

2018–2019
ANNUAL
REPORT

The Gold Coast Hospital and Health Service Annual Report 2018–19 has been prepared to meet annual reporting requirements for whole of government, the community and other stakeholders.

The annual report provides an overview of our non-financial performance and financial position for the 2018–19 reporting year. This includes details of outcomes against strategic priorities and the Queensland Government's objectives for the community. The report also provides information on how we are governed, the people who enable us to operate and our plans for building a healthier Gold Coast community.

Public availability statement

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

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

Interpreter Service statement



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Welcome

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Letter of compliance

4 September 2019

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister

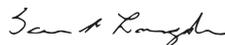
I am pleased to deliver for presentation to the Parliament the Annual Report 2018–2019 and financial statements for Gold Coast Hospital and Health Service.

I certify that this annual report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*¹, and
- the detailed requirements set out in the *Annual Report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found at page 118 of this Annual Report.

Yours sincerely



Mr Ian Langdon
Chair
Gold Coast Hospital and Health Board

¹ the *Financial and Performance Management Standard 2019* came into effect on 1 September 2019.



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

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

Artwork produced for Queensland Health by Gilimbaa.

Statement on government objectives for the community

Our Future State: Advancing Queensland's Priorities are the government's objectives for the community.

The *Gold Coast Health Strategic Plan 2016-2020* supports the priorities and helps us to align activities with the Advancing Queensland's Priorities initiative.

Gold Coast Health's priorities closely align with the Department of Health's commitment to healthy Queenslanders, accessible and safe services, innovation and research, governance, partnerships and workforce. The organisation's strategic plan and organisational values also support the Queensland Government's objectives for the community and the Queensland public service values.



My health, Queensland's future: Advancing health 2026

Advancing health 2026 was developed by Queensland Health to respond to the challenges and opportunities faced in Queensland. Advancing health 2026 establishes a common purpose and a framework for the health system in Queensland. It seeks to bring together government agencies, service providers and the community to work collaboratively on making Queenslanders the healthiest people in the world. Five principles underpin the vision, directions and strategic agenda.

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

Other whole-of-government plans and specific initiatives

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

Supporting Queenslanders to be healthier:

promoting and protecting the health of Queenslanders.

Enabling safe, quality services:

delivering and enabling safe, clinically effective, high quality health services.

Equitable health outcomes:

improving health outcomes through better access to services for Queenslanders.

High performance:

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

Dynamic policy and planning leadership:

drive service improvement and innovation through a collaborative policy cycle.

Broad engagement with partners:

harnessing the skill and knowledge of our partners.

Engaged and productive workforce:

foster a culture that is vibrant, innovative and collaborative.

Overview of Gold Coast Health's alignment with the priorities

The following information, in addition to the Highlights section in this report, shares the many ways in which Gold Coast Health is working towards the Advancing Queensland's Priorities initiative.

Create jobs in a strong economy

The South East Queensland region is recognised as a great place to work. As a result, Gold Coast Health continues to attract large applicant pools for advertised positions.

Gold Coast Health is the largest employer on the Gold Coast, resulting in competitive talent pools for our hiring managers. Throughout the 2018–19 financial year, Gold Coast Health appointed more than 900 new staff to the organisation.



Create jobs

Diversity and inclusion in the workplace

Throughout the year, Gold Coast Health demonstrated its commitment to supporting employment opportunities for people with a disability. The service worked to identify positions and partnered with Disability Employment Service Providers to fill these positions accordingly.

The service continued to deliver on commitments outlined in the *Diversity and Inclusion Strategy (2017–2022)* and the newly developed *Workforce Diversity and Inclusion Action Plan (2019-2022)*. The strategy and action plan provided a framework for the service to build capability in leadership, engagement and commitment, entry pathways, attraction and retention, and celebrate a diverse and inclusive workplace. Initiatives from the action plan are underway and will continue to assist in creating an environment of inclusion and respect.

Gold Coast Health placed nine people with disabilities into paid employment throughout 2018–19, thanks to

programs such as the DisTinct Employment Pathway Program. The program reduces employment barriers through approaches including paid and unpaid internships, education and awareness activities, and inclusive workplace modifications.

Gold Coast Health Chair Ian Langdon and Operational Support Services Senior Director Nigel Hoy said it was a direction they hoped other Gold Coast employers would follow.

In 2018–19, one person completed work experience with the Diversity and Inclusion team, and two Griffith University students with a disability gained valuable skills through a speech pathology internship program (pictured below).



Erin Condrin and Carla Moldoveanu gained valuable skills through a speech pathology internship program

Our health service is committed to building a rich, diverse and inclusive workplace for all employees, including offering people with disabilities meaningful work placement opportunities.

Centralised staffing pool for nursing and midwifery

In October 2018, the Nursing and Midwifery Executive undertook an evaluation of Gold Coast Health's nursing and midwifery staffing pool. The evaluation resulted in centralisation of the staffing pool to address challenges relating to demand, skill-set consistency and cross-campus cover. In addition, training requirements ahead of ieMR implementation were also supported.

Following the centralisation, workforce analytics indicated a requirement to increase the staffing pool in response to several factors, including a need to improve reliability and responsible management of the labour budget in an environment of increasing demand.

The new model increases flexibility, allowing Gold Coast Health to more readily place staff in the right place at the right time. Furthermore, the model improves pathways for graduate-level staff, with the Newly Qualified Registered Nurse Pathway. It also supports Gold Coast Health to foster staff development through increased graduate placements and permanency options.

Evaluation of the new centralised model is planned for April 2020.

Engage more young Queenslanders in education, training or work



Internship opportunities

Gold Coast Health increased focus on entry pathways for non-clinical internships in collaboration with Griffith University, Southern Cross University, Bond University and TAFE Gold Coast.

Student placements came from a variety of disciplines, including business, law, commerce, tourism, journalism and information technology. More interns will commence in late 2019.



Strong interest at careers festival

Gold Coast Health participated in the Gold Coast Careers Festival for the third year in a row, hosting both a stall and interactive presentation (pictured left). Coordinated by Study Gold Coast, the 2019 festival was held over two days with more than 7000 high school-aged students attending.

Our participation at the event supported our workforce strategy, promoted entry level and career opportunities, and strengthened relationships with our future workforce and education providers.

Higher Learning Apprenticeship (HLA) recognised for excellence

A number of staff experienced career progression following completion of a Diploma of Leadership and Management in late 2018. With a graduation rate of 80%, 48 emerging leaders graduated, equipped with new knowledge and experience. The program’s success was recognised in the training industry and progressed to the finalist stage of both the Queensland Training Awards – South East Region, and the Australian HR Awards.

“As an Indigenous employee, to be part of the HLA program was an amazing experience. I currently work as a Team Leader in the Environmental Services department across all Gold Coast Health facilities; working full-time and completing the program was very challenging to say the least.

The program has given me the chance to acknowledge and self-reflect not only from a work-related environment, but personally too, and what I can improve on to enhance my performance as leader. Completing the HLA program has allowed me to gain and develop skills that provide me with the capabilities to strive towards securing senior and various roles within the department.”

– Louise Borg – Higher Learning Apprenticeship Graduate





Give all our children a great start

Gold Coast Health supports the development of children's physical health and mental wellbeing. This support starts pre-birth and continues through their commencement at school, throughout their schooling life and beyond as they transition into adulthood.

A range of activities occurred during the period in support of this priority target, including:

- the establishment of Children's Cardiology specialist services by partnering with Children's Health Queensland
- the establishment of the Early and Quick program for Child Development Services
- the establishment of the Children's Hospital in the Home (CHITH) model for patients aged from 12 months
- the collaborative establishment of the Children's Critical Care Partnership
- the development of the 'Grow our Own' strategy for Newborn Intensive Care nursing
- the expansion of the Child Protection Unit.



Furthermore, phase two of the Women's Services Redesign Project commenced, with achievements to date including:

- the continued expansion of the Continuity of Care Model (Midwifery Group Practice or MGP), with eligible women going home from the birth suite
- the change to the Induction of Labour Pathway to include outpatient initiation of induction for eligible women
- Participation in Women's Healthcare Australasia third and fourth degree Tear Collaborative – resulting in a preliminary reduction (four per cent to two per cent)
- the first Indigenous Midwife recruited to MGP and the first identified midwifery position developed for maternity services
- improved discharge pathways for Maternity services
- established partnerships with The Benevolent Society, enhanced with maternity clinics at the new Labrador facility
- the introduction of the Midwifery Navigators Model of Care for high-risk pregnancy (Maternal Fetal Medicine or MFM) and continuity midwives working with the navigators
- a temporary Midwifery Navigator position funded from 'closing the gap' strategies to provide continuity of care services, and development of a quit smoking program
- Phase 1 of the integrated antenatal and postnatal model implemented at Varsity Lakes in collaboration with the Gold Coast Primary Health Network.

Early discharge from hospital thanks to home-care model

The Children's Hospital in the Home became an operational entity during 2019, extending and expanding the service in early 2019 to include a younger cohort of children. The service now facilitates early discharge from hospital of children aged six months and over.

The team provides high-level care at home, such as intravenous (IV) antibiotics, physiotherapy, nursing support for families following admission, and wound management. The team further offer clinics that support treatment through a multidisciplinary approach.

In the 2018–19 financial year, 119 patients were seen in their home or school environment, creating an alternative option to management within the hospital environment.

Increase the number of babies born healthier

Your Midwives Varsity

A baby boom across the Gold Coast motivated Gold Coast Health to launch a new community-based midwifery service at Varsity Lakes. Based on the successful model at Your Midwives Brygon Creek, the service provides antenatal care at Varsity Lakes Day Hospital and postnatal care in the home and clinic. It is available to women living on the southern Gold Coast with an aim to offer integrated maternity care.

Women's Services Nursing Director Hazel Brittain said the service offers care in pregnancy and in the early weeks after baby is born from the same midwife and in the community close to where they live.

Your Midwives Varsity midwife Janice Rowe said, "One of the things we strive for in antenatal and postnatal care is a relaxed mother, and having the same midwife through the journey from pregnancy to childbirth fosters a more positive experience for both mother and baby."

Gold Coast Health appointed five midwives to deliver antenatal and postnatal care through Your Midwives Varsity, in collaboration with local general practitioners. The service shares a space with the existing Midwifery Group Practice at Varsity Lakes and increases options for continuity of care.

New service supports complex pregnancies

To improve care for women with complex midwifery needs, Women's, Newborn and Children's Services (WNCS) established the Maternal Fetal Medicine Midwifery Navigator service. The service provides a collaborative, coordinated approach to antenatal, intrapartum and postnatal care for women with complex needs or a high obstetric risk.

The service has not only reduced risk for women, but it also improved the patient experience by providing women with a single point of contact throughout their pregnancy. By delivering care through a patient-centred approach, women and families were fully informed and became more active participants in their care.

The service saw high-demand, with the number of high-risk women requiring care navigation growing. To meet this demand, two Midwifery Group Practice midwives work with the Maternal Fetal Medicine Midwifery Navigator service to provide antenatal, birthing and postnatal care for an additional 64 women per year. Further supporting the patient-centered methodology and the Queensland Public Service value of 'customers first', consumers were actively involved in the midwife recruitment process.

The service resulted in more holistic care delivery, improved patient satisfaction and, ultimately, reduced waiting times.

Increase childhood immunisation rates

School and in-home vaccination services

In a bid to improve immunisation rates on the Gold Coast, close to 31,000 vaccinations were delivered by Gold Coast Health's Public Health Unit. More than 21,000 of these were provided to adolescent school children as part of the School Immunisation Program, with an additional 9065 vaccinations administered to the wider community, including children and older persons, through community-based immunisation clinics.

To further support improved childhood vaccination rates, Gold Coast Health trialled an in-home vaccination service.

The service, delivered in partnership with the Health Contact Centre, with funding from the Department of Health, raised community awareness about the importance of vaccinations. More than 200 children were offered the service. More than 30 per cent of these children were vaccinated across more than 20 in-home visits.

Also trialled was an additional community clinic located in the Northern Gold Coast corridor, an area identified as having high numbers of children overdue for vaccination. These 155 vaccinations were administered through this clinic.





Give all our children a great start



Improve wellbeing prior to school

Tube feeding pilot program a success

Since 2014, there Gold Coast Health has seen a 170 per cent rise in the treatment of tube-dependent children. In 2018, a tube feeding support program was initiated with funding from Gold Coast Health's annual staff innovation program, The Improvers.

The Improvers-funded project is successfully helping parents wean their babies from tube feeding via netcoaching. Weaning babies and children from tube feeding can be a lengthy and stressful process, especially when it involves multiple hospital visits.

The \$100,000 grant funded a 12-month pilot program for netcoaching. Rapid tube-weaning in a netcoaching model is time efficient and family-focused; delivering a quality service while reducing costs to Gold Coast Health, promoting optimal eating and drinking, growth and development for babies and children.

According to Paediatric Dietitian Jacqui Willcox, we are well on the way to proving this as a successful way of delivering care, with the hope the program can be funded permanently.

With the support of the Improvers funding, families are now seen within one to two weeks of readiness.

Clinical trials to improve sepsis recognition

Clinical trials in Gold Coast Health Emergency Departments (EDs) aimed to improve recognition and timely management of children with sepsis, with the hope of reducing the morbidity and mortality associated with this silent killer.

Gold Coast University Hospital and Robina Hospital were 'test' sites to inform the pathway's state-wide implementation, which took place in September 2018.

Preventing alcohol and risk-related trauma is a party for students

In 2018–19, more than 300 students participated in P.A.R.T.Y. at Gold Coast University Hospital; putting real-life scenarios in front of high school students who were at risk of making poor decisions with life-changing effects for them and their loved ones. The P.A.R.T.Y. Program, which stands for Prevent Alcohol and Risk-Related Trauma in Youth, is delivered at a number of hospitals across Australia and works to change the culture and mindset of students, encouraging long-term behavioural change.



Keep Queenslanders healthy

Gold Coast Health's commitment to increasing healthy body weight was demonstrated through our lead role in the Active and Healthy City Strategy, a collaboration with partners including Bond University, Griffith University, Gold Coast Primary Health Network, Queensland Health, Gold Coast Hospital Foundation and the Gold Coast Health and Knowledge Precinct. The strategy focusses on increasing physical activity and reducing rates of obesity.

Increase the number of Queenslanders with a healthy body weight

Gold Coast Active and Healthy City Strategy outcomes take shape

Gold Coast Health facilitated a collective impact model to tackle obesity through the *Gold Coast Active and Healthy City Strategy*. The strategy outlined a broad range of community, healthcare and individual opportunities for collective action by a broad range of stakeholders.

The health service provided leadership by commencing implementation of the strategy in developing the *Healthy Food and Drink Guideline for Gold Coast Health*. This guideline supports the removal of sugary drinks across Gold Coast Health facilities, as well as promoting increased staff physical activity through workplace wellness programs, active travel and incidental physical activity environments.

Predictive modelling to support obesity interventions

In partnership with the Gold Coast Hospital Foundation, Gold Coast Health funded a research project to determine high-value obesity interventions. The project has commenced and is working towards building a predictive modelling tool. The tool will help to understand which drivers can be effectively targeted and how to leverage the information to guide local planning, policies and practice.

Get Set for Surgery pilot project

The Get Set for Surgery program connects patients with obesity or complex health needs with free community programs such as telephone coaching.

Through the Get Set for Surgery pilot project, Gold Coast Health established an obesity nurse navigator position to help suitable patients access hospital and community services. The Get Set for Surgery pilot project identified the importance of referring elective surgery outpatients to lifestyle behaviour change programs and formed the basis of a state-wide *Patient Wellness Clinical Pathway*.



“The coaching was not rocket science, but the little lessons stay with you and put you on track... to make lifestyle changes through diet and exercise. The encouragement I received from the phone coach during our regular sessions motivated me to make changes.”

– Albert Duffy, Get Set for Surgery participant (pictured above right)

Reduce suicides

Gold Coast Health is committed to creating a positive environment for employees, volunteers, patients and the community. The service recognises the importance of creating a supportive, professional and caring environment for staff and our community alike.

Aligning with one of Queensland Health's priorities to prevent suicides, an evaluation of the Gold Coast Mental Health and Specialist Services Suicide Prevention Pathway is currently underway. This is a qualitative study of patient and carer experiences to determine if this pathway is a satisfactory and effective process and experience for aiding patients' recovery from suicidal thoughts and behaviors. In addition to this, many other initiatives have commenced in support of suicide reduction.

For staff:

Wellbeing Framework promotes positive wellbeing

Emerging evidence demonstrates that organisations that invest in wellbeing programs gain a range of benefits, such as increased employee engagement, reduced absenteeism, increased productivity and improved corporate image.

To respond to this, Gold Coast Health established the Wellbeing Framework. The Wellbeing Framework acknowledges the diverse health and wellbeing needs of Gold Coast Health's workforce and community, and considers these needs to ensure everyone is treated with equity, fairness and respect.

The Wellbeing Framework focuses on promoting positive wellbeing through six key elements – physical, psychological, financial, work, spiritual and social – seen as the building blocks to create the optimum state of employee wellbeing.

Mental health a focus for staff events

A range of activities focused on the mental health and wellbeing of staff were held by Gold Coast Health throughout the year.

The annual RUOK? event at Robina Hospital in September 2018, attracted more than 600 staff who embraced the RUOK? Message: 'start a conversation that could save a life.'

Staff enjoyed making their own smoothies by peddle power and participating in therapeutic drumming with the Mental Health Specialist Services team. Money was raised for Gold Coast Health's 'Goldie for a Grower' campaign to support rural communities.

Staff from across the health service also lead their own RUOK? Day activities, including morning teas, team breakfasts and fun team-building activities.

In addition, Robina Hospital hosted the annual Socks4Docs event, which promoted positive mental health for staff and recognised the high levels of stress and suicide amongst health professionals.

Staff were invited to wear funky socks to show their support for health professionals and remind colleagues that we are here to help and support each other.

Satellite packs were also handed out to teams across Gold Coast Health to enable teams to run their own Socks4Docs event.



For our community:

Mental health focus for school-based Youth Health Nurses

Gold Coast Health has more than 15 school-based Youth Health Nurses undertaking vital work with students across the Coast. Annie Wainwright, one of the health service's school-based Youth Health Nurses, organised a free lunch for every Benowa High School student in October 2018, as part of Mental Health week activities.

Lunch was served to more than 1000 students, while raising awareness of the importance of good mental health, and being kind to themselves and fellow students. This fun and engaging event aimed to improve school community awareness and interest in mental health and wellbeing.



Gold Coast Health at Schoolies

Gold Coast Health provided on-site medical and mental health services to 'Schoolies' celebrating the end of high school. Fourteen doctors, nurses and mental health professionals worked every night of the festival to support teenagers with medical or mental health concerns, including 110 young people who were provided with mental health assessment and support.

In addition to these services, the Strategic Communication and Engagement Unit undertook an engagement activity at the Schoolies Wristband Distribution Centre. Of the 5000 students estimated to pass by the centre during operating hours, the team engaged with every second student, distributing 2500 'Mind your Health' bags that shared important mental health support information.





Journey to Zero: Australia's first Zero Suicide Healthcare program

Gold Coast Health joined with organisations from more than 20 countries to release the International Declaration for Zero Suicide Healthcare. The declaration aims to drive down population suicide rates, and to protect patients who enter our health system, their relatives and staff against the tragedy of suicide.

Gold Coast University Hospital was the first in Australia to implement the Zero Suicide in Healthcare program.

“Too often, a sense of blame or retribution results from losing a patient to suicide. Zero Suicide in Healthcare seeks to shift the culture to emphasise recovery, healing, learning and improvement.”

– Clinical Director Dr Kathryn Turner

Following a successful implementation of the model, people presenting in suicidal crisis now receive consistent, evidence-based interventions that support their recovery. The trial showed that these brief interventions could be reliably delivered, even in very busy emergency departments.

Furthermore, Gold Coast Health obtained a research grant via Suicide Prevention Australia Grants, with support from Bond University. The study, led by Professor Chris Stapleberg, will take place over three years and focus on patients who present to emergency departments or community health settings with suicidal thoughts and behaviors. It is one of the first studies to be funded under the National Suicide Prevention Research Fund.

Gold Coast Health will continue to develop its services and seek further opportunities to collaborate with the Gold Coast Primary Health Network and non-government organisations.



Gold Coast Health staff involved with the program, left to right: Heidi Van Engelen, Prof Chris Stapelberg, Dr Sarah Walker and Dr Kathryn Turner

The powerful role of music for mental health consumer wellbeing

Gold Coast Health participated in World Music Therapy Day in March 2019, with attention focused on the powerful role music plays in the wellbeing of our mental health consumers.

Mental Health and Specialist Services Music Therapist Madeline Bridgland (pictured below) led our celebration of World Music Therapy Day at a jam session at Gold Coast University Hospital's outdoor area when staff, patients and visitors from many parts of our hospital were united by music.





Keep communities safe

Gold Coast Health's Social Work and Support Service unit provides a range of support services for vulnerable members of the community.

Public Guardian Excellence Awards

In 2018, the work of the Social Work and Support Service unit was highlighted when Acute Social Worker Anne-Marie Klein and the Assistant Director of Social Work Kyriaki Artis received the Office of the Public Guardian Special Award 2018 for 'Going above and beyond for client rights'. This award recognises the high level and courageous advocacy provided by these members of staff.

Domestic and Family Violence

As a large employer, Gold Coast Health fully supports the Queensland Government's move to provide greater support for public sector employees experiencing domestic and family violence (DFV).

In 2019, Gold Coast Health also appointed a Domestic and Family Violence Coordinator, the first of its kind to be established in Queensland Health.

Health Justice Partnerships

Through the Health Justice Partnership formed in 2017, Gold Coast Health collaborates with Women's Legal Service Queensland to provide a free and confidential service for women experiencing DFV who present to Gold Coast Health Emergency Departments.

In January 2018, the first clinics commenced at Gold Coast Health, with Solicitor Adele Bentham available at Gold Coast University Hospital every Friday morning for phone or on-site appointments. The service has expanded to include female patients and carers presenting through Maternity or Mental Health. In the 2018–2019 financial year more than 120 Gold Coast Health patients were referred to the service. Of these, more than 70 women were provided with advice pertaining to a range of issues, including domestic and family violence, property, parenting, divorce and child protection.

Holistic care for vulnerable patients and victims of crime

Specially trained forensic physicians were introduced to Gold Coast Health's emergency departments in October 2018. The role of a forensic physician is to collect evidence that will assist in police investigations and the courts matters.

Previously, forensic physicians were allocated to cases from Health Support Queensland in Brisbane, but this change sees them working directly as members of Gold Coast Health, resulting in improved efficiency and a more holistic approach to caring for vulnerable patients and victims of crime.



Associate Professor David Green with Dr Cathy Lincoln, one of two forensic physicians who now works for Gold Coast Health.



Protect the Great Barrier Reef and reduce Queensland's contribution to climate change

Gold Coast Health continued work to minimise our environmental impact. The health service is committed to meeting the three pillars of sustainability – economic, environmental and social objectives.

We believe the long-term health and wellbeing of our community will thrive into the future, based on the ethical actions of our organisation. Therefore, we will manage our organisation by following best practice principles regarding sustainability.

Environmental and sustainability update

In 2019, Gold Coast Health undertook a review of our Environmental Policy. The policy ensures compliance with environmental obligations under the *Environmental Protection Act 1994* by maintaining an environmental management system framework. It also aims to increase awareness of environmental responsibility among staff and visitors to Gold Coast Health.

Furthermore, appropriate and efficient use and allocation of resources is achieved by promoting local purchasing of economically viable products that offer both value for money and are healthy for consumers.

The health service developed a range of localised initiatives to avoid generation of waste, notably the introduction of a Polyvinyl Chloride (PVC) recycling program. Our Demand Response Program (which involved shifting electricity usage during peak hours) generated more than 68,000 kWh of power that was fed back into the energy grid.

Several of our sites, including Gold Coast University Hospital, Robina Hospital, Southport and Robina Health Precincts and Palm Beach Community Health Centre, received 15 per cent of their electricity from renewable sources, in line with the Queensland Government's renewable energy targets.

Looking forward, an initiative is underway to reduce the discharge factor (the amount of water that enters a site that is then discharged to the sewer) at Robina Hospital.

Pictured right: ICU Nurse Educator Lisa Gray and Operational Service Officer Corey Traynor disposing of PVC bound for recycling.

Recycling program reducing soft plastic waste

Used Polyvinyl Chloride (PVC) from Gold Coast University Hospital's Intensive Care Unit (ICU) is being recycled and made into garden hoses and children's playground matting.

Gold Coast Health has joined 130 hospitals in Australia and New Zealand to dispose of soft plastics through the program, which would otherwise become landfill.

“Our unit has a green team and we take a sustainable approach to waste.”

– Lisa Gray, ICU Nurse Educator

Project Lead, ICU Nurse Educator Lisa Gray, said plastics accounted for up to a third of a hospital's general waste, and a quarter of this was estimated to be PVC medical products, according to Victorian Government 2017 statistics.

Throughout 2018–19 financial year, more than 50 kilograms of PVC was diverted. Other areas within the service, including endoscopy, theatres, and the Emergency Department, have also implemented trials of the program in their areas.





Be a responsive government

Make Queensland Government services easy to use

Foundations laid to improve service access and usability

Gold Coast Health's Community and Consumer Engagement Plan is founded on the basic principle that our health service will be better informed, accessible and responsible to the community if consumers are active partners in the process of service development, implementation and review.

The health service has commenced developing the tools and information that our community needs to easily interact. These include online tools such as an engagement portal with consultation and feedback opportunities, a Community of Interest to broaden the reach and effectiveness of consumer input, and multimedia collateral to provide information in a way people can understand and act on.

Following the restructure of Gold Coast Health's Consumer and Advisory Group (CAG) in 2018, each CAG member has taken on the commitment to improve access to services for the Gold Coast community.

CAG members were actively encouraged to use their voice across all areas of the health service via quality and safety committees across all divisions, special projects and in the recruitment of staff to ensure Gold Coast Health is consumer-centered.

A significant focus for the CAG included a simple language review of patient information materials prior to production. This consumer litmus-test ensures our communication is easy to read, has a singular purpose, and meets the needs of the person reading it; whatever literacy level they may have.

National Disability Insurance Scheme

Gold Coast Health's implementation of the National Disability Insurance Scheme (NDIS) was successfully completed in December 2018.

Since January 2019, NDIS has been effectively transitioned into business-as-usual activity under the leadership of a specialised clinical team based within the Allied Health's Social Work and Support Services unit. The team ensured a seamless transition for patients, workforce, and key partners by undertaking a comprehensive handover and hands-on training in collaboration with the project's implementation team.

The transition to a business-as-usual approach has enabled sustainable and ongoing incorporation of NDIS for relevant patients and clients, as well as building a strengthened rapport between Gold Coast Health and key partners, including the National Disability Insurance Agency.

Car parking concessions

The provision of car parking concessions at Queensland Health hospital facilities aims to improve access and affordability of car parking spaces to eligible patients and their carers in a transparent manner.

Table 1: Number of car parking concessions issued in 2018–19

One-day concession passes issued	29,650
Five-day concession passes issued	102

Table 2: Value of car parking concessions issued in 2018–19

Cost of concession incurred by Gold Coast Health	\$140,751
Full value of concession passes provided	\$203,480

From the Board Chair

Ian Langdon



At Gold Coast Health, our commitment to putting the healthcare consumer at the front and centre of everything we do is gaining momentum. On more than 45 hospital and health service clinical committees (ranging from mental health to maternity and palliative care),

consumer representatives work alongside clinicians as active participants, informing and improving our health services. Our Consumer Advisory Group (CAG) this year explored topics as diverse as health literacy, aged care and food and nutrition, always advocating for consumers of the services we provide. I must offer a special thank you to independent CAG Chair Dr Joan Carlini and Deputy Chair Professor Margaret Shapiro for their ongoing commitment and support to this group.

Another example of how consumers are working together with our clinicians for better healthcare outcomes is the Queensland Pelvic Mesh Service (QPMS) (see page 22). Co-designed here on the Gold Coast by clinicians and women who have experienced complications from pelvic mesh, the outcome is a world-class patient-centred service assisting women from all over Queensland.

While consumer engagement grows, so too do our partnerships with key university stakeholders. At Gold Coast Health, while we've always enjoyed strong clinical partnerships, now our non-clinical partnerships are expanding. Beginning with an intake of undergraduate interns from Griffith University's Business School (an initiative that received national plaudits for collaboration and saw Gold Coast Health named 2018 Griffith Business School Outstanding Industry Partner). This program has increased the number of internships available to students from other Griffith University faculties as well as from Bond University. Personally, I'm very passionate about inclusion and diversity, and I'm pleased this program caters for interns with a disability. I look forward to reporting further developments on this front, particularly in how we, as the largest employer on the Gold Coast, create opportunities for those in our community whose potential can sometimes be overlooked.

I'm proud of the culture at Gold Coast Health, which has become one that fosters innovation at every turn. Initiatives of note include the Police Co-Responder model, where clinical professionals join police or ambulance officers on-site at community incidents involving mental health factors. In six months, hospital admissions related to these circumstances have dropped by half.

Nurse navigators have also proven their value, by guiding patients with complex health issues to access the care they need. Their roles have expanded this year to provide valuable support to those living in residential care facilities. The provision of clinical advice and information to patients and their families is a comfort, and their work helps to bridge gaps that can occur during the patient journey. It is reassuring to see the genuine difference these programs and roles can make to those we serve in our community.

In closing, I'd like to thank my fellow Board directors for their untiring commitment to Gold Coast Health, and also Chief Executive Ron Calvert and his Executive team for again delivering on the strategic goals of the organisation.

A handwritten signature in black ink that reads "Ian Langdon". The signature is fluid and cursive.

Ian Langdon
Gold Coast Health Board Chair

From the Chief Executive

Ron Calvert



The most significant achievement for Gold Coast Health this year was the successful delivery of the foundation of our digital transformation. The roll-out of an integrated electronic medical record (ieMR) positions us to take full advantage of the imminent digital revolution. Because

of the ieMR, we are now well placed to be in the driving seat when it comes to opportunities such as artificial intelligence, machine learning, big data, and much more. Significantly, Gold Coast Health also achieved a state-wide milestone, becoming the only health service to incorporate all its facilities, including community services, in the one roll-out. Absolutely core to our success has been a close working relationship with our clinicians, who have led this project from the outset.

Effective clinical collaboration is the culmination of a cultural change strategy that has been running over several years. Initiatives such as our Clinical Congress, Magnet, The Improvers, and Speaking Up for Safety (all of which you can read more about in this annual report) have been complemented by system improvement programs targeting patient waiting lists, enhanced processes and practices, and more accurate data. Blending staff development programs with improvement science has resulted in genuine cultural change at Gold Coast Health. This is evidenced by 65 per cent of staff completing our staff survey (some 6000 respondents) agreeing that Gold Coast Health is a truly great place to work.

It is important to me that we strive for a whole-of-health service culture, and to that end, we are committed to further developing Robina Hospital. In order for our network to thrive, it is essential we have a large, complementary hospital alongside Gold Coast University Hospital. Significant investment has been made this year in modernising Robina Hospital. The Robina Ready project (see page 42) comprised capital works and other upgrades to support the roll-out of the ieMR. In recognition of its increasing stature, size and capacity, on-site executive leadership has been introduced at Robina, incorporating a facility-specific portfolio.

This year, almost every facet of our service has experienced unprecedented growth in demand. Reasons behind this include increasing local population numbers, an aging as well as a very young/family demographic (two cohorts who are significant consumers of healthcare), and more chronic disease in the community.

Our culture here is such that we find innovative and effective ways to deliver more and better care. Forty additional beds will open this year, and we are boosting staff in key pressure areas like our Emergency Departments and in theatres. Our facilities will further expand, with community consultation guiding new models of care.

In recognition of our growing reputation on the world stage, another impressive accolade has been acknowledgement by American magazine, Newsweek, that Gold Coast University and Robina Hospitals rank amongst the best in the world. Based on a global survey of international doctors, health managers, nurses and other health professionals, Gold Coast University Hospital was ranked number six in Australia, and Robina Hospital number 32. This is a remarkable feather in the cap of our world-class team at Gold Coast Health.

At the end of this financial year, I wish to thank Ian Langdon and the Board for their ongoing support and advice during the year. I'd also like to thank our many staff who are essential to the success of our organisation and who every day live out our values of integrity, community first, respect, excellence, compassion and empower.

A handwritten signature in blue ink, appearing to read 'Ron Calvert', written in a cursive style.

Ron Calvert
Gold Coast Health Chief Executive

2018–19 highlights

Building a culture of success

Supporting a safety culture

Wellness of all staff is an absolute priority for Gold Coast Health, and results of a survey of our junior doctors, the 2018 Australia Medical Association Queensland Resident Doctor Health Check, emphasised opportunities for improvement.

In the past 12 months, we have worked on a range of improvements to support our junior doctor cohort, including:

- ensuring junior doctors have a voice within committees across the health service
- implementing new governance processes in medical education to meet the needs of the junior doctor workforce
- working to resolve issues related to overtime and fatigue
- exploring the barriers to research involvement
- implementing the Promoting Professional Accountability program to address behaviours that can affect wellbeing and patient safety.

The Promoting Professional Accountability (PPA) program was launched in March 2019. PPA is a process, accessible to all staff, that makes it easy for any team member to report behaviour that may put patient safety at risk. This program is underpinned by the health service's emphasis on a safety culture, and builds on Speaking Up for Safety, introduced to Gold Coast Health in 2017.

PPA provides an evidence-based framework that builds a high-performance culture of safety and reliability, and addresses individual behaviours that may undermine it, and was an essential step towards creating a culture where staff are encouraged to speak up to support patient safety.

The program empowers staff to report (often low-level) behaviours which may impact patient safety using an online secure and confidential feedback form. The form enables staff to raise concerns where it is not possible, safe or effective to speak up directly.

In partnership with the Cognitive Institute, Gold Coast Health has trained 258 leaders in the program. We are on a journey towards embedding the program within the health service, continually encouraging team discussions on our safety culture, of which the PPA program is just one tool, to support our staff while improving safety and quality.

Magnet Designation Submission

Magnet is a highly prestigious designation, with only three hospitals in Australia having achieved Magnet status. Magnet provides a roadmap to building organisational culture, improving the quality of care and enhancing professional practice.

More than three years of gathering evidence culminated in a comprehensive application for Magnet Recognition of our health service. The application, submitted in March 2019, included 78 examples of evidence-based practices and 10 organisation-wide articles to be reviewed by four appraisers assigned by the American Nurses Credentialing Centre.

The Going for Gold Staff Survey results, which were collated to support the submission, led to the Continuous Improvement Action Planning process. The Continuous Improvement Action Plans (CIAP) were developed as a direct response to challenges revealed in the survey, and supported Gold Coast Health on its journey to achieving a 'Culture of Success'. The implementation of these plans demonstrated our commitment to taking staff feedback seriously through action.

More than half of the 120 CIAPs created have been reviewed by line managers, who have provided status updates on their progress and outcomes. Furthermore, an additional 94 initial CIAPs were created, bringing the total number of CIAPs underway to 214 across Gold Coast Health.

The CIAPs empowered staff to make changes, both small and large, that helped them feel engaged at work.

The submission also used data from various sources to demonstrate excellence in patient care, including quarterly patient experience surveys, nursing/midwifery staff satisfaction surveys and quality indicators reflective of nursing practice (eg. falls with injury, hospital-acquired pressure injuries, venous thromboembolism and catheter associated urinary tract infections). The majority of nursing and midwifery inpatient units and ambulatory areas outperformed the national benchmarks for patient experience across a range of areas, nurse-sensitive indicators and staff satisfaction.

These results place Gold Coast Health well in preparation for a site visit from Magnet appraisers later in 2019, where the service's submission will be validated.

Contemporary approaches to mental health

Gold Coast Health experienced significant increases in the prevalence, complexity and impact of mental health issues being managed by the health service, with presentations to Gold Coast Health Emergency Departments up by 11 per cent on the previous year, while calls to the mental health hotline (1300MHCALL) increased by 13 per cent.

Despite these factors, the Key Performance Report for Mental Health Alcohol and Other Drugs, Mental Health and Specialist Services met 36 of the 39 indicators. Significant improvement was also noted in the Absent Without Authority measures compared with 2017–2018.

Throughout 2018–19, Gold Coast Health Mental Health and Specialist Services considered ways to improve access and responsiveness across the age range without adding traditional roles, such as acute care clinicians or case management roles, to adult community teams.

As part of *Connecting Care to Recovery 2016-2021*, the Queensland Government committed \$4 million to support services for individuals with severe and complex mental illness in the Gold Coast community.

The funding has and will continue to enable enhancement and expansion of services to meet increasing mental healthcare needs of the Gold Coast.

It has also supported initiatives such as the Mental Health Co-Responder model, as well projects that focused on hospital avoidance strategies through community-based services.

Joint police and mental health program

A ground-breaking program providing mental health support in policing matters was extended to a five-day operation following a successful three-month pilot.

In August 2018, Mental Health and Specialist Services implemented the Co-Responder Team (CRT) program on the Gold Coast. The Mental Health Co-Responder Team sees an experienced mental health nurse working alongside Queensland Police Service (QPS) officers to respond to police call-outs where mental health might be a factor, to provide expert assessment and advice.

The unit provided specialised mental health clinicians to provide advanced level crisis assessment, support, and advice to safely manage a person experiencing a mental health crisis in the community.

Gold Coast Health's Mental Health Intervention Coordinator Nicki Filauer said the key to the program's success is the cross-agency support for vulnerable people in the community.

“The focus area for us has been north of Broadbeach, and mental health clinicians and police officers involved have undergone joint training so we can deliver the best result for the patient and for the community.”

Queensland Police Service Acting Superintendent Mark White said a large number of calls for service received by the QPS are associated with mental health issues.

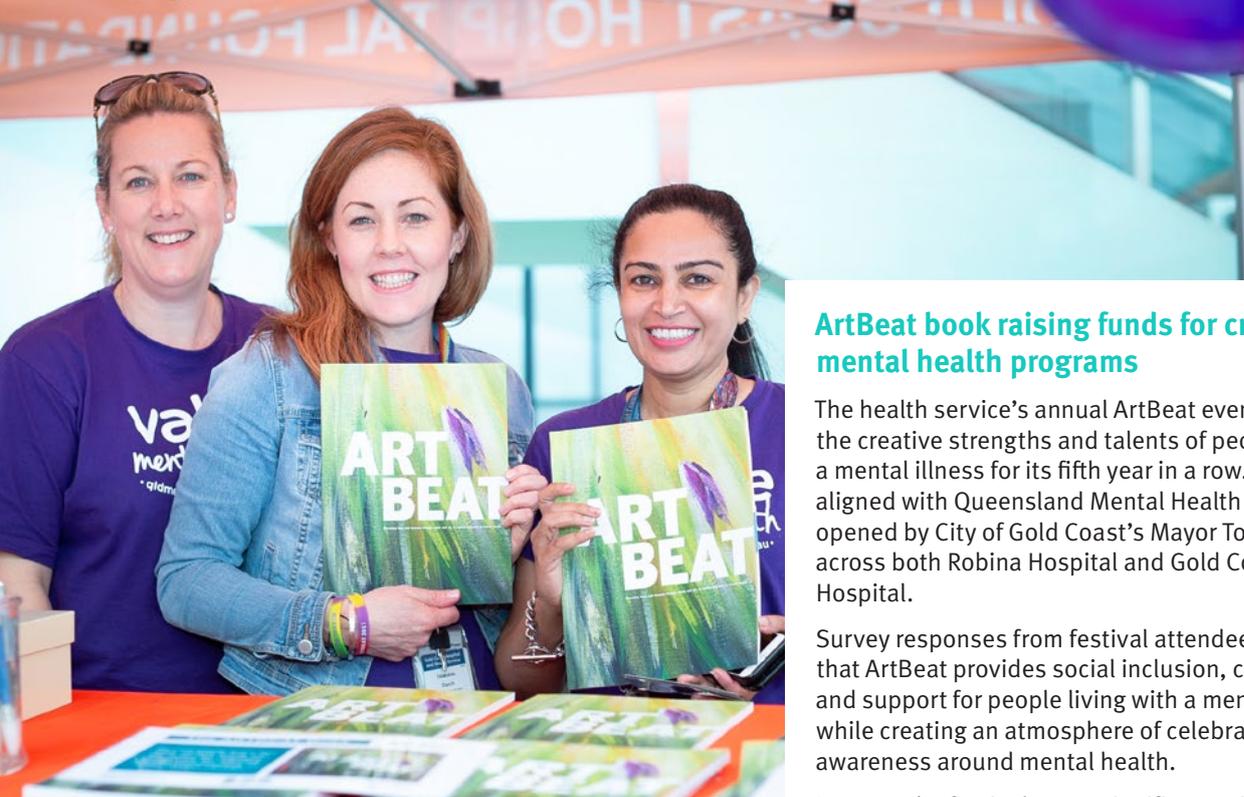
As at 30 May 2019, the Mental Health Hub clinician had triaged 854 patients; of those, 54 per cent (462) remained in the community post assessment rather than being transported to the Emergency Department.

In May 2019, the innovative approach was recognised through receipt of a Certificate of Achievement from the Mental Health Improvement Group for Outstanding Innovation. The award was received by Ms Heidi Van Engelen, Service Director, Adult and Older Person Mental Health – Community and Dr Carla Patist, Community Clinical Lead.

The program helps achieve the best possible outcome for community safety and for vulnerable people suffering mental illness, by providing an integrated response between the QPS, Gold Coast Health and the Queensland Ambulance Service.



Constable Candice McGeorge, Senior Sergeant Laurie Shevlin with Gold Coast Health's Tracey Maguire and Nicki Filauer as they welcome the extension of the Mental Health Co-Responders program.



ArtBeat book raising funds for creative mental health programs

The health service's annual ArtBeat event celebrated the creative strengths and talents of people living with a mental illness for its fifth year in a row. The festival, aligned with Queensland Mental Health Week, was opened by City of Gold Coast's Mayor Tom Tate and ran across both Robina Hospital and Gold Coast University Hospital.

Survey responses from festival attendees confirmed that ArtBeat provides social inclusion, connectedness and support for people living with a mental illness, while creating an atmosphere of celebration to raise awareness around mental health.

In 2018, the festival saw a significant milestone with the launch of the inaugural ArtBeat book. The book, funded through Gold Coast Health's The Improvers event, aims to support a sustainable approach to creativity within mental health.

The book is available for sale via the Gold Coast Hospital Foundation website. It has been promoted on a national scale, sharing the message with more than 31,000 people via social media.

All profits from book sales go towards the development of artistic programs for Gold Coast Health's mental health consumers.

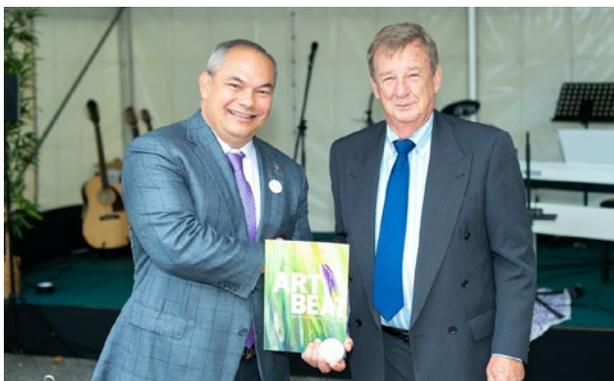
The ArtBeat Festival, exhibitions and books each provide a platform for mental health consumers to be heard, share their stories and showcase their creative works, through music, song, poetry or art.

“Art has helped me to divert my attention from negative mind-state and refocus it on calming, life-giving activity. I will definitely continue to pursue this new-found interest as a form of expression and self-care.”

– *Mental Health consumer*

Looking forward

In 2019-2020, Gold Coast Health will build on the success of the creative therapies program, through a pilot of The Creative Health Hub. The pilot program will assist services and clinicians to engage with artists, musicians and designers to improve how healthcare is provided across our service. It will also focus on using the arts as a mechanism to promote staff wellbeing and facilitate enhanced community engagement.



Transitional Recovery Service launch

In June 2019, Gold Coast community mental health launched the Transitional Recovery Service, in partnership with Richmond Fellowship Queensland. The service provides intensive short-term treatment in a non-clinical environment from two residential houses in Robina. The services offered include stabilisation and management of illness, medication support, counselling, recovery support planning and other psychosocial rehabilitation activities.

Always there for staff

On 1 June 2018, the 'Always There' program was initiated. This program provides a timely response to any staff experiencing acute, cumulative or vicarious stress reactions, particularly following a traumatic event. Trained staff responders provide psychological first aid and offer confidential empathic and compassionate listening and practical support to colleagues who access the service. Resources and/or referrals to professional care are provided when requested by staff.

Continuous improvement

Queensland Pelvic Mesh Service

The Queensland Pelvic Mesh Service (QPMS) is a state-wide service funded by Queensland Health and operated by Gold Coast Health. The service was opened on-time and on-budget in April 2019, following six months of planning and collaboration.

Pelvic mesh (also known as transvaginal mesh) has been used in the treatment of pelvic organ prolapse and stress urinary incontinence for more than 15 years. While most women with mesh implants have had no problems, a small percentage experienced complications, including infection, mesh extrusion or erosion, chronic pain, dyspareunia, incontinence and chronic pain.

The Therapeutic Goods Administration (TGA) responded to patient safety concerns regarding pelvic mesh by restricting use of mesh transvaginally, and removing a range of specific transvaginal mesh products from the Australian Register of Therapeutic Goods.

The Queensland Pelvic Mesh Implementation Committee (QPMS-IC), which included numerous Gold Coast Health staff, oversaw the design, establishment and commencement of the service.

Consumers affected by pelvic mesh complications were engaged to collaborate throughout the design and implementation phase, ensuring the service was fit for purpose and addressed the needs of women seeking care and treatment.

Previously, women reporting pelvic mesh complications received fragmented and varied care. A complex system of referrals to clinicians contributed to women's stress, and a lack of access to clinicians with appropriate expertise was reported.

By co-locating clinical expertise and services, care has improved for eligible patients. A triage process is in place to prioritise women according to clinical assessment and need, ensuring eligible woman have access to comprehensive, interdisciplinary services.

eHealth Queensland, in partnership with the Department of Health and Gold Coast Health clinicians, supported a database solution to evaluate QPMS patient care, treatment and outcomes. The data will enhance Australian research in contemporaneous mesh complications management, while also being used to assess patient outcomes, care impact and treatment.

The project demonstrated outstanding commitment to the co-design process and how it positively influences models of care and outcomes.



Trauma Service Level 1 Designation

The emergency department at Gold Coast University Hospital was elevated to a level-one trauma service, ranking it as one of the best trauma centres in Australia.

Gold Coast Health's surgical clinical director Dr Martin Wullschlegler said feedback from the auditors representing the Royal Australasian College of Surgeons was that the hospital already provided a world-class service, and there were some things Gold Coast Health does that are not undertaken elsewhere.

"The strength of our trauma service is the holistic, compassionate approach to patient care, with a focus on our multidisciplinary and collaborative team of health professionals," said Dr Wullschlegler.

The emergency department's elevation to a level-one trauma service coincides with Gold Coast University Hospital and Robina Hospital being named on the Newsweek list of Australia's best hospitals in 2019. Gold Coast University Hospital ranked number six and Robina Hospital number 32.



Cardiac surgery milestone

In March 2019, the Health Service's Cardiothoracic department, led by Medical Director Dr Gilbert Ford, successfully completed its 1500th cardiac surgery.

The world-class cardiothoracic team are well-known throughout Gold Coast University Hospital for their passionate patient care and ability to work with emergency, trauma and intensive care teams to look after our most unwell patients. These include patients from all over Queensland and Northern New South Wales.

Due to this commitment to patients and their colleagues, the service has grown and will soon pass its 2000th patient milestone.

Specialist community model sees reduction in Palliative Care admissions and bed days

Specialist Palliative Care programs are proven internationally to improve survival rates, lower costs, reduce readmission rates and improve quality of life for patients. The Supportive and Specialist Palliative Care Service continued to close gaps in provision of service through innovative models such as telehealth, Commonwealth-funded respite, and general practitioners with special interest (GPwSI) clinics for community patients. Partnership with the Gold Coast Primary Health Network on projects to improve palliative care across the community also occurred.

During the period, Palliative Care at Robina Hospital saw a reduction in admissions, readmissions and bed days used, following the introduction of a national best-practice specialist community model. As a result, a proposed change to beds was endorsed, and four acute palliative care beds at Gold Coast University Hospital were opened.

This transformation aims to improve palliative care patient access to acute services, including oncology, cardiology and renal.

Care improvement for patients living with dementia

Model-of-care changes saw beds designated for patients with specific cognitive impairment and behavioural concerns.

The new model, established in November 2018, identified an interprofessional collaboration approach between occupational therapy and nursing staff. The model demonstrated calming benefits for agitated dementia patients by supporting a safe and relaxed environment.

Through the new model, a comprehensive, holistic assessment (including cognition and sensory profiling) is undertaken. This results in targeted, personalised support that prevents and de-escalates behavioural expression.

This approach has facilitated interprofessional collaboration and has demonstrated a reduction in occupational violence, non-essential pharmacological interventions, workplace injuries and an increase in staff awareness of the management of those living with dementia.

Orthogeriatric Service reduces length of stay

The Geriatric-orthopaedic model of care commenced in the Acute Care of the Elderly Unit at Robina in July 2018 for older patients who have sustained hip fractures. The service provides collaborative care for older patients with fragility fractures, provided by the orthopaedic service who manage the surgery, and specialist geriatric services who provide overall perioperative care.

This service has provided improved care for patients with length of stay in hospital reducing by an average of two days.

Patients admitted for emergency treatment of fractured neck of femur undergo surgery within two days of admission. Since the model's implementation, virtually all patients have had surgery within this timeframe.

State-wide clot retrieval service for stroke patients

The Gold Coast University Hospital is one of three hospitals in South East Queensland that runs a 24/7 Endovascular Clot Retrieval Service, providing treatment for patients from around Queensland and Northern New South Wales, including Mount Isa, Mackay, Townsville, Cairns and as far south as Casino.

Furthermore, Gold Coast Health supports a state-wide service for Far North Queensland-based patients who have sustained a stroke.

The services provide support for time-critical procedures, with positive outcomes experienced by patients.

Rehabilitation Response Team

Following the launch of the Rehabilitation Response Team in 2017, Gold Coast Health has continued to deliver a specialised, multidisciplinary in-reach rehabilitation for patients who are too unwell to be transferred to a traditional rehabilitation setting.

The team provides support while patients are in the acute care phase of their treatment, with the aim to reduce hospital length-of-stay.

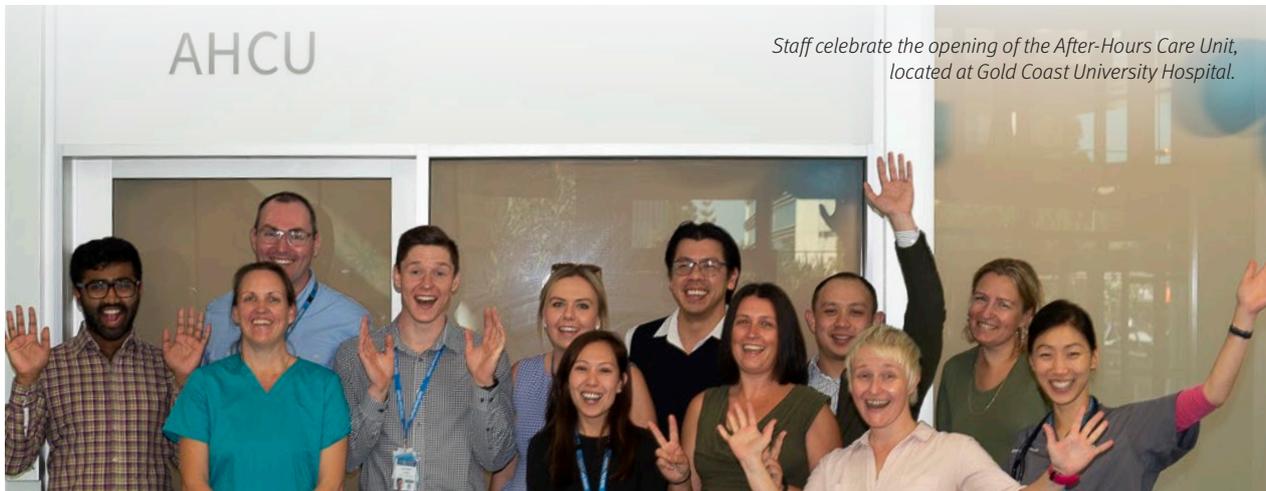
In its first 19 months of operation, the team provided in-reach rehabilitation to more than 500 patients, who are predominantly elderly (average age 77 years) and primarily referred for rehabilitation following an orthopaedic injury.

Following intervention, 34 per cent of patients accessed further inpatient rehabilitation at Robina Hospital, while 28 per cent have been directly discharged home.

A further 11 percent of were offered additional support to optimise their mobility, aiming to improve their quality of life prior to discharge to a residential aged care facility.

Centre for Health Innovation

Established five years ago as a joint venture between Gold Coast Health and Griffith University, the Centre for Health Innovation plays a critical role in delivering patient-centred care.



The Centre for Health Innovation (CHI) was established to improve Management Information Systems and deliver the proof-of-concept initiative, Gold Coast Integrated Care. This evolved in 2016, with CHI moving under Operations to support four key pillars of redesign, innovation, research and provision of world-class services.

Throughout 2018–19, a range of CHI projects transitioned to business-as-usual, including:

- the Head Neck Oral Health and Neurosurgery project, addressing the challenges in service delivery and improving coordination of care
- the private practice model, to reduce outpatient long waits, improve clinic utilisation and ensure the continuation of effective communication and engagement strategies. The model will be driven by the Surgical Anaesthetics and Procedural Services directorate
- after-hours care delivery at Gold Coast University Hospital, which resulted in improved transparency and efficiency across healthcare delivery. Improvements included the introduction of after-hours clinical leads, redefinition of medical and nursing after-hours responsibilities and implementation of a Task Manager Application to support distribution, workload monitoring and response.

The Centre for Health Innovation also drove forward a range of projects that address some of the fundamental safety and patient flow issues felt across the health service, including the Gold Coast University Hospital Coordination Hub.

Each project is different in scope, but shares the common objective of delivering safe, effective, equitable and patient-centered care to the community.

Integrated Care Alliance

The Integrated Care Alliance (ICA) is a collaboration between Gold Coast Health and the Gold Coast Primary Health Network to develop an integrated, coordinated, seamless world-class system by linking and strengthening relationships between primary, secondary and tertiary care services. ICA is currently focusing on implementing community-based hubs to provide coordinated care for complex and chronic patients, in the right place, at the right time, by the right professionals.

Further information around ICA is detailed on page 26.

Unscheduled care

Several initiatives are in place to respond to unscheduled care, including the Gold Coast University Hospital's Coordination Hub and the Appropriateness Evaluation Protocol audit.

The Coordination Hub has proven invaluable in providing access to real-time patient flow and predictive impacts and identifying road-blocks throughout the hospital that were not visible before.

The Appropriateness Evaluation Protocol audit, undertaken in July 2018, informed and influenced development of interventions to address patient flow challenges, including a three-day length of stay review, the Emergency Department Admission Pathway and Rapid Emergency Admission to Destination (READi).

Relational coordination

A relationship-centred professional leadership culture is being developed, based on evidence-based theory for organisational change.

Model of care changes in the Emergency Department

New initiatives in the Gold Coast University Hospital Emergency Department aim to improve wait times and increase triage capacity. The Acute Clinical Decisions Unit was re-purposed as an acute assessment space, assisting at the point of triage. A Hot Clinic was introduced to the Medical Decisions Unit, with a doctor supporting patients who required a rapid review following discharge from the unit or from the Emergency Department. The Hot Clinic aims to support safe, early discharge and appropriate clinical handover back to the General Practitioner.

Improvements across ophthalmology, gastroenterology and digestive health

During the period, scheduled care improvements across ophthalmology, gastroenterology and digestive health took place. A diagnostic review resulted in increased consultancy capacity, decreased waitlists, and shared models of care, with risk stratification processes for clients with complex eye conditions and chronic disease.

A performance monitoring framework was established in the Gastroenterology and Digestive Health project, as well as the implementation of nurse-led outpatient triage and improved scheduling efficiencies.

Frail Older Persons Collaborative

Under a coordinated and collaborative approach, the Frail Older Persons Collaborative project is underway to improve the flow of frail elderly patients through the health system, implementing an evidence-based care package under the leadership and direction of the Frailty Aged Care Steering Committee.

Crisis Now Initiative

The Mental Health Crisis Now Initiative (CNI) is a proof-of-concept for the development of a Mental Health Crisis Stabilisation Facility, providing an alternative care pathway for consumers experiencing acute mental health concerns, to reduce presentations to the Emergency Department. The initiative proposes to develop a Mental Health Crisis Stabilisation Facility offering 12 chairs for care up to 23-hours and eight beds for care up to 72-hours, a Mental Health Co-ordination Hub and a mobile response team to support consumers with direct access to acute interim care.

The initiative is in the planning phase. A Crisis Now Initiative Steering Committee has been established, with internal and external stakeholder workshops and a clinician-led workstream being planned for the coming months.



Staff participate in an internal Crisis Now Initiative workshop.

Looking forward

In 2019–20, CHI will continue leadership of quality improvement and clinical redesign initiatives. CHI will continue to develop and manage stakeholder relationships and build capability as well as influence in the world of clinical redesign, while striving towards a positive return-on-investment for Gold Coast Health.

Integrated Care Alliance

Gold Coast Health, in conjunction with the Gold Coast Primary Health Network are working to develop a single, world-class integrated care system to cater for the Gold Coast population through the Integrated Care Alliance (ICA).

We need Integrated Care because our population is growing at a higher rate than the Australian average, with the number of people who have complex needs due to multiple comorbidities or other non-medical complexity increasing. These factors are contributing to rapid increases in hospital admissions, length of stay, and workloads for clinical specialities.

Since November 2017, the Integrated Care project team has conducted 58 clinical workshops with 606 clinical expert participants from all sectors of the local health system, 18 consumer workshops and 83 individual interviews leading to the engagement of 152 consumers with lived experience to redesign 18 existing models of care.

The participants explored what the ideal consumer journey looks like by using design thinking principles. This is a world-first approach to redesigning models of care in a truly cross-sector collaborative way of human-centred problem solving.

The redesigned models of care have been further progressed to support the implementation of the key themes of the redesign workshops:

- supporting primary care as the main care provider
- a multidisciplinary team approach in community-based hubs
- improved clinical handover across sectors
- knowledge- and information-sharing

Throughout 2018–19, ICA has continued to build on the outcomes from the model of care redesign, including looking at the use of community-based hubs to deliver seamless and coordinated care to consumers.

The hubs will focus on holistic management of chronic and complex patients in the community, beyond the condition-specific scope of the redesigned models of care.

The community based-hubs will strengthen the importance of general practice as the main care provider, foster collaboration across sectors and ease access to health services using innovative technology.

Once implemented, integrated care will help to alleviate the burden on our health care system and improve the coordination of care to ensure consumers receive the right care in the right place at the right time by the right person.

Excellence in research

Gold Coast Health research performance is reflected by the amount and type of research activity being undertaken. Throughout 2018–19, 91 projects were authorised to start, supported by \$2.88 million in research grant funding through internal and external sources.

Expansion of the clinical trials program is underway, with clinical trials staff tasked to identify the most appropriate service and business model for the organisation.

More than 80 per cent of research studies being undertaken have engaged external partners, and one third of these studies have engaged more than one partner.

The volume of research outcomes that are published in peer-reviewed journals is a reflection of the high-quality research being undertaken at Gold Coast Health. Since July 2018, 262 peer-reviewed articles have been published, many of which describe the implementation or evaluation of new interventions or changes in practice that lead to improved health outcomes.

Moving forward, the recent endorsement of the *Gold Coast Health Research Strategy 2019–2022* will provide a roadmap by which Gold Coast Health can achieve its overarching ambition of being recognised as a centre of excellence in world-class health care. The strategy aligns with a series of strategies at state and national level.

 **\$2.88** million in research grants

 **91** new research projects authorised

 **262** research publications

 **115** clinical trials currently running



Further information about Gold Coast Health's research achievements can be found in the 2018 Research Snapshot, available at: www.goldcoast.health.qld.gov.au/research/research-profile

The Queensland and Northern New South Wales Regional Health Collaborative

Gold Coast Health hosted the establishment of the Queensland and Northern New South Wales Regional Health Collaborative (the Collaborative), which includes six regional health services, two Primary Health Networks, six universities, nine research institutes and educational organisations, and a number of government and not-for-profit groups.

The Collaborative submitted an application to the National Health and Medical Research Council to be accredited as a Centre for Innovation in Regional Health.

The establishment of the Collaborative will expand the range of collaborative opportunities for Gold Coast Health staff to engage in research. In collaboration with New South Wales Regional Health Partners, a research impact framework is integrated into the Collaborative's strategy to ensure knowledge exchange is connected, thereby securing greater impact from publicly funded research. The Collaborative will also support training of new researchers and clinician researchers to ensure they acquire skills and expertise needed to measure the impact of their own research.



Changing the lives of people with motor-neurone disease

Gold Coast Health researchers are leading a world-first clinical trial into the effects of medicinal cannabis in treating people living with motor-neurone disease (MND) or amyotrophic lateral sclerosis (ALS).

Thirty patients between the ages of 25 and 75 diagnosed with MND in the past two years will be given either medicinal cannabis oil capsules or a placebo over 24 weeks, with researchers monitoring the progression of the disease and any changes in pain, spasticity, weight loss, lung function and quality of life.

One of the study's outcomes could be a reduction in health care spending on the treatment of MND by reducing hospital admissions and visits for people with MND.

Breakthrough in Malaria Vaccine Trial

More than 200 million cases of malaria occur every year worldwide, resulting in more than 500,000 deaths. The search for an effective vaccine is one of the holy grails of medicine.

The Glycomics Institute at Griffith University has worked with Gold Coast Health's Department of Infectious Diseases and Immunology on the development of a novel malaria vaccine using whole attenuated parasites.

This is expected to elicit a more effective immune response in recipients, and initial clinical studies have shown the vaccine to be safe and associated with an immune response in healthy volunteers.

Engaging consumers

The Consumer Advisory Group (CAG) is a group of community representatives who work with Gold Coast Health to improve our local health system. In 2018, Gold Coast Health restructured the CAG, resulting in a self-directed, focused and strategically embedded consumer group that contributes directly to the quality and safety of health services delivered.

The Consumer Advisory Group has 19 members who are diverse in culture, age and healthcare experience. The group has an independent chair and the professional input of members is recognised with payment of sitting fees.

Gold Coast Health has invested in laying the foundations for a sustainable CAG structure and has operationalised consumer engagement to evoke an open, transparent and welcoming environment for consumers to have an active role in strategy development, service delivery and review of major services.

In 2018–19, the CAG established four sub-group committees which are active in bringing current issues and consumer expectations to the planning and delivery of services, including health literacy, aged care (and the impact of residential aged care facilities on the Emergency Department), nutrition, and diversity and inclusion. Consumer input has made a difference across a range of areas, in relation to:

- health literacy program support
- the Diversity and Inclusion Action Plan
- staff consumer engagement training
- Magnet ambassador forums
- parking concessions strategy input
- models of care reforms for integrated care
- medication safety
- clinical handover.

Table 3: Summary of engagement activities in 2018–19 by division (excluding patient publication reviews)

Division	Activity
Mental Health Specialist Services	143
Cancer Access and Support	91
Diagnostic Emergency and Medicine Services	85
Specialty and Procedural Services	32
Integrated and Ambulatory Care Services	85
Strategic Planning and Assets	2
People and Engagement	21
Clinical Governance, Education and Research	14
Board	6
Total	479





The depth and breadth of consumer engagement is evident in the participation of CAG consumer representatives in 35 key committees, including quality and safety, special projects, research, clinical handover, medication safety, digital transformation and strategic development.

CAG prompted the formation of the Health Literacy Steering Committee, which includes two consumer representatives. The working group contributed to the Gold Coast Health Literacy Strategy 2018-20, with specific areas of focus and expected outcomes from a consumer perspective.

Gold Coast Health's commitment to an open and transparent review of performance is evident in CAG's ongoing role in the review of quality and safety Key Performance Indicators and review of patient survey results. CAG members are key members of review panels such as the Clinical Incident Review Committee and the major quality improvement project Magnet, which is a multi-million-dollar project spanning five years.

Health consumers play a key role in ensuring simple language patient information by reviewing key documents prior to production. This consumer litmus-test ensures patient information and communications are easy to read, have a singular purpose and meet the needs of the person reading at any literacy level.

The consumer group has acted quickly to influence the design of service delivery and identify gaps. For example, the provision of adequate meals to nursing mothers with babies in the neonatal intensive care unit (NICU) is an issue that had been overlooked until it was raised and vigorously pursued by a Health Consumer, who (as a mother of triplets requiring complex care since birth) saw that improvement was desirable.

The CAG engages in broader health service network issues at a national level. While CAG is working with Gold Coast Health staff to reduce the impact of Residential Aged Care Facilities admissions on the Emergency Department, they are also active at a Federal level to influence policy. Having CAG members with lived experience in these areas is so powerful to bring the consumer voice that is experienced, focused and resolute in its pursuit of a fair go for aged people in our community.

Consumer Advisory Group Deputy Chair Prof Margaret Shapiro in consultation with the group.

“Involving community members and consumers in decisions relating to health services contributes to a better health system. It is an important way we ensure we’re responsive to changing local needs.”

*– Ian Langdon,
Gold Coast Health Board Chair*

Digital transformation

Integrated Electronic Medical Record

Gold Coast Health was the first health service in Queensland to introduce the integrated electronic medical record (ieMR) to all of its facilities in a single implementation. The ieMR was progressively rolled out between February and May 2019.

In 2019 Gold Health facilities transitioned successfully to the integrated electronic medical record. Doctors, nurses and other clinicians can now access real-time patient information and use a range of advanced features, such as digital ordering and reviewing of test results and monitoring of patient progress through electronic equipment at the bedside. The management of patient medications has also been improved. These features will all work to ensure Gold Coast Health continues to delivery safe, quality care.

The key to the successful roll-out was the level of engagement with the clinical workforce during planning and implementation to achieve buy-in and ownership of the digital agenda.

The Health Service is proud of this significant achievement, the scale of which is reflected below:

- more than 8720 staff and students were trained in ieMR functionality across 13,800 training sessions
- 40 ieMR training courses were developed, complemented by more than 680 quick reference guides and 420 training videos to support staff learning
- more than 3600 staff completed hands on practice in the digital labs
- Staff accessed online resources more than 42,900 times
- more than 6200 bio-medical and clinical devices were purchased to support patient care (such as workstations on wheels, printers, scanners, and patient monitors)
- more than 400 change champions and 800 super users supported their colleagues
- footwalker support during the go-live period exceeded 49,600 hours.





“Our patients also embraced the new technology as they had been well advised in the weeks leading up to go-live that they might experience delays. Their safety was key to our training and planning for a successful go-live.”

– Grainne McDermott, Nurse Unit Manager

ieMR was implemented into Queensland’s busiest Emergency Department at Gold Coast University Hospital, followed by Robina Emergency Department four weeks later. It was also the largest single roll-out of ieMR into operating theatres, with 44 operating rooms and suites at the Health Service live with the digital solution. Community health sites located across 13 different geographical locations covering 20 community services are now also successfully digital.

Following the implementation, Gold Coast Health has seen a significant reduction in hard copy clinical documentation being processed. This has enabled workforce redesign to occur and the redeployment of administrative staff to support front-line healthcare delivery.





Left to right: Lizzie Oliver and Grady Hopkins, with Nathan Zipf who created the Pharmacist Prioritisation Tool.

Pharmacy leads the way with ieMR integration

The ieMR roll-out has given pharmacists an exciting opportunity to provide even greater patient-focused and targeted interventions to improve and optimise patient treatment. Pharmacist Nathan Zipf has used his IT skills to link multiple data sources to create a visual ‘Pharmacist Prioritisation Tool’.

The tool is provided in the form of a dashboard, where every patient/bed in the HHS is visually displayed by colour and size, based on a risk- stratified algorithm that considers multiple impacting issues, such as number of medications, length of stay, co-morbidities, pathology results that require action, high-risk medicines, and pending discharge. This tool allows pharmacists to prioritise and plan the multiple clinical tasks they need to provide to the most vulnerable and at-risk patients, thereby improving their health outcomes. It also identifies and prioritises patients requiring intervention for discharge, facilitating patient flow through the hospital and improving communication across care sectors.

It is hoped this tool will eventually be used to support rostering, meet seasonal workload changes, and allocate staff in real-time to areas experiencing spikes in workload.

The pharmacist prioritisation platform is the first of its kind within the public hospital pharmacy sector. Multiple other hospital and health services and interstate hospitals have expressed their interest in adopting the tool, with work and negotiations currently ongoing.

Digital progress for Medical Imaging

Medical Imaging is becoming one of Gold Coast Health’s fastest growing and most technologically advanced services.

Implementation of the new Medical Imaging Information System on 1 April 2019 completed a two-year project to improve radiology efficiency and patient safety. The new system, which is integrated with ieMR, delivers imaging information to doctors and nurses to support them to create the right care plans for patients in a more timely way. This means that by getting medical results earlier, patients can return to good health earlier.

Dr John Richards, Medical Director of Radiology, said the new medical imaging solution made an immediate impact. “With improved accessibility, clinicians can receive results anywhere, anytime, using a desktop or smartphone web browser, or mobile device. The ability to share reports and images will make information more accessible and available”.

A Paediatric MRI simulator was also funded via the Improvers program. The simulator allows role-playing prior to imaging and is a prime example of technology improving patient outcomes. The simulator aims to reduce the need for sedations and general anesthetics for Gold Coast children.



Members of the Medical Imaging Information System team, who supported the system roll-out.

MyHR

The final roll-out for myHR across the Health Service was successfully implemented. Since the first go live on 21 February 2019, Gold Coast Health has submitted more than 27,000 forms via myHR.

Three Business System Administrators supported the implementation and ongoing business-as-usual activities for the myHR system. More than 250 myHR Super Users spanning across all divisions were also trained as the first point of contact for staff requiring support.

Gold Coast Health is well on its way to realising the benefits of direct access to our organisational structure, establishment management and online forms processing through myHR. Our new processes have fast become our standard way of working, and the health service is experiencing a more efficient and reliable approach to HR practices.

New collaboration space fosters innovation

Following the ieMR roll-out, a new collaboration space in the heart of the Health and Knowledge Precinct was launched to support innovative thinking.

Innovation, research and learning is one of the focus areas for our Digital Strategy, and the new Centre for Digital Healthcare will be a key to achieving our digital transformation objectives.

A range of projects have been delivered:

- Digital Workspace Project, which included the roll-out of Windows 10/Office 365 across the health service
- Digital Healthcare Program, which included the roll-out of a scheduling and referral management system, known as Enterprise Scheduling Management (ESM), and ieMR across the health service
- Medical Imaging Informatics Solution (MIIS), which included the roll-out of the new Radiology Information System for scheduling and reporting, a new Picture Archiving and Communications System for image storage, and integration with ieMR so clinicians can track their radiology order status, view and acknowledge a final radiology report and check/acknowledge radiology critical results in ieMR
- Electronic Task Manager, which improved after-hours care and enabled clinicians to allocate, track and communicate clinical tasks on mobile devices to ensure they respond to the most critical patient needs after hours
- Zeiss Ophthalmology solution, which improved efficiency in one of the busiest outpatient clinics at Gold Coast Health. It enabled networking of four diagnostic machines to conduct eye exams so that data can be accessed anytime from anywhere and a patient's complete exam history can be viewed using intelligent data displays
- Mercury e-Credential, which processes and manages all aspects of credentialing for clinical staff, moving from paper-based to a fully digital solution
- Injury Management, which delivered improvements in the case management of employees who are injured at work and has made employee claims processing more efficient.



The new space gives clinicians the opportunity to collaborate with information technology professionals and industry to create new digital solutions, according to Digital Engagement Director Tracey Brook.

“The move gives us access to an open-planned office space featuring collaboration areas, a board room, event spaces and a communal area for teams working in the Precinct, encouraging networking,” Tracey said.

“We want to work with industry partners to trial new digital solutions and experiment with emerging technologies, such as artificial intelligence, to develop digital prototypes.”

Looking forward, Digital Transformation Services will work to meet challenges relating to the provision support for ieMR and MIIS hardware, and more than 5000 devices. The area will continue to enable digital transformation across the health service, with a focus on assisting clinicians to optimise their workflows and improve the quality of clinical documentation and data.



6800

devices upgraded to Windows 10 and Office 365 across the health service

50,000

imaging services had been performed in the first nine weeks of operation of the new medical imaging system



20+

key clinical application and business system upgrades across the health service delivered across the year



100+

enquiries about potential new digital solutions



Gold Coast Hospital Foundation



Thomas Wiltshire, pictured with Foundation mascot Betty Get Better, spent the first four months of his life in hospital fighting for survival, before being diagnosed with the lifelong condition cerebral palsy.

The impact of community support

Gold Coast Hospital Foundation is a locally based not-for-profit organisation that supported more than 180,000 patients and their families last financial year who faced medical hardship caused by illness, injury or disability.

Established 25 years ago as the official charity for Gold Coast Health, the Foundation relies on the generosity of individuals, sponsors, corporate partners, and people who leave a gift in their Will to fund its vital work.

Together with this ongoing support from the community, the Foundation is committed to raising much-needed funds to improve health outcomes for children and adults through a range of vital support programs including:

- Cancer Patient Transport Service
- Emergency Accommodation Service
- purchasing medical equipment and aids
- funding hospital-led health research
- improving hospital facilities and patient spaces
- providing scholarships for Gold Coast Health staff.

Community and corporate donations during the 2018-2019 financial year helped Gold Coast Hospital Foundation achieve the following highlights:

- the Emergency Accommodation Service provided a record 610 nights of emergency accommodation assistance to the families of patients in trauma, intensive care, neonatal intensive care, children's critical care and postnatal mental health hospital units
- the Cancer Patient Transport Service made 6500 journeys to help people affected by cancer get to and from hospital for vital treatment
- funding was successfully secured for 71 items on the children's medical equipment wish list, benefiting newborns, children and teenagers across Gold Coast Health's neonatal and paediatric units. Equipment funded included a laparoscopic surgery instrument set, neonatal Giraffe Omnibed incubator, and a multi-sensory ceiling projector in the Children's Emergency Department
- 46 items on the general medical equipment wish list were also funded, including a Quickie IRIS Tilt in space wheelchair, a non-invasive Bladder Scan device, and a Haggis Mask
- 21 hospital facilities and patient spaces were improved, including the Robina Hospital LIFespace and Gold Coast University Hospital's Lavender Unit
- the Foundation awarded five nursing and midwifery scholarships to Gold Coast Health staff to further education and knowledge in specialist health areas
- as part of the major research program developed in partnership with Gold Coast Health, the Foundation continued its commitment to fund cutting-edge health research to address chronic health conditions. Researchers began a study in 2018 to find a test to help with earlier diagnosis of sepsis in children. Funds raised this year for the next clinical trial will help researchers perform one of the largest randomised-controlled trials on early resuscitation of children with sepsis. The innovative approach will test two interventions with greatest promise to improve patient outcomes. The study will capture functional outcomes and quality of life, consumer engagement, and sepsis-related costs

- 280 generous Gold Coast Health staff helped make a difference to patients in hospital by giving regular donations from their pre-tax pay via the Foundation's Above and Beyond Workplace Giving program. Workplace Giving is a simple and cost-effective way to make tax-deductible donations to the Foundation
- a three-year grant totalling \$330,000 was donated by the Greater Charitable Foundation to help the Foundation fund the expansion of the Child Life Therapy program delivered at Gold Coast University Hospital. Child Life Therapy has been highly beneficial for young patients and focuses on medical play to familiarise children with the theatre environment
- the second annual Care for Cancer lunch was a huge success, raising a record \$62,000 to support local cancer patients in need. The Foundation's signature fundraising event provided essential funding to help keep the Cancer Patient Transport Service on the road and purchase state-of-the-art chemotherapy chairs
- the inaugural Police and Community Charity Ball hosted by Queensland Police Service, New South Wales Police Force and Australian Federal Police raised more than \$33,000 to help sick children and their families in hospital.

Thousands of patients are helped each year by the Foundation, but there is so much more still to be done. By supporting Gold Coast Hospital Foundation you can help make sure every child in Gold Coast public hospitals receive world-class care and have access to the best possible medical equipment and facilities.



The foundation relies on community support. Donations are welcomed at www.gchfoundation.org.au

About Gold Coast Health

Established as a statutory body in 2012, Gold Coast Health delivers a broad range of secondary and tertiary health services from three hospitals (Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital), two major Allied Health Precincts (Southport and Robina), and 13 community-located facilities.

Our vision is to be recognised as a centre of excellence for world-class healthcare.

Gold Coast Health employs approximately 8262 full-time equivalent staff, making it the city's largest employer. The health service had an annual operating budget of \$1.575 billion for 2018-19, an increase of \$81 million (5.4 per cent) from the published 2018-19 operating budget of \$1.494 billion.

Gold Coast Health's combination of world-class infrastructure, a highly talented and committed workforce and strong partnerships with universities, Gold Coast Primary Health Network and the private and non-government sector, creates an unprecedented opportunity for innovation in healthcare delivery.

The Gold Coast Hospital and Health Board currently comprises Chair Mr Ian Langdon and eight members. The Board is seen by the Gold Coast community as representing local community needs and expectations in addition to its role as part of the wider Queensland Health federated system.

Our community

The Gold Coast Health catchment area takes in one of Australia's most iconic holiday destinations. From the beaches of Surfers Paradise to the hinterland of Tamborine Mountain, Gold Coast Health provides public health services to approximately 621,148 in the Gold Coast region. The service also cares for people from northern New South Wales and more than 13 million visitors each year.

Both Gold Coast University Hospital and Robina Hospital are teaching hospitals, committed to training the next generation of doctors, nurses and allied health professionals. Working under the supervision of senior clinicians, nursing students become nurses, medical students become doctors, and doctors become specialists at Gold Coast Health's facilities.

With more than 9500 staff, Gold Coast Health is the city's largest employer. As one of nation's fastest growing health services, we're cementing our reputation for our relentless focus on innovation and patient-centred care.

Our vision

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

Our purpose

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

Our values

Our work is driven by our six core values:



Integrity

To be open and accountable to the people we serve.



Community first

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



Respect

To listen, value and acknowledge each other.



Excellence

To strive for outstanding performance and outcomes.



Compassion

To treat others with understanding and sensitivity.



Empower

To take ownership and enable each other to achieve more.

Strategic direction

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

In line with the *Gold Coast Health Strategic Plan 2016-2020 (2018 Update)*, the service's strategic direction has been guided by eight key themes:

- recognising the importance of promoting good health by supporting strong families and an active and healthy community
- enhancing patient outcomes through research and translating it into practice
- transforming service delivery using technology
- enabling innovation by challenging how we do things now
- maximising the use of our resources
- being inclusive and valuing diversity
- ensuring the safety and wellbeing of our workforce
- being known for our excellence.

Under these themes, key objectives included:

Ensure patients have timely and equal access to health services

Measures of success:

Meet Queensland Government targets for access and treatment within clinically recommended timeframes and increase collaborative projects with our key partners.

Deliver safe, effective and efficient services in a sustainable manner

Measures of success:

Improve workforce satisfaction and patient satisfaction, achieve a recognised standard of clinical excellence in key areas, meet all applicable National Safety and Quality Standards and key performance indicators, and meet all applicable financial performance targets.

Support a healthy Gold Coast community

Measures of success:

Reduce hospital demand for preventable hospital admissions, increase home and community-based services, increase referral to prevention programs, and improve and report key performance indicators for 'Closing the Gap' in health inequalities for Aboriginal and Torres Strait Islander people.

Furthermore, the *Gold Coast Health Strategic Plan 2016-2020 (2018 Update)* aligns to the Queensland Government priority targets:

- create jobs in a strong economy
- give all our children a great start
- keep Queenslanders healthy
- keep communities safe
- be a responsive government
- protect the Great Barrier Reef.

Information regarding the many ways Gold Coast Health is working Advancing Queensland's Priorities can be found on pages 4–17 of this annual report.



The Gold Coast Health Strategic Plan 2016–2020 (2018 update) is available online:
www.goldcoast.health.qld.gov.au/about-us/strategy-and-plans

Priorities

Health services around the world are grappling with the challenges of an ageing population, increasing demand and escalating costs. Gold Coast Health is no exception to this and we have focused on a range of priorities during 2018-19 to enable the ongoing delivery of safe and high-quality care.

Service and facility master planning

In 2018, a \$20 million upgrade commenced at Robina Hospital, aiming to transform the hospital into a more modern and digital-ready health facility. Refurbishments included upgrades to Wi-Fi, network cabling and power, improvements mental health units, upgrade of patient monitoring systems and more. The upgrade will help support demand from the Gold Coast's growing population.

The Gold Coast population is growing at a much faster rate than the Queensland state average (2.2 per cent for the Gold Coast compared to 1.68 per cent for Queensland):

- by 2026, we will have an additional population the size of Mackay – 118,037 additional residents
- by 2031, we will have an additional population the size of Townsville. – 192,273 additional residents.

(Source: ABS 3218.0, Regional Population Growth, Australia 2018, various editions)

Much of our population growth is in those age groups who use health services the most – children and older residents. We also cater for a growing number of tourists and non-Gold Coast residents.

In response to this data, Gold Coast Health recently undertook a health service-wide facility master planning process. The process assisted in planning for future development and delivery of new and expanded services to support growth, particularly in the northern Gold Coast.

Education and future workforce development

Gold Coast Health partners with a range of universities for both clinical and non-clinical placements across multiple sites. Partner agencies include Australian Catholic University, Australian College of Nursing, Bond University, Central Queensland University, Charles Darwin University, Cunningham Centre, Griffith University, Queensland University of Technology, University of Southern Queensland, Southern Cross University and TAFE Queensland. In terms of junior medical officer placement, Gold Coast Health was one of the most oversubscribed programs in 2019 and will continue to offer an attractive program in 2020.

Collaboration with key partners

Collaboration with key partners helps to reduce service duplication and meet the diverse needs of our community.

Centre for Innovation in Regional Health

The Queensland and Northern New South Wales Regional Health Collaborative is making significant impacts to the health outcomes of people in regional and remote communities. As outlined on page 27, this is being achieved through a coherent and coordinated approach to the translation of research knowledge and by building capability among the health workforce to deliver best practice in healthcare across the region. Since its establishment in 2016, the Collaborative has now expanded to include seven health service partners, two Primary Health Networks, six universities and their affiliated research and education organisations, and four affiliated organisations.

Gold Coast Hospital Foundation

With community support, the Foundation raises money to deliver public health education, research and improve healthcare for the Gold Coast region. As illustrated on page 35, the Gold Coast Hospital Foundation delivers two vital support services including the Cancer Patient Transport Service and Emergency Accommodation Service, both of which support our patients and their families. By purchasing medical equipment that adds value to existing resources, the Foundation supports Gold Coast Health to focus on delivery of high-quality care.

Digital transformation

In 2019, Gold Coast Health transitioned to a digital healthcare service with the successful implementation of integrated electronic medical record (ieMR) infrastructure. The transition placed us at the cutting-edge of technological advancements and will support delivery of safe and effective care for our community – well into the future (read more on pages 30–33).

Research translation and innovation capability

Development of the Gold Coast Health Research Strategy 2018–2022 Roadmap ensured focus on research and innovation through four key strategies:

- build research capacity
- strengthen partnerships
- embed research in health services and systems
- establish a sustainable research culture.

The annual Gold Coast Health and Gold Coast Hospital Foundation Research Grant Scheme supported 15 projects, to the value of \$1.1 million, which focused on improving health outcomes for patients, improving operations and optimising health services.

Aboriginal and Torres Strait Islander Health

Gold Coast Health is committed to closing the gap and improving health outcomes for Aboriginal peoples and Torres Strait Islander peoples on the Gold Coast. Through collaboration, Gold Coast Health has developed and continues to implement culturally appropriate and innovative programs, models of care and services.

In 2018, Gold Coast Health Chief Executive Officer, Ron Calvert, made a public commitment to increase the number Aboriginal and Torres Strait Islander employees in our workforce to 3.5 per cent within four years.

The commitment works towards supporting the Queensland Government's *Making Tracks Towards Closing the Gap in Health Outcomes* along with Gold Coast Health's *Diversity and Inclusion Action Plan and Reconciliation Action Plan*.

A notable achievement was the commencement of the Courageous Conversations About Race program, an innovative training and cultural immersion program designed to transform understanding of how race impacts everyone's lives, work and communities.

During the 2018–19 period, Gold Coast Health made strides towards improving Aboriginal and Torres Strait Islander health outcomes, including:

- Continuing community engagement support through the Karulbo Aboriginal and Torres Strait Islander Health and Wellbeing Community Partnership, bringing together community members on a quarterly basis to discuss health challenges and strengths
- developing the interim Gold Coast Health Aboriginal and Torres Strait Islander Closing the Gap Plan, in line with the Queensland Government's strategies following the Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services report
- delivering nine 'Train the Trainer' programs, including the 'Courageous Conversations About Race' program to address levels of institutional racism
- increasing the number of Aboriginal and Torres Strait Islander midwives employed by Gold Coast Health, allowing for opportunity to investigate innovative models of care such as the 'First 1000 Days Australia' (Dr Kerry Arabena), 'Birthing on Country' and an Aboriginal and Torres Strait Islander led and staffed Midwifery Group Practice and Child Health teams
- continuing delivery of healthy lifestyle programs, including Strong and Deadly Wellness Program (established in 2018), bush tucker cooking sessions, calendar, and gardens, and the Mungulli Aboriginal and Torres Strait Islander Exercise Program

- delivering dietetic outreach clinics in collaboration with Kalwun, the local Aboriginal and Torres Strait Islander community-controlled health service
- employing a temporary Midwifery Navigator to provide continuity of care for pregnant Indigenous women and support smoking cessation during pregnancy through a quit smoking program
- developing a validated Cultural Capability Measurement Tool (CCMT) (still under development) in partnership with Griffith University with Gold Coast Health ethics approval provided.

Looking forward

Gold Coast Health is working towards the development of the *Aboriginal and Torres Strait Islander Health Plan*, in collaboration with partners including Kalwun Health Service, Department of Aboriginal and Torres Strait Islander Partnerships, Gold Coast Public Health Network and other service providers. The Plan will consider:

- mental health and alcohol and other drugs concerns, including suicide prevention
- Aboriginal and Torres Strait Islander-led research and innovation
- maternity services strategy including immunisation
- chronic disease
- key performance indicators, such as Discharge Against Medical Advice, potentially preventable hospitalisations, low birth weights and antenatal visits.



Staff attending the Courageous Conversations About Race program.

Our community-based and hospital-based services

A broad range of secondary and tertiary health services are delivered by Gold Coast Health in our three hospital facilities. These include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, oral health, outpatients, environmental health, public health services, and more.

We also deliver a wide range of services in diverse community settings – in our health precincts, community centres, schools, residential aged-care facilities, correctional centres, and in the home. These services include post-birth midwifery visits, home-based palliative care, hospital in the home, and school dental health appointments.

The delivery of these services is supported by our iEMR infrastructure, to ensure we can continue to safely and effectively care for our community, well into the future.

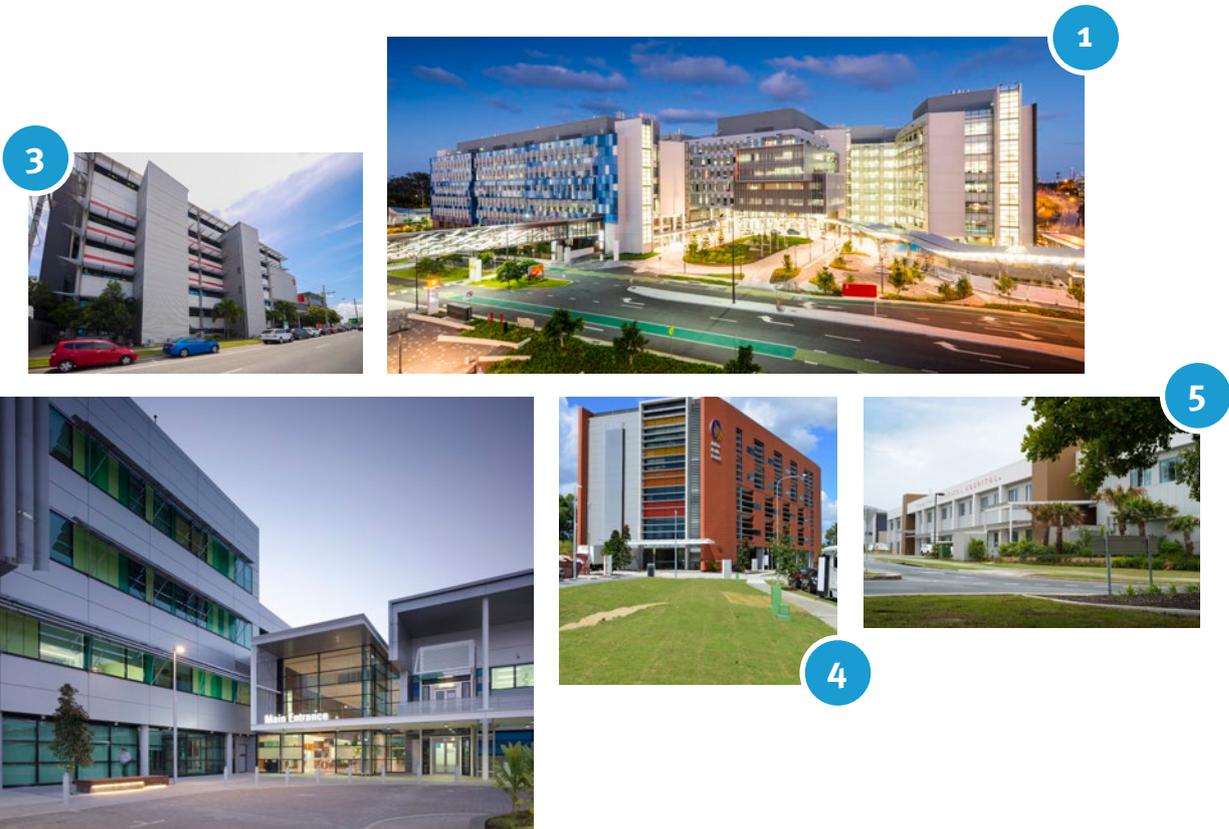
As our population grows, we continue to find innovative ways to provide patients with sustainable and contemporary health care at the right time and at the right place.

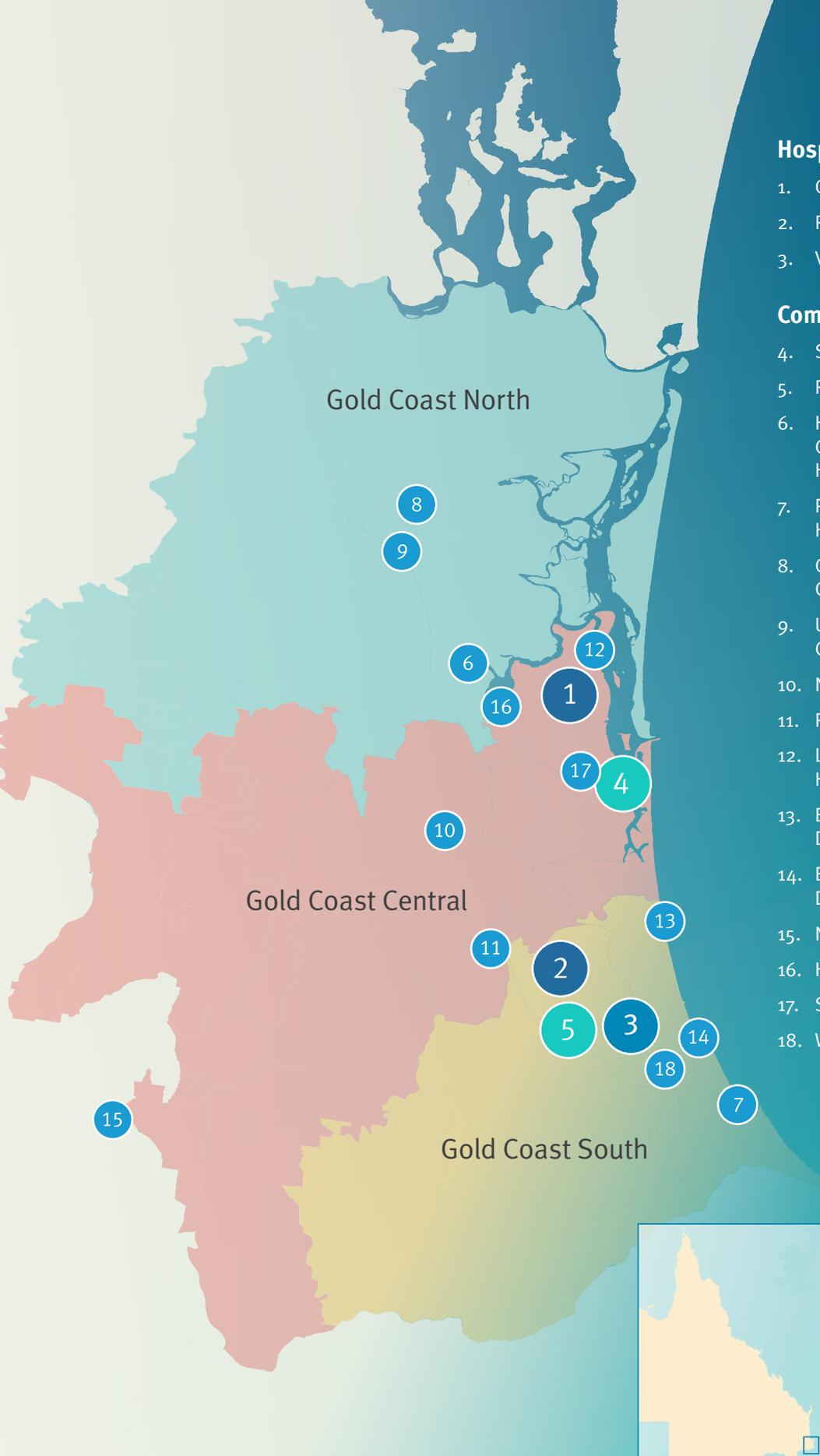
Gold Coast University Hospital (GCUH) is the city's premier tertiary-level facility. The facility has seven buildings covering 170,000 square metres, and provides modern, world-class tertiary hospital care, with more than 70 per cent of private rooms. It is located (together with Griffith University and Gold Coast Private Hospital) in the Gold Coast Health and Knowledge Precinct, a legacy of the 2018 Commonwealth Games.

Robina Hospital is a major regional health facility and serves as a patient base for emergency, medical, palliative care and mental health. It is also home to the Clinical Education and Research Centre, a joint project between Queensland Health and Bond University's Faculty of Health Sciences and Medicine.

Varsity Lakes Day Hospital features six theatres for endoscopy, plastics, orthopaedic and other surgery, as well as women's health clinics.

In April 2019, GCUH and Robina Hospital were both named by Newsweek as a World's Best Hospital, a notable achievement towards our vision to be recognised as a centre of excellence for world-class healthcare.





Hospitals

1. Gold Coast University Hospital
2. Robina Hospital
3. Varsity Lakes Day Hospital

Community health facilities

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

Refurbished hospital ready for the future

A \$20 million refurbishment of Robina Hospital has ensured the hospital is able to keep pace with changing technology and continue to cater for the growing health needs of the southern Gold Coast.

The work has included:

- upgrading the Wi-Fi network, cabling and power to prepare for the launch of the integrated electronic medical record in April 2018
- refurbishing inpatient units, including new sprinklers, water supply pipework, air-conditioning, and upgrade of the reverse osmosis system to improve infection control standards and sterilisation capabilities
- refurbishment of a number of mental health units to improve the layout and flow of the units, as well as the overall therapeutic environment
- upgrade of patient monitoring systems and general hospital maintenance, including new flooring and paint in some areas.

Among the works were improvements to the Child and Youth Mental Health Services (CYMHS), which relaunched with a new space (pictured below) and name. The facility is now called the Wattle Unit, a name that brings the service in line with other Mental Health facilities named after plants – such as Lavender, Orchid and Cordyline.

The name was chosen in consultation with young people, families and staff. The facility was refurbished as part of Robina Ready works to upgrade the hospital and prepare it for ieMR digital transformation.

Acting Nurse Unit Manager Katrina Tyne said the renovations and new furnishings have improved the flow of rooms and common areas.

The project involved temporarily moving patients to other wards while wards were refurbished. The clinical team managed this complex relocation task with skill, minimising the disruption to patients, visitors and staff.

The next stage of redevelopment will involve creating an Adolescent Day Program, providing an alternative to inpatient admission for young people aged 13-18 with severe and complex mental health issues.



Targets and challenges

Our strategic challenges

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

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

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

Challenge: Meet critical quality and safety performance outcomes.

Our strategy: Ongoing engagement with clinicians, strengthened accountability and reporting systems in accordance with the changes to the National Safety and Quality Health Service (NSQHS) Standards.

Solutions such as best-practice clinical interventions, improved models of care, digital transformation, state-of-the-art facilities and a resilient workforce will enable us to navigate a rapidly changing healthcare landscape.

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

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

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

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

Managing strategic risks

Our governance system and strategic risk management framework align with the Queensland Department of Health Strategic Plan 2016-2020. Strategic risk management plays an essential role in delivering strategy and in enabling the view of risk as not just being prevention and mitigation, but an enabler for major opportunities.

Our key strategic risks are:

- sustainability in terms of access, demand, revenue and capital within a constrained funding environment
- enabling transformational culture and conduct to enable our workforce to be sustainable, safe, innovative, resilient and efficient, while their behaviours are aligned with community expectations and our safety-first culture. If we are to be world class, we must be transformational in nature.
- delivering high reliability healthcare with IT, clinical and administrative systems and processes conducted in a way that makes the service we deliver highly reliable, safe and aligned with our values.
- continuing to be a learning organisation where everyone has a role to play in innovation.

Our key opportunities are:

- continuous improvement of systems and processes to support operational performance
- collaboration with key partners to reduce service duplication and meet the diverse needs of our community
- digital transformation, research translation and innovation capability to provide timely, accurate information and support alternate innovative models of care.

Our commitment

A range of services and programs have been implemented to deliver on Gold Coast Health's strategic objectives for 2018-19. The Service Agreement between the Gold Coast Health Board and Queensland Health sets out the agreed services and standards that will be provided to the community each year.

Governance

Our people

Board membership

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

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

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

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

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

2018–19 Gold Coast Health Board Directors



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

Appointed 1 July 2012. Current term 18 May 2019 to 17 May 2020.

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

Ian is the Chair of the Executive Committee. He is also currently the Chair of Autism Queensland and is Chair and Commissioner of the GasFields Commission Queensland.



Ms Teresa Dyson LLB(Hons), BA, MTax, MAppFin, CTA, GAICD

Appointed 18 May 2016. Current term 18 May 2019 to 31 March 2022.

Teresa Dyson is a non-executive director, with a portfolio of directorships across listed companies, Government entities and not-for-profit entities. She sits on Boards in the media, energy, finance and mining sectors. She is also a member of the Foreign Investment Review Board and the Takeovers Panel. Teresa has previously been a partner of a global law firm and a global accounting firm. She is a former Chair of the Board of Taxation.



Mr Robert Buker FCA, AMIIA

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

Robert Buker is Chair of the Audit Committee and has more than 47 years' expertise as a Chartered Accountant, with extensive experience delivering internal and external audit, accounting services, corporate governance, project management, as well as providing financial and management consulting. Rob's extensive experience includes both the public and private sectors in local, national and international markets.



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

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

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



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

Appointed 17 May 2014. Current term 18 May 2018 to 17 May 2021.

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

2018–19 Gold Coast Health Board Directors



Michael Kinnane ESM, FAICD, FAIM

Appointed 18 May 2018. Current term 18 May 2019 to 31 March 2022.

Michael Kinnane has had an accomplished career as Director-General of several Queensland government departments, including emergency services for more than 12 years and CEO of the Queensland Ambulance Service for five years. Michael is a strategic change leader who is community and outcomes-focused, with a record of achievements resulting in positive patient outcomes for the community.



Colette McCool PSM, MIM, BA, GAICD, FAICD

Appointed 1 July 2012. Current term 18 May 2018 to 17 May 2021.

Colette McCool has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, cultural and social portfolios in State, Territory and Local Governments, in diverse functional areas such as community services and health, waste management and transport. Colette is also the Gold Coast Hospital and Health Board Chair's ex-officio appointment as a Director of the Gold Coast Hospital Foundation.



Professor Judy Searle BMBS, FRANZCOG(ret), MD, GAICD

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

Judy Searle started her career as a medical specialist before moving primarily into leadership and management positions in academia, health professional advocacy and health policy. She continues to contribute to the health and education sectors as a non-executive director and as an academic consultant, with particular focus on clinical service provision, health policy development, regulation and accreditation, and medico-politics. Judy is Chair of Gold Coast Health's Safety, Quality and Clinician Engagement Committee.



Dr Andrew Weissenberger MBBS (Hons), FRACGP, GAICD

Appointed 1 September 2012. Current term 18 May 2018 to 17 May 2021.

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

Board remuneration

The Governor-in-Council approves the remuneration arrangements for Board Chairs and members. The annual fees paid by Gold Coast Health are consistent with the *Remuneration procedures for part-time Chairs and members of Queensland Government bodies* and are reported on page 96. The reported fees may be impacted by Fringe Benefits Tax and other factors.

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

Several Board members were reimbursed for out-of-pocket expenses during 2018-19. The total value reimbursed was \$3168.

2018–19 Gold Coast Health Executive Management

Executive management

The Gold Coast Health Executive Management Team consist of the Chief Executive and a suite of Executive Directors responsible for a range of portfolios including Operations, Finance, Strategy and Service Planning, People and Corporate Services, Strategic Communication and Governance, Digital Transformation, Robina Hospital, and Clinical Governance, Education and Research.



Chief Executive – Ron Calvert BSc (Hons), MBA

Ron commenced as Chief Executive of Gold Coast Health in 2012, bringing with him more than 20 years of health management skills and experience. He has held Chief Executive roles at England’s Doncaster and Bassetlaw National Health Service (NHS) Foundation Trust and Trafford Healthcare NHS Trust, where he introduced a quality regime that resulted in a significant reduction in mortality rates. Prior to this, he held Board-level roles at University College London Hospitals and University Hospitals Leicester.



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

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



Chief Finance Officer – Ian Moody BA (Hons), FCA, MAICD

Ian joined Gold Coast Health in December 2013 following an international career of 15 years in assurance and consulting in various commercial industries and government sectors. He is a Board Director of the Healthcare Financial Management Association.



Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood MBBS (Hons), FRACP, FRCPA

Jeremy returned to Gold Coast Health in 2005 as a Clinical and Laboratory Haematologist after having been a registrar in the service in the mid-1990s. He led the development of tertiary Cancer Services on the Gold Coast and draws on his 25 years of clinical experience to provide values-based leadership with a focus on improving staff and patient experience.

2018–19 Gold Coast Health Executive Management



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

Damian joined the Gold Coast Health executive team in January 2013 and has led major ICT, workforce and organisational reforms that have enabled public sector organisations to navigate complex operating environments and realise improved performance outcomes. Damian is responsible for leading Gold Coast Health’s digital transformation and has successfully delivered the integrated electronic medical record (ieMR) to all sites. As the Executive Director, Robina, Damian is responsible for collaborating across the Executive Management Team to build the strategic profile and capability of Robina Hospital.



Executive Director, Strategic Communication and Engagement, Acting Executive Director, Governance, Risk and Commercial Services – Sarah Dixon BBus (Comms), JP(Qual), GAICD

Sarah joined Gold Coast Health’s executive team in August 2018, following a 15-year consulting career in corporate affairs, communication and marketing. She has worked across a wide variety of sectors, including health, and has advised Boards and Executive Management Teams on a range of complex issues and situations in the national spotlight. She is also the Chair of an independent school board, and a Trustee Director of a public offer superannuation fund.



Executive Director, People and Corporate Services – Hannah Bloch BBus(HRM), LLB

Hannah joined the executive team in September 2016 following 10 years of work across Queensland Health. In addition to her role as General Counsel, Hannah’s portfolio includes human resources, legal, workplace health and safety, organisational capability, environmental services, buildings and logistics and security. Hannah’s role is critical to ensuring the Health Service has the right workforce with the right skills to meet future service delivery needs. She is focused on supporting the broader executive team to engage with staff and drive strategies for cultural change.



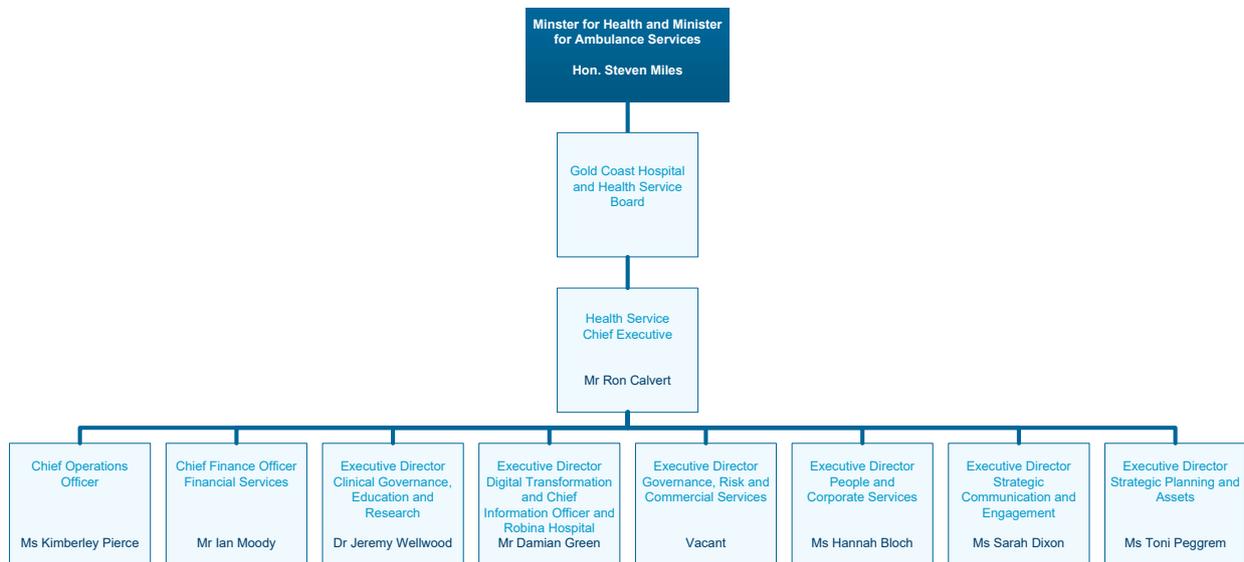
Executive Director, Strategy and Service Planning – Toni Peggrem BPTHy, BSc, MSc (Ed), GAICD

Toni started at Gold Coast Health in 2006 and brought with her more than 15 years’ experience in health service delivery and health administration. Toni played an integral role in the development, planning and delivery of the Robina Hospital expansion, Robina Health Precinct and Gold Coast University Hospital building projects. In addition, Toni oversees asset planning and management for Gold Coast Health.

Organisational structure and workforce profile

Organisational structure

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



Prepared by: Human Resource Services
July 2019

Workforce profile

Gold Coast Health's workforce consists of 8262 full-time equivalent (FTE) staff who contribute to the strategic objectives of the organisation. Gold Coast Health appointed a total number of 2170 staff (excluding medical staff) during the 2018–19 financial year (including internal movements and promotions). Of these, 927 were new appointments to the organisation.

8262
FTE staff



927
new employees
in 2018–19
(ex. medical staff)



Permanent separation

During 2018–19, 301 staff separated permanently from the service; a rate of 4.25 per cent.

An equal opportunity employer

Workforce figures show 1.27 per cent of Gold Coast Health employees declare themselves of Aboriginal or Torres Strait Islander descent.

Table 4: More doctors and nurses*

	2014	2015	2016	2017	2018
	-15	-16	-17	-18	-19
Medical staff	899	990	1033	1088	1118
Nursing staff	2795	3196	3275	3480	3668
Allied Health staff	798	909	932	993	1035

* Workforce is measured in MOHRI – Full-Time Equivalent (FTE).

Table 5: Greater diversity in our workforce*

	2014	2015	2016	2017	2018
	-15	-16	-17	-18	-19
Persons identifying as being Aboriginal and/or Torres Strait Islander	64	68	73	96	107

* Workforce is measured in MOHRI – Full-Time Equivalent (FTE).

Early retirement, redundancy and retrenchment

During the period, one employee received a redundancy package at a cost of \$99,390.26. Employees who did not accept an offer of a redundancy were offered case management and reasonable attempts were made to find alternative employment placements.

Strategic workforce planning and performance

The health industry is evolving and so too are the types of roles and numbers of staff Gold Coast Health must employ to deliver world-class care to our community.

In response to this evolution, Gold Coast Health launched the 2019–2024 Workforce Strategy (the Strategy) in the second quarter of 2019. The Strategy provides insights into the trends and key focus areas relevant to our workforce for the coming years and helps ensure we are on the right track to deliver our strategic goals. The Strategy empowers a flexible and capable workforce that is responsive to the future ways of work and demands of the healthcare industry. Most importantly, it engages our workforce to deliver the best quality of care for our community.

The 2019–2024 Workforce Strategy was developed through strong consultation with our Senior and Executive Leaders. To ensure our workforce is equipped to bring the Strategy to life, several supporting frameworks are scheduled to be developed. These frameworks will guide leaders and employees throughout their journey with Gold Coast Health.

The Strategy reflects the importance of our people, and our commitment to maintain and develop a high-performing, motivated workforce that lives the Gold Coast Health and Queensland Public Service values to achieve our strategic direction and the organisation’s future needs.



Awards and recognition

Gold Coast Health continued to demonstrate its commitment to the reward and recognition of its workforce by aligning its annual program of events with Gold Coast Health's *Reward and Recognition Framework* (the Framework). The Framework supports the Queensland Public Service Values by empowering people, unleashing potential and translating ideas into action.

A key element of the Framework's design was to support the consistent reinforcement of behaviours which translate our values into everyday actions. A range of key events throughout the year supported this approach.

Chief Executive Value Awards

The Chief Executive Value Awards allow peers to recognise each other for value-driven work in their roles. The Chief Executive presented winners with a value pin, professional development opportunity and an invitation to the Golden Gala Awards.

Thank You Week and Length of Service Awards

The annual Thank You Week and Length of Service Awards events showcased the commitment, service and value our employees brought to Gold Coast Health.

Golden Gala Awards

More than 1000 staff attended the health service's annual major reward and recognition event, the Golden Gala Awards. More than 400 staff were nominated across the six categories, which are based on our values. The nominations were shortlisted by a committee and three finalists in each category were selected, with one winner from each category awarded on the night.

Nursing and Midwifery Excellence Awards

Gold Coast Health's stand-out nurses and midwives were awarded for the difference they make to thousands of patients as part of the health service's International Nurses and Midwives Day celebrations.

The Nursing and Midwifery Excellence Awards were an opportunity to highlight the outstanding commitment nurses and midwives demonstrate to their profession, patients and colleagues. Their work and support in patient-centred care, education and research is invaluable to the health service.

Gold Coast Women of the Year

Emergency doctors Dr Christa Bell and Dr Shahina Braganza were recognised for the difference they make to the lives Gold Coast families in need of emergency medical attention through their nomination in the Gold Coast Women of the Year Awards. Dr Bell and Dr Braganza were nominated in the category 'Angels Among Us' and were shortlisted as finalists for the award.

Their recognition as finalists is a testament to the life-changing work of not only Dr Bell and Dr Braganza, but all the Emergency Department staff.



Top: Winners at the 2018 Golden Gala Awards with Chief Executive Ron Calvert (left) and Board Chair Ian Langdon (right).

Bottom: Registered Nurse, Kate Hahn, one of the 2019 Amy Enderlin Excellence Award winners.

Our committees

Board committees

All committees of the Board abide by their approved terms of reference. Gold Coast Health values good corporate governance and seeks to adopt best practice. A change in membership and Chair arrangements for the Board Committees was confirmed on 16 July 2019. The memberships detailed below reflect the arrangements from 1 July 2018 to 17 May 2018, at which point the Board Chair resumed the role of Executive Committee Chair.

Executive

Chair: Teresa Dyson

Members: Ian Langdon, Prof Judy Searle, Colette McCool and Dr Andrew Weissenberger

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

Safety, Quality and Clinician Engagement

Chair: Prof Judy Searle

Members: Ian Langdon, Colette McCool, Prof Helen Chenery and Dr Andrew Weissenberger

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

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

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

Audit

Chair: Robert Buker

Members: Prof Helen Chenery, Michael Kinnane and Dr Cherrell Hirst

The Audit Committee (previously known as the Audit and Risk Committee) is required under the *Hospital and Health Boards Act 2011 (Qld)* and under the *Financial and Performance Management Standard 2009*. The committee operates in accordance with Queensland Treasury's Audit Committee Guidelines and oversees governance, risk and assurance processes. In alignment with the *Hospital and Health Boards Act 2011 (Qld)*, it is responsible for assessing the integrity of the service's financial statements, internal and external audit activities, effectiveness of risk management, and compliance with legal and regulatory requirements.

The Audit Committee also monitors the management of legal and compliance risks and internal compliance systems, including compliance with relevant laws and government policies.

Finance and Performance

Chair: Dr Cherrell Hirst

Members: Ian Langdon, Robert Buker, Michael Kinnane and Teresa Dyson

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

Research

Chair: Prof Helen Chenery

Members: Ian Langdon and Colette McCool

The Research Committee advises the Board in relation to developing a future-focused Research Strategy and Roadmap that emphasises the enhancement of clinical and health service delivery based on patient-centered care and evidence-based practice. Fundamental to these aims is the building of long-term collaborations in research that are founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision that includes discovery, translation and adoption of research outcomes into practice resulting in the Gold Coast region being recognised as a world-class health precinct of national and international significance. Representatives of university partners regularly attend the Research Committee and provide valuable insight into research practice and collaborative opportunities.

Table 6: Board Director meeting attendance

Board member	Ian Langdon	Teresa Dyson	Helen Chenery	Judy Searle	Andrew Weissenberger	Colette McCool	Cherrell Hirst	Robert Buker	Michael Kinnane
Board	11/11	11/11	9/11	10/11	9/11	9/11	11/11	10/11	10/11
Executive	6/6	6/6	-	6/6	6/6	5/6	4/4*	-	4/4*
Finance and Performance	10/10	7/10	3/3*	2/2*	1/1*	3/3*	9/10	8/10	9/10
Audit and Risk	6/6	-	6/6	-	-	-	6/6	6/6	6/6
Safety Quality and Clinical Engagement	5/6	-	5/6	6/6	6/6	5/6	1/1*	-	-
Research	6/6	-	6/6	-	-	6/6	2/2*	-	--

* Denotes attendance at committee meetings for which the Board Director is not a specified member.

Executive Management Committees

Executive Management Team

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

Finance and Performance Executive Committee

The Finance and Performance Executive Committee (FPEC) provides leadership, direction and governance oversight for the financial and operational performance of Gold Coast Health and supports the Chief Executive to ensure the financial and operating performance of the Health Service is efficiently reviewed and monitored, and that will provide assurance to support the monthly report to the Board.

Clinical Governance Committee

The Clinical Governance Committee provides strategic direction and oversight of patient safety and quality systems to maintain and improve the reliability and quality of patient care, as well as improve patient outcomes. The committee is responsible for overseeing and setting standards of clinical governance within Gold Coast Health.

The committee monitors, evaluates and improves performance in clinical practice to ensure optimal patient safety and high care quality. This committee reports to the Board's Safety, Quality and Clinician Engagement Committee and has membership comprised of senior clinicians and managers across a number of disciplines, including allied health, medicine, nursing and clinical governance.

Digital Portfolio Committee

The Digital Portfolio Committee adopts a strategic view of planning, performance and benefits realisation of information management processes and information communication technology (ICT) systems across Gold Coast Health. This committee has oversight of key strategic ICT risks and is responsible for ensuring that capacity, capability and solutions are planned, procured, designed, implemented and evaluated. The committee makes recommendations to the Health Service Chief Executive about investment decisions, including current systems and those planned as part of future expansion.

Work Health and Safety Management Committee

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

Clinician Engagement

Clinical Council

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

Research Council

The Research Council is the peak communication body for aligning and supporting long-term collaborations in research across all clinical directorates and research active services. The Research Council ensures the delivery of strategic research priorities to help shape and guide the direction of research at Gold Coast Health, in line with the overall health service strategy, and state and national health strategies. To achieve this purpose, the Council is responsible for identifying and enacting practical strategies that overcome cognitive, resource, motivation and political hurdles to engage Gold Coast Health staff in research and foster collegial relationships with academic partners, public and private organisations.

The Research Council also advises on effective communication strategies to ensure Gold Coast Health cultivates a strong team culture to uphold its reputation for delivering excellence in research-infused and evidence-based health care.

Our risk management

Internal audit

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

The Gold Coast Health internal audit unit, led by the Director of Assurance and Advisory Services, co-sources its internal audit activity with numerous professional services firms and subject-matter experts.

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

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

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

The focus areas for the internal audit function are: patient safety, financial controls, security controls, workplace health and safety, and human resource controls.

In 2018-2019, the internal audit function achieved:

- enhanced the linkages to other governance, risk and compliance (GRC) functions to improve the overall assurance provided to the Board
- finalised eight audits in key risk and control areas and provided recommendations for improvement to address risks identified impacting the health service's ability to meet its obligations and achieve its objectives
- developed a fraud risk identification, detection and management toolset using data analytics within Gold Coast Hospital and Health Service
- facilitated the development of a workplace health and safety risk dashboard to improve the identification and management of risks
- refreshed the assurance map previously developed to improve linkages between other assurance functions.

Risk management

Gold Coast Health uses ISO 31000:2018 Risk Management Guidelines to guide and influence its approach to the management of risk. Within a 'three lines-of-defence' model, the health service's risk management team utilises a four-pillar philosophy that guides the understanding that all risks:

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

The application of this philosophy is, and will be, seen through the implementation of the health service's risk management framework, risk management training, and through the day-to-day organisational effort to improve and embed risk management as a central pillar of organisational culture.

Risk management is integral to effective strategic planning and decision-making in order for Gold Coast Health to achieve its vision of recognition as a 'centre of excellence for world-class healthcare'. To achieve this, the Board is committed to ensuring that Gold Coast Health:

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

In addition, the risk management team supports the risk review process on a periodic basis, and processes exist to identify emerging risks that may affect Gold Coast Health's objectives.

The risk management team has undertaken a risk maturity assessment, which has shown an improvement in the risk culture of the organisation. Risks are monitored and reported to the appropriate Board committee with the expertise to monitor the risk. The Audit Committee provides oversight of the risk management system.

External scrutiny, information systems and recordkeeping

In 2018-19, Parliamentary reports tabled by the Auditor-General which broadly considered the performance of Gold Coast Health included:

Report to Parliament 13: Health: 2017–18 results of financial audits

The objective of this audit report was to summarise the results of the financial audits of the 16 Hospital and Health Services, which included timeliness and quality of financial reporting, as well as financial performance and sustainability.

Report to Parliament 17: Managing consumer food safety in Queensland

The objective of this audit was to examine whether food safety is effectively managed for consumers of food in Queensland. This audit considered whether Queensland Health and local governments have a sound approach to managing food safety risks and whether there was clear understanding of roles and responsibilities between Queensland Health and local governments in effectively administering and enforcing their duties under the relevant legislation.

Report to Parliament 10: Digitising public hospital

The objective of this audit was to assess how well Queensland Health had planned, and is delivering, its digital hospitals program and whether it was realising the benefits in terms of information sharing and services to patients.

The recommendations contained in these reports to Parliament were considered and action was undertaken to address the issues and recommendations raised, where relevant and appropriate.

The Office of the Information Commissioner considered the performance of Gold Coast Health in meeting its obligations on the right to information and information privacy.

Report to Parliament Follow up audit report – Gold Coast Hospital and Health Service

The report indicated that the Gold Coast Hospital and Health Service had made improvements in meeting its obligations for proactive information disclosure and appropriate management of information.

Contribution to Royal Commissions

The recent Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry highlighted opportunities to improve board oversight of accountability for and effectiveness of risk and compliance management.

Gold Coast Hospital and Health Service also provided a submission to the ongoing Royal Commission into Aged Care Quality and Safety.

Core strategies of information systems and record keeping

Gold Coast Health continues to make significant strides on its journey towards becoming a world-class digital healthcare provider with an emphasis on patient safety and experience. In 2018-19, Gold Coast Health launched a number of activities in line with the *Gold Coast Health Digital Strategy 2018 – 2021*. The strategy outlines four key focus areas. These include:

- Leveraging digital solutions and capabilities to provide patient-focused, reliable and integrated healthcare
- Investing in digital solutions and technologies to support innovation, research and training
- Developing and supporting a digitally enabled workforce
- Establishing digital information and technology foundations to support delivery and achievement of digital priorities.

Digital, information and cyber strategies continue to be refreshed and created to align with standards and practices at a state, federal and global level.

Achievements in 2018-19 included:

- Successfully implementing the new integrated electronic Medical Record (ieMR) across all campuses in early 2019 with the support of the Digital Healthcare Program
- Supporting clinicians in adopting and using digital technologies within their clinical workflow through the newly established clinical informatics directorate
- Establishing information governance with the new Information Management Committee to provide oversight to the information management agenda and ensure information (in all its forms) is being managed as a strategic asset.
- Establishing a corporate records service to develop corporate records managements systems and improve the Health Service's governance of information in line with the its developing digital transformation agenda.

Our risk management

Open data

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

The open data website publishes data on:

- Expenditure on consultancies
- Expenditure on staff overseas travel and the reasons for travel
- Use of interpreter services available under the Queensland Language Services Policy
- Public interest disclosure.

Public interest disclosure

Statutory Compliance and Conduct

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

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

SCC productivity outputs for the 2018–19 review periods included 11 specialised coaching sessions to staff encompassing Orientation, Ethics, Integrity and Accountability, Corrupt Conduct, Public Interest Disclosures, and Fraud Awareness.

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, Gold Coast Health is required to include a statement in its Annual Report detailing the disclosure of confidential information in the public interest. There was one disclosure under this provision during 2018–19, where with the consent of the patient, an extract of the patient's medical record was disclosed to a media organisation. The purpose of the disclosure was to inform comment on a matter of public concern and to ensure public confidence in the health system was maintained.

Queensland Public Service ethics

Ethical decision-making in the Queensland Public Sector (QPS) affects everyone, across a wide range of positions and roles. Gold Coast Health employees, administrative procedures and management practices must comply with the Code of Conduct for the Queensland Public Service. The Code articulates the standard of conduct expected of staff when dealing with patients, consumers and colleagues in the workplace. It also helps to ensure that decision making is consistent with the principles of *Public Sector Ethics Act 1994 (Qld)*. These consist of:

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

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

Anticipated Maintenance

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

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

As of 30 June 2019, Gold Coast Health had reported total anticipated maintenance of \$36,250,617.

Performance

Demand on services

Table 7: Delivering more care within clinically recommended time

	2018–19	Change since last year
Babies born ^a	* 5138	* 3
Oral health treatments ^{b 1}	323,532	9211
Emergency Department presentations ^c	176,597	5432
Emergency Department 'Seen in time' ^c	93,540	-643
Patient admissions (from ED) ^c	71,590	1747
Emergency surgeries ^{d 2}	8514	809
Outpatient occasions of service (specialist and non-specialist) ^{d 2}	850,936	83,999
Specialist outpatient first appointments delivered in time ^{e 4}	45,901	-3084
Gastrointestinal endoscopies delivered ^f	9452	691
Gastrointestinal endoscopies delivered in time ^f	6405	-360
Elective surgeries, from a waiting list, delivered ^g	18,010	738
Elective surgeries, from a waiting list, delivered in time ^g	17,822	833
Number of telehealth services ^h	2080	481
Hospital in the Home admissions ^{d f}	1388	34

1 Oral Health treatments are identified as Weighted Occasions of Service (WAUs).

2 Emergency surgeries data is preliminary.

3 Only includes Activity Based Funding (ABF) facilities.

4 Specialist outpatient services are a subset of outpatient services, where the clinic is led by a specialist health practitioner.

5 Hospital in the Home admissions data is preliminary.

* Perinatal data collection is based on calendar year 2018.

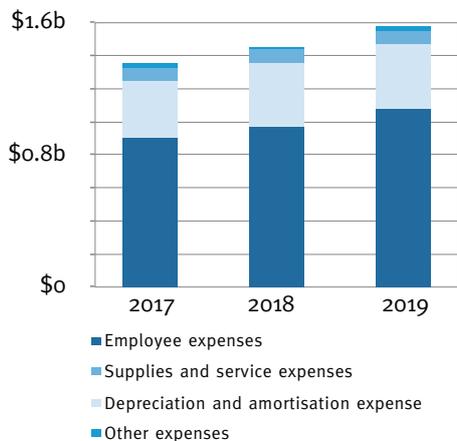
Source: a Perinatal Data Collection, b Oral Health Service, c Emergency Data Collection, d GenWU, e Specialist Outpatient Data Collection, f Gastrointestinal Endoscopy Data Collection, g Elective Surgery Data Collection, h Monthly Activity Collection.

Summary of financial performance

Gold Coast Health reported a deficit of \$6.071 million for the year.

A large portion of the 2018–19 operating deficit related to the approved use of retained earnings for the implementation of ieMR.

Chart 1: Expenses by category (over three years)



Where our funds came from

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

The total income for Gold Coast Health for 2018–19 was \$1.567 billion (compared to \$1.455 billion in 2017–18). The primary source of funds is the Queensland Department of Health.

Activity-based funding

In the service agreement between Gold Coast Health and the Queensland Department of Health, the measure used to quantify activity delivered is a Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient's journey through our health service. The value is recalculated each year based on the national average, which is determined by the Independent Hospital Pricing Authority (IHPA).

How our funds were used

The significant increase in demand for healthcare-related services has been the primary driver behind the 8.7 per cent increase in expenditure from \$1.447 billion to \$1.573 billion, evidenced by a 10.5 per cent increase in employee expenses to \$1.074 billion.

For further information regarding these variances, please refer to the notes in the financial statements.

Chart 2: QWAUs by purchasing category

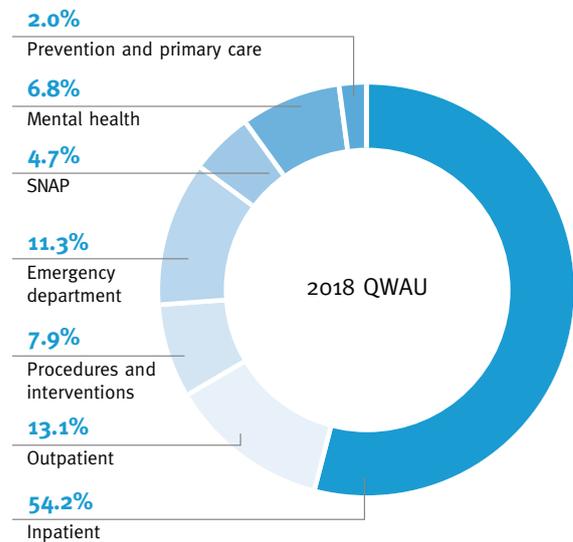
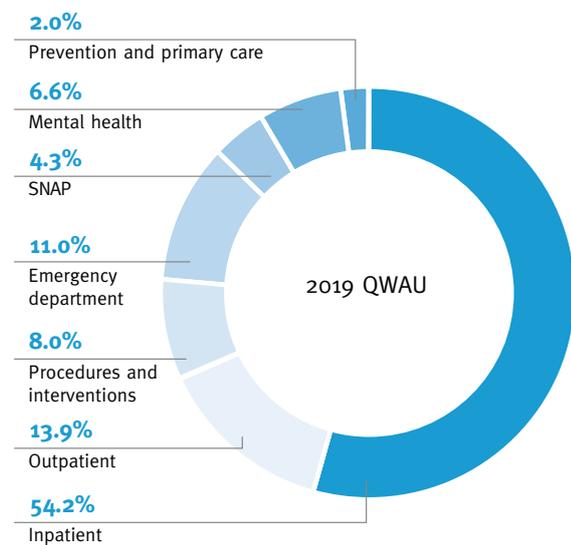
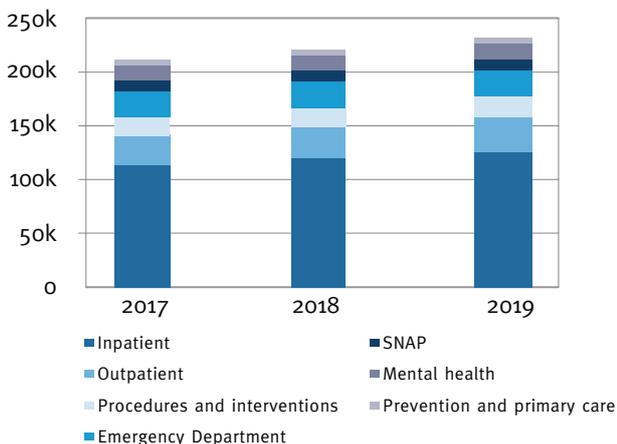


Chart 3: QWAUs by purchasing category (over three years)



Emergency treatment

Gold Coast Health emergency departments continue to be among the busiest in Australia, with 176,756 presentations during 2018–19. This represents an overall increase of 5519 presentations on 2017–18, and included 38,993 paediatric presentations. Gold Coast University Hospital's ED received 114,082 patients and Robina Hospital's ED received 62,674.

Continued growth in presentations, along with the increasing acuity and complexity of the patients, has presented challenges for the organisation. Despite these challenges, Gold Coast Health EDs have performed well across Categories 1 and 5, closely meeting (0.01 per cent under target) Category 1 and exceeding Category 5 targets respectively.

The overall percentage of patients attending emergency departments seen within recommended timeframes was 70 per cent in 2018–19, against a target of 80 per cent for all patients to be discharged home, admitted or transferred to another facility within four hours of arrival.

Strategies to more efficiently manage patients presenting to emergency departments and assist in meeting targets in the face of the increasing demand for emergency services included:

- introduction of the Co-Responder Team
- introduction of the after-hours care model at Gold Coast University Hospital
- development of the Emergency Department Admission Pathway and implementation of the Rapid Emergency Admission to Destination (READi), to support clinical handover and timeliness of admission to the inpatient units
- repurposing of the Acute and Clinical Decisions Unit assessment area to assist with patient flow and timeliness of treatment in the Gold Coast University Hospital Emergency Department
- Introduction of a 'Hot Clinic' to the Medical Decisions Unit to support safe, early discharge and appropriate clinical handover back to the General Practitioner
- Introduction of FirstNet application to reduce the volume of applications required during a patient's journey within the emergency department. This application has multiple functions that improve patient care delivery.

Gold Coast University Hospital's emergency department is currently embarking on a major redesign program to modify and simplify the current flow of patients to an ambulatory/non-ambulatory model. The aim is to better manage demand for emergency services and ensure a more efficient distribution of workload and bed occupancy across the department.

Elective surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life. During the period, Gold Coast Health exceeded targets for the percentage of elective surgery patients treated within clinically recommended times across all categories.

There has been a continued focus on improving theatre utilisation to help improve access for both elective and emergency surgery, with 7830 emergency surgeries undertaken, an increase of 764 from the previous period.

Gold Coast Health delivered 18,010 elective surgeries, with 17,822 of these delivered on time, representing an increase of 833 on-time surgeries compared with 2017–18.

As part of the *Gold Coast Health Service Plan 2016–2026* and in response to predicted procedural and surgical elective activity over this period, the Varsity Lakes Day Hospital provided staged, flexible service delivery options that were responsive to specific demand. Increased use of clinic space and ongoing review of services continued to provide improved outcomes across patient flow, waitlist reduction and theatre capacity.

Looking forward

Gold Coast Health will continue to focus improvements in the areas of theatre utilisation and increased utilisation of Varsity Lakes Day Hospital. Gold Coast Health will continue to be more flexible with service delivery options and continue to improve the responsiveness of managing demand, particularly as demand for surgical services increases. In addition to these improvements, Gold Coast Health will strive to develop innovative models of care, as well as improve cancellation rates, day surgery rates and the overall patient experience.

Outpatient waiting times

Outpatient occasions of service (patient contacts) increased by 83,999 on the year previous financial year.

A patient is considered to be a long wait if they are:

- Category 1 – waiting longer than 30 days
- Category 2 – waiting longer than 90 days
- Category 3 – waiting longer than 365 days

In late 2018, Gold Coast Health implemented a realignment for the Operations Directorate. The realignment commenced on 17 September 2018, following extensive staff and union consultation from March to August 2018. The realignment has improved focus on key clinical services.

Key changes to the directorate during 2018-19 included:

- Equitable portfolios across the newly named Integrated and Ambulatory Care Services (IACS), Diagnostics and Sub-Specialty Services (DASS), and Surgical, Anaesthetics and Procedural Services (SAPS).
- Creation of a sixth new division, comprising of Allied Health services.

The Women's, Newborn and Children's Services division were not affected by these changes, while the Mental Health and Specialist Services division also remained unchanged.

The realignment was undertaken in keeping with the continuing evolution of our clinical areas, in response to growing demand for services and changing priorities within a complex health service.

The Health Service has several further initiatives and strategies in place to overcome challenges relating to long waits, including:

- The Improving Outpatients project, to improve access for patients and improve work processes, practices and conditions for all staff. This, in turn, creates a sustainable service for the Gold Coast which includes:
 - implementation of ongoing, dedicated long wait patient meetings with divisional service directors to develop and address strategies to reduce (or avoid) long waits
 - implementation of 'out of catchment' processes to ensure that waiting lists best reflect patients who reside within the Gold Coast catchment area
 - the decentralisation of some key outpatient services to provide a framework for more specialty-specific coordination and management of outpatient clinics

- further progression of the implementation of Clinical Prioritisation Criteria (CPC) when assessing new specialist outpatients referrals received
- increased utilisation of telehealth services, where appropriate, to improve efficiencies and room capacity to treat new patients
- review of staffing mix for the IACS Bookings and Referrals Centre, which manages waiting lists and new appointments for specialist outpatient services, to ensure this team is able to manage demand and most efficiently progress referrals and new appointment offers
- review and enhancement of processes to more closely align, where possible, with the recommendations provided within the Specialist Outpatients Services Implementation Standard (SOSIS). Processes to be reviewed will include discharge practices, the management of patients who fail to attend their appointments, management of urgent patients, and management of clinic cancellations.

Looking forward

Gold Coast Health will manage and monitor its outpatient improvement initiatives through the Adult Outpatient Governance Committee.

Service Delivery Statement

Table 8: Service Standards – Performance 2018-19

Service Standards	Target	Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a		
Category 1 (within 2 minutes)	100%	99.9%
Category 2 (within 10 minutes)	80%	55.3%
Category 3 (within 30 minutes)	75%	47.3%
Category 4 (within 60 minutes)	70%	68.6%
Category 5 (within 120 minutes)	70%	89.5%
Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a	>80%	69.6%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	>98%	99.8%
Category 2 (90 days)	>95%	99.1%
Category 3 (365 days)	>95%	97.5%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patients days ^c	<2	1.1 ⁶
Rate of community follow-up within 1–7 days following discharge from an acute psychiatric care ^d	>65%	61.7%
Proportion of readmissions to an Acute Mental Health inpatient unit within 28 days of discharge ^d	<12%	11.7% ⁷
Percentage of specialist outpatients waiting within clinically recommended times: ^e		
Category 1 (30 days)	66%	45.4%
Category 2 (90 days)	56%	46.9%
Category 3 (365 days)	94%	77.4%
Percentage of specialist outpatients seen within clinically recommended times: ^e		
Category 1 (30 days)	84%	74.0%
Category 2 (90 days)	62%	50.8%
Category 3 (365 days)	67%	65.2%
Median wait time for treatment in emergency departments (minutes) ^a	--	27
Median wait time for elective surgery (days) ^b	--	49
Efficiency Measure	\$4893	\$4961 ⁸
Average cost per weighted activity unit for Activity-Based Funding facilities ^{f,g}		
Other measures		
Number of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	6672	6285
Category 2 (90 days)	6825	7478
Category 3 (365 days)	3781	4059
Number of Telehealth outpatient occasions of service events ^h	1156	2080
Total weighted activity units (WAUs) ^g		
Acute Inpatient	141,399	140,682 ⁹
Outpatients	37,539	36,222
Sub-acute	10,795	10,061
Emergency Department	27,525	25,617
Mental Health	15,500	15,364
Prevention and Primary Care	3960	4680
Ambulatory mental health service contact duration (hours) ^d	>90,125	89,248
Staffing ⁱ	8063	8262

6 SAB data presented is preliminary
7 Readmission to acute Mental Health inpatient unit data presented as May 19 FYTD
8 Cost per WAU data presented as March 19 FYTD
9 As extracted on 19 August 2019

Source:
a Emergency Data Collection
b Elective Surgery Data Collection
c Communicable Diseases Unit
d Mental Health Branch
e Specialist Outpatient Data Collection
f DSS Finance
g GenWAU
h Monthly Activity Collection
i DSS Employee Analysis

Table 9: Additional measures

	2018–19	Change since last year
Childhood Immunisation ^a		
All children 1 year	92.5%	-0.6 p.p.
All children 2 years	90.6%	0.2 p.p.
All children 5 years	92.9%	0.5 p.p.
Discharge against medical advice ^b		
Non-Aboriginal and Torres Strait Islander	0.9%	0.0 p.p.
Aboriginal and Torres Strait Islander	1.3%	-0.2 p.p.
Women who gave birth and attended five or more antenatal visits ^{b 10}		
Non-Aboriginal and Torres Strait Islander	93.3%	-1.1 p.p.
Aboriginal and Torres Strait Islander	90.3%	4.0 p.p.
Completed general courses of oral health care ^c		
Non-Aboriginal and Torres Strait Islander	15,706	-556
Aboriginal and Torres Strait Islander	15,422	-535
Aboriginal and Torres Strait Islander	284	-21
Mothers who had more than five antenatal visits, with first visit in the first trimester ^{d 11}		
Non-Aboriginal and Torres Strait Islander	82.6%	NA
Aboriginal and Torres Strait Islander	82.9%	NA
Aboriginal and Torres Strait Islander	73.4%	NA

¹⁰ Data presented as March 19 FYTD.

¹¹ New data collection commenced in December 18. Preliminary data is available for the period December 18 to May 19.

Lag of data due to trimester reporting. Data is only collected after the birth of the baby and is available for reporting two to three months after this event. It is a prerequisite that HHSs must also maintain their performance with respect to the performance standards under this QIP in terms of non-Indigenous mothers.

Source:

a Communicable Diseases Unit

b Health Statistical Branch

c Oral Health Service

d Healthcare Purchasing Strategy Unit

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

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

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

The Auditor-General notes that ‘annual reports support transparency and can drive continuous improvement in performance. Where annual reports incorporate relevant and reliable performance information, they increase trust and confidence in government service delivery’ (Auditor-General’s Report to Parliament No. 18 for 2013–14 p.12).

The Gold Coast Health 2018–19 Annual Report is delivered in accordance with the above requirements and is compliant with the annual report requirements for Queensland Government agencies. Requirements can be found at www.forgov.qld.gov.au/manage-government-performance

General information

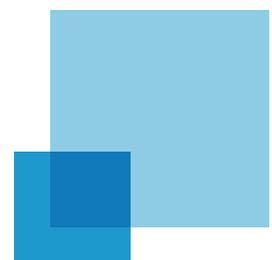
Gold Coast Hospital and Health Service (Gold Coast Health) is a Government statutory body established under the *Hospital and Health Boards Act 2011*, its registered trading name is Gold Coast Hospital and Health Service.

The head office and principal place of business of Gold Coast Health is:

Gold Coast University Hospital
1 Hospital Boulevard
Southport QLD 4215

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

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



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SECTION 1:

Basis of financial statement preparation

These policies have been consistently applied to all the years presented, unless otherwise stated.

1.1 The reporting entity

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

The financial statements are authorised for issue by the Board Chair and Chief Executive at the date of signing the management certificate.

1.2 Statement of compliance

Gold Coast Health has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 43 of the *Financial and Performance Management Standard 2009 (QLD)*. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2019, and other authoritative pronouncements.

Gold Coast Health is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

Except where stated, the historical cost convention is used.

1.3 Presentation

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

There were no material restatements of the comparative information. Immaterial reclassifications have occurred to ensure consistency with current period disclosures.

Assets and liabilities are classified as either 'current' or 'non-current' in the statement of financial position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or there is no unconditional right to defer settlement to beyond 12 months after the reporting date.

1.4 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 to provide Gold Coast Health with a level of guidance regarding funding commitments and purchase activity for 2019-2020 to 2021-2022. The Board and management believe that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide Gold Coast Health with sufficient cash resources to meet its financial obligations for at least the next year.

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

1.5 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.

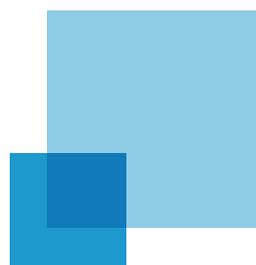
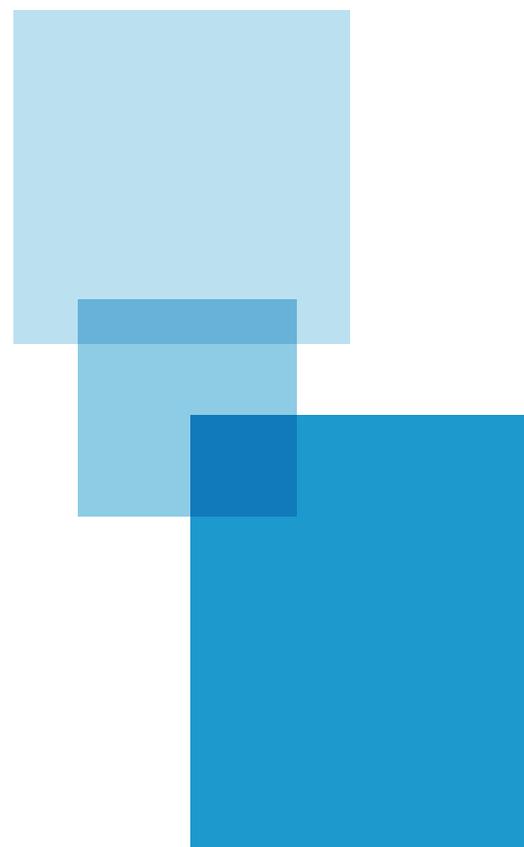
Estimates and assumptions with the most significant effect on the financial statements are:

- Useful lives assessment – refer Note 2.7
- Land and building valuation assessment – Note 2.12

1.6 Taxation

Gold Coast Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation except for 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*.

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.



SECTION 2: Financial Statements and Related Notes

Statement of comprehensive income For the year ended 30 June 2019

	Note	2019 \$'000	2018 \$'000
Revenue			
Health service funding	2.1	1,427,785	1,325,796
User charges and fees	2.2	108,369	101,484
Grants and other contributions	2.3	17,121	18,732
Other revenue	2.4	13,802	8,204
Net revaluation increment	2.12c	-	901
Total revenue		1,567,077	1,455,117
Expenses			
Employee expenses	2.5	(1,074,234)	(971,856)
Supplies and services	2.6	(393,791)	(374,369)
Grants and subsidies		(898)	(715)
Depreciation and amortisation	2.7	(80,062)	(78,649)
Impairment loss		(3,003)	(1,308)
Other expenses	2.8	(21,160)	(20,264)
Total expenses		(1,573,148)	(1,447,161)
(Deficit)/surplus for the year		(6,071)	7,956
Other comprehensive income for the year			
<i>Items that will not be reclassified subsequently to operating result:</i>			
– Increase in asset revaluation surplus	2.12b	36,656	47,543
Total other comprehensive income		36,656	47,543
Total comprehensive income for the year		30,585	55,499

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

Statement of financial position As at 30 June 2019

	Note	2019 \$'000	2018 \$'000
Assets			
Current assets			
Cash and cash equivalents	2.9	92,026	74,379
Receivables	2.10	23,841	42,748
Inventories	2.11	10,324	9,088
Prepayments		2,629	2,706
Total current assets		128,820	128,921
Non-current assets			
Property, plant and equipment	2.12	1,705,741	1,723,976
Intangibles		204	938
Total non-current assets		1,705,945	1,724,914
Total assets		1,834,765	1,853,835
Liabilities			
Current liabilities			
Payables	2.13	48,452	55,173
Accrued employee benefits	2.14	44,235	39,793
Unearned revenue		7,904	2,541
Total current liabilities		100,591	97,507
Total liabilities		100,591	97,507
Net assets		1,734,174	1,756,328
Equity			
Contributed equity		1,563,395	1,616,134
Accumulated surplus		17,904	23,975
Asset revaluation surplus	2.12b	152,875	116,219
Total equity		1,734,174	1,756,328

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

SECTION 2: Financial Statements and Related Notes

Statement of changes in equity For the year ended 30 June 2019

	Note	Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
Balance at 1 July 2017		1,679,905	16,019	68,676	1,764,600
Surplus for the year		-	7,956	-	7,956
Other comprehensive income for the year					
– Increase in asset revaluation surplus	2.12	-	-	47,543	47,543
Total comprehensive income for the year		-	7,956	47,543	55,499
<i>Transactions with owners in their capacity as owners:</i>					
Equity injections		15,016	-	-	15,016
Net non-current asset transfers		(138)	-	-	(138)
Equity withdrawals		(78,649)	-	-	(78,649)
Balance at 30 June 2018		1,616,134	23,975	116,219	1,756,328

	Note	Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
Balance at 1 July 2018		1,616,134	23,975	116,219	1,756,328
(Deficit)/Surplus for the year		-	(6,071)	-	(6,071)
Other comprehensive income for the year					
– Increase in asset revaluation surplus	2.12	-	-	36,656	36,656
Total comprehensive income for the year		-	(6,071)	36,656	30,585
<i>Transactions with owners in their capacity as owners:</i>					
Equity injections		21,370	-	-	21,370
Net non-current asset transfers		5,953	-	-	5,953
Equity withdrawals	2.1	(80,062)	-	-	(80,062)
Balance at 30 June 2019		1,563,395	17,904	152,875	1,734,174

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

Statement of cash flows

For the year ended 30 June 2019

	Note	2019 \$'000	2018 \$'000
Cash flows from operating activities			
Health service funding		1,364,137	1,243,569
User charges and fees		107,798	96,912
Grants and contributions		16,763	18,316
GST collected from customers		1,766	1,988
GST input tax credits from Australian Taxation Office		20,234	16,052
Other operating cash inflows		13,717	7,832
Employee expenses		(1,069,792)	(967,805)
Supplies and services		(400,004)	(362,218)
Grants and subsidies		(898)	(715)
GST paid to suppliers		(19,072)	(17,381)
GST remitted to Australian Taxation Office		(1,795)	(2,149)
Other operating cash outflows		(20,348)	(19,796)
Net cash from operating activities	2.9	12,506	14,605
Cash flows from investing activities			
Payments for property, plant and equipment		(18,991)	(17,098)
Proceeds from sale of property, plant and equipment		137	410
Net cash used in investing activities		(18,854)	(16,688)
Cash flows from financing activities			
Equity injections		23,995	11,290
Net cash from financing activities		23,995	11,290
Net increase in cash and cash equivalents		17,647	9,207
Cash and cash equivalents at the beginning of the financial year		74,379	65,172
Cash and cash equivalents at the end of the financial year	2.9	92,026	74,379

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

SECTION 2: Financial Statements and Related Notes

Note 2.1: Health Service Funding

	2019 \$'000	2018 \$'000
Activity based funding	1,129,352	1,055,933
Non-activity based funding	218,371	191,214
Depreciation funding	80,062	78,649
Total health service funding	1,427,785	1,325,796

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 based on purchased activity once delivered. Where actual activity exceeds purchased activity, additional funding is negotiated with the Department and accrued as an asset on the Statement of Financial Position where funding has been agreed to, but not yet received.

Non-activity based funding

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

Depreciation and amortisation funding

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

Note 2.2: User charges and fees

	2019 \$'000	2018 \$'000
Hospital fees and related services/goods	36,002	35,560
Private practice revenue	8,221	11,125
Pharmaceutical benefits scheme	54,060	45,819
Other goods and services	10,086	8,980
Total user charges and fees	108,369	101,484

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 their revenue recognition policy.

Note 2.2: User charges and fees continued

Hospital fees and related services/goods

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

Granted private practice revenue

This revenue relates in part to fees generated by bulk-billing services performed by doctors with an assignment private practice arrangement with Gold Coast Health. These fees are recognised as revenue when cash has been received in the Gold Coast Health private practice trust account. 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 in cash in the Gold Coast Health private practice trust account. See Note 5.6.

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.

Note 2.3: Grants and contributions

	2019 \$'000	2018 \$'000
Commonwealth grants and contributions	13,470	13,738
Other grants and contributions	2,371	3,284
Donations other	922	1,294
Donations non-current physical assets	358	416
Total grants and contributions	17,121	18,732

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

Contributed services are recognised only when a fair value can be measured reliably and the services would have been purchased if they had not been donated. Gold Coast Health receives corporate services support from the Department for no cost. Corporate services received include payroll services and accounts payable services. An approximate value provided by the Department has been disclosed in Note 4.2.

Note 2.4: Other revenue

	2019 \$'000	2018 \$'000
Interest	244	233
Minor capital recoveries	8,878	2,596
Rental income	2,079	2,306
Gain on sale of property plant and equipment	85	371
Other	2,516	2,698
Total other revenue	13,802	8,204

SECTION 2: Financial Statements and Related Notes

Note 2.5: Employee Expenses

	2019 \$'000	2018 \$'000
<u>Employee benefits</u>		
Wages and salaries	847,705	770,821
Annual leave	103,105	90,146
Superannuation	88,428	79,964
Long service leave	18,020	16,392
Termination payments	667	438
<u>Employee related expenses</u>		
Other employee-related expenses	8,395	7,654
Workers compensation premium	7,912	6,434
Payroll tax	2	7
Total employee expenses	1,074,234	971,856

The number of employees of Gold Coast Health at 30 June 2019 measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information) is 8,262 (30 June 2018: 7,899).

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

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

Recoveries of salaries and wages costs from Gold Coast Health employees working for other agencies are offset against employee expenses.

Wages, Salaries and Sick Leave

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

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

Annual Leave, Long Service Leave and Other Leave

Gold Coast Health participates in the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme. Under the Annual Leave Central Scheme and Long Service Leave Central Scheme, 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.

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*.

Note 2.6: Supplies and services

	2019 \$'000	2018 \$'000
Building services	334	203
Catering and domestic supplies	11,793	10,768
Clinical supplies and services	115,594	107,831
Communications	15,504	13,716
Computer services	19,864	16,961
Consultants	1,043	1,329
Contractors and external labour	22,122	21,956
Drugs	70,054	63,621
Expenses relating to capital works	6,144	6,556
Interstate patient expenses	49,246	49,240
Motor vehicles	1,138	1,120
Operating lease rentals*	6,433	6,063
Outsourced service delivery	19,703	17,893
Repairs and maintenance	28,245	27,829
Travel – patients	4,559	4,578
Travel – staff	1,202	1,193
Utilities	12,160	15,550
Other	8,653	7,962
Total supplies and services	393,791	374,369

*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.

Note 2.7: Depreciation and amortisation

	2019 \$'000	2018 \$'000
Depreciation	79,328	77,560
Amortisation	734	1,089
Total depreciation and amortisation	80,062	78,649

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

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

SECTION 2: Financial Statements and Related Notes

Note 2.7: Depreciation and amortisation continued

The estimated useful lives of assets are reviewed annually and, where necessary, are adjusted to better reflect the pattern of future economic benefits. The useful lives could change significantly because 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 used:

Buildings	2.5% - 4.5%
Plant and equipment	
Computer hardware	10.0% - 20%
Engineering	8.3% - 10%
Furniture and fittings	5.0% - 20%
Medical equipment < \$200,000	8.3% - 20.0%
Medical equipment > \$200,000	8.3% - 12.5%
Office equipment	5.9% - 10%
Vehicle	7.7% - 20%
Intangible assets	12.5% - 50%

Note 2.8: Other expenses

	2019 \$'000	2018 \$'000
Advertising	252	309
Ex-gratia payments*	258	61
External audit fees**	240	240
Insurance premiums (Queensland Government Insurance Fund)***	13,227	13,077
Insurance — other	289	111
Internal audit fees	330	345
Interpreter fees	1,083	1,027
Inventory written off	495	34
Legal fees	1,297	1,274
Losses from the disposal of non-current assets	812	468
Other expenses	2,877	3,318
Total other expenses	21,160	20,264

*Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the *Financial and Performance Management Standard 2009*, Gold Coast Health maintains a register setting out details of all special payments greater than \$5,000. Two payments to patients and three employee-related matters exceeded the \$5,000 threshold in 2018-2019.

**Total audit fees paid or accrued to the Queensland Audit Office for the financial statement audit were \$240,000 (2017-2018: \$240,000). There are no non-audit services included in this amount.

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

Note 2.9: Cash and cash equivalents

	2019 \$'000	2018 \$'000
Cash on hand	24	23
Cash at bank	84,330	66,876
QTC Cash Fund	7,672	7,480
Total cash	92,026	74,379

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

a) Restricted Cash

Gold Coast Health receives cash contributions from private practice arrangements (refer to Note 5.6) 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. The value as at 30 June 2019 was \$9.9m (2017-2018: \$9.4m).

b) Effective Interest Rate

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 2.55% per annum (2017-2018: 2.33%). No interest is earned on Gold Coast Health bank accounts.

c) Reconciliation of surplus to net cash from operating activities

	2019 \$'000	2018 \$'000
(Deficit)/surplus for the year	(6,071)	7,956
Adjustments for:		
Depreciation and amortisation	80,062	78,649
Depreciation and amortisation funding	(80,062)	(78,649)
Losses from the disposal of non-current assets	814	468
Donations non-current physical assets	(358)	(416)
Gain on sale of property plant and equipment	(85)	(371)
Net revaluation (increment)	-	(901)
Change in operating assets and liabilities:		
Decrease/(increase) in receivables	16,281	(10,886)
(Increase) in inventories	(1,236)	(478)
Decrease/(increase) in prepayments	77	(640)
(Decrease)/increase in payables	(6,721)	18,231
Increase in accrued employee benefits	4,442	4,050
Increase/(decrease) in unearned revenue	5,363	(2,408)
Net cash from operating activities	12,506	14,605

SECTION 2: Financial Statements and Related Notes

Note 2.10: Receivables

	2019 \$'000	2018 \$'000
Trade debtors	11,337	13,877
Less: Loss allowance	(3,084)	(3,036)
	8,253	10,841
GST input tax credits receivable	1,850	3,012
GST payable	(135)	(164)
	1,715	2,848
Health service funding accrued	4,499	18,243
Other accrued revenue	9,374	10,816
Total receivables	23,841	42,748

Receivables comprise trade debtors, GST net receivables and other accrued revenue. Trade debtors 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.

Loss Allowance

The loss allowance for trade and other debtors reflects lifetime expected credit losses. Economic changes impacting debtors, and relevant industry data form part of the impairment assessment.

Where there is no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss.

a) Impaired trade receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the receivables. Based on the materiality of the debtor balance, Gold Coast Health has considered the debtor balance in total when measuring expected credit losses.

The calculations reflect historical observed default rates calculated using credit losses experienced on past sales transactions. The historical default rates have not been adjusted for forward-looking information that may affect the future recovery of those receivables as there are no material adjustments expected based on reasonable judgement.

Note 2.10: Receivables continued

Set out below is the credit risk exposure on Gold Coast Health's trade debtors.

	2019			2018		Carrying Amount \$'000
	Gross receivables	Loss Rate	Expected credit loss	Gross receivables	Impairment Allowance	
	\$'000	%	\$'000	\$'000	\$'000	
1-30 days	3,115	4%	(112)	5,574	(1)	5,573
31-60 days	2,438	13%	(317)	2,269	(70)	2,199
61-90 days	1,533	19%	(293)	1,920	(97)	1,823
More than 90 days	4,251	56%	(2,362)	4,114	(2,868)	1,246
Total	11,337		(3,084)	13,877	(3,036)	10,841

Movements in loss allowance for trade receivables:

	2019 \$'000	2018 \$'000
Loss allowance as at 1 July	3,036	4,133
Increase in allowance recognised in operating result	2,768	1,147
Amounts written off during the year	(2,720)	(2,244)
Loss allowance as at 30 June 2019	3,084	3,036

b) Past due but not impaired

This disclosure relates only to comparative balances at 30 June 2018. Under AASB 9, effective from 1 July 2018, a loss allowance is assessed for all receivables.

	2018 \$'000
1-30 days	-
31-60 days	2,197
61-90 days	1,829
More than 90 days	1,243
Total impaired receivables	5,269

Note 2.11: Inventories

	2019 \$'000	2018 \$'000
Pharmaceutical and clinical supplies	10,288	8,877
Less: Provision for impairment	(282)	(69)

SECTION 2: Financial Statements and Related Notes

Catering and domestic supplies	249	264
Other supplies	69	16
<hr/>		
Total inventories	10,324	9,088
<hr/>		

Inventories consist mainly of pharmaceutical supplies and clinical supplies held in wards for use throughout the hospitals. Inventories are measured at cost adjusted for 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.

Note 2.12: 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:

Category	Threshold
Buildings	\$10,000
Land	\$1
Plant and equipment	\$5,000

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

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

Note 2.12: Property, plant and equipment continued

a) Closing Balances and reconciliation of carrying amount

30 June 2019

	Land (fair value) \$'000	Buildings (fair value) \$'000	Plant and Equipment (cost) \$'000	Work-in- Progress (cost) \$'000	Total \$'000
Gross	94,423	1,956,826	189,519	9,846	2,250,614
Less accumulated depreciation	-	(430,643)	(114,230)	-	(544,873)
Carrying amount as at 30 June 2019	94,423	1,526,183	75,289	9,846	1,705,741

Represented by movements in carrying amount:

Carrying amount at 1 July 2018	89,416	1,546,546	85,046	2,968	1,723,976
Additions	-	-	9,553	9,438	18,991
Disposals	-	-	(865)	-	(865)
Net revaluation (decrements)/increments	(900)	37,556	-	-	36,656
Donations received/made	-	-	358	-	358
Net transfers from the Department/Other HHS	5,907	-	46	-	5,953
Transfers between asset classes	-	313	(313)	-	-
Transfers from Work-in-Progress	-	1,360	1,200	(2,560)	-
Depreciation expense	-	(59,592)	(19,736)	-	(79,328)
Carrying amount at 30 June 2019	94,423	1,526,183	75,289	9,846	1,705,741

30 June 2018

Gross	89,416	1,905,759	188,020	2,968	2,186,163
Less accumulated depreciation	-	(359,213)	(102,974)	-	(462,187)
Carrying amount as at 30 June 2018	89,416	1,546,546	85,046	2,968	1,723,976

Represented by movements in carrying amount:

Carrying amount at 30 June 2017	86,008	1,557,616	91,823	952	1,736,399
Additions	-	-	11,193	6,005	17,198
Disposals	(38)	-	(468)	(100)	(606)
Net revaluation increments	3,446	44,998	-	-	48,444
Donations received/made	-	-	416	-	416
Net transfers from the Department/Other HHS	-	-	(138)	-	(138)
Transfers between asset classes	-	-	(177)	-	(177)
Transfers from Work-in-Progress	-	1,681	2,208	(3,889)	-
Depreciation expense	-	(57,749)	(19,811)	-	(77,560)
Carrying amount at 30 June 2018	89,416	1,546,546	85,046	2,968	1,723,976

SECTION 2:

Financial Statements and Related Notes

Note 2.12: Property, plant and equipment continued

b) Valuations of land and buildings

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.

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

Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

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

External valuers are selected based on market knowledge and reputation. Where there is a significant change in fair value of an asset from one period to another, an analysis is undertaken by management with the external valuer. This analysis includes a verification of the major inputs applied in the latest valuation and a comparison, where applicable, with external sources of data.

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

Land

The State Valuation Service provided an index for land in 2018-2019. The indexation for land is based on market conditions for commercial property on the Gold Coast. Therefore, no movement in value was recognised.

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

Note 2.12: Property, plant and equipment continued

Buildings

AECOM Australia Pty Ltd provided an index for buildings in 2018-2019. The indexation for buildings was 3% based on cost escalations evidenced in the market. There was one building comprehensively revalued in 2018-2019 due to a change in the building's suitable use resulting in a market valuation being required. This building has moved from level three to level two in note 2.12c.

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

The asset revaluation surplus in the statement of financial position as at 30 June 2019 (\$152m) relates to land (\$1.6m) and building (\$150.4m) revaluation increments. (2017-2018: \$116.2m including \$2.5m land and \$113.7m building revaluation increments).

Revaluation increment reconciliation:

	2019 \$'000	2018 \$'000
Recognised in operating result:		
Land revaluation increment	-	901
Building revaluation increment	-	-
Total net revaluation increment in operating result	-	901
Recognised in other comprehensive income:		
Net land revaluation (decrement)/increment	(900)	2,545
Net building revaluation increment	37,556	44,998
Net revaluation increment in other comprehensive income	36,656	47,543
Total net revaluation increment	36,656	48,444

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class. On revaluation, for assets valued using a cost valuation approach, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life. On revaluation, for assets valued using a market approach, accumulated depreciation is eliminated against the gross amount of the asset prior to restating for valuation.

SECTION 2: Financial Statements and Related Notes

Note 2.12: Property, plant and equipment continued

c) Fair value hierarchy classification

The fair value hierarchy classification is based on the data and assumptions used in the most recent comprehensive valuations, 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.

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

2019	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Assets				
Land	-	94,423	-	94,423
Buildings	-	5,005	1,521,178	1,526,183
Total assets	-	99,428	1,521,178	1,620,606

2018	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Assets				
Land	-	89,416	-	89,416
Buildings	-	1,862	1,544,684	1,546,546
Total assets	-	91,278	1,544,684	1,635,962

The movements associated with Level 3 assets are shown below:

	2019 \$'000	2018 \$'000
Balance at 1 July	1,544,684	1,555,702
Transfers out of Level 3 into Level 2	(3,201)	-
Disposals	-	-
Revaluation increments	36,888	44,943
Transfers from Work-in-Progress	1,360	1,681
Transfers in	313	-
Depreciation	(58,866)	(57,642)
Balance at 30 June	1,521,178	1,544,684

Note 2.13: Payables

	2019 \$'000	2018 \$'000
Trade and other payables	15,235	17,231
Payables to the Department	5,972	9,375
Accrued expenses	27,245	28,567
Total payables	48,452	55,173

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.

Note 2.14: Accrued employee benefits

	2019 \$'000	2018 \$'000
Wages and salaries payable	33,022	29,978
Superannuation payable	4,137	3,511
Other leave	7,076	6,304
Total accrued employee benefits	44,235	39,793

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, Nurse 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.

SECTION 3: Budgetary Reporting Disclosure

This section provides an explanation for major variances between the original budget and actual performance for 2018-2019.

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

Statement of comprehensive income

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
Revenue				
Health service funding		1,385,720	1,427,785	42,065
User charges and fees	3.1	86,521	108,369	21,848
Grants and other contributions		17,357	17,121	(236)
Other revenue	3.2	4,048	13,802	9,754
Total revenue		1,493,646	1,567,077	73,431
Expenses				
Employee expenses		(1,046,771)	(1,074,234)	(27,463)
Supplies and services	3.3	(348,893)	(393,791)	(44,898)
Grants and subsidies		(1,323)	(898)	425
Depreciation and amortisation		(79,424)	(80,062)	(638)
Impairment loss		(1,185)	(3,003)	(1,818)
Other expenses	3.4	(16,050)	(21,160)	(5,110)
Total expenses		(1,493,646)	(1,573,148)	(79,502)
Deficit for the year		-	(6,071)	(6,071)
Other comprehensive income for the year				
<i>Items that will not be reclassified subsequently to operating result:</i>				
- Increase in asset revaluation surplus		-	36,656	36,656
Total other comprehensive income		-	36,656	36,656
Total comprehensive income for the year		-	30,585	30,585

Statement of financial position

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
Assets				
Current assets				
Cash and cash equivalents	3.5	67,105	92,026	24,921
Receivables		25,359	23,841	(1,518)
Inventories		8,788	10,324	1,536
Prepayments		2,600	2,629	29
Total current assets		103,852	128,820	24,968
Non-current assets				
Property, plant and equipment		1,681,341	1,705,741	24,400
Intangibles		4,092	204	(3,888)
Total non-current assets		1,685,433	1,705,945	20,512
Total assets		1,789,285	1,834,765	45,480
Liabilities				
Current liabilities				
Payables	3.6	42,342	48,452	6,110
Accrued employee benefits	3.7	35,756	44,235	8,479
Unearned revenue		1,132	7,904	6,772
Total current liabilities		79,230	100,591	21,361
Total liabilities		79,230	100,591	21,361
Net assets		1,710,055	1,734,174	24,119
Equity				
Contributed equity		1,554,714	1,563,395	8,681
Accumulated surplus		16,018	17,904	1,886
Asset revaluation surplus		139,323	152,875	13,552
Total equity		1,710,055	1,734,174	24,119

SECTION 3: Budgetary Reporting Disclosure

Statement of cash flows

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
Cash flows from operating activities				
Health service funding		1,306,296	1,364,137	57,841
User charges and fees	3.1	85,220	107,798	25,204
Grants and contributions		17,357	16,763	(594)
GST collected from customers	3.10	-	1,766	1,766
GST input tax credits from Australian Taxation Office	3.10	8,050	20,234	12,184
Other operating cash inflows		4,048	13,717	9,669
Employee expenses		(1,046,765)	(1,069,792)	(23,027)
Supplies and services	3.3	(346,861)	(400,004)	(53,143)
Grants and subsidies		(1,323)	(898)	425
GST paid to suppliers	3.10	(8,055)	(19,072)	(11,017)
GST remitted to Australian Taxation Office	3.10	-	(1,795)	(1,795)
Other operating cash outflows	3.4	(16,050)	(20,348)	(4,298)
Net cash from operating activities		1,917	12,506	13,215
Cash flows from investing activities				
Payments for property, plant and equipment	3.8	(7,869)	(18,991)	(11,122)
Proceeds from sale of property, plant and equipment		(85)	137	222
Net cash used in investing activities		(7,954)	(18,854)	(10,900)
Cash flows from financing activities				
Equity injections	3.9	7,869	23,995	16,126
Net cash from financing activities		7,869	23,995	16,126
Net increase in cash and cash equivalents		1,832	17,647	15,815
Cash and cash equivalents at the beginning of the financial year		65,273	74,379	9,106
Cash and cash equivalents at the end of the financial year		67,105	92,026	24,921

Explanations of major variances

3.1 User charges and fees variance

User charges revenue is higher than budget by \$21.8m. This is due to additional patient activity that led to additional revenue from chargeable services, of which \$10.4m related to higher patient activity levels in cancer services which impacted Pharmaceutical Benefit Scheme (PBS) receipts. These factors caused the corresponding combined increase in the statement of cash flows of \$25.2m.

3.2 Other income variance

Other revenue is higher than budget by \$9.8m. This is due to capital project-related recoveries from the Department of \$8.9m that were not included in the budget. This has caused a corresponding increase in the statement of cash flows of \$9.7m.

3.3 Supplies and services variance

Supplies and services is \$44.9m higher than the original budget. The most significant contribution to the variance relates to additional funding received during the year that was not reflected in the original budget to fund non-labour inflation (\$9.8m), PBS drugs (\$8.1m), ieMR project (\$7.4m) and additional activity WAU funding (\$4.4m). Other factors contributing to the variance are increased use of external contractors (mainly nursing staff) (\$8.6m) and increased repairs and maintenance costs (\$6.2m) to meet service demands.

3.4 Other expenses variance

Other expenses is \$5.1m higher than budget. This is due to the settlement of the claims and unforeseen legal fees relating to specific negotiations. This has caused a corresponding increase in the statement of cash flows of \$4.3m.

3.5 Cash and cash equivalents variance

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

3.6 Payables variance

The payables balance is higher than budget by \$6.1m. This is due to the unforeseeable nature of final amendments to funding in the Service Agreement with the Department and differences in the assumed impact of timing of payments to suppliers at the time of preparing the budget.

3.7 Accrued employee benefits variance

The accrued employee benefits is higher than budget by \$8.4m. This is due to the impact of enterprise bargaining expenses and timing of the payroll payment run.

3.8 Payments for property plant and equipment variance

Payments for property, plant and equipment (\$18.9m) predominantly reflects the expenditure of the equity injection funding of \$24.0m (see note 3.14).

3.9 Equity injection variance

The equity injection of \$24.0m reflects the Department of Health capital funding connected with the replacement of critical medical equipment and capital projects. This increased by \$16m compared to budget due to the increased capital requirements arising from provision of new and/or expanded health care services.

3.10 GST variance

Per Queensland Treasury Financial Reporting Requirements, GST inflows and outflows are reported separately in the financial statements. The net impact of the GST in the cash flow is \$1.1m and reflects the GST value on actual transactions.

SECTION 4:

Key Management Personnel and Related Parties

4.1 Key Management Personnel

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

Minister

The responsible minister is identified as part of Gold Coast Health Key Management Personnel. The Honourable Dr Steven Miles was appointed the Minister for Health and the Minister for Ambulance Services on 12 December 2017. No associated remuneration figures will be disclosed for the Minister, as Gold Coast Health does not provide the Minister's remuneration.

Board

The Board members of Gold Coast Health as at 30 June 2019 and their positions are outlined below.

Name and position of current incumbents	Appointment authority	Appointment date
Board Chair – Mr Ian Langdon	Section 25(1)(a), HHB Act	01/07/2012 (Reappointed 18/05/2019)
Board Member – Ms Teresa Dyson	Section 23, HHB Act	18/05/2016 (Reappointed 18/05/2019)
Board Member – Ms Colette McCool	Section 23, HHB Act	01/07/2012 (Reappointed 18/05/2018)
Board Member – Dr Andrew Weissenberger	Section 23, HHB Act	01/09/2012 (Reappointed 18/05/2018)
Board Member – Dr Cherrell Hirst	Section 23, HHB Act	17/05/2014 (Reappointed 18/05/2018)
Board Member – Mr Robert Buker	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)
Board Member – Professor Helen Chenery	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)
Board Member – Professor Judy Searle	Section 23, HHB Act	18/05/2016 (Reappointed 17/05/2017)
Board Member – Mr Michael Kinnane	Section 23, HHB Act	18/05/2018 (Reappointed 18/05/2019)

Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

4.1 Key Management Personnel continued

Executives

The Key Management Personnel – Executive level includes those positions that have responsibility for planning, directing and controlling the agency as a whole. Each member holds responsibility for their division’s financial, operational and clinical (if applicable) performance as reflected in the position title in table below.

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Chief Executive – Mr Ron Calvert	SESL Contract - Section 33, HHB Act.	01/10/2012 (reappointed 20/06/2016)
Chief Operations Officer – Ms Kimberley Pierce	HES3 Contract - Section 67, HHB Act.	15/08/2016
Chief Finance Officer – Mr Ian Moody	HES3 Contract - Section 67, HHB Act.	04/12/2013 (reappointed 04/12/2016)
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood	Medical Officer (Queensland Health) Certified Agreement (No. 5) 2019	06/08/2018
Executive Director, Robina Hospital, Digital Transformation Services and Chief Information Officer – Mr Damian Green	HES3 Contract - Section 67, HHB Act.	07/01/2013 (reappointed 27/06/2018)
Executive Director, People and Corporate Services – Ms Hannah Bloch	HES2 Contract - Section 67, HHB Act.	19/09/2016
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	HES3 Contract - Section 67, HHB Act.	29/09/2014 (reappointed 29/09/2018)
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	HES2.3 Contract - Section 67, HHB Act	06/08/2018
Executive Director, Governance, Risk and Commercial Services – Not currently filled	HES2 Contract - Section 67, HB Act.	n/a

Remuneration

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

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

SECTION 4:

Key Management Personnel and Related Parties

4.1 Key Management Personnel continued

2019

	Short-term employee expenses		Post employment expenses \$'000	Long-term employee expenses \$'000	Termination benefits \$'000	Total expenses \$'000
	Monetary \$'000	Non-monetary \$'000				
Board						
Board Chair – Mr Ian Langdon	103	-	9	-	-	112
Deputy Board Chair – Ms Teresa Dyson	51	-	5	-	-	56
Board Member – Ms Colette McCool	50	-	5	-	-	55
Board Member – Dr Andrew Weissenberger	50	-	5	-	-	55
Board Member – Dr Cherrell Hirst	51	-	5	-	-	56
Board Member – Mr Robert Buker	51	-	5	-	-	56
Board Member – Professor Helen Chenery	50	-	5	-	-	55
Board Member – Professor Judy Searle	51	-	5	-	-	56
Board Member – Mr Michael Kinnane	50	-	5	-	-	55
Executive						
Chief Executive – Mr Ron Calvert	406	17	33	8	-	464
Chief Operations Officer – Ms Kimberley Pierce	235	-	24	5	-	264
Chief Finance Officer – Mr Ian Moody	245	-	25	5	-	275
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood (from 06/08/2018)	425	-	32	8	-	465
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau (end date 05/08/2018)	36	-	2	1	-	39
Executive Director, Robina Hospital, Digital Transformation Service and Chief Information Officer – Mr Damian Green	231	-	17	4	-	252
Executive Director, People and Corporate Services – Ms Hannah Bloch	206	-	21	4	-	231
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	201	-	20	4	-	225
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	183	-	19	4	-	206
Executive Director, Governance Risk and Commercial Services – Ms Rebecca Freath (end date 10/05/2019)	182	-	17	3	-	202

4.1 Key Management Personnel continued

2018

	Short-term employee expenses		Post employment expenses \$'000	Long-term employee expenses \$'000	Termination benefits \$'000	Total expenses \$'000
	Monetary \$'000	Non-monetary \$'000				
Board						
Board Chair – Mr Ian Langdon	103	0	9	0	0	112
Deputy Board Chair – Ms Teresa Dyson	54	0	5	0	0	59
Board Member – Professor Allan Cripps (end date 17/05/2018)	42	0	4	0	0	46
Board Member – Ms Colette McCool	54	0	5	0	0	59
Board Member – Dr Andrew Weissenberger	50	0	5	0	0	55
Board Member – Dr Cherrell Hirst	53	0	5	0	0	58
Board Member – Mr Robert Buker	51	0	5	0	0	56
Board Member – Professor Helen Chenery	50	0	5	0	0	55
Board Member – Professor Judy Searle	44	0	4	0	0	48
Board Member – Mr Michael Kinnane (commenced 18/05/2018)	6	0	1	0	0	7
Executive						
Chief Executive – Mr Ron Calvert	405	11	33	8	0	457
Chief Operations Officer – Ms Kimberley Pierce	238	0	24	5	0	267
Chief Finance Officer – Mr Ian Moody	250	0	25	5	0	280
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	427	0	32	8	0	467
Executive Director, Digital Transformation Service – Mr Damian Green	231	0	18	4	0	253
Executive Director, People and Corporate Services – Ms Hannah Bloch	200	0	20	4	0	224
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	215	0	21	4	0	240
Executive Director, Governance Risk and Commercial Services – Ms Rebecca Freath	198	0	20	4	0	222

SECTION 4:

Key Management Personnel and Related Parties

4.2 Related Parties

Transactions with other Queensland Government-controlled entities

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

The following table summarises significant transactions with Queensland Government controlled entities.

	Note	For the year ending 30 June 2019		At 30 June 2019	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,427,784	82,475	5,491	20,766
Queensland Treasury Corporation	(b)	204	11	7,672	-
Department of Housing and Public Works	(c)	-	5,205	-	107
Other Hospital and Health Services	(d)	2,547	1,740	347	140
Gold Coast Hospital Foundation	(e)	285	-	285	-

	Note	For the year ending 30 June 2018		At 30 June 2018	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,325,796	74,947	18,544	10,878
Queensland Treasury Corporation	(b)	184	11	7,480	-
Department of Housing and Public Works	(c)	-	4,333	-	123
Other Hospital and Health Services	(d)	1,217	1,133	143	383
Gold Coast Hospital Foundation	(e)	311	22	311	-

(a) Department of Health

Gold Coast Health receives funding in accordance with a service agreement with the Department. The Department receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. The signed service agreements are published on the Queensland Government website and publicly available.

The Department of Health provides support services on a fee basis such as ambulance, pathology, linen, medical equipment maintenance, information technology, communications, procurement and insurance.

In addition to the expenditure disclosed above, the Department provides several services free of charge including accounts payable, payroll and other support services. The estimated value of these services is \$11.6m.

(b) Queensland Treasury Corporation

Gold Coast Health has accounts with the Queensland Treasury Corporation (QTC) for general trust monies and receives interest and incurs bank fees on these bank accounts.

4.2 Related Parties continued

(c) Department of Housing and Public Works

Gold Coast Health pays rent to the Department of Housing and Public Works (DHPW) for a number of properties. In addition, the Department of Housing and Public Works provides fleet management services (Qfleet) to Gold Coast Health. Commitments to DHPW are disclosed at Note 5.3.

(d) Other Hospital and Health Service entities

Payments to and receipts from other Hospital and Health service entities in Queensland occur to facilitate the transfer of patients, drugs, staff and other services shared.

(e) Gold Coast Hospital Foundation

Gold Coast Hospital Foundation provides free equipment, resources and services to Gold Coast Health in accordance with their objectives identified in the Hospitals Foundations Act 2018 (Qld). Where quantifiable, the value of these resources is disclosed above. The Foundation leases space in the foyer of Gold Coast University Hospital for a nominal value.

Transactions with people/entities related to Key Management Personnel

All transactions between Gold Coast Health and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

SECTION 5: Other Financial Information

5.1 Financial Instruments

a) 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.

b) Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents — held at amortised cost
- Receivables — held at amortised cost
- Payables — held at amortised cost

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

c) Risks

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

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

Interest Risk

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

Credit risk

Credit risk exposure refers to the situation where Gold Coast Health may incur financial loss because 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 allowances for impairment. As such, the gross carrying amount of cash and cash equivalents as well as receivables represents the maximum exposure to credit risk.

See Note 2.10 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 to match the expected incidence and duration of the various employee and supplier liabilities. Gold Coast Health has an approved overdraft facility of \$8.5m under whole-of-Government banking arrangements to manage any unexpected short-term cash shortfalls. This facility has not been drawn down as at 30 June 2019.

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

5.2 Contingent liabilities

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

	2019	2018
Supreme Court	7	6
District Court	3	3
Magistrates Court	1	1
Tribunals, commissions and boards	-	1
Total cases	11	11

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 an excess of \$20,000 for each insurable event. Tribunals, commissions and boards include matters that may never be litigated or result in payments to claims.

5.3 Commitments

a) Non-cancellable operating leases

Commitments at the reporting date under non-cancellable operating leases are inclusive of non-recoverable GST and payable as follows:

	2019 \$'000	2018 \$'000
Within one year	4,906	4,393
One to five years	5,239	8,795
Total commitment	10,145	13,188

Operating leases are a means of acquiring access to office accommodation and fleet vehicles. Lease payments are generally fixed, but with standard inflation escalation clauses.

b) Lessor commitments

Minimum lease commitments receivable but not recognised in the financial statements:

	2019 \$'000	2018 \$'000
Within one year	1,867	685
One to five years	5,937	171
Total commitment	7,804	856

Gold Coast Health is the beneficiary of rental income arising from the lease of clinical, retail and office accommodation to third parties. Lease receipts are generally fixed, but with inflation escalation clauses. The increase is due to contracts being re-negotiated in the 2018-19 financial year.

SECTION 5: Other Financial Information

5.4 Service Concession Arrangements

SurePark Pty Ltd was appointed in July 2010 to build, own, operate and transfer the Gold Coast University Hospital western car park (land owned by Gold Coast Health). The arrangement is for a period of 31 years. There was no revenue received from SurePark Pty Ltd and no upfront payments were made. The agreement provides for Gold Coast Health to receive a portion of revenue if certain conditions are met. A reliable estimate cannot yet be determined. Gold Coast Health does not control the facility and therefore it is not recognised as an asset of Gold Coast Health.

Healthscope Ltd was appointed in February 2012 to build, own, operate and transfer a private hospital facility in the southeast corner of the Gold Coast University Hospital campus (land owned by Gold Coast Health). The arrangement commenced from 12 March 2016 for a period of 50 years with possible extensions. No upfront payments were made. Gold Coast Health has a right to rental payments based on a percentage of revenue from March 2022. A reliable estimate of the rental amount cannot yet be determined. Gold Coast Health does not control the facility and therefore it is not recognised as an asset of Gold Coast Health.

5.5 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.

Patient trust receipts and payments

	2019 \$'000	2018 \$'000
Receipts		
Amounts receipted on behalf of patients	174	235
Payments		
Amounts paid to or on behalf of patients	176	241
Assets		
Cash held and bank deposits on behalf of patients	16	18

5.6 Granted 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.

Payments to Gold Coast Health indicated below relate to revenue that has been recognised by Gold Coast Health.

	2019 \$'000	2018 \$'000
<i>Receipts</i>		
Private practice revenue	14,029	19,296
Private practice interest revenue	35	33
Total receipts	14,064	19,329
<i>Payments</i>		
Payments to private practice doctors under retention arrangements	4,502	4,697
Payments to Gold Coast Health for service fees	7,028	7,870
Payments to Gold Coast Health for assignment arrangements	2,512	5,784
Payments to Gold Coast Health Private Practice Trust Fund*	1,056	1,525
Total payments	15,098	19,876
<i>Assets</i>		
Cash held and bank deposits for private practice	795	1,829

The cash balance above represents timing differences between cash receipts and payments in relation to the private practice arrangements.

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

5.7 Events after the reporting period

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

SECTION 6: New Accounting Standards

6.1 New, revised or amending Accounting Standards and Interpretations adopted

The below summarises the relevant Australian Accounting Standards amendments which have been adopted for the 2018-2019 year.

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

Gold Coast Health applied AASB 9 Financial Instruments for the first time in 2018-19. Comparative information for 2017-18 has not been restated and continues to be reported under AASB 139 *Financial Instruments: Recognition and Measurement*. The nature and effect of the changes as a result of adoption of this new accounting standard are described below.

Classification and measurement

Gold Coast Health's debt instruments comprise of receivables disclosed in Note 2.10. They were classified as receivables as at 30 June 2018 (under AASB 139) and were measured at amortised cost. These receivables are held for collection of contractual cash flows that are solely payments of principal. As such, they continue to be measured at amortised cost beginning 1 July 2018.

Impairment

Gold Coast Health has adopted the simplified approach under AASB 9 and measured lifetime expected credit losses on all trade receivables using a provision matrix approach as a practical expedient to measure the impairment allowance.

Gold Coast Health has taken advantage of the exemption allowing it not to restate comparative information for prior periods with respect to classification and measurement (including impairment) changes. No material differences in the carrying amounts of financial assets and financial liabilities resulting from the adoption of this standard have been identified.

6.2 New Accounting Standards and Interpretations not yet mandatory or early adopted

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

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

The transition date for both AASB 15 and AASB 1058 is 1 July 2019. Consequently, these standards will first apply to Gold Coast Health when preparing the financial statements for 2019-20. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of Gold Coast Health's goods and services, such that some revenue may need to be deferred to a later reporting period to the extent that the service has not met its associated obligations. Further, under the new standards, grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific.

Gold Coast Health has commenced analysing the new revenue recognition requirements under these standards, and does not expect any significant impact. The main contract is the Service Agreement with the Department, for which the accounting treatment is unlikely to change.

Gold Coast Health plans to adopt these standards using the cumulative effect method, with the effect of initially applying this standard recognised at the date of initial application. As a result, Gold Coast Health will not apply the requirements of these standards to the comparative period presented.

AASB 16 Leases

This standard will first apply to the Gold Coast Health from 1 July 2019. When applied, the standard supersedes AASB 117 Leases, AASB Interpretation 4 *Determining whether an Arrangement contains a Lease*, AASB Interpretation 115 *Operating Leases – Incentives* and AASB Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

6.2 New Accounting Standards and Interpretations not yet mandatory or early adopted continued

Impact for lessee

Under AASB 16, operating leases (as defined by the current AASB 117) will be reported on the statement of financial position as right-of-use assets and lease liabilities.

The right-of-use asset will be initially recognised at cost, consisting of the initial amount of the associated lease liability, plus any lease payments made to the lessor at or before the effective date, less any lease incentive received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee. The right-of-use asset will give rise to a depreciation expense.

The lease liability will be initially recognised at an amount equal to the present value of the lease payments during the lease term that are not yet paid. Current operating lease rental payments will no longer be expensed in the statement of comprehensive income. They will be apportioned between a reduction in the recognised lease liability and the implicit finance charge (the effective rate of interest) in the lease. The finance cost will also be recognised as an expense.

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. In accordance with Queensland Treasury's policy, Gold Coast Health will apply the 'cumulative approach', and will not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application.

Outcome of review as lessee

Gold Coast Health has completed its review of the impact of adoption of AASB 16 on the statement of financial position and statement of comprehensive income and has identified the following major impacts which are outlined below.

Lease payments under these arrangements totalled \$5.2m p.a. Gold Coast Health has been advised by Queensland Treasury and DHPW that, effective 1 July 2019, amendments to the framework agreements that govern QGAO will result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DHPW having substantive substitution rights over assets used within these arrangements. From 2019-20 onwards, costs for these services will continue to be expensed as supplies and services expense when incurred.

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

Gold Coast Health has quantified the transitional impact on the statement of financial position and statement of comprehensive income of all qualifying lease arrangements that will be recognised on-balance sheet under AASB 16 and concluded it will be immaterial for current lease arrangements.

Impact for Lessors

Lessor accounting under AASB 16 remains largely unchanged from AASB 117. Lease receipts from operating leases are recognised as income either on a straight-line basis or another systematic basis where appropriate.

AASB 1059 Service Concession Arrangements: Grantors

AASB 1059 will first apply to Gold Coast Health from 1 July 2020 in the 2020-2021 financial year. This standard defines service concession arrangements and applies a new control concept to the recognition of service concession assets and related liabilities.

Gold Coast Health is continuing to assess the impact of this standard.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to Gold Coast Health's activities, or have no material impact on the health service.

SECTION 7:
Management Certificate

GOLD COAST HOSPITAL AND HEALTH SERVICE
Management Certificate
for the year ended 30 June 2019

These general purpose financial statements have been prepared pursuant to s.62(1) of the Financial Accountability Act 2009 (the Act), section 42 of the Financial and Performance Management Standard 2009 and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2019 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and
- (c) We acknowledge responsibility under s.8 and s.15 of the Financial and Performance Management Standard 2009 for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period



Ian Langdon
Board Chair

10 August 2019



Ron Calvert
Chief Executive

10 August 2019

Independent auditor's report



INDEPENDENT AUDITOR'S REPORT

To the Board of Gold Coast Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Gold Coast Hospital and Health Service.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2019, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

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

Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. I addressed these matters in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.



Valuation of buildings (\$1 526.2 million)

Refer to Note 2.12 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to Gold Coast Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method. Gold Coast Hospital and Health Service performed an indexation of its buildings this year. The last comprehensive revaluation was in 2016–17.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • gross replacement cost, less • accumulated depreciation. <p>Using indexation required:</p> <ul style="list-style-type: none"> • significant judgement in determining changes in cost and design factors for each asset type since the previous comprehensive valuation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> • Assessing the adequacy of management’s review of the valuation process and results. • Reviewing the scope and instructions provided to the valuer. • Assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices. • For unit rates: <ul style="list-style-type: none"> – assessing the competence, capabilities and objectivity of the experts used to develop the models – on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> ■ modern substitute (including locality factors and oncosts) ■ adjustment for excess quality or obsolescence • Evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • Recalculating the application of the indices to asset balances. • Evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> – reviewing management’s annual assessment of useful lives – at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets – ensuring that no building asset still in use has reached or exceeded its useful life – enquiring of management about their plans for assets that are nearing the end of their useful life – reviewing assets with an inconsistent relationship between condition and remaining useful life • Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Responsibilities of the entity for the financial report

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

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.



- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

From the matters communicated with the Board, I determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on other legal and regulatory requirements

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

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

A handwritten signature in blue ink that reads "C.G. Strickland".

C G Strickland
as delegate of the Auditor-General

23 August 2019

Queensland Audit Office
Brisbane

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Glossary of acronyms

Appendix 2

ALS	Amyotrophic Lateral Sclerosis
ARR	Annual report requirements for Queensland Government agencies
CAG	Consumer Advisory Group
CEO	Chief Executive Officer
CHI	Centre for Health Innovation
CHITH	Children's Hospital in the Home
CIAP	Continuous Improvement Action Plan
CPC	Clinical Prioritisation Criteria
CYMHS	Child and Youth Mental Health Services
CNI	Crisis Now Initiative
DEMS	Diagnostic, Emergency and Medical Services
DFV	Domestic and Family Violence
DHPW	Department of Housing and Public Works
DPC	Department of Premier and Cabinet
DTS	Digital Transformation Services
ED	Emergency Department
EMR	Electronic Medical Record
EMT	Executive Management Team
ESM	Enterprise Scheduling Management
FAA	Financial Accountability Act 2009
FBT	Fringe Benefits Tax
FPMS	Financial and Performance Management Standard 2009
FRR	Financial Reporting Requirements
FTE	Full-time Equivalent
FYTD	Financial year to date
GCHHS	Gold Coast Hospital and Health Service
GCIC	Gold Coast Integrated Care
GCPHN	Gold Coast Primary Health Network
GCUH	Gold Coast University Hospital
GP	General Practitioner

GPwSI	General Practitioners with Special Interest
GRC	Governance, Risk and Compliance
GST	Goods and Services Tax
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HLA	Higher Level Apprenticeship
HR	Human Resources
ICA	Integrated Care Alliance
ICT	Information Communication Technology
ICU	Intensive Care Unit
ieMR	Integrated Electronic Medical Record
IHPA	Independent Hospital Pricing Authority
IV	Intravenous
KPI	Key Performance Indicators
KWH	Kilowatt hour
MFM	Maternal Fetal Medicine
MGP	Midwifery Group Practice
MHSS	Mental Health and Specialist Services
MIIS	Medical Imaging Informatics Solution
MND	Motor-neurone Disease
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NHS	National Health Service
NPA	National Partnership Agreement
NSQHS	National Safety and Quality Health Service

NSW	New South Wales
OHO	Office of the Health Ombudsman
P.A.R.T.Y	Prevent Alcohol and Risk-Related Trauma in Youth
PBS	Pharmaceutical Benefit Scheme
PID	Public Interest Disclosure
PLS	Patient Liaison Service
PPA	Promoting Professional Accountability
PVC	Polyvinyl Chloride
POST	Patient Off Stretcher Target
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QGAO	Queensland Government Accommodation Office
QGIF	Queensland Government Insurance Fund
QIP	Quality Improvement Programs
QPS	Queensland Police Service
QPMS	Queensland Pelvic Mesh Service
QPMS-IC	Queensland Pelvic Mesh Service Implementation Committee
QTC	Queensland Treasury Corporation
QUT	Queensland University of Technology
QWAU	Queensland Weighted Activity Units
READi	Rapid Emergency Admission to Destination
SAB	Staphylococcus aureus Bacteraemia
SAPS	Specialty and Procedural Services
SCC	Statutory Compliance and Conduct
SDS	Service Delivery Statement
SNAP	Sub and Non Acute Patient
SOSIS	Specialist Outpatients Services Implementation Standard
TAFE	Training and Further Education
TGA	Therapeutic Goods Administration

TQGC	TAFE Queensland Gold Coast
VET	Vocational Education and Training
WAU	Weighted Activity Units
WLS	Women's Legal Service
WNCS	Women's, Newborn and Children's Service

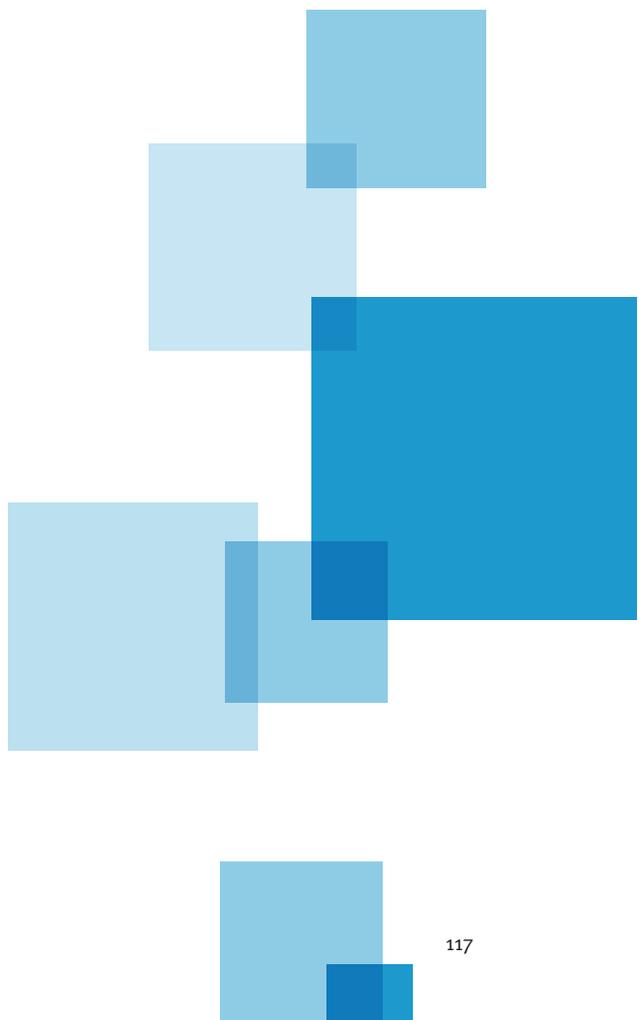
Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.
Activity-based funding	<p>A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:</p> <ul style="list-style-type: none">• 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	<p>Care in which the clinical intent or treatment goal is to:</p> <ul style="list-style-type: none">• manage labour (obstetric)• cure illness or provide definitive treatment of injury• perform surgery• relieve symptoms of illness or injury (excluding palliative care)• reduce severity of an illness or injury• protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function• perform diagnostic or therapeutic procedures.
Admission	The process whereby a hospital accepts responsibility for a patient’s care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient’s home (for hospital-in-the-home patients).
Allied health	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.
Best practice	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead sustainable world-class positive outcomes.

Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
FirstNet	A program that replaced the existing Emergency Department Information System, to allow integration with ieMR.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Department of Health	Refers to Queensland Health.
Health reform	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Commonwealth and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement (HoA) signed in February 2010 by the Commonwealth and all states and territories amending the NHHNA.
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Boards	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation.
Hospital and Health Service	Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services.
Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Indigenous health worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.

Glossary of terms (continued)

Nurse Navigator	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex healthcare needs to navigate to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.
Nurse practitioner	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.
Occasions of service	Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Patient flow	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator.
Private hospital	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.

Public patient	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
Weighted Activity Unit	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.



Compliance checklist

Appendix 4

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7 3
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1 3 112
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2 2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4 2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5 2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10.1 17–18, 36–43
	<ul style="list-style-type: none"> Machinery of Government changes 	ARRs – section 10.2, 31 and 32 NA
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 10.2 36
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 10.3 36, 40
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community 	ARRs – section 11.1 4–16
	<ul style="list-style-type: none"> Other whole-of-government plans / specific initiatives 	ARRs – section 11.2 39
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.3 40
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.4 59–61
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1 60–61
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1 49
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2 47–48
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3 36
	<ul style="list-style-type: none"> <i>Public Sector Ethics Act 1994</i> 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 58
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.5 39, 51, 52
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1 56–58
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2 53, 56
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3 56
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4 57
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5 57
	<ul style="list-style-type: none"> Strategic workforce planning and performance 	ARRs – section 15.1 5–6, 50–51

Compliance checklist (continued)

Summary of requirement	Basis for requirement	Annual report reference
Governance – human resources	<ul style="list-style-type: none"> • Early retirement, redundancy and retrenchment 	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2 50
Open Data	<ul style="list-style-type: none"> • Statement advising publication of information 	ARRs – section 16 58
	<ul style="list-style-type: none"> • Consultancies 	ARRs – section 33.1 https://data.qld.gov.au
	<ul style="list-style-type: none"> • Overseas travel 	ARRs – section 33.2 https://data.qld.gov.au
	<ul style="list-style-type: none"> • Queensland Language Services Policy 	ARRs – section 33.3 https://data.qld.gov.au
Financial statements	<ul style="list-style-type: none"> • Certification of financial statements 	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1 68
	<ul style="list-style-type: none"> • Independent Auditor’s Report 	FAA – section 62 FPMS – section 50 ARRs – section 17.2 107–110

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