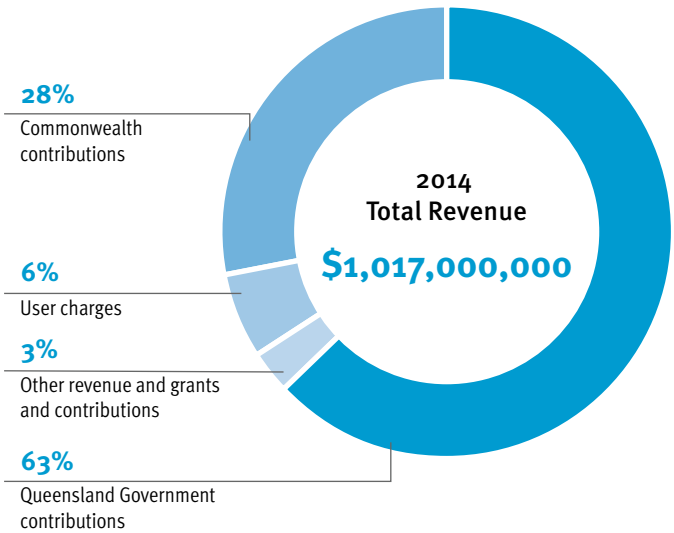
Where our funds came from

Queensland Department of Health purchases services from Gold Coast Health on behalf of the state and the Commonwealth. The relationship is managed and monitored using a service agreement underpinned by a performance management framework.

The total income for Gold Coast Health for 2014-15 was almost $1.2 billion (compared to just over $1 billion in 2013-14). The main source is the Department of Health.

Chart 2: Revenue by funding source





Service Performance

Gold Coast Hospital and Health Service	Notes	2014-15 Target	2014-15 Actual	2015-16 Target
Service standards				
Effectiveness measures Percentage of patients attending emergency departments seen within recommended timeframes:	1			
Category 1 (within 2 minutes)		100%	99.9%	100%
Category 2 (within 10 minutes)		80%	59.3%	80%
Category 3 (within 30 minutes)		75%	40.1%	75%
Category 4 (within 60 minutes)		70%	57.3%	70%
Category 5 (within 120 minutes)		70%	82.1%	70%
Percentage of emergency department attendances who depart within four hours of their arrival in the department	2	83%	75.1%	90%
Percentage of elective surgery patients treated within clinically recommended times:	3			
Category 1 (30 days)		100%	98.9%	›98%
Category 2 (90 days)		97%	96.8%	›95%
Category 3 (365 days)		98%	99%	›95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	4	‹2.0	0.6	‹2.0
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	5	›60%	66.3%	›65%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	6	‹12%	10.5%	‹12%
Percentage of specialist outpatients waiting longer than clinically recommended:	7			
Category 1 (30 days)		--	39.3%	--
Category 2 (90 days)		--	46.5%	--
Category 3 (365 days)		--	12.9%	--
Median wait time for treatment in emergency departments (minutes)	8	20	32	20
Median wait time for elective surgery (days)	9	25	38	25
Efficiency Measure Average cost per weighted activity unit for Activity Based Funding facilities		$4,690	$4,817	$4,877
Other Measures Total weighted activity units:				
Acute Inpatient		93,274	96,481	108,038
Outpatient		22,257	25,773.2	22,638
Sub-Acute		10,137	9,382.6	7,558
Emergency Department		19,272	22,623.7	21,928
Mental Health		9,100	13,214.3	13,567
Procedures and interventions		16,722	13,782	19,561
Progress towards duration of ambulatory mental health service contacts annual target	10	100%	92.6%	100%

Notes:

1. The included triage category targets for 2014-15 and 2015-16 are based on the Australasian Triage Scale (ATS). The 2014-15 Target aligned with the National Emergency Access Target. Gold Coast HHS has seen an increase in emergency department presentations which has impacted the achievement of this target. Data source: DSS Necto (Scorecard), extracted 10/09/2015.
2. Gold Coast HHS has seen an increase in emergency department presentations which has impacted the achievement of this target. Data source: DSS Necto (Scorecard), extracted 10/09/2015.
3. Data source: DSS Necto (Scorecard), extracted 10/09/2015.
4. Staphylococcus aureus are bacteria commonly found on around 30% of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including MRSA) and are reported as a rate of infection per 10,000 patient days. The Target for this measure aligns with the national benchmark of 2.0 cases per 10,000 acute public hospital patient days. Data source: CaRPS (Contracting and Performance Reporting System), extracted 10/09/2015.
5. Data Source: Mental Health Performance Report, Gold Coast MHSO Summary, Department of Health, 14 August 2015.
6. Data is for the July 2015 – May 2015. June 2015 data was not available at the time of publication. Data Source: Mental Health Performance Report, Gold Coast MHSO Summary, Department of Health, 14 August 2015.
7. A 2015-16 Target/est. has not yet been set as work in relation to the setting of a more suitable target/measure is currently being investigated. This work will ensure an appropriate measure and target is set in line with the Government's priorities and the Service Agreements with the HHSs. The Government convened a Wait Times Summit and is currently undertaking further consultation with the health sector, which will inform work around the target/measure for future reporting. The 2014-15 Est. actual figures are provided using actual performance as at 1 July 2015. This is KPI 6 as per the HHS Service Agreement.
8. There is no nationally agreed 2015-16 Target for this measure. The 2015-16 Target is indicative. Data source: DSS Necto (Scorecard), extracted 10/09/2015.
9. There is no nationally agreed target for this measure. The 2015-16 Target is indicative. Data source: DSS Necto (Scorecard), extracted 10/09/2015.
10. A key element of national and state mental health plans has been the expansion of treatment and support services to assist people affected by mental illness living in the community. Data Source: Mental Health Performance Report, Gold Coast MHSO Summary, Department of Health, 14 August 2015.

Activity-based funding

The measure of activity is known as Weighted Activity Units (WAU) in the service agreement between Gold Coast Health and the department. A WAU is a measure of the complexity of care provided to patients.

Gold Coast Health provided activity of 182,765 WAUs, which was 6.2 per cent over the contracted level of activity and 15.6 per cent more than what was provided in 2013-14.

Chart 3: WAUs by purchasing category

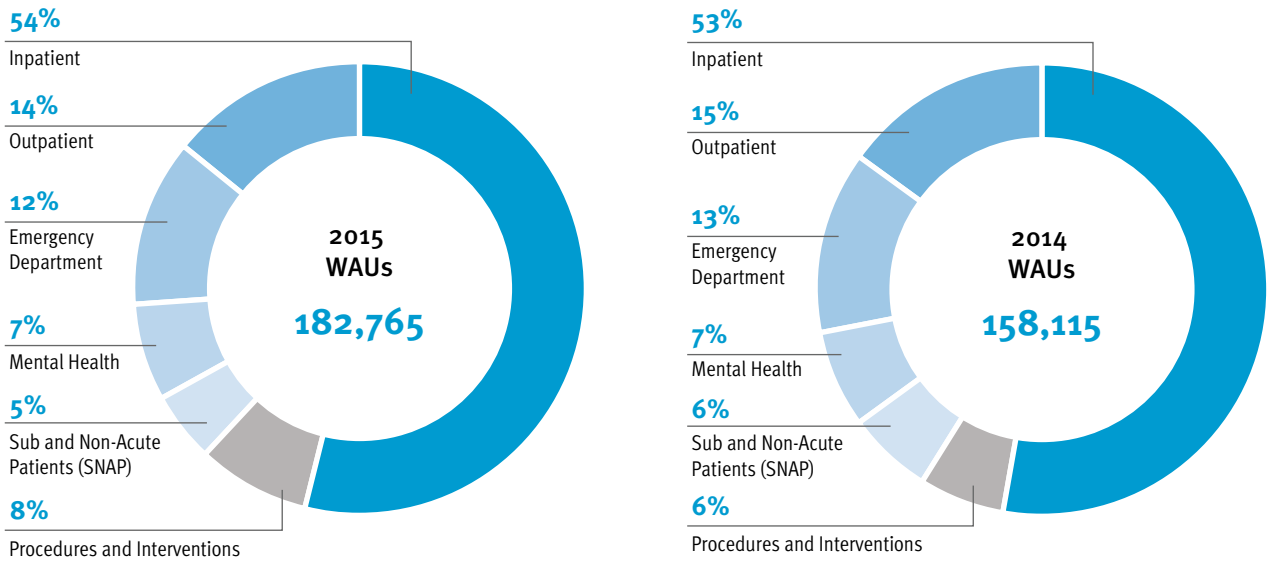
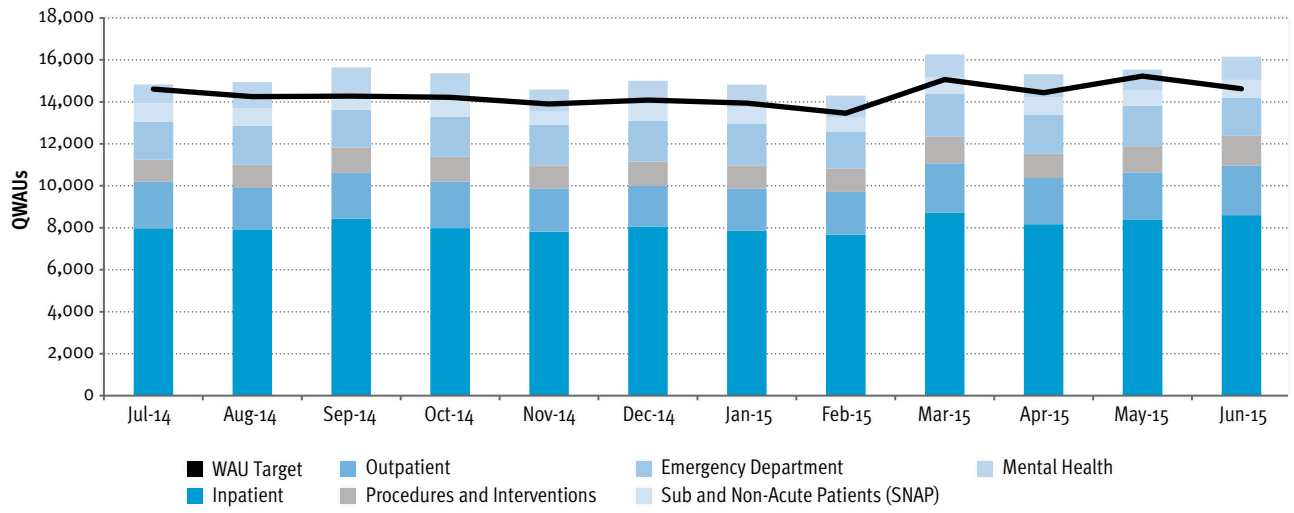


Chart 4: WAU delivery performance by month



How our funds were used

The significant increase in delivered activity combined with the operational requirements of the enhanced Gold Coast University Hospital facility have been a significant driver behind the 11.5 per cent increase in expenditure from $1,030 million to $1,149 million. This has been evidenced by:

- 13.1 per cent increase in employee expenses to $728 million
- 11.6 per cent increase in supplies and services expenses to $333 million
- 18 per cent increase in depreciation and amortisation expenses to $78 million

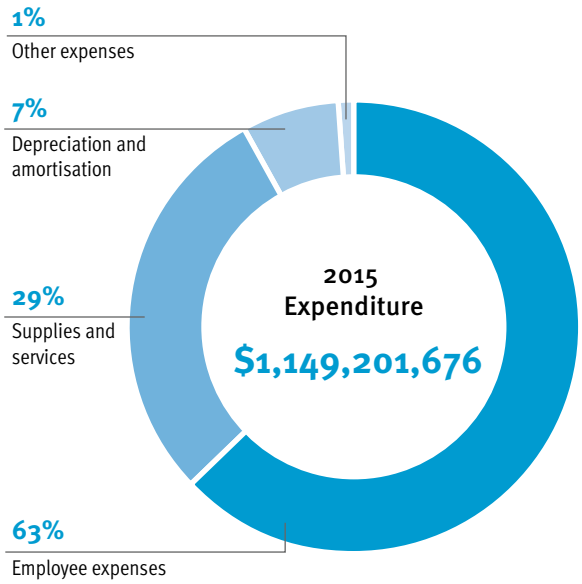
Future financial outlook

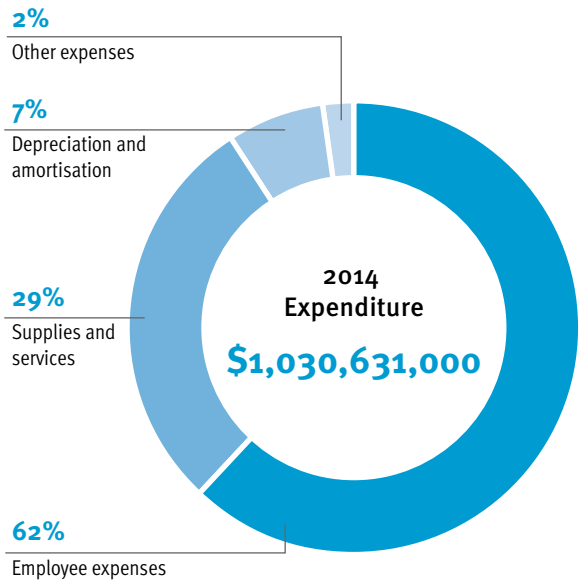
Gold Coast Health is committed to providing better health outcomes for the community and achieves this goal through reinvesting in its people and infrastructure. The organisation is exploring innovative and cost-effective solutions to enhance the value we provide to the community.

Assurance statement

For the financial year ended 30 June 2015, the Executive Director, Finance and Business services provided an assurance statement to the board and chief executive about the preparation of the financial statements and notes thereto, the internal financial control framework, and compliance with prescribed requirements for establishing and keeping the financial records in accordance with applicable accounting standards.

Chart 5: Expenditure by major category





Our services

Gold Coast Health delivers services that rival the best healthcare organisations in the world. We work collaboratively to care for patients and clients united by a commitment to ensuring that the needs the people within the community we serve come first.

Our hospitals, precincts and community facilities are all part of an extensive health network, which continues to evolve to meet the increasing and diverse needs of the community through safer, better and more efficient healthcare. We are using data-driven, evidenced-based interdisciplinary care models to advance healthcare that supports individuals and the health outcomes of the community.

Maintaining growth in maternity

More babies are being born at GCUH than ever before.

The 4744 births in 2014-15 represent an increase of eight per cent on the previous year, or 369 births.

Gold Coast families are choosing the service because of the state-of-the-art facilities and a nursing and midwifery team of dedicated personnel who utilise a range of services to ensure continuity of care.

On average there are **13 births** each day at GCUH

The maternity ward, with 40 beds available, is complemented by a Neonatal Intensive Care Unit with eight cots and a 20-bed Special Care Nursery, allowing doctors to treat babies born prematurely at 26 weeks and more.

Gold Coast Health gives women and families the ability to choose to see an accredited private midwife for their antenatal and postnatal care.

Private midwives can admit birthing mothers in their own right providing continuity of midwifery care for the family, with support from the services' own health professionals as required.

The Midwifery Group Practice (MGP) model of care provides a 'named' midwife for consistent care throughout pregnancy, labour, birth and the early weeks after the baby is born. The program cares for all women – those who are generally well and have little risk of complications to those who have complex pregnancies. The midwives in the group practice work closely with the hospital's obstetric team, so that patients receive specialist care when or if needed. The midwife will continue to deliver care until the family links with community services such as Child Health.

From July 2014 to June 2015, 480 women used the MGP program.

Research demonstrates that a continuity-based model improves outcomes and decreases interventions. The MGP model has proved so popular with Gold Coast women that plans are under way to increase the number of midwives in the program in order to meet growing demand.

Nurses drive knowledge sharing

Leading nurses and midwives from Gold Coast Health are driving valuable educational opportunities by hosting an inaugural Nursing and Midwifery Symposium.

The theme for the September 2015 event is 'Nurses and Midwives working together towards tomorrow'.

The two-day program features keynote and guest speakers from across the country.

Attending nurses and midwives can use the symposium towards their annual Continuing Professional Development registration.

This directly reflects one of the organisation's strategic objectives to empower staff to continuously improve the delivery of healthcare services.

Starting the journey to top trauma accreditation

The trauma service at Gold Coast University Hospital has taken the first steps towards accreditation as a Level 1 Trauma Centre.

Representatives from the Royal College of Surgeons carried out a verification consultation inspection in March 2015, in line with bench-marking with other major trauma services.

The centre provides tertiary-level care across the Emergency Department, Intensive Care, operating theatres, interventional radiology, surgical subspecialties and rehabilitation unit.

Members of the trauma service review a patient's progress at **one month**, **six months** and **12 months**.

To support the care of patients with multiple injuries, the service has nurse coordinators who work after hours seven days a week.

The trauma service has managed 1359 patients in the 16 months to July 2015, delivering better patient safety, reduced length of stay and improved patient outcomes.

Driving this has been a $50,000 investment in a dedicated trauma database which allows for the accurate monitoring of clinical activity, provides performance indicators and evaluation of patient outcomes.

A surgeon has been appointed as full-time director of the service, and leads a team comprising nurses, nurse case coordinators and administrators.

PARTY aims to save teen lives

Nurse Kate Dale from the trauma service with Coombabah State High School student Chelsea Dennis

Gold Coast Health is throwing a 'party' every month in a bid to save the lives of high school students.

The PARTY program (Prevent Alcohol Risk-related Trauma in Youth), run at GCUH, exposes local teenagers to the harsh reality of the catastrophic results of risky behaviour.

The students hear from facial reconstruction surgeons, see the stainless steel bolts and shafts used to tie broken bones together, meet patients whose lives have been impacted by alcohol and listen to relatives who have lost children and siblings due to risk-taking behaviour.

In a simulation room they also perform resuscitation on a medical dummy and have to decide when to stop, before placing the dummy in a body bag and breaking the news to a senior nurse playing the role of the victim's mother.

Providing timely emergency treatment

Clinicians in Gold Coast Health emergency departments attended to more than 150,000 patients during 2014-15. This included more than 91,000 at Gold Coast University Hospital and almost 59,000 at Robina Hospital. Clinicians continue to successfully manage the continued growth in volume, up from 142,000 presentations in 2013-14, and this is reflected in the National Emergency Access Target (NEAT) outcomes at both hospitals.

NEAT is a national performance benchmark for public hospitals across Australia. Since January 2015, 90 per cent of all patients presenting to our emergency departments are required to be discharged home, admitted to hospital or transferred to another facility within four hours of arrival. Prior to January 2015 the target was 83 per cent. Gold Coast Health achieved a NEAT average of 75.1 per cent.

An average of **12,500** patients present each month to Gold Coast Health's emergency departments

To address the unprecedented increase in activity while sustaining performance, both Gold Coast Health emergency departments have developed innovative models of care.

Practical measures include:

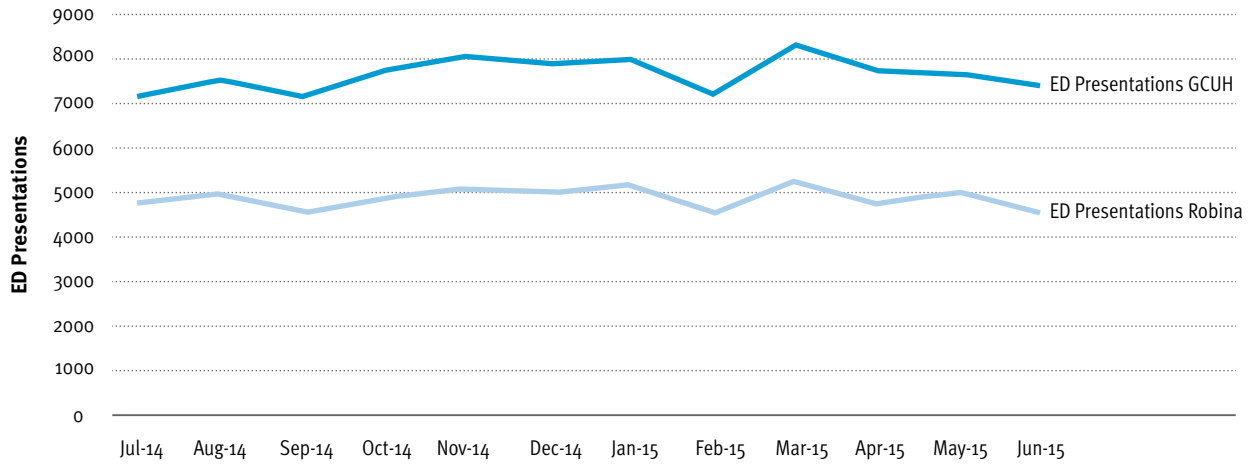
1. Early senior decision-making zones within the triage area (post intervention therapy and an early assessment and streaming zone
2. Streaming models of care
3. A new Clinical Decision Unit (CDU)
4. Extended scope physiotherapy

The Medical Assessment Unit (MAU) model at both hospitals aims to improve patient care and flow through the health service. This will be achieved by improving patient flow through the hospital, providing rapid assessment rapid assessment by the general internal medical team of the majority of internal medical patients presenting to emergency departments. This limits unnecessary investigations and avoids multiple internal referrals to clinical teams.

Refinements to the MAU in 2015-16 will aim to:

- Reduce waiting times
- Provide high quality, cost effective care
- Provide patients, likely to be admitted with appropriate facilities. Note however the average Length Of Stay (LOS) likely to be reduced by virtue of intensive multi-disciplinary approach (LOS < 48 hours)
- Avoid unnecessary admissions to inpatient ward accommodation
- Prevent inappropriate patient discharge

Chart 6: GCUH and Robina ED Presentations



Meeting elective surgery targets

More than 15,000 elective surgery patients were treated in 2014-15. This is an 18 per cent increase compared to 2013-14, or an additional 2426 patients.

The National Elective Surgery Target (NEST) was introduced by the Council of Australian Governments (COAG) under the National Partnership Agreement to which Queensland is a signatory.

15,878 elective surgical procedures were carried out by Gold Coast Health in 2014-15

NEST is designed to improve services so that patients can receive elective surgery within the clinically recommended time.

For 2014-15 the targets were - Category 1 - 98 per cent; Category 2 - 95 per cent; Category 3 - 95 per cent. Gold Coast Health achieved 98.9 per cent; 96.8 percent and 99 percent respectively.

There has been a significant reduction in the number of patients who waited longer than clinically recommended for their surgery, resulting in a 96 per cent improvement in performance by the end of the financial year.

Gold Coast Health has made safe and sustainable changes to its information systems and planning to increase productivity from operating theatres and other facilities. This included:

- surgical, nursing and support teams allowing additional surgery time to be possible outside standard hours
- partnering with the private sector and recruitment of additional surgeons to meet demand
- introducing changes to patient and operating theatre booking practices.

These efforts contributed to our reputation as one of the best performing health services in Australia in relation to patient waiting times – supported with the commitment and engagement of clinical staff.

Surgical teams up the ante

Director Oral and Maxillofacial Surgery Dr Dimitrios Nikolarakos is enthusiastic about the enhanced surgical services being provided to the Gold Coast community.

The 'max fax' team works as part of a multi-disciplinary team (MDT) to treat patients with head and neck cancers.

'The MDT prides itself on a quick patient referral process which reflects world-class clinical standards by achieving surgery within four weeks from the decision to treat,' Dr Nikolarakos said.

'The MDT group includes ear, nose and throat (ENT), plastics, maxillofacial clinicians plus medical and radiation oncologists, radiologists, pathologists, dentist and allied health including speech therapy, dieticians and specialist nurses.

'Recent developments have included the use of 3D printing technologies to support reconstructive surgery (such as jaws) which is a topic driving a collaborative research project with Griffith University.'

'Max Fax' doctors Ben Robertson, Ragu Krishnamoorthy, and Nicholas Beech attend to a facial trauma on their elective surgical list

There are a number of methods being used to support improved on-time surgery such as advance booking of smaller cases for elective lists and using dedicated head and neck surgery lists.

'We are always working on better ways to balance our acute surgery needs such as cancer patients with patients who require lower category elective services,' Dr Nikolarakos said.

The service has grown exponentially over the past three years and is now the only dedicated MDT head and neck cancer team south of Princess Alexandra Hospital in Brisbane and north of Newcastle, NSW.

Delivering results for outpatients

Gold Coast Health continues to invest significant efforts to improve access to outpatient clinic services and reduce patient waiting times.

As a result of the targeted approach in 2014-15, the health service achieved a 32 per cent reduction, or 3118 fewer patients waiting longer than clinically recommended for a specialist outpatient appointment. This is despite Gold Coast Health receiving more than 147,000 referrals in the year.

Referrals steadily increased throughout the year with an overall annual increase of 17 per cent or 21,733 more referrals compared with 2013-14, demonstrating the increasing demand on outpatient services across the health service.

At times, the increase has triggered priority actions at an executive level to ensure continued improvement in patient access to outpatient services.

Outpatient appointment, elective surgery and oral health waiting times are published on the Gold Coast Health website monthly as part of the service's commitment to transparency.

Clinicians and staff have played a vital role and adopted various strategies.

These include:

- a more flexible 'opt-in' booking system
- guidelines to help General Practitioners refer to the right specialist
- partnering with the private sector
- more doctors and nurses
- new assessment clinics to decide the best treatment and pathways for each patient
- more out-of-hours clinics

Success in patient-first approach

Dr Scott McClintock, Urologist

Thinking outside the square has paid off for the urology team at Gold Coast University Hospital.

In order to meet demand for initial appointments, the team of consultants and residents, nursing and administration staff in the Adults Outpatient Department ran two extra evening clinics.

'Our aim was to reduce the waiting time for an initial appointment and see the patients within clinically-recommended time frames,' Dr Scott McClintock said.

'The clinics were a great success and the patients were appreciative that the clinics were held outside normal business hours,' he said.

Clinicians saw 208 patients during the two evening clinics.

Of those, 100 needed another appointment to further investigate their condition, 94 were put on the elective surgery waiting list and 14 were discharged back into the care of a GP.

Momentum in mental health

Big strides have been made during 2014-15 in the various sectors of the Mental Health and Specialist Services division of Gold Coast Health.

A standout has been reducing the waiting list of the Interdisciplinary Persistent Pain Service Centre from four years to seven months.

This was achieved with the introduction of a model of care which incorporates an allied health staff member comprehensively assessing patients and teaching them, through group and individual settings, to help self manage their chronic pain.

Centre staff also established a close working relationship with clinicians at St Vincent's Private Hospital Persistent Pain Management Service. Patients who could not be treated in a timely way through Gold Coast Health's model of care were still able to access persistent pain medical specialists.

The outcome of these two strategies has been a more timely response by the health service, better patient satisfaction and improved quality of life for patients.

A shift in philosophy has allowed Gold Coast Health to minimise seclusion and restraint when treating mental health patients and improve how consumers with the acute mental health inpatient unit are managed.

Every interaction with a patient is considered a therapeutic opportunity.

Staff are more aware of the impact of seclusion on both patients and team members, including the increased risk of injury, and there has been education on the use of sensory modulation and other de-escalation techniques.

This cultural reform has led to a drop in seclusion rates and the service expects to improve on this success during 2015-16 when new 'safe' wards and the Magnet Hospital program are put in place.

Other achievements in the sector include establishing a pathway for enrolled nurses to specialise in mental health nursing; the successful recruitment of psychiatrists from overseas and the ongoing success of the Clinical Exam Preparation Workshop held twice a year.

Investing in mental health for the future

When Queensland Mental Health Commissioner Dr Lesley van Schoubroek visited in February she praised Gold Coast Health for its efforts in making mental health everyone's business.

Board members, including Chair Ian Langdon, attended the day-long workshop where teams had the opportunity to present an overview of our existing services and demonstrate their commitment to driving service improvements into the future.

The unique collaboration impressed Dr van Schoubroek who applauded the service's capability to manage the 6500 people who seek treatment or help every year.

The Gold Coast Health mental health service makes 140,000 community contacts each year.

'It was great for me to see the board members beginning to understand the challenges of responding to mental health, alcohol and drug issues and encouraging to hear the importance they are placing on mental health being everyone's business," she said.

Gold Coast Health Board chair Ian Langdon with Mental Health and and Specialist Services Clinical Director Dr Kathryn Turner, Queensland Mental Health Commissioner Dr Lesley van Schoubroek and Mental Health General Manager Karlyn Chettleburgh

Board chair Ian Langdon said new initiatives were consistently emerging from the mental health sector and it was important to maintain frequent discussion on how to allocate resources.

Our people

Gold Coast Health employs 7668 people, and with part time arrangements, this equates to 6412 full-time equivalent positions. This make us the largest employer in the Gold Coast area.

Our medical, nursing, clinical and non-clinical support staff, along with a committed team of volunteers, work together to deliver quality to care to people in the community.

Workforce engagement

Our commitment to improving our workplace culture

In May 2015, Chief Executive Ron Calvert wrote to all staff encouraging them to share their views in the Gold Coast Health Staff Survey. This survey is an essential tool for the Gold Coast Health Board and senior leadership team to understand the views and perceptions of staff on working for Gold Coast Health. It is critical to driving strategies to recognise, value and empower our staff.

As a positive sign of improvements in workforce engagement, 36 per cent of staff completed the survey. This response rate represents a significant increase on the previous year's participation.

Responses indicated that Gold Coast Health staff:

- are willing to put in extra effort to get the job done
- know what their role is and how their work aligns with Gold Coast Health's goals
- feel their work makes a valuable contribution to the Queensland public

The survey also identified areas for continued improvement such as productivity and effectiveness in the workplace, the impacts of workload on health and the importance of ensuring workplace fairness.

Survey results are available to all staff via the Gold Coast Health intranet. Our executives and leaders are engaging with staff to identify and potential ways to address areas of improvement.

Improving our workers' health

Team Health, the service's workforce health and wellbeing program, is growing to provide more holistic services for staff. Gold Coast Health was rewarded with a silver award in the Queensland Health Healthier Happier Workplace initiative.

Team Health members took part in Harmony Day in March 2015 which celebrated the message that 'everybody belongs'. More than 800 staff enjoyed a healthy lunch as they learnt about indigenous culture, watched Japanese dancing and drumming and shared prayers for peace with religious leaders from seven denominations.

In June 2015, the inaugural Health and Wellbeing Expo at Robina Hospital drew more than 500 staff together to focus on their health. Nine external partners were involved in the day which included cooking demonstrations, posture assessments, massage and freshly-cooked paella. Also at Robina Hospital, a 5km walking/running club has been launched, following in the footsteps of a similar club which started at GCUH in late 2014.

RU OK Day was a hit at GCUH in September 2014 and will be celebrated again in 2015. It aims to highlight to staff that a conversation could change a life.

Team Health has raised more than $12,000 in sponsorship to encourage staff to stay active, make good food choices, give up or reduce smoking, limit their alcohol intake and care for their mental health.

Staff active and healthy achievements include:

- First in the men's Australian Super Corporate Triathlon in May 2014
- Second in a Corporate Games netball tournament in May 2014
- More than 130 members participated in Gold Coast Marathon events in July

Regular health initiatives offered to members include discounted yoga and Zumba, massages and meditation classes across various Gold Coast Health facilities.

Our commitment to developing our senior leaders

The Gold Coast Health Senior Leadership Development Program has been commissioned to further develop the capability and leadership skills of all leaders in the organisation.

The five-month program is targeted at people leaders within the business and participants are exposed to a range of training methods including didactic, simulations, group exercises, facilitated discussion, and case studies over the course of five

workshops. The program encourages behaviours that drive improved performance mapped directly to our Leadership Competency Model.

The program has four components:

1. Leadership competency model and diagnostic tool
2. Senior Leadership Development Program workshop
3. Optional mentoring program
4. Optional additional assessment towards Griffith University Graduate Certificate or Masters of Health Management

The first iteration of the program started in July 2015 with 150 participants nominated by the executive management team from amongst our service directors, medical directors, nursing directors, assistant directors of nursing, allied health leads, nurse unit managers and divisional finance managers. The program will conclude in December 2015.

Investing in leaders of the pack

Gold Coast Health's staff innovation competition continues to turn bright ideas into reality.

Five winners shared almost $200,000 to bring to life projects which will directly benefit patients across the service from oral health to rehabilitation.

Another three finalists received combined funding of more than $150,000 after Chief Executive Ron Calvert and Health Minister Cameron Dick agreed to respectively fund their projects.

This year's big-name panel of judges included the Minister, Queensland Health A/Director General Michael Cleary, Gold Coast Health Board Member Colette McCool, Gold Coast Health Urologist Dr Scott McClintock, 102.9 Hot Tomato Radio Host Sean Flanagan and Gold Coast Bulletin Editor Catherine Webber.

Winners were:

Category 1 ($100,000) - Glen Knuth (oral health): *Purchase 3D printing and scanning / Cad Cam Milling Technology*

Category 2 ($50,000) - Ashlea Walker, Sonya Shrimpton (rehabilitation): *Create a life-like therapy space within existing GCUH inpatient rehabilitation spaces to enable patients to incorporate real-world tasks into therapy assessment and treatment*

Category 3 ($25,000) - Debbie Zagami (lung function laboratory): *Establish the Gold Coast's first pre-school lung function testing service through the purchase of a Forced Oscillometry (FOT) system*

Category 4 ($10,000) - Marie Edwards-Giller (speech pathology): *Develop Aphasia friendly menus. Aphasia is a language disorder resulting from injury to the language centres of the brain, often resulting from stroke*

People's Choice ($10,000) - Angela Davies (mental health): *Introduce four Delta Therapy Dog teams to visit the eight mental health inpatient units on a weekly basis at both hospital facilities*

Our workforce at a glance

Workforce snapshot

7668
Staff

971
New employees in 2014-15

70%
of employees are in clinical roles

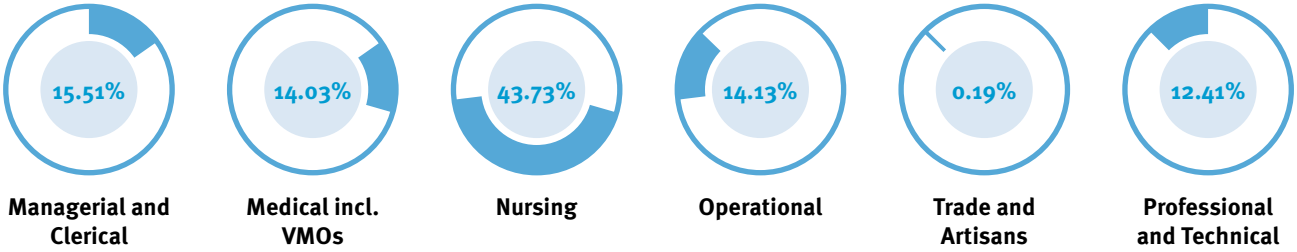
From July 2014 to June 2015 the number of clinical staff (ie medical, nursing, allied health professionals, other professionals, scientific and technical and oral health practitioners) has increased from 4165 to 5404.

Professional stream

Gold Coast Hospital and Health Service's workforce is made up of 7668 people who contribute to the strategic objectives of the business. Actual employment figures are 6412 full-time equivalent (FTE).

Table 1: Professional stream as at June 2015

Managerial and Clerical	995
Medical incl VMOs	900
Nursing	2804
Operational	906
Trade and Artisans	12
Professional and Technical	796
Total	**6412**



Composition: Age and gender

A typical Gold Coast Health employee is 42-years-old and female.

Our youngest staff member is a female aged 17 and our oldest employee is a male aged 80. Overall the health service employs 5673 females and 1995 males.

Table 2: Gender and age profile as at June 2015

Age	Female	Male	Total
Under 20 years	7	6	13
20-29 years	1094	355	1449
30-39 years	1258	547	1805
40-49 years	1428	521	1949
50-59 years	1396	420	1816
60-69 years	464	131	595
70-79 years	25	14	39
80 years and over		1	1

An equal opportunity employer

As part of its commitment to being an employer of choice, Gold Coast Health will use 2015-16 to enhance diversity amongst its workforce.

Figures from May 2015 show 1.03 per cent of Gold Coast Health employees are Aboriginal and Torres Strait Islander; 9.2 per cent are from a non-English speaking background and 1.32 per cent have a disability.

Women in the workforce

Women comprise 74 per cent of the service's workforce, with 63 per cent of executive management positions filled by women.

Table 3: Profile of women in professional streams as at June 2015

Profession	2014	2015
Managerial and Clerical	877	927
Medical incl VMOs	366	365
Nursing	2747	3049
Operational	634	641
Professional and Technical	659	690
Total	**5282**	**5673**

Code of Conduct

Gold Coast Health has adopted the Code of Conduct for the Queensland Public Service, reflecting the principles of integrity and impartiality, promoting the public good, commitment to the system of government, accountability and transparency.

Workforce planning, attraction, retention and performance

Recruitment, selection and appointment

In March 2015 a recruitment reform initiative studied ways to streamline the process. This included a transition from paperwork to an online system called Springboard, up skilling managers responsible for hiring and improving how we attract and recruit staff.

The reform followed feedback from the business, and a commitment from Chief Executive Ron Calvert to conduct an audit of the last 100 appointments in November to identify where delays were occurring. The audit identified that on average it took 118 business days to fill a position from 'Request to Hire' to 'Letter of Offer'.

There is now a mandate to deliver the reform across two stages - process and service delivery.

Four key improvements were made:

1. Unnecessary administrative steps were removed
2. Structure and support was put in place to help managers complete recruitment quickly and effectively
3. Managers are encouraged to recognise that recruitment is a priority in its own right
4. Organisational expectations, and measures, has been clearly communicated and understood

The review has already resulted in a 30 per cent reduction in time to fill roles with further benefits to still be realised.

During the most recent financial year, there were 596 positions advertised across employment streams (Table 4). In another positive sign, the retention rate of permanent staff has increased from 92.69 per cent in 2013- 2014 to 93.55 per cent.

Table 4: Employment vacancies advertised in 2014-15

Employment Stream	2013-14 Vacancies Advertised	2014-15 Vacancies Advertised
Managerial and Clerical	139	137
Medical including VMOs	102	83
Operational	40	25
Professional, Technical and Allied Health	187	111
Trade and Artisans	0	0
Total	**604**	**596**

Note: Advertised vacancies for Executive level positions and expression of interest are excluded.

Gold Coast Health maintains robust systems to ensure that pre-employment checks, professional registration, credentialing and scope of clinical practice are undertaken and maintained.

Gold Coast Health did not have any redundancies during 2014–15.

Continuing staff development

Gold Coast Health's staff development efforts have been strongly supported by our local online learning management system, GC-LOL. The system was developed to support the transition from the old hospital to GCUH and has since been embedded as a valuable tool for staff learning.

GC-LOL has also drawn the attention of other health services who have been impressed with its professionalism, responsiveness and quality. As a result, a number of health services in Queensland have engaged Gold Coast Health to host their own versions of Learning On-Line.

Unscheduled leave

The unscheduled leave rate for 2014-15 was 1.49 per cent, an improvement on the result of 1.66 per cent in 2013-14. Unscheduled leave includes sick leave, family leave and special leave.

Equal employment opportunity

Gold Coast Health is committed to providing a workplace which is free from unlawful discrimination and where equal employment opportunity practices are adopted. The service recognises the four categories of people who have historically been disadvantaged in employment – Aboriginal and Torres Strait Islander people, people from non-English speaking backgrounds, people with a disability and women. At present, 9.21 per cent of staff identified themselves as being from a non-English speaking background. This is an increase from 8.95 per cent in 2013-14.

Workforce planning

Gold Coast Health's largest asset is our human resources.

Our workforce is the largest budget line item of expenditure and as such our people are a focus when forming the organisation's strategic objectives. Workforce activities are aligned to deliver successful health outcomes for the Gold Coast community.

The city's aging population is one of the main contributors to the increase in demand for health care and support services. Gold Coast Health staff age profile reflects that of the city.

The board, executive management team and line managers have placed an emphasis on workforce planning and development this year.

The human resource department provides workforce data to help identify and understand workforce gaps (skills, competencies, abilities, experience) challenges and trends.

The collaborative program engages managers in dialogue and process. In February and April 2015 senior managers came together in a workshop to capture the objectives of each directorate for 2016-2018. Discussions included the services or activities that will be delivered, key performance targets, new services or activities, techniques or technologies being implemented and how these will impact the workforce.

The outcome was acknowledgement that the health service must develop:

- a strong attraction and retention strategy
- succession planning and mentoring strategies to ensure sustainability of workforce
- resources and tools for mentoring and succession planning frameworks
- approaches to retain our older employees
- flexible recruitment practices
- leadership training incorporating leadership resilience
- strategies to create and foster a workplace culture and leadership environment which values and empowers employees
- systems to capture data such as skill, which is able to monitor, analyse, report and respond to service performance issues
- real time information to underpin decision making
- training in strategic planning

Other elements of workforce planning include:

- Engage with state and federal governments in discussion around funding models
- Investigate whether referral pathways and criteria need to be tightened up and whether the health service can do anything smarter
- Ensure Gold Coast Health is continuing to explore opportunities to decentralise delegations and empower leaders
- Review the current workforce in line with employment security policy
- Review models of care and opportunities to transform from a five-day to seven-day service, where appropriate
- Review industrial instruments with reference to changing workforce needs
- Develop resources to capture identified workforce skill gaps and develop strategies to enhance performance and close the gap in the identified areas

- Review the opportunity to expand on scope of practice identifying those with greatest impact on safe, efficient delivery of patient care for further exploration and development
- Review and streamline processes to allow for greater flexibility in operating environment
- Increase partnerships with universities, local, national and international organisations to invest further in learning and research

Gold Coast Health takes a holistic approach to workforce planning and development in order to significantly improve productivity, bridge identified gaps, mitigate challenges and deliver best practice outcomes. There is a commitment to continue to find innovative ways to enable, motivate, and inspire our people to perform at their highest levels, accomplish our strategic objectives and serve the community well.

Our commitment to workforce analytics and reporting

As part of the broader human resources services strategy, reporting will be instrumental in providing visibility, informed decision-making and a more fact-based approach to solving complex workforce issues.

Workforce Policy and Performance has applied advanced analytical techniques to collect, analyse and create workforce-related reports.

Our commitment to a responsive workforce policy framework

Gold Coast Health's key priority in workforce management is to develop a responsive workforce policy framework that supports flexible work practices.

In its first year of being a prescribed employer the service, through our human resources department, focused on the analysis of workforce policy gaps and the development and implementation of policy instruments to meet legislative obligations and support the organisation's strategic workforce objectives.

Our future

Healthcare has taken a new direction in our community. The Gold Coast Health Board has a vision to transform and deliver world class health services using innovation and a patient-centred approach. The service works in partnership with business leaders, researchers, private health providers, community services, technology leaders and more in order to ensure sustainable innovation.

Gold Coast Health's strategies support the goals outlined in the Department of Health Strategic Plan 2012–2016.

Engaging our community partners

Gold Coast Health is building better connections that link the community, patients and their carers into local public health services.

A key focus of our engagement is to improve patient safety and quality which underlies National Standards such as Partnering with Consumers.

The final stages of the inaugural three-year engagement strategy drew to a close during 2014-15.

Engagement activities range from information-sharing to consultation and involvement of consumers and community to help plan, deliver and assess our services.

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

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

Engagement is an important way of ensuring that the health service is responsive to changing local needs. We will continue to expand our efforts to include consumers and the wider community in their local health service.

Our volunteers are top class

Volunteers add valuable patient support during stressful times for people in hospital.

Gold Coast Health Volunteer Services continued to expand the program at Gold Coast University Hospital with new roles in the day procedure unit, supporting children in theatre and at Robina Health Precinct in cardiac rehabilitation and stroke support.

In 2014, Gold Coast Health was nominated for Gold Coast Organisation of the Year by Volunteering Queensland as well as Volunteer of the Year and Youth Volunteer of the Year.

Gold Coast Volunteer Coordinator of the Year 2014 Dale Tatterson is responsible for ensuring volunteers are trained and supported as a valued aspect of our workforce.

Gold Coast Health has 380 active volunteers who help patients and their families with way-finding, personal support, library services and in supplying talent for patient-information videos.

The importance of fundraising

Gold Coast Hospital Foundation is a critical fundraising partner, providing medical research, health staff education, facility refurbishment and medical equipment support to all hospitals and community health clinics within the service.

In 2014-15 the foundation funded $653,005 worth of research, education and equipment - more than double the value of disbursements made during the 2013-14 year.

With a focus on activities that add value to government budgets, the foundation gives priority to projects that make receiving health care less stressful more comfortable, faster and better for patients.

This year an impressive 122 projects were funded.

The foundation works collaboratively with help from many community donors and organisations

A relaxing retreat for cancer patients aged 15-25 has been established at GCUH

such as Southern Cross Austereo, Southport Sharks, Woolworths, Wiltshire Family Law, Coca Cola Amatil, Link Family Trust and Wonderful Sound.

Gold Coast Health Chair Ian Langdon said the board greatly appreciates the financial and other support provided to staff and the community by the foundation and recognises that the charitable organisation delivers activities that would not otherwise be achievable.

Staff support shifts into high gear

Gold Coast Health is instigating a Workplace Giving Program to support the Gold Coast Hospital Foundation. The program allows health service employees to make a donation to the community charity directly from their fortnightly net pay.

Bus service user Lisa Gilmer and bus driver John Whenuaroa

Staff donations will help the Gold Coast Hospital Foundation continue investment in ongoing education and research grants for staff and contribute towards projects within the health service.

The foundation recently took stewardship of the patient transport service known as Monique's Bus, established by the late Ron Clark, former Gold Coast mayor. The now renamed Cancer Patient Transport Service have buses going to seven facilities around the city helping cancer patients get to and from hospitals and centres for their treatment.

The Cancer Patient Transport Service is just one of many initiatives funded by the Gold Coast Hospital Foundation.

Delivering health and knowledge

Driving reform through innovation

The Centre for Health Innovation has had a successful year of progress on its core objectives to drive value for patients and the community and to attract more research funding.

The Integrated Care Program is a good example of what can be achieved by engaging current and past patients, staff specialists, general practitioners and community organisations to improve the patient experience and efficiency of delivering healthcare to patients with complex and co-morbid conditions.

Fourteen general practices have signed up to participate during the proof-of-concept phase of the program covering a cohort of about 136,000 Gold Coast residents.

In 2014-15 our Integrated Care Program has achieved:

- Introduction of evidence-based holistic assessments for people identified as at-risk
- By actively managing patients in the program we have prevented hospital admissions and discharging from specialist outpatients as appropriate
- Recruitment and establishment of the staff group including the coordination centre infrastructure
- Information systems to deliver daily monitoring of admissions, support the initial selection of patients for holistic assessment and provide the basis for register management of patients
- Strong research development and governance frameworks
- The electronic shared-care record, which was implemented across all network practices and is now in use within the coordination centre, our practices, non-government organisations (NGO), private providers and by our patients
- Effective governance incorporating Queensland Health through the Clinical Advisory Committee which meets monthly
- A contract agreement with our key NGO partners

In addition, the Centre for Health Innovation has worked with clinical directors to deliver significant improvements in access to specialist outpatients and elective surgery.

A major review of unscheduled care provided a framework for reform over the next three years.

The centre has successfully attracted more research funding, most significantly a $1 million grant from the Federal Government to deliver an extended economic evaluation of the integrated care project.

It has started a research network partnership between the health service and Griffith University to further explore the research potential of integrated care.

Health and Knowledge Technology Precinct

The 200ha Gold Coast Health and Knowledge Precinct has been established as an integrated and collaborative location for learning, research, knowledge creation and the commercialisation of newly-developed technology.

Such knowledge-based industry attraction and incubation is critical to the city and region's long-term economic sustainability and will provide the valuable skilled labour pool required to support the city's knowledge economy.

The Gold Coast University Hospital and the Gold Coast Private Hospital, due to open in early 2016, are adjacent to the expanding Gold Coast Griffith University campus. This co-location presents a unique opportunity for collaborative research and development, future health and medical technology commercialisation and the attraction of skilled workers. These key, influential stakeholders within the precinct have a significant and vested interest in the successful future of the integrated precinct.

The precinct's Economic Development Working Group has developed a strategy with a focus on economic development delivery.

The working group has members from Gold Coast City Council (chair), Griffith University, Gold Coast Health, Grocon, Southport Sharks and Economic Development Queensland.

Members are currently working on a unified position and agreed delivery process to realise the vision and long-term economic outcomes with the ultimate aim to develop a formal master plan.

This will give the working group the chance, over the coming three years, to facilitate development opportunities with greater clarity – including partner or investor identification, site negotiation, concept planning and design and funding approvals.

Staff cultural engagement

Gold Coast Health's commitment to improving staff and patient experience is evident by the implementation of Relational Coordination.

This innovative approach focuses on the quality of relationships across multi-professional teams to secure sustainable improvement in patient outcomes.

Leaders from across the health service are taking part in a proof of concept program and have helped shape a step-by-step plan to implement the relational coordination process.

If successful, the strategy will be introduced across the broader service.

Our board and management

Gold Coast Hospital and Health Service is governed by the Gold Coast Hospital and Health Board. The board sets the organisation's strategic agenda and monitors its performance against the delivery of quality health outcomes. It is responsible for involving the community in decisions about the future design of healthcare to benefit the local community. The board is accountable to the Health Minister.

Improving governance and transparency

Front L-R: Dr Cherrell Hirst, Mr Ken Brown, Mr Ian Langdon, Ms Pauline Ross. Back L-R: Dr Andrew Weissenberger, Professor Allan Cripps, Ms Colette McCool

Our committees

Finance and Performance: Meets monthly to review all aspects of financial and service performance.

Audit and Risk: Meets quarterly to oversee governance, risk and assurance processes, including internal audit reporting and function.

Executive: Oversees performance and the progress of strategic initiatives identified by the board.

Safety, Quality and Clinical Engagement: A prescribed clinical committee by the *Hospital and Health Boards Act 2011 (Qld)* and reports to the board. This committee advises the service on matters relating to the safety and quality of healthcare provided.

Research: Aims to build long-term collaborations in research in order to help position Gold Coast Health as a participant in a world-class Health and Knowledge Technology Precinct of national and international significance.

Table 5: Board member attendance

Board Member	Ian Langdon	Ken Brown	Pauline Ross	Allan Cripps	Andrew Weissenberger	Colette McCool	Cherrell Hirst*
Board	11/11	11/11	11/11	09/11	10/11	09/11	10/10
Extraordinary Board Meeting	1/1	11/11	1/1	1/1	1/1	1/1	1/1
Executive	5/5		5/5	1/2	4/5		5/5
Finance and Performance		8/8		4/4		5/8	
Audit and Risk		5/5				5/5	4/5
Safety Quality and Clinical Engagement		6/6	5/6		5/6	5/6	4/6
Research			1/1	3/3			3/3

** Initial term ended on 17 May 2015. Reappointed by the Governor-in-Council for a three-year term effective 26 June 2015.*

Executive Management Committees

Executive Management team

The Executive Management team meets monthly to consider matters of strategic importance and cross-divisional impact. In this forum, members of the executive provide information and advice to the chief executive and their colleagues to enable planning review and analysis. Each member holds responsibility for their divisional, financial, operational and clinical performance.

Clinical Council

Clinical Council is the peak clinical leadership forum within Gold Coast Health, appointed by the board and chief executive.

The objective of the Clinical Council is to facilitate authentic engagement of clinicians in health service planning, strategy development and other issues of clinical importance. The council provides advice to the chief executive and provides an opportunity to embed clinician feedback in the governance, strategy and cultural development initiatives.

Clinical Governance Committee

The Clinical Governance Committee is responsible for overseeing and setting standards of clinical governance within Gold Coast Health. The committee monitors, evaluates and improves performance in clinical practice to ensure optimal patient safety and high care quality.

The committee reports to the board's Safety Quality and Clinical Engagement Committee and has membership comprised of clinicians and senior managers across a number of disciplines including allied health, medicine, nursing and clinical governance.

ICT Governance Board

The ICT Governance Board adopts a strategic view of planning, performance and benefits realisation of Information Communication Technology (ICT) systems across Gold Coast Health. This committee oversees the capacity, capability and solutions are planned procured designed, implemented and evaluated and makes recommendations to the chief executive about investment decisions, including current systems and those planned as part of future expansion.

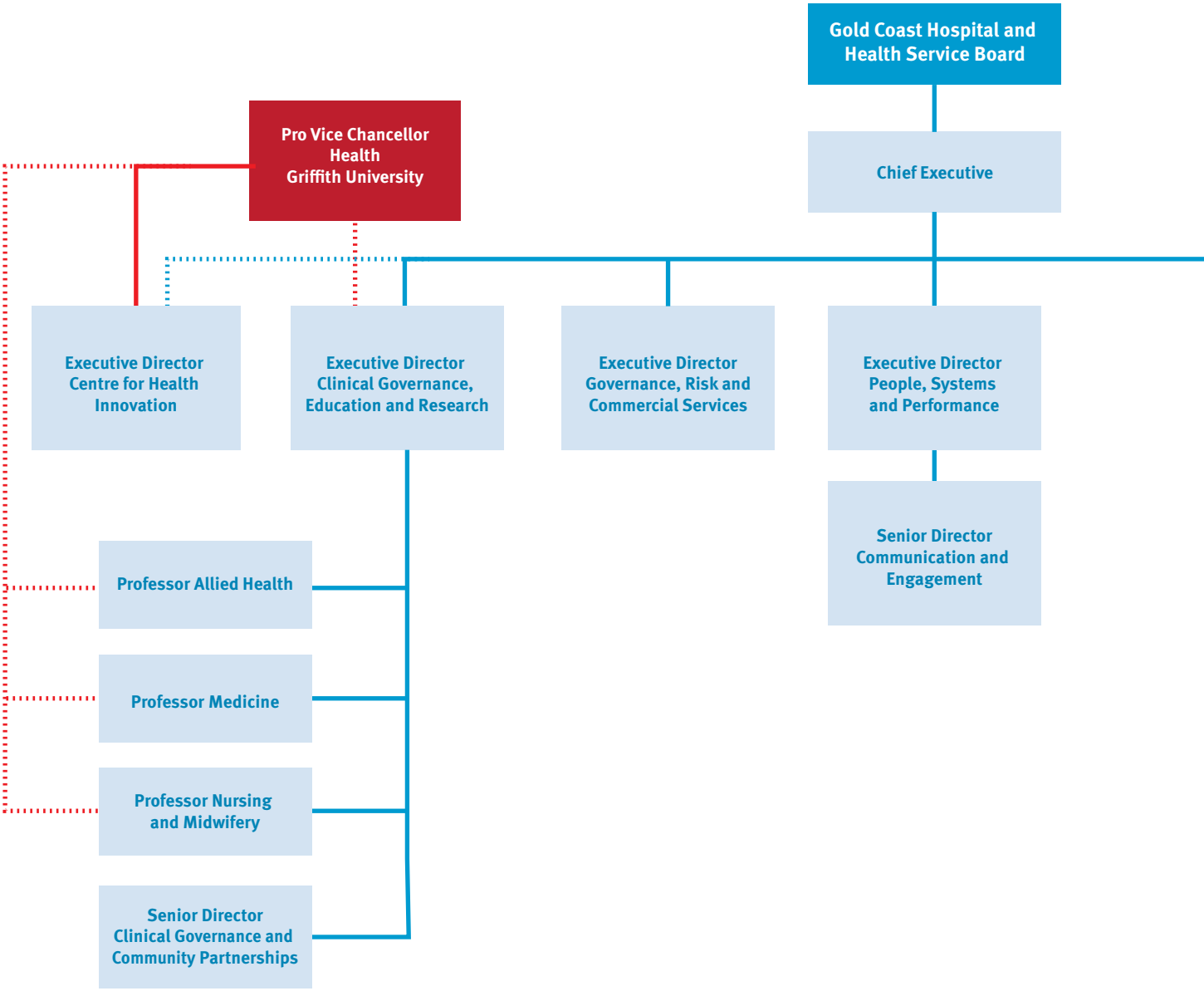
Executive Control Group: Operations

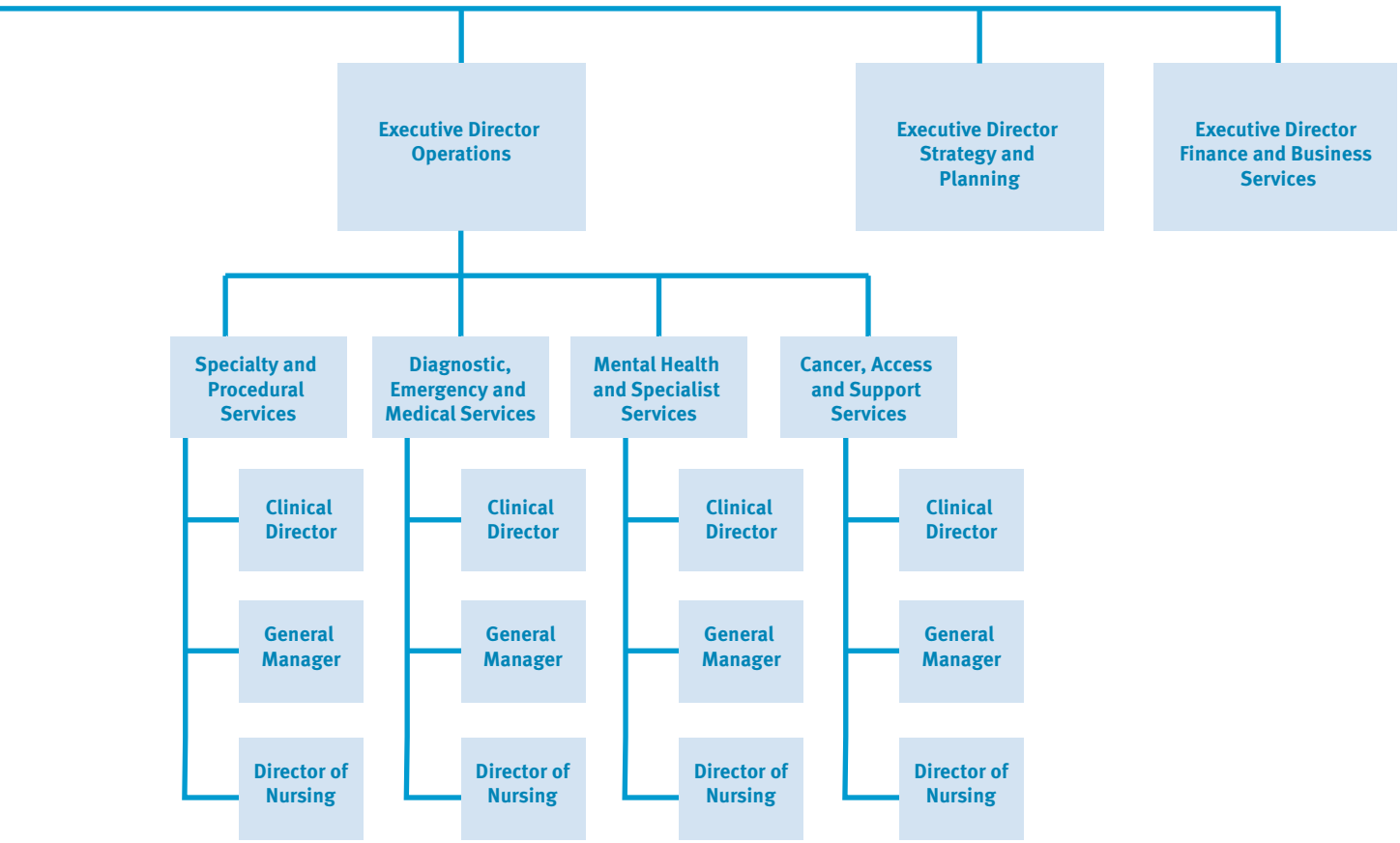
Executive Control Group Operations is led by the executive director operations and provides leadership, management and review of the health service's day-to-day operations. The group adds value through service-wide implementation of strategies, proactively identifies and addresses service or business issues which are complex or have system-wide significance.

Work Health and Safety Management Committee

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

Our organisational structure




Executive Director Operations
Executive Director Strategy and Planning
Executive Director Finance and Business Services
Specialty and Procedural Services
Diagnostic, Emergency and Medical Services
Mental Health and Specialist Services
Cancer, Access and Support Services
Clinical Director
General Manager
Director of Nursing
Clinical Director
General Manager
Director of Nursing
Clinical Director
General Manager
Director of Nursing
Clinical Director
General Manager
Director of Nursing

Risk management and accountability

Gold Coast Health's risk management framework is based on the Australian/New Zealand ISO Standard 31000:2009. The framework outlines intent, roles, responsibilities and implementation requirements.

Each operational division is responsible for managing risk in their respective area. Safety and quality coordinators assist management in identifying, recording and mitigating risk. Strategic, enterprise-wide and the highest rated risks are escalated to senior executives, with oversight from the Audit and Risk Committee board.

Risk management

We continue to strengthen risk management capability across the organisation through regular risk review, workshops and training.

Our framework includes:

- Risk management plans to identify how Gold Coast Health will manage, record and monitor risk, including procedures for escalating risk reports to the chief executive
- Planning as part of the strategic, operational and annual business planning activity of the service, its facilities and/or networks
- A risk register that is used to record, rate, monitor and report risk
- A process for monitoring and reviewing risk control and governance systems

External scrutiny

Queensland Audit Office

In 2014-15, the Queensland Audit Office (QAO) conducted three audits which included coverage of Gold Coast Health.

Gold Coast Health responses and implementation programs relating to recommendations arising from the Auditor-General's reports are overseen by the Audit and Risk Committee.

Report to Parliament 2: 2014-15 – Hospital Infrastructure Projects

The objective of this audit was to examine the adequacy of the state's planning and delivery of the Gold Coast University Hospital, Lady Cilento Children's Hospital and the Sunshine Coast University Hospital, all projects announced by the state government in August 2006.

Report to Parliament 3: 2014-15 – Emergency Department Performance Reporting

The objective of the audit was to assess the performance of Queensland's public emergency departments in achieving targets under the National Emergency Access Target (NEAT), with a particular focus on the reliability of the data being reported.

Report to Parliament 5: 2014-15 – Hospitals and Health Services Entities 2013-14

The report summarises the results of the QAO's 2013-14 financial audits of the 17 hospital and health services. Together with the other 16 hospital and health services, Gold Coast Health received an unmodified audit opinion for 2013-14, as reported in the Annual Report for the period.

Accreditation

Gold Coast Health accreditation processes are guided by recognised accrediting professional bodies and standards. Our accreditation status is monitored by the highest governance committees within the organisation including the Clinical Engagement Committee of the board and the Clinical Governance Committee.

The health service is accredited by the Australian Council on Healthcare Standards (ACHS) utilising the EQuIPNational Program. This includes the 10 National Safety and Quality Standards and the five EQuIP Standards. Following the success of the organisation-wide survey in March 2014 a periodic review is scheduled for November 2015.

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

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

- Palliative Care Services National Standards Assessment Program
- National Diagnostic Imaging Accreditation Scheme Standards
- National Association of Testing Authorities (NATA)
- National Breast Screen Australia Standards

- Human Services Quality Standards
- Post Graduate Medical Education Council
- Other relevant accrediting bodies, including professional colleges and societies

Internal audit

The health service has established an internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2009*. Internal Audit is staffed by an internal audit manager and principal internal auditor and co-sources its activity with numerous professional services firms and subject matter experts.

The Internal Audit function provides the Audit and Risk Committee and Gold Coast Health Board with independent and objective assurance on the adequacy and effectiveness of systems of risk management, internal control and governance by undertaking the following activities:

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

The Audit and Risk Committee convenes four to six times per year and is responsible for overseeing the health service's financial statements, internal and external audit activities, risk management, and compliance with legal and regulatory requirements. The Internal Audit function operates independently of management under a mandate approved by the Audit and Risk Committee and has full access to the chair of the Audit and Risk Committee, as well as all organisational functions, records, property and personnel.

Internal audit activities are based on a risk-based three-year Internal Audit Plan, which is presented to the Audit and Risk Committee annually for endorsement and recommendation to the board for approval. The Internal Audit Plan is developed in consultation with key stakeholders and includes key risks identified by management. Progress against the implementation of audit recommendations is reported to the Executive Management team and Audit and Risk Committee on a quarterly basis.

The highest risk internal audits conducted in the 2014-2015 financial year were Information Technology Services department business continuity planning, review of root cause analysis recommendations in clinical governance, contract management and right of private practice arrangements.

Our commitment to safety

Safety is of the highest priority at Gold Coast Health. We are committed to providing a healthy and safe work environment for staff, patients and visitors by ensuring safety is integrated into all service operations. Ultimately, safety is everyone's responsibility and we promote active participation from the board to frontline caregivers.

Our focus is to support managers and staff to meet legislative and policy obligations in all matters relating to work health and safety, by providing specialist advice in two primary areas - injury prevention and injury management.

Gold Coast Health maintains a Work Health and Safety Performance Measures Scorecard to assist members of the board and executive monitor performance against the Queensland Health Safety and Assurance Assessment Model and EQuIP National Accreditation Criteria.

Our sick leave and work cover absenteeism rates are trending down for the second consecutive year, indicating the effectiveness of the operational planning interventions and strengthening of relationships within our health service.

Information systems and record keeping

During 2014-15 the service continued the journey towards being a world-class digital healthcare provider. A number of new technologies and systems were deployed across the organisation to improve efficiency and patient safety.

These included a new food services system, patient flow manager, maternity information system and a patient queuing and wait list management system.

A large program of process improvement to ICT industry best practice standards has been implemented to provide Gold Coast Health with an ongoing capability to manage and deliver better and safer information services in the future.

Recordkeeping role and responsibilities

During 2014-15 the service continued to develop its capacity and capability in relation to statutory recordkeeping requirement including the *Public Records Act 2002 (Qld)* and State Government Information Standards. This included the refinement of the Independent Corporate Records Management Framework.

Within the service roles and responsibilities for recordkeeping are articulated to ensure:

- Full and accurate records are made, managed and retained for as long as they are required for business, legislative, accountability and cultural purposes
- The records management practices are regularly monitored, audited and evaluated for accountability, compliance and continuous improvement
- Security provisions are implemented to maintain record integrity and authenticity by preventing unauthorised access, damage, alteration or misuse
- Recordkeeping systems are managed to enable reliable, timely and accurate retrieval of records
- Recordkeeping is systematic and comprehensive across all business units

Clinical records are handled in accordance with the Health Sector (Clinical Records) Retention and Disposal Schedule 2012.

Privacy and confidentiality

The service has an appointed Privacy Officer who is responsible for receiving and managing issues related to privacy of information.

Right to Information (RTI)

In accordance with the requirements of the *Right to Information Act 2009 (Qld)*, Information Access Services receives and processes requests for a range of documents held by Gold Coast Health. The service has a dedicated delegated Right to Information and Information Privacy decision maker who is responsible for managing all requests for information under both the *Right to Information Act 2009 (Qld)* and the *Information Privacy Act 2009 (Qld)*. Common applicants for information under the Right to Information Act include media sources, who often seek the same information from a number of hospital and health services as well as from the Department of Health.

Gold Coast Health maintains a disclosure log, which provides public access to documents previously released under the *Right to Information Act*, where the documents sought do not contain personal information.

Open data

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

The open data website publishes data on:

- expenditure on consultancies
- expenditure on staff overseas travel and the reasons for travel

Gold Coast Hospital and Health Service

Financial statements 30 June 2015

General information

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

The head office and principal place of business of the Gold Coast Health is: Gold Coast University Hospital, 1 Hospital Blvd, Southport QLD 4215

A description of the nature of Gold Coast Health's operations and its principal activities is included in the annual report.

For information in relation to Gold Coast Health, please visit the website www.health.qld.gov.au/goldcoasthealth.

Gold Coast Hospital and Health Service

Statement of comprehensive income for the year ended 30 June 2015

	Note	2015 $'000	2014 $'000
Revenue			
Health service funding	4	1,059,150	922,304
User charges and fees	5	68,641	59,594
Grants and other contributions	6	18,574	17,489
Other revenue	7	5,731	17,773
Net revaluation increment	15	3,660	-
Total revenue		**1,155,756**	**1,017,160**
Expenses			
Employee expenses	8	(727,585)	(3,202)
Health service employee expenses	8	-	(640,128)
Supplies and services	9	(333,257)	(298,605)
Grants and subsidies	10	(1,376)	(1,123)
Depreciation and amortisation	15	(78,111)	(66,185)
Impairment loss	13	(4,015)	(2,466)
Net revaluation decrement	15	-	(14,182)
Other expenses	11	(4,858)	(4,740)
Total expenses		**(1,149,202)**	**(1,030,631)**
Surplus/(deficit) for the year		6,554	(13,471)
Other comprehensive income for the year			
Items that will not be reclassified subsequently to operating result:			
- Increase in asset revaluation surplus	15	8,681	-
Total other comprehensive income		**8,681**	**-**
Total comprehensive income for the year		**15,235**	**(13,471)**

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

Gold Coast Hospital and Health Service

Statement of financial position as at 30 June 2015

	Note	2015 $'000	2014 $'000
Assets			
Current assets			
Cash and cash equivalents	12	43,946	76,015
Receivables	13	43,899	10,765
Inventories	14	7,928	7,106
Prepayments		1,002	526
Total current assets		**96,775**	**94,412**
Non-current assets			
Property, plant and equipment	15	1,786,231	1,839,150
Intangibles	16	1,421	1,953
Total non-current assets		**1,787,652**	**1,841,103**
Total assets		**1,884,427**	**1,935,515**
Liabilities			
Current liabilities			
Payables	17	33,853	70,574
Provisions	18	-	2,500
Accrued employee benefits	19	36,334	47
Unearned revenue	20	5,048	53
Total current liabilities		**75,235**	**73,174**
Total liabilities		**75,235**	**73,174**
Net assets		**1,809,192**	**1,862,341**
Equity			
Contributed equity		1,801,445	1,869,829
Accumulated deficit		(934)	(7,488)
Asset revaluation surplus	15	8,681	-
Total equity		**1,809,192**	**1,862,341**

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

Gold Coast Hospital and Health Service

Statement of changes in equity for the year ended 30 June 2015

	Note	Contributed Equity $'000	Accumulated Surplus $'000	Asset Revaluation Surplus $'000	Total equity $'000
Balance at 1 July 2013		**472,998**	**5,983**	**-**	**478,981**
Deficit for the year		-	(13,471)	-	(13,471)
Other comprehensive income for the year					
- Increase/(decrease) in asset revaluation surplus					
Total comprehensive income for the year		**-**	**(13,471)**	**-**	**(13,471)**
Transactions with owners in their capacity as owners:					
Equity injections		44,586	-	-	44,586
Net non-current asset transfers		1,418,380	-	-	1,418,380
Equity withdrawals		(66,135)	-	-	(66,135)
Balance at 30 June 2014		**1,869,829**	**(7,488)**	**-**	**1,862,341**
Balance at 1 July 2014		**1,869,829**	**(7,488)**	**-**	**1,862,341**
Surplus for the year			6,554	-	6,554
Other comprehensive income for the year					
- Increase in asset revaluation surplus	15	-	-	8,681	8,681
Total comprehensive income for the year		**-**	**6,554**	**8,681**	**15,235**
Transactions with owners in their capacity as owners:					
Equity Injections		12,132	-	-	12,132
Net non-current asset transfers	15	(2,405)	-	-	(2,405)
Equity withdrawals		(78,111)	-	-	(78,111)
Balance at 30 June 2015		**1,801,445**	**(934)**	**8,681**	**1,809,192**

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

Gold Coast Hospital and Health Service

Statement of cash flows for the year ended 30 June 2015

	Note	2015 $'000	2014 $'000
Cash flows from operating activities			
Health service funding		951,622	856,168
User charges and fees		65,982	63,910
Grants and contributions		18,504	17,410
GST collected from customers		1,889	1,859
GST input tax credits from Australian Taxation Office		14,880	13,200
Other operating cash inflows		6,079	16,869
Employee expenses		(696,043)	(3,277)
Health service employee expenses		(41,988)	(629,300)
Supplies and services		(334,309)	(302,471)
Grants and subsidies		(1,000)	(1,123)
GST paid to suppliers		(15,580)	(12,864)
GST remitted to Australian Taxation Office		(1,683)	(1,890)
Other operating cash outflows		(2,523)	(4,093)
Net cash (used in)/ from operating activities	12	**(34,170)**	**14,398**
Cash flows from investing activities			
Payments for property, plant and equipment		(14,686)	(33,381)
Payments for intangibles		(587)	(432)
Proceeds from sale of property, plant and equipment		97	1,675
Net cash used in investing activities		**(15,176)**	**(32,138)**
Cash flows from financing activities			
Equity injections		12,532	44,586
Liability transfer (prescribed employer)		4,745	-
Net cash from financing activities		**17,277**	**44,586**
Net increase/(decrease) in cash and cash equivalents		(32,069)	26,846
Cash and cash equivalents at the beginning of the financial year		76,015	49,169
Cash and cash equivalents at the end of the financial year	12	**43,946**	**76,015**

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

Note 1. Significant accounting policies

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

(a) The reporting entity

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

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

(b) Statement of compliance

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

These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2015, and other authoritative pronouncements.

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

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

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. For instance, due to the significance of health service funding revenue, this is now disclosed on a separate line in the Statement of Comprehensive Income. Similarly, interstate patient expenses (reflecting the cost of Gold Coast residents treated interstate), is now disclosed separately in the supplies and services note.

(c) Basis of preparation

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

A Service Agreement Framework is in place in order to provide Gold Coast Health with a level of guidance regarding funding commitments and purchase activity for 2015-2016. The Board and management believe that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide Gold Coast Health with sufficient cash resources to meet its financial obligations for at least the next year.

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

Note 1. Significant accounting policies (continued)

(d) Critical accounting estimates

The preparation of the financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant. Estimates and assumptions with the most significant effect on the financial statements are:

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

(e) Health service funding

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

Activity-based funding (ABF)

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

Non-activity based funding

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

Depreciation funding

The Minister for Health has approved a withdrawal of equity to cover depreciation and amortisation expense which results in non-cash revenue being recognised as depreciation and amortisation expenses accrue.

(f) User charges and fees

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

Hospital fees and related services/goods

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

Private Practice revenue

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

Note 1. Significant accounting policies (continued)

(f) User charges and fees (continued)

Pharmaceutical Benefits Scheme

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

(g) Grants and contributions

Grants and contributions received are non-reciprocal in nature as the financial assistance received is typically less than the value of the services provided in return. These are recognised in the year in which Gold Coast Health obtains control over them.

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

(h) Employee expenses and health service employee expenses

In 2013-2014, only costs associated with Health Service Chief Executives and Health Executive Service (HES) employees working for Gold Coast Health were recognised as employee expenses. All other staff were employed by the Director-General of the Department and costs associated with these staff were recognised as health service employee expenses.

On 1 July 2014, Gold Coast Health became a prescribed employer. As a result, all employees became Gold Coast Health employees and related costs are recognised as employee expenses in 2014-2015. Gold Coast Health also holds the liabilities for rostered days off, nurses professional development and purchased leave entitlements for these employees. These balances previously held by the Department were transferred through a cash adjustment on 1 July 2014.

Effective 4 August 2014, Gold Coast Health also entered into individual employment contracts with Senior Medical Officers and Visiting Medical Officers. Individual contracts mean senior doctors will have employment terms and conditions tailored to individual or medical specialty circumstances (within a consistent state-wide framework). For all other employees, Director-General, Department of Health, will continue to be responsible for setting terms and conditions for employment, including remuneration and classification structures, and for negotiating enterprise agreements.

Classification of employee expenses

Employer superannuation contributions, annual leave levies and long service leave levies are regarded as employee benefits. Payroll tax and workers' compensation insurance are a consequence of employing employees, but are not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

As a result of the change to employee expenses from Gold Coast Health becoming a prescribed employer, recoveries of costs associated with salaries and wages are no longer recognised as revenue but are offset against employee expenses. Similarly, workers compensation insurance premium is no longer recognised as supplies and services, but included as an employee related expense.

Wages, Salaries and Sick Leave

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

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Note 1. Significant accounting policies (continued)

(h) Employee expenses and health service employee expenses (continued)

Annual Leave, Long Service Leave and Other Leave

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

No provision for annual leave or long service leave is recognised as the liability is held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

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

Superannuation

Employer superannuation contributions are paid to the employees' superannuation fund at rates prescribed by the government. Contributions are expensed in the period in which they are paid or payable. Gold Coast Health's obligation is limited to its contributions. The superannuation schemes have defined benefit and contribution categories. The liability for defined benefits is held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

(i) Depreciation of non-current assets

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

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset. Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives distinct from the asset to which they relate and are depreciated accordingly.

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

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

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

Buildings	3.3%
Leasehold improvements	6.7%-20%
Plant and equipment	
Computer Hardware and Motor Vehicles	20%
Engineering and Office Equipment	10%
Furniture and Fittings	5%
Medical equipment < $200,000	6.7% -25.0%
Medical equipment > $200,000	12.5%
Intangible Assets	20%

Note 1. Significant accounting policies (continued)

(j) Revaluations of non-current assets

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

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

Gold Coast Health engage external valuers to determine fair value through either comprehensive revaluations and/or the indexation of the assets not subject to comprehensive revaluations.

External valuers are selected based on market knowledge and reputation. Where there is a significant change in fair value of an asset or liability from one period to another, an analysis is undertaken, which includes a verification of the major inputs applied in the latest valuation and a comparison, where applicable, with external sources of data. Detailed disclosure of fair value methodology and inputs (including unobservable inputs) is included in Note 15.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class. On revaluation, 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.

In previous years, Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector (NCAPs) mandated the gross method of revaluation for all revaluations. However, from 1 July 2014, the NCAPs now require either the gross or net method be used, according to the valuation approach adopted for individual assets. This change did not have a material impact for Gold Coast Health.

(k) Impairment of non-current assets

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

An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase to the carrying amount.

(l) Cash and cash equivalents

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

(m) Receivables

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

Note 1. Significant accounting policies (continued)

(m) Receivables (continued)

The collectability of receivables is assessed periodically with provisions made for impairment. Increases in the allowance for impairment are based on loss events as disclosed in Note 13. All known bad debts are written off when identified.

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

(n) Inventories

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

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

(o) Property, plant and equipment

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

Buildings	$10,000
Land	$1
Plant and Equipment	$5,000

Property, plant and equipment are initially recorded at consideration plus any other costs directly incurred in bringing the asset ready for use. Items or components that form an integral part of an asset are recognised as a single (functional) asset.

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

(p) Intangible assets

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

(q) Payables

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

(r) Provisions

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

(s) Financial Instruments

Recognition

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

Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at fair value
- Receivables - held at amortised cost
- Payables - held at amortised cost

Note 1. Significant accounting policies (continued)

(s) Financial Instruments (continued)

Gold Coast Health does not enter into derivative and other financial instrument transactions for speculative purposes nor for hedging. Apart from cash and cash equivalents, Gold Coast Health holds no financial assets classified at fair value through profit and loss. All other disclosures relating to the measurement and financial risk management of financial instruments are included in Note 21.

(t) Taxation

Gold Coast Health is a State body as defined under the Income *Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). All Queensland Hospital and Health Services and the Department are grouped for the purposes of Section 149-25 *A New Tax System (Goods and Services Tax) Act 1999*.

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

(u) Leases

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

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

(v) Trust transactions and balances

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

(w) Private practice arrangements

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

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

Gold Coast Health has adopted all of the new, revised or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Gold Coast Health is not permitted to early adopt a new or amended accounting standard ahead of the specified commencement date unless approval is obtained from Queensland Treasury.

The following Accounting Standards and Interpretations are most relevant to Gold Coast Health:

AASB 1055 Budgetary Reporting

AASB 1055 Budgetary Reporting applies from reporting periods beginning on or after 1 July 2014. The 2014-15 financial statements include the original budgeted financial statements as published in the 2014-15 Queensland Government's Service Delivery Statements. The budgeted figures are presented consistently with the statutory financial statements, and are accompanied by explanations of major variances between the actual amounts presented in the financial statements and corresponding original budget amounts. Refer Note 2.

Note 1. Significant accounting policies (continued)

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

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by Gold Coast Health for the annual reporting period ended 30 June 2015. Gold Coast Health's assessment of the impact of these new or amended Accounting Standards and Interpretations, are set out below.

AASB 124 Related Party Disclosures

From reporting periods beginning on or after 1 July 2016, Gold Coast Health will need to comply with the requirements of AASB 124 Related Party Disclosures. That accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities.

Gold Coast Health already discloses information about the remuneration expenses for key management personnel (refer to Note 3) in compliance with requirements from Queensland Treasury. Therefore, the most significant implications of AASB 124 for Gold Coast Health's financial statements will be the disclosures to be made about transactions with related parties, including transactions with key management personnel or close members of their families.

AASB 15 Revenue from Contracts with Customers

AASB 15 Revenue from Contracts with Customers will become effective from reporting periods beginning on or after 1 January 2018. This standard contains much more detailed requirements for the accounting for certain types of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of the service's goods and services, such that some revenue may need to be deferred to a later reporting period to the extent that the service has received cash but has not met its associated obligations (such amounts would be reported as a liability (unearned revenue) in the meantime).

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

AASB 9 Financial Instruments

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

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

AASB 2015-7 Amendments to Australian Accounting Standards – Fair Value Disclosures of Not-for-Profit Public Sector Entities

AASB 2015-7 Amendments to Australian Accounting Standards – Fair Value Disclosures of Not-for-Profit Public Sector Entities amends AASB 13 Fair Value Measurement effective from annual reporting periods beginning on or after 1 July 2016. The amendments provide relief from certain disclosures about fair values categorised as level 3 under the fair value hierarchy. Accordingly, the following disclosures for level 3 fair values will no longer be required:

Note 1. Significant accounting policies (continued)

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

- the disaggregation of certain gains/losses on assets reflected in the operating result;
- quantitative information about the significant unobservable inputs used in the fair value measurement; and
- a description of the sensitivity of the fair value measurement to changes in the unobservable inputs.

As the amending standard was released in early July 2015, Gold Coast Health has not early adopted this relief in these financial statements, as per instructions from Queensland Treasury. However, Gold Coast Health will be early adopting this disclosure relief as from the 2015-16 reporting period (also on instructions from Queensland Treasury).

Note 2. Budget vs Actual comparison

Statement of Comprehensive Income

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Revenue					
Health service funding	1	969,564	1,059,150	89,586	9%
User charges and fees		67,492	68,641	1,149	2%
Grants and other contributions		18,651	18,574	(77)	0%
Other revenue		324	5,731	5,407	1669%
Net revaluation increment	2	-	3,660	3,660	100%
Total revenue		**1,056,031**	**1,155,756**	**99,725**	**9%**
Expenses					
Employee expenses	3	(3,175)	(727,585)	(724,410)	(22816%)
Health service employee expenses	3	(699,486)	-	699,486	100%
Supplies and services	4	(265,363)	(333,257)	(67,894)	(26%)
Grants and subsidies		(994)	(1,376)	(382)	(38%)
Depreciation and amortisation		(82,812)	(78,111)	4,701	6%
Impairment loss		(2,836)	(4,015)	(1,179)	(42%)
Other expenses		(1,365)	(4,858)	(3,493)	(256%)
Total expenses		**(1,056,031)**	**(1,149,202)**	**(93,171)**	**(9%)**
Surplus for the year		**-**	**6,554**	**6,554**	**100%**
Other comprehensive income for the year					
Items that will not be reclassified subsequently to operating result:					
- Increase in asset revaluation surplus	2	-	8,681	8,681	100%
Total other comprehensive income			**8,681**	**8,681**	**100%**
Total comprehensive income for the year		**-**	**15,235**	**15,235**	**100%**

Note 2. Budget vs Actual comparison (continued)

Statement of Financial Position

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Assets					
Current assets					
Cash and cash equivalents	5	60,381	43,946	(16,435)	(27%)
Receivables	6	12,006	43,899	31,893	265%
Inventories		5,729	7,928	2,199	38%
Prepayments		981	1,002	21	2%
Total current assets		**79,097**	**96,775**	**17,678**	22%
Non-current assets					
Property, plant and equipment		1,941,740	1,786,231	(155,509)	(8%)
Intangibles		1,074	1,421	347	32%
Total non-current assets		**1,942,814**	**1,787,652**	**(155,162)**	**(8%)**
Total assets		**2,021,911**	**1,884,427**	**(137,484)**	**(7%)**
Liabilities					
Current Liabilities					
Payables	7	72,753	33,853	(38,900)	(53%)
Accrued employee benefits	7	133	36,334	36,201	27219%
Unearned revenue		287	5,048	4,761	1659%
Total current liabilities		**73,173**	**75,235**	**2,062**	**3%**
Net assets		**1,948,738**	**1,809,192**	**(139,546)**	**(7%)**
Equity					
Contributed equity		1,942,754	1,801,445	(141,309)	(7%)
Accumulated surplus/(deficit)		5,984	(934)	6,918	115%
Asset revaluation surplus	2	-	8,681	8,681	100%
Total equity		**1,948,738**	**1,809,192**	**(139,546)**	**(7%)**

Note 2. Budget vs Actual comparison (continued)

Statement of cash flows

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Cash flows from operating activities					
Health service funding	1	884,079	951,622	67,543	8%
User charges and fees		67,306	65,982	(1,324)	(2%)
Grants and contributions		18,651	18,504	(147)	(1%)
GST collected from customers	8	-	1,889	1,889	100%
GST input tax credits from Australian Taxation Office	8	-	14,880	14,880	100%
Other operating cash inflows		8,332	6,079	(2,253)	(27%)
Employee expenses	3	(3,166)	(696,043)	(692,877)	(21885%)
Health service employee expenses	3	(701,682)	(41,988)	659,694	94%
Supplies and services	4	(266,186)	(334,309)	(68,123)	(26%)
Grants and subsidies		(994)	(1,000)	(6)	(1%)
GST paid to suppliers	8	-	(15,580)	(15,580)	(100%)
GST remitted to Australian Taxation Office	8	-	(1,683)	(1,683)	(100%)
Other operating cash outflows		(1,365)	(2,523)	(1,158)	(85%)
Net cash (used in)/from operating activities		**4,975**	**(34,170)**	**(39,145)**	**(787%)**
Cash flows from investing activities					
Payments for property, plant and equipment		(6,139)	(14,686)	(8,547)	(139%)
Payments for intangibles		-	(587)	(587)	(100%)
Proceeds from sale of property, plant and equipment		(119)	97	216	182%
Net cash used in investing activities		**(6,258)**	**(15,176)**	**(8,918)**	**(142%)**
Cash flows from financing activities					
Equity injection	9	6,139	12,532	6,393	104%
Liability transfer (prescribed employer)		-	4,745	4,745	100%
Net cash from financing activities		**6,139**	**17,277**	**11,138**	**184%**
Net increase in cash and cash equivalents		4,856	(32,069)	(36,925)	(760%)
Cash and cash equivalents at the beginning of the financial year		55,525	76,015	20,490	37%
Cash and cash equivalents at the end of the financial year		**60,381**	**43,946**	**(16,454)**	**(27%)**

Note 2. Budget vs Actual comparison (continued)

Explanations of major variances

1. Increase of $89.6 million is mainly due to additional funding for increased and new services in 2014-2015. This includes additional inpatient and outpatient activity. Additionally, $5.4 million was received to fund a number of renegotiated enterprise bargaining agreements which commenced in 2014-2015. This also caused the corresponding increase in statement of cash flows of $67.5 million.
2. The 2014-2015 net revaluation increment totalling $12.3 million ($3.7 million in revenue and $8.7m in other comprehensive income) is a result of the 2014-2015 land and building revaluation programs. The impact of revaluations was not included in the budget due to the unforseen nature of market forces affecting revaluation calculations.
3. Gold Coast Health became a prescribed employer from 1 July 2014 which caused employee expenses to be reclassified from health service employee expenses to employee expenses. The combined increase of $24.9 million is caused by an increased number of full-time equivalent staff employed at Gold Coast Health, as well as the impact of renegotiated enterprise bargaining agreements. This also caused the corresponding increase in statement of cash flows of $33.1 million.
4. Increase in $67.9 million in supplies and services was caused by the additional cost of clinical and non-clinical consumables, as well as payments for external labour and third party providers to support the increased and new services. Additionally, there were increased operational costs to service the Gold Coast University Hospital facility. This also caused the corresponding increase in statement of cash flows of $68.1 million.
5. Decrease of $16.4 million cash balance is mainly due to the timing of payables and receivables. Refer 6 and 7 below.
6. Increase of $31.9 million in receivables is mainly caused by a receivable from the Department of $35.1 million. This represents the final amendments to the 2014-2015 Service Agreement which was agreed to, but not paid as at 30 June 2015.
7. Decrease of $38.9 million in payables, and increase of accrued employee expenses of $36.2 million mainly caused by the reclassification of accrued health service employee expenses to accrued employee expenses as a result of becoming a prescribed employer.
8. As per Queensland Treasury Financial Reporting Requirements, GST inflows and outflows are reported separately in the financial statements. No separate budget was determined for these items. Net impact of these items in 2014-2015 is only $0.5 million.
9. Payments for property, plant and equipment increased by $8.5 million as a result of finalisation of purchases for the fit-out of Gold Coast University Hospital. This also caused the corresponding increase in equity injections in statement of cash flows of $6.4 million.

Note 3. Key management personnel

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

Board

The Board members of Gold Coast Health and their positions are outlined below.

Name and position of current incumbents	Appointment authority	Appointment date
Board Chair – Ian Langdon	Section 25(1)(a), HHB Act	01/07/2012
Deputy Board Chair – Kenneth Brown	Section 25(1)(b), HHB Act	01/07/2012
Board Member – Professor Allan Cripps	Section 23, HHB Act	01/07/2012
Board Member – Colette McCool	Section 23, HHB Act	01/07/2012
Board Member – Pauline Ross	Section 23, HHB Act	01/07/2012
Board Member – Dr Andrew Weissenberger	Section 23, HHB Act	07/09/2012
Board Member – Dr Cherrell Hirst *	Section 23, HHB Act	18/05/2014

* Initial term ended on 17 May 2015. Reappointed by the Minister for a three-year term effective from 26 June 2015.

The Board members perform the duties of the board as prescribed in the HHB Act. Membership of sub-committees is as follows:

Name and position of current incumbents	Executive Committee	Finance and Performance Committee	Audit and Risk Committee	Safety, Quality and Clinical Engagement Committee
Board Chair – Ian Langdon	X (Chair)			
Deputy Board Chair – Kenneth Brown		X (Chair)	X (Chair)	X
Board Member – Professor Allan Cripps	X	X	X	
Board Member – Colette McCool		X	X	X (Chair)
Board Member – Pauline Ross	X			X
Board Member – Dr Andrew Weissenberger	X			X
Board Member – Dr Cherrell Hirst			X	

Note 3. Key management personnel (continued)

Executive Management team

The Gold Coast Health Executive Management team includes the Chief Executive and a team who are each responsible for a service or portfolio within Gold Coast Health.

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Chief Executive – Ron Calvert	SESL Contract - Section 33, HHB Act.	01/10/2012
Executive Director, Operations – Jane Hancock	HES3 Contract - Section 67, HHB Act.	27/06/2013
Executive Director, Finance and Business Development - Ian Moody	HES3 Contract - Section 67, HHB Act.	04/12/2013
Executive Director, Clinical Governance, Education and Research - Professor Marianne Vonau	Individual Contract - Section 74, HHB Act	01/09/2014
Executive Director, People Systems and Performance – Damian Green	HES3 Contract - Section 67, HHB Act.	07/01/2013
Executive Director, Strategic Development – Toni Peggrem	HES2 Contract - Section 67, HHB Act.	29/09/2014
Executive Director, Governance Risk and Commercial Services – Rebecca Freath	HES2 Contract - Section 67, HHB Act.	01/08/2014
Senior Director, Clinical Governance and Community Partnerships - Morven Gemmill	Health Practitioner (Queensland Health) Certified Agreement 2011	31/01/2014
Professor Nursing and Midwifery – Professor Anita Bamford Wade	HES2 Contract - Section 67, HHB Act.	24/02/2014
Professor Allied Health – Professor Sharon Mickan	HES2 Contract - Section 67, HHB Act.	27/01/2015
General Manager, Speciality and Procedural Service – Brendan Docherty	HES2 Contract - Section 67, HHB Act.	14/07/2014
Clinical Director, Specialty and Procedural Services - Dr Deborah Bailey	Individual Contract - Section 74, HHB Act	01/09/2014
General Manager, Diagnostic, Emergency and Medical Services - Kimberley Pierce	HES2 Contract - Section 67, HHB Act.	20/01/2014
Clinical Director, Diagnostic, Emergency and Medical Services - Dr Mark Forbes	Individual Contract - Section 74, HHB Act	23/12/2013
General Manager, Mental Health and Integrated Services - Karlyn Chettleburgh	HES2 Contract - Section 67, HHB Act.	27/06/2013
Clinical Director, Mental Health and Integrated Services - Dr Kathryn Turner	Individual Contract - Section 74, HHB Act	10/12/2013
General Manager, Cancer, Access and Support Services - Alison Ewens	HES2 Contract - Section 67, HHB Act.	01/10/2013
Clinical Director, Cancer, Access and Support Services - Dr Jeremy Wellwood	Individual Contract - Section 74, HHB Act	03/03/2014

Note 3. Key management personnel (continued)

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Director of Nursing, Diagnostic, Emergency and Medical Services – Paula Duffy	Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	30/03/2015
Director of Nursing, Cancer, Access and Support Services – Matthew Lunn	Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	30/03/2015
Director of Nursing, Mental Health and Integrated Services – Diana Grice	Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	30/03/2015

a) Remuneration

Remuneration policy for key management personnel is set by the Director-General of the Department as provided for under the HHB Act. The remuneration and other terms of employment for the key management personnel are specified in individual employment contracts.

Remuneration packages for key management personnel comprise the following components:

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

Total fixed remuneration is calculated on a 'total cost' basis and includes the base and non-monetary benefits, long term employee benefits and post-employment benefits.

2015

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Board						
Board Chair – Ian Langdon	102	-	9	-	-	111
Deputy Board Chair – Kenneth Brown	57	-	6	-	-	63
Board Member – Professor Allan Cripps	53	-	5	-	-	58
Board Member – Colette McCool	54	-	5	-	-	59
Board Member – Pauline Ross	50	-	5	-	-	55

Note 3. Key management personnel (continued)

2015 (continued)

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Board (continued)						
Board Member – Dr Andrew Weissenberger	50	-	5	-	-	55
Board Member – Dr Cherrell Hirst	51	-	5	-	-	56
Executive Management Team						
Chief Executive – Ron Calvert	346	10	34	6	-	396
Executive Director, Operations – Jane Hancock	186	-	18	4	-	208
Executive Director, Finance and Business Development - Ian Moody	229	-	23	4	-	256
Executive Director, Clinical Governance, Education and Research - Professor Marianne Vonau (From 01/09/2014)	376	-	27	7	-	410
Executive Director, People Systems and Performance – Damian Green	216	-	22	4	-	242
A/Executive Director, Strategic Development – Toni Peggrem (From 29/09/2014)	119	-	9	2	-	130
Executive Director, Strategic Development –Michael Allsopp (Until 18/10/2014)	53	-	5	1	45	104
Executive Director, Governance Risk and Commercial Services – Rebecca Freath (From 01/08/2014)	173	-	17	3	-	193
General Manager, Specialty and Procedural Services – Brendan Docherty (From 14/07/2014)	171	-	17	3	-	191
Clinical Director, Specialty and Procedural Services - Dr Deborah Bailey (From 01/09/2014)	332	-	25	7	-	364
General Manager, Diagnostic, Emergency and Medical Services - Kimberley Pierce	183	-	18	4	-	205
Clinical Director, Diagnostic, Emergency and Medical Services - Dr Mark Forbes	402	1	28	8	-	439
General Manager, Mental Health and Integrated Care - Karlyn Chettleburgh	198	1	20	4	-	223

Note 3. Key management personnel (continued)

2015 (continued)

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Executive Management Team (continued)						
Clinical Director, Mental Health and Integrated Care - Dr Kathryn Turner	386	2	29	8	-	425
General Manager, Cancer, Access and Support Services - Alison Ewens	192	-	19	4	-	215
Clinical Director, Cancer, Access and Support Services - Dr Jeremy Wellwood	433	-	29	8	-	470
Senior Director, Clinical Governance and Community Partnerships - Morven Gemmill	179	-	19	3	-	201
Professor Nursing and Midwifery – Professor Anita Bamford Wade	182	-	17	4	-	203
Professor Allied Health – Professor Sharon Mickan (From 27/01/2015)	78	-	8	2	-	88
Director of Nursing, Diagnostic, Emergency and Medical Services – Paula Duffy (From 30/03/2015)	44	-	5	1	-	50
Director of Nursing, Cancer, Access and Support Services – Matthew Lunn (From 30/03/2015)	44	-	5	1	-	50
Director of Nursing, Mental Health and Integrated Services – Diana Grice (From 30/03/2015)	38	-	4	1	-	43

2014

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Board						
Board Chair – Ian Langdon	82	-	6	-	-	88
Deputy Board Chair – Kenneth Brown	38	-	3	-	-	41
Board Member – Professor Allan Cripps	36	-	3	-	-	39
Board Member – Colette McCool	36	-	3	-	-	39
Board Member – Pauline Ross	36	-	3	-	-	39
Board Member – Dr Andrew Weissenberger	36	-	3	-	-	39

Note 3. Key management personnel (continued)

2014 (continued)

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Executive Management Team						
Chief Executive – Ron Calvert	328	13	36	-	-	377
Executive Director, Operations – Jane Hancock	221	-	22	4	-	247
Executive Director, Finance and Business Development - Ian Moody	112	-	13	-	-	125
Executive Director, Organisational Development – Naomi Dwyer	199	1	19	-	-	219
Executive Director, Clinical Governance, Education and Research – Dr William Butcher	435	1	26	-	-	462
Executive Director, People Systems and Performance – Damian Green	217	-	22	-	-	239
Executive Director, Strategic Development – Michael Allsopp	169	1	21	4	-	195
General Manager, Specialty and Procedural Services – Dr Lance Le Ray	198	10	23	4	-	235
Clinical Director, Specialty and Procedural Services - Professor David Ellwood	64	-	-	-	-	64
General Manager, Diagnostic, Emergency and Medical Services - Kimberley Pierce	85	-	9	-	-	94
General Manager, Mental Health and Integrated Care - Karlyn Chettleburgh	180	1	18	-	-	199
Clinical Director, Mental Health and Integrated Care - Dr Kathryn Turner	170	1	13	3	-	187
General Manager, Cancer, Access and Support Services - Alison Ewens	169	-	17	-	-	186
Clinical Director, Cancer, Access and Support Services - Dr Jeremy Wellwood	40	4	2	1	-	47
Senior Director, Clinical Governance and Community Partnerships/Executive Director Allied Health –Morven Gemmill	196	-	21	-	-	217
A/Executive Director, Clinical Governance, Education and Research and Professor Nursing and Midwifery – Professor Anita Bamford Wade	61	-	6	-	-	67

Note 3. Key management personnel (continued)

2014 (continued)

	Short-term employee expenses		Post-employment expenses $'000	Long-term employee expenses $'000	Termination benefits $'000	Total Expenses $'000
	Monetary $'000	Non-monetary $'000				
Executive Management Team (continued)						
Executive Director, Emergency Critical and Support Services	77	-	6	1	-	84
Chief Finance Officer – Gary Button	139	-	15	-	-	154
Executive Director Medical Services – Brian Bell	179	-	4	7	153	343
Executive Director Nursing and Midwifery Services – Professor Gerald Williams	124	-	5	6	139	274
A/Executive Director Medicine and A/ General Manager Diagnostic Emergency and Medical Services – Helen Cooper	85	-	8	2	-	95
A/Executive Director Nursing and Midwifery Services – Paula Duffy	97	-	9	2	-	108

Note 4. Health service funding

	2015 $'000	2014 $'000
Activity-based funding	833,422	720,816
Non-activity based funding	147,617	135,353
Depreciation funding	78,111	66,135
Total health service funding	**1,059,150**	**922,304**

Note 5. User charges and fees

	2015 $'000	2014 $'000
Hospital fees and related services/goods	22,695	21,245
Private practice revenue	11,610	7,943
Pharmaceutical benefits scheme	29,149	25,280
Other goods and services	5,187	5,126
Total user charges and fees	**68,641**	**59,594**

Note 6. Grants and other contributions

	2015 $'000	2014 $'000
Commonwealth grants and contributions	13,460	12,044
Other grants and contributions	3,558	3,201
Donations other	1,486	2,165
Donations non-current physical assets	70	79
Total grants and contributions	**18,574**	**17,489**

Note 7. Other revenue

	2015 $'000	2014 $'000
Interest	224	180
Recoveries*	-	10,401
Minor capital recoveries	2,991	6,102
Rental income	1,743	918
Gain on sale of property plant and equipment	68	4
Other	705	168
Total other revenue	**5,731**	**17,773**

* Recoveries include receipts from third parties such as universities, hospitals and other government agencies for seconded staff. In accordance with the prescribed employer arrangements from 1 July 2014, these have been classified as offsets against Employee Expenses. See note 1(h) for further information.

Note 8. Employee expenses and health service employee expenses

	2015 $'000	2014 $'000
Employee expenses		
Employee benefits		
Employee benefits	571,356	2,404
Wages and salaries	68,728	298
Annual Leave	59,943	242
Superannuation	12,261	44
Long Service Leave	319	173
Employee related expenses		
Other employee related expenses	6,407	41
Workers compensation premium *	8,561	-
Payroll tax	10	-
Total employee expenses	**727,585**	**3,202**
Total health service employee expenses	**-**	**640,128**

The number of employees of Gold Coast Health measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information) is 6198 (2014: employees –13; health service employees – 5951).

* Workers' compensation premium is classified as an employee expense in 2014-2015 due to change in prescribed employer status. Refer Note 1(h).

Note 9. Supplies and services

	2015 $'000	2014 $'000
Building services	1,157	515
Catering and domestic supplies	13,303	14,897
Clinical supplies and services	91,658	86,408
Communications	11,576	8,406
Computer services	6,082	4,770
Consultants	1,696	1,330
Contractors and external labour	23,171	18,396
Drugs	44,112	38,524
Expenses relating to capital works	1,886	2,298
Insurance premiums (Queensland Government Insurance Fund) *	11,059	10,699
Interstate patient expenses	52,371	45,127
Motor vehicles	1,267	973
Operating lease rentals	5,636	7,646
Outsourced service delivery	20,485	10,681
Repairs and maintenance	26,910	14,313
Travel - patients	4,667	5,712
Travel - staff	1,246	946
Utilities	10,333	10,962
Workers' compensation premium **	-	10,014
Other	4,642	5,989
Total supplies and services	**333,257**	**298,605**

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

** Workers' compensation premium is classified as an employee expense in 2014-2015 due to change in prescribed employer status.

Note 10. Grants and subsidies

	2015 $'000	2014 $'000
Public hospital support services	1,376	1,109
Other grants	-	14
Total grants and subsidies	**1,376**	**1,123**

Note 11. Other expenses

	2015 $'000	2014 $'000
Administration	-	1,598
Advertising	140	111
Ex-gratia payments*	316	27
External audit fees**	252	260
Insurance - other	173	253
Internal audit fees	252	189
Interpreter fees	789	654
Inventory written off	112	65
Legal Fees	318	897
Losses from the disposal of non-current assets	590	647
Other expenses	1,916	39
Total other expenses	**4,858**	**4,740**

* Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the *Financial and Performance Management Standard 2009*, Gold Coast Health maintains a register setting out details of all special payments greater than $5000.

**External audit fees represent total audit fees paid or accrued to the Queensland Audit Office for the financial statement audit. There are no non-audit services included in this amount.

Note 12. Current assets - Cash and cash equivalents

	2015 $'000	2014 $'000
Cash on hand	13	13
Cash at bank	37,655	69,940
QTC Cash Fund	6,278	6,062
Total cash	**43,946**	**76,015**

a) Restricted Cash

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

b) Effective Interest Rate

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 3.18% per annum (2014: 3.32%). No interest is earned on other bank accounts.

c) Reconciliation of surplus/(deficit) to net cash from operating activities

	2015 $'000	2014 $'000
Surplus/(deficit) for the year	6,554	(13,471)
Adjustments for:		
Depreciation and amortisation	78,111	66,185
Net loss on disposal of property, plant and equipment	590	647
Net revaluation (increment)/decrement	(3,660)	14,182
Depreciation funding	(78,111)	(66,135)
Other	(138)	(84)
Change in operating assets and liabilities:		
(Increase)/decrease in receivables	(33,134)	6,422
(Increase) in inventories	(822)	(1,556)
(Increase) in prepayments	(476)	(80)
(Decrease) in payables	(37,121)	(4,427)
Increase in other employee benefits	31,542	10,753
(Decrease)/increase in other provisions	(2,500)	2,198
Increase/(decrease) in unearned revenue	4,995	(236)
Net cash (used in)/from operating activities	**(34,170)**	**14,398**

Note 13. Current assets - Receivables

	2015 $'000	2014 $'000
Trade receivables	8,323	7,942
Less: Provision for impairment of receivables	(3,928)	(2,191)
	4,395	**5,751**
GST input tax credits receivable	2,036	1,336
GST payable	(323)	(117)
	1,713	**1,219**
Health service funding accrued	35,124	853
Other accrued revenue	2,667	2,942
Total receivables	**43,899**	**10,765**

a) Impaired trade receivables

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

	2015 $'000	2014 $'000
Impairment losses on receivables	2,772	1,252
Bad debts written off	1,243	1,214
Total Impairment loss	**4,015**	**2,466**

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

	2015 $'000	2014 $'000
Opening balance	2,191	2,168
Additional provisions recognised	2,772	1,252
Receivables written off during the year as uncollectable	(1,035)	(1,229)
Closing balance	**3,928**	**2,191**

Note 13. Current assets - Receivables (continued)

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

	2015 $'000	2014 $'000
0-30 days	828	185
31-60 days	353	116
61-90 days	423	28
More than 90 days	2,324	1,862
Total impaired receivables	**3,928**	**2,191**

b) Past due but not impaired

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

	2015 $'000	2014 $'000
0-30 days	-	-
31-60 days	788	1,414
61-90 days	98	653
More than 90 days	72	457
Total past due but not impaired	**958**	**2,524**

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

Note 14. Current assets - Inventories

	2015 $'000	2014 $'000
Medical supplies	7,835	6,958
Less: Provision for impairment	(132)	(87)
Catering and domestic supplies	202	198
Other Supplies	23	37
Total inventories	**7,928**	**7,106**

Note 15. Non-current assets - Property, plant and equipment

	2015 $'000	2014 $'000
Land - at independent valuation	70,906	72,962
Buildings - at independent valuation	1,762,380	1,749,330
Less: Accumulated depreciation	(152,401)	(94,300)
	1,609,979	**1,655,030**
Plant and equipment - at cost	164,490	154,815
Less: Accumulated depreciation	(59,671)	(43,657)
	104,819	**111,158**
Capital works in progress - at cost	527	-
Total property, plant and equipment	**1,786,231**	**1,839,150**

Note 15. Non-current assets - Property, plant and equipment (continued)

a) Movement reconciliation

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

	Land $'000	Buildings $'000	Plant and Equipment $'000	Work-in-Progress $'000	Total $'000
Balance at 30 June 2013	**109,132**	**279,896**	**52,448**	**27,955**	**469,431**
Additions	-	186	33,195	-	33,381
Disposals	-	-	(2,322)	-	(2,322)
Revaluation increments	-	1,374	-	-	1,374
Revaluation decrements	(12,450)	-	-	-	(12,450)
Donations received	-	-	79	-	79
Impairment of assets	-	(3,106)	-	-	(3,106)
Net transfers from the Department	(23,720)	1,421,988	21,222	(1,105)	1,418,385
Transfers in/(out)	-	-	26,850	(26,850)	-
Depreciation expense	-	(45,308)	(20,314)	-	(65,622)
Balance at 30 June 2014	**72,962**	**1,655,030**	**111,158**	**-**	**1,839,150**
Additions	-	571	13,588	527	14,686
Disposals	-	-	(619)	-	(619)
Revaluation increments	229	12,112	-	-	12,341
Revaluation decrements	-	-	-	-	-
Donations received	-	-	70	-	70
Impairment of assets	-	-	-	-	-
Net transfers from the Department*	(2,285)	(445)	325	-	(2,405)
Transfers in/(out)	-	2	(2)		-
Depreciation expense	-	(57,291)	(19,701)	-	(76,992)
Balance at 30 June 2015	**70,906**	**1,609,979**	**104,819**	**527**	**1,786,231**

Note 15. Non-current assets - Property, plant and equipment (continued)

a) Movement reconciliation (continued)

* Net transfers from the Department through equity relate to the following transactions:

- Gold Coast Health received assets of $1 million from the Department. This transfer was designated through equity.
- Gold Coast Health transferred non-operational property and surplus property of $3.4 million to the Department. This transfer was designated through equity.

On 11 November 2014, the legal title of health service land and buildings was transferred from the Department to Gold Coast Health. As Gold Coast Health already controlled these assets through the Deed of Lease arrangements and recognised the assets on the balance sheet, there was no impact upon transfer.

b) Valuations of land and buildings

Land is measured at fair value using independent revaluations, desktop market revaluations or indexation. Independent revaluations are performed with sufficient regularity to ensure assets are carried at fair value.

Buildings are measured at fair value by applying either a revised estimate of individual asset's depreciated replacement cost or an interim index which approximates movement in price and design standards at the reporting date. The methodology takes into account the specialised nature of health service buildings and the fair value is determined by using the depreciated replacement cost methodology.

Depreciated replacement cost is determined as the replacement cost less the cost to bring to current standards. In order to calculate the cost to bring the building to current standards a condition rating is applied based on:

- Visual inspection of the asset
- Asset condition data and other information provided by Gold Coast Health
- Previous reports and inspection photographs (to show the change in condition over time)

The following table outlines the condition assessment rating applied to each building which assists in determining the current depreciated replacement cost.

Category Condition	Criteria	Comments
1	Very good condition	Only normal maintenance required
2	Minor defects only	Minor maintenance required (up to 5% of capital replacement cost)
3	Maintenance required to return to acceptable level of services	Significant maintenance required (up to 50 per cent of capital replacement cost)
4	Requires renewal	Complete renewal of the internal fit out and engineering services required (up to 70 per cent of capital replacement cost)
5	Asset unserviceable	Complete asset replacement required

The State Valuation Service performed an independent valuation of all land during 2013-14 representing 100 per cent of the portfolio. The valuations were based on the fair value approach in accordance with the requirements of AASB 13 Fair Value Measurement. In 2014-2015, an indexation rate determined by State Valuations Service was applied to the portfolio.

Note 15. Non-current assets - Property, plant and equipment (continued)

b) Valuations of land and buildings (continued)

In 2013-14 an independent valuation of 84 per cent of the gross value of the building portfolio was performed by an independent valuer. This included valuations of Gold Coast University Hospital and the Southport Health Precinct. In 2014-2015, a comprehensive valuation was completed for one refurbished property during the year, and indexation was applied to the remaining building portfolio.

The revaluation increment/decrement is shown below:

	2015 $'000	2014 $'000
Recognised in operating result:		
Land revaluation increment/(decrement)	229	(12,450)
Net building revaluation increment/(decrement)*	3,431	(1,732)
Net revaluation increment/(decrement)	**3,660**	**(14,182)**
Recognised in other comprehensive income:		
Land revaluation increment/(decrement)	-	-
Net building revaluation increment/(decrement)	8,681	-
Net revaluation increment/(decrement)	**8,681**	**-**

* In 2013-2014, net building revaluation decrement comprised $3.1 million impairment losses offset by revaluation increment of $1.4 million.

The asset revaluation surplus in the statement of financial position as at 30 June 2015 related solely to the buildings class of assets.

c) Fair value hierarchy classification

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

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

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

Note 15. Non-current assets - Property, plant and equipment (continued)

c) Fair value hierarchy classification (continued)

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
2015				
Assets				
Land	-	70,906	-	70,906
Buildings	-	1,667	1,608,312	1,609,979
Total assets	**-**	**72,573**	**1,608,312**	**1,680,885**
2014				
Assets				
Land	-	72,962	-	72,962
Buildings	-	2,251	1,652,779	1,655,030
Total assets	**-**	**75,213**	**1,652,779**	**1,727,992**

The only movements associated with Level 3 assets in 2014-2015 were depreciation and the application of the indexation.

Note 15. Non-current assets - Property, plant and equipment (continued)

d) Level 3 significant valuation inputs and relationship to fair value

The level 3 assets and liabilities unobservable inputs and sensitivity are as follows for health service buildings:

Significant unobservable inputs	Unobservable inputs - quantitative measures	Unobservable inputs - effect on fair value measurement
Replacement Cost Estimates	$155,000 to $1,007,000,000	Replacement cost is based on tender pricing and historical building cost data. An increase in the estimated replacement cost would increase the fair value of the assets. A decrease in the estimated replacement cost would reduce the fair value of the assets.
Remaining lives estimates	11 years to 33 years	The remaining useful lives are based on industry benchmarks. An increase in the estimated remaining useful lives would increase the fair value of the assets. A decrease in the estimated remaining useful lives would reduce the fair value of the assets.
Costs to bring to current standards	$Nil to $14,068,000	Costs to bring to current standards are based on tender pricing and historical building cost data. An increase in the estimated costs to bring to current standards would reduce the fair value of the assets. A decrease in the estimated costs to bring to current standards would increase the fair value of the assets.
Condition rating	1 to 3	The condition rating is based on the physical state of the assets. An improvement in the condition rating (possible high of 1) would increase the fair value of the assets. A decline in the condition rating (possible low of 5) would reduce the fair value of the assets.

Usage of alternative quantitative values (higher or lower) for each unobservable input that are reasonable in the circumstances as at the revaluation date would not result in material changes in the reported fair value.

The condition rating of an asset is used as a mechanism to determine the cost to bring to current standards and also to estimate the remaining life. There are no other direct or significant relationships between the unobservable inputs which materially impact fair value.

Note 16. Non-current assets - Intangibles

	2015 $'000	2014 $'000
Software purchased - at cost	3,701	3,376
Less: Accumulated amortisation	(2,868)	(1,855)
	833	**1,521**
Software developed	428	-
Less: Accumulated amortisation	(107)	-
	321	**-**
Software work in progress - at cost	267	432
Total intangibles	**1,421**	**1,953**

a) Movement reconciliation

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

	WIP $'000	Purchased $'000	Developed $'000	Total $'000
Balance at 30 June 2013	**-**	**2,084**	**-**	**2,084**
Additions	432	-	-	432
Amortisation expense	-	(563)	-	(563)
Balance at 30 June 2014	**432**	**1,521**	**-**	**1,953**
Additions	263	324	-	587
Transfers In/(out)	(428)	-	428	-
Amortisation expense	-	(1,012)	(107)	(1,119)
Disposals	-	-	-	-
Balance at 30 June 2015	**267**	**833**	**321**	**1,421**

Note 17. Current liabilities - Payables

	2015 $'000	2014 $'000
Trade and other payables	13,647	7,350
Accrued expenses	20,206	21,236
Accrued health service employee expenses	-	41,988
Total payables	**33,853**	**70,574**

Note 18. Current liabilities - Provisions

	2015 $'000	2014 $'000
Medical imaging services	-	2,500
Total provisions	**-**	**2,500**

Medical Imaging Services

Provision to retrospectively undertake the reporting of certain medical images for a period prior to 30 June 2014.

a) Movement in provisions

Movements in the provisions, other than employee benefits, are as follows:

	2015 $'000	2014 $'000
Opening balance	2,500	-
Additional provisions recognised	-	2,500
Reductions in provision as a result of payments	(1,800)	-
Reduction in provision as a result of provision reversal	(700)	-
Closing balance	**-**	**2,500**

Note 20. Current liabilities - Unearned revenue

	2015 $'000	2014 $'000
Health service funding unearned revenue	4,854	-
Other unearned revenue	194	53
Unearned revenue	**5,048**	**53**

Note 21. Financial instruments

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

Market Risk

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

Credit risk

Credit risk exposure refers to the situation where Gold Coast Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any provisions for impairment. As such, the gross carrying amount of cash and cash equivalents as well as receivables represent the maximum exposure to credit risk. See note 13 for further information on impairment of receivables.

Liquidity risk

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

Gold Coast Health is exposed to liquidity risk in respect of its payables. Exposure to liquidity risk is reduced by ensuring that sufficient funds are available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts so as to match the expected incidence and duration of the various employee and supplier liabilities. Gold Coast Health has an approved overdraft facility of $7.5 million under whole-of-Government banking arrangements to manage any unexpected short term cash shortfalls.

The carrying amounts of trade and other receivables and trade and other payables are assumed to approximate their fair values due to their short-term nature.

Gold Coast Health's trade and other payables are expected to be settled within one year.

Note 22. Contingent liabilities

The following cases were filed in the courts naming the State of Queensland acting through the Gold Coast Health as defendant:

	2015	2014
Supreme Court	0	1
District Court	1	3
Magistrates Court	0	1
Tribunals, commissions and boards	1	9
Total cases	**2**	**14**

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of litigations before the courts at this time. Any amount payable would be covered by the Queensland Government Insurance Fund (QGIF). Gold Coast Health's maximum exposure under the QGIF policy is $20,000 excess for each insurable event. Tribunals, commissions and boards include matters that may never be litigated or result in payments to claims.

Note 23. Commitments

	2015 $'000	2014 $'000
Non-cancellable operating leases		
Commitments at the reporting date under non-cancellable operating leases are inclusive of GST and payable as follows:		
Within one year	2,412	3,668
Two to five years	3,845	3,248
	6,257	**6,916**

Operating leases are entered into as a means of acquiring access to office accommodation and fleet vehicles and contain no restrictions on cancellation. Lease payments are generally fixed, but with standard inflation escalation clauses.

Consistent with prior year, there are no capital expenditure (property, plant and equipment and intangible), other expenditure or grants and subsidies commitments.

Note 23. Commitments (continued)

	2015 $'000	2014 $'000
Lessor Commitments		
Minimum lease commitments receivable but not recognised in the financial statements:		
Within one year	1,477	1,023
Two to five years	3,560	3,312
	5,037	**4,335**

Gold Coast Health is the beneficiary of rental income arising from the sub-lease of clinical, retail and office accommodation to third parties. Lease receipts are generally fixed, but with inflation escalation clauses.

Note 24. Arrangements for the provision of public infrastructure by other entities

SurePark Pty Ltd was appointed on 23 July 2010 to design, construct, finance, and operate the Gold Coast University Hospital western car park for a period of 31 years. There was no revenue received from SurePark Pty Ltd in 2014-2015. No upfront payments were made to SurePark Pty Ltd in 2014-2015.

Note 25. Trust transactions and balances

	2015 $'000	2014 $'000
Patient trust receipts and payments		
Receipts		
Amounts receipted on behalf of patients	206	208
Payments		
Amounts paid to or on behalf of patients	205	232
Assets		
Cash held and bank deposits on behalf of patients	13	12

Note 26. Private Practice arrangements

Gold Coast Health performs a custodial role in respect of private practice transactions and balances, and as such these are not recognised in the financial statements but are disclosed in these notes for information purposes.

New private practice arrangements for senior medical staff came into effect from 4 August 2014 when they were integrated into doctors individual employment contracts (refer Note 1(h)). Key changes to the arrangements are outlined below:

- Previous options A, B, P and R were discontinued (along with the term 'Right of Private Practice').
- The new private practice option is called 'granted private practice' which includes an assignment or retention arrangement to be offered by the employing Hospital and Health Service.
- The existing facility and administration fees have been replaced with a simpler 'service fee' that better aligns with the actual cost drivers of the service.

	2015 $'000	2014 $'000
Trust receipts and payments		
Receipts		
Private practice revenue	17,549	14,384
Private practice interest revenue	39	26
Total receipts	**17,588**	**14,410**
Receipts		
Payments to private practice doctors under retention arrangements (formerly option B/R)	4,183	4,062
Payments to Gold Coast Health for service fees (formerly facility and admin fees)	5,527	2,829
Payments to Gold Coast Health for assignment arrangements (formerly option A)	5,909	5,295
Payments to Gold Coast Health Private Practice Trust Fund*	1,380	2,050
Total payments	**16,999**	**14,236**
Assets		
Cash held and bank deposits for private practice	2,019	1,430

* Private Practice Trust funds are generated by doctors reaching the ceiling allowable under the retention option arrangements. These funds are included in the General Trust Fund and the allocation of these funds is managed by an advisory committee.

Note 27. Events after the reporting period

No events have occurred after the reporting period that have an impact on the financial statements.

Gold Coast Hospital and Health Service

Management certificate 30 June 2015

Certificate of Gold Coast Hospital and Health Service

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), section 43 of the F*inancial and Performance Management Standard 2009* and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

(b) he financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2015 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and

(c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Ian Langdon
Board Chair
20 August 2015

Ron Calvert
Chief Executive
20 August 2015

To the Board of Gold Coast Hospital and Health Service

Report on the Financial Report

I have audited the accompanying financial report of Gold Coast Hospital and Health Service, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and certificates given by the Board Chair and Chief Executive.

The Board's Responsibility for the Financial Report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

(i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

(ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year 1 July 2014 to 30 June 2015 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

QUEENSLAND
21 AUG 2015
AUDIT OFFICE

D J OLIVE CPA
as Delegate of the Auditor-General of Queensland

Queensland Audit Office
Brisbane

Appendix 1

Index of charts and tables

Appendix 2

Glossary of terms

Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.
Activity-based funding	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes and quality • encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level • in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute	Having a short and relatively severe course.
Acute care	Care in which the clinical intent or treatment goal is to: • manage labour (obstetric) • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function • perform diagnostic or therapeutic procedures.
Acute hospital	Generally a recognised hospital that provides acute care and excludes dental and psychiatric hospitals.
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 as an overnight-stay patient or a same-day patient.

Appendix 2

Glossary of terms (cont.)

Allied health staff	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.
Best practice	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead sustainable world-class positive outcomes.
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
Clinical workforce	Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/ experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.
Emergency department waiting time	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Health reform	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Commonwealth and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement (HoA) signed in February 2010 by the Commonwealth and all states and territories amending the NHHNA.
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.

Appendix 2

Glossary of terms (cont.)

Hospital and Health Boards	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation.
Hospital and Health Service	Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services.
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 agency by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Indigenous health worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
Non-admitted patient	A patient who does not undergo a hospital's formal admission process.
Non-admitted patient services	An examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.
Nurse practitioner	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.

Appendix 2

Glossary of terms (cont.)

Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Overnight-stay patient	A patient who is admitted to, and separated from, the hospital on different dates (not same-day patients).
Patient flow	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives usually has targets that define the level of performance expected against the performance indicator.
Private hospital	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers patients admitted to private hospitals are treated by a doctor of their choice.
Public patient	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.

Appendix 2

Glossary of terms (cont.)

Way-finding	Signs, maps and other graphic or audible methods used to convey locations and directions.
Weighted Activity Unit	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the "price" for the episode of care.

Appendix 3

Glossary of acronyms

ABF	Activity-based funding
ARP	Acute Resuscitation Plan
ATOD	Alcohol, Tobacco and Other Drugs
CALD	Culturally and linguistically diverse
CEPS	Clinical Educator Preparation Support
CFO	Chief Finance Officer
CIMAH	Consumer Integrated Mental Health Application
CIMR	Capital Infrastructure Minimum Requirements Manual
CIO	Chief Information Officer
COAG	Council of Australian Governments
CSCF	Clinical Services Capability Framework
CSRP	Clinical Services Redesign Program
DNA	Did not attend
DNW	Did not wait
DON	Director of Nursing
DSS	Decision Support Services
ECHO	Emergency Capacity Hospital Overview System
EDIS	Emergency Department Information System
EMR	Electronic Medical Record
EMT	Executive Management Team
ESISS	Endoscopy Services Information System Solution
FAA	Financial Accountability Act
FPMS	*Finance and Performance Management Standard 2009*
FRMS	Fatigue Risk Management System
FRRs	Financial Reporting Requirements
FTE	Full-time Equivalent
GCUH	Gold Coast University Hospital
GP	General Practitioner
HHS	Hospital and Health Service
HI	Health Identifier
HITH	Hospital-in-the-Home
HQCC	Health Quality and Complaints Commission
HR	Human Resources
HREC	Human Research Ethics Committee
ICU	Intensive Care Unit
ieMR	Integrated electronic Medical Record
IR	Industrial Relations
KPI	Key Performance Indicators
LOS	Length of stay
LSOP	Long Stay Older Patients
MAU	Medical Assessment Unit
MBS	Medicare Benefits Schedule
MDT	Multidisciplinary Team
MEDAI	Metropolitan Emergency Department Access Initiative
NEAT	National Emergency Access Target
NeHTA	National eHealth Transition Authority
NHIRF	National Health Information Regulatory Framework
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NPA	National Partnership Agreement
ORMIS	Operating Room Management Information System
OSR	Own Source Revenue
PCEHR	Personally Controlled Electronic Health Record
PFS	Patient Flow Strategy
PHC	Primary Healthcare Centre
PID	Public Interest Disclosure / Discloser
PPP	Public Private Partnership
PSC	Public Service Commission
QAS	Queensland Ambulance Service
QH Risk	Queensland Health Risk Management Information System
SDS	Service Delivery Statement
SNAP	Sub and Non-Acute Patients
VLAD	Variable Life Adjusted Display
VMO	Visiting Medical Officer
VTE	Venous Thromboembolism
WAU	Weighted Activity Unit
WEHO	Workplace Equity and Harassment Officer

www.health.qld.gov.au/goldcoasthealth

Gold Coast University Hospital
Hospital Boulevard
Southport Qld 4215
Phone 1300 744 284

Robina Hospital
Bayberry Lane
Robina Qld 4226
(07) 5668 6000

Carrara Community Health Centre
45 Chisholm Road
Carrara Qld 4211
(07) 5667 3200

Robina Health Precinct
2 Campus Crescent
Robina QLD 4226
(07) 5635 6289

Southport Health Precinct
16-30 High Street
Southport QLD 4215

Mental Health Services
Ashmore, Southport, Palm Beach
(07) 5519 8910 or
1300 MH CALL (1300 64 2255)
for 24-hour specialist care service

Oral Health Services
Runaway Bay, Nerang, Southport,
Palm Beach and Robina
1300 300 850

Gold Coast Sexual Health Clinic
2019 Gold Coast Highway
Miami QLD 4220
(07) 5525 5600

Community Health Centres

Palm Beach	Phone (07) 5525 5600
Helensvale	Phone (07) 5580 7800
Bundall	Phone (07) 5570 8500

Community Child Health Centres

Broadbeach	Phone (07) 5572 6231
Bundall	Phone (07) 5570 8500
Coomera	Phone (07) 5519 9421
Helensvale	Phone (07) 5580 7819
Labrador	Phone (07) 5531 1490
Nerang	Phone (07) 5578 1346
Palm Beach	Phone (07) 5525 5602
Robina	Phone (07) 5680 9540
Southport	Phone (07) 5519 2600

Recruitment Services Gold Coast
Visit the Queensland Health Work for Us website: www.health.qld.gov.au/workforus/