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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.

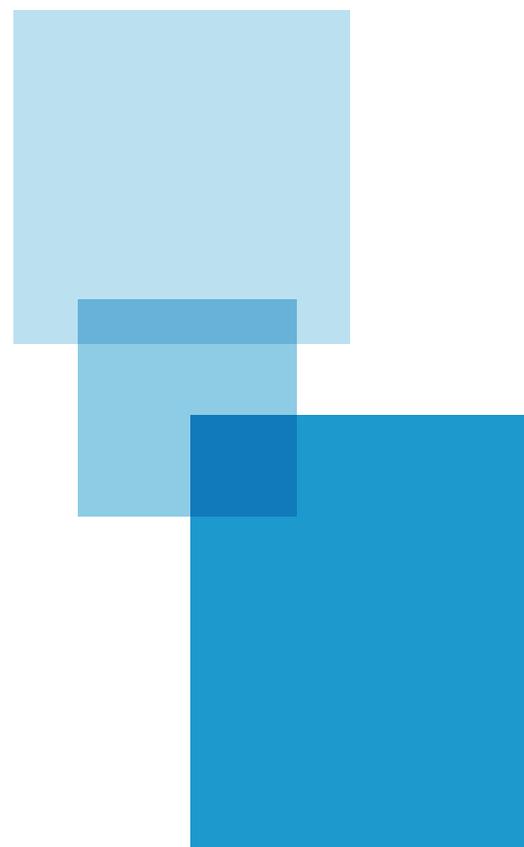
Estimates and assumptions with the most significant effect on the financial statements are:

- 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
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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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Appendix 1

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