ANNUAL REPORT 2016–2017

Department of Health

Queensland Government

Department of Health annual report 2016-17

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2016–17. It has been prepared in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009, and the annual report requirements for Queensland Government agencies.

The annual report aligns to the Department of Health strategic plan 2016–2020 and the 2016–17 Service Delivery Statements.

The report has been prepared for the Minister to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.
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An electronic version of this document is available at

https://www.health.qld.gov.au/research-reports/reports/departmental/annual-report/default.asp

In lieu of inclusion in the annual report, information about consultancies, overseas travel, and the Queensland language services policy is available at the Queensland Government Open Data website (qld.gov.au/data).

Interpreter service statement

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

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Letter of compliance

29 September 2017

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
Member for Woodridge
Level 37, 1 William Street
Brisbane QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2016–17 and financial statements for the Department of Health.

I certify this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, 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 145 of this annual report.

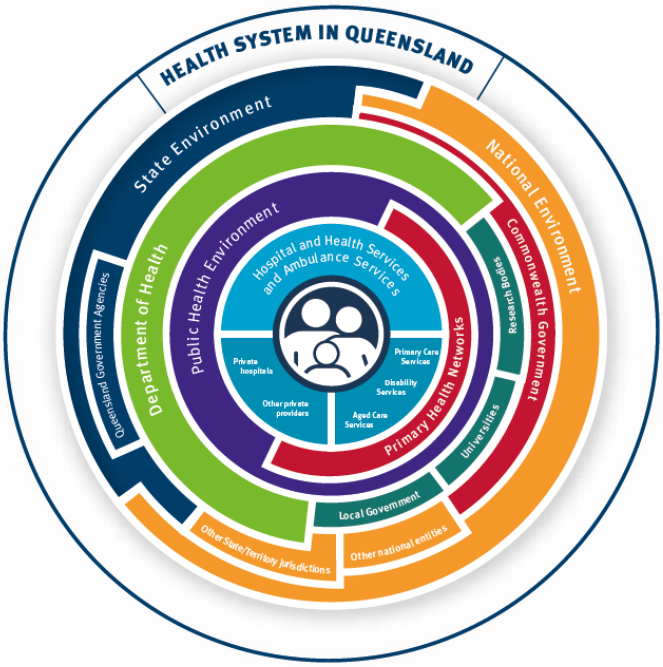
Yours sincerely

Michael Walsh
Director-General
Department of Health

Year in review

The Department of Health has delivered a number of achievements over the past year to deliver better health outcomes for Queenslanders. Its focus has been on continuous improvement and innovation to maintain and improve health and wellbeing into the future, to ensure that *'By 2026 Queenslanders will be among the healthiest people in the world'*.

The Queensland Health system provides a shared approach to public health across jurisdictions and the multiple roles and overlapping responsibilities of funders and providers. Consumers' use of health services is shaped by current funding models which provide subsidised access to general practice, hospital care and medications.



To support our health system in maintaining a high degree of performance and a continuous pursuit of innovation and best practice in the delivery of quality, accessible and sustainable services, Queensland Health has supported the continuum of care, while reducing the need for HHSs to manually provide information requested by general practitioners (GPs). The *Health and Other Legislation Amendment Act 2016*, was passed in Queensland Parliament on 15 September 2016. This provides GPs with access to The Viewer, a read-only access to patient information held in various Queensland Health systems.

A patient 'opt-out' process was required to ensure patients retain their right to withhold confidential information as legislated in the *Hospital and Health Boards Act 2011*. Patients have been able to opt-out by calling 13HEALTH since 1 June 2017. The Health Contact Centre has established a new service to support this requirement and includes updating consent status via a user interface in The Viewer.

Other highlights include:

- Over 90 per cent vaccination rates for all areas of Queensland—increasing year after year.
- Smoking rates at 11.6 per cent for adults and less than six per cent for adolescents.
- Approximately $3.6 million allocated through the *Making Tracks Investment Strategy 2015—2018* to support the ongoing activities under the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010—2033.*
- Establishment of a Suicide Prevention Health Taskforce as a partnership between the Department of Health, HHSs, Primary Health Networks (PHNs) and people with lived experience to focus on the development of suicide prevention policy, strategies, services and programs to be used in a health service delivery context, in order to contribute to a measurable reduction in suicide and its impact on Queenslanders.
- The $1.417 billion, 2016–17 total capital investment program, delivering essential upgrades to health facilities and supporting infrastructure across Queensland, whilst also providing up to 1500 direct jobs across the state.
- 28 children enrolled for treatment with Epidiolex—a pharmaceutical medicinal cannabis product approved for clinical trials by the Therapeutic Goods Administration (TGA) for approved participants of clinical trials for medicinal cannabis to treat epilepsy in children.

During March and through to April 2017, the State Health Emergency Coordination Centre (SHECC) was activated for 19 days to coordinate statewide health support following Tropical Cyclone (TC) Debbie, for the HHS's across Mackay, Whitsundays, Rockhampton and South East Queensland. 53 department staff worked in SHECC which helped coordinated the deployment of 182 staff to impacted HHSs. Further to this, a total of 38 department staff volunteered in the Community Recovery Ready Reserve to assist the effected communities during times of need and lift momentum to continue delivering our essential services.

Additionally, the State Ambulance Coordination Centre was activated and 111 staff from multiple Local Ambulance Service Networks (LASNs) were deployed to support ambulance operations during the rapid onset flooding of the Queensland coast and the slow flooding of the Fitzroy River in Rockhampton. A statewide mental health response was coordinated to support the disaster in the Mackay-Whitsunday region and resulting flooding to Rockhampton and surrounds as well as parts of Logan, Beenleigh and Beaudesert.

Our continued efforts and capabilities drive us to provide better health outcomes for all Queenslanders and ensure we deliver the greatest health benefits to meet the current and future needs of the community.

Michael Walsh
Director-General
Department of Health

2016–17: snapshot of our success

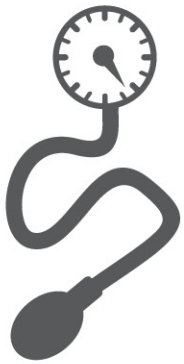
Under the ***Specialist Outpatient Strategy: Improving the Patient Journey by 2020:***

The total number of people waiting longer than clinically recommended for an outpatient appointment

has reduced

from **58,436** at 30 June 2016

to **38,447** as at 1 July 2017



Decrease from

994 people as at 1 July 2016 to **27** people as at 1 July 2017 waiting more than 4 years for an appointment.

Implemented ***integrated electronic Medical Record (ieMR) digital hospital solution***: a shared medical record across a number of Queensland Health facilities—one patient, one record.

Declared **One William Street** as **Queensland's first smoke-free government precinct** on 1 September 2016.

Released the ***Queensland Sexual Health Strategy 2016–2021*** with an investment plan of **$5.27 million** (over four years).

Implemented the **$27 million** ***My health for life*** diabetes and chronic disease prevention program.

Implemented the minimum **nurse-to-patient ratio** legislation across **27 facilities** and **154 wards** throughout the state.

Commenced placement of **3443 new nursing graduates** within two years.

Over **1.75 million** presentations to Queensland emergency departments.

Invested

$1.417 billion

towards health facilities essential upgrades.

Allocated

$25 million

in funding to HHSs and NGOs to commence the delivery of initiatives under the ***Connecting Care to Recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug service.***

Passed the

Mental Health Amendment Act 2017

Followed up over

1200

Aboriginal and Torres Strait Islander children through the ***Bubba Jabs on Time (BJoT)*** project.

Received

349,776

calls to **13 HEALTH** with the majority answered within **20 seconds**.

Answered

786,545

Triple Zero (000) calls with a percentage of calls answered within **10 seconds** at

91.91%.

Commissioned

170 new and replacement **ambulance vehicles**.

Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are used to reflect the Department's planning priorities articulated in the *Department of Health Strategic Plan 2016—2020*. These services are: Acute Inpatient Care; Emergency Care; Mental Health and Alcohol and Other Drug Services; Outpatient Care; Prevention, Primary and Community Care; Queensland Ambulance Service; and Sub and Non-Acute Care.

How the money was spent

The department's expenditure by major service is displayed on page 153 within the financial statements section. The percentage share of these services for 2016–17 is as follows:

- Acute Inpatient Care – 46.3 per cent
- Emergency Care – 9.7 per cent
- Mental Health and Alcohol and Other Drug Services – 9.5 per cent
- Outpatient Care – 12.6 per cent
- Prevention, Primary and Community Care – 14.9 per cent
- Queensland Ambulance Service – 3.7 per cent (offset by Intra-Departmental Service Eliminations – 0.5 per cent)
- Sub and Non-Acute Care – 3.8 per cent.

The Department of Health achieved an operating surplus of $10.310 million in 2016–17 after having delivered on all agreed major services.

The Department of Health, through its risk management framework and financial management policies, is committed to minimising operational expenses and related liabilities. In addition, the department's risk of contingent liabilities resulting from health litigations is mitigated by its insurance with the Queensland Government Insurance Fund.

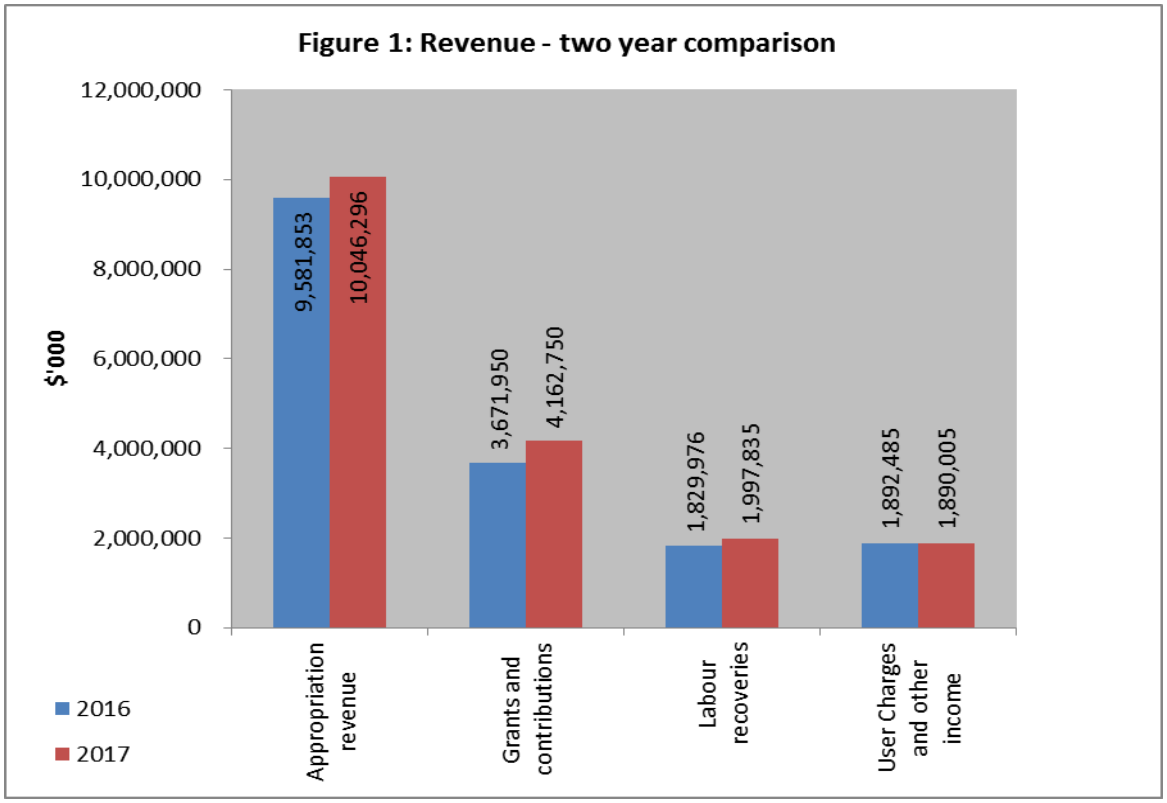
Income

The Department of Health's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2016–17 was $18.097 billion, an increase of $1.121 billion (or 6.6 per cent) from 2015–16. Revenue is sourced from four main areas:

- *Appropriation revenue* of $10.046 billion (or 55.5 per cent), which includes State Appropriation and Commonwealth Appropriation.

- *Grants and Contributions* of $4.163 billion (or 23.0 per cent), which includes National Health Reform Funding from the Commonwealth Government.
- *Labour recoveries* of $1.998 billion (or 11.0 per cent). The department is the employer of the majority of health staff working for non-prescribed HHSs – eight HHSs transitioned to prescribed employer status on 1 July 2014. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *User charges and other income* of $1.890 billion (or 10.5 per cent), which mainly includes recoveries from the HHSs for items such as drugs, pathology and other fee for service categories. It also includes revenue from other states, the Department of Veteran Affairs, Motor Accidents Insurance Commission and other revenue.

Figure1 provides a comparison of revenue in 2015–16 and 2016–17



The major movement in revenue earned when compared to 2015–16 includes:

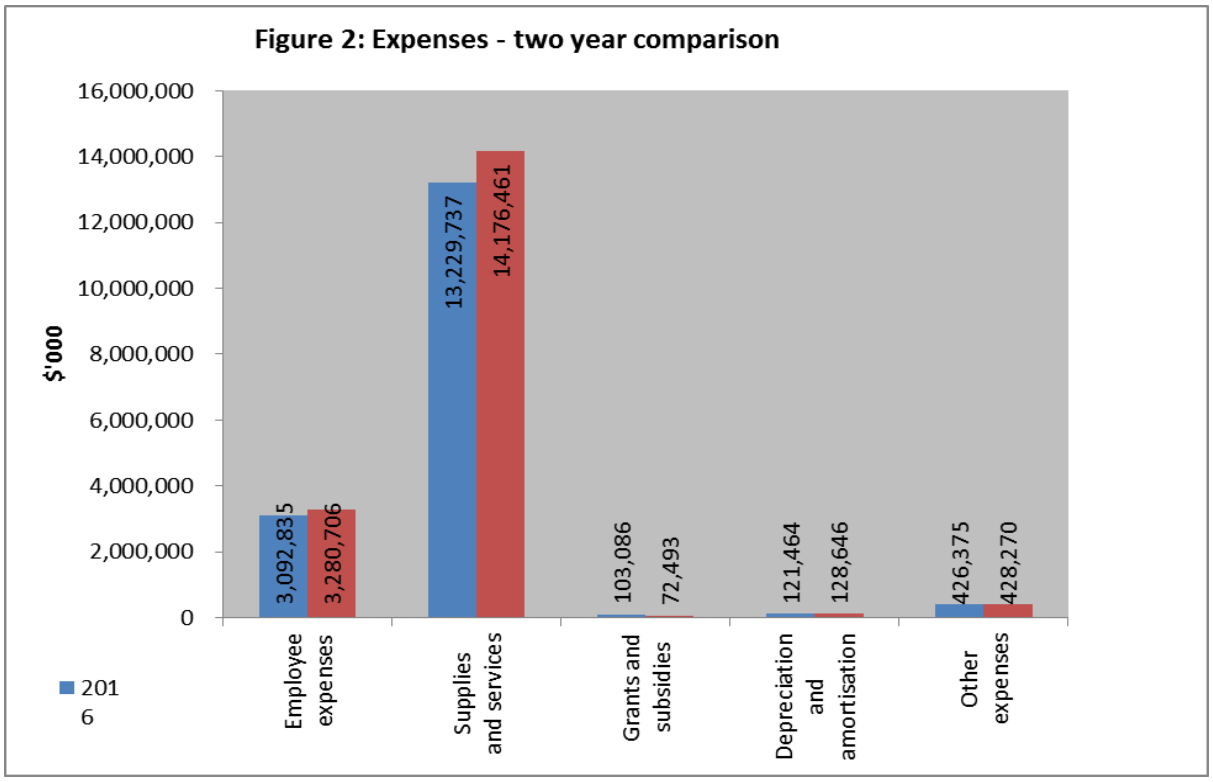
- *Appropriation revenue*–the majority of this funding increase of $464.443 million is provided to HHSs and QAS to assist with the greater demand for services, and growth in costs in line with projected increases in the Consumer Price Index. This was offset by a decrease in Commonwealth appropriations due to programs that have ceased or diminished in 2016—17.
- *Grants and contributions*–the increase of $490.800 million relates largely to increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs in 2016—17. There has also been an increase in donated vaccines from the Commonwealth.

- *Labour recoveries*–the increase of $167.859 million reflects the demand for services within the non-prescribed HHSs, as well as Enterprise Bargaining pay increases.

Expenses

Total expenses for 2016–17 were $18.087 billion, which is an increase of $1.113 billion (or 6.6 per cent) from 2015–16.

Figure 2 provides a comparison of expenses in 2015–16 and 2016–17.



The major movement in expenses incurred when compared to 2015–16 includes:

- *Employee expenses*–the increase of $187.871 million reflects the demand for services within the non-prescribed HHSs and QAS, as well as Enterprise Bargaining pay increases. This category includes non-prescribed HHS expenses amounting to $1.998 billion in the 2016–17 financial year, recovered through labour recoveries income.

- *Supplies and services*– the increase of $946.724 million is predominantly due to additional funding paid to HHSs and Mater Hospitals for the provision of health services.

- *Grants and subsidies*–the decrease of $30.593 million is attributable to a one-off contribution in 2015–16 to Children's Health Queensland HHS following the opening of the new Lady Cilento Children's Hospital.

- *Depreciation and amortisation*–the increase of $7.182 million is mainly due to an increase in amortisation as a result of the commissioning of the electronic medical record system which is being rolled out across the state.

Chief Finance Officer Statement

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

For the financial year ended 30 June 2017, a statement assessing the Department of Health's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

The statement was prepared in accordance with Section 57 of the *Financial and Performance Management Standard 2009*. The statement was also provided to the Department's Audit and Risk Committee.

Chief Finance Officer Assurance Statement

For the financial year ended 30 June 2017, as required by s.77(2)(b) of the *Financial Accountability Act 2009*, the Chief Finance Officer of the Department of Health provided to the Director-General a statement asserting that in all material respects:

- The financial records of the Department of Health have been properly maintained throughout the financial year ended 30 June 2017 in accordance with the prescribed requirements.
- The risk management and internal compliance and control systems of the Department of Health relating to financial management have been operating efficiently, effectively and economically throughout the financial year.
- Since the balance date there have been no changes that may have a material effect on the operation of the risk management and internal compliance and control systems of the Department of Health.
- External service providers have given an assurance about their controls.

The statement was prepared in accordance with Section 57 of the *Financial and Performance Management Standard 2009* and was also provided to the Department's Audit and Risk Committee.

Our department

Our vision

Healthier Queenslanders

Our purpose

To provide leadership and direction and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders.

Our values

The department aligns to the Queensland public service values:

- Customers first
- Ideas into action
- Unleashing potential
- Being courageous
- Empowering people

Our responsibilities

The Department of Health—under the *Hospital and Health Boards Act (Qld) 2011*— is responsible for the overall management of the Queensland public health system.

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

The Department of Health's role includes, but is not limited to:

- Providing strategic leadership and direction for health through the development of policies, legislation and regulations
- Developing statewide plans for health services, workforce and major capital investment
- Managing major capital works for public sector health service facilities
- Purchasing health services
- Supporting and monitoring the quality of health service delivery
- Delivering specialised health services, providing ambulance, health information and communication technology and statewide health support services.

Our strategic objectives

1. **Supporting Queenslanders to be healthier:** promoting and protecting the health of Queenslanders.

2. **Enabling safe, quality services:** delivering and enabling safe, clinically effective, high quality health services.

3. **Equitable health outcomes:** improving health outcomes through better access to services for Queenslanders.

4. **High performance:** responsive, dynamic and accountable management of the department, and of funding and service performance.

5. **Dynamic policy leadership:** drive service improvement and innovation through a collaborative policy cycle.

6. **Broad engagement with partners:** harnessing the skill and knowledge of our partners.

7. **Engaged and productive workforce:** foster a culture that is vibrant, innovative and collaborative.

Government objectives

Organisational chart

Our structure

The Department of Health comprises:

- Office of the Director-General
- Corporate Services Division
- Clinical Excellence Division
- Healthcare Purchasing and System Performance Division
- Prevention Division
- Strategy, Policy and Planning Division
- Queensland Ambulance Service
- Health Support Queensland
- eHealth Queensland

Office of the Director-General

The Office of the Director-General provides oversight of the divisions and three service agencies (Queensland Ambulance Service, Health Support Queensland and eHealth Queensland). Its purpose is to ensure the safe provision of quality public health services across Queensland and across the diversity of needs within the annual budget. The office has a strong commitment and focus on performance, accountability, openness and transparency.

The office comprises:

- Cabinet and Parliamentary Services—manages the provision of strategic services to the Minister and Director-General, provides high-level strategic policy advice on Cabinet, executive government and parliamentary issues, and coordinates whole-of-government reporting.
- Departmental Liaison and Executive Support—manages the flow of information to and from other government agencies and statutory bodies, and manages incoming health enquiries, complaints and customer feedback on behalf of the department and the Minister.
- Office of Health Statutory Agencies—provides support and advice to the Minister and Director-General in relation to all health portfolio statutory agencies, including the monitoring of key governance compliance requirements, and providing a central point of contact for advice and guidance on application of whole-of-government policy and statutory obligations.
- Secretariat Services—supports the Minister and the Director-General to represent Queensland's interests at the national level and ensures coordinated, comprehensive and accurate advice is available to the Minister and Director-General in relation to the Council of Australian Governments (COAG) Health Council; the Australian Health Ministers' Advisory Council (AHMAC) and the Community Care and Population Health Principal Committee. Secretariat Services also provides consistent, high quality secretariat support for the:
  - System Leadership Team (SLT)
  - Departmental Leadership Team (DLT)
  - System Leadership Forum (SLF)

- Ethical Standards Unit— the department's central point for receiving, reporting and managing allegations of suspected corrupt conduct and public interest disclosures.
- Health Innovation, Investment and Research—promotes a coordinated and collaborative approach to innovation, investment and research across Queensland Health, including overseeing engagement in the Advance Queensland agenda.

Corporate Services Division

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

Corporate Services Division provides innovative, integrated and professional corporate services, delivered by six specialist branches:

- Audit, Risk and Governance Branch—enabling good governance outcomes and assurance through audit, risk, governance, fraud control and compliance strategy, services and advice.

- Capital and Asset Services Branch—providing an innovative range of capital infrastructure, asset, property facilities and records management solutions for the department and the HHSs.

- Finance Branch—collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.

- Human Resources Branch—delivering a range of human resource services and support to attract, retain and develop staff, build workforce culture and capability, develop and maintain employment arrangements, and monitor and manage workforce performance.

- Integrated Communications Branch—delivering high quality, tailored and innovative marketing communications with a team comprising of specialists in marketing, communication, graphic design, media, online and production.

- Innovation and Enhancement Branch—delivering a range of innovation services to build innovation capability, enable greater utilisation of resources and build higher levels of staff engagement.

- Legal Branch—providing strategic legal services comprising of the Legal Services Unit, Privacy and Right to Information Unit and the Mental Health Court Registry.

Clinical Excellence Division

The Clinical Excellence Division partners with health services, clinicians and consumers to drive measurable improvement in patient care through continual pursuit of excellence.

The division comprises:

- Allied Health Professions' Office Queensland—leads the development, implementation and evaluation of strategies to ensure an appropriately skilled allied health workforce meets the current and future health service needs of Queensland.

- Centre for Leadership Excellence—develops the leadership and management capabilities of Queensland Health clinicians to support improvement in healthcare teamwork, culture and service delivery.

- Healthcare Improvement Unit—is responsible for driving systems improvement and reform by working collaboratively with Statewide Clinical Networks, HHSs and other system leaders to explore opportunities to improve access to healthcare.

- Mental Health, Alcohol and Other Drugs Branch—supports the statewide development, delivery and enhancement of the specialist areas of mental health and alcohol and other drugs treatment in Queensland. This includes responsibility for administering the *Mental Health Act 2016* and a comprehensive program of information management to support clinical care, service improvement, planning, purchasing and building the evidence base.

- Office of the Chief Dental Officer—provides expertise and strategic leadership in oral health and is responsible for monitoring oral health services in Queensland to ensure high quality accessible care for Queenslanders.

- Office of the Chief Nursing and Midwifery Officer—provides overall professional and industry advice for nursing and midwifery. The office leads, advocates and supports nurses and midwives to provide quality, safe care for Queensland communities through policy, direction and regulation.

- Patient Safety and Quality Improvement Service—monitors and supports HHSs in minimising patient harm, reducing unwarranted variation in health care and achieving high quality patient-centred care.

Health Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division leads the purchasing of healthcare services for the state, purchasing public health services that deliver the greatest health benefit within the resources allocated for residents of Queensland.

The division comprises:

- Community Services Funding Branch—collaborates with program areas and services providers to negotiate, develop and manage contracts with community service providers including contracts with Non-Government Organisations to deliver a variety of community-based health services.

- Contract and Performance Management Branch—leads the development and negotiation of service agreements with the 16 HHSs and the Mater Health Services ensuring the service agreements foster and support continuous quality improvement, effective health outcomes and equitable allocation of the state's multi-billion dollar health service budget. Using a transparent performance framework, the branch is also responsible for managing the performance against these service agreements.

  The Surgery Connect program is also managed within this branch. The Surgery Connect Program liaises with HHSs and private providers, outsourcing care where necessary to support patients receiving treatment within clinically recommended timeframes.

- Healthcare Purchasing and Funding Branch—leads the development and application of purchasing and funding methodologies to support delivery of the greatest possible health benefit for the Queensland population from the resources available. From a healthcare purchasing perspective, this means focusing on the patient health outcomes achieved per dollar spent to ensure resources are focussed on high value activities and improved health outcomes, while funding models incentivise the uptake of good practice.

- System Performance Branch—leads the identification of whether Queensland received the services commissioned by the Department of Health from HHSs and the Mater, and reports periodically the performance of HHSs to the Director-General, Board Chairs, System Manager, Central Agencies, executives and operational staff across Queensland Health. The Branch manages Queensland Health's System Performance Reporting (SPR) platform which provides readily available performance insights to our workforce to understand the performance of their local HHS relative to their peers and support evidence based decisions on performance improvement and 'purchasing for performance' strategies.

Prevention Division

The Prevention Division has five branches which deliver policies, programs, services and regulatory functions that aim to improve the health of all Queenslanders, through the promotion and protection of health and wellbeing, detection and prevention of diseases and injury, and supporting high quality healthcare service delivery. The division manages credentialing and clinical scope of practice for departmental medical administration staff and statewide Breast Screen and retrieval services medical staff. The division also has ministerial delegation for declaring Area of Need for Queensland.

- Chief Medical Officer and Healthcare Regulation Branch—is responsible for providing strategic advice on matters related to medical workforce and medical recruitment campaigns, credentialing, private facilities, medication management services, Schools of Anatomy, drugs and drug approvals, blood, human tissues and related products, review of healthcare legislation and policy, and medicinal cannabis.

- Communicable Diseases Branch—is responsible for the surveillance, prevention and control of communicable diseases in Queensland.

- Aeromedical Retrieval and Disaster Management Branch—provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness, major events and emergency incident management, telehealth support to rural and remote clinicians, and patient transport data analysis, contract management and policy oversight for the Patient Travel Subsidy Scheme (PTSS) and Hospital and Health Service owned and/or operated Helicopter Landing Sites.

- Preventive Health Branch—uses integrated, multi-strategy approaches to create environments which support health and wellbeing, and encourage and support communities and individuals to adopt healthy behaviours, including regular screening for early detection of cancer, healthy eating, being physically active, being sun safe and not smoking.

- Health Protection Branch—seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices. The Branch has both a regulatory and health risk assessment focus and works across a range of program areas, including: environmental hazards (e.g. asbestos, lead), water quality, fluoridation, food safety and standards, radiation health and chemical safety.

Strategy, Policy and Planning Division

The Strategy, Policy and Planning Division provides core system leadership activities by setting strategy and direction for the health system, developing and responding to high level policy matters, and undertaking planning across the wide-ranging activities of the health system.

The division is accountable for collating, providing and optimising the integrity of the health information that is required of the department in its system leadership role. The division comprises:

- Aboriginal and Torres Strait Islander Health Branch—responsible for leading and monitoring Queensland's efforts toward closing the health gap by 2033 and sustaining health gains thereafter.

- Funding Strategy and Intergovernmental Policy Branch—responsible for advancing Queensland's position in the national funding and policy arena through the provision of strategic advice on intergovernmental matters and leading the acquisition of additional state funding through the state budget process to ensure the health system has the capacity to meet future service requirements.

- Infrastructure Strategy and Planning Branch—responsible for leading statewide health infrastructure strategy and planning, including innovative capital solution development.

- Statistical Services Branch—responsible for setting statistical data standards, maintaining key enterprise data collections, data provision for internal and external clients, compliance with Commonwealth and State Government reporting requirements and the provision of linkage and analysis services.

- Strategic Policy and Legislation Branch—responsible for setting the strategic direction for health in Queensland, drives the health interface with whole-of-government programs, and develops or amends legislation that guides and protects the health of Queenslanders.

- System Planning Branch—responsible for leading health service planning activities of statewide significance with a medium to long term horizon. This includes health service needs identification for localities, populations and patient cohorts to inform the statewide allocation of resources to achieve service access equity.

- Workforce Strategy Branch—responsible for leading system wide health workforce strategy through influencing and collaborating with others to enable a responsive, skilled and sustainable health workforce capable of accommodating Queensland's unique challenges.

Queensland Ambulance Service

Through the delivery of timely, patient-focused ambulance services, the Queensland Ambulance Service (QAS) forms an integral part of the primary healthcare sector in Queensland. Operating as a statewide service within Queensland Health, the QAS is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 290 response locations through 15 LASNs geographically aligned with Queensland Health's HHS boundaries. The QAS has an additional statewide LASN which comprises of eight operation centres distributed throughout Queensland that manage emergency call taking, operational deployment, dispatch and coordination of non-urgent Patient Transport Services (PTS).

In addition, the QAS works in partnership with 149 Local Ambulance Committees (LACs) across the state, whose members volunteer their time supporting their local ambulance service.

Health Support Queensland

Health Support Queensland (HSQ) delivers the best health support services and solutions for a safer and healthier Queensland and is committed to being a valued partner to customers through the provision of commercially sustainable support services and solutions–enabling quality patient care.

HSQ delivers a wide range of diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. It is a semi-commercialised business unit providing critical services to HHSs, other government agencies, commercial clients and the community.

HSQ services include:

- Pathology Queensland—a statewide network of 35 laboratories servicing all HHSs across metropolitan, regional and remote Queensland. Pathology Queensland specialises in immunology, haematology, chemistry, microbiology and anatomical pathology. Pathology Queensland provides an invaluable service to Queensland by supporting a coordinated response to incidents and disasters.
- Forensic and Scientific Services—providing expert analysis and advice on forensics including DNA analysis, forensic chemistry, toxicology, pathology (autopsies), forensic medical services and scientific testing for public and environmental health. This service is a vital part of the government's response for threats to public health and the environment, epidemics and outbreaks, civil emergencies, criminal investigations and coroners' inquiries into reportable deaths.
- Strategic Procurement and Supply—delivering procurement and supply services across the Queensland public health system. Services include strategic procurement, warehousing, distribution and supply of medical and non-medical consumables.
- Central Pharmacy—delivering a comprehensive pharmaceutical purchasing, distribution and manufacturing service, providing Queensland Health facilities across the state with a cost effective one-stop pharmaceutical supply chain solution.

- Biomedical Technology Services—providing a comprehensive range of health technology management services to ensure HHS health technology fleets are safe, effective and appropriate. Services include asset lifecycle management, information and advice, technology support services, and safety and quality support and consulting.
- Health Contact Centre (13HEALTH and 13QUIT)—providing confidential health assessment and information services to Queenslanders 24/7 over the phone and online. Services include general health information, triage nursing advice, child health and parenting advice, chronic disease self-management, and smoking cessation counselling and support. The centre is also the primary communications point in civil disasters (i.e. floods and cyclones) and provides health alerts for communicable diseases and health product recalls.
- Payroll Portfolio—supporting the largest integrated workforce management and payroll solution in the Queensland public sector. Payroll Portfolio oversees a program of work to provide improved workforce management, payroll and business outcomes as well as providing operational support, lifecycle management and a secure online portal for staff.
- Group Linen Services (GLS)—providing specialist healthcare linen hire, sourcing, warehousing, distribution and laundry services. GLS is one of the largest linen services in Australia. The service provides linen to seven HHSs via facilities at Maryborough, The Prince Charles Hospital and Princess Alexandra Hospital.
- Radiology Support—providing radiology informatics expertise, support and training for users of the enterprise radiology information system and the enterprise picture archive and communication system, expert advice, maintenance of policies and guidelines to assist medical imaging departments with accreditation, revenue collection and reporting.
- ICT Support Services—providing a range of information and communication technology (ICT) support services for statewide and local clinical applications including AUSLAB, i.Pharmacy, enterprise-wide Liaison Management System, GP Connect, Quantitative Impact Study 2, Quality Rating and Improvement System, Enterprise Picture Archiving and Communication System (PACS).

eHealth Queensland

eHealth Queensland was established in response to the growing importance of ICT as part of the delivery of quality, safe and efficient healthcare. eHealth Queensland is one of the largest ICT operations in the state with the focus of delivering integrated digital technology strategy, solutions and services across the public health system in Queensland.

eHealth Queensland is committed to advancing healthcare through digital innovation. In particular:

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

Leadership teams

Department of Health and health system leadership is provided by the following three key teams:

1. DLT—supports the Director-General to oversee the effective operation of the Department of Health. Members discharge their responsibilities as accountable officers and provide leadership, direction and guidance to the department.
2. SLT—provides high level leadership and strategic advice on policy, strategy, system reform, devolution and other high level issues that affect the broader Queensland public health system, and attends to issues of significance requiring attention and decision between the Department of Health and HHSs.
3. SLF—provides a collaborative forum in which the DLT and health service chief executives can openly and robustly discuss and debate the overall leadership, strategy, direction, challenges and opportunities facing Queensland's public health system.

Executive committees

- Departmental Policy and Planning Executive Committee—integrates, coordinates and endorses statewide policy, health service and strategic planning development and implementation, and oversees their monitoring and review. In doing so, the committee’s ultimate purpose is to support the delivery of quality health outcomes for all Queenslanders.
- Disaster Management Executive Committee—ensures the effective, efficient and equitable emergency management arrangements address Queensland Health’s responsibilities in the State Disaster Management Plan and are consistent with the Queensland Disaster Management Arrangements.
- eHealth Executive Committee —provides strategic impartial advice to govern the planning, prioritisation, implementation and benefit realisation of the Queensland eHealth Strategic Roadmap for the public health system in Queensland.

- Healthcare Purchasing and Performance Executive Committee (HPPEC)—supports the Deputy Director-General, Healthcare Purchasing and System Performance Division in ensuring the effective and equitable purchasing of clinical activity from service providers, and to manage the performance of those service providers to achieve whole of system outcomes in line with the strategic plan. Members on HPPEC include representatives from the Department of Health and the Chair of the Queensland Clinical Senate and Chair of Chairs, Queensland State-wide Clinical Network.
- Investment Review Executive Committee—governs staged capital infrastructure planning and programs greater than five million dollars to enable health services development. The committee assesses built infrastructure and eHealth projects at critical stages in their lifecycle in accordance with the Investment Management Framework, to achieve alignment with statewide health service directions and plans.
- Patient Safety and Quality Advisory Executive Committee—provides stakeholder advice to the Clinical Excellence Division on its functions and services to drive measurable improvement in patient care through continual pursuit of excellence.
- Queensland Health Strategic Procurement Executive Committee—collaborates and leads the strategic direction for procurement across Queensland Health in order to drive improved procurement practices. This includes ensuring that relevant policies, governance and enabling systems are in place to measure performance and deliver value for money procurement services.

Our Departmental Leadership Team

Michael Walsh

Director-General, Department of Health

During his most recent roles as Chief Executive of HealthShare NSW and Chief Executive/Chief Information Officer of eHealth NSW, Michael Walsh achieved major organisational change to improve statewide ICT and eHealth services in order to more effectively support the New South Wales (NSW) public healthcare system.

Prior to these roles, Michael held Deputy Director-General positions across economic and social portfolios in the Queensland Government, including Queensland Health, the Department of Education and Training, and the Department of Infrastructure and Planning, spanning over 17 years. Within these roles he led the development of strategy, policy and governance initiatives, including opening three new tertiary hospitals, developing the South East Queensland (SEQ) Infrastructure Plan and Program, and managing major organisational change.

Previously, he held executive management positions in the private sector, including roles as Principal Management Consultant at PricewaterhouseCoopers.

Michael is currently Chair of the Australian Health Ministers Advisory Committee and on the Board of the Australian Digital Health Agency and Brisbane Diamantina Health Partners.

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

Barbara Phillips

Deputy Director-General, Corporate Services Division

Barbara Phillips brings more than 20 years' experience in healthcare to her role as the Deputy Director-General, Corporate Services Division.

Commencing in frontline services in allied health, Barbara has led significant New Zealand Government health priorities, including the Prime Ministers Methamphetamine Action Plan (Health), alcohol and drug policy, policy framework change programs and implementing national screening programmes with major IT initiatives.

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

Barbara holds an Executive Masters in Public Administration, and has commenced a PhD on the topic of leadership.

Having most recently been a member of a research project for New Zealand's Victoria University and the State Services Commission around the public service performance improvement framework service, Barbara brings to Queensland a passion for healthcare, collaborative leadership and an enthusiasm for innovative approaches that make a difference.

Dr John Wakefield PSM

Deputy Director-General, Clinical Excellence Division

Adjunct Professor School of Public Health and Social Work Queensland University of Technology

Dr John Wakefield (MB CHB MPH (research) FRACGP FACRRM FRACMA) is a doctor with over 25 years' experience in clinical and management roles in rural, regional and tertiary public sector health services in Queensland.

After completing a Fellowship under Dr Jim Bagian, at the National Centre for Patient Safety of the VA Health System in the United States, he returned to Queensland in 2004 and established the Queensland Health Patient Safety Centre, which he led until late 2012. He established a statewide network of patient safety officers and successfully established a legislative framework for incident analysis; ultimately demonstrating measurable reductions in preventable adverse events.

John is actively involved in national efforts to improve patient safety in partnership with the Australian Commission on Safety and Quality in Healthcare. He chaired the National Open Disclosure Pilot Project and regularly teaches Open Disclosure and other patient safety curricula. His research interests include patient safety culture, safety performance measurement and Open Disclosure.

In 2011, John was awarded a public service medal (PSM) for services to patient safety as part of the national Australia Day Awards.

Nick Steele

Deputy Director-General, Healthcare Purchasing and System Performance Division

Nick Steele has held executive positions in the UK's National Health Service and Queensland for the past 15 years.

As the Deputy Director-General he is responsible for managing a budget of $14 billion for purchasing health and hospital services and is responsible for ensuring the delivery of health outcomes as specified in HHS Service Agreements and contracts with non-government organisations (NGO) service providers and the private sector.

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

Dr Jeannette Young PSM

Chief Health Officer and Deputy Director-General, Prevention Division

Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of positions in hospitals in Queensland and Sydney. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom.

Jeannette is an Adjunct Professor in the Centre for Environment and Population Health at Griffith University and an Adjunct Professor in the School of Public Health and Social Work at the Queensland University of Technology.

Dr Young's role includes, amongst other things, responsibility for health disaster planning and response, aero-medical retrieval services, environmental health responses, managing communicable disease planning and outbreaks, licensing of private health facilities and schools of anatomy, organ and tissue donation, blood, poisons and medicines, cancer screening, preventive health programs and initiatives, and medical workforce planning and leadership. Jeannette produces a report every two years on the health of Queenslanders to report on the health status and burden of disease of the Queensland population.

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

In 2015, Dr Young was awarded a Queensland PSM for outstanding public service to Queensland Health, as part of the Queens's Birthday Honours List.

Kathleen Forrester

Deputy Director-General, Strategy Policy and Planning Division

Kathleen Forrester has a broad range of experience with health and human services, both internal and external to government and commenced as Deputy Director-General in November 2015. Previously, Kathleen worked in the Department of Health and Human Services in Victoria.

Kathleen has held senior positions in the private sector, consulting on social policy reform. She has a Bachelor of Business Management (Economics), from the Queensland University of Technology, a Bachelor of Economics from the University of Queensland and a Master of Commerce (Economics) from the University of Melbourne.

Russell Bowles ASM

Commissioner, Queensland Ambulance Service

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

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

Gary Uhlmann

Chief Executive Officer, Health Support Queensland

Gary Uhlmann was appointed as the Chief Executive Officer (CEO), HSQ, in January 2016. He brings more than 30 years of management and consulting experience to HSQ.

He has led organisational review and change, organisational transformation, and operational and service delivery programs' reform in both the public and private sectors.

Gary worked on the establishment of Children's Health Queensland HHS, the build and establishment of the Lady Cilento Children's Hospital (LCCH), the restructure of statewide ICT for Queensland Health and operational improvement projects for the Royal Adelaide Hospital.

Gary is committed to operational excellence. He is focused on building customer relationships and empowering staff to be innovative across all levels of the organisation.

The CEO is responsible for leading the HSQ business to provide valued and sustainable support services and solutions to customers. In doing so, the CEO ensures that HSQ supports the Queensland Government's values and behaviours, aligns HSQ strategic priorities with Department of Health strategic objectives, and operates within available resource allocations.

Dr Richard Ashby AM

Chief Executive Officer, eHealth Queensland

Dr Richard Ashby is the CEO of eHealth Queensland responsible for advancing healthcare through digital innovation. In 2016 Dr Ashby oversaw the successful delivery of Australia's first large-scale digital hospital, the Princess Alexandra Hospital, as the Chief Executive of Metro South HHS (MSHHS). Dr Ashby believes that digital healthcare is one of the most important revolutions in healthcare - providing highly connected and interactive models of care that support personalised, precise and well informed treatment of patients across care settings and care teams.

Dr Ashby is regarded as one of the state's most experienced clinicians and health administrators. In 2010, Dr Ashby was awarded a Member of the General Division of the Order of Australia for service to emergency medicine, medical administration, and a range of professional associations. He is active across a broad range of areas, including teaching, research and consultancy.

Prior to his post as Chief Executive, MSHHS (2012—2017) Dr Ashby was the Executive Director and Director of Medical Services at the Princess Alexandra Hospital. Dr Ashby is a University of Queensland graduate who undertook his internship at the Princess Alexandra Hospital and subsequently worked in provincial and rural centres and at the QEII Hospital. He was appointed Director of Emergency Medicine at the Royal Brisbane Hospital in 1989, a post he held until his appointment as Executive Director Medical Services at the Royal Brisbane and Women's Hospital in 2000.

Dr Ashby is a past President of the Australasian College for Emergency Medicine and was Chairman of the International Federation for Emergency Medicine from 1994 to 1996. In the period 2000–2006, Dr Ashby also acted as District Manager at both the Royal Brisbane and Women's Hospital and Princess Alexandra Hospital for lengthy periods.

Our contribution to government

The Department of Health continued to support the Queensland Government's objectives for the community by:

- creating jobs and a diverse economy by employing more frontline staff to deliver health services and investing in digital technology to create better ways to provide healthcare across the state
- delivering quality frontline services by supporting training programs for a wide range of staff throughout Queensland Health and developing laws to provide better working conditions and more job satisfaction, as well as improved care for consumers

- protecting the environment by ensuring existing or planned infrastructure such as water supply, sewerage, waste management, and sustainable services comply with environmental regulations and laws
- building safe, caring and connected communities through healthy lifestyle initiatives, rural and remote programs, and collaborative engagement to deliver solutions that help keep Queenslanders and their communities healthy.

More information can be found in the *Our performance* section of the annual report.

Plans and priorities

Specialist Outpatients Strategy

The *Specialist Outpatient Strategy: Improving the patient journey by 2020* was launched on 6 September 2016. It was developed to tackle specialist outpatient waiting lists and improve access to specialist services by 2020.

It aims to improve a patient's whole journey from GP referral to outpatient appointment, diagnostic procedure, any required intervention and recovery.

Funding of $361.2 million over four years has been provided to reduce the number of people waiting longer than clinically recommended to receive a specialist outpatient appointment.

This means Queensland patients will spend less time waiting for a specialist appointment, have more control over their own healthcare and will experience a contemporary and connected healthcare system–not be left languishing on a wait list.

Queensland Sexual Health Strategy

The Queensland Government has committed $5.27 million over four years to implement the *Queensland Sexual Health Strategy 2016–2021*.

This strategy has been developed by the Department of Health in collaboration and consultation with stakeholders including health consumers, other government departments and community organisations.

The strategy will help improve the sexual and reproductive health of all Queenslanders by addressing a broad range of sexual and reproductive health issues using health promotion, prevention, clinical service provision and community education approaches.

Additional challenges that the strategy will address include population growth, rising rates of sexually transmissible infections (STI), increasing numbers of people living with Human Immunodeficiency Virus (HIV) and sexual health-related risk behaviours.

The strategy provides an overarching framework for the following action plans:

- *HIV Action Plan 2016–2021*
- *Hepatitis B Action Plan 2016–2021*
- *Hepatitis C Action Plan 2016–2021*
- *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*

Our performance

Our performance reports on the objectives of the Department of Health strategic plan 2016–2020. This is a sample of the department's performance highlights from 2016–17 and is not representative of all work undertaken during this period.

Strategic objective 1—Supporting Queenslanders to be healthier:

Promoting and protecting the health of Queenslanders

Performance indicators:

- An increase in the percentage of the Queensland population who engage in levels of physical activity.
- A reduction in both the percentage of Queenslanders that smoke daily or consume alcohol at risky and high risk levels.
- A reduction in the percentage of Queenslanders who are overweight or obese.
- An increase in the participation of eligible Queenslanders in cancer screening programs.

Lead the development and implementation of strategies and regulatory frameworks to protect the health of Queenslanders.

Key achievements:

- Implemented the Rural Doctors Upskilling Program to support the development and maintenance of a skilled GP workforce to meet the medical service needs of regional, rural and remote Queensland.
- Passed the *Public Health (Medicinal Cannabis) Act 2016* and Public Health (Medicinal Cannabis) Regulation 2017 on 1 March 2017.
- A consumer education media campaign *Kilojoules on the menu*—was launched to improve awareness and understanding of kilojoules and personal energy requirements, to encourage consumers to use kilojoule labelling to make healthier choices. Education activities were rolled out to food businesses covered by the legislation and enforcement of the provisions commenced on 25 March 2017.
- Released the draft *Queensland Health Immunisation Strategy 2017—2022* for public consultation in November 2016. The draft was developed in collaboration with key stakeholders.

- Continued the *Immunise to 95* initiative, in collaboration with 13HEALTH, which has ensured more than 74,000 children overdue for immunisation have been followed up since it began in October 2015. Since 16 January 2017, over 1200 Aboriginal and Torres Strait Islander children have been followed up through the Bubba Jabs on Time (BJoT) project. BJoT uses the same process as *Immunise to 95* to follow-up Aboriginal and Torres Strait Islander children identified on the Australian Immunisation Register as overdue for immunisation.
- Met the benchmarks under the National Partnership Agreement (NPA) on essential vaccines that are necessary to achieve the financial rewards contained in the Agreement. This agreement formalises the relationship between the Commonwealth and the States/Territories for the National Immunisation Program and contains four performance benchmarks, primarily requiring immunisation coverage rates to be maintained or improved. Meeting the benchmarks provides financial rewards that help fund some core program functions, such as vaccine distribution and strategically important initiatives.
- Implemented a Meningococcal ACWY Vaccination Program which provides free meningococcal ACWY vaccines to all Year 10 students through the Queensland School Immunisation Program in 2017. Free vaccine will also be available for 15 to 19 year olds through their doctor or usual immunisation provider from June 2017 to 31 May 2018.
- Established a HIV Pre-Exposure Prophylaxis (PrEP) Implementation Trial working group to develop options for expanding access to HIV PrEP and facilitated the expansion of the Demonstration Project into a large scale Implementation Trial for up to 2000 people at high risk of developing HIV. The implementation trial is being led by Cairns and Hinterland HHS. As at the end of June 2017, more than 1600 Queenslanders were participating in the trial.
- On 1 December 2016, released the *Queensland Sexual Health Strategy 2016—2021* with an investment plan of $5.27 million (over four years). Key priority actions of the strategy include improving community awareness of sexual health, improving education and support for children and young people, better responding to the needs of specific groups and improving the health system's delivery of sexual health services. Supporting Action Plans were also released for HIV, Hepatitis B and Hepatitis C.

  The Minister established a Sexual Health Ministerial Advisory Committee which met for the first time on 6 June 2017. The role of the committee is to advise the Minister on the sexual and reproductive health matters in the context of the *Queensland Sexual Health Strategy 2016—2021* and associated action plans.
- Introduced a new condition of engagement on 1 July 2016 for the Healthcare Workers (HCW) Policy Framework that requires certain categories of prospective Queensland Health workers to provide evidence of vaccination, or proof that they are not susceptible to a number of vaccine preventable diseases (VPDs). HCW who are protected against VPDs are at a reduced risk of acquiring or transmitting those diseases in the workplace. This reduces the risk of preventable harm and enhances patient and staff safety.
- Declared One William Street as Queensland's first smoke-free government precinct on 1 September 2016. A further six central business district (CBD) precincts became smoke-free on 28 April 2017 (41, 63 and 111 George Street, 30 and 61 Mary Street, and 33 Charlotte Street). A total of 43 staff from these buildings has taken up the offer of quit support.

- Provided a response to the Parliamentary Committee inquiry into the use of tobacco and other smoking products at higher education and training facilities. Universities, TAFEs and Registered Training Organisations (RTO) were invited to participate in a joint approach over an 18 month period from 1 November 2016 to reduce smoking on campuses, and resources were developed to support the transition to a smoke-free campus. TAFE Queensland and all eight universities are participating in the initiative, and working towards implementing smoke-free policies. Engagement with the RTO sector is ongoing.
- On World No Tobacco Day, the Australian Cancer Council and Australian Medical Association named the Queensland Government as the national leader in achieving outstanding results for tobacco control.
- Produced the *Health and Wellbeing Strategic Framework 2017–2026*, and associated *Overweight and Obesity Prevention Strategy Smoking Prevention Strategy, Skin Cancer Prevention Strategy* and *Performance Measurement Strategy* to guide the delivery of chronic disease risk factor prevention initiatives.
- Developed the *Sun Safety Mass Gathering Guideline* to be used by the Office of the Commonwealth Games for the design of sun safe uniforms, shade creation and sunscreen provision for Games staff, volunteers, participants and spectators.
- Commenced provisions of the *Public Health (Water Risk Management) Amendment Act 2016* to improve the control and management of legionella and other water-related hazards in certain healthcare facilities.
- Launched the *Digital Health Strategic Vision for Queensland 2026* in March 2017, which outlines a plan for system-wide digital solutions, services and innovation to deliver on Queensland Health's vision and involved extensive consultation across the health ecosystem including communities and consumers to outline goals needed for digitally enabled healthcare.

  The strategic vision builds on the eHealth Investment Strategy which highlights the government's priorities for significant investment in health ICT systems.
- Prepared for adoption of the new National Cervical Screening Program guidelines by procuring and evaluating new testing technology to screen for oncogenic human papilloma virus (HPV) and identify high-risk oncogenic strains. This supports the Federal Medical Services Advisory Committee recommendation that traditional pap smears be replaced with test screening HPV subtypes. In December 2017, the National Cervical Screening Program will change from two-yearly pap smears to five-yearly HPV testing, with the potential to reduce the incidence of cervical cancers.
- Developed the *Queensland Ambulance Service Strategy 2016–2021* to ensure the QAS provides services that meet the needs of patients and the community, as required.

  Following its release in August 2016 and to align organisational performance towards each Strategic Objective in the document, the strategy was sent to all QAS employees and volunteers. Further, a series of roadshows launching the strategy were delivered by members of the QAS Executive Team to employees within all LASNs.

Engage consumers and communities about their health, and promote and influence healthier choices and protective behaviours.

Key achievements:

- Collaborated with the Australian Medical Association Queensland (AMAQ) to deliver a webinar event on 23 February 2017 aimed at informing AMAQ members (Queensland doctors) about the new legislative framework, clinical guidance, pathways for access and current research for medicinal cannabis.
- Prepared the *Clinical Guidance: for the use of medicinal cannabis in Queensland* with input from specialist clinicians and the AMAQ. The document provides interim guidance on the use of medicinal cannabis to assist medical practitioners to discuss medicinal cannabis use with patients. Queensland is also contributing to national guidance to provide nationally consistent information to medical practitioners about the potential use of medicinal cannabis products for the treatment of particular conditions.
- An inaugural Medicinal Cannabis Healthcare Symposium was also held on 23 March 2017. This aimed to inform Queensland healthcare professionals, researchers and administrators about the new legislative framework, clinical guidance, pathways for access and current research for medicinal cannabis. Over 100 health professionals from across Queensland and interstate attended.
- Commenced statewide implementation of the $27 million *My health for life* diabetes and chronic disease prevention program in three HHS regions. Since March 2017, 271 Queenslanders at highest risk of chronic disease have enrolled in either group or telephone coaching, and 32 Queenslanders have completed the program at 30 June 2017.
- Increased participation in walking programs through ongoing funding of the *Heart Foundation Walking* and the *10,000 Steps* programs. *Heart Foundation Walking* recruited 1357 new Queensland participants, 41 new walking groups and 12 new host organisations. Over 64 per cent of new walkers reported in the 2016–17 financial year reside outside the Brisbane region. The *10,000 Steps* program recruited 7237 new registrations, 162 new workplace registrations and 126 new tournaments in Queensland.
- Provided food literacy and cooking skills programs for Aboriginal and Torres Strait Islander people, concession card holders, young people and people living in disadvantaged communities which resulted in:
    - 2690 participants in a *Jamie's Ministry of Food* program, including 2359 food literacy course participants
    - 38 communities benefited from the *Country Kitchens* program delivered by the Queensland Country Women's Association to promote cooking healthy meals at home and to increase daily consumption of fruit and vegetables. In addition, 90 local QCWA members were trained as program facilitators
    - 42 cooking courses delivered to 653 high school students under the *Need for Feed* high school meal planning, purchasing, preparing and plating program, delivered by Diabetes Queensland.
- Implemented a BreastScreen Queensland online booking system to boost participation in breast screening. In the first seven months of operation, over 24,600 bookings were made online. Of the online bookings, about 18 per cent have been made by women new to BreastScreen Queensland.

- Developed food safety information packs containing essential food safety tips for all licensed food businesses in Queensland.
- Developed a suite of online support materials to aid prescribed facilities in complying with the requirements of the new water risk management provisions of the *Public Health Act 2005*.
- Delivered a range of marketing campaigns that successfully promoted and influenced healthy behaviour, including:
    - delivered the fourth phase of the sun safety campaign, the *Sun Squad*
    - continued the *Healthier. Happier.* campaign, promoting healthy eating and physical activity
    - continued implementation of the *What's your relationship with alcohol?* campaign
    - continued tobacco cessation activity, including the second phase of the *All by myself/second-hand smoke* and Quitline Q&A videos
    - developed a new breast screening campaign, to raise awareness and encourage participation in breast screening
    - promoted bowel cancer awareness and the importance of bowel cancer screening through the *Make No.2 your No.1 priority* campaign across TV, radio, out-of-home, digital display and social media
    - delivered the $1.6 million immunisation social marketing campaign encouraging on-time vaccination among children aged 0–5 and pregnant women to help reach the levels required for herd immunity.
- Performed 33,923 smoking cessation interactions with clients through13 QUIT, including responding to 9184 referrals from health professionals via Quitline.
- Continued Quitline's *Yarn to Quit*, quit smoking program for Aboriginal and Torres Strait Islander people, with the registration of 476 new clients in 2016–17.
- Received 349,776 calls to 13 HEALTH with the majority answered within 20 seconds. 76 per cent of callers seeking triage advice were recommended a non-emergency level of care. 62 per cent of calls were received in the out-of-hours period with the greatest call volume occurring between 3pm and 10pm each day of the week. The symptoms most commonly assessed were abdominal pain, unwell or irritable newborn, chest pain, head injury and vomiting.
- *The Health and Other Legislation Amendment Act 2016* was passed in Parliament on 15 September 2016 which provided GP's access to The Viewer. The Viewer provides read only access to patient information held in various Queensland Health systems, and this additional access supports the continuum of care while reducing the need for HHSs to manually provide information requested by GP's. A patient 'opt-out' process was required to ensure that patients retain their right to withhold confidential information as legislated in the *Hospital and Health Boards Act 2011*. Patients have been able to opt-out by calling 13 HEALTH since 1 June 2017. The Health Contact Centre has established a new service to support this requirement which includes updating consent status via a user interface in The Viewer.

- The Healthy Futures Commission legislation was introduced into Parliament on 23 May 2017. The Legislation proposes that the Commission be comprised of a six-member board, a CEO and up to 15 staff who will contribute to reducing health inequity for Queensland children and families. It will be funded $20M over three years.
- The QAS has continued to deliver the CPR (Cardiopulmonary Resuscitation) Awareness Program to create a more CPR-engaged and aware community, which has resulted in 29,669 people attending sessions in Queensland.

Partner with industry, communities and governments to create living and work environments that support improved health.

Key achievements:

- Launched the Queensland Alliance for Environmental Health Science (QAEHS), a joint initiative between Queensland Health and the University of Queensland (UQ), which provides an opportunity for Queensland Health to influence environmental health research agenda and build capacity of Queensland Health staff to assess and manage risks to human health from environmental threats.

  Research projects funded by QAEHS in environmental health issues of interest to the department include biofilm and *Legionella* control, Indigenous environmental health, *Cryptosporidiosis* in swimming pools, potential health effects of coal seam gas and risks to recreational anglers from emergent contaminants in fish.
- Commenced a reimbursement scheme to assist local governments and state agencies with the priority clean-up of asbestos incidents when the person responsible for the incident is not able to be identified, or is unable to pay for the clean-up of the incident.
- Held the second eHealth Queensland Expo on 17 May 2017, bringing together clinicians, healthcare professionals, IT experts, vendors, start-ups and academia to focus on digital transformation in healthcare.

  The event welcomed 1822 delegates, 71 sponsors and 21 speakers. The expo was cost neutral with 100 per cent of sponsors surveyed, saying they would like to be involved again and 96 per cent of delegates agreeing to attend next year.
- Continued to provide coroners with high-quality autopsy reports prepared by forensic pathologists. Results inform mortality statistics, which are used to devise and monitor interventions to reduce the incidence of homicides, fatal accidents and suicides, including those related to domestic violence.
- Established a working group with the department's Forensic and Scientific Services, Coroner's Court of Queensland and Queensland Police Service (QPS) to improve service delivery model for coronial autopsies throughout the state.
- Continued to complete rapid overnight drug testing for specific coronial cases. This information, provided to forensic pathologists and coroners, identifies clear drug overdoses and helps reduce the number of costly, invasive autopsies as well as testing samples collected from drivers by QPS, as part of the roadside drug testing program—an important part of the Queensland Government's road safety strategy. To meet demand and improve forensic testing, adopted the QPS Forensic Register system as the laboratory information system (LIS) for police services and coronial services at Forensic and Scientific Services.

- Forensic and Scientific Services, Pathology Queensland and the UQ were awarded Queensland Genomic Health Alliance (QGHA) funding for a demonstration project. Whole genome sequencing is being used to rapidly characterise antibiotic resistant microbial pathogens causing serious infections in patients admitted to hospital. This will assist to optimise clinical management and enhance infection control interventions.
- A delegation of senior health department officials from Ho Chi Minh City visited Queensland Health's Forensic and Scientific Services to learn about management of non-communicable diseases and food borne illnesses including approaches to investigating disease outbreak.
- Contributed to drafting new Radiation Safety Standards under the *Radiation Safety Act 1999*. These are the basis of minimum standards for radiation sources and facilities and are due to expire in 2020.
- Partnered with over 400 blue collar companies across Queensland to offer employees and their immediate family members support and nicotine replacement therapy to quit smoking. 1874 workers registered for the Workplace Quit Smoking program, with a 22 per cent quit rate 12 months post-program.
- Collaborated with NGO, private sector and government maternity services, and child care facilities to promote the Quit for you, Quit for Baby smoking cessation program and with Mission Australia to offer smoking cessation counselling and pharmacotherapy to economically disadvantaged Queenslanders.
- Collaborated with stakeholders in the QPS's Tackling Alcohol Related Violence working group, through the provision of advice and data of hospitalisations related to assault that could be attributed to alcohol.
- Released the *Logan Community health action plan 2017* which identifies how the community of Logan, government, healthcare providers and other stakeholders will work together to contribute to our vision. The plan was developed in consultation with the community and includes key strategies to improve nutrition, maternity care, immunisation rates, mental health, multicultural and refugee health, and dental care. It outlines how programs will be tailored to meet local needs and improve the health and wellbeing of people in the Logan community.

Enhance surveillance and response to emerging health threats and disasters.

Key achievements:

- Provided Queensland Health representation, through the Minister for Health and Minister for Ambulance Services, assisted by the Chief Health Officer and Deputy Director General Prevention Division and Commissioner of the Queensland Ambulance Service, to the Queensland Disaster Management Committee (QDMC). The QDMC is chaired by the Premier and serves as the disaster management policy and decision making committee for Queensland and ensures the development and implementation of effective disaster management for the State and provides clear and unambiguous senior strategic leadership in relation to the four phases of disaster management, prevention, preparation, response and recovery (PPRR) while also working to build Queensland's resilience to natural disasters.

- Represented Queensland Health at state disaster management committees, including the State Disaster Coordination Group, the Queensland Counter-Terrorism Committee, the Disaster Management Inter-Departmental Committee and the Inspector General for Emergency Management Advisory Council.
- Activated the SHECC for 19 days during TC Debbie. This included liaising and reporting to the State Disaster Coordination Centre including coordination of 182 deployed staff—and wider health support—to the Mackay region, Rockhampton and SEQ.

  The public health response to the TC Debbie included the deployment of expert public health staff into the affected areas. Public health staff liaised and collaborated with various agencies to disseminate key public health advice and identify and manage emerging public health risks. These risks related to: water and food safety, sewage contamination, medicine and vaccine safety, managing hazardous wastes (asbestos) and development of a mosquito management plan. Program areas within the department facilitated and supported the deployment of HHS public health staff and provided expert technical advice to the deployed teams.

  The SHECC participated in multi-agency exercises, as well as HHS exercises, with the QPS and Australian Defence Force, including establishing and training a SHECC workforce of over 80 staff with a post-incident review of the Queensland Health response to TC Debbie, completed in June 2017.

  From 24 March to 14 April 2017, the QAS responded to support a number of Queensland communities impacted by the cyclone. The State Ambulance Coordination Centre was stood up and 111 staff from multiple LASNs were deployed to support ambulance operations during the rapid onset flooding of the Queensland coast and the slow flooding of the Fitzroy River in Rockhampton.

  During the days leading up to the cyclone, QAS paramedics, supervisors, operations centres staff and managers, as well as vehicles and assets, were pre-deployed, along with secondary deployments to Rockhampton to assist the LASNs with the flooding that followed. Deployed officers assisted with community service delivery and staffing of the Local Ambulance Coordination Centre, Evacuation Centres and Tactical Medical Centre. Emergency Management Unit resources, including Operational Support Unit One, Tactical Support Unit One and Tactical Support Unit Five, and additional logistics and operational officers were deployed to Rockhampton to assist with the ongoing severe weather and flooding event.

  QAS disaster management operations and arrangements provided for a high level of preparedness and response capability consistently across all LASNs and at a state level. Preparedness strategies included the completion of the Emergency Management Classified Officer Development Program by 448 supervisors in accordance with the QAS supervisory model. The QAS performed to a high standard and throughout the weather event, the QAS maintained operational capacity and capability to undertake disaster operations in addition to normal response operations.

  A statewide mental health response to the disaster resulting from TC Debbie in the Mackay-Whitsunday region and the resulting flooding to Rockhampton and surrounds was coordinated, as well as parts of Logan, Beenleigh and Beaudesert in later March and early April 2017.

- Implemented all recommendations for the department from the Ravenshoe Post-Incident Review and assisted HHSs. This included major revisions or developments of plans, sub-plans and guidelines.
- Prepared for the Gold Coast Commonwealth Games 2018 (GC2018) by participating in preparedness activities through the Queensland Health Commonwealth Games Committee as well as participation in Gold Coast Commonwealth Games Organising Corporation committees and work groups.

  Queensland Health also continued planning for the provision of services to the GC2018 and is partnering with the Gold Coast 2018 Commonwealth Games Corporation to support a safe and secure Games event through medical functions covering pre-hospital healthcare and emergency transport services to the athletes, Games family, and the Games workforce during GC2018. This also includes coverage for all Commonwealth Games event operations and festival in 2018, the Queen's Baton Relay, and other related security personnel and activities.
- Zika virus was made independently notifiable by pathology and/or clinical suspicion (where the case is in north Queensland or where Aedes aegypti or Aedes albopictus are known to be present) early in 2017 to facilitate rapid notification.

  A statewide interim Zika prevention and response plan and health promotion materials for healthcare providers and the general public has been developed and these materials have been made available via the Queensland Health website.
- Successfully submitted a proposal for funding under the National Disaster Relief and Recovery Arrangements for a Category C, Community Recovery Fund, to receive $6.126 million for distribution to affected HHSs in 2017–18 and 2018–19.
- Contracted with Phoenix Australia (National Centre for Excellence in Post-traumatic Mental Health) for the delivery of training in disaster-related psychological recovery and psychological treatments for disaster-related trauma.
- Managed cyber security risks with a dedicated team working around the clock scanning systems, investigating potential issues and raising awareness across the organisation. Systems are monitored closely and updates are carried out on processes and protective measures to keep up with the increasing sophistication and changing tactics of cyber criminals.

  In 2016 security incidents were dramatically reduced—falling from 147 to only four a month.
- Continued to develop the infection control surveillance program for all overseas patients admitted to hospitals, patients transferred between hospitals and patients in high-risk areas such as intensive care, renal, haematology and oncology units in response to increasing global threats of new multi-resistant organisms.
- Adopted a cloud computing model, with virtual workstations and secure data storage to support more timely data analysis at Forensic and Scientific Services. This has enhanced capability for diagnostics, outbreak investigations and public health surveillance.
- Continued to play a significant role in interagency investigations associated PFAS, at Defence Force Bases, airports and fire stations across Queensland, as well as playing an active role in the investigation into the April 2017 Brisbane Airport PFAS spill. Developed analytical testing for perfluorinated alkyl substances, including perfluorooctanesulfonic acid and perfluorooctanic acid, in water, soil, blood/serum and seafood (fish and prawns).

- Established a state-of the-art Isotope Ratio Mass Spectrometry facility to provide stable isotope measurements that can be used to associate or distinguish forensic exhibits that are physically and chemically identical, such as controlled drugs, explosives, and packaging materials. Forensic and Scientific Services visited the Australian Federal Police laboratory to standardise measurement protocols. This will allow the compilation of shared databases of everyday materials of forensic interest such as plastic packaging materials that might be used to wrap illicit drugs or to construct improvised explosive devices.
- Supported the community, via 13 HEALTH, with a single point of access to enquire and receive information about a range of health alerts including measles, meningococcal, commencement of medicinal cannabis trials, non-compliant solder used in hot water systems, risk of infection due to bacteria in heater/cooler units used during heart surgery, risk of water contamination from firefighting foam and health product recalls.

Advocate at jurisdictional and whole-of-government levels to promote the health needs of Queenslanders.

Key achievements:

- Contributed a Queensland perspective to discussions on the need for mental health clients with psychosocial disability which is permanent or likely to be permanent, to have access to the National Disability Insurance Scheme (NDIS) psychosocial supports.
- Provided representation on the Hospitals Principal Committee, (a sub-committee of the AHMAC), whose role is to advise AHMAC on activities relating to hospital care, including emergency departments, outpatient care, inpatient care and alternatives to hospital care.
- Provided representation on the Health Policy Advisory Committee on Technology (HealthPACT), a bi-national committee and a sub-committee of the Australian Health Minister's Advisory Council's Hospitals Principal Committee, that provide advance notice of significant new and emerging health technologies to policy makers in Australia and New Zealand via horizon scanning. For the last six years, Queensland has also provided the secretariat function for HealthPACT.
- Provided representation on the Jurisdictional Blood Committee. This national committee provides advice on matters of national blood supply and the safety and quality of the blood sector to Health Ministers for consideration by the COAG Health Council.
- Provided representation on the Jurisdictional Advisory Group. The committee is the primary governance body for the national reform agenda on organ and tissue donation for transplantation, and provides guidance to the Organ and Tissue Authority in its work to implement the reform agenda.
- Provided representation on Australian Health Protection Principal Committee (AHPPC). This national committee provides advice to AHMAC on Australia's preparedness for health emergencies and approaches to addressing any deficits and on health protection priorities; managing health emergencies, including coordinating the national health response to mass casualty and other incidents of national significance; ensuring consistent timely and accurate communications between jurisdictions and other relevant organisations.

- Provided representation on The National Health and Medical Research Council (NHMRC), Australia's peak body for supporting health and medical research, developing health advice for the Australian community, health professionals and governments and for providing advice on ethical behaviour in healthcare and in the conduct of health and medical research. NHMRC brings together within a single national organisation the functions of research funding and development of advice. It draws upon the resources of all components of the health system, including governments, medical practitioners, nurses and allied health professionals, researchers, teaching and research institutions, public and private program managers, service administrators, community health organisations, social health researchers and consumers.
- Provided representation on the national Standing Committee on Screening (SCoS). The role of SCoS is to advise the Community Care and Population Health Principal Committee of the AHMAC on national population based screening matters. In 2016–17, SCoS priorities included the introduction of a National Cancer Screening Register and renewal of the National Cervical Screening Program.
- Provided representation on the National Environmental Health Standing Committee (Enhealth) which provides policy and specialist technical advice on health risks associated with environmental hazards to the Australian Health Protection Principal Committee. Enhealth also develops practical resources for practitioners based on significant collaboration and consultation with Federal and state and territory agencies, departments and organisations that deal with environmental health matters.
- Provided representation on the National Health Emergency Management Standing Committee, which addresses the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on preparedness and response and report back to the AHPPC.
- Provided representation the National Medical Stockpile Advisory Group which serves as a multi-jurisdictional governance committee for the operation and ongoing maintenance of the National Medical Stockpile.
- Continued to support the Radiation Advisory Council as a statutory body established under Section 161 of the *Radiation Safety Act 1999*. The functions of Council are detailed in section 162 of the Act. The Council's role is to make recommendations to the Minister about the operation of the Act, proposed amendments to the Act, radiation safety standards and other associated issues. It may also advise the Director-General, Queensland Health about the merits of an application for review of an original decision made under the Act and referred to it by the Director-General. The department provides the administrative support services required for Council to carry out its functions effectively and efficiently. In the 2016–17 year, there were four meetings of Council.
- Contributed to the management of allied health workforce, education and policy issues through representation on the National Allied Health Advisory Committee, the National Allied Health Assistant Working Group, the National Allied Health Clinical Education Network and the National Allied Health Rural and Remote Network.
- Continued to play a significant role in the development of the National Allied Health Best Practice Data Sets through leadership and participation in the National Allied Health Data Working Group. Collection of nationally standardised allied health data will better inform the contribution of allied health services to specific health conditions and patient outcomes.

- Provided representation on the Oral Health Monitoring Group, a working group of the Community Care and Population Health Principal Committee, which reports on the progress made by jurisdictions on the National Oral Health Plan; the National Oral Health Promotion Steering Group, which advocates for improved health promotion in oral health, including identifying and sharing expertise across jurisdictions, non-government organisations and the private sector and the Public Dental Data Working Group, which was established by the National Health Information and Statistics Committee, to assist the Australian Institute of Health and Welfare to understand issues arising from the collection of public oral health service data.
- Initiated, chaired and provided Queensland representation to the National Leadership Collaborative, a forum for providers of clinician leadership and management education from state and territory public health sector agencies to collaborate, share and learn from experiences about clinician leadership development initiatives, strategies and research across the national health system.
- Provided representation on the Australian Commission on Safety and Quality in Health Care (ACSQHC) Inter-Jurisdictional Committee, comprising of safety and quality officials from Commonwealth, state and territory health agencies and supported by the ACSQHC, which provides advice on the process of policy development and facilitates jurisdictional engagement in the work of the ACSQHC.
- Provided representation on the ACSQHC Australian Atlas of Healthcare Variation Jurisdictional Advisory Group, which provides oversight for the Atlas project from a Commonwealth, state and territory perspective.
- Provided representation on the Digital Health Safety and Quality Governance Committee, a sub-committee of the Board of the Australian Digital Health Agency, which assist the Board discharge its responsibilities under the *Public Governance, Performance and Accountability Act 2013* in respect of ensuring that appropriate clinical safety and quality improvement mechanisms are in place and that these mechanisms are effective throughout the Australian Digital Health Agency.
- Provided representation on the ACSQHC's Hospital Acquired Complications Curation Clinical Advisory Group, which provides advice on the curation and implementation of the Hospital Acquired Complications list and advice on the incorporation of safety and quality in pricing and funding.
- Provided representation on the Readmissions Working Group, a technical advisory working group that reports to the National Health Information Standards and Statistics Committee, advising on further development and implementation of Unplanned Hospital Readmission Indicators for use in a National Performance Framework.
- Provided representation on the ACSQHC's Urogynaecological Mesh Reference Group, which provides advice on the development of guidance to improve the safety of the use of mesh in gynaecological procedures in Australia.
- Provided representation on the Mental Health Information Strategy Standing Committee, which provides advice to the Mental Health, Drug and Alcohol Principal Committee (MHDAPC) of AHMAC, and provides a national collaborative forum for the development and implementation of national initiatives in mental health information, and expert technical advice and recommendations for the information requirements of the National Mental Health Strategy.

- Provided representation on the Independent Hospital Pricing Authority's Mental Health Working Group, which provides advice on mental health related matters, including the development of a new classification system for mental health services in Australia.
- Provided representation on the National Mental Health Performance Subcommittee, which provides technical advice about mental health system performance to the Mental Health Information Strategy Standing Committee, and oversees the development and implementation of the national performance measurement framework for mental health services.
- Provided representation on the MHDAPC, a sub-committee of AHMAC that supports integration and provides an opportunity to progress the work of both the mental health, and drug and alcohol sectors, and enables the development and implementation of specific and related national initiatives and projects.
- Provided representation on the Safety and Quality Partnership Standing Committee, (reports to MHDAPC) which provides expert technical advice and recommendations on the development of national policy and strategic directions for safety and quality in mental health.
- Provided representation on the ACSQHC's Comprehensive Care Advisory Committee, which provides expert advice on matters relating to the Comprehensive Care and Recognising and Responding to Acute Deterioration National Safety and Quality Health Service.
- Provided representation on the Working Group on the Treatment of People Unfit to Plead or Found Not Guilty by reason of Mental Impairment, which was established under the Law, Crime and Community Safety Council.
- Provided representation on the Queensland inter-governmental working group, which informed advice to the Queensland Cabinet in relation to endorsement of Queensland's position on ratification of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.
- Provided representation on the National Disability Insurance Scheme's Senior Officials Working Group, which oversees the development of issues and policy for consideration of the Disability Reform Council.
- Provided representation on the National Drug Strategy Committee, which recently endorsed the recent National Drug Strategy.
- Provided representation on the Australian and New Zealand Council of Chief Nursing and Midwifery Officers, a network of all Chief Nursing Officers or Principal Nurse Advisers in Australia and New Zealand that provide leadership and strategic policy advice through communication and collaboration with nursing and midwifery, other health professions and key stakeholders, with the aim of enhancing a consistent response to nursing and midwifery and health related issues.
- Continued to play a significant role in interagency investigations associated with per- and poly-fluoroalkyl substances (PFAS). Of particular note is the department's ongoing involvement in activities associated with PFAS contamination investigations at Defence Force Bases, airports and fire stations across Queensland. The department also played an active role in the investigation into the April 2017 Brisbane Airport PFAS spill.

With reference to the activities associated with PFAS contamination at Defence Force Bases, airports and fire stations across Queensland, the department has played a key role in the review of significant documents released during 2016–17, providing health advice on behalf of the Queensland Government Perfluorinated Fire Fighting Foam Interdepartmental Committee. These documents include the *Department of Defence Human Health Risk Assessment for the Army Aviation Centre at Oakey* (published in September 2016) and the revised *Food Standards Australia New Zealand health based guidance values* (published in April 2017).

With reference to the Brisbane Airport PFAS spill, the department has been responsible for evaluating the results of water, biota and sediment samples to assess the ongoing risks to public health and has also been responsible for providing seafood consumption advice.

- Represented Queensland Health at state and national disaster management committees, including the State Disaster Coordination Group and the Queensland Counter-Terrorism Committee.
- Continued collaboration with the Australian Digital Health Agency on the My Health Record roll out. Queensland Health has invested $3.31 million in the 2016–17 program to improve access for clinicians, implement a consent management service and increase awareness of the My Health Record which provides care givers with access to a patient's medical history and provides patients with access to their own medical information.
- Participated on various National bodies such as the Independent Hospital Pricing Authority advisory and technical committees to ensure Queensland's interests are considered and decisions support the State Government's activities to improve health outcomes for Queensland residents.
- Modelled the potential financial impacts on Queensland arising from the quality and safety initiatives in the Heads of Agreement between the Commonwealth and the States and Territories on Public Hospital Funding in readiness for implementation of the National model in 2018–19.
- Actively engaged Queensland stakeholders to inform the national review of accreditation functions of the National Registration and Accreditation Scheme, and provided a Queensland submission to the review.
- Continued to participate in inter-jurisdictional development of policy to inform amendments to the Health Practitioner Regulation National Law, arising from the Independent Review of the National Registration and Accreditation Scheme (NRAS) for Health Professions and COAG Health Council's decision to include paramedics in the scheme.
- Led a national stocktake to identify existing toolkits and resources designed to support health professionals in responding to domestic and family violence. This will inform the Health Workforce Principal Committee's consideration of the effectiveness of these resources in strengthening the health workforce's ability to identify and appropriately respond to family and physical violence.

Strategic objective 2 – Enabling safe, quality services:

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

- A reduction in rates of preventable hospital acquired infections.
- Responsive ambulance services.
- A reduction in unplanned readmission rates.
- An increase in the percentage of information and communications technology available for major enterprise applications.

Deliver quality patient-focused ambulance and statewide clinical support services, that are timely and appropriate to the Queensland community.

Key achievements:

- Improved turn-around times of applications for licences and approvals under the *Radiation Safety Act 1999*, and provided more consistent assessment arrangements for a further suite of application types. Developed standards for systematic assessment of certain licence applications and other Act Instruments, such as possession of licence applications relating to intra-oral dental equipment and small animal veterinary diagnostic radiography equipment. New application forms relating to certain cosmetic laser use licences and certain transport licence applications were developed to cater for particular groups of applicants.
- Imposed conditions on all rural and remote X-ray operator licences to ensure holders do not perform diagnostic radiography for a health screening program unless the program has been approved by the Director-General. This condition was imposed to ensure X-ray operators only involve themselves in the treatment of existing or suspected medical conditions and not in commercial or population screening.
- Commenced project to address training and professional development needs of immunisation service providers, ensuring they have access to immunisation education and training resources via an online platform or learning management system (LMS). LMS is cost free and provides easy access to self-paced training. The resources will complement face-to-face training and workshops already offered to immunisation providers by public health units across Queensland. The resources will be developed and rolled out over a number of stages.
- Continued to deliver on the short and medium term service actions outlined in the *Care at the end of life Implementation Plan 2015–2025*. Actions included the implementation of Quality Improvement Payments which assisted HHSs to develop processes to facilitate Advanced Care Planning for in-scope patients.

- Expanded the point-of-care testing network to improve access to pathology testing in rural and remote locations, which delivered a range of outcomes:
  - timely access to diagnostic results
  - improve patient care
  - developed a data interface with the LIS to improve results capture and reporting
  - enabled HHSs to meet national emergency access targets and national elective surgery targets.
- The QAS employed an additional 110 ambulance operatives as part of the QAS's demand management strategy and to provide enhanced roster coverage.
- Expanded the Local-area Assessment and Referral Unit (LARU) model in the Cairns and Hinterland, Townsville, West Moreton, Sunshine Coast, Metro North, and Metro South LASNs to further support the existing models. LARU provides alternate and appropriate treatment pathways for patients not requiring stretcher transport in an emergency ambulance, therefore reducing the impact on EDs by decreasing presentations.
- Established new referral pathways in 11 QAS LASNs authorising paramedics to refer patients with diabetes complications to specialist outreach service providers.
- Rolled out Droperidol to QAS paramedics for the management of patients experiencing an Acute Behavioural Disturbance.
- The QAS updated the Field Reference Guide to include additional information on infection control. This provides timely advice and support for paramedics in the field.
- Reviewed—Out of Hospital Cardiac Arrest data to evaluate the effectiveness of various interventions implemented in the pre-hospital environment and aid in developing evidence based practice.
- Trialled monthly linkages of provision of death registration and Queensland Health data to HHSs to support the removal of deceased patients from their waiting lists. This initiative aims to minimise the risk of appointment letters going to the family of a deceased person and causing further grief, and to support patient waiting list management.

Delivering digital hospitals

The move towards electronic healthcare management for Queenslanders is a long term journey, being undertaken in a considered, staged way to ensure a successful transition for healthcare providers and patients.

The Queensland Government's commitment to a fully integrated health system recognises that a mobile workforce who can access information as quickly and as closely to the patient as possible will be vital in increasing clinical efficiency and clinical time with patients, ultimately improving the patient experience.

The integrated electronic Medical Record (ieMR) Digital Hospital solution is a strategic investment in improved patient care delivering a shared medical record across a number of Queensland Health facilities—one patient, one record.

The Princess Alexandra Hospital (PAH), Mackay Base Hospital, The Townsville Hospital, Cairns Hospital, Royal Brisbane and Women's Hospital and Children's Health Queensland are all now benefiting from components of ieMR.

The PAH, Australia's first large scale public digital hospital rolled out the Medications, Anaesthetics and Research Support (MARS) release in March 2017.

MARS is delivering improvements to patient care and safety through more accurate and efficient prescribing and administration of medications throughout a patient's journey in Queensland hospitals.

Benefits will include a 43 per cent reduction in medication errors and five per cent reduction in drug costs.

Raising the bar on digital excellence, the successful rollout of Medications Management, Anaesthetics and Research Support (MARS) at the PAH, coupled with the implementation of digital bedside patient monitoring devices, means patients now have vital signs and observations, such as blood pressure, temperature and heart rate, automatically from devices directly to a secure electronic medical record; with advanced medication and decision support systems to support the provision of high quality patient care.

The PAH has developed a business intelligence platform that accesses data from the ieMR and other integrated systems, resulting in real-time dashboard reporting aligned to benefit measures, complementing existing hospital reporting.

This reporting is used by clinical governance groups to drive interventional/proactive decision making to improve patient safety and quality.

It is expected that the dashboards generated at the PAH can be scaled and made available to other HHSs.

PAH is tracking well on its journey to harvest the benefits of the ieMR implementation.

Support HHSs to continually improve patient safety outcomes and patient experience.

Key achievements:

- Established a Suicide Prevention Health Taskforce, which is a partnership between the Department of Health, HHSs, PHNs and people with lived experience. The Taskforce focuses on the development of suicide prevention policy, strategies, services, and programs to be used in a health service delivery context in order to contribute to a measurable reduction in suicide and its impact on Queenslanders.
- Continued implementation of the Suicide Risk Assessment and Management in Emergency Department (SRAM-ED) settings training program. An additional, 52 emergency medicine and mental health clinicians were trained as facilitators, bringing the total number of trained facilitators to 200 across the state.
- Implemented actions outlined in the Queensland Health response to the publication; When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services, including:
    - developed a draft evaluation framework and clinical audit tools for use by mental health services
    - completed a review of Queensland Centre for Mental Health Learning training programs to enhance the competencies and capabilities of mental health clinicians in risk assessment, formulation and comprehensive treatment planning and delivery
    - a Queensland Health Victim Support Service project to consider service redesign requirements to enhance support for family members/carers who are experiencing, or are at risk of violence.
- Continued development of the oral health clinical indicator reporting and greater engagement with oral health services, which has enhanced the evaluation of dental treatment provided to public dental patients. The indicators support HHSs to assess patient outcomes and quality treatment by reporting on unplanned returns following common dental procedures, such as fillings, extractions and root canal treatment. The clinical indicators, developed by the Australian Council on Healthcare Standards, allow for benchmarking between services, clinics and individuals, and over time, flag issues for further investigation and identify opportunities for improvement.
- Published seven patient safety alerts, 17 patient safety notices and 11 patient safety communiques informing HHSs of patient safety issues and providing recommendations to mitigate risk.
- Delivered Root Cause Analysis (RCA) training to 98 HHS staff in Brisbane and in Cairns to increase investigative capability for the most serious incidents and apply system learnings to make healthcare safer for patients. The development of RCA online learning modules has also been commissioned to provide a resource for ‘just in time’ training needs.
- Delivered Ryan’s Rule, which supports patients, families and carers to initiate an escalation of care response when they are concerned about a patient in hospital. On average, the service receives one to two calls per day across approximately 10,000 public acute admissions, with positive feedback from customers.
- Coordinated statewide recruitment and placement of interns and Resident Medical Officers (RMO) while also providing support and advice to HHSs related to junior medical workforce recruitment.

- Developed six Medication Risk Awareness online interactive educational modules in collaboration with Gold Coast TAFE. These modules are based on the 'six rights for safe medication administration', each demonstrating different risks inherent in the medication management cycle and presenting strategies to mitigate them. The modules can be used for induction of new staff, continuing professional development, training students, or as refresher training following a medication incident. The use of these modules will enable HHSs to facilitate education of clinicians to improve the safe use of medicines. The modules provide an interactive platform that can be used at a time chosen by clinicians. Completion of the modules will increase the awareness of the need for the right medicine to be given to the right patient at the right time.
- Revised and released a number of deliverables by medication safety and relevant expert clinical groups. The review ensures that clinicians have access to guidelines and tools that are based on the latest evidence, and aligns with expert consensus, enhancing the safety of medicine use in facilities.

  Guidelines reviewed:

  - managing patients on dabigatran
  - prescribing intravenous fluids in adults
  - electrolyte disturbances in adults
  - statewide forms for the ordering and monitoring of analgesic infusions.
- Delivered disaster preparedness courses across HHSs, including the Major Incident Medical Management and Support (MIMMS) and Hospital MIMMS courses.
- Provided HHSs with Personal Protective Equipment, such as tabards and helmets, for health commanders and medical teams that attend disaster emergency sites.
- Established a risk-based planning program for HHSs, with training led by the United Nations and the World Health Organisation.
- Conducted a three day forum for disaster management leads in HHSs and the department to further enhance effective networks, information sharing and best practice.
- Retrieval Services Queensland (RSQ) is working collaboratively with neonatal and paediatric retrieval services from HHSs, to enhance the model of care across the state.
- The Telehealth Emergency Management Support Unit (TEMSU) continued to visit rural and remote sites throughout Queensland providing ongoing support and education. In 2016, 50 facilities were visited for education, with a further 74 sessions provided via videoconference, reaching a total of 609 staff. Additionally, TEMSU exhibited at four rural conferences and presented in various forums including a rural telemedicine conference and the statewide paediatric network, to engage executive, local clinicians and consumers.
- Implemented the findings from the Occupational Violence Taskforce Report, released in May 2016. In particular, the department supported Metro North HHS in leading the implementation of Taskforce recommendations and collaborating with other HHSs to evaluate and implement best practice strategies, including:

  - ED Ambassador trials at Gympie, Nambour and Mount Isa hospitals to proactively engage patients and visitors, in order to improve the customer experience and minimise potential frustration and aggression
  - extension of the West Moreton HHS Peer Support Program

  - extension of the post incident support in Mackay HHS
  - trial and implementation of body-worn cameras for security officers in the Metro North and Sunshine Coast HHSs.
- Introduced a mandatory healthcare worker vaccination program on 1 July 2016. The program aims to minimise the impact of staff acquiring and/or transferring vaccine preventable diseases such as measles, rubella, varicella (chickenpox) or pertussis (whooping cough) and applies to prospective employees, contractors, volunteers and students. An enhanced voluntary vaccination project commenced July 2016 that aims to increase the uptake of vaccinations throughout the existing workforce.
- Provided free Wi-Fi to patients and their visitors in a number of hospitals across the state. This gives patients and their families anxiety-free access to the outside world via their smart devices—iPads, tablets and laptops.
- Implemented ieMR digital hospital solution across a number of Queensland Health facilities, which is a strategic investment in improved patient care delivering a shared medical record—one patient, one record.
  - The PAH, Mackay Base Hospital, The Townsville Hospital, Cairns Hospital, Royal Brisbane and Women's Hospital and Children's Health Queensland are all now benefiting from components of the ieMR.
- Released the MARS in March 2017, making the PAH Australia's first large scale public digital hospital.
  - MARS is delivering improvements to patient care and safety through more accurate and efficient prescription and administration of medications throughout a patient's journey.
  - Benefits include a 43 per cent reduction in medication errors and five per cent reduction in drug costs.
- Achieved the Healthcare Information and Management Systems Society International stage six Electronic Medical Record Adoption Model status for digital hospital adoption, making the PAH Australia's first large scale hospital to achieve this.
- Established the Healthcare Innovation and Transformation Excellence Collaborative (HITEC) between clinical experts, Department of Health representatives, Metro South HHS, universities and industry to improve the quality and efficiency of patient care under the digital platform. HITEC has initiated the Digital Accreditation Project, which aims to deliver data views and dashboard displays via a reporting portal for 10 clinical standards. The 10 National Safety and Quality Health Service Standards are defined by the Australian Council on Healthcare Standards for hospital accreditation, and provide a focus for ensuring care quality.
- Supported several HHSs by undertaking 'Waiting for What' audits to identify key system constraints impeding patient flow and providing solutions to flow issues; helping to drive the take up of Hospital in the Home across the system; and assisting in improving discharge practices such as rates of weekend discharge rates.
- Continued the development and review of clinical pathways using robust development and implementation models, and supported to the Queensland Clinical Guidelines Program, which develops and implements statewide maternity and neonatal clinical guidelines.

- Developed the Enterprise Discharge Summary (EDS)—a computerised discharge summary that has produced a new standard for Queensland Health through improving the way Queensland Health generates, manages and distributes discharge summaries.
- Established a new indicator under the Performance Framework to include a 'safe' domain to monitor patient safety and quality. The framework sets out how the department monitors and assess the performance of public sector health services delivered by HHSs in Queensland.
- Developed a monthly HHS performance report to ensure a routine and targeted focus on delivery of high quality service.
- Incentivised the increased delivery of clinician-led quit smoking interventions for acute and mental health hospital inpatients and dental clients. Quality Improvement Payments were made available to all HHSs, including Mater Health Services. Results showed a substantial increase in smokers receiving quit support and an offer of nicotine patches following admission to a public hospital since program commencement in November 2014.
- Continued waitlist audits service at the Health Contact Centre, supporting HHSs to manage their wait lists, resulting in:
    - nine per cent reduction in gastroenterology wait lists for Metro South HHS
    - 50 per cent reduction in 'fail to attend' rates across most specialty areas at the LCCH.
- The QAS continued to pilot a Nurse-Paramedic model, placing university graduates with combined degrees in nursing and paramedicine, at locations with Hospital Based Ambulance Services, involving a partnership between the QAS and South West HHS.
- Linked cardiac surgery hospital episodes to nontuberculous mycobacteria notifications to assist in investigations of possible heater-cooler unit contamination.
- Provided linked data to identify readmissions for selected infections after insertion of a pacemaker/defibrillator. This new clinical procedure will minimise infections and other complications with pacemaker surgery. The data will be used to inform clinicians about the effectiveness of this new technology.

Continuously improve clinical governance systems and regulatory frameworks to ensure accountable and safe, high quality health services.

Key achievements:

- Delivered *Connecting Care to Recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*, resulting in:
    - Provided $25 million in funding to HHSs and NGOs to commence delivery of initiatives for enhancements to a range of mental health, drug and alcohol services. This included recruitment of an additional 32 adult and children's Court Liaison Service positions and 28 Independent Patient Rights Advisers to support implementation of the *Mental Health Act 2016* across HHSs.
    - Commenced the development of three new purpose built, 10 bed adult Step Up Step Down (SUSD) facilities located in Gladstone, Bundaberg and Mackay. This initiative expands the range of services across the care continuum and promotes integration, partnerships and collaboration between HHSs and NGOs for mental health care delivered in the community.

- Allocated $3 million to existing contracted non-government providers of specialist alcohol and other drug out-client treatment and residential rehabilitation services to help meet existing demand, including increases in people seeking treatment for crystal methamphetamine (ice).
- Funded delivery of clinical resources for 58 training and education workshops in over 30 locations across Queensland. These workshops were completed in partnership with the Queensland Aboriginal and Islander Health Council to build public and non-government treatment workforce skills and confidence in responding to people affected by ice.
- Commissioned a new four bed wing at the Gold Coast University Hospital (GCUH) for mothers with acute postnatal mental health disorders and their babies.
- Additional psychiatrist resources employed in the Mackay HHS and Wide Bay HHS to support mental health service delivery in the region.
- Established a new role of statewide coordinator for classified patients.
- Developed an evaluation framework and a measurement strategy to guide the assessment of how the mental health reforms implemented through new and existing investment under *Connecting Care to Recovery 2016–2021*, will make a difference to service delivery and individual outcomes over time.

• Commissioned the evaluation of a short notice accreditation assessment trial at Wide Bay and Metro South HHSs to evaluate the effectiveness of an alternative way to assess compliance against agreed standards of healthcare.

• Commenced placement of 3443 new graduates within two years under the Refresh Nursing election commitment to support up to 4000 new graduates over four years.
  - Employed 16 nursing and midwifery educators.
  - Employed 121 nurse navigators, with another 119 set for employment during 2017–18.
  - Queensland Parliament passed legislation on 12 May 2016, for minimum nurse-to-patient ratios of 1:4 morning, 1:4 afternoon, and 1:7 night shifts, in adult acute medical and acute surgical wards in a majority of public healthcare facilities.
  - Implemented the minimum nurse-to-patient ratio legislation on 1 July 2016 across 27 facilities and 155 wards throughout the state. As at April 2017, with changes related to the opening of the new Sunshine Coast University Hospital (SCUH), there are now 154 in-scope wards across 27 facilities.

• Commenced public reporting of nurse to patient ratio compliance from January 2017 with statewide compliance rates across in-scope wards at 98 per cent in the first quarter of 2016–17, 99 per cent during second quarter and 100 per cent (rounded up) during the period January to March 2017.

• Updated the Business Planning Framework (BPF), in partnership with HHS stakeholders that is used by nurses and midwives to determine appropriate staffing levels. The new fifth edition BPF includes an online education awareness package available to all Queensland Health staff.

- Partnered with the Australian College of Mental Health Nurses to implement a professional credentialing mechanism for registered nurses in Queensland, including the development of an innovative C4N app, as well as toolkits for professional organisations. Five organisations participated in the program, and Queensland now has the first credentialed cancer nurses, children and young people's nurses, emergency nurses and palliative care nurses in Australia.
- Established compliance framework for medicinal cannabis under the *Public Health Medicinal Cannabis Act 2016*. This framework regulates the activities of prescribers, dispensers, wholesalers and manufacturers to ensure that medicinal cannabis is only used under approval and risk of diversion to the illicit market is minimised.
- Monitored stakeholder compliance with the *Transplantation and Anatomy Act 1979* and associated regulation. The process identified that most stakeholders were compliant and the department assisted non-compliant stakeholders to ensure future compliance.
- Administered the regulatory systems around the use of scheduled drugs and medicines and pharmacy businesses in Queensland to facilitate lawful and legitimate use of medicines, reduce harms to the Queensland community that could be caused by inappropriate or improper use, and maintain confidence in the controls around community pharmacy businesses.
- Received 21,713 referrals for RSQ in the 2016 calendar year with 11,385 fixed wing tasks, 4586 helicopter tasks and 2548 road tasks performed in conjunction with QAS to help ensure equity of access to health services for Queenslanders.
- Facilitated Queensland Health disaster management committees, including an operational committee with all HHSs and a strategic-level executive committee, to further promote connectivity and consistency.
- Developed Closing the Gap dashboard to help monitor the system performance in achieving key health objectives for Aboriginal and Torres Strait Islander people in Queensland.
- Collaborated with the National Blood Authority (NBA) to deliver a strategic initiative to improve the management of blood and blood products. The new online system, which went live on 24 May 2017, monitors blood supply and demand, through electronically tracking all blood and blood products. Pathology Queensland developed a bi-directional interface between its BloodNet blood tracking system and Pathology Queensland's LIS, improving reliability and availability of blood and blood products for patients.
- Collaborated with the National Pathology Accreditation Advisory Council's review of its national standards for clinical supervision of pathology laboratories. This ensured the proposed changes aligned with the Clinical Services Capability framework ensuring the delivery of high quality and affordable outcomes for Queensland patients.
- The QAS is currently reviewing the credentialing, scope of clinical practice and authority to practise for paramedics. This is in preparation for the introduction of the national registration for paramedics, which will be introduced in late 2018.
- The QAS continued to refine and improve its clinical governance around drug management. Notably, ADAPT, the electronic drug management system used by the QAS, was updated with the implementation of key performance indicators (KPIs) and enhanced reporting. In addition, the QAS has introduced flowcharts designed to improve reporting of suspected drug tampering, manufacturing faults and lost, stolen and unaccounted for drugs. The QAS also introduced Tamper Evident Bags for use when transporting a patient's own medication.

- Provided data linkage service to support quality improvement and research projects undertaken by Queensland Health staff and university researchers. Linked data allows an understanding of multi-morbidity and its impact on service requirements and patient outcomes that is not possible with episode level data. Linked data also facilitate efforts to improve data quality that is vital in informing clinical quality.

Technology keeping patients and staff connected

A growing list of hospitals across the state, now provide patients, their visitors and staff with free Wi-Fi. This has been a huge demand for patients and their families and allows them to have anxiety-free access to the outside world via their smart devices, iPads, tablets and laptops.

Bring your own device (BYOD) is now available to all staff so they can access Queensland Health email, contacts, calendar and intranet on the go directly from their own smartphone or tablet—with more than 7000 users enrolled.

The Rapid Access Workstations Service (RAWS) is now available in a number of facilities and enables clinicians to simply swipe their ID card and have near instant access to patient information, saving more than 1400 hours per month in previously lost login time.

Follow Me Desktop is a virtual operating system—allowing users to move between devices (computers, laptops and tablets) without losing current session details. This service gives clinicians increased mobility and reduces the time needed to access patient information within the hospital environment.

Deliver health technologies and infrastructure that have the flexibility and capacity to meet future service needs.

Key achievements:

- Identified and initiated procurement of an Information Management System for use in the SHECC and by HHSs.
- RSQ progressed development of an information system to transform its current operational processes.
- Delivered new data and functionality for the Integrated Mental Health Data Reporting Repository (IMHDRR) including:
    - enhanced and more timely reporting of Your Experience of Service data to HHSs
    - more comprehensive and accessible reporting of mental health service episode, referral and diagnosis data
    - more efficient mechanisms to accurately report against evolving performance targets.

- The Consumer Integrated Mental Health Application was enhanced to align its functionality to the new *Mental Health Act 2016*, delivering improved legislative compliance, cross agency data sharing, automation and efficiency upgrades to interfaces with the Queensland Wide Interactive Courts leading to improved outcomes for mental health consumers and service delivery efficiencies.
- Improved monitoring of the use of reports and information on IMHDRR.
- Continued the roll out of the electronic oral health record functionality within the statewide Information System for Oral Health. Implementation has been completed across all adult public dental clinics in nine HHSs with full roll out expected to be finalised by June 2018. Implementation involved upgrading IT infrastructure, adapting local business processes, training oral health staff in each dental clinic, providing on site go-live support and handing over support to local super users.
- Continued to support HHSs in decision making with regards to the adoption of new and emerging health technologies and service delivery models by:
    - administered the Queensland Policy and Advisory Committee on new Technology and HealthPACT, the national committee for horizon scanning for new and emerging health technologies
    - established a program to assist the department and HHSs in evaluating the efficiency and effectiveness of new and existing clinical services and programs.
- Continued to drive innovation and to improve health service delivery, particularly for regional, rural and remote communities by expanding the capacity and increased usage of telehealth technology. Under the *Specialist Outpatient Strategy: Improving the patient journey by 2020*, journey improvement six outlines the key approach to provide more appointments closer to home for Queenslanders. This journey improvement is being delivered by investing in more telehealth specialist services.
- Invested $1.417 billion towards the health portfolio capital program where essential upgrades were made to health facilities and supporting infrastructure across Queensland, while also providing up to 1500 direct jobs across the state. Significant infrastructure projects currently being delivered by the department are:
    - Aurukun Primary Health Care Centre redevelopment—total estimated investment of $6.65 million
    - Bowen Hospital ED expansion—total estimated investment of $1.2 million
    - Caboolture ED—total estimated investment of $19.6 million
    - Cairns Base Hospital redevelopment—total estimated investment of $445.9 million
    - Hervey Bay ED site works—total estimated investment of $44.46 million
    - Mackay Base Hospital redevelopment —total estimated investment of $398.9 million
    - Palm Island Primary Health Care Centre—total estimated investment of $16.5 million
    - Ellen Barron Family Centre upgrade—total estimated investment of $3 million
    - Barcaldine Hospital Dental Clinic—total estimated investment of $1.9 million
    - Toowoomba kitchen repairs—total estimated investment of $9.8 million
    - Proserpine Hospital kitchen upgrade—total estimated investment of $1.3 million

- Proserpine ED expansion—total estimated investment of $1.5 million
- Rockhampton Hospital car park—total estimated investment of $25.5 million
- Rockhampton Hospital expansion—total estimated investment of $268 million
- Roma Hospital redevelopment—total estimated investment of $74.9 million
- SUSD, Bundaberg—total estimated investment of $5.4 million
- SUSD, Gladstone—total estimated investment of $5.4 million
- SUSD, Mackay—total estimated investment of $5.4 million
- Townsville General Hospital expansion stages three and four—total estimated investment of $437 million
- Townsville Hospital Paediatrics ward stage one and two—total estimated investment of $6.6 million.

Completed projects include:

- Townsville Hospital Planned Procedure Unit—total estimated investment of $12.1 million, construction completed August 2016
- SCUH—total estimated investment of $1.8 billion, reached practical completion April 2017
- Community Mental Health building: Garraway Street and Bridge Road, Mackay—combined total estimated investment of $2.3 million, construction completed September 2016
- Mackay Base Hospital Redevelopment works—total estimated investment of $408.3 million, construction completed September 2016
- Charleville Staff accommodation—total estimated investment of $2.3 million, construction completed January 2017.

- Delivered an online capital reporting system to improve the timeliness, detail and accuracy of capital project data. Training on the system was provided to all business areas in Queensland Health with capital infrastructure responsibilities, and the first round of reporting through the Capital Intelligence Portal was taken in May 2017. The department continues to support and partner with the agencies, and is looking to further streamline the process with a click-based dash board, to be implemented in 2017–18 year.
- Managed the delivery of the four year, $327 million Backlog Maintenance Remediation Program, improving the resilience and sustainability of Queensland Health's portfolio of building assets through the provision of well-maintained building infrastructure.

  Through the backlog program, the department improved the reliability, capability and compliance requirements of the statewide building asset portfolio. This supported the delivery and provision of clinical healthcare services by ensuring that the building asset infrastructure has the necessary capabilities and capacity required.
- Implemented the BYOD, with availability to all staff, so they can access Queensland Health email, contacts, calendar and intranet on the go directly from their own smartphone or tablet—over 7000 users registered across the state.

- Executed the RAWS in a number of facilities, enabling clinicians to simply swipe their ID card and have near instant access to patient information, saving more than 1400 hours per month in previously lost login time.

  RAWS is now available throughout a number of Queensland hospitals.

- Implemented Follow Me Desktop, which is a virtual operating system allowing users to move between devices (computers, laptops and tablets) without losing current session details.

  This service gives clinicians increased mobility and reduces the time needed to access patient information within the hospital environment.

- Enabled pathology results to be accessed via 'The Viewer' application on smart devices linked to the Queensland Health network. This provides clinicians with a single view of patient information that can be accessed across all Queensland Health facilities and improves patient continuity of care.
- Continued the Laboratory Information System (LIS) Renewal Program to ensure that Queensland Health has a contemporary LIS to deliver more efficient diagnostic services and improved patient care and safety for Queenslanders.
- Provided engineering and technical support for various digital hospital projects across the state, playing a lead role in the safe and sustainable integration of medical devices with electronic medical record systems.
- Reinstated the forensic histology laboratory at Forensic and Scientific Services to support Forensic Pathology requirements. Histology samples from coronial autopsies are now processed on site and provided to the forensic pathologists for timely reporting.
- Upgraded and expanded technologies used by the 13 HEALTH and 13 QUIT services to enable support of SMS, web chat, social media and email alongside voice in a single interaction.
- Implemented a new platform across all services to unify and share patient information. This supports clients with their interaction across different services and enables nurses to utilise patient history captured by other services for a more seamless and comprehensive experience.
- The QAS is in the process of implementing a new electronic Ambulance Report Form application. This new application will be accessed through the operational iPads supplied to all paramedics as part of the QAS iPad mobility strategy. The utilisation of the new Patient Care Record will enable 'live time' monitoring of Patient Off Stretcher Time at Queensland Health facilities to identify available QAS resources in real time enabling the next QAS emergency response to be planned.
- The QAS completed planning and testing of an Inter-agency CAD Electronic Messaging System with QPS and Queensland Fire & Emergency Services (QFES) to enhance officer safety and to reduce the calls required between agencies on joint cases.
- As a key component of the QAS Mobility Strategy, the QAS commenced roll out the Microsoft Office 365 suite to all staff, providing the latest version of all Office 365 products.
- The QAS commenced a procurement process for the data warehouse upgrade project, to enable ongoing utilisation of Business Intelligence within the QAS.
- The QAS completed the 2016–17 ICT Program of Works, to modernise and develop infrastructure to meet operational requirements.

- The QAS continued the Emergency Services Computer Aided Dispatch upgrade project, led by the Public Safety Business Agency (PSBA), to effectively maintain Triple Zero (000) services to the QAS and QFES.
- Improved officer safety and travel times through implementing Emergency Vehicle Priority (EVP) capability, which switches lights to green at traffic signals for approaching ambulance vehicles responding under lights and sirens conditions. Approximately 1900 intersections across the state and 344 ambulance vehicles are now EVP-enabled, providing more than 462,094 green lights to emergency ambulance vehicles during 2016–17.
- Building projects completed by the QAS include the replacement of the Collinsville Ambulance Station, and construction of the new Rainbow Beach and Yandina ambulance stations.
- The QAS also completed the acquisition and redevelopment of the Emergency and Fleet Management Precinct, including the Geebung Ambulance Station.
- Tenders were awarded for new ambulance stations at Bundaberg, Birtinya, and Kenilworth and replacement ambulance stations at Mermaid Waters (formally Coral Gardens) and Thursday Island, including relief accommodation. All of these projects are scheduled for completion in the 2017–18 year.
- The QAS finalised planning for the replacement of the Wynnum Ambulance Station, scheduled to go to tender mid-2017 and will reach practical completion mid-2018.
- The QAS has further implemented Satellite Push-to-Talk radios within rural and remote locations that are unable to utilise the QAS analogue land mobile radio network. This provides enhanced radio communications to paramedics in the field and improves the safety of our workforce.
- The QAS has also implemented the following recommendations from the Paramedic Safety Taskforce:
    - completed rollout of duress capability on the QAS analogue radios supporting operational safety outside of the Government Wireless Network (GWN) area in SEQ
    - progressed installation of the Duress Monitoring Systems (DMS) in acute ambulances that allows for the treating paramedic to discreetly notify the paramedic in the front of the vehicle of a potential situation. All new and replacement vehicles will continue to be fitted with DMS during production.
- Developed the portfolio level 2016 Queensland Health Total Asset Management Plan and a statewide planning process to identify health's capital infrastructure requirements.
- Provided assessment and assurance of new Queensland Health infrastructure investments greater than $5 million through the Investment Management Framework.
- Supported HHSs in the planning and development of infrastructure projects through relevant stage gates of the Investment Management Framework. Programs and projects include:
    - Enhancing Regional Hospitals Program—total estimated investment of $180 million
    - Advancing Queensland's Health Infrastructure Program—total estimated investment of $230 million
    - Significant Regional Infrastructure Projects Program—total estimated investment of $34 million
    - planning for major growth areas, including Logan Hospital expansion, Caboolture Hospital redevelopment, Ipswich Hospital expansion and Toowoomba Hospital development.

- Delivered more than $56 million for the replacement of health technology equipment on behalf of the HHSs as part of the two year Health Technology Equipment Replacement program and facilitated the sale of more than 912 items of health technology equipment raising more than $645,000 for the HHSs.

Strategic objective 3—Equitable health outcomes:

Improving health outcomes through better access to services for Queenslanders

Performance indicators:

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

Use evidence based health service planning, and contemporary health service delivery models and technology (digital innovation) to improve access to health services, particularly in rural and remote locations.

Key achievements:

- Continued to deliver on the government's commitment to rebuild and expand mental healthcare services for young people. This included:
  - Implementing the government response to the six recommendations of the Barrett Adolescent Centre (BAC) Commission of Inquiry report.
  - Commissioning independent reviews and delivering reports for all six recommendations which identified key areas for further action. The work to implement these recommendations saw the review of service agreement arrangements for all NGOs providing health services.
  - Delivered a joint submission with the Department of Education and Training (DET) for approval of the business case to establish a state-wide bed-based treatment facility in SEQ. The Government announced The Prince Charles Hospital as the location for the new state-wide service.
  - Engaging in a co-design consultation process to critique and validate the development of service models and building design. This involved close collaboration with consumers and carers including families associated with the former BAC, and the DET.

- Supported rural and remote allied health teams in nine HHSs to implement service improvement strategies including telehealth and delegation to support workers through the allied health rural generalist training positions strategy.
- Supported implementation of 13 allied health expanded scope models of care across eight HHSs to improve Queenslanders' access to timely, appropriate and quality healthcare.
- Provided $35 million over two financial years for the Integrated Care Innovation Fund for the implementation of innovative projects. The total pool of funding has been fully committed with $11.3 million allocated in the 2016–17 financial year. During 2016–17, 22 projects were formalised, eight projects implemented and 14 projects in the process of finalising implementation and evaluation plans. Over 80 staff from HHSs and PHNs have received training on health systems research, implementation science and evaluation methodology.
- Four HHSs commenced Proof of Concept projects to help inform the future rollout of Clinical Prioritisation Criteria (CPC) across the state. CPC are clinical decision support tools that help ensure patients referred for Queensland public specialist outpatient services are assessed in order of clinical urgency. The department, HHSs, PHNs and GPs are working in partnership to understand the contributors and barriers to the effective uptake of the CPC.
- Supported the implementation of CPC by investing in HealthPathways, a web-based decision support tool for general practice that includes information on clinical assessment, management and CPC referral information. HealthPathways are currently live in seven HHSs with an additional two regions to go live.
- Commenced scoping of the Integrated Referral Management System (iRMS) solution that will support a seamless integration from general practice to outpatient services changing the way health services communicate and interact with primary healthcare providers. iRMS provides a clinical and process redesign solution, supported by the implementation of information and communication technology components. The solution will provide:
    - Clinical Referral Workflows: best practice workflow solutions to support the timely and safe transfer of care from primary care providers to health services.
    - Statewide Referral Service Directory: providing details of all health service clinical locations and the necessary business rules supporting referral lodgement.
    - External eReferral: allowing external health providers to create and submit a referral from either their existing practice software or from HealthPathways.
    - Internal eReferral: allowing clinicians to create and submit a referral for existing patients.
    - Referral Lodgement and Tracking: a statewide service to allow the lodgement and tracking of both external and internal referrals.

- Worked to improve information sharing between GPs and HHSs to support enhanced health outcomes for Queenslanders by implementing the better connecting GPs to public hospitals initiative, providing Queensland's GPs with access to their patients' public hospital healthcare information through a secure online portal. This includes information relating to appointment records, radiology and laboratory results, treatment and discharge summaries, and demographic and medication details. Bridging the information gap between public hospitals and GPs provides patients with better coordinated care.

- Commenced planning and engagement across HHSs and PHNs to investigate, adapt, and identify innovative models of care that have the potential to drive effectiveness and efficiency in service delivery and optimise patient care.

- Ensured patients had access to timely ED care and ambulance services over the winter months. To support demand surges during this period, a $15 million investment was made to fund initiatives to drive improved emergency access performance across the state during the winter months, targeted at preventing congested EDs and delays in patients being transferred from ambulances.

- Led a system-wide response, implementing recommendations from the Queensland Audit Office's (QAO) Report 15 2015—16 *Queensland public hospital operating theatre efficiency* through the completion of the statewide operating theatre efficiency guideline KPIs and an operating theatre data collection and dashboard, to enable hospitals to manage, benchmark and improve theatre efficiency and productivity.

- Continued the development of statewide data collection, under the leadership of the Statewide Cardiac Clinical Network, to support rehabilitation programs via the Queensland Cardiac Outcomes Registry, including:

    - mapping of current services via audit and coordination with the Cardiac Rehabilitation Quality Improvement Payment

    - worked with the Cardiac Informatics Unit to establish and implement a statewide data collection tool and quality program to provide information on the activity, outcomes and quality of cardiac rehabilitation

    - provided a baseline of information to make informed decisions about the best solutions for improving referral and uptake of cardiac rehabilitation services.

- Implemented a program focused on ensuring sustainability of surgical services through optimising existing capacity, promoting best practice management and ensuring consistent and comparable data is available for reporting and benchmarking. This was achieved through:

    - partnering with the Surgical Advisory Committee to draft a sustainable surgical services strategy in response to the growing demand for services as a result of the *Specialist Outpatient Strategy: Improving the patient journey by 2020*

    - review of the Elective Surgery Implementation Standard and facilitation of the statewide Elective Surgery Coordinator's Advisory Group to support the effective planning, implementation and evaluation of elective surgery coordination and waiting list management in Queensland

- the development of the Emergency Surgery Access Guideline, standardised booking form, emergency surgery minimum dataset and performance metrics to streamline the operational management of emergency surgery and reduce its impact on elective surgery.

- Established supported models of care in all HHSs identified as servicing primarily regional, rural and remote communities by the Telehealth Emergency Management Support Unit. This service is available in 146 health facilities across 14 HHSs and provides acute access to local HHS clinician support, which improves early detection of deteriorating patients and improves access for rural patients.

- Commenced development of a blueprint for rural and remote healthcare in Queensland to focus on increased access to services through telehealth expansion, increased mobility for workforce, remote monitoring, and remote access to information across care settings at the point of care.

- Provided access to enhanced telehealth services and peer support and education for health professionals allowing rural, regional and remote patients to access specialist care closer to home. GPs are able to refer patients electronically to local hospitals and patient appointment bookings can be made online, providing greater flexibility and choice.

- Queensland Health will increase the use of electronic medical records within rural and remote hospitals through the ieMR as well as electronic health records in primary and community care settings.

- Queensland Health sponsored the Global Business Challenge run by Queensland University of Technology (QUT), UQ and Griffith University. The challenge focused on solutions to improve healthcare in remote and regional areas and saw over 90 teams compete from 18 countries. It is evolving to become a pilot project for the South West HHS.

- Completed digital health ICT Planning in several rural and remote HHSs including North West HHS, South West HHS, Torres and Cape HHS with a focus on digital enablement in improving access to health services.

- Continued to progress the pursuing innovation theme in the Advancing health 2026 vision through the development of an innovation strategy and framework.

- Held a number of consultations with consumer reference groups on how the healthcare system can change culturally and behaviourally to better inform health service provision.

- Continued investment in strategies that incentivise clinical and cost effective practice, including quality improvement payments for smoking cessation, childhood immunisation and Advance Care Plans.

- Continued to provide incentives for innovative models of care, including telehealth and Hospital in the Home.

- Expanded the menu of available pathology tests processed on-site in Charleville and Longreach Hospitals, ensuring timely delivery of pathology results to rural and remote patients.

- Installed a unique digital imaging system at SCUH that allows regional laboratories to scan and transmit blood films to SCUH for expert opinion. This real time analysis improves the quality of service to health facilities in rural and remote locations.

- The QAS has continuously used evidenced based health service planning to develop and deliver adaptive models of service to meet the needs of patients and communities. The QAS LARU service model provides the patient improved access to additional referral pathways into primary and secondary healthcare systems. This service model has strengthened the hospital emergency department avoidance and hospital substitution strategy in reducing QAS transport of appropriate non-emergency patients to hospital emergency departments.
- The QAS have progressed, a procurement process and prepared a proof of concept for a dynamic deployment software solution, to support current procedures and the existing Emergency Service Computer Aided Dispatch system. The dynamic deployment software solution is expected to deliver a range of benefits to the QAS operating environment including enhanced deployment decision making leading to a reduction of distance between a vehicle and a response location, reducing patient wait times and significantly improved business intelligence in terms of resource management, data analysis and operational modelling.
- The QAS has undertaken a procurement process for an electronic non-urgent PTS requests system to enable the QAS customers, both QH facilities and private medical facilities to book, change and track their own non-urgent patient transport requests.
- Undertook statewide health service need, demand and supply modelling to inform development of system and regional plans to address future pressures on the health service.
- Initiated development of a system planning framework including tools for highly specialised and complex services which have a system wide impact.
- Committed funding to support an implementation team to implement the acquired brain injury and spinal cord injury statewide health service plans.
- Initiated or continued statewide health system planning for renal, neonatal and children's services to enhance understanding of future health need and service demand, and identify priorities for future service development.
- Continued to expand data collections and years of data within the Master Linkage File. By the end of 2016–17, the Master Linkage File included 39 million records grouped into 5.5 million individuals. The file incorporates admitted patient, ED, birth and death registrations, perinatal, specialist outpatient and elective surgery waiting lists, and Surgery Connect. The availability of high quality linked data is used to deepen our understanding of patients' journeys and to support population health research, service monitoring, data quality improvement and operations.

Plan, purchase and enable health services for Aboriginal and Torres Strait Islander people to achieve the outcomes in *Making tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Investment Strategy 2015–2018.*

Key achievements:

- Secured funding to continue the Aboriginal and Torres Strait Islander Public Health Program until 2022. This will ensure environmental health services will continue to be delivered in a sustainable manner to the 16 Aboriginal and Torres Strait Islander local governments. Environmental health improvements at a community level lead to a reduction in hospital admissions for acute and chronic diseases which can be attributed to environmental factors.

- Continued use of the newly adapted Healthy Community Assessment Tool within the 16 local governments, allowing for consistent recording of environmental health data, ready identification of risk or potential risk, and targeted responses.
- The department worked with HHSs to develop contracts for the delivery of programs, services and initiatives directed towards improving the health outcomes of Aboriginal and Torres Strait Islander people. Performance against Indigenous specific KPIs are monitored through the HHS quarterly performance meetings and are included in the monthly HHS performance reports.
- Additional funding was provided for renal services on Thursday Island as part of a targeted effort addressing the burden of chronic disease in Aboriginal and Torres Strait Islander communities.
- Health Contact Centre interacted directly with clients to assist in closing the health gap for Indigenous people. On average each month 5.45 per cent of callers to 13 HEALTH identify as Aboriginal and/or Torres Strait Islander. 13 QUIT provided 2431 quit smoking counselling sessions to Aboriginal and Torres Strait Islander clients.
- The QAS currently has 28 recruits engaged on the Aboriginal and Torres Strait Islander Paramedic Cadet Program, and the Culturally and Linguistically Diverse (CALD) Paramedic Program, which provides a vital link between the Indigenous and CALD communities, and pre-hospital patient care. The program supports employment within Indigenous and CALD communities and was further enhanced with 12 new paramedic cadet positions created in 2016-17. Paramedic cadets are now employed in, Bundaberg, Charleville, Cooktown, Doomadgee, Hervey Bay, Ipswich, Kirwan, Kawana, Mount Isa, Normanton, Palm Island, Ravenshoe, Rockhampton, Springfield, Thursday Island, Woodridge, Woorabinda, and Yarrabah.
- The QAS recruited 17 Indigenous patient transport officers, in addition to those QAS cadets participating in the Aboriginal and Torres Strait Islander Cadet Program.
- The QAS continued the Field Officer program at Horn Island, Coen, Kowanyama and Cooktown, which has allowed QAS field officers to work with very remote and isolated communities to enhance the capacity of these communities to prevent and better respond to healthcare emergencies and illness. The Field Officer program was extended to Weipa in 2016–17.
- Produced annual Indigenous KPIs providing a current view of the performance of Queensland and each HHS, showing the future targets that are required to close the gap within a generation.
- Trialled the provision of unit record data via secure electronic mechanisms. This trial was initiated to support the HHSs in evaluating the effectiveness of the programs and services to:
    - decrease the number of Aboriginal and Torres Strait Islander people who were admitted for potentially preventable conditions
    - monitor their progress in minimising the number of Aboriginal and Torres Strait Islander patients who discharge themselves from hospital against medical advice.

- Continued implementing the *Making Tracks Investment Strategy 2015–2018* with a combined investment of more than $90 million allocated to HHSs and Aboriginal and Torres Strait Islander community controlled health services to help close the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Priority areas of investment are:
    - A healthy start to life: programs supported include midwifery services and parent support services on Palm Island, and the Deadly Ears program which delivers outreach specialist ear health clinical services and local capacity building in 11 communities across rural and remote Queensland.
    - A healthy transition to adulthood: funding for youth mental health services, targeted sexual health education and intervention, and the three year renewal and expansion of the Deadly Choices program being delivered in partnership between the Brisbane Broncos and the Institute for Urban Indigenous Health to promote the adoption of healthy lifestyles and regular health checks.
    - Preventing and treating chronic disease: includes continuing support for Aboriginal and Torres Strait Islander counsellors on Quitline and support for new outreach primary health care clinics in Ingham, Charters Towers and Home Hill operated by Townsville Aboriginal and Torres Strait Islander Health Service.
    - Improving access and the patient journey: includes ongoing support for programs such as the Indigenous Cardiac Outreach Program, Indigenous Respiratory Outreach Program for remote and very remote locations, the Better Cardiac Care program at Metro South HHS and provision of hospital liaison services in major Queensland hospitals to assist Aboriginal and Torres Strait Islander patients navigate the health system.
    - Innovation: includes implementing innovative evidence-based models of service delivery in areas of high need including culturally appropriate trauma informed practice models for consumers of Metro South Addiction and Mental Health Services, and the Birthing in Our Community (BiOC) program through the Institute for Urban Indigenous Health to deliver intensive ante-natal and family support services for vulnerable women birthing an Indigenous baby at the Mater Mothers Hospital.
- Implementation of the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021* (the STI Action Plan). The STI Action Plan commenced on 1 July 2016 and is supported by $15.8 million over the first three years in a direct response to the increasing prevalence of syphilis in North Queensland. Aligning with the *Queensland Sexual Health Strategy 2016–2021*, the STI Action Plan is specifically aimed at reducing the burden of STIs on Aboriginal and Torres Strait Islander people in North Queensland.
- Launched the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* to improve the responsiveness of services to the needs of Aboriginal and Torres Strait Islander people with severe mental illness. The strategy:
    - Allocates $750,000 for the establishment of Indigenous mental health hospital liaison services at six public hospitals in Queensland.

- Focuses on embedding cultural capability into mainstream mental health services and clinical practice through effective partnerships between HHSs, Aboriginal and Torres Strait Islander Community Controlled Health Services, PHNs and with other health sector and wider social services sector providers.

- Identifies mental illness as the leading contributor to the Aboriginal and Torres Strait Islander burden of disease in Queensland, contributing up to 20 per cent of the total disease burden.

To assist monitoring the progress of the strategy, a baseline data report against each KPI contained in the strategy at both statewide and individual HHS level has been developed. Data will be updated through Queensland Health's annual Close the Gap performance reports.

- Supported the remote community of Coen through increased understanding and advocacy for community issues, such as child mental health services, improved coordination between health providers, increase in school guidance officer hours, presence of a paramedic during tourist season and upgraded the Coen sports oval.

Birthing in Our Communities

The (BiOC) program was established in 2013 through a partnership between the Brisbane Mater Mothers' Hospital, the Institute for Urban Indigenous Health (IUIH) and the Aboriginal and Torres Strait Islander Community Health Service Brisbane.

The partnership includes a multidisciplinary steering committee, shared clinical governance with Aboriginal and Torres Strait Islander cultural guidance and oversight.

The Queensland Government has provided to the IUIH $3 million over two years through the *Making Tracks Investment Strategy 2015–2018* for the expansion of the BiOC workforce. This has allowed BiOC to increase the number of midwives and Indigenous Worker positions and to establish a BiOC hub in Salisbury, Brisbane, which opened in October 2016.

The hub delivers intensive antenatal and family support services for vulnerable women birthing an Aboriginal and/or Torres Strait Islander baby at the Mater Mothers' Hospital.

The program provides continuity of care, twenty-four hours per day, seven days a week, through pregnancy, birth and up to six weeks postnatal. Every woman has their own midwife on-call twenty-four hours a day and a support team that includes Aboriginal health workers, Aboriginal student midwives, doctors and other health professionals. The service provides antenatal care, intrapartum care, birthing support, the Stop Smoking in its Tracks incentive program, perinatal mental health, breastfeeding support and family support services.

Since opening, of the women the BiOC Hub has supported to birth at the Mater Mothers Hospital, 97.8 per cent have had five or more antenatal visits.

Embed cultural capability in the planning, design and delivery of health services by enhancing the knowledge, skills and behaviours for culturally responsive patient care.

Key achievements:

- Implemented the statewide *B.Strong* Indigenous Brief Intervention Training Program, to build the capacity of Indigenous Health Workers, QAS staff and other health and community service providers to deliver nutrition, physical activity and quit smoking advice to Aboriginal and Torres Strait Islander consumers. Since commencement in June, five workshops have been delivered to 80 participants in Roma, Charleville, Rockhampton, Inala and Townsville.
- Implemented the department's five cultural success factors, to foster a vibrant, innovative, collaborative and inclusive culture. Cultural capability content and the cultural success factors are also presented as part of the department's face to face orientation for new staff, and included in the staff induction and executive online passports.
- Partnered with the Indigenous Cardiac Outreach Program to provide training to Indigenous healthcare workers to gain a qualification in pathology specimen collection. This program supports expansion of the role of Indigenous healthcare workers in their local communities.
- Services of 13 HEALTH and 13 QUIT continued to be accessible via the National Relay Service for hearing impaired and deaf consumers and the Telephone Interpreter Service for clients preferring another language. The Health Contact Centre also employs identified Counsellors to provide culturally responsive quit smoking support to Aboriginal and Torres Strait Islander consumers.
- On 19 December 2016, the Director-General, Michael Walsh together with the Commissioner QAS, Russel Bowles ASM, signed a new Queensland Health Statement of Commitment to Reconciliation 2016. This was the fourth Statement of Commitment signed by Queensland Health and the first to be signed since HHSs have been established and QAS has come within the Queensland Health portfolio.

  The Statement of Commitment reinforces the commitment by the Department of Health, QAS, and all HHSs to reconciliation and improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders. It reiterates the Queensland Government commitments under the Council of Australian Governments' targets towards closing the gap in life expectancy and halving the gap in mortality for children under five, and articulates that all Queensland Health staff have responsibilities towards achieving these commitments.

  Importantly, the Statement of Commitment acknowledges Aboriginal and Torres Strait Islander peoples' contribution to the wealth and development of Queensland, including buildings now occupied by Queensland Health, and the historically poor treatment of Aboriginal and Torres Strait Islander Queenslanders by successive governments through the controls over their wages and savings. This reflects whole-of-government effort in response to the *Queensland Stolen Wages Reparations Taskforce Report: Reconciling Past Injustice*.
- The QAS continues to deliver on this commitment statement through the *QAS Aboriginal and Torres Strait Islander Cultural Capability Action Plan 2015—2018*, outlining how the QAS will deliver on this whole-of-government commitment through a range of strategies to ensure operational employees are equipped to deliver culturally responsive patient care. The formalisation of these significant documents enables the delivery of initiatives related to ensuring culturally responsive patient care, closing the gap in Indigenous healthcare, and the increased employment of Aboriginal and Torres Strait Islander people by the QAS.
- The QAS, on behalf of the department, hosted 25th anniversary celebrations for Mabo Day at its Kedron Park Headquarters.

- The QAS commenced the establishment of an Indigenous Liaison Officer and Cultural Capability Champion network across the QAS. This network will begin in 2017–18, along with the deployment of training and awareness programs for all employees to increase understanding and recognition of cultural capability issues.
- The QAS commenced the CALD Paramedic Cadet Program, to promote employment in Queensland's communities, and to enhance ambulance service delivery in these communities. As part of the 110 additional ambulance officers announced in the 2016–17 State Budget, two CALD recruits were employed at Woodridge Station.
- Allocated approximately $3.6 million through the *Making Tracks Investment Strategy 2015–2018* to support the ongoing activities under the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*. This investment supports activities to increase patient attendance at specialist services by reducing failure-to-attend rates from 230 in June 2016 to 29 in December 2016.
- Commenced an independent review of the implementation of the framework which included extensive consultation across all HHSs, the department and some external stakeholders. The final report is due in early 2017–18.

Plan for and purchase prevention, early diagnosis and intervention services to address chronic disease.

Key achievements:

- Developed specifications for HHS-level KPIs to monitor the number and proportion of hospitalisations for vaccine-preventable conditions, acute conditions and chronic conditions that could have potentially been prevented through the provision of appropriate non-hospital health services.
- Continued implementation of the *Specialist Outpatient Strategy: Improving the patient journey by 2020.* Under this strategy, the total number of people waiting longer than clinically recommended for an outpatient appointment has reduced from 58,436 at 30 June 2016 to 38,447 as at 1 July 2017.
- Reduction in the number of people waiting more than four years for a specialist outpatient appointment from 994 as at 1 July 2016 to 27 as at 1 July 2017.
- Invested in point-of-care testing devices to enable remote diabetic blood testing, allowing clinicians to assess patient diabetic controls and amend treatment where required. This initiative will assist in reducing the number of long-term complications that develop in patients with poorly controlled diabetes.
- Commenced development of a Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2017–2021. The action plan will outline a set of actions, with clear timelines and responsibilities, to enhance the health system responsiveness to Acute Rheumatic Fever and Rheumatic Heart Disease for Aboriginal and Torres Strait Islander people, and subsequently contribute to improved Indigenous cardiac health outcomes. Acute Rheumatic Fever and Rheumatic Heart Disease remain major burdens for Aboriginal and Torres Strait Islander people, particularly children. Aboriginal and Torres Strait Islander people represent approximately 90 per cent of people in Queensland known to have Rheumatic Heart Disease.

Strategic objective 4—High performance:

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

Performance indicators:

- Collaboratively manage system performance against agreed key performance indicators.
- Purchasing plans are implemented for all strategic priorities to enable delivery and system sustainability.

Utilise data and best available evidence to drive value based purchasing of health services in Queensland.

Key achievements:

- Expected expenditure on blood and blood products for 2016–17 is $103 million.
- Worked with the NBA and other jurisdictions to support national programs to improve the governance and management of government-funded immunoglobulin products for medical conditions where immune replacement or immune modulation therapy is indicated. These included:
  - implementation of a national, online system for requesting, authorising and dispensing immunoglobulin products (BloodSTAR), to provide national consistency in access to products and promote best practice prescribing
  - review of the criteria for access, based on available clinical evidence, to promote appropriate use of products.
- Continued to implement the national reform program to improve organ and tissue donation rates. On 1 July 2016, the department and Metro South HHS implemented the *Strategic Plan to improve organ donation in Queensland 2016* and the *Best practice processes to optimise organ donation for transplantation guideline* across the 11 HHSs funded for organ donation activities.
- In 2016, Queensland had 106 organ donors, a 47 per cent increase on 2015 (72 donors). This was 15 per cent above the target of 92 donors set for Queensland for 2016 by the Australian Organ and Tissue Authority. This resulted in 323 people receiving organ transplants in 2016, compared to 213 in 2015, an increase of 51.6 per cent.
- Developed robust aviation and clinical standards to guide the provision of high quality and consistent health service delivery by our contracted service providers.
- Invested in performance and insight capability to support the timely and equitable access to care from specialist outpatients and elective surgery.

- Developed annual purchasing plan for 2017–18 to support funding allocations to the HHS to maximise clinical and cost effectiveness while meeting needs of the community.
- Expanded the concept of value-based purchasing to a broader program on value-based healthcare.
- Established a steering committee to take the value-based purchasing work forward. Work will continue in 2017–18 to develop a strategy for applying value-based healthcare principles to everyday business in Queensland Health.
- Provided specialist advice and assistance to purchase nonclinical psychosocial and recovery focused mental health services from a NGO for the SUSD facility in Mackay. Mackay HHS and the department identified this service as an immediate need based on available data. Clear and precise specifications of the health services being purchased were developed collaboratively. There was an active management of the procurement process, selection of the most appropriate offer, effective negotiations and a contract with performance measures and outcomes ensure value for money from these health services.
- Developed a new reporting tool to enable HHSs to report on and analyse their procurement spend. The 'Procurement Spend Analytics' tool leverages the existing decision support system to capture spend that results from the flow of goods and services from suppliers through to locations within HHSs. This tool provides a reliable reporting and business intelligence to drive efficiencies and accelerate business performance.
- Undertook modelling to show future health demand to inform allocation of resources across health services throughout Queensland.
- Provided linked data to enable review of readmissions following hip/knee replacement surgery. This review included an audit of all publicly funded surgery in both public and private facilities to monitor safety, quality and value for money.
- In March 2017, Queensland Health released its annual *Aboriginal and Torres Strait Islander Health Closing the Gap Performance Report 2016* (the Report).
    - The Report charts progress in achieving health gains and improving system access for Aboriginal and Torres Strait Islander Queenslanders against a comprehensive suite of the Council of Australian Governments targets and performance indicators including life expectancy and child mortality.
    - Since last year's report child mortality rates continue to decrease, fewer older Aboriginal and Torres Strait Islander Queenslanders are dying from cardiovascular disease, more Aboriginal and Torres Strait Islander women are attending an antenatal appointment in their first trimester, and the number of Aboriginal and Torres Strait Islander women smoking during pregnancy is decreasing.
- In June 2017, Queensland Health released *The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2017* (reference year 2011) *report*. The report provides information about which conditions, age groups, and geographic areas contribute the most to the disease and injury burden experienced by Aboriginal and Torres Strait Islander Queenslanders. The top three contributors to the Aboriginal and Torres Strait Islander burden of disease in Queenslander were mental disorders, cardiovascular disease and diabetes.
- Linked high cost insurance claims to relevant admitted patient episodes, to inform the Queensland Government Insurance Fund premium allocation.

Pathology utilisation

Pathology Queensland is seeking to assist its HHS customers to reduce their pathology costs by reducing the amount of inappropriate and unnecessary pathology testing requested by clinicians.

Pathology Queensland set out to develop an enhanced reporting tool which gives better oversight of pathology ordering practices in each Queensland Health facility and to enable benchmarking of pathology ordering patterns against peer locations.

Pathology Queensland and the Health Support Queensland Finance team created the Pathology Utilisation Management Program, a database of all pathology activity processed by laboratories in the Pathology Queensland network since 2014. This database is updated each night to ensure currency of the data and is accessed via a secure web portal. The web portal provides a number of reports that allow users to benchmark pathology requesting patterns across the state and provides functionality to 'drill-down' into individual data elements in the report, over a user defined time period. Drilling into the data provides visibility of pathology ordering by HHS, Facility, Clinical Unit, Consultant, Requesting Clinician and Test Name. Pathology Queensland has delivered a number of training sessions to HHS Clinical and Corporate management staff in use of the product.

HHS managers now have the facility to review pathology orders generated within their service to allow them to direct their attention to those areas where irregular pathology ordering practices are evident. Managing pathology ordering allows Hospital and Health Services to eliminate inappropriate testing and reduce their pathology costs through sensible and responsible gatekeeping. Pathology Queensland is working with the department and 'Choosing Wisely' to improve utility of the product by developing pathology activity dashboards and enhanced user-defined report content using QlikView. During the 2016–17 financial year HHSs collectively saved more than $850,000 through proactive demand management, which prevents duplication of pathology ordering.

Work collaboratively with service providers to establish agreed targets and outcomes.

Key achievements:

- Led and managed the statewide clinical, operational and contract governance for all retrieval and aeromedical service providers. Working with Royal Flying Doctor Service (RFDS) and Community Helicopter Providers.
- In 2016–17 additional funding was allocated to improve access to specialist outpatients, elective surgery and endoscopy services.
- During 2016–17, there was a focus on improving links between NGO service delivery and performance measurement and reporting across a range of program areas. In particular, service agreements for the Blood Borne Virus and Sexually Transmissible Infections Program and the Women's Reproductive Health Program were renewed and updated in collaboration with NGO service providers to:

  - better reflect the activities being funded and undertaken
  - better link funded activities with reported outputs
  - include relevant, measurable and reportable service-level outcome data, consistent with the Results Based Accountability (RBA) Framework.
- Developed a new pricing framework that reflects the cost of delivering services in each pathology laboratory. This initiative provides customers with greater transparency over their pathology costs and the ability to benchmark those costs with other service providers. The new pricing framework provides HHSs with the mechanism to collaborate with Pathology Queensland to co-design cost-effective services that meets their clinical and financial needs.
- Partnered with 'Choosing Wisely' team at the GCUH to reduce pathology ordering by two per cent despite a 10 per cent increase in patient activity. This initiative demonstrates that proactively managing pathology ordering can lead to real cost saving and can facilitate additional patient services.
- Partnered with ECOLab on new chemicals in order to meet infection control guidelines. This resulted in a reduced cost for services and enabled savings to be passed through to HHSs.
- Continued the Emergency Services Management Committee comprising of department, QAS, HHS and union representatives, to monitor hospital emergency access performance and identify tactical solutions to common issues faced across the health system.
- The QAS, in conjunction with the Metro South HHS, have reviewed and implemented a distribution model to assist with the Mater Adults Hospital initiative.
- The QAS are working with the Metro South HHS to ensure utilisation of the extended operating hours of the Queen Elizabeth Hospital Transit lounge.
- Continued QAS representation on the National Stroke Foundation for the 2016 Guideline Review (Working Party) to ensure appropriate development of pre-hospital specific guidelines aimed at early stroke recognition and referral.
- Continued to provide QAS representation on the National Heart Foundation Australia and Cardiac Society of Australia and New Zealand, to ensure appropriate development of pre-hospital specific guidelines aimed at early heart attack recognition and treatment and/or referral.
- The QAS worked closely with its primary provider of information communication and technology services, the PSBA, to maintain and improve the quality and reliability of QAS's critical communications and other technical systems.

Monitor and manage the performance of all funded organisations across Queensland's public sector health system.

Key achievements:

- Commenced implementation of the National Best Endeavours Data Set for NGO establishments from 1 July 2016. This will deliver a robust data set for monitoring Queensland Health's investment in the mental health community managed sector and create the platform for developing performance indicators to support benchmarking and quality improvement in the areas of psychosocial support.
- Monitored access to public oral health services and published information on public dental waiting lists on the Queensland Health Hospital Performance website. Data includes the number of people waiting for almost every public dental clinic, how long people have been waiting, and the number of patients who recently began dental care.

- Continued the administration and maintenance of the Hospital Performance website which publishes up-to-date data on the activity and performance of a number of health service areas, including EDs, elective surgery, hospital activity, oral health, patient experience, health workforce, healthcare infection rates, specialist outpatients, and radiation services. The website demonstrates Queensland Health's continued practice of ensuring transparency in its activities, and positions us as a leader in health performance reporting. It is designed to maximise transparency around hospital performance to keep communities informed about their local hospital, and to drive improvements within the HHSs.
- Initiated the implementation of a learning management system to enable the workforce to access timely and appropriate clinical training modules relevant to their roles within the retrieval system.
- Used the Performance Framework to deliver a collaborative performance process for the HHSs including regular performance review meetings and monitoring of performance against KPIs. The KPIs support monitoring of performance across a range of areas including access to timely, quality, patient centred care as well as service activity levels and financial performance.
- In 2016–17, the QAS has achieved its target efficiency measure with respect to gross cost per incident, demonstrating efficient and effective management of resources and ensuring value for money is achieved in delivering ambulance services to the Queensland community.
- Monitored the implementation of rural initiatives funded in 2016–17 from a commitment of funds to support the revitalisation of regional, rural and remote services. Over four years, this commitment has delivered over $51 million to support new or expanded health services in rural and regional areas.
- Linked Department of Veterans Affairs, cardholder information to hospital admissions data to audit Department of Veterans Affairs, compensation claims for eligible patients.
- Provided linked data on usage of Queensland hospitals by Medicare ineligible nationals of Papua New Guinea. This is reported annually to the Commonwealth Government to support claims for extra funding for these patients.
- Continued the linkage and supply of linked data to evaluate cardiac services for the Queensland Cardiac Outcomes Registry.

Continuously improve the department's governance and performance to ensure effective health system leadership.

Key achievements:

- Provided safety and quality KPI reports quarterly to HSCEs to assist in monitoring patient safety and quality.
- Liaised with the Commonwealth Department of Health on deployment of iPharmacy version 8.1 to enable hospital pharmacies to continue claiming for Pharmaceutical Benefits Scheme medicines, which ensures the sustainable delivery of patient care.
- Fostered a culture of high performance by implementing a Performance, Capability and Recognition Strategy for the department in May 2017. The performance component of the strategy is underpinned by encouraging managers and employees to engage in regular performance and development conversations.

  These conversations can now be recorded in real time with the introduction of the new online Career Success Planning tool, which is being rolled out to over 2200 users across the department.
- Improved health system planning, decision making and performance by setting a 'risk-in-focus' executive discussion agenda.

- Optimised corporate governance performance by undertaking health checks of governance committees and undertaking an operational review of the Departmental Leadership and System Leadership teams.
- Improved departmental response to fraud risk through focus on prevention and detection through implementation of the Fraud Control Assurance Plan.
- Improved organisational resilience by developing and implementing a Business Resilience Strategy in partnership with key stakeholders.
- Successfully upgraded the Queensland Health Budget Planning Tool for HHSs and departmental divisions, and rolled out an Expense Management System (Promaster) to all HHSs.
- Improved financial processes and controls by establishing a pathway for Financial System Renewal, including commencement of the implementation plan.
- Established the Queensland Health Strategic Procurement Executive Committee (QHSPEC) to set the framework and strategic direction for procurement across Queensland Health. This committee is responsible for driving improved procurement practices and ensures appropriate policy coordination, governance and enabling systems are in place to measure performance and realise value.
- In line with best practice, the QAS conducts an annual review of its governance arrangements including the QAS Board of Management. This helps to ensure organisational governance is contemporary and meets the needs of the organisation in driving performance and ensuring compliance.
- The Commissioner, QAS and other executive team members represent the QAS as members or participants on a range of other governance committees including the Department Leadership Team, System Leadership Team and the PSBA Board of Management.
- To further enhance leadership skills and knowledge, 18 QAS executives and senior managers undertook the Australian Institute of Company Directors course. The course provided a comprehensive grounding in the role and duties of board directors, including effective decision-making, the legal aspects of directorship, financial literacy, risk and strategy. The program was delivered across five days between March–April 2017, and promoted excellence in governance within the QAS.
- Reviewed and progressed changes to the governance for system level planning for health and health services to promote greater transparency and ensure that the right issues receive attention.

Strategic objective 5—Dynamic policy leadership:

Drive service improvement and innovation through a collaborative policy cycle

Performance indicators:

- Responsive policy advice.
- Meet Government expectations regarding the delivery of the legislative program.

Lead a high-performing and agile strategic policy cycle to support system wide and departmental policy outcomes.

Key achievements:

- The department achieved the following for blood management:
  - implemented national governance measures for high cost immunoglobulins
  - contributed to development and implementation of national blood policy strategies and plans to improve efficiency, safety and sustainability of blood supply across Australia
  - coordinated blood supply planning for Queensland
  - reviewed and disseminated tools to support Queensland health facilities to conduct haemovigilance activities.
- Contributed to the development and implementation of policy and programs under the National Reform Agenda relating to organ donation and transplantation. Contributed to a national review of the eye and tissue sector in Australia.
- Contributed to the implementation and review of the national cord blood agenda to enable access to safe, affordable and clinically appropriate cord blood under the national arrangements.
- Released *The health of Queenslanders 2016, Report of the Chief Health Officer Queensland*, a comprehensive report on the health status and burden of disease in Queensland. The release includes the main report, a booklet of HHS results, online statistical tables, and new online data discovery tools to engage the community and provide new mechanisms to communicate population health information.
- Delivered the *Medical Practitioner Workforce Plan for Queensland*, a 10 year plan with key initiatives and deliverables aimed at building, strengthening and growing Queensland's medical practitioner workforce to reflect the health needs of local communities and the changing demographics of Queensland's population. $9.4 million over three years has been committed to progress the initial strategic priorities and associated initiatives identified in the plan, including:
  - the establishment of training positions within undersupplied specialties, enhanced career resources for junior doctors
  - implementation of strategies to augment primary care advanced skills and enhance the distribution of the workforce
  - additional investments to expand and enhance medical education, training and supervision resources for current and potential medical managers, leaders and supervisors.
- Developed the ICT Policy Lifecycle that defines processes and procedures to embed a consistent approach to policy development. The lifecycle defines the governance approval pathways and provides tools and templates.
- Established the ICT & Information Management Policy Community of Practice (CoP) in July 2016 with representatives from all HHSs as well as the Queensland Government Chief Information Office. The purpose of the CoP is to provide a forum to communicate, support and coordinate activities related to ICT Policy across Queensland Health and meets on a quarterly basis.
- Embedded a consistent approach to eHealth policy development and collaborative working relationships to develop and deliver eHealth policies that align to the strategic direction of Queensland Health.

- Six policy documents reviewed:
  - Enterprise Architecture Health Service Directive
  - Enterprise Architecture Policy
  - Print Services Management Standard
  - Use and Purchase of Mobile Phones Standard
  - BYOD Self-Managed Service Standard
  - Use of ICT Services Standard
- 14 policy documents developed:
  - Information Security Standard
  - Information Security External Access Standard
  - Information Security Incident Management Standard
  - ICT System Vulnerability Management Framework
  - ICT Security Patch Management Standard
  - Electronic Approvals Policy
  - Electronic Approvals Guideline
  - Internet Monitoring and Reporting Standard (currently being developed)
  - Digital Portfolio Governance Policy
  - Digital Portfolio Governance Standard
  - Digital Portfolio Governance Health Service Directive
  - ICT Cabling Standard
  - ICT Testing Policy
  - ICT Testing Guideline
- Developed and implemented the procurement framework, guide and snapshot which provides a high-level guide for each phase of the procurement process. It aims to ensure that consistent approaches, processes and procedures are applied to all procurement and contract management activities in line with the Queensland Procurement Policy.
- Provided liaison, coordination and analysis for the NDIS implementation as it relates to the health portfolio. This included providing policy advice to HHSs and escalation of emergent issues to the lead agencies during the phased regional implementation of the NDIS.
- Led Queensland Health's contribution to the 2017–18 State Budget process, resulting in a record $16.554 billion health operating budget–8.4 per cent higher than the previous year.
- Provided advice and support in the negotiations that led to the Addendum to the National Health Reform Agreement, signed by the Premier in April 2017. The agreement will result in significant additional funding for Queensland public hospitals between 2017–18 and 2019–20.
- Reviewed and implemented improvements to the Investment Management Framework—a stage gated project development process aligned to the Queensland Treasury Project Assessment. This framework ensures initiatives requiring capital funding were identified, assessed, prioritised and managed to optimise performance and return on investment.
- Developed a statewide approach to resolving hospital car parking including concessions for disadvantaged patients.

- Delivered a statewide clinical health workforce strategy that identifies the overarching priorities for building the future health workforce for Queensland and informs statewide profession and service specific workforce plans as well as HHS workforce plans. *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026*, offers a strategic pathway for building the system necessary to support, strengthen, and enable the clinical health workforce to deliver sustainable, consumer-centred healthcare into the future.
- Delivered the *Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020*, which outlines priorities to build a sustainable workforce in rural and remote Queensland, to improve health outcomes for Queenslanders in non-urban areas of the state, particularly the Torres and Cape York, North West, Central West, and South West Queensland HHSs. This rural and remote health workforce strategy is a supporting document to the *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026.*
- Released the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026* in November 2016 to drive increasing employment opportunities across all employment streams in health. The framework provides an overarching strategy that guides and supports the development of localised workforce plans for the Aboriginal and Torres Strait Islander health workforce in the Department of Health and HHSs and commits to the Queensland Government's *Moving Ahead 2016–2022* strategy to increase Aboriginal and Torres Strait Islander participation in the workforce to three per cent by 2022.

Ensure legislation portfolio supports health outcomes and addresses contemporary public health risks.

Key achievements:

- In February 2017, Queensland Parliament passed the *Mental Health Amendment Act 2017*, which addressed issues identified during implementation planning for the *Mental Health Act 2016*. The Act amended the *Mental Health Act 2016* to provide a framework for people undergoing mental health assessments and examinations to do so without risk of self-incrimination, and made other clarifying and technical amendments to improve the intended operation of the *Mental Health Act 2016* upon its commencement on 5 March 2017.

  Implementation of the Act was coordinated by the department, with support being provided to each HHS in the lead up to commencement. The new Act has a strong focus on consumer rights and promotes the inclusion of patients and support networks in all mental health treatment and care decisions. Post-commencement support has continued to be provided to the HHSs, as well as other government and non-government services involved in the delivery of mental health services.
- Commenced a process to remake the *Transplantation and Anatomy Regulation 2004*.
- Conducted public consultation on a proposal to regulate certain surgical cosmetic procedures under the *Queensland Private Health Facilities Regulation*.
- The Governor approved amendments to the *Ambulance Service Regulation 2015* which ensures free ambulance transport for members of the Commonwealth Games family, comprising of athletes and team officials, Commonwealth Games Associations and the Commonwealth Games Federation, dignitaries and guests and International Sporting Federations and Technical officials. Free ambulance transport for Commonwealth Games Families will apply, if required, during the 2018 Gold Coast Commonwealth Games.
- In September 2016, Parliament passed the *Health and Other Legislation Amendment Act 2016*. The Act amended the Criminal Code and three health portfolio Acts to support policy initiatives of the Government and to improve the effective operation of the Acts. In particular, the Act amended:

- the Criminal Code to standardise the age of consent for sexual intercourse to 16 years and replace references to sodomy with anal intercourse
- the *Hospital and Health Boards Act 2011* to facilitate GPs having access to the Queensland Health database, The Viewer; and enable more efficient disclosure of confidential patient information for research purposes
- the *Public Health Act 2005* to allow health information relating to deceased patients to be disclosed for research purposes; enable schools to share student information with school immunisation and oral health service providers to improve the uptake of the School Immunisation Program and School Dental Program; and make consequential amendments to reflect changes to the Australian Childhood Immunisation Register
- the *Queensland Institute of Medical Research Act 1945* to facilitate the payment of bonuses to successful discoverers or inventors.

- In October 2016, Parliament passed the most progressive laws in the country in relation to accessing medicinal cannabis. The *Public Health (Medicinal Cannabis) Act 2016* established a regulatory framework to provide a range of pathways for patients to obtain treatment with medicinal cannabis, while also preventing unauthorised use.
- In May 2017, Parliament passed the *Public Health (Infection Control) Amendment Act 2017*, which strengthens the statutory infection control framework for healthcare facilities. The infection control framework applies to facilities performing invasive procedures or procedures which carry the risk of exposure to blood or other bodily fluids. The Act also facilitates more effective investigation and resolution of non-compliance.
- Introduced the *Healthy Futures Commission Queensland Bill 2017* to establish the Healthy Futures Commission Queensland to support the capacity of children and families to adopt a healthy lifestyle, and contribute to reducing health inequity for children and families.
- The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill*, was introduced to Parliament by the Minister for Health and Minister for Ambulance Services on 13 June 2017. The Bill amends the Health Practitioner Regulation National Law (National Law) to provide for the registration of paramedics and improves aspects of the National Law, including allowing immediate action where it is necessary in the public interest. The Commissioner QAS attended and provided information for the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on 27 June 2017, in their discussion of the Bill.

Strategic objective 6—Broad engagement with partners:

Harnessing the skill and knowledge of our partners

Performance indicators:

- The development of a community and consumer strategy.
- Positive feedback from health service partners.

Develop strategic partnerships with providers to deliver health priorities.

Key achievements:

- Engaged the Queensland Centre for Mental Health Research to work with a selected PHN and the associated HHSs to test the application of the draft National Mental Health Service Planning Framework to support integrated local mental health service planning at the PHN and HHS level. The process used in the pilot project demonstrated that development of partnerships through steering committees and consultation strengthens the capacity for findings to be effectively interpreted and subsequently inform planning.
- Provided eligible patients with free access to dental care by maintaining professional service agreements with the UQ, Griffith University and James Cook University (JCU) dental schools.
- Held an inaugural statewide Clinical Excellence Showcase in June 2017 to share and promote examples of clinical excellence, with the goal of driving the take-up of existing and proven models across the state. This not only helps improve the experience and quality of patient care, but grows a portfolio of successful proof of concepts and models to spread across Queensland.
- Coordinated statewide action in response to the international issue of Mycobacterium chimaera (M.chimaera) contaminated heater cooler units and the related risk of exposure to infection post open cardiac surgery. Some of the actions included coordination of a statewide notification process to contact patients considered at high risk of exposure, issuing timely advice to clinicians, collation and monitoring of statewide water samples and hosting a forum to discuss the response.
- Held the Queensland Nursing and Midwifery Symposium—Passionate about Practice, a one-day symposium celebrating nursing and midwifery in Queensland to align with the 2017 International Day of the Midwife and International Nurses Day on 5 May and 12 May 2017 respectively. The symposium included three sessions with the following themes: Practice Innovation, Workforce Sustainability and Professional Practice held as 15 minute 'TED Talk'-style presentations.
- Initiated a Medical Workforce Advisory Group to:
    - facilitate the cooperative collection, analysis and evaluation of data
    - undertake mapping of the workforce to inform modelling and planning at local and state levels
    - identify shortages/surpluses and necessary interventions.
- The inter-jurisdictional working group on poisons control, led by the department was established from the Uniform National Poisons Project under AHMAC, to progress the Decision Regulatory Impact Statement options. The review of Appendix J completes the actions endorsed by AHMAC to achieve national consistency of controls on poisons.
- In 2016–17, the main focus of the AHMAC project was the development of changes to regulatory controls for Schedule 7 poisons in Appendix J under the Standard for Uniform Scheduling of Medicines and Poisons (a national standard). A consultation paper on the proposed controls was developed and released for stakeholder engagement across state and national chemicals regulators and industry. The development of the consultation paper required significant undertaking and collaboration with other jurisdictions to achieve consensus. After consultation has concluded in mid July 2017, the final proposal will be presented for AHMAC consideration in late 2017.
- The Telehealth Emergency Management Support Unit actively developed clinical relationships with telehealth support unit, telehealth coordinators and medical leads, HHSs, RFDS, statewide networks and is seeking out new opportunities to engage with public, private and NGO providers to benefit rural and remote communities.

- Showcased chronic disease prevention initiatives being implemented by HHSs and the department at the Partners in Prevention Forum, held in Townsville in June 2017.
- Supported increased numbers of public hospital inpatients and public dental patients to quit smoking as part of the smoking cessation Quality Improvement Payment, with figures showing:
  - over 7500 smokers identified every month
  - over 4000 smokers receiving brief intervention support every month.
- 1016 health professionals enrolled in the Healthy Lifestyles Online Brief Intervention Training Program, offering maternity and child health and general modules.
- Smoking cessation support was provided to 340 Queensland Health staff under the Quit Smoking…for Life! Program.
- Partnered with Department of Housing and Public Works and Department of National Parks, Sport and Racing to promote healthy lifestyle programs to public housing tenants.
- Engaged with Apunipima Cape York Health Council and community members in developing and implementing community led strategies to reduce availability of unhealthy food and increase smoke free environments in three Indigenous communities—Napranum, Mapoon and Wujal Wujal.
- The Healthcare for Healthy Weight intranet portal was launched, enabling HHSs to create healthier environments for staff and improve care to patients through access to healthy weight guidelines, resources, tools and training.
- Engagement with stakeholders from built environment and apparel industries at a 'Designing Out Skin Cancer' forum hosted by QUT. This partnership will develop and implement a Five Year Action Blueprint for sun protective design in Queensland.
- Led the development of cross-jurisdictional reforms to limit the impact of unhealthy food and drinks on children, under the direction of the COAG Health Council.
- Coordinated regular meetings of the Queensland Immunisation Partnership Group to facilitate communication and consultation amongst key partners regarding the delivery of the National Immunisation Program in Queensland, and develop and sustain the partnership required to deliver the priorities of the *Queensland Immunisation Strategy 2014–2017*.
- Partnered with providers for behavioural assessments, video interviewing and executive search to assess organisational fit in the department's recruitment processes. We have exceeded the target of a 10 per cent increase in use of psychometric assessments of candidates against the department's Cultural Success Factors and Behaviours in recruitment processes. New hire retention rates are reviewed monthly. Exit interview surveys have been developed for implementation in July 2017.
- In March 2017, Queensland Health and the Commonwealth Scientific and Industrial Research Organisation signed a five-year agreement extending the Australian e-Health Research Centre (AEHRC). The AEHRC will continue to develop and deliver evidence-based digital innovations embedding innovation and research at the core of the health system.
- Genomics to improve patient outcomes is rapidly becoming a reality and Queensland is being positioned as a world leader in the translation of genomics research into healthcare practice with a five-year commitment to the QGHA.

  This is a collaboration involving Queensland-based universities and research organisations, the Queensland HHSs network, private health providers, and associated health organisations throughout Queensland. $4.8 million has now been awarded to recipients of the first of three rounds of investment.

These projects will receive funding to demonstrate the use of genomic medicine to diagnose and manage patients with melanoma, lung cancer, infectious diseases and maturity-onset diabetes of the young. The researchers and clinicians intend to show how genomics can provide significant benefits to the diagnosis and management of people suffering from these conditions.

Five projects aimed at building the capability of Queensland's health services to implement genomics to improve the health of Queenslanders will receive $480,000 over 18 months. They will establish infrastructure and capacity in information management, genomic testing innovation, workforce development, ethics, legal and social implications and evaluation of the application of clinical genomics in the Queensland health system

- Continued to coordinate activities to meet commitments outlined in the Strategic Partnership Program with the Samoan Ministry of Health and Department of Foreign Affairs and Trade.
- Continued to build relationships and contracts with non-government organisations, non-profit providers and other third party providers to provide a broad range of accessible healthcare services, including community-based services, for Queenslanders.
- Developed pathology capability to support the delivery of contemporary genomics testing service with:
    - contribution to QGHA funded projects and consultation in state-sponsored genetic testing initiatives
    - collaboration with interstate providers to establish genetic testing 'Centres of Excellence'
    - clinical support for Australian Translational Genomics Centre patients
    - cooperation with the Genomics Steering Committee to provide diagnostic services and assist with their strategic plan and direction
    - partnering with QUT, Metro South HHS and the Translational Research Institute to commission a whole exome sequencing (genomics) service
    - procurement of new gene sequencing technologies
    - recruitment of a specialist genetic pathologist to oversee the clinical aspects of the service.
- The development of new genetic testing services benefits clinicians and their patients by personalising treatments and preventative healthcare strategies to improve patient outcomes.
- Launched several collaborative pathology projects with NSW Health Pathology which will benefit both organisations. Projects include:
    - benchmarking to improve understanding of drivers of efficiency in service delivery and comparative performance of laboratories
    - genomics to foster co-operation between the two organisations in developing and delivering genomics services
    - developed a collaborative approach to the introduction of digital anatomical pathology technology to accommodate routing of cases across the pathology service networks of both states.
- Collaborated to co-design a service model for the new SCUH that focused on reduced pathology costs, clinician demanded diagnostic services and continued high quality patient care. Through comprehensive preparation, collaborative engagement and staff commitment, the transition of pathology services from the Nambour and Caloundra hospitals to the SCUH was seamless.
- Collaborated with the UQ to conjointly appoint an Executive Director of Research to assist with collation and furthering of research goals in Pathology Queensland.

- The QAS made strategic investments to address capacity and flow management issues across the HHS facilities with the aim to better identify and relieve pressure on QAS frontline services. This included working in partnership with HHSs to implement individual winter bed management plans funded under the *Winter Beds Strategy 2016* initiative.
- In partnership with SEQ HHSs, the QAS has implemented a centralised co-ordination hub (SEQ PTS) to streamline and provide oversight for inter facility transfers and medically authorised transports.
- The QAS also worked on projects in line with patient off stretcher performance targets to achieve greater efficiencies and value in our health service delivery.
- The QAS is proactively participating in the implementation of National Registration for Paramedics project and building active partnerships by:
    - maintaining linkages with key stakeholders from Queensland and national agencies in policy development and legislation feedback
    - establishing an advisory steering committee for the implementation of registration for paramedics within QAS
    - forming an interjurisdictional working group to enhance the establishment of national registration across all states and territories.
- The QAS is involved in leading the work on paramedic accreditation issues with the Council of Ambulance Authorities.
- Strengthened partnerships between the QAS, HHSs and the QPS to provide enhanced treatment, and the most appropriate referral pathways for people who may be experiencing a mental health related crisis, through co-response attendances by frontline staff.
- QAS has partnered with Queensland Health Forensic Mental Health Service and the QPS on the Partners in Prevention suicide prevention research project. This is a 2.5 year project, funded by the Queensland Suicide Prevention Health Taskforce, and is due to be finalised in 2019. The project aims to understand and enhance first responses to suicide crisis situations. In addition to this research activity, the agencies will continue to develop collaborations through the Mental Health Coordinator in the QPS Communications Centre in Brisbane, to aid QAS paramedic response to patients experiencing a mental health issue.
- Significant strategic conversations were had which considered the interface between the QAS, QPS, and allied mental health professionals as an all agencies approach. This enabled those with a mental health lived experience, as well as frontline service providers, to share experiences with a view to identifying opportunities to improve outcomes for people with a mental illness, or people experiencing a mental health related crisis. Key issues have been identified and all agencies are now working closely to improve the services being provided to patients experiencing a mental illness or mental health crisis.
- Engaged with key stakeholders to ensure appropriate consideration of future health service requirements in whole-of-government infrastructure policy and planning including:
    - ensured Queensland Health infrastructure priorities were considered and aligned with whole-of-government strategic objectives—State Infrastructure Plan and the Building Queensland Infrastructure Pipeline
    - provided input into the amendment of essential planning legislation amendments and reviewing other agencies' project proposals for impact on Queensland Health facilities
    - facilitation to better coordinate infrastructure development in areas requiring provision of public services by multiple agencies
    - evaluation of health related market led proposals
    - partnered with other Australian health jurisdictions to better plan, procure and manage health capital assets via Australasian Health Infrastructure Alliance membership.

- Engaged with key stakeholders across HHSs to ensure that planning, development and delivery of priority infrastructure proposals meet short and medium term health service needs and timeframes.
- Formalised contractual arrangements for the provision of clinical student placements in Queensland health facilities with 40 Queensland and national universities and education providers. These contracts cover placements from 1 January 2017 through to 31 December 2021.
- The Minister established a committee to oversee Advancing health 2026, and its progress. The committee, chaired by the Minister, includes representatives from across Queensland's health system, research and academia, local government, and health consumers. The committee meets regularly to identify opportunities for collaboration to improve the health of Queenslanders.
- The department holds regular senior level strategic meetings with PHNs and HHSs to enable the identification of collaboration opportunities, particularly in areas that transverse government services such as the response to the increasing use of ice.

Use robust, culturally-appropriate and ethical processes to engage with all partners.

Key achievements:

- Assisted individuals with psychosocial disabilities to receive appropriate psychosocial supports in the community by continuing to collaborate with relevant Queensland Government agencies, community-managed organisations and the NDIS and ensure both NDIS eligible and non-NDIS eligible individuals continue to receive integrated mental health services.
- Identified and established strategic relationships with key mental health service providers, mental health and disability peak organisations, HHSs and other government departments to implement the NDIS. In particular, collaborated with the Department of Communities, Child Safety and Disability Services and the National Disability Insurance Agency to assist individuals with psychosocial disabilities to transition to the NDIS.
- In response to recommendations made in *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* the department convened a cross-sector Domestic and Family Violence Expert Advisory Group (the Advisory Group). The Advisory Group provided guidance and expert advice on the development of a toolkit of domestic and family violence (DFV) resources for the health workforce in Queensland, and the development and implementation of a DFV train-the-trainer program across Queensland. The Advisory Group brought together the department's key partners including HHS clinical leads, consumer representatives, public health networks, the Private Hospitals Association, DVConnect, Check-up, QAS, Queensland Aboriginal and Islander Health Council, Australian College of Midwives and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
- Additional activities have been undertaken to implement the recommendations of the *Not Now, Not Ever: Putting an End to Domestic Violence in Queensland* report as part of the commitment to providing a safe, secure and supportive workplace for employees.

  The department is working towards White Ribbon Australia Workplace Accreditation and has undertaken activities including:

  - held a number of events to raise awareness of White Ribbon, including events hosted by the Director-General and Commissioner QAS, on White Ribbon Day, 25 November 2016
  - developed resources and information to raise awareness of domestic and family violence

- implemented training to managers and supervisors—assisting them in responding to staff affected by domestic and family violence
- shared our policies and new developed tools—ensuring our employees are familiar with the available workplace support if they, or their staff, are affected by domestic and family violence
- members of the DLT signed the Not Now.Not Ever pledge, declaring their commitment to do all they can to eliminate domestic and family violence in Queensland
- Commissioner, QAS signed the White Ribbon Statement of Commitment on behalf of QAS and QAS Senior Executive signed the White Ribbon Oath
- The QAS participated in DFV Awareness Month in May 2017 undertaking a range of awareness activities including personal videos from QAS senior executives.

- In October 2016, the online toolkit of DFV training resources was published on the department's website. The resources consist of two online learning modules with supporting educational resources including booklets, a practice guideline, and the Recognise, Respond, Refer flowchart. To support implementation of these resources the department continued to work collaboratively with HHS nominated representatives in the delivery of train-the-trainer sessions in 29 public and private health facilities around Queensland. Approximately 400 health clinicians participated in the train-the-trainer program, building capacity across the state to deliver locally relevant, face to face DFV training to a broad range of clinicians in both the public and private sectors.

Actively engage with the community to develop statewide health services plans and policies.

Key achievements:

- Engaged with members of the public and key stakeholders in educational forums regarding the implementation of National Registration for Paramedics.
- QAS, in partnership with the HHSs, LACs and health care community providers, is developing community engagement plans through consultation on local solutions and growing demand.
- In developing and launching the *Queensland Ambulance Service Strategy 2016–2021*, the QAS consulted with a range of internal and external stakeholders including the Minister and Director-General, the Queensland Local Ambulance Committee Advisory Council and local stakeholders through the QAS LASN management team.
- Consulted with the community and with providers of services to inform development of plans for Children's Health Services and Neonatal Services across the state.
- Developed the statewide health workforce strategy and rural and remote workforce strategies through a collaborative process with stakeholders. Implementation will allow the sector to respond to current and emerging challenges, and build on the opportunities available through emerging technologies and innovative service models and workforce design. The department engaged with more than 170 stakeholder organisations, 2300 clinical health program students, universities and education providers, health consumers, and the existing health workforce in the strategy's development.
- Entered a formal agreement with Health Consumers Queensland through to June 2018 to support the active engagement of the community in a variety of ways including:
  - providing training to Queensland Health staff to access and use health consumers and carers in timely and appropriate ways
  - undertaking an annual survey of health consumers, carers and Queensland Heath staff

- hosting an annual forum for health consumers, carers and Queensland Health staff to promote and discuss key health consumer and carer issues.

- Established the Queensland Health Consumers Collaborative to drive health system level consumer engagement, facilitate co-design, and improve health outcomes for all. The Collaborative meets quarterly and is comprised of health consumers and senior Queensland Health staff.

Strategic objective 7—Engaged and productive workforce:

Foster a culture that is vibrant, innovative and collaborative

Performance indicators:

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

Enable the workforce to collaborate and innovate in their roles to support continuous improvement.

Key achievements:

- Delivered 15 cohorts of leadership and management development programs to 445 Queensland Health clinicians to support innovative and sustainable healthcare services, and develop leadership skills and business acumen of the next generation. Programs included the Medical Leadership in Action, Emerging Clinical Leaders, Manage4Improvement, Step Up Leadership Program, and Learn2Lead Junior Doctors program.
- Delivered three HHS based clinician leadership and management development consultancies.
- Queensland Clinical Senate and statewide clinical networks continued to guide quality improvement reform and support clinical policy development, emphasising evidence based practice and clinical consensus to guide implementation, optimisation and provision of high quality patient focussed health care.
- Queensland Clinical Senate continued to provide clinician leadership, effective partnerships and collaborations and leading system improvement through supporting the department's overall health strategy and strategic policy development activities.
- In 2016–17, the Queensland Clinical Senate held three meetings on the following topics:
    - In August 2016, the Queensland Clinical Senate held a meeting on 'The Digital Transformation of Health', where 180 senior Queensland clinicians, system leaders, consumers and digital technology experts met to explore the digital opportunities for health.
    - In November 2016, the Queensland Clinical Senate held a meeting on 'Our integration—beyond fragmentation', reconvening a second integrated care meeting where, in addition to showcasing success stories, members and guests worked on identifying systematic changes required to make sure integrated care becomes ingrained in everything we do, in every decision that is made.

- In March 2017, the Queensland Clinical Senate held a meeting on 'Challenges in healthcare', which gave clinicians and health administrators the opportunity to consider issues around medication safety in the digital future and bariatric surgery in the public sector.

- In 2016–17, Statewide Clinical Networks held 20 forums with the aim of connecting clinicians across the state to improve patient outcomes and processes of care for their specific disease streams or specialties.
- Established three new Statewide Clinical Networks:
  - Statewide Persistent Pain Management Clinical Network to implement key priority areas and strategies to improve the delivery of persistent pain management services in Queensland as outlined in the *Statewide Persistent Pain: Service Action Plan 2016–19*.
  - Statewide Gastroenterology Clinical Network to improve the quality, safety, and effectiveness of gastroenterology care and provide expertise, direction and advice in relation to gastroenterology, service planning and emerging issues locally, statewide and nationally.
  - Statewide Digital Healthcare Improvement Network to connect clinicians across Queensland who will drive improved patient care, in the digital environment. The network will assist with prioritisation of the clinical activities occurring through the Digital Hospital Program and function as an innovation hub for digital healthcare improvement. It will provide an opportunity for clinicians to share learnings and spread improvement ideas.
- Improved resources efficiency, process and workplace culture through the development and delivery of a PaperLite strategy that aims to reduce paper and waste, better leverage technology and influence employee behaviours. Continuation of this initiative has been carried through to work practices in the department's new Brisbane CBD premises.
- Improved the end-to-end process of executive correspondence through the implementation of a new electronic Document Management System (eDRMS) within the department.
- Delivered over 60 productivity improvement sessions, with a focus on business productivity tools and collaborative software.
- The completion of an administrative review of the Mental Health Court Registry in December 2016 provided 25 recommendations—all have been implemented or are underway. These actions have resulted in improvements to the operational efficiency of the registry and increased quality of administrative support to the Mental Health Court.
- The Certified Health Informatician of Australasia (CHIA) program acknowledges the expertise and skills of health informatics, eHealth and digital health professionals. They may work in clinical settings, in health ICT or information management roles. CHIA is an industry certification of individuals working in these areas across a broad range of skills and competencies.

  Health informatics is fundamental to the delivery of healthcare. Financial support for up to 100 health professionals to complete digital health certification this year will be provided to build Queensland Health's digital health workforce capacity and capability. The need for skilled health informaticians will only continue to grow as the volume of health information increases, along with our reliance on digital health systems for managing, storing and using health data.

  CHIA is delivered by the Health Informatics Society of Australia in partnership with the Australasian College of Health Informatics and the Health Information Management Association of Australia.

- In June 2017 the Queensland Health Graduate Training Scheme (the Scheme) was established to address an emerging need to build finance and general management capability across Queensland Health. Longer term, this program aims to develop future senior leadership talent across the public healthcare system in Queensland. The Scheme is being established in response to an identified critical workforce shortage.

  HHSs have indicated that there were pockets across Queensland Health where there is a shortage of high quality, post-graduate level personnel to support effective general and financial management, especially in rural and regional areas. Graduates entering this program will accelerate their leadership and technical competencies and career, through the provision of a three-year structured program, giving them unique insight, experience and development to successfully progress into a future leadership role in a HHS.
- 78 staff of HSQ participated in the Manager and Leadership Diploma, Southbank TAFE. The Diploma Program was aligned with HSQ's strategic priority 'develop our people'. The aim of the program was to build on the existing skills and knowledge of front line managers and supervisors to lead and manage more efficiently and effectively.
- HSQ's Blueprint for Excellent People Performance was approved. The Blueprint aims to support HSQ business groups to achieve business priorities through provision of a strategic platform which will enable:
  - strengthening leadership and management capability
  - transitioning to a culture of innovation, high performance and excellence
  - an empowered, engaged and resilient workforce
  - capability and capacity to deliver services and support across all service groups, business lines and professional streams.
- In 2017, the QAS held a range of staff forums to discuss important workforce issues and challenges over the coming years and to listen to opinions on issues raised through the Working for Queensland Employee Opinion Survey. These forums brought together the QAS executives and workforce from across the State and provided the QAS executive team with a better insight of the current workforce concerns, to enable appropriate strategies to be implemented to create a positive and productive workplace culture, consistent with the QAS's strategy.
- The QAS is working to ensure the National Registration for Paramedics project is inclusive of reforms recently enacted by Health Ministers arising from the 2014 NRAS review for health professions, which when paramedics are registered will encourage innovative models of care and closer collaboration with other health cohorts across all jurisdictions.
- Building on its leadership development, the QAS has grown the Classified Officer Development Program to include operational and non-operational staff participating in a collaborative forum. This program invests in the capabilities, leadership and accountability of staff to enable them to perform at their best, feel empowered and supported. A Phase 2 program is offered for returning participants to further expand on their leadership skills. During 2016–17, three Phase 1 and four Phase 2 programs were delivered to 220 participants.
- The QAS LASN Leadership Development Program is an advanced level leadership development opportunity built on the success of the Classified Officer Development Program, specifically tailored for QAS LASN leaders, emerging LASN leaders, and other senior QAS leaders. This is a five day residential program designed to enhance senior QAS leadership capability in the areas of engagement, coaching and performance leadership.

  The program outlines the expectations placed on senior managers regarding culture, values and behaviour by offering a detailed examination of the technical components of performance leadership, and reinforced through the practical application of those principals.

  Two sessions occurred in November 2016 and February 2017 with a total of 26 participants.

- Hosted a statewide Linkage Symposium where staff from Queensland Health and researchers from Queensland universities showcased a number of projects making use of linked data for health service planning and health related research. This Symposium is a yearly event that provides an opportunity to share information about the use of linked data to inform population based health research and health service policy and planning.

Nurses and Midwives Certified Agreement

The *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016* (Nurses and Midwives EB9)—covers nurses who work in Queensland Health and the Department of Education and Training—was certified in the Queensland Industrial Relations Commission on 5 October 2016. The agreement, which expires on 31 March 2018, sees the Nurses and Midwives Implementation Group (NaMIG), overseeing seven workforce enhancement projects during the life of the agreement.

Through the negotiations of the agreement, and in collaboration with representatives from NaMIG, the department is leading the enhancement projects which will reduce the administrative burden on Nurse Unit Managers (NUM) and Midwifery Unit Managers (MUM).

In April 2017, the department distributed $4 million to health services across the state to fund 28 trials of workplace initiatives aimed at addressing the current issues experienced by NUMs and MUMs. In the second half of 2017 a further $8 million will be available for health services seeking funding to implement successful initiatives.

To further progress this important work, the department will hold two NUM/MUM summits, one in Brisbane and another in Townsville in October 2017. The summits provide an opportunity for NUMs and MUMs from across Queensland to come together and share progress on workplace initiatives, work towards developing a framework for NUMs and MUMs and to network and communicate about their work experience with their colleagues from other HHSs.

Outside of the workforce enhancement projects, Nurses and Midwives EB9 provides a commitment to recognise the skill of Queensland Health's enrolled nurse workforce by converting 228 enrolled nurse positions (Nurse Grade 3) to enrolled nurse advanced skill (Nurse Grade 4). This process has now commenced across the state.

Set system-wide employment arrangements underpinning an efficient and sustainable healthcare system.

Key achievements:

- Funded and implemented 11 two-year allied health rural generalist training positions in rural and remote health services to support the development of service capabilities in these areas.
- Completed negotiation and certification of:

- *Nurses and Midwives (Queensland Health and the Department of Education and Training) Certified Agreement (EB9) 2016*.
- *Building and Engineering Maintenance Services Agreement (No.6) 2016 (BEMS6).*
- *Health Practitioners and Dental Officers (Queensland Health) Agreement (No.2) 2016 (HPDO2).*
- *Queensland Health Public Sector Agreement (EB9) 2016.*

- Implementation of the BEMS6, HPDO2 and EB9 will commence in the 2017–18 financial year.
- HSQ's Strategic Procurement underwent a significant transformational change in implementing a new procurement operating model to deliver a greater end-to-end customer value. As part of embedding the procurement operating model, substantial investment was made in the people capability to enable the delivery of a strategic procurement service, greater commercial outcomes and further evolve the maturity of the function overall.
- The National Registration for Paramedics project will allow employment to have enhanced governance arrangements in place and higher level of consistency and portability across the country.
- The QAS set a number of system-wide employment arrangements including:
  - undertook an independent, co-funded remuneration inquiry of pay and conditions for ambulance officers in conjunction with United Voice Queensland
  - reviewed and updated the Human Resources policy/procedure framework to ensure consistency with the new *Industrial Relations Act 2016*
  - reviewed its recruitment processes to ensure that all frontline and supervisory appointments are made with fairness and transparency across the service
  - undertook a review of the Critical Care Paramedic Intern Program to ensure efficacy and fairness across the program from recruitment to completion.

Ensure that the workforce has the required tools and the right physical and cultural environment to meet the needs of our customers.

Key achievements:

- Supported mental health clinicians in HHSs and funded NGOs with NDIS readiness workshops and an NDIS Information Pack and tools based on a mental health client's journey through the NDIS. This training assists clinicians to support mental health clients, their carer's and/or other service providers to transition to the NDIS.
- Partnered with JCU and QUT on the development and implementation of the Rural Generalist Program for early career allied health professionals.
- Expanded and enhanced the established department leadership programs to support the professional development of current and potential medical managers, leaders and supervisors.
- The department led the development of the *Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022*, which provides a framework for our workplace diversity and inclusion agenda and supports our goals of having an engaged workforce and being employer of choice.

Through this strategy, each hospital and health services has set diversity targets for their own workforces and endorsed a set of principles, focus areas and priority groups as part of an agreed diversity and inclusion agenda for the next five years. The seven priority groups are women, Aboriginal and/or Torres Strait Islander people, people with a disability, people from non-English speaking backgrounds, young people, mature aged people, and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.

The department also finalised a *Workforce Diversity and Inclusion Action Plan 2017–2018* that mirrors the principles, focus areas and priority groups from the strategy and details foundational actions that will be achieved in the strategy's first year of implementation.

- As part of the of the Performance, Capability and Recognition, Capability Development Framework (Lead, Perform, Learn) programs were implemented that included mentoring, integrated leadership and management programs, and monthly learning events.
- The department's 2017 MentorMe program—which is designed to build the capability of aspiring employees within the department through exposure to senior level mentors in the organisation—was launched in March with 22 mentors and 23 mentees participating.
- Two cohorts of the Next Generation program were run in 2017 with 38 participants—targeting high performing senior leaders to build their capability and develop to executive level roles. The program aims to create a succession pool with interest in the program far exceeding available places.
- Monthly learning events on the Training Calendar enabled all employees to access capability development initiatives in the form of workshops, seminars and short courses, with 71 programs run and more than 1000 participants undertaking development opportunities.

  In addition to the local initiatives implemented, the department has:

  - developed and implemented the Performance Capability and Recognition Strategy to articulate our approach to drive better business outcomes through performance, capability and recognition
  - implemented the 'Influencing Behaviours for Success' program to upskill middle managers
  - undertook a capability needs analysis survey in October 2016 which has informed monthly training calendar initiatives for the next 12 months
  - utilised agency specific questions to produce the first measure of the department's five cultural success factors (connectedness, capability, clarity, performance, and respect).
- A Contemporary Workspace Program has been established to deliver a flexible, modern ICT platform for Queensland Health. A platform that enables increased user collaboration and productivity and a simpler, more efficient model to keep the workspace current.
- Established a Workplace Equity and Harassment Officer (WEHO) network with 50 active members across the state. The WEHOs are fellow employees who have volunteered to provide a confidential source of information on a wide range of workplace-related issues including harassment, bullying, discrimination, and equity matters.
- The inclusion of paramedics in the NRAS will provide a comprehensive level of governance and a recognised gold-standard suite of public safety measures, ensuring the full complement of support measures which is incorporated in the National Scheme, is available to paramedics.
- Commissioned 170 new and replacement ambulance vehicles in 2016–17 as part of a rolling vehicle replacement program, critical to ensuring quality frontline ambulance services.
- Continued the rollout of the new power assisted stretchers with ambulance vehicles. These stretchers have provided an enhanced platform for paramedics, and have assisted in improving patient and officer safety.

- The QAS undertook a review of LARU and PTS vehicles, and associated equipment based on staff feedback, resulting in the delivery of the redesigned twin power assisted stretcher PTS vehicle, and LARU vehicle.
- In accordance with the recommendations of the Paramedic Safety Taskforce, the QAS completed refresher training for ambulance officers in situational awareness to reduce the potential impact of occupational violence of paramedics.
- Redesigned the QAS On-Road Uniform, and Operations Centre Uniforms based on staff feedback, and commenced distribution using the online Total Apparel Management System.
- Increasing the diversification of the QAS workforce to match that of community populations through focussed Indigenous paramedic recruitment within the Townsville, Central Queensland, Wide Bay, South West, North West, Torres and Cape, Cairns and Hinterland, Sunshine Coast and West Moreton LASNs. In addition to this, there were focused CALD paramedic recruitment processes, in the Metro South LASN.
- Developed a complex predictive model based on linked data to identify Queenslanders who have utilised a public facility who may benefit from enrolment in the Nurse Navigator program. The data produced from this model has been disseminated to all participating Nurse Navigator facilities throughout Queensland.
- To ensure policy makers, service planners, and HHS practitioners' have access to high quality research evidence, various data dashboards on topics of particular interest such as Indigenous KPIs, injuries, available beds, admissions, and perinatal clinical indicators were developed and published on QHEPS for all Queensland Health staff to utilise. Various How2 videos were also produced to give staff the skills to utilise these dashboards.

Service Delivery Statements

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

Department of Health

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

Queensland Health Corporate and Clinical Support	Notes	2016-17 Target/Est.	2016-17 Actual
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance	1	95%	98%
Percentage of correct, on time pays	2	97%	96.5%
Percentage of calls to 13HEALTH answered within 20 seconds	3	80%	80.6%
Percentage of ICT availability for major enterprise applications:	4		
• Metro		99.8%	99.9%
• Regional		95.7%	99.9%
• Remote		92%	99.8%
Percentage of all high level ICT incidents resolved within targets defined in the Service Catalogue	5	80%	91.5%
Percentage of initiatives with a status reported as critical (Red)	6	<20%	8.8%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators	7	100%	100%

Notes:

1. This service standard shows the percentage of projects delivered within scope, budget and time allocations. 48 projects and one program of work were completed in the 2016–17 financial year. Based on available data, 98 per cent of the projects were completed on time and within budget and to agreed scope and quality.
2. The 2016–17 Target/Est. and Actual data represent a combination of the number of underpayment payroll enquiries received and the number of overpayments identified each fortnight divided by the number of employee pays processed. This was based on an average across the last six pay periods for the year of reporting. The average for the entire year was 96.7 per cent.
3. Funding and human resources is calculated to achieve the performance indicator of 80 per cent of calls answered in 20 seconds. This is internationally recognised as a suitable target/grade of service for health call centres. The 2016–17 Actual figures are based on actual performance from 1 July 2016 to 30 June 2017.
4. This is a measure of the availability, continuity and access ICT services via Queensland Health's Wide Area Network service across the State. The 2016–17 Actual figures are based on actual performance from 1 July 2016 to 30 June 2017.
5. This is a measure of the ICT incidents resolved within recommended timeframes as per the Service Level Agreement between eHealth Queensland and its customers. Major incidents related to eHealth Queensland services resolved by eHealth Queensland staff between 1 July 2016 and 30 June 2017 have been included in the 2016–17 Actual figure.
6. This service standard is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' status, divided by the total count of initiatives reported. The 2016-17 Actual figure is an end of financial year actual figure based on the most current dataset, which excludes red initiatives with active short-term remediation activities.
7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.

Acute Inpatient Care

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

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	1	<2	0.8
Percentage of elective surgery patients treated within clinically recommended times:	2, 6		

• Category 1 (30 days)		>98%	98%
• Category 2 (90 days)		>95%	96%
• Category 3 (365 days)		>95%	99%
Median wait time for elective surgery (days):	3, 6		
• Category 1 (30 days)		..	12
• Category 2 (90 days)		..	49
• Category 3 (365 days)		..	162
• All categories		25	32
Percentage of admitted patients discharged against medical advice:	4		
• Non-Aboriginal and Torres Strait Islander patients		0.8%	1.0%
• Aboriginal and Torres Strait Islander patients		1%	2.9%
Number of elective surgery patients treated within clinically recommended times:	5, 6		
• Category 1 (30 days)		New measure	50,032
• Category 2 (90 days)		New measure	53,867
• Category 3 (365 days)		New measure	35,690
Average cost per weighted activity unit (WAU) for Activity Based Funding facilities	7, 8	$4831	$4776
Total weighted activity units – Acute Inpatients	7, 9	1,100,647	1,228,877

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Est. for this service standard aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days for each jurisdiction. The 2016–17 Actual figures are based on actual performance from 1 July 2016 to 31 March 2017.

2. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the recommended timeframe for each urgency category. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.

3. This is a measure of effectiveness that reports on the number of days for which half of all patients waited before undergoing elective surgery. There is no national benchmark target for this service standard in Categories 1, 2 and 3. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.

4. The 2016–17 Actual figures are based on data for the period 1 July 2016 to 30 June 2017 (these data are still preliminary). The department is continuing to work with HHS and other stakeholders to address high rates of discharge against medical advice for Aboriginal and Torres Strait Islander patients.

5. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.

6. Elective surgery volumes are based on patients treated within a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities.

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

8. This service standard reflects the activity based funding less Clinical Education and Training and Specified Grants. It includes Activity Based Funding facilities only (excludes Central West, South West and Torres and Cape HHSs) and excludes Mater Health Services.

9. For 2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5).

Outpatient Care

Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

Queensland Health consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1, 2		
Category 1 (30 days)		65%	64%
Category 2 (90 days)		55%	64%
Category 3 (365 days)		75%	93%
Percentage of specialist outpatients seen within clinically recommended times:	2, 3		
Category 1 (30 days)		New measure	83%

Category 2 (90 days)		New measure	69%
Category 3 (365 days)		New measure	83%
Number of non-admitted patient telehealth service events	4	New measure	70,155
Total weighted activity units (WAUs) – Outpatients	5	304,777	317,978

Notes:

1. This is a measure of effectiveness that shows the percentage of patients who are waiting to have their first appointment (from the time of referral acceptance) with the health professional in an outpatient clinic, within the clinically recommended time. The 2016–17 Actual figures are for patients waiting as at 1 July 2017.
2. Specialist Outpatient volumes of waiting and treated are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities.
3. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.
4. This service standard tracks the growth in non-admitted patient (outpatient) telehealth service events. These services support timely access to contemporary specialist services for patients from regional, rural and remote communities. The 2016–17 actual figures are for the period 1 July 2016 to 30 June 2017 (note: this data is preliminary and subject to change). This service standard was previously reported as 'Number of Telehealth outpatient occasions of service' in the 2017–18 Service Delivery Statement and is otherwise the same measure.
5. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. For 2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5).

Emergency Care

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

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	1	>80%	76%

Percentage of emergency department patients seen within recommended timeframes:	2		
• Category 1 (within 2 minutes)		100%	99%
• Category 2 (within 10 minutes)		80%	73%
• Category 3 (within 30 minutes)		75%	61%
• Category 4 (within 60 minutes)		70%	74%
• Category 5 (within 120 minutes)		70%	92%
• All categories		..	71%
Percentage of patients transferred off-stretcher within 30 minutes	3	90%	80%
Median wait time for treatment in emergency departments (minutes)	4	20	18
Total weighted activity units (WAUs) – Emergency Department	5	228,430	247,042

Notes:

1. This is a measure of access and timeliness of emergency department services. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.
2. A Target/Est. for percentage of emergency department patients seen within recommended timeframes is not included in the 'All Categories' as there is no national benchmark. The 2016–17 Actual figures are based on the 58 facilities that are in scope of the Queensland Health Emergency Data Collection are for the period 1 July 2016 to 30 June 2017.
3. Off-stretcher time is defined as the time interval between the ambulance arriving at the Emergency Department and the patient transferred off the QAS stretcher, and thus, is an indicator of the effectiveness of the relationship between Emergency Departments and Ambulance Services. Quicker off-stretcher times assist with enabling quicker treatment and ensure ambulances are available to respond to urgent incidents. Compared with the same period last year, there has been an increase in QAS Code 1 & 2 patient presentations, particularly in South East Queensland HHSs, including Metro North and Metro South HHSs. This service standard is inclusive of major Queensland Health Reporting Hospitals only.
4. This service standard indicates the amount of time for which half of all people waited in the emergency department (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017.
5. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2016–17 Target/Est. figures are based on the 2016–17 Final Round Service Agreements Contract Offers. All activity is reported in the same phase, Activity Based Funding (ABF) model Q19. For

2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5).

Sub and Non-Acute Care

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

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Total weighted activity units (WAUs) – Sub Acute	1	97,684	116,025

Notes:

1. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2016–17 Target/Est. figures are based on the 2016–17 Final Round Service Agreements Contract Offers. All activity is reported in the same phase, ABF model Q19. For 2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5).

Mental Health and Alcohol and Other Drug Services

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

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	1		
• Aboriginal and Torres Strait Islander		<12%	17.8%
• Non-Aboriginal and Torres Strait Islander		<12%	13.8%
Rate of community follow up within 1-7 days following discharge from an acute mental health inpatient unit	2		

• Aboriginal and Torres Strait Islander		>65%	62.0%
• Non-Aboriginal and Torres Strait Islander		>65%	62.2%
Percentage of the population receiving clinical mental health care	3	>1.9%	2.0%
Ambulatory mental health service contact duration (hours)	4	>977,318	859,599
Total weighted activity units (WAUs) – Mental Health	5	111,157	156,619

Notes:

1. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. It is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard has been disaggregated into Aboriginal and Torres Strait Islander and Non-Aboriginal and Torres Strait Islander to align with the *Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021*. Data provided is for the period 1 July 2016 to 31 May 2017—however remains preliminary until final validation and data updates occur by the end of the calendar year.
2. Queensland has made significant progress in improving the rate of community follow up over the past five years. Increased pressure on community and inpatient mental health services has seen increases in readmission rates and is impacting the rate of community follow up. This service standard has been disaggregated into Aboriginal and Torres Strait Islander and Non-Aboriginal and Torres Strait Islander to align with the *Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021*. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017—however remains preliminary until final validation and data updates occur by the end of the calendar year.
3. This service standard provides a mechanism for monitoring population treatment rates and assessing these against what is known about distribution of mental disorder in the community. It is the proportion of the Queensland population accessing a public mental health service over the estimated Queensland population for 2017. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017—however, remains preliminary until final validation and data updates occur by the end of the calendar year.
4. This service standard counts the number of in-scope service contact hours attributable to each HHS, based on the national definition and calculation of service contacts and duration. It is important to note that not all activity of ambulatory clinicians is in-scope for this service standard, with most review and some service coordination activities excluded. In addition, improvements in data quality have contributed to the result, with the data more accurately the reflecting way in which services are delivered. The Target/Est. for this service standard is determined using a standard formula based upon available clinical staffing, HHS rurality, and historical performance. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017—however remains preliminary until final validation and data updates occur by the end of the calendar year.

5. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2016–17 Target/Est. figures are based on the 2016–17 Final Round Service Agreements Contract Offers. All activity is reported in the same phase, ABF model Q19. For 2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5).

Prevention, Primary and Community care

These services are provided by a range of healthcare professionals in socially appropriate and accessible ways and include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning and self-management support.

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Percentage of the Queensland population who consume recommended amounts of:	1		
• Fruits		58.1%	57.3%
• Vegetables		8.2%	6.8%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:	1		
• Persons		59.2%	61.3%
• Male		62.2%	65.3%
• Female		55.1%	57.3%
Percentage of the Queensland population who are overweight or obese:	1		
• Persons		56.8%	59.0%
• Male		65.7%	67.2%
• Female		48%	50.8%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:	1		
• Persons		21.6%	21.1%
• Male		32.3%	31.5%
• Female		11.8%	11.0%

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
Percentage of the Queensland population who smoke daily:	1		
• Persons		11.6%	11.9%
• Male		12.6%	13.5%
• Female		11.6%	10.5%
Percentage of the Queensland population who were sunburnt in the last 12 months:	1		
• Persons		51%	55.8%
• Male		55.9%	60.9%
• Female		45.1%	50.7%
Annual notification rate of HIV infection	2	4	4.1
Number of rapid HIV tests performed	3	4,500	5,686
Vaccination rates at designated milestones for all children:	4		
• 1 year		95%	94.2%
• 2 years		95%	92.1%
• 5 years		95%	93.9%
Percentage of target population screened for:	5		
• Breast cancer		57.7%	56.6%
• Cervical cancer		54.4%	54.8%
• Bowel cancer		37%	38.1%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	6	56.3%	54.8%
Ratio of potentially preventable hospitalisations (PPHs) - Rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	7, 8	1.8	1.8
Percentage of women who, during their pregnancy were smoking after 20 weeks:	9		

Queensland Health Consolidated	Notes	2016-17 Target/Est.	2016-17 Actual
• Non-Aboriginal and Torres Strait Islander women		7.7%	7.6%
• Aboriginal and Torres Strait Islander women		34.7%	39.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation:	9, 10		
• Non-Aboriginal and Torres Strait Islander women		New measure	96.4%
• Aboriginal and Torres Strait Islander women		New measure	90.1%
Percentage of babies born of low birth weight to:	9, 10, 11		
• Non-Aboriginal and Torres Strait Islander mothers		4.6%	5.3%
• Aboriginal and Torres Strait Islander mothers		7.8%	10%
Percentage of public general dental care patients waiting within the recommended timeframe of two years	12	95%	100%
Percentage of oral health weighted occasions of service which are preventative	13, 14	15%	16%
Number of adult oral health weighted occasions of service (ages 16+)	14, 15	2,150,000	2,852,726
Number of children and adolescent oral health weighted occasions of service (0–15 years)	14, 16	1,300,000	1,257,359
Total weighted activity units (WAUs) – Prevention and Primary Care	17	48,965	55,164

Notes:

1. Queensland Health's investment in prevention strategies aims to reduce this risk through healthy behaviour change. The 2016–17 Target/Est. is based on an estimated improvement in the indicator. The 2016–17 Actual figures indicate results in the 2016 Preventive Health Survey.
2. The annual notification rate of HIV infection is an estimate of the number of notifications of HIV per 100,000 population. The 2016–17 Actual rate has been calculated using the number of HIV cases diagnosed from 1 July 2016 to 30 June 2017 based on data available as at 4 August 2017. The denominator used to calculate the rate is the 2015 Estimated Residential Population.

3. The 2016–17 Actual figures are based on actual performance from 1 July 2016 to 30 June 2017. This number is higher than previous estimates because of an increased uptake in the community sector, where the tests are largely performed by peers.
4. The presentation of this service standard has been amended to align with current targets in the *Queensland Immunisation Strategy 2014–17* (updated October 2015). The 95 per cent target is aspirational and aligns with the Immunisation Strategy. The 2016–17 Actual figures are based on actual performance from 1 July 2016 to 30 June 2017.
5. The 2016–17 Actual is based on the 2014–15 biennial period for breast, cervical and bowel cancer screening (the last screening round for these programs). The breast cancer screening 2016–17 Actual is based on participation for the expanded target age range of women 50-74 years which is slightly lower than the previously reported participation rate for women aged 50-69 years.
6. The 2016–17 Actual figures are based on actual performance from 1 July 2015 to 30 June 2016.
7. PPHs are hospitalisations that could potentially have been avoided with "better" care or access to care outside the hospital inpatient setting. The 2016–17 Target/Est. is based on the *Closing the Gap* trajectory to achieve PPH parity with other Queenslanders by 2033.
8. The 2016–17 Actual figures are for the period 1 July 2016 to 30 June 2017. This is an effectiveness measure as it provides support and evidence on the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2015–2018*.
9. The 2016–17 Actual figures are for the period 1 July 2016 to 31 May 2017.
10. This service standard reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies. This service standard has been moved from the Acute Care Service Area as it measures the effectiveness of antenatal care services (including healthy food choices, general health promotion and smoking cessation services that help babies' birth weight to increase to a more healthy weight) and it is more suitable for the Prevention, Primary and Community Care Service Area.
11. This service standard has been moved from the Acute Care Service Area as it measures the effectiveness of antenatal care services (including healthy food choices, general health promotion and smoking cessation services that help babies' birth weight to increase to a more healthy weight) and it is more suitable for the Prevention, Primary and Community Care Service Area.
12. The 2016-17 Actual figure is for the period 1 July 2016 to 30 June 2017.
13. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits.
14. An oral health Weighted Occasion of Service is a measure of activity and provides a common unit of comparison for oral health services so that occasions of service can be measured consistently, regardless of their complexity. The 2016–17 Actual figure is for the period 1 July 2016 to 30 June 2017.
15. The 2016–17 Actual is over target due to additional investments in 2016–17 anticipated under the new NPA funding together with Metro North-University of Queensland Oral Health Centre (UQ OHC) and Medicare payments claimed directly by HHSs under the Child Dental Benefits Schedule (CDBS).

16. The 2016–17 Actual is below target in part due to the Medicare CDBS which has reduced demand for child and adolescent oral health services by allowing eligible children to receive free basic dental treatment at private dentists.
17. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2016–17 Target/Est. figures are based on the 2016–17 Final Round Service Agreements Contract Offers. All activity is reported in the same phase, ABF model Q19. For 2016–17, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 covers July 2016 to June 2017, as published in the Service Delivery Statement (Budget Paper 5). 'Total WAUs—Prevention and Primary Care' is a new measure for the Service Delivery Statement, however, it has been included in the HHS Service Agreements since 2016–17.

Ambulance services

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

Queensland Ambulance Service		Notes	2016-17 Target/Est.	2016-17 Actual
Time within which code 1 incidents are attended:		1, 2, 3, 4		
• 50th percentile response time (minutes)	Code 1A	5	8.2	7.5
	Code 1B		8.2	8.6
	Code 1C		8.2	8.9
• 90th percentile response time (minutes)	Code 1A	6	16.5	14.0
	Code 1B		16.5	16.4
	Code 1C		16.5	17.2
Percentage of Triple Zero (000) calls answered within 10 seconds		7	90%	91.9%
Percentage of non-urgent incidents attended to by the appointment time		3, 8	>70%	81.9%
Percentage of patients who report a clinically meaningful pain reduction		9	>85%	88.3%
Patient satisfaction		10, 11	>97%	98%
Gross cost per incident		3, 12, 13	$652	$649

Notes:

1. Code 1 incidents are potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and/or siren) en-route. Code 1 incidents are prioritised as:
   - 1A – Acute time critical, where a patient presents with abnormal or absent vital signs;
   - 1B – Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration; or
   - 1C – Potential time critical, where a patient does not present with a pattern of injury or significant illness, but has a significant mechanism of injury or past history that indicates a high potential for deterioration.
2. Previous reporting periods rolled up Code 1 incidents (A, B, and C) in a single reporting line for the 50th and 90th percentiles. To bring greater transparency to this area of service delivery, this service standard has been expanded. Code 1 incident performance has been unbundled to demonstrate the QAS prioritises and meets performance expectation for those patients in critical need of a response.
3. An incident is an event that results in one or more responses by the ambulance service.
4. The QAS has responded to an additional 14,651 Code 1 incidents in 2016–17, representing a 4.28 per cent increase on 2015–16 Code 1 incidents. This increased demand for service has affected the ability of the QAS to meet *Service Delivery Statement* response time targets in some areas. The QAS prioritises and meets performance expectations for those patients in critical need of a response. Code 1A incidents have increased by 6.44 per cent over the same financial year periods. Code 1B response times are outside the *Service Delivery Statement* response time targets at the 50th percentile due to a 5.28 per cent increase in total Code 1B incidents over the same financial year periods. Code 1C response times are outside the *Service Delivery Statement* response time targets at the 50th and 90th percentile due to a 3.74 per cent increase in Code 1C incidents over the same financial year periods.
5. This service standard reports the time within which 50 per cent of the first responding ambulance resource arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations. The 2016–17 Actual figures are based on performance from 1 July 2016 to 30 June 2017.
6. This service standard reports the time within which 90 per cent of the first responding ambulance resource arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations. The 2016–17 Actual figures are based on performance from 1 July 2016 to 30 June 2017.
7. This service standard reports the percentage of Triple Zero (000) calls answered by QAS operations centre staff in a time equal to or less than 10 seconds. The 2016–17 Actual figure is based on performance from 1 July 2016 to 30 June 2017.
8. This service standard reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for a designated appointment, or are met for returned transport within two hours of notification of completion of an appointment (Code 4). The 2016–17 Actual figure is based on performance from 1 July 2016 to 30 June 2017.

9. Clinically meaningful pain reduction is defined as a minimum two point reduction in pain score from first to final recorded measurement. Includes patients 16 years of age and over who received care from the ambulance service, which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre and post-treatment) were recorded and, on a numeric rating scale of one to 10, the initial pain score was at least seven. The 2016–17 Actual figure is based on data collection period of 1 July 2016 to 30 June 2017.
10. This is the total number of patients who were either ‘satisfied’ or ‘very satisfied’ with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities (CAA).
11. The figure included in the 2016–17 Actual column is the estimated Patient satisfaction percentage. At the time of production of this report, the survey results for 2016-17 had not been finalised by the CAA.
12. This measure reports ambulance service operating expenditure divided by the number of incidents.

Our governance

Government bodies

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

Government bodies (statutory bodies and other entities)	Act	Functions	Achievements	Remuneration	No. of scheduled meetings / sessions	Total out-of-pocket expenses	Financial reporting
Mental Health Court	The Mental Health Court is required to prepare its own annual report. Details can be found in the Mental Health Court's annual report 2016–17.						Financial transactions are included in the Department of Health's annual report 2016–17.
Mental Health Review Tribunal	The Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the Mental Health Review Tribunal's annual report 2016–17.						Financial transactions are included in the Department of Health's annual report 2016–17.
Radiation Advisory Council	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the Radiation Advisory Council's annual report 2016–17.						Financial transactions are included in the Department of Health's annual report 2016–17.
Queensland Mental Health Commission	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's annual report 2016–17.						

Government bodies (statutory bodies and other entities)	Act	Functions	Achievements	Remuneration	No. of scheduled meetings / sessions	Total out-of-pocket expenses	Financial reporting
Queensland Mental Health and Drug Advisory Council	The Queensland Mental Health and Drug Advisory Council support the Queensland Mental Health Commission, and details can be found in the Queensland Mental Health Commission's annual report 2016–17.						
Hospital and Health Services (16)	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs' respective annual reports 2016–17.						
Hospital Foundations (14)	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual reports 2016–17.						
Council of the QIMR Berghofer Medical Research Institute (QIMR)	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR's annual report 2016–17.						
Office of the Health Ombudsman	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's annual report 2016–17.						
Panels of assessors (14)	Full details provided in the tables that follow.						
Queensland Boards of the National Health Practitioner Boards	Full details provided in the tables that follow.						

Name of government body: Queensland Boards of the National Health Practitioner Boards comprising the Queensland Board of the Medical Board of Australia; the Queensland Board of the Nursing and Midwifery Board of Australia; and the Queensland Board of the Psychology Board of Australia.

Act or instrument	*Health Practitioner Regulation National Law Act 2009* ('the Act')
Functions	On behalf of the National Health Practitioner Boards, the Queensland Boards' functions include making individual registration and notification decisions regarding health practitioners based on national policies and standards.
Achievements	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2016–17.
Financial reporting	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2016–17.

Remuneration

The Australian Health Workforce Ministerial Council sets the fees for Board members in accordance with Schedule 4, section 3 of the Act. The following rates were effective from 1 July 2016:

Role	**Daily sitting fee (more than 4 hours day)****	**Extra travel time**	
		Between 4-8 hours	**Over 8 hours**
Board Chair	$765	$383	$765
Board Member	$627	$314	$627

** includes preparation and up to four hours travel time. For meetings less than four hours, half fee payable

Actual fees received	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2016–17.
No. scheduled meetings/sessions	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2016–17.
Total out of pocket expenses	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2016–17.

Name of government body Professional Panels of Assessors comprising the Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors; Chinese Medicine Practitioners Panel of Assessors; Chiropractors Panel of Assessors; Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors; Dentists Panel of Assessors; Medical Practitioners Panel of Assessors; Medical Radiation Practitioners Panel of Assessors; Nursing and Midwifery Panel of Assessors; Occupational Therapists Panel of Assessors; Pharmacists Panel of Assessors; Physiotherapists Panel of Assessors; Podiatrists Panel of Assessors; and Psychologists Panel of Assessors and Public Panel of Assessors (collectively, 'Panels of Assessors')	
Act or instrument	*Health Ombudsman Act 2013* ('the Act')
Functions	The Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration.
Achievements	Assessors provided expert advice to QCAT in 44 matters contributing to QCAT's achievement of 104 per cent clearance rate in its Occupational Regulations List.
Financial reporting	The Panels of Assessors' financial transactions are not included in the Department of Health's annual report 2016–17 as their transactions are funded by the Australian Health Practitioner Regulation Agency.
Remuneration Adjudication and Determination—Category Level 1—$613.8 per four hour session per member.	
Actual fees received	$82,344.79 (fully recovered from the Australian Health Practitioner Regulation Agency)
No. scheduled meetings/sessions	36
Total out of pocket expenses	Nil (fully recovered from the Australian Health Practitioner Regulation Agency).

Boards and committees

Description	Total on-costs
Advancing health 2026 Oversight Committee The committee monitors actions under *Advancing health 2026.* It provides advice to the Minister for Health and Minister for Ambulance Services, on opportunities for collaboration between all sectors of Queensland's health system and progress made to achieve *Advancing health 2026* headline measures of success, to achieve our vision of making Queenslanders among the healthiest people in the world by 2026. The Committee's first meeting was held in November 2016 and continues to meeting quarterly. Terms of reference have been agreed and monitoring progress toward achieving our vision has begun.	$1700.30
Mount Isa Lead Health Management In 2012, the Minister for Health established the Mount Isa Lead Health Management Committee (MLHMC). The committee is chaired by the Chief Health Officer and comprises representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa Hospital and Health Service. The primary function of the MHLMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa. In 2015, the scope of the MLHMC was expanded to include other airborne contaminants such as sulphur dioxide and arsenic. Key achievements 2016–17: • Introduced finger prick testing (capillary testing) for blood lead levels in Mount Isa. This simple and painless form of testing means that there will be increased numbers of young children tested for blood lead levels, thereby enabling early identification of lead exposure and mitigation to prevent ongoing harm to health of young children in Mount Isa. This test supplements the existing free venous blood lead tests that have been available for all residents through QML since 2010 and at Mount Isa Hospital for children under five since August 2014.	Non-remunerated advisory body

Sexual Health Ministerial Advisory Committee The Committee was established to provide advice to the Minister for Health and Minister for Ambulance Services on sexual and reproductive health-related matters in the context of the *Queensland Sexual Health Strategy 2016–2021* and associated action plans (HIV, hepatitis B, hepatitis C). The Committee will facilitate a strategic partnership approach between government agencies, the non-government sector and service providers. Terms of reference have been agreed and an Implementation Plan is being developed. The committee met for the first time on 6 June 2017, and will meet quarterly.	Non-remunerated advisory body

Public Sector Ethics Act 1994

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

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

Training and education in relation to the Code of Conduct for the Queensland Public Service and ethical decision making is part of the mandatory training provided to all employees at the start of employment and then every two years.

Education and training in public sector ethics, the Code of Conduct and ethical decision making is provided through:

- The online ethics, integrity and accountability training which focuses on the four ethics principles and ethical decision-making, and incorporates competencies relating to fraud, corruption, misconduct and public interest disclosures. In 2016–2017, 3394 employees completed this training. A further 516 people, (students, contractors and other people working within the department), also completed the training.
- Online training covering the Code of Conduct and ethical decision-making, with 576 QAS employees completing this training in 2016–17. This brings the total number of QAS employees trained to 4607 as at 30 June 2017.
- Online training covering fraud and ethic awareness, with 4275 QAS employees completing this training in 2016–17. (Figure includes new completions and renewal of certification as changes were made to the program during the financial year 2016—17, where two yearly recertification was added).

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

Queensland public service values

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

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

Risk management

Risk management is overseen by the Audit and Risk Committee.

The department's Risk Management Framework provides the foundation and organisational arrangements for managing risk within the department. It aligns with the *AS/NZS ISO 31000:2009 Risk management—principles and guidelines*.

The framework aims to streamline and embed risk management to support the department in achieving its strategic and operational objectives through:

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

The department has adopted a program of executive risk discussion ('risk-in-focus' program) to drive identification and discussion of key risk themes that are aligned to health system executive committees' focus on planning and performance.

External scrutiny

- During 2016–17, the department was engaged in three QAO performance audits:
  - Report 1: 2016–17—Strategic Procurement. The department, through its Strategic Procurement Executive Committee, has committed to the development of an agency procurement plan as recommended in the report, to ensure all categories of spend across the department's operations are considered and monitored on an on-going basis.
  - Report 10: 2016–17—Efficient and Effective Use of High Value Medical Equipment. The department is working collaboratively with the HHSs to address the eight recommendations raised from this audit report.
  - Report 16: 2016–17—Government Advertising. The department has implemented actions to address recommendations associated with campaign material approvals and is continuing to work with the Department of the Premier and Cabinet to improve processes related to campaign evaluation and reporting processes.

- Queensland Ombudsman's *Patient Travel Subsidy Scheme report –An investigation into the administration of the Patient Travel Subsidy Scheme by Queensland Health*, was released on 7 June 2017, and subsequently tabled in the Legislative Assembly. The department has committed to address the recommendations from the report.
- On 24 November 2016, the Queensland Health Ombudsman released a report on his investigation into the regulation of scheduled medicines in Queensland. The report included 16 recommendations.
- The department is progressing, the implementation of recommendations in the Report and provided a six month progress report to the Health Ombudsman in June 2017.

- On 7 June 2017, the Queensland Ombudsman released a report on his investigation into the administration of the PTSS. The report identifies there are and have been ongoing significant problems with the administration of the PTSS.

  Queensland Health will implement all recommendations from the Queensland Ombudsman's report. A working group has been established, led by the Deputy Directors General Prevention and Corporate Services Division combined with the Director-General as project sponsor. The working group will deliver on the recommendations from the Queensland Ombudsman's report and this work is expected to be completed by the end of 2017.

Ethical Standards Unit

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

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

The unit managed 50 complaints of corrupt conduct comprising 145 allegations, and reviewed and advised the department's executives and work units on a further 108 matters. A further 12 complaints were received and reviewed by the unit relating to HHS staff or were not within the department's jurisdiction. These were referred to the commission for consideration and necessary action.

In addition to managing investigations for the department, the unit provided 400 instances of advice to HHSs, the department's executives and work units regarding corrupt conduct and public interest disclosures.

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

The unit's development and release of comprehensive public interest disclosure online training allows all employees, including those who work shift work or those who are remotely located, to complete the required mandatory training. 1734 HHS staff and 2451 Department of Health staff completed the PID online training.

Audit committee

Name	Membership (role on committee)	Remuneration of members (if applicable)
Michael Walsh	Chair Director-General, Queensland Health	N/A
Chris Johnson	Deputy chair	$605 standard meeting $650 if acting Chair (fees per meeting)
Lisa Dalton	Independent Member	$550 (fee per meeting)
Darren Hall	Internal Member Queensland Ambulance Service	N/A
Barbara Phillips	Internal Member Corporate Services Division	N/A
Dr Judy Graves	Internal Member	N/A

The committee has two vacancies (one internal and one external member) to be filled in the near future.

In addition to the Committee members, a number of standing invitees regularly attend meetings, including the: Chief Finance Officer, Chief Risk Officer, Chief Audit Officer and representatives from the QAO.

Committee's role, functions, responsibilities

The Department of Health Audit and Risk Committee operates in accordance with its charter, having due regard for Queensland Treasury's *Audit Committee Guidelines*: *Improving Accountability and Performance.*

The committee provides the Director-General with independent audit and risk management advice in relation to the department's risk, internal control, and governance and compliance frameworks.

In addition, the committee assists in the discharge of annual financial management responsibilities as required under the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*.

Key achievements 2016–17

- endorsement of the annual internal audit plan prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program
- endorsement of the annual financial statements prior to sign-off by the accountable officer
- provision of direction on departmental business matters relating to business performance
- improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters
- oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities.

Frequency of meetings

The Audit and Risk Committee have seven meetings scheduled, of which two are extraordinary meetings held specifically to address the department's Annual Internal Audit Plan and Financial Statements.

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

Internal audit

The department's Internal Audit Unit provides independent assurance and advisory services to the Director-General, executive management and the Audit and Risk Committee to assist in improving departmental business operations. During 2016–17, the unit operated under a co-sourced service delivery model, endorsed by the Audit and Risk Committee.

All internal audit work is performed in accordance with the unit's charter (developed in accordance with the Institute of Internal Auditors standards and Queensland Treasury's *Audit Committee Guidelines*: *Improving Accountability and Performance.*) and follows the approved strategic and annual audit plan (as endorsed by the Audit and Risk Committee and approved by the Director-General).

With changes to the Institute of Internal Auditors standards coming into effect from 1 January 2017, the unit has reassessed operating procedures during the second half of the financial year, resulting in an updated Charter that was endorsed by the Audit and Risk Committee in late June 2017. The revised Charter came into effect on 1 July 2017.

The Internal Audit Unit supports management to achieve its goals and objectives by applying a systematic, disciplined approach to review and improve the effectiveness of risk management, internal control and governance processes, together with strengthening the overall control structures operating throughout the agency.

The unit undertakes a range of review types covering operational (effectiveness) and performance (efficiency) activities; financial management and compliance activities; projects and governance processes; and information technology to address areas of inherent risk and recommend areas of improvement for departmental business activities. Systems are also in place to ensure the effective, efficient and economic operation of the audit function, which has been revised during 2016–17 to include regular reporting to both the Departmental Leadership Team and the Audit and Risk Committee regarding the unit's performance and outputs, together with insights into organisational improvement themes identified through analysis of internal audit findings.

During 2016–17, the Internal Audit Unit:

- Developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs.
- Supported management by providing advice on corporate governance and related issues, including accountability, risk and best practice issues.
- Monitored and reported on the status of implementation of internal audit recommendations, together with those of the QAO financial and performance reviews.
- Provided reports on results of internal audits and assurance reviews to the Audit and Risk Committee and the Director-General.
- Enhanced reporting processes to ensure the Department Leadership Team and Audit and Risk Committee members are provided with Internal Audit performance dashboards and assessment of key audit themes across the range of audit services.

- Enhanced service provision to departmental executives through co-ordinating a collaborative approach to the management of QAO performance audit activities.
- Provided advisory and secretariat support to the Audit and Risk Committee.

Information systems and recordkeeping

The department has continued to implement eDRMS to new users for Executive Correspondence, and is planning to implement full digitisation through the eDRMS.

Training has been given to any new users of the eDRMS and department is skilling records management staff to support the functionality—ensuring all technical requirements set out by Queensland State Archives are adhered to.

To ensure additional controls and appropriate sharing of information, Position Based Security roles and Access Controls Groups have been instigated as part of the project. The department has also implemented the Queensland Government Information Security Classification Framework within the eDRMS configuration.

Planning is underway to map a General Retention Disposal Schedule in the eDRMS and the development of a Functional Retention and Disposal Schedule has been initiated.

Our people

Workforce profile

Queensland Health employed 83,700 full-time equivalent (FTE) staff at the end of 2016–17. Of these, 11,403 FTE staff were employed by and worked in the department, including 4288 FTE staff in the Queensland Ambulance Service, 4165 FTE in Health Support Queensland and 1259 FTE in eHealth Queensland.

The remaining 72,297 FTE staff were either:

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

Approximately 40 per cent of staff working in the department are managerial and clerical employees and 34 per cent are ambulance operatives.

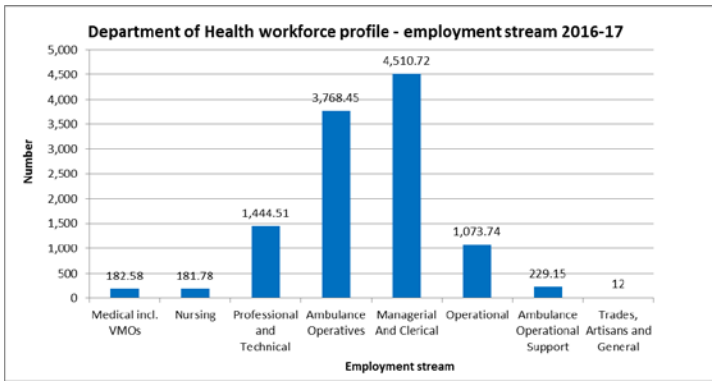
In 2016–17, the average fortnightly earnings for staff working in the department, was $3431 for females and $4505 for males.

The department's separation rate for 2016–17 was 5.03 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

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

	Permanent	Temporary	Casual	Contract	Total
Female	5010	966	44	43	6063
Male	4645	571	66	58	5339
Total	9655	1537	110	101	11,403

Figure 2: Department of Health workforce profile—employment stream 2016–17



Strategic workforce strategy

The department has a number of strategic activities to attract and retain an inclusive, diverse and capable workforce and has developed a health system-wide workforce plan.

Talent Now is an online talent mobility tool that has been developed to increase the visibility of internal talent across Queensland's Public Sector. Commencing in July 2017 as a six month pilot program, it will assist three key internal talent cohorts in being visible and accessible to hiring managers across Queensland government:

- Employees affected by workplace change (including NDIS early intervention)
- AO1–AO2 employees (perm, temp, agency)
- Leadership Cohorts across agencies (SES and SO).

Following the pilot, opportunities to incorporate talent from broader areas of Queensland Government will be explored.

The department has developed an Employee Value Proposition project which directly supports the already developed Public Service Commission employment value proposition and insights, and will use this framework to define specific messages to both current and future employees of the department.

It will look to promote these messages through different traditional and social media channels, and to target different stages of the employee life cycle, in order to manage and improve internal and external labour market perceptions of the department, as well as increase the quality of talent who are attracted by the department as an employer of choice. The project will be rolled out in the coming financial year.

In relation to retaining staff, the department has improved organisational culture and capability of the department's workforce through the launch of the Performance, Capability and Recognition Strategy in May 2017. Under this strategy, Capability Development Framework (Lead, Perform, Learn) programs were implemented that included mentoring, integrated leadership and management programs, and monthly learning events.

The department has also led the development of the Q*ueensland Health Workforce Diversity and Inclusion Strategy 2017–2022* and finalised a *Workforce Diversity and Inclusion Action Plan 2017–2018.*

Employee performance management framework

The department's Performance, Capability and Recognition strategy is an essential component to the department's success and brings together a holistic approach to:

- setting performance objectives
- providing regular feedback
- discussing and implementing capability requirements
- recognising the contributions and achievements of our employees.

This strategy is underpinned by ensuring managers and employees engage in regular performance and development conversations, which can now be recorded in real time with the introduction of the new online Career Success Planning tool.

Employment arrangements

The department is committed to ensuring a safe, secure and supportive workplace that enables all employees to participate and contribute. We recognise diversity and inclusion is a critical component for our workforce.

The *Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022* provides a framework for workplace diversity and inclusion agenda and supports our goals of having an engaged workforce and being employer of choice.

Through this strategy, each HHS has set diversity targets for their own workforces and endorsed a set of principles, focus areas and priority groups as part of an agreed diversity and inclusion agenda for the next five years. The seven priority groups are women, Aboriginal and/or Torres Strait Islander people, people with a disability, people from non-English speaking backgrounds, young people, mature aged people, and lesbian, gay, bisexual, transgender, intersex and queer people.

To support the strategy implementation, the *Workforce Diversity and Inclusion Action Plan 2017–2018* that mirrors the principles, focus areas and priority groups from the strategy and details foundational actions that will be achieved in the strategy's first year of implementation.

The department also celebrated diversity and inclusion week in November 2016, which raised organisational awareness, of what diversity and inclusion is, along with the benefits to individuals and the organisation. Activities were undertaken that enhanced and promoted foundational understanding, including:

- Inclusive Leadership sessions—Dr Karen Morley, a renowned expert in the field of diversity and inclusion presented sessions to the senior leadership cohort, in recognition of the impact that their personal commitment and role modelling inclusive behaviour has on the success of any campaign to strengthen our workforce diversity and inclusive policies and practices.
- LGBTIQ inclusion lunchbox session, 'how to be a great ally'—a panel discussion on LGBTIQ inclusion at work. The audience was highly engaged on how to create an inclusive environment that supports and embraces all staff.
- The launch of a new dedicated intranet website on diversity and inclusion to support staff to learn more about diversity and inclusion.

Working for Queensland survey

The department participated in the whole-of-government 2016 Working for Queensland employee opinion survey, achieving an overall survey response of 66 per cent—an increase of two per cent from the 2015 response rate.

Released in July 2016, the results indicated that organisational leadership, job empowerment and innovation were key drivers of agency engagement. The survey showed continuing gains for agency engagement (53 per cent, up four per cent from 2015), organisational leadership (46 per cent, up four per cent from 2015) and innovation (59 per cent, up one per cent from 2015). In response, local action plans were developed across the department.

In addition to the local initiatives implemented, the department has:

- developed and implemented the Performance Capability and Recognition Strategy to articulate our approach to drive better business outcomes through performance, capability and recognition
- implemented the 'Influencing Behaviours for Success' program to upskill middle managers
- undertook a capability needs analysis survey in October 2016 which has informed monthly training calendar initiatives for the next 12 months
- utilised agency specific questions to produce the first measure of the department's five cultural success factors (connectedness, capability, clarity, performance, and respect).

Early retirement, redundancy and retrenchment

During the period 2016–17, no employees working in the Department of Health received redundancy packages. Payments in this account relate to eligible termination payments associated with separation from Queensland Health.

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

Our major audits and reviews

Coal Workers' Pneumoconiosis (CWP) select committee
The Prevention Division gave evidence at a public hearing of the CWP select committee on 14 October 2016. Parliament established the CWP select committee to conduct an inquiry and report into CWP in coal mine workers in Queensland.

Queensland Ombudsman's Review of the Patient Travel Subsidy Scheme

The Queensland Ombudsman's *Patient Travel Subsidy Scheme report–An investigation into the administration of the Patient Travel Subsidy Scheme by Queensland Health*, was released on 7 June 2017, and subsequently tabled in the Legislative Assembly. The department has committed to address the recommendations from the report and has established a project to:

- Enhance end-to-end processes to simplify the PTSS for patients, clinicians and PTSS administrators.
- Implement governance arrangements to support more consistent application of the scheme and equitable outcomes for patients.
- Improve financial management of the scheme, with a clear line of sight to the allocation and expenditure of funding.

Review of the Helicopter Network
In December 2016, the Government approved the transfer of the management of the Community Helicopter Providers (CHP) agreements and associated contracts from the PSBA back to Queensland Health.

Ernst and Young were commissioned by Queensland Health to conduct a review into the Emergency Helicopter Network (EHN) to assist in identifying:

- a strategic plan for the delivery of an integrated, sustainable aeromedical (rotary wing) retrieval service in Queensland
- future considerations for the EHN
- options to integrate Queensland Government Air (QGAir) rotary wing operations and funding into the strategic plan.

Internal Audit of Disaster Management
In April 2017 Internal Audit conducted a review of disaster management with specific focus on HDMU, SHECC and Commonwealth Games preparedness. The report was made available in June 2017.

Queensland Audit Office review on the effective and efficient use of high value medical equipment
In February 2017, the QAO recommended improvements to Queensland Health's procurement and utilisation of medical equipment with an acquisition value greater than $1 million. Queensland Health has accepted the eight recommendations and is working to implement improvements to asset management, procurement decisions, performance and monitoring and benefits realisation over the next 12 months.

Health Service Investigation into delivery of mental health services
On 3 November 2016, the Director-General authorised an independent health service investigation into the management, administration and delivery of relevant public sector mental health services following a tragic incident with a bus driver at Moorooka on 28 October 2016.

The review has been completed and a copy of the report has been provided to the Coroner by Queensland Health to assist in relation to the coronial investigation. The findings of the review have also been referred to relevant HHSs to identify system improvements and work has commenced to address the findings.

Ravenshoe Review
The Ravenshoe incident, at the 'Serves You Right Café' on 9 June 2015, was the largest burns mass casualty incident in Queensland history. The Director-General and the Chief Executive of Cairns and Hinterland HHS jointly commissioned the independent review which was conducted by KPMG and led by David Melville, a previous QAS Commissioner, and publicly released in February 2016.

The review recognised that the clinical response was well regarded and was therefore focussed on systemic response. All 30 recommendations were met by the department, QAS and HHSs and by the required due dates and have helped improve Queensland Health preparedness for disaster and emergency incidents, particularly mass casualties.

Our legislation

The department's functions and authority are derived from administering the following Acts of Parliament, in accordance with *Administrative Arrangements Order (No.1) 2015*. Our Director-General, on behalf of the Minister, is responsible for administering these Acts.

Act	Subordinate legislation
Ambulance Service Act 1991	*Ambulance Service Regulation 2015*
Food Act 2006	*Food Regulation 2016*
Health Act 1937	*Health Regulation 1996* *Health (Drugs and Poisons) Regulation 1996*
Health Ombudsman Act 2013	*Health Ombudsman Regulation 2014*
Health Practitioner Regulation National Law Act 2009	*Health Practitioner Regulation National Law (Queensland)*[1] *Health Practitioner Regulation National Law Regulation*
Hospital and Health Boards Act 2011	*Hospital and Health Boards Regulation 2012* *Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016*
Hospitals Foundations Act 1982	*Hospitals Foundations Regulation 2015*
Mater Public Health Services Act 2008	
Mental Health Act 2016	*Mental Health Regulation 2017*[2] *Mental Health (Transitional) Regulation 2017*[3]
Pest Management Act 2001	*Pest Management Regulation 2003*
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 1999	*Private Health Facilities Regulation 2016*[4] *Private Health Facilities (Standards) Notice 2016*[5]
Public Health Act 2005	*Public Health Regulation 2005*

[1] The *Health Practitioner Regulation National Law Act 2009* is applied (with modifications) as a law of Queensland under section 4 of that Act. This version is the Law as it applies in Queensland (i.e. with the modifications applied), and is authorised under section 4(2) of the *Health Practitioner Regulation National Law Act 2009.*
[2] Replaced the Mental Health Regulation 2002. Commenced on 5 March 2017 at the same time as the *Mental Health Act 2016.*
[3] Commenced on 5 March 2017 at the same time as the *Mental Health Act 2016*.
[4] Replaced the Private Health Facilities Regulation 2000, *which expired on 31 August 2016.*
[5] Replaced the Private Health Facilities (Standards) Notice 2000, which expired on 31 August 2016.

Act	Subordinate legislation
Public Health (Infection Control for Personal Appearance Services) Act 2003	*Public Health (Infection Control for Personal Appearance Services Regulation 2016*[6] *Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013*
Public Health (Medicinal Cannabis) Act 2016	*Public Health (Medicinal Cannabis) Regulation 2017*[7]
Queensland Institute of Medical Research Act 1945	
Queensland Mental Health Commission Act 2013	
Radiation Safety Act 1999	*Radiation Safety Regulation 2010* *Radiation Safety (Radiation Safety Standards) Notice 2010*
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003	*Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015*
Tobacco and Other Smoking Products Act 1998	*Tobacco and Other Smoking Products Regulation 2010*
Transplantation and Anatomy Act 1979	*Transplantation and Anatomy Regulation 2004*
Water Fluoridation Act 2008	*Water Fluoridation Regulation 2008*

[6] Replaced the Public Health Infection Control for Personal Appearance Services Regulation 2003, which expired on 31 August 2016.
[7] Commenced on 1 March 2017 at the same time as the *Public Health (Medicinal Cannabis) Act 2016*.

Internal scrutiny–compliance with legislative obligations under public health portfolio legislation administered by the Prevention Division

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

- Each program area maintains a compliance obligations register which identifies the department's legislative compliance obligations.
- Each program area participates in quarterly and annual legislative compliance reporting processes, including self-assessment compliance audits.
- Each program area ensures staff who administer portfolio legislation receive appropriate orientation and ongoing education and training about the department's internal compliance obligations under this legislation.

During 2016-17 there were no breaches of the department's legislative compliance obligations under public health portfolio legislation (see table below).

Department compliance obligations met under public health legislation	
Food Act 2006 - *Food Regulation 2016*	✓
Health Act 1937 - *Health Regulation 1996* - *Health (Drugs and Poisons) Regulation 1996*	✓
Pest Management Act 2001 - *Pest Management Regulation 2003*	✓
Pharmacy Business Ownership Act 2001	✓
Private Health Facilities Act 1999 - *Private Health Facilities Regulation 2016* - *Private Health Facilities (Standards) Notice 2016*	✓
Public Health Act 2005 - *Public Health Regulation 2005*	✓
Public Health (Infection Control for Personal Appearance Services) Act 2003 - *Public Health (Infection Control for Personal Appearance Services Regulation 2003* - *Public Health (Infection Control for Personal Appearance Services)(Infection Control Guideline)*	✓
Public Health (Medicinal Cannabis) Act 2016 - *Public Health (Medicinal Cannabis) Regulation 2017*	✓
Radiation Safety Act 1999	✓
- *Radiation Safety Regulation 2010*	
- *Radiation Safety (Radiation Safety Standards) Notice 2013*	
Tobacco and Other Smoking Products Act 1998	✓
- *Tobacco and Other Smoking Products Regulation 2010*	
Transplantation and Anatomy Act 1979	✓
- *Transplantation and Anatomy Regulation 2004*	
Water Fluoridation Act 2008 - *Water Fluoridation Regulation 2008*	✓

Australian Government agreements

The table below provides a summary of key achievements in 2016–17 delivered by the department and HHSs under NPAs and Project Agreements (PAs) with the Australian Government.

This is not an exhaustive list of all past and present agreements. For detailed information, visit http://www.federalfinancialrelations.gov.au/content/national_health_reform.aspx

Agreement	Key achievements in 2016–17
Adult Public Dental Services	In 2016–17, Commonwealth funding for Queensland public dental services comprised $15.162 million under a six-month extension of the NPA from 1 July to 31 December 2016. Funding was allocated to HHS oral health services where local managers determined the most appropriate strategies for increasing services in their area. Strategies included overtime, additional staff or purchasing services from private providers. In 2016–17, approximately 61,000 emergency vouchers, 17,000 general vouchers, and 4400 denture vouchers were claimed by patients accessing private dental services. Throughout 2016–17, HHS oral health services were able to ensure that no general dental waiting list patients waited longer than two years for a routine check-up, with 73 per cent of patients waiting less than 12 months as at 30 June 2017.
Australian Radiation Laboratory Network (ARLN)	Collaborative radiological laboratory network including ARPANSA (as lead agency), ANSTO, ERISS and ESR (New Zealand) to strengthen laboratory capacity and capability in Australia and New Zealand for the testing of radioactivity in food and environmental materials in the event of a radiological or nuclear emergency. ARPANSA: Australian Radiation Protection and Nuclear Safety Agency ANSTO: Australian Nuclear Science and Technology Organisation ERISS: Environmental Research Institute of the Supervising Scientist ESR: Institute of Environmental Science and Research (New Zealand) OPSMAN1: Defence Operations Manual—Visit to Australia by Nuclear-Powered Warships. Edition 10. 2016.
Essential vaccines	Queensland's immunisation coverage rates for all age groups increased in the 2016-17 financial year compared with the 2015-16 financial year: • coverage for all 1-year olds increased from 93.2 per cent to 94.2 per cent • coverage for all 2-year olds increased from 91.4 per cent to 92.1 per cent • coverage for all 5-year olds increased from 92.7 per cent to 93.9 per cent Queensland met all four performance benchmarks contained in the NPA on essential vaccines, in the 2016–17 assessment period. Queensland's

	remarkable vaccine wastage and leakage rate of 1.3 per cent is the lowest in Australia. Queensland Health also continued to support immunisation providers in implementing the National Immunisation Program, and distributed over 2.5 million doses of essential vaccines to approximately 1700 immunisation providers across Queensland.
Expansion of BreastScreen Australia Program	Queensland delivered 99,884 breast screens in the age group 70-74 over the period of the NPA from 1 July 2013 to 30 June 2017, in line with national BreastScreen Australia policy and the requirements of the BreastScreen Australia national accreditation standards. This equated to 99.1 per cent of the cumulative activity target of 100,836 women screened for this period. A new four year Project Agreement is currently being negotiated to apply from 2017–18.
Health services: *Aedes albopictus* prevention and control in the Torres Strait	The objective of this agreement is the surveillance, control and possible elimination of *Aedes albopictus* (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of *Aedes albopictus* from the Torres Strait to the mainland Australia. The Technical Advisory Group met regularly to review and revise plans to control *Aedes albopictus* and prevent incursion onto mainland Australia. Regular surveillance and control activities were conducted throughout the dry and wet seasons. *Aedes albopictus* has been undetectable in most surveys conducted, however, risk of re-invasion of these islands remains due to potential incursions from the outer islands.
Health services: Employment of a Torres Strait communications officer	The NPA facilitates the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The Communications Officer has spent increased time in Torres Strait health facilities providing communication and liaison services for Papua New Guinea (PNG) nationals, which has improved PNG data collection and timely and safe referrals of PNG nationals back to Daru General Hospital.
Health services: Project agreement for response to Zika virus	The NPA facilitated enhanced activities of the Dengue Action Response Teams (DART) in Cairns and Townsville Hospital and Health Services to prevent the transmission of Zika virus and dengue virus in north Queensland including, but not limited to, the surveillance and control of potential vectors of Zika virus and dengue virus in high-risk areas. There has been no local transmission of Zika virus in Queensland, including north Queensland where seven overseas acquired cases were notified in this period.
Hummingbird House Children’s Hospice	The agreement provides a financial contribution matched by the Department of Health for the operation of a 24 hours per day, seven days per week, eight-bed freestanding children's respite care and hospice facility at Wheller Garden, Chermside. The operation of this specialist paediatric facility is progressing very well and included establishment of both operational and clinical components. This included the referral and intake process of children

	and families, eight beds commissioned, family accommodation opened, pool sessions commissioned and commencement of end of life care. The annual Performance Report under the agreement was accepted by the Commonwealth.
Improving trachoma control services for Indigenous Australians	Queensland undertook the following actions under the NPA: • 85 per cent of 5-9 year old Aboriginal and Torres Strait Islander children in three targeted communities were screened for trachoma. At least 85 per cent of children who had clinical signs suggestive of active trachoma received treatment with antibiotics and at least 85 per cent of their contacts received treatment. • 100 per cent of children screened for trachoma were also assessed for clean faces • Timely, accurate, reliable and complete trachoma program data was provided to the National Trachoma Surveillance and Reporting Unit.
Leptospirosis	The WHO/FAO/OIE (World Health Organisation, Food and Agriculture Organisation and Office of International Epizootics) Collaborating Centre for Reference and Research on Leptospirosis undertook the following actions : • Provided diagnostic services and surveillance Leptospirosis through the delivery of serological testing, isolate identification, polymerase chain reaction testing and collation of surveillance data. • Participation in the Royal College of Pathologists Serology Quality Assurance Programme. • Met the designated terms of reference for the World Health Organisation as reference services in the field of leptospirosis for the Western Pacific Region.
National bowel cancer screen program – participant follow up function	Queensland continued to deliver the Participant Follow Up Function (PFUF) for participants of the National Bowel Cancer Screening Program (NBCSP) who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. The total number of follow-up interactions in Queensland that were delivered for the 2016–17 financial period was 11,703.
OzFoodNet	As required by the NPA, the Queensland OzFoodNet site continued to undertake active surveillance of foodborne disease across the state, including the investigation and reporting of foodborne and other enteric disease outbreaks. The Queensland site also contributed epidemiological information to the Commonwealth through the regular reporting of outbreak data and summary data on the incidence and causes of foodborne disease across the state.
Vaccine preventable diseases surveillance	Queensland continued its surveillance and reporting of nationally notifiable vaccine preventable diseases. Since the program's commencement in 2006, Queensland has exceeded the required benchmarks each year.

Mandatory reporting of confidential information released in the public interest

Public Health Act 2005

Notifiable Conditions Register

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

During 2016–17 there was a disclosure of confidential information in the public interest under this section of the legislation. The following confidential information was released from the Notifiable Conditions Register in the public interest:

- Confidential HIV/AIDS notification data (with onset dates between 1 January 2016 and 31 December 2016) was disclosed to *The Kirby Institute for infection and immunity in society, University of New South Wales*. This was provided in the public interest to:
    - raise awareness regarding HIV
    - describe and inform public health action, including the development of strategies to prevent or minimise the transmission of the condition
    - monitor the incidence and patterns of HIV/AIDS via the development and publication of national reports by the Kirby Institute that analyse HIV/AIDS notifications data.
- Confidential information was disclosed to the Australian Red Cross Blood Service to provide the dates and results of HIV seroconversion for a Queensland resident who donated blood.

Contact Tracing

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

- During 2016–17 there were no disclosures of confidential information under this section of the legislation.

Perinatal statistics

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

- During 2016–17 there were no disclosures of confidential information under this section of the legislation.

Maternal death statistics

Section 228L(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to maternal death statistics where the Director General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 228L(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

- During 2016–17 there was a disclosure of confidential information in the public interest under this section of the legislation. The following confidential information was released from the maternal death statistics in the public interest:
    - A maternal mortality data submission was provided to the Australian Institute of Health and Welfare (AIHW). The Information disclosed was Queensland's submission to the National Maternal Mortality Data Collection (NMMDC).
    - Releasing the information to AIHW allows for the collation of national maternal mortality statistics, to inform safety and quality of maternity care in Australia, and provides good practice guidelines from members of the National Maternal Mortality Advisory Committee (NMMAC).
    - The purpose of these reports is to identify trends in maternity mortality and develop an evidence base for maternal deaths that can be used to inform maternity services policy and practice.
    - Provision of Queensland's data also allows for benchmarking Queensland's maternal mortality outcomes against those of other jurisdictions.

Notifications about cancer

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

- During 2016–17 there were no disclosures of confidential information under this section of the legislation.

Private Health Facilities Act 1999

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

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

- During 2016–17 there were no disclosures of confidential information under this section of the legislation.

Appendix

Public Health Report 2016-17

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

1. Indigenous Health

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

1.1 Sexually transmissible infections (STIs)–Syphilis and HIV

There has been a significant increase in infectious syphilis notification rates in Indigenous populations in Queensland since 2011. During 2011, the notification rate was 64 cases per 100,000. At the end of 2016, this rate had increased to 105 cases per 100,000. This rate is much higher than the rate increase among the non-Indigenous populations, with an increase from five cases per 100,000 to 10 cases per 100,000 over the same period. A more marked increase in Indigenous populations in North Queensland has been observed, with the notification rate reaching 225 per 100,000 at the end of 2016.

There has been an increase in newly diagnosed HIV notification rates among Indigenous populations in Queensland, from 4.2 cases per 100,000 in 2011 to 9.6 cases per 100,000 at the end of 2016. In comparison, rates in non-Indigenous populations have remained stable, with between four and five cases per 100,000 during this time. An ongoing increase in notification rates in Indigenous populations in North Queensland has been observed, from 1.2 cases per 100,000 in 2011 to 12.6 cases per 100,000 at the end of 2016.

On 1 December 2016, the *Queensland Sexual Health Strategy 2016–2021* was released, with an investment plan of $5.27 million (over four years). Key priority actions of the strategy include improving community awareness of sexual health, improving education and support for children and young people, better responding to the needs of specific groups and improving the health system's delivery of sexual health services. Supporting Action Plans were also released for HIV, Hepatitis B and Hepatitis C.

1.2 Water quality

During 2016–17, Queensland Health and the Department of Energy and Water Supply initiated a pilot project to address issues associated with the continuous supply of safe drinking water in the Torres Strait Island Regional Council area. The pilot project on Hammond and Warraber Islands has incorporated improvements to drinking water infrastructure and a significant skills and capacity building program, delivered by Tropical Public Health Services, culminating in six weeks intensive onsite mentoring.

During 2017–18, the pilot project is to be expanded to other Torres Strait Island communities and will also involve the Department of Infrastructure, Local Government and Planning. It will be subject to independent evaluation to gauge suitability for implementation in all Aboriginal Local Governments and Indigenous Regional Councils in Queensland.

1.3 Environmental health conditions

The health inequalities experienced by Aboriginal and Torres Strait Islander people can be attributed in part to poor environmental health conditions, including inadequate environmental health infrastructure, water supply, housing, sewerage, waste management and food safety and supply. The environmental health determinants are contributing to a significant burden of disease and reduced life expectancy in remote Aboriginal and Torres Strait Islander communities. Children are especially affected.

The Aboriginal and Torres Strait Islander Public Health Program has provided funding to support the development and implementation of public health programs in Aboriginal Local Governments and Indigenous Regional Councils over a number of years. The focus of the program is to empower Aboriginal Local Governments and Indigenous Regional Councils to improve the public health systems within their communities, including environmental health and animal management, thereby assisting them to meet their responsibilities under devolved public health legislation.

Since its commencement in 2005, annual funding of $4.3 million has been provided to support 16 Aboriginal and Torres Strait Islander local governments to fulfil their public health regulatory functions. In April 2017, the Minister for Health and Minister for Ambulance Services announced continued funding of $24 million for the program until 30 June 2022. The provision of long term funding will enable the continued employment of the Aboriginal and Torres Strait Islander environmental health workforce to implement sustainable environment health programs.

1.4 Immunisation coverage

The gap between Aboriginal and Torres Strait Islander childhood immunisation rates and non-Indigenous childhood immunisation rates in Queensland has been a recurring trend in recent years. Coverage rates for Aboriginal and Torres Strait Islander children at one, two and five years of age have improved from 2015–16.

However, data for 2016–17 indicate that the coverage rate for Aboriginal and Torres Strait Islander children at one year of age is 2.3 percent lower than for non-Indigenous children (92.1 per cent compared with 94.4 per cent). The coverage rate for Aboriginal and Torres Strait Islander children at two years is 3.6 percent lower than for non-Indigenous children (88.8 per cent compared with 92.4 per cent). At five years of age, the rate for Aboriginal and Torres Strait Islander children is 2.5 percent higher than for non-Indigenous children (96.2 per cent compared with 93.7 per cent).

Delayed or incomplete vaccination puts children at risk of contracting vaccine-preventable diseases. Timeliness is a major concern for vaccines due at two, four and six months of age, as this is when children receive important vaccines including pertussis, pneumococcal, *Haemophilus influenzae* type B and rotavirus. Infection caused by these organisms can be severe, lead to hospitalisation, and can be fatal in rare cases.

To address this issue, the department has:

- Established the BJoT initiative to follow up all Aboriginal and Torres Strait Islander children who are overdue for vaccinations at two, four or six months of age
- Provided funding to the Queensland Aboriginal and Islander Health Council to support the Aboriginal Medical Services to improve immunisation data quality and to provide strategic leadership, information and advice
- Funded an immunisation follow-up and outreach project ‘Boots on the Ground’, developed by Townsville HHS, to address low coverage rates among Townsville’s urban Aboriginal and Torres Strait Islander children
- Is working with Cairns and Hinterland HHS on initiatives to address low coverage rates in the Cairns region where high numbers of urban Aboriginal and Torres Strait Islander children not up-to-date with vaccinations.

2. Chronic disease and cancer

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

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

2.1 Tobacco smoking

Queensland is increasingly becoming smoke-free. The adult daily smoking rate has halved since 1998 and youth smoking is at its lowest recorded level. In 2016, the adult daily smoking rate was 12 per cent, and the youth smoking rate was six per cent.

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

While there has been a substantial reduction in smoking rates over recent years, significant challenges remain. The number of people who smoke is still too high—in 2016, there were 450,000 adult daily smokers. Furthermore, some groups such as Indigenous Queenslanders continue to have much higher smoking rates than for the whole population. For the improved health and wellbeing of all Queenslanders, the smoke-free cultural change needs to be strengthened and sustained.

In response to this challenge:

- In 2017–18 over $3 million is allocated for expansion of free Quitline programs providing intensive tailored quit smoking support for groups with high smoking rates, including the unemployed and in those in public housing.
- Targeted support is also available to pregnant women, blue-collar workers, Indigenous people, and rural and remote communities. These 12-week programs achieve success rates of up to 23 per cent, five times the rate for people trying to quit without help.
- Public hospital inpatients and dental and community mental health clients are being provided free quit smoking advice and support.
- Training and higher education organisations are being supported to establish smoke-free policies, including smoking bans and quit services, to create healthier learning environments.
- The Department of Health has delivered mass and social media campaigns to raise community awareness about the extended smoke-free public places introduced in 2016 and to encourage compliance; and has partnered with other departments, and peak community, sporting and childcare bodies to provide consistent information, signage and resource kits.

2.2 Overweight and obesity

The challenge of reducing overweight and obesity is a global problem. In 2016, 64 per cent of Queensland adults and 26 per cent of Queensland children were overweight or obese.

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

Many factors increase the likelihood of people gaining and retaining too much weight. Our sedentary environments and modern lifestyles have resulted in lower rates of physical activity and higher intake of high-energy foods. Encouragingly, in recent years there has been gradual societal change. This includes a greater awareness of overweight and obesity than a decade ago.

After decades of increases, obesity rates for Queensland children and adults are beginning to slow. Furthermore, the food industry is beginning to respond to community demand for and expectation of healthy food choices and the fitness industry is flourishing. Although this is encouraging, continued investment in this area is required as obesity and associated chronic disease remain a major health and societal issue.

In response to this challenge, the department is delivering legislative and policy reforms, and funding a range of prevention programs and social marketing campaigns targeting overweight and obesity. Leading commitments include:

- Funding of $27.24 million over four years provided to Diabetes Queensland to implement the *My health for life* diabetes and chronic disease prevention program. This program will support at least 10,000 eligible Queenslanders to adopt healthier behaviours, including healthy eating, increased physical activity and quitting smoking.
- Tailored programs are being developed to support Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities and those living in rural and remote locations.
- New legislation requiring fast-food chains to display the kilojoule content for food and drinks on their menus.
- Incentivising and supporting healthcare facilities to replace sugar-sweetened drinking with healthier options.
- Funding for the *Heart Foundation Walking* program and *10,000 Steps* program to increase levels of physical activity across the community.
- $5 million over four years (started 2014–15) to update the *Go for 2&5* program, including the Healthier. Happier. colour wheel campaign and supporting resources to encourage Queenslanders to eat more fruit and vegetables.

2.3 Cancer Screening

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

Queensland Health provides breast screening services that aim to reduce deaths from breast cancer and are targeted at women aged 50 to 74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 23 satellites and nine mobile vans covering more than 260 locations across the state. The latest available data identifies that 56.3 per cent of Queensland women aged 50 to 74 years participated in the program (for the 24 month calendar period 2015–16). In the 2016–17 financial year, 246,548 breast screens were performed.

Queensland Health also supports the National Cervical Screening Program (NCSP). The Program aims to reduce the number of women who develop or die from cervical cancer through screening which currently detects early changes in the cervix before cervical cancer develops. The NCSP targets women aged 18 to 69 years to have a Pap smear every two years. The latest available data identifies that 53.9 per cent of Queensland women participated in the program (for the 24 month calendar period 2015–16). In the 2016–17 financial period 623,607 Pap smear results were recorded on the Queensland Health Pap Smear Register.

The NBCSP invites eligible Queenslanders aged 50 to 74 years to screen for bowel cancer using a free, simple test at home. Queensland Health supports the NBCSP through the delivery of the PFUF for participants who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. The total number of follow-up interactions in Queensland that were delivered for the 2016–17 financial period was 11,703. The latest available data identifies that 38.1 per cent of eligible Queenslanders participated in the program (for the 24 month calendar period 2014–15).

Queensland Health recognises the significant impact and benefit of improving participation by Queenslanders in cancer screening programs and as a result continues to prioritise and invest in a range of collaboratively developed state and local level strategies which aim to increase participation rates.

3. Environmental Health

Environmental risks to health arise from a broad range of sources and are due to physical, chemical and biological factors. In 2013, it was estimated that 1.6 per cent of the total burden of disease and injury in Australia was due to environmental risks alone (occupational exposures and hazards and high sun exposure). Unhealthy environments had an additional impact on health loss through their interaction with metabolic and behavioural risk factors, generally based on the influence of the built environment, that is the places where people live, learn, work and play. A strong health protection response is critical to safeguard and improve the health of Queenslanders.

3.1 Foodborne illness–Salmonella and Campylobacter

There are approximately 4.1 million cases of foodborne illness in Australia each year, with contaminated food causing approximately 30,600 hospitalisations and 60 deaths every year. *Campylobacter* is the major cause of human gastrointestinal illness in Australia, while *Salmonella* is the leading cause of foodborne illness outbreaks in Australia.

Following the marked increase in *Salmonella* and *Campylobacter* notifications in Queensland in late 2014, there has been a whole-of-government commitment to a foodborne pathogen risk reduction strategy, with collaboration from Queensland Health, Safe Food Production Queensland and the Department of Agriculture and Fisheries–Biosecurity Queensland.

The *Queensland Foodborne Pathogen Risk Mitigation Strategy March 2015–March 2018* is the only coordinated, whole-of-government strategy in Australia with a primary focus on reducing the risks associated with *Salmonella* and *Campylobacter* from production to consumption.

Key components of the *Queensland Foodborne Pathogen Risk Mitigation Strategy* include:

- undertaking research to better understand the organism, epidemiology and impact on food safety
- the development of through chain control strategies
- engagement with industry to identify appropriate interventions
- the implementation of a two phase communication and engagement campaign targeting relevant stakeholders including retailers, food service and consumers.

3.2 Lead

Lead and lead compounds are not beneficial or necessary for human health, and can be harmful to the human body. Health effects as a result of lead exposure differ substantially between individuals. Factors such as a person's age, the amount of lead, whether the exposure is over a short-term or a longer period, and the presence of other health conditions, will influence the symptoms or health effects experienced. Lead can be harmful to people of all ages, but the risk of health effects is highest for unborn babies, infants and children. Blood lead level is an accurate way of monitoring lead exposure.

Queensland Health receives all notifications of blood lead levels at or greater than five micrograms per deci-litre under the *Public Health Act 2005*. This is part of a statewide notifiable conditions surveillance program. People with notifications that arise from non-occupational exposures are provided with support to reduce further lead exposure. A report of elevated blood lead notifications in Queensland is prepared at the end of each calendar year. This report highlights sources of elevated blood leads in non-occupational exposures. The common cause of non-occupational exposures are typically undertaking or being present during removal of lead-based paint from homes.

Mount Isa is a mining community in north-west Queensland with elevated levels of environmental lead and other minerals. Dr Jeannette Young, Chief Health Officer and Deputy-Director General Prevention Division, Department of Health, chairs the Mount Isa Lead Health Management Committee. The committee has a focus on reducing community lead exposure in Mount Isa, and includes membership from local members of State and Commonwealth Parliaments, the Mayor of Mount Isa City Council and senior government officials. Free venous and opportunistic blood lead testing has been in place in Mount Isa for several years and capillary (finger prick) blood lead testing program was introduced in September 2016.

4. Communicable disease prevention and control

Considerable progress has been made in reducing communicable disease related mortality over the last century. However, communicable diseases remain relatively common and are a significant public health priority in Queensland. There were over 92,000 communicable diseases reported in Queensland during 2015, representing about one notification per 52 Queenslanders.

Contemporary communicable disease challenges are increasingly complex. In addition, new and re-emerging communicable diseases are inevitable due to changing interactions between humans, the environment and organisms. In order to minimise their acute and longer term impacts, it is essential that there are comprehensive surveillance systems in place, sufficient capacity is maintained for early assessment of potential threats and comprehensive response plans are available.

4.1 Zika virus

An outbreak of Zika virus commenced in Brazil in early 2015. This led to further outbreaks globally and in February 2016, the World Health Organisation (WHO) declared that the association of Zika virus infection with clusters of microcephaly and other neurological disorders constituted a Public Health Emergency of International Concern.

In November 2016, the WHO declared the end of the Public Health Emergency of International Concern regarding microcephaly, other neurological disorders and Zika virus. The urgent and coordinated response at that time provided the understanding that Zika virus infection, and associated consequences, represented a highly significant public health challenge in the long term and recommended that all countries and stakeholders should manage Zika virus infection in the same way as other significant infectious disease threats.

There were 12 cases of overseas acquired Zika virus notified in Queensland between July 1 2016 and 30 June 2017; three of these were notified in tropical north Queensland, where the mosquito that can transmit the virus is abundant. An Interim Queensland Zika Virus Management Plan was developed for use while waiting the National Guidelines for Public Health Units.

Commonwealth funding of $0.97 million was provided to Cairns and Hinterland HHS ($647,000) and Townsville HHS ($323,000) to implement enhanced preventive strategies to reduce the risk of local transmission. These included vector suppression activities, particularly around areas where pregnant women may congregate; immediate vector control responses to notifications of Zika virus; and a targeted prevention campaign focusing on women of child bearing age and their partners in relation to mosquito bite prevention messages and the prevention of Zika virus transmission via sexual contact.

There has been no local transmission of Zika virus in Queensland to date.

4.2 Immunisation-Meningococcal ACWY Vaccination Program

Meningococcal disease is a rare but severe infection that can cause death or profound life-long disability. Rates of invasive meningococcal disease (IMD) are rising across Australia. In particular, Australia is currently experiencing a rapid increase in IMD cases due to serogroup W, which was previously rare. In Queensland in 2016–17, there were a total of 61 cases of IMD, which included 19 serogroup Y and 17 serogroup W, as well as 21 cases of serogroup B.

Some of the highest rates of meningococcal carriage occur among 15 to 19 year olds and this age group can transmit the meningococcal bacteria to people who are at risk of infection, including young children. The Australian Technical Advisory Group on Immunisation (the nation’s expert advisory group on immunisation) has advised that a vaccination program would be the most effective response to this emerging issue of national concern.

In response to the increased numbers of meningococcal W and Y in Queensland, the department established the Meningococcal ACWY Vaccination Program, which commenced in June 2017. Free meningococcal ACWY vaccination is being offered to all year 10 students through the School Immunisation Program in 2017. Young people 15 to 19 years of age can access free meningococcal ACWY vaccine through their doctor or immunisation provider until 31 May 2018.

4.3 Infection control

There were two serious incidents of non-compliance with appropriate infection control standards by dental practices during 2016–17. Both incidents resulted in the provision of a public health order to close the practice until the infection control practices were remedied.

During the first incident, it became apparent that there was a need to enhance the powers of an authorised officer to take action to mitigate the risk to the public from the dental practice. Amendments to the *Public Health Act 2005* and the *Public Health Regulation 2005* have been made to enable this to occur.

The amendments to the Act were passed by Parliament on 23 May 2017. They will commence by proclamation and the target commencement date is 1 September 2017. The *Public Health (Infection Control) Amendment Act 2017* strengthens the existing infection control regulatory framework.

4.4 Tuberculosis – BCG availability

To ensure access to Bacillus Calmette-Guerin (BCG) vaccine, Queensland Health organised for the vaccine manufactured by the Serum Institute of India (which was assessed by the Australian Technical Group for Immunisation as suitable for consideration for temporary use in Australia) to be available for order in Queensland via the TGA Special Access Scheme category B or Authorised Prescriber process from 2017.

Report on the administration of public health portfolio legislation

The Prevention Division is responsible for the administration of public health portfolio legislation. A summary of the key activities related to the administration of this legislation is provided below.

Licensing and approvals

- Completed 18,527 licence approvals and certificates, comprising:
  - 14,332 (77.4 per cent) under the *Radiation Safety Act 1999*
  - 2435 (13.1 per cent) under the *Pest Management Act 2001*
  - 1687 (9.1 per cent) under the *Health (Drugs and Poisons) Regulation 1996*
  - 73 (0.4 per cent) under the *Food Act 2006.*
- Total revenue raised by these licensing activities was approximately $3.8 million.
- Received approximately 25,000 licensing enquiries.
- The number and type of public health licences granted in 2016 was published on the Open Data Portal at: https://data.qld.gov.au/dataset/health-protection-licences
- Implemented the first phase of an online payment facility and established online payment facilities for pest management licence renewals.

Complaints

- Public health authorised officers investigated 2008 complaints and 1681 enquiries, including 13 radiation safety related complaints and 41 high radiation dose notifications.

Compliance monitoring

The department continued to adopt a proactive approach to monitoring and enforcing compliance with public health legislation in order to quickly identify and respond to potential public health risks.

Proactive compliance monitoring highlights for 2016–17 include:

- Completed the statewide 2015–16 chicken meat survey in September 2016, and found the prevalence of Campylobacter and Salmonella on raw chicken meat sold at retail was 90 per cent and 14 per cent respectively.
- Conducted a statewide 'blitz' on the sale of packaged food past its use-by-date.
- Conducted a baseline survey of food business on the nutritional information currently displayed at various points of sale in preparation for new legislation requiring fast food chains to display the kilojoule content of their food and drinks.
- Completed a project to determine the prevalence of non-compliance/unlicensed pest management activities within the home service industry such as carpet cleaning, home cleaning, and gardening and home maintenance domestic services.
- Conducted audits for 19 out of 38 high-risk radiation licensees to monitor compliance with the *Radiation Safety Act 1999*.
- Implemented a community and stakeholder education campaign to promote awareness and increase smoker compliance with new smoke-free public places laws. Education (Phase 1) was implemented from 1 September 2016 to 2 December 2016. HHS visited 13,654 outdoor smoke-free areas popular with children and families. HHS local enforcement (Phase 2) commenced in February 2017. A total of 235 prescribed infringement notices were issued for non-compliances during the enforcement phase.
- Developed and provided information and education materials, including a suite of 29 online information sheets, correspondence templates and decision making procedures, to assist prescribed facilities (hospitals and residential aged care facilities) comply with the new requirements of the *Public Health Act 2005* which commenced on 1 February 2017. Prescribed facilities are required to have, and comply with, a water risk management plan and must notify and report on legionella detections in water samples taken from the facility.
- Provided opioid prescriber training to 22 private GPs and 12 public hospital medical officers to become approved opioid treatment prescribers.

Actions taken

When suspected non-compliance with public health legislation was reported or detected, authorised officers undertook the most appropriate enforcement activity to rectify identified non-compliance.

Table1 - Public health legislation enforcement actions 2016-17

Public health legislation (Act)	Written advices, warnings	Compliance, remedial, improvement notice, public health orders or administrative law actions	Seizures	Prescribed infringement notices	Legal proceedings (prosecutions)	Total (n)
Food Safety	101	47	1	43	8	200
Health Drugs and Poisons	203	43	17	0	3	266
Pest Management	18	10	0	18	0	46
Public Health	10	0	0	0	0	10
Radiation Safety	20	36	0	0	0	56
Tobacco and Other Smoking	310	32	2	235	1	580
Total	662	168	20	296	12	1158

Incidents

The department led or provided specialist technical advice for a number of public health incidents, including those of statewide significance.

- Assisted the Queensland Building and Construction Commission to investigate an incident involving lead solder in the installation of hot water services.
- Supported Mackay Regional Council's response to elevated uranium in the Eton drinking water supply.
- Assisted Isaac Regional Council's management of blue-green algae blooms in water supplies for Middlemount and Dysart.
- Worked with HHSs to investigate 185 prescribed contaminant in food notifications, 349 Australian Competition and Consumer Commission mandatory reports related to food, and 37 of 61 national food recalls which involved Queensland.
- Received four notifications of a suspected intentional contamination of food incident and investigated with QPS.
- Provided specialist technical advice and response to national food public health incidents, including Hepatitis A in berries, potential choking hazard to infants presented by biscuits, and Salmonella Hvittingfoss in rockmelon.

Glossary of terms

Acute	Having a short and relatively severe course.
ADAPT	ADAPT is a software application that has been designed to streamline and improve drug management procurement and auditing procedures within the QAS.
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for Hospital in the Home patients).
Admitted patient	A patient who undergoes a hospital's formal admission process.
AUSLAB	Laboratory information system which is implemented in 34 public pathology laboratories across Queensland. More than 20,000 tests are ordered per day on this system.
Benchmarking	The collection of performance information for the purpose of comparing performance with similar organisations.
Best practice	Cooperative way in which organisations and their staff undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable, world class positive outcomes.
BloodNet	Australia's online blood ordering and inventory management system. BloodNet is a web-based system that allows staff in health facilities across Australia to order blood and blood products in a standardised way and to do so, quickly, easily and securely from the Australian Red Cross Blood Service (Blood Service).
BloodSTAR	A new ICT system currently under development by the National Blood Authority. The system will standardise and manage access to the supply of immunoglobulin products for the treatment of conditions identified in the Criteria for the clinical use of intravenous immunoglobulin in Australia, funded by all governments through the national blood arrangements. (https://www.blood.gov.au/bloodstar)
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Clinical networks	A peak body of experts who serve as an independent point of reference for clinicians, HHSs and the department. Guide the quality improvement reform and support clinical policy development, emphasising evidence based practice and clinical consensus to guide implementation, optimisation and provision of high quality patient focussed health care.
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.
Choosing Wisely	An organisation established to help the healthcare community and consumers to eliminate the use of unnecessary and sometimes harmful tests, treatments, and procedures.
Enhealth	National Environmental Health Standing Committee
GP Connect	Fast, reliable access for primary care clinics, general practices and specialists to pathology test results from any Pathology Queensland laboratory statewide.
Full-time equivalent	Refers to full-time equivalent staff currently working in a position.
Healthcare worker	A health professional who provides preventive, curative, promotional or rehabilitative healthcare services in a systematic way to people, families or communities.
Healthier. Happier campaign	The campaign is about improving attitudes and encouraging the adoption of healthy lifestyles by promoting the increase in physical activity and better nutrition as part of everyday life. It focuses on making incremental changes towards a healthy lifestyle for all, regardless of size.
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
HealthPACT	Health Policy Advisory Committee on Technology
Health reform	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Australian Government and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement signed in February 2010 by the Australian Government and all states and territories amending the NHHNA.
Heater cooler unit	Equipment used to regulate the temperature of patients intraoperatively

Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free- standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	A Hospital and Health Board (HHB) is made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Services	Hospital and Health Services (HHS) are separate legal entities established to deliver public hospital services. HHSs commenced on 1 July 2012. Queensland's 16 HHSs replaced existing health service districts.
Hospital Foundations	Assist their associated hospitals to provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They comprise the Bundaberg Health Services Foundation; Children's Health Foundation Queensland; Far North Queensland Hospital Foundation; Gold Coast Hospital Foundation; HIV Foundation Queensland; Ipswich Hospital Foundation; Mackay Hospital Foundation; PA Research Foundation; Royal Brisbane and Women's Hospital Foundation; Redcliffe Hospital Foundation; Sunshine Coast Health Foundation; The Prince Charles Hospital Foundation; Toowoomba Hospital Foundation; Townsville Hospital Foundation.
Hospital in the Home	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
Immunisation	Process of inducing immunity to an infectious agent by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Incident	An incident is an event that results in one or more responses by the ambulance service.
Indigenous healthcare worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.
i.Pharmacy	An enterprise-wide pharmacy management system, which allows pharmacy staff within Queensland Health to dispense and distribute medicines to patients, wards and departments
LASN	A Local Ambulance Service Network is geographically aligned to a Hospital and Health Service boundary. There are 15 geographic LASNs, with an additional statewide LASN comprising of the eight operations centres.

LARU	Local-area Assessment and Referral Unit is a service established by the QAS, which provides for alternative treatment pathways for lower acuity patients to other treatment providers, to help reduce the demand on emergency departments.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
My Health Record	An Australian Digital Health Agency initiative to establish a national digital health record system providing each Australian patient and their healthcare providers a secure online summary of the patient's health information.
Next Generation program	A program for senior leaders in the department, and builds the capability of high performing senior leaders.
NDIS	The National Disability Insurance Scheme is a national scheme providing individualised (reasonable and necessary) disability supports to people with a disability over a lifetime. It is administered by a single agency— National Disability Insurance Agency.
Nurse navigator	Highly experienced nurses who have an in-depth understanding of the health system, to assist high-needs patients with receiving end-to-end care and coordination service.
Outpatient	A non-admitted, non-emergency patient who is provided with an outpatient service.
Outpatient service	Examination, consultation, treatment or other service provided to a non-admitted, non-emergency patient in a specialty unit or under an organisational arrangement administered by a hospital.
PACS	A picture archiving and communication system (PACS) is a medical imaging technology which provides economical storage and convenient access to images from multiple modalities (source machine types).
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Performance indicators usually have targets that define the level of performance expected against the performance indicator.
Population health	The promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised, population-based programs and strategies.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.

Queensland Clinical Senate	Represent clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care in Queensland.
Queensland healthcare system	Incorporates the public, private and not-for-profit healthcare sectors.
Ryan's Rule	Ryan's Rule is a statewide patient, family/carer escalation process to honour the memory of Ryan. It offers patients, their family and/or carer an opportunity to 'escalate' their concerns independently when they believe the patient in hospital is getting worse, is not doing as well as expected or who shows behaviour that is not normal for them.
SEQ PTS	The establishment of the Spring Hill Operations Centre (OpCen) that specialises in the non-urgent call taking and deployment of PTS operations within SEQ.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and or/video interactive links for clinical consultations and educational purposes • store-and-forward telehealth, including digital images, video, audio and clinical (storage) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • telehealth services and equipment to monitor people's health in their home.
The Viewer	The Viewer is a secure read-only, web-based application that sources key patient information from a number of existing Queensland Health enterprise clinical and administrative systems.

Acronyms

ABF	Activity Based Funding
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADWG	Australian Drinking Water Guidelines
AEHRC	Australian e-Health Research Centre
AHMAC	Australian Health Ministers' Advisory Council
AHPPC	Australian Health Protection Principal Committee
AIDS	Acquired immune deficiency syndrome or acquired immunodeficiency syndrome
AMAQ	Australian Medical Association Queensland
ARC	Department of Health Audit and Risk Committee
ASC	Architecture and Standards Committee
ASM	Ambulance Service Medal
BAC	Barrett Adolescent Centre
BCG	Bacillus Calmette-Guerin
BiOC	Birthing in Our Communities
BJoT	Bubba Jabs on Time project
BOM	Bureau of Meteorology
BPE	Building Performance Evaluations
BPF	Business Planning Framework
BYOD	Bring Your Own Device
CAA	Council of Ambulance Authorities
CALD	Culturally and Linguistically Diverse
CALF	Congenital Anomaly Linked File
CBD	Central Business District
CCP	Critical Care Paramedic
CEO	Chief Executive Officer
CHIA	Certified Health Informatician of Australasia
CHP	Community Helicopter Providers
CKN	Clinical Knowledge Network
CLEAR	Collaboration for Emergency Admission Research and Reform
COAG	Council of Australian Governments
CoP	Community of Practice
CPA	Certified Practicing Accountants
CPC	Clinical Prioritisation Criteria
CPR	Cardiopulmonary resuscitation
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CWP	Coal Worker's Pneumoconiosis
DA	Design Authority
DBAC	Digital Business Advisory Committee
DET	Department of Education and Training
DFV	Domestic and family violence
DMHAOD	Division of Mental Health Alcohol and Other Drugs
DMS	Duress Monitoring Systems
DIAC	Digital Infrastructure Advisory Committee
DFV	Domestic and Family Violence
DLT	Departmental Leadership Team
ED	Emergency department
EVP	Emergency Vehicle Priority
FTE	Full-time equivalent
GC2018	Gold Coast Commonwealth Games
GLS	Group Linen Service
GP	General Practitioner
GWN	Government Wireless Network

HARU	High Acuity Response Unit
HCW	Healthcare Workers
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
hMPV	Human metapneumovirus
HPPEC	Healthcare Purchasing and Performance Executive Committee
HPV	Human Papilloma Virus
HR	Human Resources
HRIS	Human Resources Information Solutions
IMD	Invasive Meningococcal Disease
IWFM	Integrated Workforce Management
IVD	In Vitro Diagnostic medical device
HHB	Health and Hospital Board
HSCE	Health Service Chief Executive
HSQ	Health Support Queensland
ICT	Information and communication technology
ieMR	integrated electronic Medical Record
IMF	Investment Management Framework
IMHDRR	Integrated Mental Health Data Reporting Repository
IMSGC	Information Management Strategic Governance Committee
IMT	Incident Management Team
IPL	Intense Pulsed Light
iRMS	Integrated Referral Management System
IUIH	Institute for Urban Indigenous Health
KPI	Key Performance Indicator
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LASN	Local Ambulance Service Network
LCCH	Lady Cilento Children's Hospital
LAC	Local Ambulance Committee
LIS	Laboratory Information System
LLDP	LASN Leadership Development Program
LMS	Learning Management System
MAC	Ministerial Advisory Committee
MAPLE	Monitoring of Applications, Permits and Licensing Events
MARS	Medications, Anaesthetics and Research Support
MBA	Master of Business Administration
MHAOD	Mental Health, Alcohol and Other Drugs
MHDAPC	Mental Health, Drug and Alcohol Principal Committee
MIMMS	Major Incident Medical Management and Support
	Medication Services Queensland
MSHHS	Metro South Hospital and Health Service
NAIDOC	National Aboriginal and Islander Day Observance Committee
MUM	Midwifery Unit Manager
NBA	National Blood Authority
NaMIG	Nurses and Midwives Implementation Group
NBCSP	National Bowel Cancer Screening Program
NDRRA	National Disaster Relief and Recovery Arrangements
NCSP	National Cervical Screening Program
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHHNA	National Health and Hospitals Network Agreement
NHMRC	National Health and Medical Research Council
NoCS	Notifiable Conditions System

NPA	National Partnership Agreements
NRAS	National Registration and Accreditation Scheme
NSQHSS	National Safety and Quality Health Service Standards
NSW	New South Wales
NUM	Nurse Unit Manager
PACS	Picture archiving and communication system
PHN	Primary Health Network
PII	Professional indemnity insurance
PNG	Papua New Guinea
POST	Patient off-stretcher time
PPM	Privately practicing midwives
PSM	Public Service Medal
PrEP	Pre-Exposure Prophylaxis
PTS	Patient Transport Service
PTSS	Patient Travel Subsidy Scheme
PSBA	Public Safety Business Agency
QAEHS	The Queensland Alliance for Environmental Health Sciences
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QCAT	Queensland Civil and Administrative Tribunal
QDMC	Queensland Disaster Management Committee
QFES	Queensland Fire & Emergency Services
QGAir	Queensland Government Air
QGHA	Queensland Genomics Health Alliance
QHEPS	Queensland Health Electronic Publishing Service
QHSPEC	Queensland Health Strategic Procurement Executive Committee
QIMR	Queensland Institute of Medical Research
QPS	Queensland Police Service
QUT	Queensland University of Technology
RCA	Root Cause Analysis
RDUP	Rural Doctors Upskilling Program
RMO	Resident Medical Officer
RFDS	Royal Flying Doctor Service
RSQ	Retrieval Services Queensland
RTO	Registered Training Organisation
SCUH	Sunshine Coast University Hospital
SCoS	Standing Committee on Screening
SDCC	State Disaster Coordination Centre
SEQ	South East Queensland
SEQPTS	South East Queensland Patient Transport Service
SHEMC	State Health Emergency Management Committee
	State Health Emergency Coordination Centre
SLF	System Leadership Forum
SLT	System Leadership Team
SPR	System Performance Reporting
SRAM-ED	Suicide Risk Assessment and Management in Emergency Departments
SUSD	Step Up Step Down
STI	Sexually transmissible infection
TC	Tropical Cyclone
TEMSU	Telehealth Emergency Management Support Unit
TGA	Therapeutic Goods Administration
UQ	University of Queensland
VPS	Vaccine Preventable Diseases
WEHO	Workplace Equity and Harassment Officer
WorkMAPP	Workforce Mapping Analysis Planning Projections
YES	Your Experience of Service

Compliance Checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• **A letter of compliance from the accountable officer or statutory body to the relevant Minister/s**	ARRs – section 7	iv
Accessibility	• **Table of contents** • **Glossary**	ARRs – section 9.1	iii 116
	• **Public availability**	ARRs – section 9.2	Inside front cover
	• **Interpreter service statement**	*Queensland Government Language Services Policy* ARRs – section 9.3	Inside front cover
	• **Copyright notice**	*Copyright Act 1968* ARRs – section 9.4	Inside front cover
	• **Information Licensing**	*QGEA – Information Licensing* ARRs – section 9.5	Inside front cover
General information	• **Introductory Information**	ARRs – section 10.1	1–4
	• **Agency role and main functions**	ARRs – section 10.2	9
	• **Operating environment**	ARRs – section 10.3	12-24
Non-financial performance	• **Government's objectives for the community**	ARRs – section 11.1	24
	• **Other whole-of-government plans / specific initiatives**	ARRs – section 11.2	120-122
	• **Agency objectives and performance indicators**	ARRs – section 11.3	26-86
	• **Agency service areas and service standards**	ARRs – section 11.4	87
Financial performance	• **Summary of financial performance**	ARRs – section 12.1	5-7
Governance – management and structure	• **Organisational structure**	ARRs – section 13.1	11
	• **Executive management**	ARRs – section 13.2	20-24
	• **Government bodies (statutory bodies and other entities)**	ARRs – section 13.3	102-105
	• ***Public Sector Ethics Act 1994***	*Public Sector Ethics Act 1994* ARRs – section 13.4	107
	• **Queensland public service values**	ARRs – section 13.5	108

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• **Risk management**	ARRs – section 14.1	108
	• **Audit committee**	ARRs – section 14.2	110
	• **Internal audit**	ARRs – section 14.3	111
	• **External scrutiny**	ARRs – section 14.4	108
	• **Information systems and recordkeeping**	ARRs – section 14.5	112
Governance – human resources	• **Workforce planning and performance**	ARRs – section 15.1	113
	• **Early retirement, redundancy and retrenchment**	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* Directive No.16/16 *Early Retirement, Redundancy and Retrenchment* (from 20 May 2016) ARRs – section 15.2	116
Open Data	• **Statement advising publication of information**	ARRs – section 16	Inside front cover
	• **Consultancies**	ARRs – section 33.1	Inside front cover
	• **Overseas travel**	ARRs – section 33.2	Inside front cover
	• **Queensland Language Services Policy**	ARRs – section 33.3	Inside front cover
Financial statements	• **Certification of financial statements**	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	With financial statements
	• **Independent Auditor's Report**	FAA – section 62 FPMS – section 50 ARRs – section 17.2	With financial statements

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

Department of Health

Financial Statements – 30 June 2017

Department of Health
Contents
30 June 2017

Contents

General Information

Department of Health (the Department) is a Queensland Government department established under the *Public Service Act 2008* and its registered trading name is Queensland Health.

Queensland Health is controlled by the State of Queensland which is the ultimate parent entity.

The head office and principal place of business of the Department is:

1 William Street

Brisbane

Queensland 4000

For information in relation to the Department's financial statements, email FIN_Corro@health.qld.gov.au or visit the Queensland Health website at http://www.health.qld.gov.au.

Department of Health
Statement of profit or loss and other comprehensive income
For the period ended 30 June 2017

	Note	2017 $'000	2016 $'000
Revenue			
Appropriation revenue	3	**10,046,296**	9,581,853
User charges	4	**1,844,550**	1,826,783
Labour recoveries	5	**1,997,835**	1,829,976
Grants and other contributions	6	**4,162,750**	3,671,950
Other revenue	7	**40,830**	59,478
Interest revenue		**4,625**	6,224
Total revenue		**18,096,886**	16,976,264
Expenses			
Employee expenses	8	**(3,280,706)**	(3,092,835)
Supplies and services	11	**(1,626,497)**	(1,581,402)
Health services	12	**(12,549,964)**	(11,648,335)
Grants and subsidies	13	**(72,493)**	(103,086)
Depreciation and amortisation	19,20	**(128,646)**	(121,464)
Impairment losses		**(2,654)**	(638)
Share of loss from associates	29	**(1,974)**	(1,215)
Other expenses	14	**(423,642)**	(424,522)
Total expenses		**(18,086,576)**	(16,973,497)
Surplus for the year		**10,310**	2,767
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss			
Increase/(decrease) in asset revaluation surplus		**92,793**	31,412
Other comprehensive income for the year		**92,793**	31,412
Total comprehensive income for the year		**103,103**	34,179

The accompanying notes form part of these statements.

Department of Health
Statement of financial position
As at 30 June 2017

	Note	2017 $'000	2016 $'000
Assets			
Current assets			
Cash and cash equivalents	15	**290,839**	407,623
Loans and receivables	16	**1,002,007**	861,357
Inventories	17	**69,674**	60,844
Assets held for sale	18	**34,247**	32,000
Prepayments		**79,411**	33,824
Total current assets		**1,476,178**	1,395,648
Non-current assets			
Loans and receivables	16	**92,795**	104,406
Interests in associates	29	**77,721**	79,695
Property, plant and equipment	19	**908,947**	1,751,528
Intangibles	20	**259,135**	233,572
Other assets		**2,081**	4,041
Total non-current assets		**1,340,679**	2,173,242
Total assets		**2,816,857**	3,568,890
Liabilities			
Current liabilities			
Payables	21	**953,123**	878,604
Accrued employee benefits	22	**431,187**	413,109
Unearned revenue		**2,937**	15,787
Total current liabilities		**1,387,247**	1,307,500
Non-current liabilities			
Unearned revenue		**3,561**	5,385
Total non-current liabilities		**3,561**	5,385
Total liabilities		**1,390,808**	1,312,885
Net assets		**1,426,049**	2,256,005
Equity			
Contributed equity		**-**	357,100
Asset revaluation surplus	23	**134,425**	104,094
Retained surpluses		**1,291,624**	1,794,811
Total equity		**1,426,049**	2,256,005

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the period ended 30 June 2017

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
Balance at 1 July 2015	-	77,858	1,781,400	1,859,258
Surplus for the year	-	-	2,767	2,767
Increase/decrease in asset revaluation surplus	-	31,412	-	31,412
Total comprehensive income for the year	-	31,412	2,767	34,179
Transactions with owners in their capacity as owners:				
Equity injections	698,234	-	-	698,234
Equity withdrawals	(445,986)	-	-	(445,986)
HHS equity transfers*	285,849	-	-	285,849
Reclassification between equity classes	-	(5,176)	5,176	-
Net assets transferred	(180,997)	-	-	(180,997)
Other equity adjustments	-	-	5,468	5,468
Balance at 30 June 2016	357,100	104,094	1,794,811	2,256,005

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
Balance at 1 July 2016	357,100	104,094	1,794,811	2,256,005
Surplus for the year	-		10,310	10,310
Increase/(decrease) in asset revaluation surplus	-	92,793	-	92,793
Total comprehensive income for the year	**-**	**92,793**	**10,310**	**103,103**
Transactions with owners in their capacity as owners:				
Equity injections	271,343	-	-	271,343
Equity withdrawals	(475,432)	-	-	(475,432)
HHS equity transfers*	915,400	-	-	915,400
Reclassification between equity classes	576,571	(62,462)	(514,109)	-
Net assets transferred to HHSs	(1,644,886)	-	-	(1,644,886)
Other equity adjustments	(96)	-	612	516
Balance at 30 June 2017	**-**	**134,425**	**1,291,624**	**1,426,049**

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

*HHSs are independent statutory bodies and equity injections should not be taken to indicate control or ownership by the Department. HHS equity transfers represent equity withdrawals and injections mainly relating to depreciation funding and reimbursements of a capital nature. For 2016-17 equity transfers also include the liabilities associated with the transfer of the Sunshine Coast University Hospital to the Sunshine Coast Hospital and Health Service. Refer Note 10 for significant transactions with HHSs.

The accompanying notes form part of these statements.

Department of Health
Statement of cash flows
For the period ended 30 June 2017

	Note	2017 $'000	2016 $'000
Cash flows from operating activities			
Inflows			
Appropriation revenue receipts		**9,730,556**	9,318,683
Labour recoveries		**1,985,390**	1,814,500
User charges		**1,625,360**	1,557,220
Grants and other contributions		**3,943,117**	3,625,269
GST collected from customers		**19,883**	21,923
GST input tax credits		**211,826**	208,971
Other revenue		**42,974**	59,996
Payroll loans and advances		**12,080**	24,325
Cash (payments made on behalf of) / recoupment from HHSs		**(4,782)**	125,391
Outflows			
Health services		**(12,055,628)**	(11,101,074)
Employee expenses		**(3,264,002)**	(3,010,162)
Supplies and services		**(1,331,515)**	(1,173,426)
Grants and subsidies		**(72,493)**	(68,024)
GST paid to suppliers		**(201,039)**	(195,070)
GST remitted		**(19,319)**	(21,593)
Other expenses		**(135,035)**	(144,492)
Net cash from/(used by) operating activities	24	**487,373**	1,042,437
Cash flows from investing activities			
Inflows			
Proceeds from sale of property, plant and equipment		**2,765**	1,127
Outflows			
Payments for property, plant and equipment		**(203,433)**	(649,080)
Payments for intangibles		**(59,390)**	(44,201)
Net cash from/(used by) investing activities		**(260,058)**	(692,154)
Cash flows from financing activities			
Inflows			
Equity injections		**356,450**	592,597
Outflows			
Equity withdrawals		**(700,549)**	(750,609)
Net cash from/(used by) financing activities		**(344,099)**	(158,012)
Net increase/(decrease) in cash held		**(116,784)**	192,270
Cash and cash equivalents at the beginning of the financial year		**407,623**	215,353
Cash and cash equivalents at the end of the financial year	15	**290,839**	407,623

The accompanying notes form part of these statements.

Department of Health

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

For the period ended 30 June 2017

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Revenue																		
Appropriation revenue	**4,548,469**	4,336,332	**948,733**	900,344	**931,326**	907,359	**1,233,191**	1,171,839	**375,525**	396,912	**1,461,409**	1,357,214	**547,643**	511,853	**-**	-	**10,046,296**	9,581,853
User charges	**864,655**	854,779	**180,352**	177,476	**177,043**	178,859	**234,427**	230,993	**71,387**	78,239	**277,811**	267,534	**121,250**	120,621	**(82,375)**	(81,718)	**1,844,550**	1,826,783
Labour recoveries	**956,672**	874,904	**199,545**	181,655	**195,884**	183,070	**259,375**	236,432	**78,984**	80,082	**307,375**	273,833	**-**	-	**-**	-	**1,997,835**	1,829,976
Grants and other contributions	**1,959,366**	1,727,353	**408,690**	358,647	**401,191**	361,442	**531,227**	466,796	**161,767**	158,108	**687,330**	584,359	**13,179**	15,245	**-**	-	**4,162,750**	3,671,950
Other revenue	**19,324**	28,023	**4,031**	5,817	**3,957**	5,861	**5,239**	7,569	**1,595**	2,562	**6,209**	8,763	**475**	883	**-**	-	**40,830**	59,478
Interest revenue	**2,215**	2,975	**462**	616	**453**	622	**600**	803	**183**	274	**712**	934	**-**	-	**-**	-	**4,625**	6,224
Total Revenue	**8,350,701**	7,824,366	**1,741,813**	1,624,555	**1,709,854**	1,637,213	**2,264,059**	2,114,432	**689,441**	716,177	**2,740,846**	2,492,637	**682,547**	648,602	**(82,375)**	(81,718)	**18,096,886**	16,976,264
Expenses																		
Employee expenses	**1,379,725**	1,298,072	**291,299**	274,465	**251,183**	239,534	**339,272**	316,549	**99,481**	101,892	**426,554**	397,078	**493,192**	465,245	**-**	-	**3,280,706**	3,092,835
Supplies and services	**749,724**	725,144	**158,634**	154,046	**134,689**	131,073	**180,954**	171,830	**52,644**	54,448	**232,959**	224,261	**129,721**	132,771	**(12,828)**	(12,171)	**1,626,497**	1,581,402
Health services	**5,978,941**	5,540,190	**1,240,444**	1,140,288	**1,280,638**	1,219,567	**1,687,004**	1,566,457	**520,987**	541,350	**1,911,497**	1,710,030	**-**	-	**(69,547)**	(69,547)	**12,549,964**	11,648,335
Grants and subsidies	**15,863**	32,225	**3,483**	7,194	**3,154**	5,812	**2,572**	5,218	**593**	1,225	**40,188**	46,100	**6,640**	5,312	**-**	-	**72,493**	103,086
Depreciation and amortisation	**49,237**	44,421	**10,812**	9,918	**6,780**	6,205	**7,982**	7,194	**1,840**	1,689	**16,642**	15,366	**35,353**	36,671	**-**	-	**128,646**	121,464
Impairment losses	**262**	124	**58**	28	**36**	17	**43**	20	**10**	5	**89**	43	**2,156**	401	**-**	-	**2,654**	638
Share of loss from associates	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**1,974**	1,215	**-**	-	**-**	-	**1,974**	1,215
Other expenses	**205,414**	204,934	**43,008**	42,922	**39,283**	39,345	**54,079**	52,769	**16,289**	17,467	**62,276**	61,316	**3,293**	5,769	**-**	-	**423,642**	424,522
Total expenses	**8,379,166**	7,845,110	**1,747,738**	1,628,861	**1,715,763**	1,641,553	**2,271,906**	2,120,037	**691,844**	718,076	**2,692,179**	2,455,409	**670,355**	646,169	**(82,375)**	(81,718)	**18,086,576**	16,973,497
(Deficit)/Surplus for the year	**(28,465)**	(20,744)	**(5,925)**	(4,306)	**(5,909)**	(4,340)	**(7,847)**	(5,605)	**(2,403)**	(1,899)	**48,667**	37,228	**12,192**	2,433	**-**	-	**10,310**	2,767
Items that will not be reclassified subsequently to profit or loss																		
Increase/(decrease) in asset revaluation surplus	**45,910**	12,491	**10,081**	2,789	**6,322**	1,745	**7,443**	2,023	**1,715**	475	**15,517**	4,321	**5,805**	7,568	**-**	-	**92,793**	31,412
Other comprehensive income	**45,910**	12,491	**10,081**	2,789	**6,322**	1,745	**7,443**	2,023	**1,715**	475	**15,517**	4,321	**5,805**	7,568	**-**	-	**92,793**	31,412
Total comprehensive income	**17,445**	(8,253)	**4,156**	(1,517)	**413**	(2,595)	**(404)**	(3,582)	**(688)**	(1,424)	**64,184**	41,549	**17,997**	10,001	**-**	-	**103,103**	34,179

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2017

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Current assets																		
Cash and cash equivalents	**118,348**	175,147	**24,685**	36,365	**24,232**	36,649	**32,086**	47,331	**9,771**	16,031	**38,024**	54,819	**43,693**	41,281	**-**	-	**290,839**	407,623
Loans and receivables	**467,696**	402,215	**97,553**	83,511	**95,763**	84,162	**126,802**	108,693	**38,613**	36,815	**150,269**	125,888	**32,041**	32,580	**(6,730)**	(12,507)	**1,002,007**	861,357
Inventories	**33,220**	28,379	**6,929**	5,893	**6,802**	5,939	**9,007**	7,670	**2,743**	2,598	**10,674**	8,883	**299**	1,482	**-**	-	**69,674**	60,844
Classified as held for sale	**16,399**	15,300	**3,421**	3,177	**3,358**	3,201	**4,446**	4,134	**1,354**	1,400	**5,269**	4,788	**-**	-	**-**	-	**34,247**	32,000
Prepayments	**36,840**	15,459	**7,684**	3,210	**7,543**	3,235	**9,988**	4,178	**3,042**	1,415	**11,836**	4,839	**2,478**	1,488	**-**	-	**79,411**	33,824
Total current assets	**672,503**	636,500	**140,272**	132,156	**137,698**	133,186	**182,329**	172,006	**55,523**	58,259	**216,072**	199,217	**78,511**	76,831	**(6,730)**	(12,507)	**1,476,178**	1,395,648
Non-current assets																		
Loans and receivables	**44,436**	49,916	**9,268**	10,364	**9,098**	10,445	**12,047**	13,489	**3,669**	4,569	**14,277**	15,623	**-**	-	**-**	-	**92,795**	104,406
Investment in associates	**37,217**	38,101	**7,763**	7,911	**7,620**	7,973	**10,090**	10,297	**3,073**	3,488	**11,958**	11,925	**-**	-	**-**	-	**77,721**	79,695
Property, plant and equipment	**212,507**	629,062	**44,325**	130,611	**43,512**	131,629	**57,615**	169,996	**17,545**	57,579	**68,278**	196,888	**465,165**	435,763	**-**	-	**908,947**	1,751,528
Intangibles	**122,888**	110,907	**25,633**	23,027	**25,162**	23,207	**33,318**	29,971	**10,146**	10,152	**39,484**	34,712	**2,504**	1,596	**-**	-	**259,135**	233,572
Prepayments	**997**	1,932	**208**	401	**204**	404	**270**	522	**82**	177	**320**	605	**-**	-	**-**	-	**2,081**	4,041
Total non-current assets	**418,045**	829,918	**87,197**	172,314	**85,596**	173,658	**113,340**	224,275	**34,515**	75,965	**134,317**	259,753	**467,669**	437,359	**-**	-	**1,340,679**	2,173,242
Total assets	**1,090,548**	1,466,418	**227,469**	304,470	**223,294**	306,844	**295,669**	396,281	**90,038**	134,224	**350,389**	458,970	**546,180**	514,190	**(6,730)**	(12,507)	**2,816,857**	3,568,890
Current liabilities																		
Payables	**441,635**	409,255	**92,118**	84,973	**90,427**	85,635	**119,737**	110,596	**36,462**	37,460	**141,896**	128,092	**37,578**	35,100	**(6,730)**	(12,507)	**953,123**	878,604
Accrued employees benefits	**194,449**	187,237	**40,559**	38,876	**39,815**	39,179	**52,720**	50,599	**16,054**	17,138	**62,476**	58,603	**25,114**	21,477	**-**	-	**431,187**	413,109
Unearned revenue	**1,407**	7,548	**293**	1,567	**288**	1,579	**381**	2,040	**116**	691	**452**	2,362	**-**	-	**-**	-	**2,937**	15,787
Total current liabilities	**637,491**	604,040	**132,970**	125,416	**130,530**	126,393	**172,838**	163,235	**52,632**	55,289	**204,824**	189,057	**62,692**	56,577	**(6,730)**	(12,507)	**1,387,247**	1,307,500
Non-current liabilities																		
Unearned revenue	**1,705**	2,573	**356**	535	**349**	539	**462**	696	**141**	236	**548**	806	**-**	-	**-**	-	**3,561**	5,385
Total non-current liabilities	**1,705**	2,573	**356**	535	**349**	539	**462**	696	**141**	236	**548**	806	**-**	-	**-**	-	**3,561**	5,385
Total liabilities	**639,196**	606,613	**133,326**	125,951	**130,879**	126,932	**173,300**	163,931	**52,773**	55,525	**205,372**	189,863	**62,692**	56,577	**(6,730)**	(12,507)	**1,390,808**	1,312,885
Net assets	**451,352**	859,805	**94,143**	178,519	**92,415**	179,912	**122,369**	232,350	**37,265**	78,699	**145,017**	269,107	**483,488**	457,613	**-**	-	**1,426,049**	2,256,005

The accompanying notes form part of these statements.

Major services

Significant accounting policies
The revenues and expenses of the Department's corporate services are allocated to departmental services on the basis of the services they primarily support and are included in the Statement of profit or loss and other comprehensive income by major services.

There were seven major health services delivered by the Queensland Health system. These reflect the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2016-2020* and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

Acute Inpatient Care
Aims to provide safe, timely, appropriately accessible, patient centred care that maximises the health outcomes of patients. Service includes a broad range of services provided to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Emergency Care
Aims to minimise early mortality and complications through diagnosing and treating acute and urgent illness and injury. This major service is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, retrieval services, through to Emergency Departments.

Mental Health Service and Alcohol, Tobacco and Other Drug Services
Aims to promote the mental health of the community, prevent the development of mental health problems and address the harms arising from the use of alcohol and other drugs, and to provide timely access to safe, high quality assessment and treatment services.

Outpatient Care
Aims to deliver coordinated care, clinical follow-up and appropriate discharge planning throughout the patient journey. Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

Sub and Non-Acute Care
Aims to optimise patients' functioning and quality of life and comprises of rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Prevention, Primary and Community Care
Aims to prevent illness and injury, addresses health problems or risk factors and protect the good health and wellbeing of Queenslanders. Services include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning.

Queensland Ambulance Service
The Queensland Ambulance Service provides timely and quality ambulance services which meet the needs of the Queensland community and includes emergency and non-urgent patient care, routine pre-hospital patient care and casualty room services, patient transport, community education and awareness programs and community first aid training. The Queensland Ambulance Service continues to operate under its own corporate identity.

Note 1. Significant accounting policies

Statement of compliance
The financial statements are general purpose financial statements which have been prepared in compliance with section 42 of the *Financial and Performance Management Standard 2009* and in accordance with Australian Accounting Standards and Interpretations applicable to the Department's not-for-profit entity status. The financial statements comply with Queensland Treasury's reporting requirements and authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

Service provided free of charge or for a nominal value
The Department provides corporate services to Hospitals and Health Services (HHSs) free of charge. This includes payroll, accounts payable and banking. The fair value of providing payroll, accounts payable and banking services to HHSs during 2016-17 is estimated to be $115.1M ($111.8M in 2015-16) for payroll and $8.1M ($8.4M in 2015-16) for banking and accounts payable.

Goods and Services Tax and other similar taxes
Queensland Health is a state body, as defined under the *Income Tax Assessment Act 1936*, and is exempt from Commonwealth taxation, with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes recognised by the Department.

Note 1. Significant accounting policies (continued)

Future impact of accounting standards not yet effective
The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury.

Standard/Interpretation	*Description*	*Year of Application*	*Impact/anticipated impact for the Department*
AASB 1058 *Income of Not-for-Profit Entities and AASB 15 Revenue from Contracts with Customers*	Certain grants may be recognised as revenue progressively as the associated performance obligations are satisfied, providing the performance obligations are enforceable and sufficiently specific. Depending on the specific contractual terms, the new requirements of AASB 15 may result in revenue being deferred to a later accounting period. Unperformed contractual obligations could lead to unearned revenue.	2019-20	Initial review of the requirements of AASB 1058 and AASB 15 has indicated that there is unlikely to be any change to accounting for the appropriation revenue received from Queensland Treasury, being the single largest source of income into the Department. Accounting for the sale of goods and services to Hospital & Health Services (HHSs), hospital fees, and labour recoveries from non-prescribed HHSs are all expected to be unchanged as performance obligations are satisfied prior to charges being levied. AASB 15 identifies distinct goods and services as separate performance obligations and stipulates that revenue should be recognised when the Department satisfies these performance obligations. Current agreements with Hospital & Health Services suggest sufficient detail to facilitate this distinction. The Department's current accounting practice is consistent with this. The recognition of Commonwealth national health funding income is also expected to be materially unchanged. Current practices take into account sums owed from or owed to the Commonwealth Government aligned to the achievement of performance obligations. Further analysis will be undertaken prior to the implementation of AASB 15 to fully understand the specific performance obligations within the contract held with the Commonwealth Government.
AASB 9 *Financial Instruments* and *AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9*	Provides for changes to the classification, measurement, impairment and disclosures associated with financial assets. AASB 9 introduces different criteria for whether financial assets can be measured at amortised cost or fair value.	2018-19	All of the Department's financial assets are expected to be measured at fair value. Since the Department's current trade receivables are short-term in nature, the carrying amount is expected to be a reasonable approximation of fair value. Calculations for impairment losses are expected to be determined according to the amount of lifetime expected credit losses. This will apply to receivables and payroll overpayments. Any significant increase in credit risk will result in larger impairments being recognised upfront.

Note 1. Significant Accounting Policies (continued)

Future impact of accounting standards not yet effective (continued)

Standard/Interpretation	*Description*	*Year of Application*	*Impact/anticipated impact for the Department*
AASB 16 *Leases*	Introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset and a corresponding liability for leases with a term exceeding 12 months, unless the underlying assets are of low value.	2019-20	The Department as a lessee will be required to recognise a number of operating leases as assets alongside the associated liability rather than simply accounting for these as operating lease expenditure. The right-of-use asset will initially be recognised at cost and will give rise to a depreciation expense. The lease liability will initially be recognised as the present value of the lease payments during the term of the lease. Lease payments made will reduce this liability over time and also result in an interest expense. This will change the current accounting practice for a small number of property leases and some leased equipment.

There are no other standards effective for future reporting periods that are expected to have a material impact on the Department.

Critical accounting judgement and key sources of estimation uncertainty
The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant, and are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

Loans and receivables (allowance for impairment and grants receivable)	Note 16
Property, plant and equipment (valuation)	Note 19

Other presentation matters
Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. Material changes to comparative information have been separately identified in the relevant note. Amounts have been rounded to the nearest thousand Australian dollars.

Accounting standards applied for the first time
The only Australian Accounting Standard that became effective for the first time in 2016-17 is AASB 124 *Related Party Disclosures*. It requires the Department to disclose material related party transactions and outstanding balances as well as the nature of any related party relationships such as those with a company or other entity controlled by key management personnel of the Department. The Department is also required to disclose the nature of any relationships of a material nature with other related Queensland government entities. This standard does not impact on financial statement line items. Material transactions are disclosed in Note 10 and no comparative information is required.

Note 2. Activities and other events

There were no material events after the reporting date 30 June 2017 that have a bearing on the Department's operations, the results of those operations or these financial statements.

Note 3. Appropriation revenue

	2017 $'000	2016 $'000
Reconciliation of payments from Consolidated Fund to appropriated revenue recognised in operating result		
Appropriation revenue	**10,014,701**	9,406,668
Transfers (to)/from other headings	**(8,538)**	-
Lapsed appropriation revenue for other services	**(275,607)**	(87,985)
Total appropriation receipts (cash)	**9,730,556**	9,318,683
Less: Opening balance appropriation revenue receivable	**(40,932)**	(112,313)
Add: Closing balance appropriation revenue receivable	**95,420**	40,932
Add: Opening balance appropriation revenue payable	**261,252**	334,551
Less: Closing balance appropriation revenue payable	**(277,414)**	(261,252)
Net appropriation revenue	**9,768,882**	9,320,601
Add: Deferred appropriation payable to Consolidated Fund (expense)	**277,414**	261,252
Appropriation revenue for services recognised in the Statement of profit or loss and other comprehensive income	**10,046,296**	9,581,853

	2017 $'000	2016 $'000
Reconciliation of payments from Consolidated Fund to equity adjustment		
Budgeted equity adjustment appropriation	**52,644**	506,709
Lapsed appropriation	**(145,300)**	(374,236)
Less: Opening balance appropriated equity injection receivable	**(117,747)**	(65,727)
Add: Closing balance appropriated equity injection receivable	**62,291**	117,747
Add: Opening balance appropriated equity withdrawal payable	**40,932**	108,687
Less: Closing balance appropriated equity withdrawal payable	**(96,909)**	(40,932)
Equity adjustment recognised in contributed equity*	**(204,089)**	252,248

Significant accounting policies
Appropriations provided under the Appropriation Act 2016 are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Unspent appropriation for 2016-17 amounted to $157.7M ($94.4M in 2015-16). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

The funding received may be more than the associated expenditure over the financial year due to operating efficiencies, changes in activity levels or timing differences. Any unspent appropriation may be returned to the consolidated fund and may become available for re-appropriation in subsequent years.

*This is net of equity injections and equity withdrawals.

Note 4. User charges

	2017 $'000	2016 $'000
Sale of goods and services	**1,531,799**	1,505,986
Hospital fees	**305,102**	312,519
Rental income	**7,649**	8,278
	1,844,550	1,826,783

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

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

Note 5. Labour recoveries

	2017 $'000	2016 $'000
Labour recoveries from non-prescribed Hospital and Health Services	**1,997,835**	1,829,976
	1,997,835	1,829,976

Significant accounting policies
The Department provides employees to non-prescribed HHSs (HHSs not prescribed as employers under the *Hospital and Health Boards Act 2011*) to perform work under a service agreement. The employees for non-prescribed employer HHSs remain the employees of the Department and in substance are contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs.

Note 6. Grants and other contributions

	2017 $'000	2016 $'000
Australian Government - National Health Funding Pool	**4,031,402**	3,562,230
Donations of inventory and non-current assets	**67,040**	43,354
Other grants	**64,308**	66,366
	4,162,750	3,671,950

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

Note 7. Other revenue

	2017 $'000	2016 $'000
Recoveries and reimbursements	**23,728**	25,307
Grants returned	**2,918**	15,893
Licences and registration charges	**2,878**	3,130
Sale proceeds of non-capitalised assets	**977**	1,302
Other	**10,329**	13,846
	40,830	59,478

Note 8. Employee expenses

	2017 $'000	2016 $'000
Wages and salaries	**2,604,348**	2,408,964
Employer superannuation contributions	**279,144**	258,768
Annual leave levy	**299,099**	323,002
Long service leave levy	**53,406**	57,085
Redundancies	**2,509**	3,654
Workers' compensation premium	**9,761**	10,529
Other employee related expenses	**32,439**	30,833
	3,280,706	3,092,835

Significant accounting policies
Under the Queensland Government's Annual leave and Long service leave central schemes, levies are payable by the Department to cover the cost of employee leave (including leave loading and on-costs). These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly, in arrears. Non-vesting employee benefits, such as sick leave, are recognised as an expense when taken.

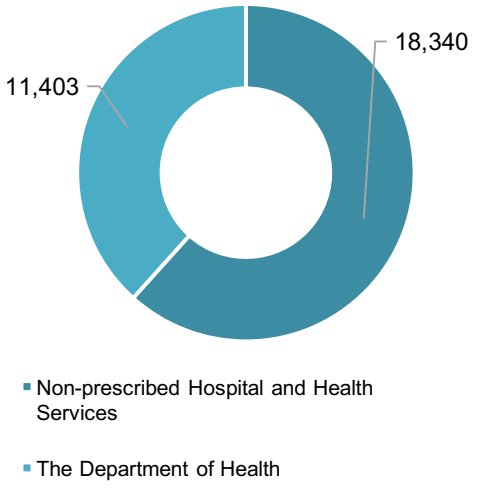
Note 8. Employee expenses (continued)

Significant accounting policies (continued)

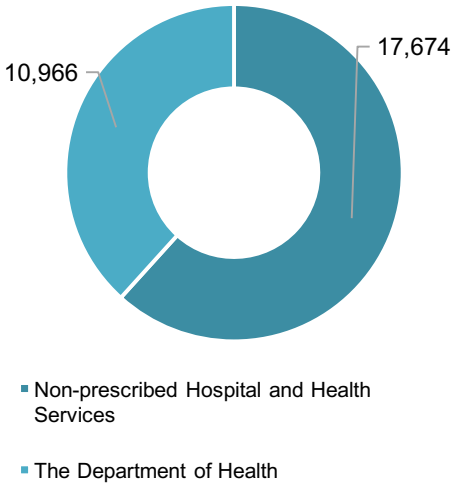
Employer superannuation contributions are paid to QSuper. For the defined benefit scheme, contributions are paid at rates determined by the Treasurer on the advice of the State Actuary. For the accumulated contribution plan, the rate is determined based on the relevant EB agreement or the employee's contract of employment. Contributions are expensed in the period in which they are paid or payable and the Department's obligation is limited to its contribution to QSuper.

The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

2017 - Number of Employees



2016 - Number of Employees



The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June. Hospital and Health Service employees are those of the non-prescribed employer HHSs where the employees remain employees of the Department and are effectively contracted to the HHS.

Note 9. Key management personnel disclosures

Key management personnel (KMP) include those positions that had direct or indirect authority and responsibility for planning, directing and controlling the activities of the Department.

Remuneration policy for the Department's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008,* the *Hospital and Health Boards Act 2011* and *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2016-17, the remuneration of most key management personnel increased by 2.5 per cent in accordance with government policy and none of the key management personnel has a remuneration package that includes potential performance payments. Remuneration packages for key management personnel comprise of the following:

Short-term employee benefits

Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.

Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes

Other employee benefits

Long term employee benefits including long service leave accrued.

Post-employment benefits including superannuation benefits.

Termination benefits. Employment contracts only provide for notice periods or payment in lieu on termination, regardless of the reason.

Note 9. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits						Total Benefits $'000	
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post employment benefits $'000		Termination benefits $'000			
	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016
Director-General, Queensland Health Responsible for the overall management of the public sector health system. Responsibilities include Statewide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Hospital and Health Services.												
Current: Michael Walsh (6 July 2015 to current)	546	567	9	12	10	11	30	35	-	-	**595**	**625**
Deputy Director-General, Corporate Services Division Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations and major capital infrastructure activities.												
Current: Barbara Phillips (6 March 2017 to current)	94	-	1	-	2	-	8	-	-	-	**105**	**-**
Former: Elizabeth Gregoric (Acting) (29 March 2016 to 5 March 2017)	147	67	8	-	3	1	15	5	-	-	**173**	**73**
Former: Susan Middleditch (6 July 2015 to 1 January 2016)	-	184	-	4	-	4	-	20	-	-	**-**	**212**
Deputy Director-General, Clinical Excellence Division Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, research and professional clinical leadership activities of the Department.												
Current: Dr John Wakefield (4 January 2016 to current)	477	262	10	2	9	5	52	19	-	-	**548**	**288**
Former: Dr Michael Cleary (13 July 2015 to 31 December 2015)	-	209	-	3	-	4	-	22	-	380	**-**	**618**
Deputy Director-General, Healthcare Purchasing and System Performance Division Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.												
Current: Nicholas Steele (31 August 2015 to current)	291	250	8	5	6	5	30	25	-	-	**335**	**285**
Queensland Chief Health Officer and Deputy Director-General, Prevention Division Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats.												
Current: Dr Jeannette Young (6 July 2015 to current)	483	501	13	8	9	9	50	51	-	-	**555**	**569**
Deputy Director-General, Strategy, Policy and Planning Division Responsible for providing strategic leadership and direction to the activities of Queensland's health system through establishing the high level policy agendas, overseeing system-wide planning processes and facilitating strategic reform initiatives.												
Current: Kathleen Forrester (2 November 2015 to current)	285	188	8	-	5	4	30	20	-	-	**328**	**212**

Note 9. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits: Monetary benefits $'000		Short-term benefits: Non-monetary benefits $'000		Other employee benefits: Long term benefits $'000		Other employee benefits: Post employment benefits $'000		Other employee benefits: Termination benefits $'000		Total Benefits $'000	
	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016
Commissioner, Queensland Ambulance Services Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. ***Current***: Russell Bowles (3 June 2011 to current)	317	299	-	-	7	6	36	35	-	-	**360**	**340**
Chief Executive, Health Support Queensland Responsible for managing the strategic functions relating to the Clinical and Statewide Service, Pathology, Medication, Radiology, Biomedical Technology and Forensic and Scientific Services and Queensland Blood Management.												
Current: Gary Uhlmann (11 January 2016 to current)	308	151	12	-	6	3	32	16	-	-	**358**	**170**
Former: Kathleen Byrne (20 April 2015 to 10 January 2016)	-	177	-	-	-	3	-	17	-	228	**-**	**425**
Chief Executive, eHealth Qld Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings.												
Current: Dr Richard Ashby (20 February 2017 to current)	214	-	1	-	4	-	20	-	-	-	**239**	**-**
Former: Malcolm Thatcher (11 July 2016 to 17 February 2017)	261	-	3	-	4	-	25	-	-	-	**293**	**-**
Former: Colin McCririck (11 April 2016 to 8 July 2016)	-	81	-	-	-	2	-	9	-	-	**-**	**92**
Former: Catherine Ford (Acting) (4 January 2016 to 10 April 2016)	-	61	-	-	-	1	-	6	-	-	**-**	**68**
Chief Technology Officer, eHealth Qld* Responsible for all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings.												
Former: Colin McCririck (12 January 2015 to 6 December 2015)	-	153	-	2	-	3	-	16	-	-	**-**	**174**
Minister for Health and Minister for Ambulance Services** As from 2016-17, the Department's responsible Minister is identified as part of the department's KMP, consistent with additional guidance included in the revised version of *AASB 124 Related Party Disclosures*. ***Current***: Hon Cameron Dick	-	-	-	-	-	-	-	-	-	-	**-**	**-**

**This role became the Chief Executive of eHealth Queensland.*
*** The Minister receives no remuneration or other such payments from the Department. The majority of the Ministerial entitlements are paid by the Legislative Assembly. As the Minister is reported as KMP of the Queensland Government, aggregate remuneration expenses for the Minister are disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements as from 2016-17, which are published as part of Queensland Treasury's Report on State Finances.*

Department of Health

Notes to the financial statements

For the period ended 30 June 2017

Note 10. Related Party Transactions

Transactions with KMP related people/entities

A KMP of the Department is a non-remunerated director of the Translational Research Institute. The entity is a joint venture formed amongst the Department and three other stakeholders and the Department is entitled to 25 per cent of the entity's net assets and comprehensive income. The Department does not control the entity but has significant influence over its financial and operating policy decisions. In 2016-17, the Department paid $3.2M (GST inclusive) to the entity mainly for contributions to the operation of its main building asset. The Department also recognises its 25 per cent share of net assets and comprehensive income annually (refer Note 29).

The same KMP is also a non-remunerated director of Australian eHealth Research Centre which is a joint operation between the Department and a Commonwealth agency. The Department does not have rights to the entity's net assets or comprehensive income and made cash contribution of $1.65M (GST inclusive) in 2016-17 through the Commonwealth agency.

Another KMP is a non-remunerated member of the governing body of QIMR Berghofer Medical Research Institute to which the Department paid $19.0M (GST inclusive) funding in 2016-17. The Institute mainly engages in conducting medical research and clinical trials and its activities are funded by the Department every year.

Transactions with other Queensland Government-controlled entities

The table below sets out the significant aggregate transactions conducted between the Department and other Queensland Government controlled entities.

Entity	Value $'000	Nature of significant transactions
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government	Refer Note 3	The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2017, there were outstanding balances for receivables and payables relating to these transactions.
Queensland Government Insurance Fund (QGIF)	Refer Note 14	The Department pays annual insurance premium for a policy that covers the Department and HHSs. The policy provides a range of covers including property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.
Sunshine Coast Hospital and Health Service (HHS)	$1,615,760	The Department transferred via equity Sunshine Coast University Hospital (SCUH) assets (and related liabilities of $631.2M) to the HHS under an enduring designation from the Minister for Health.
	$909,354	The Department procures health services from the HHS. As at 30 June 2017, there were outstanding balances for receivables and payables relating to these transactions (refer Note 16 and 21).
Cairns and Hinterland HHS	$754,819	The Department procures health services from the HHS. As at 30 June 2017, there were outstanding balances for receivables and payables relating to these transactions (refer Note 16 and 21).
	$40,000	One-off cash injection via equity to the HHS.
Central Queensland HHS	$507,741	The Department procures health services from the HHSs. As at 30 June 2017, there were outstanding balances for receivables and payables relating to these transactions (refer Note 16 and 21).
Central West HHS	$66,268	
Children's Health Queensland HHS	$666,858	
Darling Downs HHS	$634,606	
Gold Coast HHS	$1,239,140	
Mackay HHS	$359,048	
Metro North HHS	$2,293,422	
Metro South HHS	$2,079,853	
North West HHS	$161,486	
South West HHS	$123,530	
Torres and Cape HHS	$197,207	
Townsville HHS	$818,585	
West Moreton HHS	$506,037	
Wide Bay HHS	$529,306	

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

a) Cash recoupment for supplier and employee payments made on behalf of HHSs (refer Statement of cash flows)
b) Charges for central services provided to HHSs such as pathology, ICT support, procurement and linen (refer Note 4)
c) Services provided free of charge to HHSs such as payroll and banking (refer Note 1).

The values of these transactions are not included in the values disclosed within the table above.

Note 11. Supplies and services

	2017 $'000	2016 $'000
Drugs	**505,321**	497,180
Clinical supplies and services	**423,480**	389,336
Consultants and contractors	**126,218**	162,953
Expenses relating to capital works	**106,554**	56,578
Repairs and maintenance	**145,405**	122,146
Operating lease rentals	**55,255**	59,678
Computer services	**81,690**	130,673
Communications	**54,891**	56,499
Advertising	**14,988**	13,789
Catering and domestic supplies	**9,265**	9,372
Utilities	**12,923**	11,124
Motor vehicles and travel	**19,803**	19,062
Building services	**7,202**	9,697
Interstate transport levy	**4,750**	4,334
Other	**58,752**	38,981
	1,626,497	1,581,402

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

Note 12. Health services

	2017 $'000	2016 $'000
Hospital and Health Services	**11,786,365**	10,957,648
Mater Hospitals	**432,267**	379,496
National Blood Authority	**49,092**	49,364
Aeromedical services	**67,170**	62,011
Mental health service providers	**77,408**	79,279
Other health service providers	**137,662**	120,537
	12,549,964	11,648,335

Note 13. Grants and subsidies

	2017 $'000	2016 $'000
Medical research programs	**34,826**	34,954
Public hospital support services*	**19,307**	57,274
Other including mental, home, community and rural health services	**18,360**	10,858
	72,493	103,086

*In 2015-16 this included a $35.1M contribution to Children's Health Queensland HHS relating to the impairment of the Herston site buildings following the opening of the new Lady Cilento Children's Hospital at South Brisbane.

Note 14. Other expenses

	2017 $'000	2016 $'000
Deferred appropriation payable to Consolidated Fund	**277,414**	261,252
Insurance QGIF	**114,961**	114,420
Insurance other	**1,863**	1,622
Losses from disposal/transfer of non-current assets	**8,832**	11,405
Impairment of work in progress	**592**	8,921
Journals and subscriptions	**8,937**	9,296
Other legal costs	**4,021**	14,075
Audit fees*	**1,711**	1,557
Special payments - ex-gratia payments**	**166**	169
Other	**5,145**	1,805
	423,642	424,522

Significant accounting policies
Property and general losses above a $10,000 threshold are insured through the Queensland Government Insurance Fund (QGIF). Health litigation payments above a $20,000 threshold, and associated legal fees, are also insured through QGIF. Premiums are calculated by QGIF on a risk basis.

*Queensland Audit Office audit fees for 2016-17 include $0.7M for financial statements audit ($0.7M in 2015-16) and $0.6M for the assurance engagement and other audits ($0.6M in 2015-16).

**In 2016-17, there were three special payments exceeding $5,000 (two payments in 2015-16). Of these, one related to healthcare related financial support, one was in lieu of legal settlement and one related to infrastructure repairs.

Note 15. Cash and cash equivalents

	2017 $'000	2016 $'000
Cash at bank and on hand	**259,647**	375,432
24 hour call deposits	**11,192**	12,191
Fixed rate deposit	**20,000**	20,000
	290,839	407,623

Significant accounting policies
Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

The Department's operational bank accounts are grouped within the whole-of-government set-off arrangement with the Commonwealth Bank of Australia. The Department does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash overdraft facility as it is part of the whole-of-government banking arrangements.

The 24 hour call deposit relates to the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2016-17 the weighted average interest rate on the 24 hour call deposit was 2.49 per cent (2.85 per cent in 2015-16).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2016-17 the weighted average interest rate on this deposit was 2.12 per cent (2.28 per cent in 2015-16).

Note 16. Loans and receivables

	2017 $'000	2016 $'000
Current		
Trade receivables	**291,650**	319,308
Receivables from HHSs	**31,956**	25,127
Payroll receivables*	**34,892**	33,805
	358,498	378,240
Less: Pay day transitional loan fair value adjustment	**(1,907)**	(2,059)
Less: Allowance for impairment of receivables	**(673)**	(1,011)
	(2,580)	(3,070)
	355,918	375,170
GST input tax credits receivables	**19,269**	30,055
GST payable	**(1,282)**	(718)
	17,987	29,337
Appropriation receivable	**157,711**	158,679
Annual leave reimbursements	**177,382**	158,126
Grants receivable	**258,165**	114,843
Long service leave reimbursements	**34,737**	24,945
Advances	**-**	155
Other	**107**	102
	1,002,007	861,357
Non-current		
Payroll receivables*	**96,590**	109,602
Less: Pay day loan fair value adjustment	**(4,935)**	(6,424)
Less: Allowance for impairment of receivables	**(25,549)**	(24,190)
	66,106	78,988
Loans to other entities	**26,689**	25,418
	92,795	104,406

Significant accounting policies
Trade receivables are generally settled within 60 days; however, some debt may take longer to recover. The recoverability of trade debtors is reviewed on an ongoing basis. All known bad debts are written off when identified.

The pay date transitional loan was measured at fair value on initial recognition, calculated as the present value of the expected future cash flows over the estimated life of the loan, discounted using a risk-free effective interest rate of 3.05%.

Loans to other entities refer to an interest-free loan to Telstra relating to the relocation of the South Brisbane Telephone Exchange in connection with the development of the Lady Cilento Children's Hospital (LCCH). This loan is repayable within the 2018-19 financial year.

*Payroll receivables include amounts relating to salary overpayments, pay date transitional loan and interim cash payments. As at 30 June 2017, the Department recognised $63.6M ($66.2M in 2015-16) relating to salary overpayments and interim cash payments with $23.3M classified as current and $40.2M classified as non-current. As at 30 June 2017, the Department held a pay date loan of $67.9M ($74.9M in 2015-16) to provide a transitional loan equal to two weeks' net pay (of which $11.6M is classified as current and $56.3M is classified as non-current).

The Department is undertaking a process to recover these debts by working with the individuals affected. The non-current portion of payroll overpayments and interim cash payments has not been discounted to present value as this could not be reliably estimated, due to the uncertainty of the timing of future cash receipts.

Note 16. Loans and receivables (continued)

Following AASB 139 and Queensland Treasury Guidelines (FRR 4E) the interest-free pay date transitional loan is measured at fair value based on present value of the expected future cash flows over the life of the loan. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority is expected to be recovered over the next six years.

Impairment of financial assets
At the end of each reporting period, the Department assesses whether there is objective evidence that a financial asset, or group of financial assets, is impaired. Objective evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 60 days.

An allowance for impairment of $23.0M ($21.6M in 2015-16) has been recognised in relation to payroll overpayments receivables. In determining this balance, consideration was given to the value, quantity and age of the amounts receivable.

The Department recognises the net change of impairment as all impairments are recorded against the allowance account.

Ageing of all loans and receivables

	Past due but not impaired 2017 $'000	Past due but not impaired 2016 $'000	Impaired 2017 $'000	Impaired 2016 $'000
Not overdue	13,512	5,227	2,580	2,988
30 to 60 days	916	1,297	-	-
61 to 90 days	432	631	-	-
More than 90 days	10,182	19,424	23,642	22,213
	25,042	**26,579**	**26,222**	**25,201**

Movement in the allowance for impairment

	2017 $'000	2016 $'000
Opening balance	25,201	31,844
Increase/(Decrease) in impairment recognised	1,021	(6,643)
Closing balance	**26,222**	**25,201**

Note 17. Inventories

	2017 $'000	2016 $'000
Medical supplies and drugs	**63,584**	55,004
Less: Allowance for loss of service potential	**(69)**	(293)
	63,515	54,711
Engineering	**2,520**	2,384
Catering and domestic	**2,376**	2,562
Other	**1,263**	1,187
	69,674	60,844

Significant accounting policies
Inventories consist mainly of pharmacy and general medical supplies held for sale to HHSs. Inventories are measured at weighted average cost, adjusted for obsolescence, other than vaccine stock which is measured at cost on a first in first out basis. Inventory is held at the lower of cost and net realisable value.

Note 18. Assets held for sale

	2017 $'000	2016 $'000
Land	**34,045**	32,000
Buildings	**202**	-
	34,247	32,000

Significant accounting policies
Non-current assets are classified as held for sale when their carrying amount is to be recovered principally through a sale transaction and a sale is highly probable. According to AASB 5 land and buildings held for sale are recorded at fair value. Former Southport hospital site $32.0M, held for sale land, and is expected to settle during 2017-18.

Department of Health
Notes to the financial statements
For the period ended 30 June 2017

Note 19. Property, plant and equipment

2017	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	190,550	652,114	781,182	89,354	1,713,200
Less: Accumulated depreciation	-	(308,945)	(495,308)	-	(804,253)
Carrying amount at end of period	**190,550**	**343,169**	**285,874**	**89,354**	**908,947**
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3**			
Movement					
Carrying amount at start of period	178,144	332,709	248,460	992,215	1,751,528
Additions	3,180	3,682	45,009	775,058	826,928
Donations received	-	-	100	-	100
Donations made	-	-	(34)	-	(34)
Disposals	(4,466)	(11,664)	(4,014)	-	(20,144)
Revaluation increments/(decrements)	15,000	77,793	-	-	92,793
Transfers (to)/from HHSs	67	(1,500,449)	2,077	(149,409)	(1,647,714)
Transfers (to)/from intangibles	-	-	103	-	103
Transfers to assets held for sale	(2,045)	(201)	-	-	(2,246)
Stocktake adjustments	-	-	375	-	375
Transfers between classes	671	1,458,133	69,464	(1,528,268)	-
Write-off capital works in progress	-	-	-	(242)	(242)
Depreciation expense	-	(16,834)	(75,666)	-	(92,500)
Carrying amount at end of period	**190,550**	**343,169**	**285,874**	**89,354**	**908,947**

* Carrying amount of level 2 buildings $0.5M as at 30 June 2017 ($0.5M in 2015-16).

2016	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	178,144	617,543	723,527	992,215	2,511,429
Less: Accumulated depreciation	-	(284,834)	(475,067)	-	(759,901)
Carrying amount at end of period	178,144	332,709	248,460	992,215	1,751,528
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3*			
Movement					
Carrying amount at start of period	163,251	340,587	240,426	641,861	1,386,125
Additions	785	-	50,046	598,249	649,080
Donations received	-	-	1	-	1
Donations made	(35)	-	(76)	-	(111)
Disposals	(293)	(11,974)	(1,139)	-	(13,406)
Revaluation increments/(decrements)	20,618	10,794	-	-	31,412
Transfers (to)/from HHSs	24,793	(53,723)	(5,544)	(129,397)	(163,871)
Transfers (to)/from intangibles	-	-	(2,428)	-	(2,428)
Transfers to assets held for sale	(32,000)	-	-	-	(32,000)
Transfers to Department of Main Roads	-	(9,026)	-	-	(9,026)
Transfers between classes	1,025	72,741	44,329	(118,095)	-
Write-off capital works in progress	-	-	-	(403)	(403)
Depreciation expense	-	(16,690)	(77,155)	-	(93,845)
Carrying amount at end of period	178,144	332,709	248,460	992,215	1,751,528

Significant accounting policies

Property, plant and equipment are initially recorded at cost plus any other costs directly incurred in bringing the asset to the condition ready for use. Items or components that form an integral part of an asset and are separately identifiable are recognised as a single asset. Significant projects undertaken on behalf of HHSs which are completed within the financial year are valued and transferred out at fair value. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

Assets received for no consideration from another Queensland Government agency are recognised at fair value, being the net book value recorded by the transferor immediately prior to the transfer. Assets acquired at no cost, or for nominal consideration, other than a transfer from another Queensland Government entity, are initially recognised at their fair value by the Department at the date of acquisition.

Note 19. Property, Plant and Equipment (continued)

The Department recognises items of property, plant and equipment when they have a useful life of more than one year and have a cost or fair value equal to or greater than the following thresholds:

Buildings (including land improvement)	$10,000
Land	$1
Plant and equipment	$5,000

Depreciation is calculated on a straight-line basis. The residual value is assumed to be zero, with the exception of ambulances. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments of the remaining useful life of individual assets. Land is not depreciated as it has an unlimited useful life. Assets under construction (work in progress) are not depreciated until they are ready for use.

The Department's buildings have total useful lives ranging from 8 to 72 years; for plant and equipment the total useful life is between 1 and 50 years:

Computer, furniture & fittings	2 to 28 years	Medical equipment	1 to 39 years
Office equipment	1 to 20 years	Engineering and Other equipment	5 to 50 years
Vehicles	3 to 22 years		

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Land and buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use. All assets of the Department for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e. laboratories, stations, heritage listed), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility, adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a modern day equivalent asset, built to current standards and with modern materials and taking into account obsolescence of the asset.

The Department's land and buildings are independently and professionally valued by the State Valuation Service (qualified valuers) and AECOM (qualified quantity surveyors) respectively. The Department also revalues significant, newly commissioned assets in the same manner to ensure they are transferred to HHSs at fair value.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is expensed to the extent it exceeds the balance, if any, of the revaluation surplus. On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Impairment of non-current assets

All non-current assets are assessed for indicators of impairment on an annual basis. If an indicator of impairment exists, the Department determines the asset's recoverable amount (higher of value in use and fair value less costs of disposal). Any amounts by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

Land

The Department recognises land valued at $0.04M ($0.04M in 2015-16) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land.

Note 19. Property, plant and equipment (continued)

The revaluation program resulted in a $16.4M increment ($8.8M increment in 2015-16) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.300 to 2.034 were applied, which were sourced from State Valuation Services.

Buildings

The Department recognises five heritage buildings held at gross value of $3.8M (five buildings at gross value of $3.3M in 2015-16).

An independent revaluation of 14% of the gross value of the building portfolio was performed during 2016-17. For buildings not subject to independent revaluations during 2016-17, indices of between 1.005 and 1.038 were applied, which were sourced from AECOM. Indices are based on inflation (rises in labour, plant and material prices) across the industry and take into account regional variances due to specific market conditions. The building valuations for 2016-17 resulted in a net increment to the building portfolio of $16.3M ($5.6M increment in 2015-16).

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Significant, newly commissioned assets are firstly transferred to the Department's building class, revalued to fair value and then transferred to the respective HHS. Other commissioned assets are transferred from the Department's work in progress to the respective HHS which recognises assets in their relevant asset class.

Note 20. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2017 $'000	**2016 $'000**	**2017 $'000**	**2016 $'000**	**2017 $'000**	**2016 $'000**	**2017 $'000**	**2016 $'000**
Gross	119,062	162,463	400,452	415,892	66,017	14,791	585,531	593,146
Less: Accumulated amortisation	(81,484)	(118,605)	(244,912)	(240,969)	-	-	(326,396)	(359,574)
Balance at 30 June	**37,578**	43,858	**155,540**	174,923	**66,017**	14,791	**259,135**	233,572
Represented by movements in carrying amount:								
Carrying value at 1 July	43,858	45,677	174,923	45,974	14,791	132,485	233,572	224,136
Additions	159	2,382	1,558	123	57,673	41,697	59,390	44,201
Disposals	-	1	-	(1,246)	-	(8,329)	-	(9,575)
Transfers (to)/from property, plant & equipment	-	2,428	-	-	(103)	-	(103)	2,428
Transfers (to)/from HHSs	-	-	2,425	-	-	-	2,425	-
Transfers between classes	2,847	1,607	3,497	149,455	(6,344)	(151,062)	-	-
Write-off of software work in progress	-	-	-	-	-	-	-	-
Amortisation expense	(9,286)	(8,237)	(26,863)	(19,382)	-	-	(36,149)	(27,619)
Balance at 30 June	**37,578**	43,858	**155,540**	174,923	**66,017**	14,791	**259,135**	233,572

Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than $100,000. Intangible assets are recorded at cost, which is purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software includes all direct costs associated with development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis. The total useful life for the Department's software ranges from 4 to 28 years. The Department controls both registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 21. Payables

	2017 $'000	**2016 $'000**
Trade payables	**312,801**	304,014
Appropriations payable	**374,323**	302,184
Hospital and Health Service payables	**146,471**	177,106
PAYG withholdings*	**104,158**	76,873
Other payables	**15,370**	18,427
	953,123	878,604

Significant accounting policies

Payables are recognised for amounts to be paid in the future for goods and services received. Trade payables are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and normally settled within 60 days.

*This was previously disclosed in Accrued employee benefits (Note 22). The comparative has been restated.

Note 22. Accrued employee benefits

	2017 $'000	2016 $'000
Salaries and wages accrued	**123,175**	103,246
Annual leave levy payable	**251,314**	252,214
Long service leave levy payable	**48,417**	50,096
Other employee entitlements payable	**8,281**	7,553
	431,187	413,109

Significant accounting policies
Wages and salaries due but unpaid at reporting date are recognised in the Statement of financial position at current salary rates. As the Department expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted values. Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049.

Note 23. Asset revaluation surplus

	Land 2017 $'000	Land 2016 $'000	Buildings 2017 $'000	Buildings 2016 $'000	Total 2017 $'000	Total 2016 $'000
Carrying amount at start of period	**65,068**	44,450	**39,026**	33,408	**104,094**	77,858
Asset revaluation increment/(decrement)	**15,000**	20,618	**77,793**	10,794	**92,793**	31,412
Asset revaluation transferred to retained surplus	**-**	-	**(62,462)**	(5,176)	**(62,462)**	(5,176)
Carrying amount at end of period	**80,068**	65,068	**54,357**	39,026	**134,425**	104,094

Note 24. Reconciliation of surplus to net cash from operating activities

	2017 $'000	2016 $'000
Surplus for the year	**10,310**	2,767
Adjustments for:		
Depreciation and amortisation	**128,646**	121,464
Write off of non-current assets	**19,242**	19,655
Share of loss - associates	**1,974**	1,215
Impairment losses	**2,654**	638
Grants and subsidies	**-**	35,062
Donated non-cash assets	**(75,906)**	(60,718)
Non cash depreciation funding expense	**543,021**	522,030
Other non-cash items	**11,178**	13,960
Changes in assets and liabilities:		
(Increase)/Decrease in loans and receivables	**(197,893)**	200,935
(Increase)/Decrease in inventories	**67,076**	48,706
(Increase)/Decrease in prepayments	**(43,627)**	145,353
Increase/(Decrease) in payables	**17,294**	(87,468)
Increase/(Decrease) in accrued employee benefits	**18,078**	60,460
Increase/(Decrease) in unearned revenue	**(14,674)**	18,378
Net cash from operating activities	**487,373**	1,042,437

Note 25. Financial instruments

Significant accounting policies
Financial assets and financial liabilities are recognised in the Statement of financial position when the Department becomes a party to the contractual provisions of the financial instrument.

Financial instruments are classified and measured as follows:

- cash and cash equivalents - held at fair value through profit or loss
- receivables - held at amortised cost
- loans to other entities - held at amortised cost
- payables - held at amortised cost

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

Note 25. Financial instruments (Continued)

Financial risk is managed in accordance with Queensland Government and departmental policies. The Department has considered the following types of risks in relation to financial instruments.

Liquidity risk - this risk is minimal, as the Department has an approved overdraft facility of $420.0M under whole-of-government banking arrangements to manage any cash shortfalls.

Market risk (interest rate risk) - the Department has interest rate exposure on its 24 hour call deposits and fixed rate deposits. Changes in interest rates have a minimal effect on the operating results of the Department.

Credit risk - the credit risk relating to deposits is minimal as all department deposits are held by the state through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer note 16).

Note 26. Contingencies

Guarantees

As at 30 June 2017 the Department held guarantees of $2.1M ($106.0M in 2015-16) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements. The significant decrease relates to bank guarantees for the Sunshine Coast University Hospital, now either expired or transferred to the Sunshine Coast Hospital and Health Service.

Litigation in progress

At 30 June 2017, the Department had 17 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited to $20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

Contingent asset

The Department may receive additional National Health Reform funding from the Commonwealth Government for health care activities delivered in 2014-15 and 2015-16. This is contingent on decisions being made by the Commonwealth and therefore cannot be reliably measured as at 30 June 2017.

Note 27. Commitments to expenditure

	Capital 2017 $'000	**Capital 2016 $'000**	**Lease - operating 2017 $'000**	**Lease - operating 2016 $'000**
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**59,170**	76,453	**47,133**	40,877
1 year to 5 years	**1,780**	2,830	**136,292**	69,661
more than 5 years	**-**	-	**144,024**	45,797
	60,950	79,283	**327,449**	156,335

Note 28. Restricted assets

	2017 $'000	**2016 $'000**
General trust	**12,299**	13,481
Clinical drug trials	**53**	4
	12,352	13,485

The Department's general trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are ring-fenced for stipulated purposes.

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Note 29. Interests in associates

Significant accounting policies

The Department holds a minority shareholding in the Queensland Children's Medical Research Institute (QCMRI). However, as the Department has no rights to the net assets of QCMRI and no economic benefit is expected to flow to the Department, an investment in associate asset has not been recognised.

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

The Department has two associated entities, Translational Research Pty Ltd and Translational Research Institute Trust. The Department does not control either entity but does have significant influence over the financial and operating policy decisions. The Department uses the equity method to account for its interest in associates.

Translational Research Pty Ltd (the Company) is the trustee of the TRI Trust and does not trade.

The objectives of the TRI Trust are to maintain the Translational Research Institute Facility (TRI Facility); and operate and manage the TRI Facility to promote medical study, research and education.

In determining the Department's share of TRI's financial result, its income, expenses and equity movements are adjusted to align the accounting policies of TRI with those of the Department. At each reporting date, the Department assesses the investment for indicators of impairment. If there are impairment indicators, the impairment is calculated as the difference between the recoverable amount and the carrying value of the investment and recognised in the Statement of profit or loss and other comprehensive income.

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

The summarised financial information of the TRI Trust is set out below:

	2017 $'000	2016 $'000
Summarised statement of financial position		
Current assets	**74,146**	69,242
Non-current assets	**266,226**	279,186
Total assets	**340,372**	348,428
Current liabilities	**7,752**	7,081
Non-current liabilities	**21,728**	22,561
Total liabilities	**29,480**	29,642
Net assets	**310,892**	318,786
The Department's share of net assets	**77,721**	79,695

The investment in TRI is recognised as its initial cost plus post-acquisition changes in the Department's 25 per cent share of TRI's net assets.

	2017 $'000	2016 $'000
Summarised statement of profit and loss and other comprehensive income		
Revenue	**25,760**	26,686
Expenses	**(33,656)**	(31,544)
Surplus/(deficit)	**(7,896)**	(4,858)
Other comprehensive income	**-**	-
Total comprehensive income	**(7,896)**	(4,858)
The Department's share of total comprehensive income	**(1,974)**	(1,215)

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Note 30. Administered transactions and balances

Significant accounting policies

The Department administers, but does not control, certain resources on behalf of the Queensland Government. In doing so it has responsibility and is accountable for administering related transactions and items, but does not have the discretion to deploy the resources for the achievement of the Department's objectives.

Amounts appropriated to the Department for transfer to other entities are reported as administered appropriation items.

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance 2017 $'000	Actual 2016 $'000
Administered revenues					
Administered item appropriation	1	**33,974**	**42,512**	**8,538**	33,508
Taxes, fees and fines		**25**	**49**	**24**	30
Other revenue		**-**	**-**	**-**	320
Total administered revenues		**33,999**	**42,561**	**8,562**	33,858
Administered expenses					
Grants	1	**30,789**	**39,327**	**8,538**	29,566
Borrowing costs		**3,185**	**3,185**	**-**	3,942
Other expenses		**25**	**49**	**24**	350
Total administered expenses		**33,999**	**42,561**	**8,562**	33,858
Administered assets					
Current					
Cash		**10**	**4**	**(6)**	2
Receivables		**41,626**	**41,625**	**(1)**	12,189
Non-current			**-**		-
Receivables		**-**	**-**	**-**	41,626
Total administered assets		**41,636**	**41,629**	**(7)**	53,817
Administered liabilities					
Current					
Payables		**10**	**4**	**(6)**	2
Other financial liabilities		**41,626**	**41,625**	**(1)**	12,189
Non-current			**-**		-
Borrowings		**-**	**-**	**-**	41,626
Total administered liabilities		**41,636**	**41,629**	**(7)**	53,817

Note: Disclosures in relation to *AASB1055 Budgetary Reporting* has been removed from the Budget vs actual comparison note 32 and added to this note.

1. The variance between budget and actuals for administered appropriation and grants is mainly due to $8.5M additional funding provided to Office of the Health Ombudsman in 2016-17 which was not budgeted for.

Administered transactions and balances are comprised primarily of the movement of funds to the Office of the Health Ombudsman and the Mental Health Commission as well as transactions relating to the redevelopment of the Mater public hospital.

A capital contribution was provided to Mater Health Services in relation to the Mater public hospital redevelopment completed in June 2008. This was underpinned by a Queensland Treasury Corporation (QTC) loan for which the Department receives Queensland Treasury (QT) funding to allow repayments to be made to QTC on a periodical basis.

The interest rate on the QTC borrowings is fixed at 6.46 per cent. The repayment term is ten years. The market value of the debt as notified by QTC as at 30 June 2017 was $43.3M (2015-16: $57.6M). This represents the value of the debt if the Department repaid the debt in full on 30 June 2017.

The Department derives no financial benefit from the transactions. The financial risk associated with the public component of the project has been underwritten by the Queensland Government. Both the QTC loan and the QT funding are related-party transactions with other Queensland Government-controlled entities.

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Note 31. Reconciliation of payments from Consolidated Fund to administered revenue

	2017 $'000	2016 $'000
Budgeted appropriation	**33,974**	33,508
Transfers from (to)/from other headings	**8,538**	-
Administered revenue recognised in Note 30	**42,512**	33,508

Note 32. Budget vs actual comparison

Statement of profit or loss and other comprehensive income

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Revenue				
Appropriation revenue		10,014,701	**10,046,296**	31,595
User charges	1	1,503,374	**1,844,550**	341,176
Labour recoveries	2	1,882,785	**1,997,835**	115,050
Grants and other contributions	3	3,737,392	**4,162,750**	425,358
Other revenue		15,156	**40,830**	25,674
Interest revenue		189	**4,625**	4,436
Gain on disposals		25	**-**	(25)
Total revenue		17,153,622	**18,096,886**	943,264
Expenses				
Employee expenses		(3,178,457)	**(3,280,706)**	(102,249)
Supplies and services	4	(1,699,234)	**(1,626,497)**	72,737
Health services	5	(11,898,709)	**(12,549,964)**	(651,255)
Grants and subsidies		(61,263)	**(72,493)**	(11,230)
Depreciation and amortisation		(163,385)	**(128,646)**	34,739
Impairment losses		(950)	**(2,654)**	(1,704)
Share of loss from associates		-	**(1,974)**	(1,974)
Other expenses	6	(140,593)	**(423,642)**	(283,049)
Total expenses		(17,142,591)	**(18,086,576)**	(943,985)
Surplus for the year		11,031	**10,310**	(721)
Other comprehensive income				
Items that will not be reclassified subsequently to profit or loss				
Increase/(decrease) in asset revaluation surplus		-	**92,793**	92,793
Other comprehensive income for the year		-	**92,793**	92,793
Total comprehensive income for the year		11,031	**103,103**	92,072

Variance comments

1. The $341.2M variance for User charges is mainly due to the recognition of revenue for medical supplies centrally procured by the Department and sold to HHSs ($230.6M). This was not reflected in the budget. The variance is also attributable to an increase in the sale of new high cost drugs to HHSs ($94.0M).

2. The $115.1M variance for Labour recoveries is due to an increase in FTEs (666 FTEs) for Non-prescribed HHSs compared to 2015-16. This increase in FTEs was not budgeted for.

3. The $425.4M variance for Grants and other contributions is mainly due to the revised National Health Reform Agreement which increased funding from the Commonwealth Government for health service delivery ($472.3M) compared to the previous year. During 2016-17 the estimated activity rate has increased by 2%. This reflects higher levels of activities and in turn has increased Commonwealth cash funding.

4. The $72.7M variance for Supplies and services is mainly due to the recognition of cost of goods sold for medical supplies to HHSs ($230.6M, refer to explanation note 1 above) and Medical and ICU equipment ($39.1M) being expensed as part of the transfer of the Sunshine Coast University Hospital to the Sunshine Coast HHS. This is offset by a budget reallocation ($340.4M) from Supply and services to the purchasing of Health services from the HHSs.

5. The $651.3M variance for Health Services is due to recognition of expenses associated with the increase in funding ($472.3M) from the Commonwealth Government (refer to explanation 3 above) for front line services and associated operating costs in line with HHS Service Level Agreements. The variance is also due to the budget reallocation ($340.4M) of expenses from Supplies and services to Health services (refer to explanation 4 above).

6. The $286.3M variance in Other expenses is mainly due to recognition of the unspent appropriation for 2016-17 ($277.4M) which is payable to Queensland Treasury. This was not budgeted for.

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Notes to the financial statements

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Note 32. Budget vs actual comparison (continued)

Statement of financial position	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Current assets				
Cash and cash equivalents	7	(142,223)	**290,839**	433,062
Loans and receivables	8	910,647	**1,002,007**	91,360
Inventories		59,131	**69,674**	10,543
Assets held for sale		-	**34,247**	34,247
Prepayments		191,284	**79,411**	(111,873)
Total current assets		1,018,839	**1,476,178**	457,339
Non-current assets				
Loans and receivables		95,031	**92,795**	(2,236)
Investment in associates		98,623	**77,721**	(20,902)
Property, plant and equipment	9	1,373,600	**908,947**	(464,653)
Intangibles		152,300	**259,135**	106,835
Other assets		-	**2,081**	2,081
Total non-current assets		1,719,554	**1,340,679**	(378,875)
Total assets		2,738,393	**2,816,857**	78,464
Liabilities				
Current liabilities				
Payables	10	526,025	**953,123**	427,098
Accrued employees benefits	11	491,977	**431,187**	(60,790)
Unearned revenue		72	**2,937**	2,865
Total current liabilities		1,018,074	**1,387,247**	369,173
Non-current liabilities				
Unearned revenue		2,504	**3,561**	1,057
Interest bearing liabilities	12	459,985	**-**	(459,985)
Total non-current liabilities		462,489	**3,561**	(458,928)
Total liabilities		1,480,563	**1,390,808**	(89,755)
Net assets		1,257,830	**1,426,049**	168,219
Equity				
Total equity		1,257,830	**1,426,049**	168,219

Variance comments

7. The $433.1M variance for Cash and cash equivalents is mainly attributable to appropriation payable to Queensland Treasury of ($277.4M) recognised as a liability in Actuals whereas the Budget assumed that the cash repayment would be made prior to 30 June 2017. Budget also included the pre-payment in June of the 2017-18 QGIF invoice ($128.0M) which is now paid in the 2017-18 financial year.

8. The $91.4M variance for Loans and receivables is mainly attributable to appropriation receivable from Queensland Treasury of ($95.4M). The budget assumed that all appropriation funding would be received in the current financial year.

9. The $464.7M variance for Property, plant and equipment is mainly due to the transfer of Land and Buildings relating to the Sunshine Coast University Hospital to the Sunshine Coast HHS during the 2016-17 year. The budget assumed that the transfer of Sunshine Coast University Hospital would occur in full after 30 June 2017.

10. The $427.1M variance for Current Payables is mainly attributable to appropriation payable to Queensland Treasury of ($277.4M), and funding payable to HHSs ($146.7M). Budget assumed that these cash payments would be made prior to 30 June 2017.

11. The $60.8M variance for Current Accrued employee benefits is mainly due budget Accrued employee benefits being based on a higher 2015-16 actual amount which meant that actual accrued salary and wages was $119.1M under budget. This is offset by an increase in FTE employees (1,103 FTE) from the previous year which saw an increase in the Annual leave levy ($50.3M) and Long service leave levy ($7.2M) compared to budget.

12. The $460.0M variance for Non-current Financial liabilities is due to change in assumptions around the timing of transfer of liabilities relating to the Sunshine Coast University Hospital to Sunshine Coast HHS. The budget assumed that this would occur after 30 June 2017.

Note 32. Budget vs actual comparison (continued)

Cash Flow Statement

	Variance Notes	Original Budget 2017 $'000	Actual 2017 $'000	Variance $'000
Cash flows from operating activities				
Inflows				
Appropriation revenue receipts		10,014,701	**9,730,556**	(284,145)
Labour recoveries	2	1,882,785	**1,985,390**	102,605
User charges		1,498,774	**1,625,360**	126,586
Grants and other contributions	3	3,583,093	**3,943,117**	360,024
GST collected from customers		14,258	**19,883**	5,625
GST input tax credits		159,077	**211,826**	52,749
Other revenue		11,706	**42,974**	31,268
Payroll loans and advances		-	**12,080**	12,080
Cash (payments made on behalf of) / recoupment from HHSs		-	**(4,782)**	(4,782)
Outflows				
Health services		(11,898,709)	**(12,055,628)**	(156,919)
Employee expenses		(3,168,381)	**(3,264,002)**	(95,621)
Supplies and services	4	(1,662,605)	**(1,331,515)**	331,090
Grants and subsidies		(61,263)	**(72,493)**	(11,230)
GST paid to suppliers		(148,833)	**(201,039)**	(52,206)
GST remitted		(14,258)	**(19,319)**	(5,061)
Other expenses		(143,030)	**(135,035)**	7,995
Net cash from/(used by) operating activities		67,315	**487,373**	420,058
Cash flows from investing activities				
Inflows				
Proceeds from sale of property, plant and equipment		1,525	**2,765**	1,240
Outflows				
Payments for property, plant and equipment	13	(704,181)	**(203,433)**	500,748
Payments for intangibles	14	(3,080)	**(59,390)**	(56,310)
Loans and advances made		(1,580)	**-**	1,580
Net cash from/(used by) investing activities		(707,316)	**(260,058)**	447,258
Cash flows from financing activities				
Inflows				
Equity injections	15	1,147,635	**356,450**	(791,185)
Outflows				
Equity withdrawals		(632,037)	**(700,549)**	(68,512)
Net cash from/(used by) financing activities		515,598	**(344,099)**	(859,697)
Net increase/(decrease) in cash held		(124,403)	**(116,784)**	7,619
Cash and cash equivalents at the beginning of the financial year		(17,820)	**407,623**	425,443
Cash and cash equivalents at the end of the financial year		(142,223)	**290,839**	433,062

Variance comments

13. The $500.7M variance for Payments for property, plant and equipment is mainly due to non-cash adjustments relating to the recognition of the principal liability ($537.7M) for the construction of the Sunshine Coast University Hospital facility, as well as deferred revenue ($93.5M) for the Sunshine Coast University Hospital car park recognised in Actuals. Budget assumed the liability to be a cash transaction. This was offset by capital purchases ($53.1M) for projects that were budgeted to start after 30 June 2017.

14. The $56.3M variance for Payments for intangibles is mainly due to purchases ($29.7M) for the integrated electronic Medical Record (ieMR) project which was budgeted to be completed in the 2015-16 financial year. The variance was also due to the Finance System Replacement project ($15.3M) which was budgeted for against the PPE asset class.

15. The $791.2M variance in Equity injections relates to a budget assumption that the Department would receive greater equity injections from the State ($300.8M) and the inclusion of a non-cash adjustment in Actuals relating to HHS depreciation funding ($564.2M). Budget assumed depreciation related funding to be cash.

Department of Health

For the period ended 30 June 2017

Management Certificate

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

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

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2017 and of the financial position of the Department at the end of that year; and

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

Michael Walsh – Director General
Department of Health

Date 28/8/2017

Malcolm Wilson – Chief Finance Officer, FCPA
Department of Health

Date 28/8/17

INDEPENDENT AUDITOR'S REPORT

To the accountable officer of the Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health. The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of profit or loss and other comprehensive income by major departmental services, 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.

In my opinion, the financial report:

a) gives a true and fair view of the department's financial position as at 30 June 2017, 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.

Basis for opinion

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

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

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

Key audit matters

I have determined that there are no key audit matters to communicate in my report.

Responsibilities of the department for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2017:

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.

30 August, 2017

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

Department of Health
2016–2017 Annual Report
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