

# ANNUAL REPORT

2017-2018



## **The Gold Coast Hospital and Health Service Annual Report 2017–18 has been prepared to meet annual reporting requirements for whole of government, the community and other stakeholders.**

The annual report provides an overview of our non-financial performance and financial position for the 2017–18 reporting year. This includes details of outcomes against strategic priorities and the Queensland Government's objectives for the community. The report also provides information on how we are governed, the people who enable us to operate and our plans for building a healthier Gold Coast community.

### **Public availability statement**

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

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

### **Interpreter Service statement**



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on telephone (07) 5687 7100 or 1300 744 284 and we will arrange an interpreter to effectively communicate the report to you.

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# Welcome

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## Letter of compliance

1 September 2018

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

Dear Minister

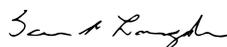
I am pleased to submit for presentation to the Parliament the Annual Report 2017–18 and financial statements for Gold Coast Hospital and Health Service.

I certify that this Annual Report complies with:

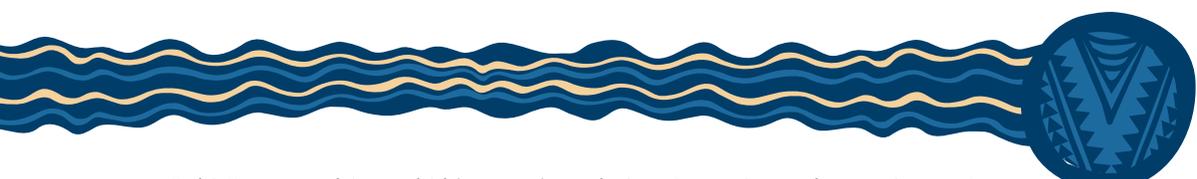
- the prescribed requirements of the *Financial Accountability Act 2009* and the Financial and Performance Management Standard 2009, and
- the detailed requirements set out in the Annual Report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found at page 112 of this Annual Report.

Yours sincerely



**Mr Ian Langdon**  
Board Chair  
Gold Coast Hospital and Health



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

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

Artwork produced for Queensland Health by Gilimbaa.

# About Gold Coast Health

## Gold Coast Health is establishing itself as a world-class provider of public healthcare services through innovation and patient-centred care.

Gold Coast Health is one of the fastest growing health services in Australia, delivering a broad range of secondary and tertiary health services from three hospitals, 13 community located facilities plus two major Allied Health Precincts at Southport and Robina.

Services delivered include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, outpatients, environmental health, public health services and more. Additionally there are a wide range of services delivered directly to the residences of patients including, post birth midwifery visits, home based palliative care, hospital in the home, school dental health, and many more.

Gold Coast Health currently employs more than 9000 staff making it the city's largest employer. The health service has an annual operating budget of \$1.39 billion.

### Who we care for

The Gold Coast region attracts more than 13 million visitors and approximately 12,500 new residents each year, making it one of the fastest growing cities in Australia.

The Gold Coast community is diverse in culture, age, socio-economic status and healthcare needs. There are over 590,000 people who live in the catchment area and depend on the health service for their healthcare needs. According to the 2016 census:

- 1.7 per cent of our population identify as Aboriginal peoples and Torres Strait Islander peoples
- 28.3 per cent of residents were born overseas
- 12.4 per cent of residents speak a language other than English at home
- the Gold Coast has 27,500 residents (4.9 per cent) with a profound or severe disability
- residents aged over 60 represent 22 per cent of the population.



An overview of primary care services available in the Gold Coast region can be sourced at [www.healthygc.com.au](http://www.healthygc.com.au).

## Our vision, purpose and values

### Our vision

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

### Our purpose

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

### Our values

Our work is driven by our six core values:



#### Integrity

To be open and accountable to the people we serve.



#### Community first

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



#### Respect

To listen, value and acknowledge each other.



#### Excellence

To strive for outstanding performance and outcomes.



#### Compassion

To treat others with understanding and sensitivity.



#### Empower

To take ownership and enable each other to achieve more.

# Health service snapshot

## Our recent history

- 2002** ● Robina Hospital (former St Vincent's Hospital) acquired by Queensland Health.
- 2005** ● Cardiac catheter suite opens at Gold Coast Hospital – 2000 patients no longer have to travel to Brisbane.
- 2012** ● Establishment of Gold Coast Hospital and Health Service under the *Hospital and Health Boards Act 2011* on 1 July. Robina Health precinct officially opens. Robina Hospital \$200 million expansion completed.
- 2013** ● The \$1.76 billion Gold Coast University Hospital (GCUH) opens.
- 2014** ● First public patient receives radiation therapy at Gold Coast Health. Expansion of Neonatal Intensive Care Unit. Journey to Magnet® recognition begins. Southport Health Precinct established as an integrated centre for range of health and community services.
- 2014 /15** ● Gold Coast Health budget exceeds \$1 billion.
- 2015** ● Gold Coast Health launches stem-cell transplant service. State-of-the-art dental clinic and laboratory opens at Southport Health Precinct.
- 2016** ● Children's Emergency Department opens at GCUH. 5000 births in a calendar year for the first time at GCUH. Community midwifery service opens. Wide range of community services relocated to the Southport Community Health Precinct.
- 2017** ● Lavender Mother and Baby Unit opens. Coordination Hub launches.
- 2018** ● Varsity Lakes Day Hospital opens. 2018 Gold Coast Commonwealth Games.

## An expanding service

Gold Coast Health was established as a statutory body in 2012.

The significant growth experienced by the health service during the period 2012 to 2018 is demonstrated by the following statistics.

Number of Emergency Department presentations across two hospitals:



Then:

125,744

Now:

171,159

Number of births:

Then:

3787

Now:

5165



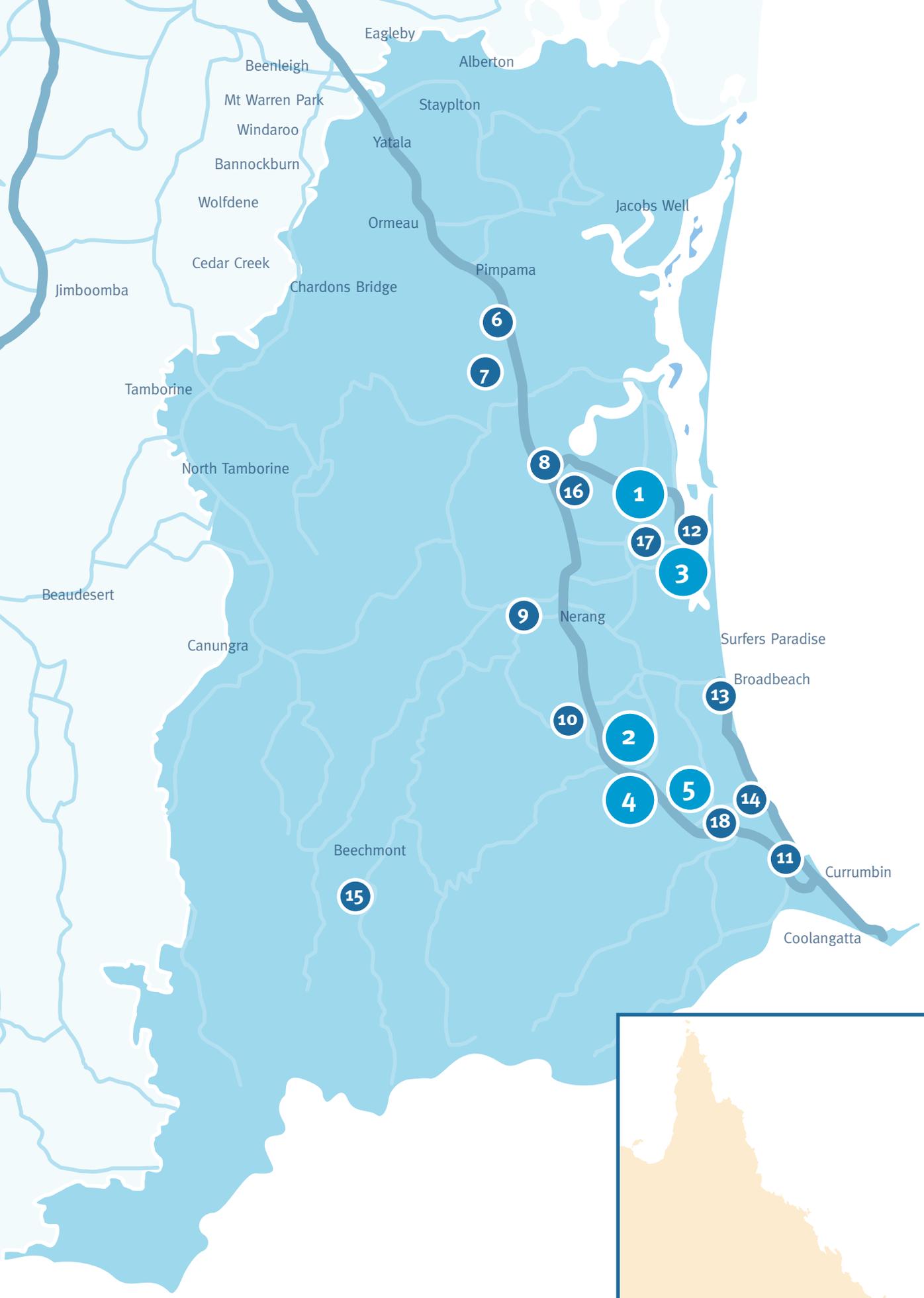
Number of staff:

Then:

5442

Now:

9522



# Operating environment

## 1. Gold Coast University Hospital

Gold Coast University Hospital (GCUH) is a tertiary-level facility which opened in 2013. The \$1.76 billion facility has won several awards, putting it on the international stage. It comprises of 750 beds across seven buildings covering 170,000 square metres, and provides modern, world-class tertiary hospital care, with over 70 per cent private rooms. It is co-located with the Gold Coast Private Hospital and the developing Gold Coast Health and Knowledge Precinct, which will be a legacy of the Gold Coast 2018 Commonwealth Games. The development of the precinct is a collaboration between the health service, Griffith University, City of Gold Coast and Economic Development Queensland.

## 2. Robina Hospital

Robina Hospital is a major regional health facility and part of a health hub including the Robina Health Precinct and Campus Alpha Health Services. The 403-bed facility serves as a patient base for emergency, medical, palliative care and mental health, and is also home to the Clinical Education and Research Centre, a joint project between Bond University's Faculty of Health Sciences and Medicine and Queensland Health.

## 3. Southport Health Precinct and 4. Robina Health Precinct

Key primary health services are co-located at Southport Health Precinct and Robina Health Precinct to provide accessibility, improved service delivery and optimal patient outcomes through enhanced flow and closer relationships between services. Services include Oral Health, Sexual Health, Alcohol and Other Drugs, Community Child Health, Child and Youth Mental Health and many more.

## 5. Varsity Lakes Day Hospital

Varsity Lakes Day Hospital is a six-theatre, 24-bed day hospital which provides endoscopy, plastic surgery, orthopaedic surgery and ophthalmology surgical and support services, allowing for easy access to services for patients requiring day surgery.

## Our community facilities

Gold Coast Health also delivers services from a range of community locations:

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



# From the Board Chair

Ian Langdon



Continually adjusting our sails to accommodate an extraordinary rate of growth whilst maintaining our focus on a Patient First culture remained a key feature of Gold Coast Health during 2017–18.

This growth in demand has come “organically” from the increasing population

in our ever-expanding city but it has also come from the increase in public awareness of the excellence of care provided by our organisation. Our growth has also seen the progressive introduction of new clinical services not previously available to public patients on the Gold Coast.

It is an ongoing challenge to not only accommodate this growth but to do so with increased efficiency. Just like any business, Gold Coast Health continually searches for efficiency improvements while maintaining the highest quality of care.

Since the establishment of Gold Coast Health as a statutory body in 2012, our aim has been to perform at close to a balanced budget; not being prepared to go into deficit but determined not to have large surpluses as every healthcare dollar is meant to be spent. The cost of running Gold Coast Health is now approximately \$1 million every six hours. In 2017–18, Gold Coast Health delivered a surplus which is the equivalent of approximately two days of our annual budget – an excellent result.

## Research and innovation

Our vision to be recognised as a world-class healthcare organisation shines through our commitment to research and innovation. We very much appreciate the ongoing support of the Gold Coast Hospital Foundation in providing funds to assist in developing these research projects.

Over the last four years, Gold Coast Health has delivered a steady increase in the number of medical research studies undertaken. Some of the country’s greatest medical minds, along with our up and coming clinicians, have joined forces on this journey of discovery. Gold Coast research is making a tremendous difference through new techniques and ground-breaking discoveries which enable us to provide better care to our patients.

Our research capability is a strength we will continue to develop in the coming years, particularly as the Gold Coast Health and Knowledge Precinct comes online.

## Our caring culture

I continue to be inspired by the compassion and care

displayed by our staff. Caring for people is the start of providing care and it is very evident in how all our staff go about their business – not just those in clinical roles but all our support staff. One of the tangible ways we have been building a caring culture is by providing employment opportunities for people with disabilities. As the Gold Coast’s largest employer, I want us to lead by example and provide more job opportunities for disadvantaged people in our community.

## Consumer participation

I have been impressed by the passion, commitment and meaningful contributions being made by our Consumer Advisory Group (CAG), who participate in more than 40 committees across the health service and who help us to be conscious of the changing needs of the community. A special thank you to CAG chair, Joan Carlini, and deputy chair, Margaret Shapiro, for their leadership.

## Community Based Care

During the course of the year, I visited many of our community based facilities which sometimes tend to “fly under the radar” but are very much appreciated by the large numbers of the public who take advantage of the excellent services provided. I particularly wish to highlight the work done by staff who visit patients in their homes to help achieve desired health outcomes while managing scarce acute care resources.

## Board moves

On behalf of the entire Board, I would like to acknowledge the valuable contribution by Professor Allan Cripps, a founding member of Gold Coast Health Board since 2012, who departed the Board during the year. Professor Cripps chaired the Research Committee and has helped our health service achieve its vision of being recognised as a world-class centre for excellence.

Mr Michael Kinnane, a former leader for Queensland’s emergency services, has joined the Board, bringing a wealth of public service and health care experience including five years as CEO of Queensland Ambulance Service. I also wish to express my appreciation for the contribution all directors provided during the year.

On behalf of the Board I wish to thank Chief Executive Ron Calvert, his executive and all our employees for their outstanding service during the year.

A handwritten signature in black ink that reads "Ian Langdon".

Ian Langdon

Gold Coast Health Board Chair

# From the Chief Executive

Ron Calvert



The standout event this year for Gold Coast Health and the city has been without doubt the 2018 Commonwealth Games. The detailed preparation and planning undertaken by our service in readiness for the event was justified by the smooth operation of our health system

throughout the Games period. It was an outstanding exercise on many levels and is evidence of how far the organisation has come.

In addition to this significant milestone, it has also been a year of consolidation. September marks five years at Gold Coast University Hospital and we can take pride in establishing a safe service with a strong foundation to further develop as a tertiary hospital. Key steps taken this year include the introduction of a day surgery centre at Varsity Lakes, the establishment of a Coordination Hub to monitor patient care in real time across our facilities, and capital maintenance at Robina Hospital in recognition of its vital role in our local health system.

The significance of a networked system of hospital care came to the fore this year managing the impact of a particularly severe influenza season. The Chief Health Officer identified Gold Coast as the 'epicentre' of the outbreak and it had a deep effect on operations. It is testimony to the skills and commitment of our staff that we rose to the challenge and by March had clawed back the activity reflected in the impressive results in this report.

The second staff survey known as 'Going for Gold' was rolled out as part of our journey to Magnet accreditation. The response from our 9522 staff was outstanding with over 67 per cent taking part and of those, 65 per cent agreeing with the statement that Gold Coast Health is 'a truly great place to work'.

I am pleased to report that over 3000 staff sent me a direct 'Message in a Bottle' (and I read every single one!). Improving and developing our culture is a priority and a range of projects have commenced to bring this intent to fruition.

We continue to work closely with our partners on innovative projects including the Health and Knowledge Precinct development, a greater research presence and integrated patient care models in readiness for the conclusion of the pilot project, known as Integrated Care. The Primary Health Network have been our partners during the integrated care journey which is producing some promising results around delivering patient care.

The establishment of the After Hours project combined with investment in our Emergency Department has allowed us to maintain a strong performance in relation to timeliness to see patients. Every year I reflect on the increasing demand we face due, in part, to the growing population of the Gold Coast and surrounding areas. We continue to have the fastest growing region in the state so our ability to innovate and address community demand is fundamental to success.

I am proud to report that in addition to increases in service outlined in this report, we have also balanced our budget - as we always do. It cannot be done without the contribution of our key resource - our people - and I would like to conclude by thanking each and every staff member for their effort at Gold Coast Health. In closing, thanks also to the Board for their strategic guidance, oversight and continuing support to me in this role throughout the year.

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

**Ron Calvert**  
*Gold Coast Health Chief Executive*

# Our priorities

## Queensland Government's objectives for the community

Gold Coast Health's priorities closely align with the Department of Health's commitment to healthy Queenslanders, accessible and safe services, innovation and research, governance, partnerships and workforce.

The organisation's strategic plan and organisational values also support the Queensland Government's objectives for the community and the Queensland public service values.

Gold Coast Health's commitment to meeting our community's expectations helps build safe, caring and connected communities.

Through strengthening the public health system and providing responsive and integrated government services, Gold Coast Health delivers quality frontline services.

## My health, Queensland's future: Advancing health 2026

Advancing health 2026 was developed by Queensland Health to respond to the challenges and opportunities faced in Queensland.

Advancing health 2026 establishes a common purpose and a framework for the health system in Queensland. It seeks to bring together government agencies, service providers and the community to work collaboratively to make Queenslanders among the healthiest people in the world.

Five principles underpin this vision, directions and strategic agenda.

### 1. Sustainability

We will ensure available resources are used efficiently and effectively for current and future generations.

### 2. Compassion

We will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.

### 3. Inclusion

We will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.

### 4. Excellence

We will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.

### 5. Empowerment

We recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

## Other whole-of-government plans and specific initiatives

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

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### Healthy Queenslanders

Ensure available resources are used efficiently and effectively for current and future generations.

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### Safe, equitable and quality services

Ensure there is access to safe, equitable and quality services that maintain dignity and consumer empowerment.

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### A well-governed system

Sound management of funding and delivery of performance for the whole system.

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### Strategic policy leadership

Develop, implement and evaluate evidence-based policy that sets system-wide direction.

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### Broad engagement with partners

Build partnerships with all levels of the community to plan, design, deliver and oversee health services.

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### Engaged people

Cultivate a culture that harnesses capability and values our people.

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**“My wife attended Emergency with a broken foot. All staff we interacted with were very good indeed. We had a similar superlative experience when my wife attended the hospital for an operation, and two night stay to resolve the damage to her foot. The facilities and resources at Gold Coast University Hospital are impressive and we also liked the readily available variety of specialised personnel. Gratitude to the nurses, doctors, wardsman, administrators and managers, cleaner, physiotherapist, anaesthetists, caterers and pharmacist who helped my wife during her ordeal.”**

– Alex

## Our priorities and strategic objectives

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

The *Gold Coast Health Strategic Plan 2016–2020* aligns to the Queensland Government objectives of delivering quality frontline services. These objectives include:

- strengthening our public health system
- providing responsive, integrated government services
- supporting disadvantaged Queenslanders
- creating jobs and a diverse economy
- building safe, caring and connected communities.

The patients’ needs guide strategic planning across every level of healthcare and help to improve community health, hospital care and highly specialised services.

Our strategic focus areas, objectives and measures of success are:

### 1. Deliver safe, effective and efficient quality of services

Provide sustainable and high quality services through coordinated care and continuous improvement of our healthcare knowledge. Patients experience seamless treatment across all health service providers involved in their care through collaboration and communication.

#### Measures of success:

Patient satisfaction, clinical excellence and our reputation as a world class health and research organisation.

### 2. Ensure patients have access to health services

Actively working with operational teams, information communication technology (ICT) and business continuity to ensure consistent delivery of high quality healthcare before, during and after the 2018 Commonwealth Games. The Gold Coast community will continue to have timely access to health services. All members of the Gold Coast community have equal access to health services regardless of economic conditions or social background. The majority of local patients with complex or rare illnesses are treated by Gold Coast Health.

#### Measures of success:

The community’s confidence in receiving treatment within clinically recommended timeframes without the need to travel to other health services.

### 3. Support a healthy Gold Coast community

Identified patients with chronic and mental illnesses are suitably cared for in the community to ensure continued quality of life. Building partnerships with GPs and health service providers to reduce the rate of avoidable hospital admissions. Actively promote a healthy lifestyle through community engagement and public health campaigns.

#### Measures of success:

A reduction in service demand for preventable and mental illnesses that require hospital care.

Strategic enablers are organisational resources and qualities that define the health service’s ability to deliver the strategy. They are:

- staff and culture
- research, teaching and education
- information management and innovation
- health service facilities and partnerships.



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

# Our challenges and targets

## Our strategic challenges

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

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

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

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**Challenge:** Meet critical quality and safety performance outcomes.

**Our strategy:** Ongoing engagement with clinicians, strengthened accountability and reporting systems. Solutions such as best-practice clinical interventions, improved models of care, digital transformation, state-of-the-art facilities and a resilient workforce will enable us to navigate a rapidly changing healthcare landscape.

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

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

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

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

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## Managing strategic risks

Our governance system and strategic risk management framework align with the Queensland Department of Health Strategic Plan 2016-2020. Our strategic risks are:

- increasing service demand threatening equity and timely access to services
- managing demand within a constrained funding environment
- insufficient workforce capacity and capability inhibiting provision of high quality care and service improvements.

Our key opportunities are:

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

## Our commitment

A range of services and programs have been implemented to deliver on the service's strategic objectives for 2017–18. The Service Agreement between the Gold Coast Health Board and Queensland Health sets out the agreed services and standards that will be provided to the community each year.

## Surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life with 99.4 per cent of patients having their surgery within the recommended time for their urgency category.

There has been a continued focus on improving theatre utilisation to help improve access for both elective and emergency surgery. The use of reliable information also plays an important role in the ability to effectively schedule patients for surgery.

In 2017–18 these improvements have seen the hospital initiated cancellations of surgery within 24 hours of the booked surgery date improve from 9.2 per cent in 2016-17 to 4.6 per cent in the 2017-18 financial year.



## Emergency treatment

Gold Coast Health emergency departments (ED) attended to 171,159 patients during 2017–18, an overall increase of 4.34 per cent on 2016–17, and included 26,977 paediatric presentations. Gold Coast University Hospital ED received 109,466 patients and 61,693 at Robina Hospital.

While continued growth in presentations along with the increasing acuity and complexity of the patients has presented challenges for the organisation, Gold Coast Health EDs have performed well. The overall health services performance against the National Emergency Access Target (NEAT) was 76 per cent in 2017-18 against a target of 80 per cent for all patients to be discharged home, admitted or transferred to another facility within four hours of arrival.

2180 additional patients were discharged within four hours compared to the previous year and 100 per cent of category one presentations continue to be seen by a treating doctor or nurse within two minutes of arrival.

Gold Coast University Hospital achievements against the Patient Off-Stretcher Target (POST) of 90 per cent for ambulance arrivals was 70.2 per cent at Gold Coast University Hospital and 71.8 per cent at Robina Hospital during the reporting period.

Strategies to better manage patients presenting to ED and assist in meeting targets in the face of the increasing demand for emergency services include the opening of eight acute assessment beds in addition to the establishment of the Coordination Hub which coordinates:

- patient distribution between Robina Hospital and Gold Coast University Hospital
- bed availability (empty/cleaned)
- ambulance waits and ambulance demand.

An InterACT service has been established to better support and manage the aged patients in Residential Aged Care Facilities reducing the need for transfer to Emergency Departments by providing an outreach model.

An acute specialist nurse respiratory service provides specialized timely care to respiratory patients reducing the Emergency Department stay and transferring those patients who require admission directly to the specialist respiratory inpatient unit.

The Hospital at Night program has commenced and provides additional senior medical and nursing support to staff and acutely unwell patients after hours.

# Year in review



## A gold medal performance

The Gold Coast was gripped by sporting fever this year as the long-planned for 2018 Commonwealth Games was held between 4 and 15 April.

Gold Coast Health was proud to play a role in supporting what was the largest sporting event to be staged in Australia this decade and the largest ever on the Gold Coast.

The Games touched virtually every aspect of our health service, from service modification required to respond to the Games, to ensuring our staff could access our facilities, to caring for the athletes presenting to our hospitals.

We undertook more than two years of extensive planning for the Games, working closely with

key partners including the Gold Coast 2018 Commonwealth Games Corporation and other government agencies to ensure safe and exceptional health service delivery throughout the event.

As the designated hospitals, Gold Coast University Hospital (GCUH) and Robina Hospital were the referral points for acute injuries and illness for athletes, spectators, Games officials and the media.

Gold Coast Health also established and staffed a polyclinic (a mini emergency department) and pharmacy within the Commonwealth Games Village while another 200 health service staff and hospital volunteers gave their time to volunteer at Games venues as Games Shapers.

The majority of our staff worked to maintain essential health services for the community during the Games period with all data showing that we managed the demands of the Commonwealth Games extremely well.

Presentations at GCUH (already the busiest emergency department in Australia) over the Games period and school holidays were up about seven per cent on the same period last year.

Included in the presentations were more than 440 directly related to the Commonwealth Games who were transferred to GCUH or Robina Hospital for treatment for conditions ranging from fractures to malaria and

dehydration. This number exceeded expectations, with previous Commonwealth Games reporting less than 100 patients transported to hospital.

There was a significant and successful Public Health response to the Games and, aside from a minor influenza outbreak in one team, there were no disease outbreaks throughout the period. Environmental health staff conducted 288 inspections of Games venues, investigated 25 complaints and collected 234 samples for testing, including food, water in swimming pools and ice baths, and drinking water.

The spirit of the Games was well and truly felt at Gold Coast Health, particularly as more than 60 athletes from across the Commonwealth visited with patients and staff. Among the athletes showing off their medals were a number of para-athletes who visited our rehab areas to inspire those recovering from accidents or illness.

The feedback from those who touched our service was overwhelmingly positive. Staff provided a welcoming experience and were commended for their professional approach by GOLDOC, Polyclinic staff, athletes and various Games family. The additional workload was well managed with no adverse medical events recorded and consistent performance in NEAT and POST. It was a culturally positive professional experience for our organisation.

This once-in-a-lifetime event has delivered some lasting legacies for Gold Coast Health. From stronger partnerships with partner agencies and the emergency services, including the Queensland Ambulance Service, to a myriad of opportunities to test health-service wide emergency response procedures. While there may never be another event like it for the Gold Coast, we are thrilled to have been part of the Gold Coast 2018 Commonwealth Games.

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**6600+** athletes and team officials from 71 Commonwealth nations

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**440+** Games-related presentations to emergency departments at GCUH and Robina Hospitals

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**178** inpatient admissions were Games-related

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The number of athletes from Australia, New Zealand, South Africa and Jamaica that visited staff and patients **68**

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 Gold Coast Health staff operated the polyclinic in the Athletes Village.

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### Varsity Lakes Day Hospital opened

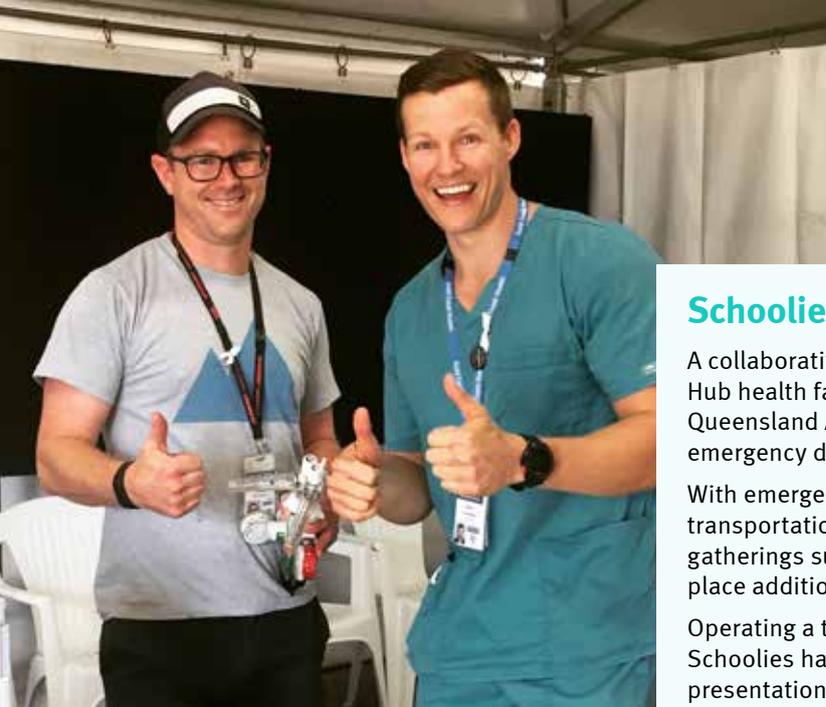
Varsity Lakes Day Hospital, a purpose-built surgical facility, welcomed its first surgical patients on 1 November 2017.

Gold Coast Health leased the facility from Health Care Australia to help ease the demand for theatre time at Gold Coast University Hospital.

Across six operating theatres, the Gold Coast Health team expects to perform 15,000 routine surgeries each year at Varsity Lakes including gastroenterology, gynaecology, orthopaedics, plastics and ophthalmology. This includes an additional 3000 endoscopies every year.

The new day hospital also increases valuable bed space and reduces the length of stay for patients waiting for surgery at Gold Coast University and Robina hospitals, as well as ensuring that Gold Coast Health maintains its excellent track record seeing all elective surgery patients within clinically-recommended timeframes.

Stage three of Varsity Lakes Day Hospital is planned to include the opening of a new 24-hour-a-day ward and bowel screening clinic, complementing the endoscopy procedure room.



## Schoolies medical tent frees up ED

A collaborative research study has confirmed that the Schoolies Hub health facility operated by Gold Coast Health and the Queensland Ambulance Service each year is a successful emergency department avoidance strategy.

With emergency department crowding and ambulance transportation rates continuing to increase annually, mass gatherings such as Schoolies and the Gold Coast Marathon can place additional pressure on the public health system.

Operating a temporary health facility at major events like Schoolies has shown to significantly reduce the number of presentations to hospital emergency departments.

A skilled team of Gold Coast Health professionals work alongside other health professionals and volunteers to operate the temporary health facility between 6pm and 2am for each day of Schoolies.



## Research funding drives innovation

Nine research projects by Gold Coast Health clinicians and staff shared in more than \$517,000 in funding courtesy of a partnership between the health service and Gold Coast Hospital Foundation.

The Research Grants Scheme provides seed funding for innovative health and clinical research projects that will improve the health of the Gold Coast community and the delivery of health care services.

These research projects, led by Gold Coast Health professionals and often involving collaboration with universities, combine high quality research with clinical practice and are contributing to the growth of Gold Coast Health's strong research culture.

Projects to receive up to \$100,000 over two years included:

- rapid diagnosis of sepsis in acutely ill children
- safety, tolerability and efficacy of cannabis-based medicine extract in slowing the progression of amyotrophic lateral sclerosis and motor neurone disease
- responding to domestic and family violence in the context of maternity care.

## Coordination hub delivers patient benefits

Gold Coast Health has established a new hi-tech coordination hub, the first of its kind in Australia, to improve the flow and care of patients.

The new facility uses world-leading technology to provide real-time data that a dedicated team uses to streamline patient flow.

The Gold Coast University Hospital is the busiest Emergency Department (ED) in Australia. Together with the ED at Robina Hospital, there are more than 170,000 ED presentations every year.

Of those, more than 40 per cent required admission, which places pressure on the health service to find beds for these unscheduled patients on top of the beds required for those people who are already inpatients or scheduled for surgery.

Since the Coordination Hub opened, the journey for patients within the hospital has improved through more efficient bed management.

The data and co-location of teams has already resulted in several initiatives being implemented to further improve patient flow, including extending the Transfer Unit operating hours and allocating additional physicians to work alongside their ED colleagues at peak periods of demand.





## Responding to Domestic and Family Violence

Gold Coast Health understands the importance of recognising, responding to and referring patients and families affected by Domestic and Family Violence (DFV) that present to any area within the Health Service. Often the health sector is the first point of contact for identifying those affected by DFV and we are committed to implementing change and providing support for those in need.

Gold Coast Health has established a range of close relationships with local community-based organisations, with the intention of combining expertise and resources reduce the impact of DFV and to provide support to all those involved. The established relationships include:

- The Gold Coast Domestic Violence Integrated Response (GCDVIR) – a community-based multi-agency response to domestic violence, including Queensland Police Service and the Department of Housing. Services work together to provide coordinated, appropriate and consistent responses to all individuals affected by DFV and to those who perpetrate domestic violence.
- Women’s Legal Service (WLS) – we have established a health justice partnership with WLS in response to findings from the Not Now Not Ever report. The service provides vulnerable women attending Gold Coast Health services with legal advice and support regarding a range of matters including family law, domestic violence and child protection issues.

- DV Connect – Gold Coast Health maintains a close relationship with DV Connect and regularly provides their contact to patients as a referral service.

In November 2017 Gold Coast Health staff took an oath to help raise awareness of White Ribbon Australia’s work to end men’s violence against women.

Chief Executive Ron Calvert, executives and staff pledged to ‘stand up, speak out and act’ ahead of White Ribbon Day. The event marked Gold Coast Health’s commitment to gender equality, diversity and a culture of respect at all levels of the organisation.

Gold Coast Health has also employed a Specialised Domestic and Family Violence social worker – the first in Queensland Health – who has been pivotal in building the health service’s capacity to respond to the issue of domestic and family violence over the past year.

The role provides education and training to enable doctors, nurses, allied health workers and the broader staff to be able to identify and appropriately respond to women who are experiencing domestic and family violence.

## New service reduces hospital time for children

Children's Hospital in the Home (CHITH) is a new Gold Coast Health specialist home-visiting service for children aged five to 18 to reduce time spent in hospital or avoid admission.

The CHITH team of nurses, a paediatrician and a physiotherapist provide care for children with chronic conditions in their own home. In just the first month of operation, CHITH cared for 12 children, preventing 82 days of in-hospital care.

The families caring for children with chronic conditions have reported a huge difference in their family life, due to spending much less time in hospital. They have also reported less stress for children with behavioral needs, who are more relaxed at home, and that the children are missing less learning time as the team will visit children at school.



## Volunteer achieves amazing milestone

Jan Hamilton has been volunteering for Gold Coast Health for a remarkable 30 years.

Fellow volunteers and Chief Executive Ron Calvert paid tribute to Ms Hamilton, who volunteers two mornings a week with roles including collecting and distributing internal mail and messages, assisting patients attending outpatient clinics and providing way finding for patients and visitors.

Initially she chose to volunteer at the former hospital because she was familiar with the environment through her own medical experiences.

Ms Hamilton is held in very high regard by her fellow volunteers, described as a perfect example of someone never letting their disability get in the way of supporting others.

## Positive patient outcomes from nurse navigator

Improved quality of life is cited as one of the most significant outcomes for patients using Gold Coast Health's Alcohol and Other Drugs Service (AODS) nurse navigator program during its first year.

Nurse practitioner Dr Warren Harlow was appointed to assist clients frequently presenting to hospital with substance abuse problems. These patients also had complex health needs and were at serious risk of further deteriorating health, contributing to a decline in their quality of life.

Dr Harlow developed and refined a new model of care, involving clients presenting at least five times to hospital within one month or at least 10 times during a year. At the commencement of the program, the average pre-intervention rating of client-reported quality of life on the Australian Treatment Outcomes Profile was 1.5 out of 10, but this improved to 5.4 in July 2017.

In the most positive cases, clients have reduced or stopped problematic substance use, and also reduced or stopped presenting to hospital. There have also been improvements in their social relationships and broader health including finance management and housing.





## Compassionate care resonates with Gold Coasters

The efforts of nursing staff to fulfil one of the greatest wishes of a terminally ill inpatient at Gold Coast University Hospital has been widely celebrated by thousands of Gold Coasters through social media.

The dedicated palliative care staff at GCUH helped the patient fulfil his dying wish to marry his fiancée, putting in the extra effort to improve the patient's quality of life and creating beautiful memories for him and his family.

The wedding was a perfect example of patient-centred care and one of many times where staff have supported their patients' end-of-life goals, including weddings, vow renewals and a bar mitzvah.



## State-of-the-art CT scanner for the Gold Coast

Gold Coast Health patients were the first in Australia to access cutting-edge scanning technology after the installation of \$1.5 million worth of CT equipment at Gold Coast University Hospital.

The iQon CT scanner, expected to scan about 500 patients each month, will provide clinicians with the data to better manipulate scanned images on the fly, making the investigation and diagnosis of cancer and other pathology faster and easier, including the detection of subtle lesions.

The IQon CT scanner technology will allow clinicians to map iodine distribution and subtract it from one image to compare it to the other, when searching for vascular blockages in the chest.

It also bridges the gap in soft-tissue scanning between MRI and CT scans as the iQon can better characterise tissue or bones to differentiate tissue composition such as finding out the composition of kidney stones.



## Gold Coast Health staff rewarded for ideas outside the square

Gold Coast's premier public health innovation event, The Improvers, awarded more than \$1 million in 2018 to staff ideas which will directly improve patient care.

This year, the Gold Coast Health's workforce submitted 224 project proposals across six categories. Thirteen finalists were invited to present their ideas in a one-minute presentation to a panel of judges and a live audience, with staff participating via a live stream as well. From new ways of recycling medical equipment to creating state-of-the-art rehabilitation spaces, each of the submissions is another step towards delivering better care to the Gold Coast community.

The 2018 category one winning idea was an electronic blood fridge management system which helps reduce blood wastage, particularly for trauma patients who have a critical need for blood and blood products.

Other winning ideas included Ultrasonic Wound Debridement machines for the vascular wound service to help prevent diabetic amputations, installing a CT/MRI simulator which prepares children for an MRI or CT which traditionally might require a general anaesthetic and buying a MOTomed to mobilise ICU patients in their beds to help prevent loss of body mass.

Since the launch of The Improvers in 2014, more than \$1.88 million has been awarded to staff to bring their innovative ideas to life and help to improve outcomes for our patients.



Members of the GEMITH team, from left, occupational therapist Georgina Alle, Dr Marlis Ryan, Hilary Peters and physiotherapist Dylan Lloyd.

### Hundreds of patients home sooner

More than 500 patients have benefited in the first year of the Geriatric Evaluation and Management in the Home (GEMITH) program.

The program involves a team of medical, nursing and allied health professionals supporting patients in returning home sooner.

The patients, most over age 65 and with geriatric syndromes, are assessed by one of GEMITH's two geriatricians while inpatients to see if they could avoid a long stay in hospital.

In the past, these patients would remain in hospital for rehabilitation until they are able to care for themselves at home. The GEMITH program allows them to leave hospital earlier and receive daily visits from a multi-disciplinary team who provide care in their own homes, until they are back to baseline health and can care for themselves.

The team works Monday to Friday, and is made up of doctors, nurses, physiotherapists, occupational therapists, speech pathologists, a dietitian, a pharmacist, an allied health assistant and social worker.

### Emergency staff celebrate 10 years at Robina

Gold Coast Health celebrated a decade of providing emergency care at Robina Hospital since the emergency department opened on 3 September 2007.

When the emergency department opened, an average of 87 patients per day were seen, and by 2017, this number had grown to an average of 170 patients per day. This amounts to over 522,000 presentations in the past 10 years.

With the demand in presentations doubling, nursing staff numbers have significantly increased to meet this demand, from 49 originally to 117 today.

The Robina emergency department consistently tops the state for its national emergency access target (NEAT) performance.



Current and former Robina ED staff celebrating the 10<sup>th</sup> anniversary

### Taking care to Gold Coast palliative patients

An online patient consulting initiative has made a difference to hundreds of Gold Coasters in need of Palliative Care in a little more than 12 months.

Since its introduction to the health service in March 2017, more than 460 Gold Coast Health patients have benefited from the Telehealth interactive video-conferencing system.

Patients referred to the Gold Coast Health Palliative Care Service have reached a point in their care where their illness is life-limiting and their medical needs become more about quality of life and empowering them to make the most of their time.

Giving patients rapid access to a member of our Supportive and Specialist Palliative Care Service reduces the need to travel to specialists for consultations and subsequently enables patients to spend more time in the comfort of their own home.

Diabetes clinics, renal clinics and pain management are other areas of the health service striving to use Telehealth as part of daily operations in the future.



Breast surgeon Dr Rhea Liang

## Leading the way with breast cancer surgery procedure

Gold Coast Health's Breast Services is gaining a reputation as a leader in a new surgical procedure that is improving the accuracy and comfort of breast cancer surgery.

The procedure, ROLLIS – short for Radio-labelled Occult Lesion Localisation – is used to find breast cancers that are too small to see or feel and assist in locating the cancer during surgery.

Traditionally, a long piece of wire with a hook on the end is inserted into the breast which can be uncomfortable and dislodge, increasing the number of women who might require repeat surgery.

With the trial procedure, a 'seed' containing a small dose of radioactive iodine is inserted into

the breast at the cancer site remaining active for up to eight days. The precision of the seed allows for surgery that removes the cancer and a rim of normal tissue around it, while sparing the rest of the breast tissue.

Gold Coast Health are now national leaders in this procedure and ran the inaugural training workshop on the east coast, attended by 26 surgeons and radiologists from Australia, New Zealand and Thailand.

Gold Coast Health services about 350 new cancers annually and about one third of them require this procedure, so approximately 115 Gold Coast women each year will be helped directly.

**“First time going to the Gold Coast University Hospital for a leg re-cast and it was the best experience! The staff and volunteers were amazing, super helpful and friendly and I didn't have to wait long to be seen. The hospital itself was clean and tidy and the cafe/eating area had lots of choices. I would definitely go back! Great service!”**

– Leslie Bradley

# Our performance

## Summary of financial performance

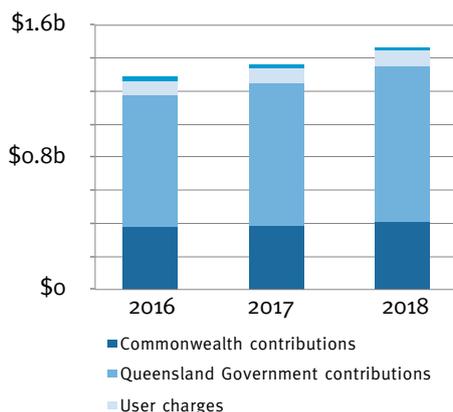
Gold Coast Health reported a surplus of \$7.956 million for the year. This included a net revaluation increment of \$0.9 million on land and buildings that is due to a number of property-related factors, including the current state of the Gold Coast property market. The underlying operating performance was therefore a surplus of \$7.055 million.

## Where our funds came from

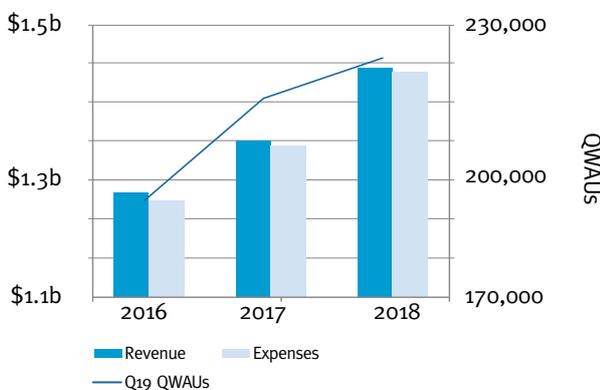
The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework.

The total income for Gold Coast Health for 2017–18 was \$1.455 billion (compared to \$1.359 billion in 2016–17). The primary source of funds is the Department of Health.

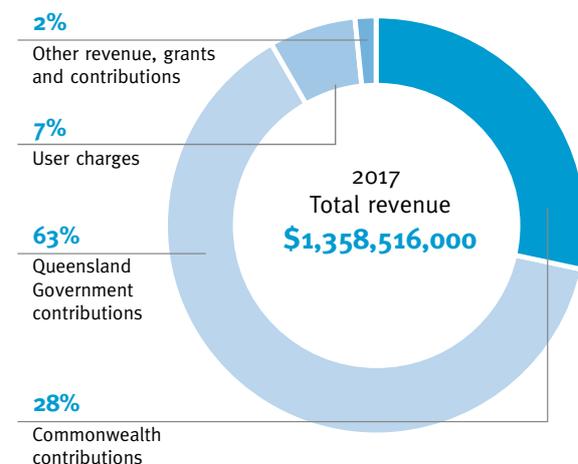
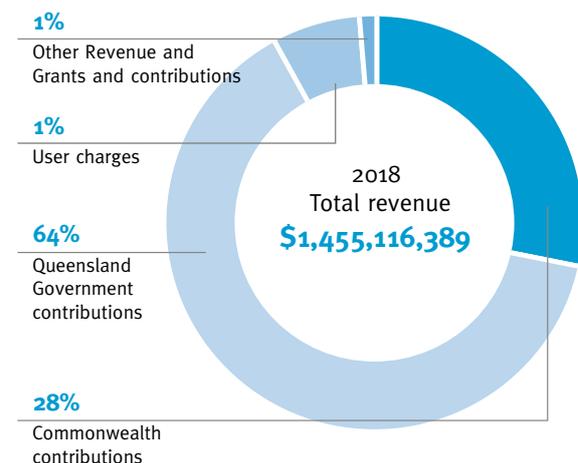
**Chart 1a: Revenue by funding source (over three years)**



**Chart 1b: Revenue, expenses and QWAUs (over three years)**



**Chart 2: Revenue by funding source**



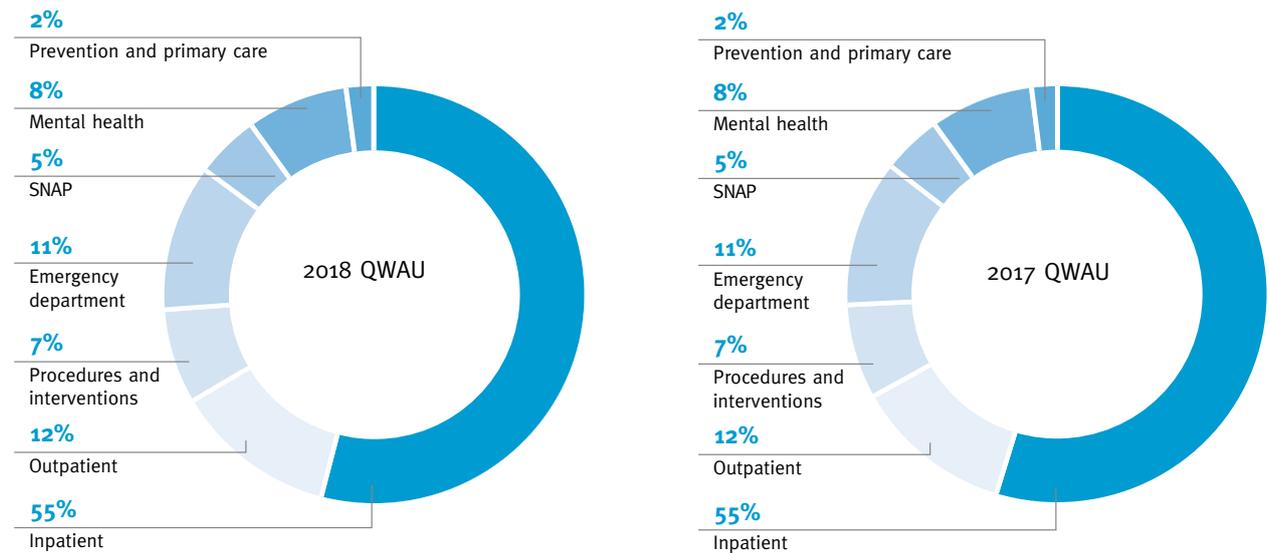
### Activity-based funding

In the service agreement between Gold Coast Health and the Department of Health the measure of activity is known as Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient’s journey through our health service. The value is recalculated each year based on the national average which is determined by the Independent Hospital Pricing Authority (IHPA). The QWAU used throughout 2017–18 is the 19th for Queensland and is referred to as ‘Q19 QWAU’.

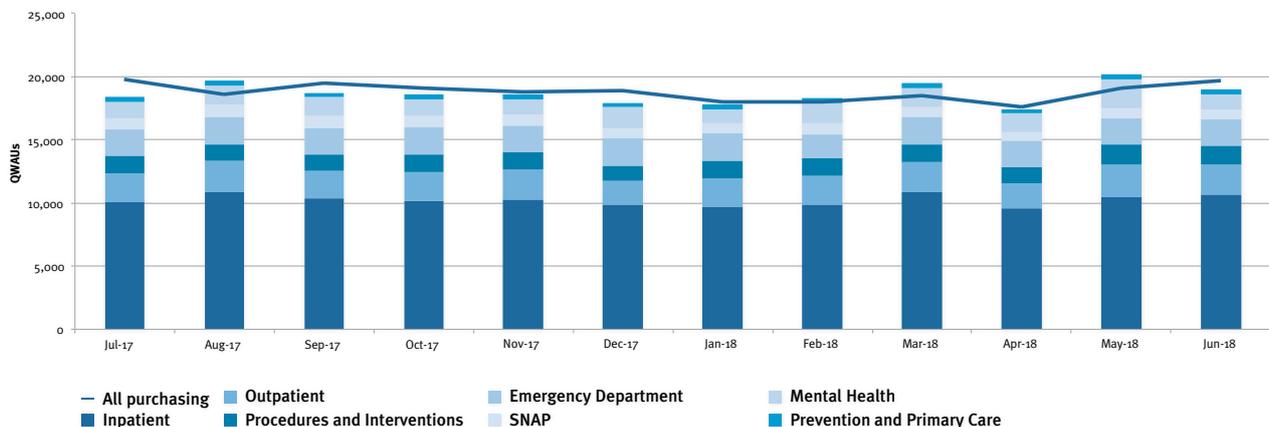
### How our funds were used

The significant increase in delivered activity combined with the operational requirements of the enhanced Gold Coast University Hospital facility have been the primary driver behind the 7 per cent increase in expenditure from \$1.352 billion to \$1.447 billion, evidenced by a 6.9 per cent increase in employee expenses to \$971 million alone.

**Chart 3: QWAUs by purchasing category**



**Chart 4: 2018 Monthly Gold Coast Health QWAUs vs Targets**



## Future financial outlook

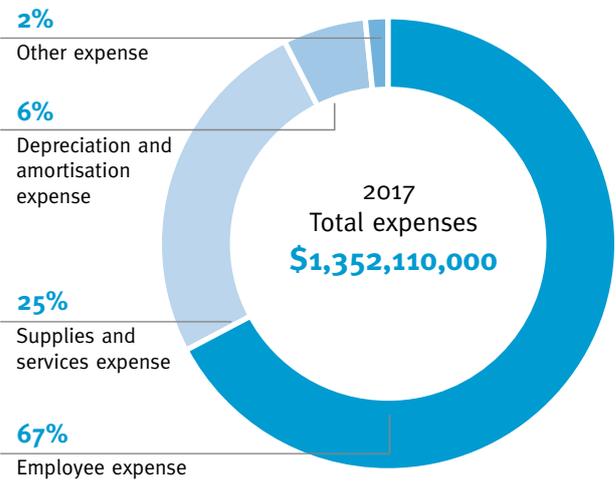
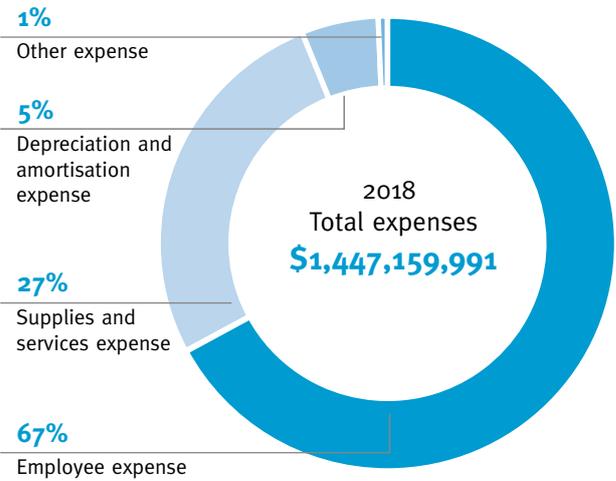
Gold Coast Health is committed to providing better health outcomes for the community and achieves this goal through reinvesting in its people and infrastructure. The organisation is exploring innovative and cost-effective solutions to enhance the value of services we provide to the community.

## Assurance statement

For the financial year ended 30 June 2018, the Chief Finance Officer provided an assurance statement to the Gold Coast Health Board and Chief Executive about the preparation of the financial statements and notes thereto, the internal financial control framework, and compliance with prescribed requirements for establishing and keeping the financial records in accordance with applicable accounting standards.

In accordance with Auditing and Assurance Standards Board (AASB) Standard 720 *The Auditor's responsibilities relating to other information*, the Queensland Audit Office reviewed the 2017–18 Annual Report prior to publication to ensure that the financial and non-financial information is not inconsistent with the financial report.

Chart 5: Expenditure by major category



**Table 1: Service performance statement**

Gold Coast Hospital and Health Service	Note*	2017–18 target	2017–18 est. actual	2018–19 target
<b>Service standards – percentage of patients attending emergency departments seen within recommended timeframes:</b>	1			
Category 1 (within 2 minutes)		100%	100%	100%
Category 2 (within 10 minutes)		80%	57%	80%
Category 3 (within 30 minutes)		75%	46%	75%
Category 4 (within 60 minutes)		70%	68%	70%
Category 5 (within 120 minutes)		70%	91%	70%
<b>Percentage of emergency department attendances who depart within four hours of their arrival in the department</b>	2	>80%	76%	>80%
<b>Percentage of elective surgery patients treated within clinically recommended times:</b>	3			
Category 1 (30 days)		>98%	100%	>98%
Category 2 (90 days)		>95%	97%	>95%
Category 3 (365 days)		>95%	97%	>95%
<b>Rate of healthcare associated STAPHYLOCOCCUS AUREUS (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patients days</b>	4	<2	0.8	<2
<b>Rate of community follow-up within 1–7 days following discharge from an acute psychiatric care</b>	5	>65%	53.8%	>65%
<b>Proportion of readmissions to an Acute Mental Health inpatient unit within 28 days of discharge</b>	6	<12%	13.7%	<12%
<b>Percentage of specialist outpatients waiting within clinically recommended times:</b>	7			
Category 1 (30 days)		65%	66%	66%
Category 2 (90 days)		56%	50%	56%
Category 3 (365 days)		94%	87%	94%
<b>Percentage of specialist outpatients seen within clinically recommended times:</b>	8			
Category 1 (30 days)		84%	82%	84%
Category 2 (90 days)		47%	62%	62%
Category 3 (365 days)		66%	67%	67%
<b>Median wait time for treatment in emergency departments (minutes)</b>	9	20	27	--
<b>Median wait time for elective surgery (days)</b>	10	25	40	--
<b>Efficiency Measure</b>	11	\$4798	\$4885	\$4879
<b>Average cost per weighted activity unit for Activity Based Funding facilities</b>				
<b>Other measures</b>	12			
<b>Number of elective surgery patients treated within clinically recommended times:</b>				
Category 1 (30 days)		6291	6478	6672
Category 2 (90 days)		6224	6563	6825
Category 3 (365 days)		3387	3245	3781
<b>Number of Telehealth outpatient occasions of service events</b>	13,14	963	1417	1156
<b>Total weighted activity units (WAUs)</b>	15			
Acute Inpatient		137,488	138,644	145,916
Outpatients		35,205	35,772	38,728
Sub-acute		10,308	10,378	10,798
Emergency Department		24,003	24,313	26,798
Mental Health		12,052	12,154	12,682
Prevention and Primary Care		3926	3926	3974
<b>Ambulatory mental health service contact duration (hours)</b>	16	>90,125	80,419	>90,125

This service performance statement is consistent with data provided through the Queensland State Budget service delivery statement, available at <https://s3.budget.qld.gov.au/budget/papers/5/bps-qh-2017-18.pdf> (pages 115–124).

\*see appendix 5

# Our services

**Gold Coast Health, similar to health organisations globally, is facing significant challenges in delivering high quality, low cost healthcare with high levels of patient satisfaction.**

As identified in *My health, Queensland's future: Advancing health 2026*, our population is aging and there is a growing number of Queenslanders living with chronic disease.

Solutions such as best-practice clinical interventions, new technologies, digital transformation and a resilient, engaged workforce will help us to navigate a healthcare which is changing rapidly.

The health service is divided into five main clinical directorates containing a range of service areas:

- Cancer, Access and Support Services
- Diagnostic, Emergency and Medical Services
- Mental Health and Specialist Services
- Specialty and Procedural Services
- Women, Newborn and Children's Services.

## **Cancer, Access and Support Services (CASS)**

Demand, Access and Management Cancer  
Blood and Palliative Care  
Public Health  
Infectious Diseases and Immunology  
Pharmacy  
Nutrition and Food Services  
Social Work and Support  
Speech Pathology

## **Diagnostic, Emergency and Medical Services (DEMS)**

Emergency and Assessment  
Transitional Care Services  
Diagnostic Services  
General Medicine, Aged Care, Vascular, Endocrine  
Cardiac, Thoracic, Renal, Respiratory  
Neurology Services and Rehabilitation

## **Specialty and Procedural Services (SaPS)**

Perioperative and Critical Care  
Head, Neck, Oral and Neurosurgical  
Surgical and Musculoskeletal

## **Mental Health and Specialist Services (MHSS)**

Specialist Programs and Alcohol and Other Drugs  
Adult and Older Person Mental Health  
Child and Youth Mental Health  
Community Mental Health  
Quality, Safety and Corporate Governance  
Business Support Unit

## **Women, Newborn and Children's Services (WNCS)**

Obstetrics and Gynaecology  
Midwifery Group Practice  
Newborn Care  
Paediatrics  
Children's Critical Care  
Child Youth and Family Health  
Child Protection Liaison Unit  
Community Child Health  
School Based Youth Health Nursing

## Wins all around for mental health consumers and staff

Mental Health and Specialist Services (MHSS) continues its commitment to providing safe, sustainable, efficient, quality and responsive services to the Gold Coast community.

The 'Journey to Zero' Suicide Prevention Strategy has been recognised with a highly commended award for 'Delivering Healthcare' at the 2017 Queensland Health Awards for Excellence ceremony. The initiative has achieved remarkable success since its introduction in December 2016 and has helped reduce the incidence of suicide in more than 1200 cases.

In an Australian first, Gold Coast Health have developed a series of consumer videos to provide consumers and their families and carers with an understanding of Electroconvulsive Therapy (ECT) and to further reduce the stigma surrounding this treatment. The videos feature consumers sharing their experiences so that others are aware of what to expect when they are preparing to undergo this treatment. The innovative idea won the People's Choice Award at the 2017 Improvers Event.

Engaging consumers is a vital driver of success in the delivery of quality mental health services. Gold Coast Health continues its strong record of engagement through the annual ArtBeat music and art festival, when consumers take to the stage at GCUH to perform and showcase more than 120 artworks created by consumers in the hospital foyer. This year also saw the publishing of the inaugural ArtBeat book, which is a collection of creative pieces including artworks, songs, poems, ArtBeat Festival photos and stories by mental health consumers. All proceeds from the sale of the book will be returned to developing and continuing creative programs for mental health consumers, in particular the ArtBeat festival and Art Gala events.

Gold Coast Health also hosted a NAIDOC event which was well-attended by staff, the community and patients, and the first Courageous Conversations About Race 'Beyond Diversity' Workshop was held. Gold Coast Health has committed to supporting the roll out of this valuable training which is envisaged will ensure that health service planning and delivery is aligned to the culturally diverse population that we serve.



## Growth in emergency care

Statistics show GCUH has the busiest Emergency Department (ED) in Australia.

In this financial year there were 109,466 presentations to the ED at GCUH and 61,693 presentations to ED at Robina Hospital.

Overall Gold Coast Health received a record 171,159 presentations.

The 4.34 per cent increase in emergency patients, which equates to an average of 135 patients a week across both hospitals.

Gold Coast Health recorded a National Emergency Access Target (NEAT) of 76 per cent, meaning almost three quarters of the people presenting had completed their total care in ED within four hours of arrival.

## Tackling demand for children's health services

Increased demand for clinical services and sustained growth in population is driving a redesign of Children's Services at Gold Coast Health. The project will be the first of its kind in Queensland in terms of service size and scope.

Demand for Children's Services has intensified since the opening of Gold Coast University Hospital in September 2013, with a 36 per cent increase in episodes of care.

This local growth in the population, combined with demand for services from northern NSW and Queensland children residing outside the Gold Coast catchment, means there is a consistent year-on-year increased demand across Children's Services.

Patient complexity across all service levels is also rising, with many Gold Coast children growing up within households and communities alongside intergenerational parental and family drug and alcohol misuse, mental health issues, and domestic and family violence.

The project will build on the existing clinical excellence across Children's Services to deliver a whole of service reform. Children's Services will be responsive to current and evolving community expectations and health care needs of Gold Coast children and their families.

Engaging frontline staff and consumers to successfully redesign and improve service delivery across all aspects of the child's journey will be central within the project's approach.

As a major provider of health services for children, Gold Coast Health is committed to ensuring all children have safe and timely access to a world-class, high quality health service.



Dr Vanita Math and Midwifery Navigator Diane Tamariki hosting a telehealth appointment with Samantha Willums and baby Cohl Beevis.

## Women's health made easier with telehealth

Gold Coast Health's Midwifery and Obstetric team have implemented specialist telehealth gynaecology and obstetric consultations which are making life easier for women.

The convenient skype-like appointment by video increases access to women's health services for eligible women, reduces travel to the hospital, parking costs and the inconvenience of a face to face appointment.

Midwifery Navigator Diane Tamariki, together with Specialist Obstetrician and Gynaecologist Dr Vanitha Math, have so far delivered more than 20 consultations via telehealth since the project was introduced in October 2017.

The virtual consultations allow for multiple specialists to join at one time, and both medical staff and the patient can see their records during the video link, which is delivered using a secure Queensland Health connection.

**“This is a truly innovative way of providing genuine care that I have not seen in any other discipline or health service unit, and I'd encourage other maternity services and hospitals to adopt it. I had access to my midwife through text and phone communication, 24 hours per day, seven days per week and the majority of the time in consultations was spent focusing on my feelings, expectations and preferences, with all the testing and scanning done at the end of our time together.”**

– Lauren Ball, commenting on the Midwifery Group Practice

## Continuity of care for new families at GCUH

Demand for the health service’s full range of antenatal, birth, postnatal and neonatal care for women and their families has been growing on the Gold Coast.

There has been a significant increase in women choosing to give birth at Gold Coast University Hospital due to its modern and attractive birthing suites, skilled staff and exceptional level of care.

Gold Coast Health provides a comprehensive and supportive birthing service to Gold Coast families, which includes fetal medicine services, a Newborn Care Unit, a Neonatal Intensive Care Unit for specialist care post-delivery and services to support children right through their development.

More women are opting for a continuity of care model through midwifery group practice and private practice midwives, with 742 births through the model this year, up from 676 in the previous year. There is also increasing interest in water births, with water birth numbers increasing to 550, up 100 more than last year.

Our midwifery home visiting service provided 7300 home visiting episodes of midwifery care to mothers and their babies.

Also on the increase is multiple births, with 80 sets of twins and two sets of triplets born at GCUH this financial year.

**Table 2: Births at GCUH**

Reporting year	Babies born
2011/12	3551
2012/13	3787
2013/14	4375
2014/15	4744
2015/16	4943
2016/17	5129
2017–18	5165



GCH Midwife Navigators, Diane Tamariki, Bethan Townsend and Bee Schaeche work with vulnerable pregnant women on the Gold Coast.

## Vulnerable women to receive specialised midwifery care

A Gold Coast Health team of experienced midwives are the first in Queensland’s public health system to specialise in supporting expectant mothers with substance abuse and mental health issues, and the demand for the service is clear with 40 referrals received on their first day of operation.

Three experienced midwives lead the Midwifery Navigator service to coordinate care between the mother, her primary carer, specialists and health professionals prior to, during birth, and for up to six weeks after birth.

The Midwife Navigators help vulnerable pregnant women at the Gold Coast who are often not engaged with the health system. They co-ordinate appointments and escalate their care when necessary, leading to an improvement in perinatal outcomes for women, their babies and families.

Midwife Navigators will be involved with the care of local mums intensively through pregnancy and for up to six weeks after birth. The Midwifery Navigators will endeavour to follow up with clients at three, six and 12 months after birth.

The Midwifery Navigators will add to the Nurse Navigators program to have 50 employed across the broader health service in the coming years.

The Navigator role is a joint initiative of the Office of the Chief Nursing and Midwifery Officer and Gold Coast Health.

# Yanbalelha Karulbo in Closing the Gap for Aboriginal peoples and Torres Strait Islander peoples

*(Yanbalelha Karulbo means 'Working Together' in Yugambeh Language)*

Gold Coast Health is dedicated to closing the gap and improving health outcomes for Aboriginal peoples and Torres Strait Islander peoples on the Gold Coast by collaborating with the community to develop and implement culturally appropriate and innovative programs, models of care and services.

During the 2017-18 period the Gold Coast Health has made significant achievements including:

- a key measure added to the Gold Coast Health strategic plan for Aboriginal peoples' and Torres Strait Islander peoples' Health
- continuation of the Aboriginal peoples and Torres Strait Islander peoples Health e-learning component of the Yanbalelha Karulbo Cultural Practice Program with 2218 staff completing the full program since its inception in March 2017
- mapping completed to build an evaluation tool for the Cultural Practice Program to gauge the level of cultural capability in collaboration with Griffith University with capacity to validate the tool in the future
- introduction session to the First 1000 Days Australia program held with Dr Kerry Arabena
- culturally safe spaces with the introduction of artwork on the Birthing Suite Walls, Community Garden Poles, Chaplaincy, transfer unit and development of wall wraps for the Emergency department, Mental Health and Alcohol and Other Drugs
- agreement to develop a culturally specific nursing scrub for ED and other areas
- development of a Gold Coast Health Reconciliation Action Plan underway
- determining strategies to improve upon the issues identified in both the Stolen Wages Reparation Taskforce Report and the report on Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services
- introduction and subsequent roll out of the Courageous Conversations About Race program.

The Aboriginal and Torres Strait Islander Hospital liaison service had 2873 occasions of service with a number of these services relating to complex patient care. Overall Gold Coast Health had 4279 patients discharge during the period and 14,886 outpatient appointments where the patient was identified as an Aboriginal person or Torres Strait Islander person.

Aboriginal and Torres Strait Islander Health workers are instrumental in leading and assisting in the delivery of holistic culturally appropriate multidisciplinary programs

for patients experiencing chronic disease, mental health, AODS, antenatal and nutrition issues.

Potentially Preventable Hospitalisations (PPH) for the Gold Coast (based on March 2018 quarterly data) continue to have the lowest rates amongst all Queensland Hospital and Health Services (8.6 per cent as at March quarter data) and almost half the state average (16.4 per cent).

Maternal and Child Health Workers facilitated an Aboriginal peoples and Torres Strait Islander peoples Health Antenatal program in January 2018 to promote antenatal visits, access to the Gold Coast University Hospital, and to promote good health and wellbeing during this important time for families.

Our Aboriginal and Torres Strait Islander workforce is integral to the delivery of culturally appropriate care and will be supported by the development of an Aboriginal and Torres Strait Islander Workforce Strategy in 2018-19 in line with the statewide Aboriginal and Torres Strait Islander Health Workforce Strategic Framework.

Community engagement has been supported by the Karulbo Aboriginal and Torres Strait Islander Health Partnership in bringing community members together to discuss health challenges and strengths based approaches. Gold Coast Health works in close partnership with services for Aboriginal peoples and Torres Strait Islander peoples, including Kalwun Health Service, Mibbinbah, Krurungal, Yallbarru and other services to support this work and is developing a sub-group of the Community Advisory Group specifically focused on Aboriginal and Torres Strait Islander Health.



This original artwork was produced for the Aboriginal and Torres Strait Islander Health Service by Gene Slockee using artwork and elements inspired by our local community members depicting Social and Emotional wellbeing. The artwork is the central piece used in promoting the Yanbalelha Karulbo program branding and assisting in building cultural capability across Gold Coast Health.

## Research growth continues

Research is a key part of Gold Coast Health's vision of delivering a world-class health service, one where high-quality research is systematically translated into patient care.

The past year has seen a period of growth in research capability as a result of our efforts to entrench a research culture and consolidate our research architecture.

The Gold Coast region is in a state of rapid expansion, and is forming an identity as a research and technical innovation hub. The pivotal role of research in the health sector has never been more evident than in the past 12 months.

The legacy of the Commonwealth Games places the Gold Coast in a unique position, particularly the development of the Health and Knowledge Precinct on the site of the Athletes Village. The Precinct has already attracted attention across government and the global business community, due to its unique placement of a university, a private hospital and a public tertiary hospital, alongside options for high-tech industry development. As the Precinct is further established, Australia's brightest minds and those from further afield will be able to come together to find solutions for tomorrow's health challenges.

The role of research as a core part of service delivery is reflected in the formation of several new research collaboratives this year, as well as significant growth in established collaboratives. Several new conjoint appointments were also established with Griffith University and Bond University to support clinicians in their research activity, particularly in the fields of Emergency Medicine and Mental Health.

Research is in its essence a collaborative activity, and there are many examples of how we combine our partners' complementary strengths to drive patient-focused research. Our clinicians are already reaping the benefits of this close partnership with Griffith University and strong collaborations with Bond University, Southern Cross University and an array of academic partners.

Our goal is to become a major innovative research organisation in outer urban and regional health and we are working to capitalise on the programs already underway in areas as diverse as trauma, nutrition and mental health.

As a healthcare institution, our research maintains a unique and dedicated focus to directly improving care and supporting our patients' quality of life. This can be achieved by working alongside our partners in academia, industry, health, and community services to deliver collective solutions.

A significant point in our development as a research-focused institution was the launch of our Research Strategy and Roadmap (2018–2022). Defining our priorities on the journey to a research-focused organisation will ensure we have a strong foundation for the future. Detailed information on research activity at Gold Coast Health can be found in the 2017 Research Report which is available by visiting [www.goldcoast.health.qld.gov.au/about-us/publications](http://www.goldcoast.health.qld.gov.au/about-us/publications).

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 **\$2.9 million**  
in research grants

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 **159** research projects authorised

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 **244** active researchers

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 **1460+**  
patients recruited to active trials

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 **76** national and international partnerships

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## We're ready for the NDIS

Gold Coast Health has prepared for the roll out of the National Disability Insurance Scheme (NDIS) across the Gold Coast area from 1 July 2018.

The NDIS provides Australians, under the age of 65, who have an impairment or condition that is likely to be permanent (life-long) and significant disability with the reasonable and necessary supports they need to live an ordinary life. This may include personal care and support, access to the community, therapy services and essential equipment.

The Gold Coast Health team has been planning for the introduction of the NDIS since 2016 and is working in collaboration with key stakeholders and the National Disability Insurance Agency (NDIA), the federal agency responsible for overseeing implementation in the region.

# Our people

**Gold Coast Health is the Gold Coast's largest employer and recognises and embraces the diversity of its people. Gold Coast Health is committed to building a workforce that equally reflects the diversity of the community it serves.**

## Diversity in the workforce

Gold Coast Health refreshed our Diversity and Inclusion Strategy (2017–2022) and committed to our second year Action Plan (2017–18). The strategy and new action plan continues our journey to build capability in leadership, engagement and commitment, entry pathways, attraction and retention and celebrate a diverse and inclusive workplace.

Initiatives from the 2017–18 Action Plan have been implemented and continue to assist in creating an environment of inclusion and respect, through the richness of our employees' ideas, backgrounds and perspectives. Those initiatives include:

**A strategic partnership with TAFE Queensland Gold Coast (TQGC)** to create subsidised learning and development opportunities for Gold Coast Health employees. Gold Coast Health is currently placing TAFE students into work experience placements within the digital transformation, human resource services, finance and communication teams.



**Higher Level Apprenticeship (HLA) program** which involves 46 emerging leaders undertaking a Diploma of Leadership and Management with partners TQGC, in collaboration with PricewaterhouseCoopers (PwC). This program aligns with feedback received in a 2016 Staff Survey where employees requested further pathways for leadership development.

**Vocational Education and Training (VET) Placement Program** which involved hosting 30 TAFE Gold Coast high school students, across 13 wards, for periods of two weeks at a time. Students received work experience that developed a set of competencies required as part of their Certificate III in Health Support Services best placing them for entry level positions after the completion of year 12. The program aligns with our diversity pillars and after a successful year is scheduled to run two iterations of placements each year moving forward.

**The Diversity and Inclusion Policy** has been updated to reflect the organisation's move towards a more inclusive workplace, where all people are treated fairly, and our organisational culture and values make everyone feel valued. The policy update was undertaken in consultation with our workforce and is benchmarked against best practice.

**A Diversity and Inclusion Committee** was established, bringing together representatives from our workforce and our community advisory group. The committee oversees, manages and supports the delivery of specific programs and initiatives in the diversity and Inclusion Strategy act as a diversity sponsor and advocate to raise and promote awareness amongst staff of our commitment to creating a diverse and inclusion culture at Gold Coast Health.

**The Workplace Equity and Harassment Officer (WEHO) Network** is an information, education and referral source for all staff seeking information and advice on workplace equity and harassment issues. There are currently 39 volunteer officers from across various Gold Coast Health units and departments available to support staff with a complaint, discrimination, sexual harassment, bullying and harassment and suspected official misconduct issue. WEHOs do not provide formal counselling and refer individuals to the confidential counselling service available to all staff through the Employee Assistance Program.

The health service has demonstrated its commitment to supporting people with a disability to have equal access to employment opportunities by working with units and departments to identify positions and partner with disability employment service providers to find suitable candidates to fill these positions.

In 2018, Gold Coast Health placed six people with disabilities into paid employment within the health service. In addition, one person has completed work experience with the Learning and Development team. A Disability Pathways to Employment Framework has also been developed with the aim to further build on these placement numbers with other providers in 2018-2019.

In order to raise the health service's Equal Employment Opportunity (EEO) workforce statistics, and meet the Public Service Commission targets allocated to the health service for 2022, workforce data has identified key priority areas as:

- people with a disability
- Aboriginal peoples and Torres Strait Islander peoples.

Recommendations to reach these targets include:

- building working relationships with all disability employment service providers on the Gold Coast
- developing attraction and retention strategies in collaboration with the health service's Aboriginal and Torres Strait Islander Health Unit.

The table below displays the current Gold Coast Health EEO workforce statistics as at 30 June 2017, with targets we will work towards by 2022.

The target of 50 per cent executive management roles being held by women has already been exceeded.

## Attracting a workforce

The south-east Queensland region is recognised as a great place to work, so the health service continues to attract large applicant pools for advertised positions.

Gold Coast Health is the largest employer on the Gold Coast, resulting in competitive talent pools for our hiring managers.

Gold Coast Health appointed a total of 2337 staff in the 2017–18 financial year (including internal movements and promotions). Of these, 984 were new employees to the organisation.

**Table 3: Current EEO statistics at 30 June 2018 and 2022 targets**

EEO diversity group	Workforce at 30 June 2018	2022 target	2022 stretch target
People with disability	1.31%	2.6%	4.4%
Cultural/linguistic background	10.94%	10%	11.5%
Aboriginal peoples and Torres Strait Islander peoples	1.19%	1.3%	2.6%
Women employed in executive management roles	56%	50%	50%
Women on the Board	55.5%	50%	50%

Data Source: DSS Necto – 17 July 2018.

## Strong student interest in Careers Festival

Gold Coast Health participated in the Study Gold Coast Career Festival for the second year.

Having grown significantly since its inception, the 2018 festival was held across two days with over 8000 people attending.

Participation in the festival supports Gold Coast Health's broader workforce strategy to attract and recruit top talent, promote entry level and career opportunities, and strengthen relationships with students and education providers.

Staff showcased the variety of roles on offer across the service from nursing to administration. Students practiced their basic life support skills with a CPR simulation manikin and used virtual reality goggles to see interactive spaces around the health service.



## Developing our future workforce

Gold Coast Health is committed to developing our future workforce through a variety of entry level pathways and programs. Some examples include:

### Nursing Graduate Intake

In 2017–18, the Nursing Support and Resource Unit (NSRU) facilitated the recruitment and on-boarding of more than 162 graduate nurses into the health service. Of those, 142 were Registered Nurses or Midwives and 20 Enrolled Nurses.

### Medical Internship Intake

Each year the Medical Support Unit (MSU) facilitates the placement and on-boarding of 90 medical interns. The arrival of the interns cements Gold Coast Health's ongoing commitment to providing quality medical education.

### Non-clinical entry level opportunities

Work experience offerings at GCH have been expanded to include all Entry Level Opportunities (ELP). This new terminology aligns with best practice amongst other health services and private organisations.

We now capture the full range of entry level opportunities at Gold Coast Health, beyond workplace experience placements, including traineeships, internships, school-based placements or other partnership placements, each with the aim to assist individuals in their transition from study to work.

Entry Level Opportunity Non-Clinical Guidelines have been published to provide managers with clear steps on how to recruit and on-boarding non-clinical placements. The Gold Coast Health web site now includes Entry Level Opportunities and information for prospective candidates across all professions ensuring our talent pipelines future-proof our workforce.

### Work Integrated Learning Program

Gold Coast Health established internships as part of a Work Integrated Learning Program with Griffith University. Business students were offered placements across a variety of areas such as finance, the Gold Coast Hospital Foundation and the strategic program management office.

### Learning opportunities abound

Clinical placements provide an essential experiential learning component of most tertiary health courses, granting students an opportunity to put theory into practice. In 2017-18, Gold Coast Health offered clinical placement opportunities to nursing, medical and allied health students from multiple universities.

Clinical facilitators offered excellent support across a wide range of clinical experiences.

Gold Coast Health clinicians also provided supervision over medical student research projects and visiting international elective students.

## Journey towards international Magnet recognition

The remarkable work and collaboration of our healthcare workforce will be showcased in an application for international Magnet recognition in April 2019.

The Magnet program has gained momentum in 2017-18 as our team collects evidence to prepare a detailed application for recognition for Gold Coast Health. In total, 78 examples citing sources of evidence must be provided to the American Nurses Credentialing Centre. These examples will demonstrate how Gold Coast Health enables:

- professional development of our workforce
- advocacy and influence of leaders
- frontline staff involvement in decision-making
- research, innovation and implementation of evidence based practice
- inter-professional collaboration in education activities, quality improvement and coordination of care
- recognition of inter-professional teams' contributions towards strategic goals
- patient experience, nursing sensitive indicators, and staff satisfaction.

While most examples will focus on our nursing and midwifery service, the ability to provide inter-professional examples will enable us to showcase our

staff's work in providing exceptional patient care and health services.

One of the year's highlights has been the high degree of both staff and patient satisfaction as evidenced by our staff and patient surveys. A total of 65 per cent of our staff believe that Gold Coast Health is a truly great place to work, and 96-97 per cent of patients are satisfied with their hospital visit over the past 12 months.

The Going for Gold staff satisfaction survey in February 2018 demonstrated that the majority of nursing and midwifery units outperformed national benchmarks across seven categories we must report on for Magnet.

Individual teams continue to develop and implement their own improvement action plans to address concerns raised in the survey.

Patient satisfaction with our health service continues to rate well, with results frequently outperforming national benchmarks.

These results stand us in good stead for our Magnet application as it is an accreditation award that recognises the strength and value of patient care in a hospital setting. In our health service we have extended that across professions to better define what our organisation stands for.

## Creating sustainable capability

Gold Coast Health believes it is essential that its people, both current and future, have the required skills, knowledge, abilities, attributes and behaviours needed to deliver excellence in healthcare services.

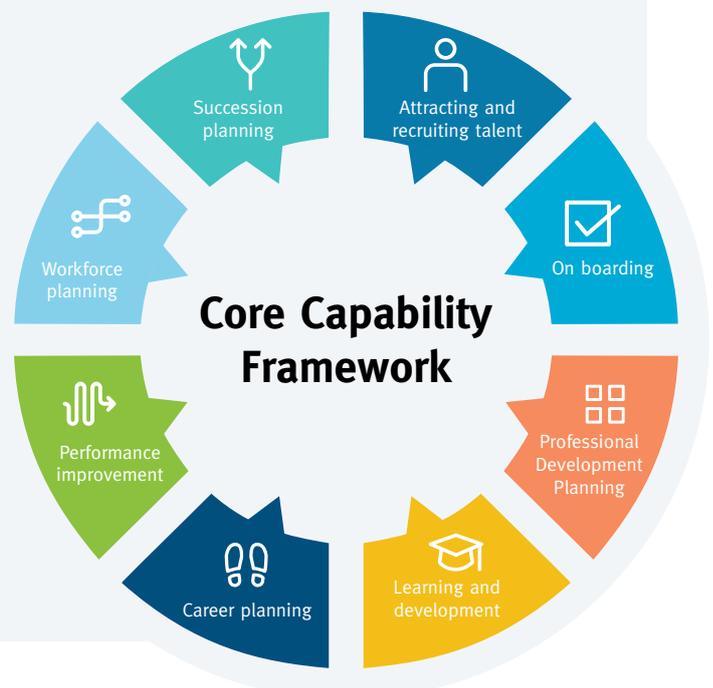
The Core Capability Framework (CCF) has been developed with the purpose of providing employees a set of core capabilities, aligned and focused on what is important to achieve organisational objectives.

Defined by leadership level, the core capabilities identified are an indication of the behaviours that are valued and rewarded, providing a consistent platform to integrate HR functions such as recruitment, performance management and learning and development to focus on the right capabilities to enhance organisational performance.

The framework provides the baseline requirement and identifies gaps to enable targeted training and development opportunities to further grow staff members.

Since its inception in late 2017, work has continued to embed the framework into the employee lifecycle

at Gold Coast Health, with a program of work currently underway and aligned to the components identified in the graph.





## Going for Gold

Gold Coast Health’s biennial Going for Gold staff survey was conducted in February 2018 and saw over 9300 staff surveyed. A strong response rate of 67 per cent has led to rich data that will help Gold Coast Health to identify local and organisation-wide improvement opportunities to help build a culture of success. Morale is high across Gold Coast Health, as evidenced by the fact that 65 per cent of staff agreed with the statement “Gold Coast Health is a truly great place to work”.

Five key themes emerged from staff feedback that will become the focus of organisation-wide improvement initiatives over the next two years:

- improving trust and respect throughout the workforce and executive management
- develop inspiring and visible leaders
- smarter workforce planning, including rostering and use of resources

- encouraging respect for others while addressing bullying and harassment
- address perceptions of favouritism.

Since the release of results, leaders have been engaging their teams as part of the Continuous Improvement Action Planning process to ensure feedback is addressed at the local level. Over 200 managers attended training to equip them with the skills and knowledge to facilitate planning workshops with their staff.

A Workforce Engagement Steering Committee has been established with members from all professional streams and levels to oversee our response to staff feedback for the next two years. More broadly, it will provide leadership and advocacy on relevant matters affecting workforce engagement outcomes for Gold Coast Health.

Pictured at the launch of the Going for Gold staff survey (from left), Hannah Bloch (Executive Director, People and Corporate Services), Jacqui Parle from Best Practice Australia and Chief Executive Ron Calvert.



Orientation Day for 2018 Graduate Nurse intake

## Reward and recognition

Gold Coast Health committed to the reward and recognition of our workforce with the launch of the Gold Coast Health Reward and Recognition Framework and an annual program of events.

The framework provides governing principles to guide leaders and employees in recognition of staff at Gold Coast Health. Key events on the calendar include:

- Chief Executive Value Awards which allow for peers to recognise each other for value-driven work they undertake every day in their roles. The Chief Executive presents winners with a value pin, professional development opportunity and an invitation to the Golden Gala Awards and Chief Executive lunch
- the annual 'Thank You Week' and Service Awards events which showcase the commitment, service and value our employees bring to Gold Coast Health.

These initiatives align with The Improvers staff innovation program and the Golden Gala Awards which underpin a culture where staff feel valued and recognised for their contributions to Gold Coast Health and the community.

**“My highest respect must go out to the trauma team that looked after me. Dr Martin Wullschleger and his team were outstanding. They all took time to sit, time to understand my needs, and time to show genuine care. I never felt rushed by the fact that they are incredibly busy people.”**

– Gold Coast resident Haydn Simmons

## Workforce planning, attraction, retention and performance

Gold Coast Health's workforce consists of 9522 people who contribute to the strategic objectives of the business. From July 2017 to June 2018 the number of clinical staff (including medical, nursing, allied health professionals, other professionals, scientific and technical and oral health practitioners) has increased from 6364 to 6780 staff. Actual employment figures, across all professional streams, are 7899 full-time equivalent.

**Table 4: Workforce by sex**

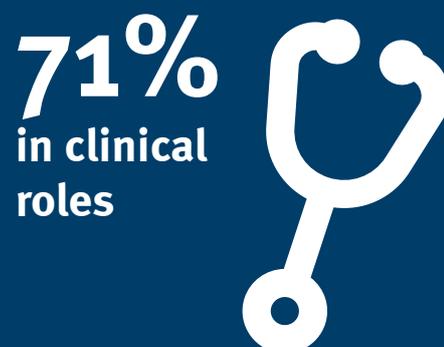
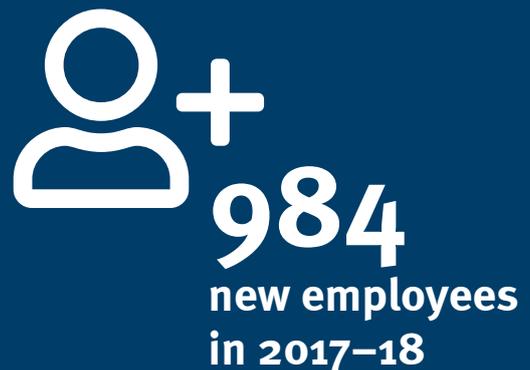
Sex	%
Female	74.40%
Male	25.60%
<b>Total</b>	<b>100%</b>

### Unscheduled leave

The unscheduled leave rate for 2017-18 was 2.42 per cent (average) compared to 2.16 per cent in 2016-17. Unscheduled leave is made up of bereavement leave, flood leave, jury duty, suspension and special leave (Defence).

### Permanent separation

During 2017-18, 270 staff separated permanently from the service. No redundancy, early retirement or retrenchment packages were paid during the reporting year.





**10.9%**  
from a non-English  
speaking background

Youngest employee:

**18, male**



Oldest employee:

**83, male**

Women fill

**56%**

of executive  
management roles



## An equal opportunity employer

Workforce figures show 1.19 per cent of Gold Coast Health employees declare themselves of Aboriginal or Torres Strait Islander descent. 10.94 per cent of employees are from a non-English speaking background and 1.31 per cent have a disability.

Please note data has been sourced from DSS Necto and is current as at 17 July 2018. All figures are based on MOHRI Occupied Headcount.

## Composition: age and sex

Gold Coast Health has a diverse workforce.

Our youngest staff member is male and 18 years old while our oldest employee is a male aged 83. Overall the health service employs 7084 females and 2438 males. The typical Gold Coast Health employee is 42 years old and female.

**Table 5: Gender and age profile as at 30 June 2018**

Age	Female	Male	Total
Under 20 years	11	7	18
20–29 years	1322	432	1754
30–39 years	1757	662	2419
40–49 years	1670	628	2298
50–59 years	1635	485	2120
60–69 years	639	203	842
70–79 years	50	20	70
80 years and over	0	1	1
<b>Total</b>	<b>7084</b>	<b>2438</b>	<b>9522</b>

## Women in the workforce

Women comprise 74.40 per cent of the service's workforce, with 56 per cent of executive management positions filled by women, based on the Executive Management Team organisation structure.

## Corporate social responsibility

Gold Coast Health recognises the compassion inherent in health care and the connection of the organisation's employees to the community. It is committed to making a positive sustainable social and global impact through excellence in corporate social responsibility.

With the support of the Board, Gold Coast Health has established a Social Responsibility Policy which aims to:

- align business strategies and practice with global exemplars of corporate social responsibility
- engage with the spirit of compassion and caring within the organisation for employees, patients and the diverse community it serves

- create a forum for employees to identify socially responsible activities and initiatives for support by Gold Coast Health in a coordinated way. These activities may include:
  - organisational support for volunteering and philanthropy for vulnerable people in the local and wider communities
  - reducing the Gold Coast Health impact on the environment through economically viable ways to operate in the most efficient and sustainable way
  - facilitation of philanthropic and sustainability initiatives with staff and identified partner agencies where they match the values of the organisation, connecting capability with opportunity.

## Sustainability – a whole of organisation approach

Gold Coast Hospital and Health Service is committed to meeting the three pillars of sustainability – economic, environmental and social objectives.

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

An Environmental Management Plan has been established, with a focus on key aspects including water, soil and air quality; management of materials and energy; appropriate response to hazardous materials and waste management; and flora and fauna.

Appropriate and efficient use and allocation of resources is achieved through promotion of local purchasing of economically viable products which offer both value for money and are healthy for consumers.

The health service has developed a range of localised initiatives to avoid generation of waste and have plans in place for recycled water infrastructure opportunities throughout the facilities. Photovoltaic solar power, lighting upgrades and Central Energy Plant Optimisation all contribute to our Renewal Energy initiatives.

During 2017–18 Gold Coast Health has achieved a decrease in electricity consumption of 2,130,342 kWh (3.07 per cent) from the previous financial year, which is equivalent to 411 homes per annum of electricity use.



Pictured (from left) Rachel Ramoifuila, Rachael Cleary, Benita Richmond and Alyce Clothier.

## Shaping careers for university interns

Our partnership with Griffith University Business School is providing important learning opportunities for students and our health service.

Health Service chairman Ian Langdon said both Griffith and Gold Coast Health benefited from extending the partnership beyond the obvious health and clinical areas into business, science and engineering.

Students have advised that they have not only enjoyed their experience but have gained invaluable insights into complex working environments.

**“The projects I was allocated were both interesting and challenging. I was given autonomy to make my own decisions whilst also gaining support from my supervisor.”**

– Rachael Cleary, Griffith University student



## Our commitment to the wellbeing of our people

The Work Health and Safety unit provides holistic and evidence-based health and wellness initiatives available to all Gold Coast Health employees.

The aim of the program is to provide a structure for guiding, encouraging and supporting improved levels of health and wellbeing within our workforce and throughout our work environments.

Team Health aims to support employees to:

- increase physical activity
- improve nutrition
- maintain a healthy weight
- be fit for work
- increase personal resilience
- quit smoking
- reduce harmful alcohol consumption.

Engaging staff is important and this year included:

### A conversation that could change a life

RUOK? Day 2017 was held at GCUH Parklands and welcomed over 1500 staff. Guests enjoyed a free lunch, information stalls and giveaways from an array of Team Health sponsors. The event promoted mental health awareness and empowered staff to address their own mental health, as well as advice on how to support colleague, friends and family.

### Health and Wellness Fair

The third annual Fair promoted a range of health and wellness initiatives to over 500 Robina Hospital staff. The Stroke Foundation provided free health checks and staff enjoyed cooking demonstrations, live entertainment and a free healthy lunch.

### Australia's Healthy Weight Week

Robina Hospital welcomed over 500 staff to this event in February. The day highlighted the importance of achieving and maintaining a healthy weight and

lifestyle. Staff accessed information on financial, physical, spiritual and emotional fitness. Team Health supporters provided guests with a Latin American lunch, plus live entertainment and free health checks.

### Socks4Docs

The event hosted at GCUH attracted more than 1500 staff who enjoyed a delicious free lunch from sponsors. Partner organisations shared information on mental health services and support. These included Optum, Beyond Blue, Lifeline, in addition to internal support from mental health staff, the chaplaincy service and more.

The hospital grounds were filled with clinicians and staff wearing their boldest socks to raise awareness of mental health issues among health care workers. The campaign aims to change workplace culture and encourage health care workers to look out and care for each other.

### Health and Safety Awards

The annual award recognises a work unit that has implemented an innovative program within their workplace, that directly benefits staff health and wellbeing. From number of innovative nominations, the inaugural winner was the Emergency Department for their staff-lead mindfulness program – OneED.

The \$500 prize and perpetual trophy was donated by QSuper (Team Health Platinum Sponsor).

### Learning On-Line

The Gold Coast Health Learning and Development team now support the online learning platform for five health services. Major upgrades have been undertaken in 2018 providing increased stability as well as improving the user experience on mobile devices creating a flexible, accessible learning platform for users across Queensland.

# Our future

**Gold Coast Health has experienced huge growth in demand since its establishment in 2012.**

**The organisation is meeting this challenge head on and will continue to draw on a culture of innovation and the expertise of staff.**

Innovation is important in healthcare and can help create funds for other projects that cannot currently be supported within existing budget.

The Gold Coast Health Enhanced Value Program (EVP) is one way staff are driving innovation and cost saving across the health service.

The organisation is consistently working to improve services for patients as well as becoming a world-class facility through technological advancements, Integrated Care, the future Health and Knowledge Precinct, research and development as well as cultural initiatives for staff.



## Gold Coast Health and Knowledge Precinct

Gold Coast Health has engaged with local and international industries in relation to Asia-Pacific's emerging health and innovation hub. The 200-hectare Gold Coast Health and Knowledge Precinct (GCHKP) is a unique global business location for high-tech health and industry development, research collaboration and jobs of the future.

Gold Coast Health has partnered with the City of Gold Coast, Griffith University and the Queensland Government to facilitate the development of the GCHKP, the largest urban renewal project ever undertaken on the Gold Coast. The project is set to create 12,400 new jobs and generate gross value of \$2.9 billion for the city's economy.

Already home to the \$1.76 billion Gold Coast University Hospital, co-located with world-class Griffith University, and the new Gold Coast Private Hospital, the GCHKP hosts the Gold Coast 2018 Commonwealth Games Athletes Village which will evolve into a vibrant \$550 million mixed-use community where people can live, work and learn.

With a combination of expertise, infrastructure, land and lifestyle unique in Australia – nine hectares of prime greenfield land will be a drawcard for health and innovation investment, serviced by the Gold Coast light rail and with easy transport access.

At the contemporary convergence of health, science and engineering and empowered by digital technology, precinct researchers, clinicians and companies will be able to collaborate at the cutting-edge of innovation.

This modern, multi-disciplinary approach positions the GCHKP to deliver next-generation medicine, advanced manufacturing and comprehensive innovation in preventative health care.

Exciting land developments and collaborative research projects are already earmarked, with on-site development to begin from 2019, facilitated by the GCHKP Project Office.

A formal four-year partnership agreement has been signed by the major stakeholders of the Precinct including Gold Coast Health, Griffith University, City of Gold Coast and Queensland Government to demonstrate support and agreement towards the long-term vision of the Gold Coast Health and Knowledge Precinct.



## Engaging our community

Gold Coast Health values the ideas and opinions of the Gold Coast community.

The community and consumer engagement program supports:

- improving the safety and quality of services through consumer feedback and involvement
- managing public healthcare expectations and diversity by including patients, the community and health partner providers in Gold Coast Health service education, planning and delivery
- fostering an environment of community awareness, pride and ownership in Gold Coast Health

- expanding engagement activities to promote Gold Coast Health as a world class supplier of healthcare.

Gold Coast Health includes consumers and their input in many facets of our service.

Gold Coast Health conducted almost 400 engagement activities in the past 12 months. These ranged from information sharing to consultation and participation of consumers and community members to help plan, deliver and assess health services within hospitals and community facilities.

The Gold Coast Health Board is also active in community engagement, participating in community forums and promoting the health service. Board members have also worked with Gold Coast Health volunteers to better understand patient and visitor needs.

**Table 6: Summary of engagement activities 2017– 18 by division (excluding patient publication reviews)**

Division	Activity
Mental Health Specialist Services	143
Cancer Access and Support	91
Diagnostic Emergency and Medicine Services	85
Specialty and Procedural Services	37
Strategic Planning	2
People and engagement	21
Clinical Governance, Education and Research	14
Board	6
<b>Total</b>	<b>399</b>

### Members of the community are encouraged to share valuable feedback by:

- Talking to a staff member caring for you
- Requesting and completing a feedback form
- Participating in patient satisfaction and other surveys
- Contacting the Patient Liaison Service via email, [GCPLS@health.qld.gov.au](mailto:GCPLS@health.qld.gov.au) or telephone 07 5687 2048.



## The voice of our community

**Joan Carlini, Chair, Consumer Advisory Group**

The Gold Coast Health Consumer Advisory Group (CAG) represents the interests of the Gold Coast community, ensuring the best health outcomes.

Our CAG was refreshed in early 2017 and now has an independent chair, and 25 members that are diverse to reflect the unique community that the Gold Coast is.

The CAG's purpose is to ensure we represent consumers in achieving the best possible health care outcomes.

We have established four strategic priorities based on the passion, interest and expertise of our members:

- health literacy – gained support for a health literacy strategy
- diversity and inclusion – seeking to improve cultural training, recruitment practices and improve infrastructure.
- food and nutrition - members of this group seek to improve the nutrition and adequacy choices for patients and family.
- aged care reform in residential facilities – it has been identified that residential aged care facilities are a major source of admissions in our emergency department. This group are active in putting forward recommendations to improve the quality of health services provided.

Over the past year some of our achievements include:

- our members sit on more than 40 safety and quality committees. We regularly receiving requests from new committees for consumer participation
- we have addressed hundreds of new employees in staff orientations about the importance of consumers to the health system
- influential in models of care reforms
- participation in Health Consumers Queensland staff consumer training
- significant input into simple language patient information
- represented health consumers at the orientation for all new Queensland hospital and health service Board members
- we engage with our networks and community.

To find out more about the Consumer Advisory Group and how you can contribute as a consumer, please visit the Gold Coast Health web site.

**“Our consumer group represents the voice of the community and we are committed to improving health services on the Gold Coast.”**

— Joan Carlini, Chair, Gold Coast Health Consumer Advisory Group

## Fundraising for our patients

The Gold Coast Hospital Foundation is a purpose-based not-for-profit organisation and is the official charity for Gold Coast Health.

The foundation's services and support are focused on helping people in the Gold Coast community who are suffering physically, emotionally and financially due to serious illness, injury or disease.

The positive impact of the foundation on patients and their families during times of medical crisis was significant during 2017–18.

The foundation raised over \$2 million through community fundraising and corporate sponsorships, making an increasing number of vital health care initiatives and projects possible. These included the delivery of support services, the purchase of lifesaving medical equipment, nine enhanced hospital spaces and facilities, and specialist training and education for Gold Coast Health staff.

These initiatives and projects helped over 150,000 people in our community and provided almost 700 gifts and toys to children in hospital.

There were 465 nights of emergency accommodation assistance provided to the families of patients in trauma, intensive care, neonatal intensive care, children's critical care and postnatal mental health units through the Emergency Accommodation Service.

The Cancer Patient Transport Service continued to support patients undergoing cancer treatment by providing stress-free, comfortable transport to and from Gold Coast hospitals. The service travelled more

than 150,000 kilometres to help ease the burden on patients affected by cancer.

Over the past year, the foundation successfully secured funding for 108 items on the children's equipment, refurbishment and services wish list, benefiting newborns, children and teenagers. In addition, 27 cutting-edge medical equipment items were purchased and 520 hours of Child Life Therapy services were delivered to children awaiting surgery.

Eight Gold Coast Health staff were awarded scholarships through the foundation's education grants and scholarship program over the past 12 months, and nine health research projects were funded to continuously advance health care services and outcomes for patients.

Expert training was delivered to 30 staff via eight foundation-funded workshops and seminars to improve knowledge in specialist health areas.

The foundation's achievements in 2017–18 were all made possible thanks to the overwhelming support and commitment of individuals, families and businesses in the local community.



The foundation relies upon community support and donations are welcomed at [www.gchfoundation.org.au](http://www.gchfoundation.org.au)



Young patient Lucas has benefited from vital equipment funded by the Gold Coast Hospital Foundation.

Robina Hospital is a 403-bed facility serving as a patient base for emergency, medical, palliative care and mental health, and is also home to the Clinical Education and Research Centre.



# Our board and management



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

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

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

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

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

## 2017–18 Gold Coast Health Board Directors



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

Appointed 18 May 2012. Current term 18 May 2016 to 17 May 2019.

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

Ian is also the Chair of the Executive Committee.



**Ms Teresa Dyson – Board Deputy Chair** LLB(Hons), BA, MTax, MAppFin, CTA, GAICD

Appointed 18 May 2016. Current term 18 May 2016 to 17 May 2019.

Teresa Dyson has leadership and governance experience across the public and private sectors. Through her legal practice, Teresa has been closely involved in business issues affecting the financial services sector, transport services, infrastructure projects and the energy and resource industry.

Teresa is the Chair of the Finance and Performance Committee.



**Mr Robert Buker** FCA, AMIIA

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

Robert Buker has more than 44 years expertise as a Chartered Accountant, with extensive experience delivering internal and external audit, accounting services, corporate governance, project management, as well as providing financial and management consulting.

Robert is the Chair of the Audit and Risk Committee.



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

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

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



**Professor Allan Cripps** AO, FAHMS, FAIMS, FASM, FIBMS (UK), AFACHSM

Appointed 29 June 2012. Retired 17 May 2018.

Allan Cripps has extensive experience in both health service provision and in health academe. Allan is currently a Research Professor in the School of Medicine at Griffith University and was previously the Foundation Pro Vice Chancellor of Health.

Allan is the Chair of the Research Committee.



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

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

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



**Michael Kinnane** ESM, FAICD, FAIM

Appointed 18 May 2018. Current term 18 May 2018 to 17 May 2019.

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



**Colette McCool** PSM, MIM, BA, GAICD, FAICD

Appointed 29 June 2012. Current term 18 May 2018 to 17 May 2021.

Colette McCool has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, cultural and social portfolios in State, Territory and Local Governments, in diverse functional areas such as community services and health, waste management and transport.

Colette is Chair of the Safety, Quality and Clinical Engagement Committee and a Director of the Gold Coast Hospital Foundation.



**Professor Judy Searle** MBBS, FRANZCOG, MD, GAICD

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

Judy Searle started her career as a medical specialist before moving primarily into leadership and management positions in academia both in Australia and the UK. She continues to contribute to the health and education sectors as a non-executive board member and as an academic consultant, with particular focus on clinical service provision, academia, policy development, regulation and accreditation, board directorship and medico-politics.



**Dr Andrew Weissenberger** MBBS (Hons), FRACGP, GAICD

Appointed 7 September 2012. Current term 18 May 2018 to 17 May 2021.

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

## Improving transparency and governance

### All committees of the Board abide by their approved terms of reference. Gold Coast Health values good corporate governance and seeks to adopt best practice.

A change in membership and Chair arrangements for the Board Committees was confirmed on 19 June 2018, however no further meetings were held within the reporting period. The memberships detailed below reflect the arrangements from 1 July 2017 to 19 June 2018.

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#### Finance and Performance Committee

Chair: Teresa Dyson

Members: Robert Buker, Prof Helen Chenery, Prof Allan Cripps (until 17 May 2018)

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

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#### Audit and Risk Committee

Chair: Robert Buker

Members: Teresa Dyson, Prof Helen Chenery, Colette McCool, Dr Cherrell Hirst

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

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

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#### Safety Quality and Clinical Engagement Committee

Chair: Colette McCool

Members: Dr Cherrell Hirst, Dr Andrew Weissenberger, Prof Judy Searle

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

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

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

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#### Executive Committee

Chair: Ian Langdon

Members: Dr Cherrell Hirst, Teresa Dyson, Colette McCool, Dr Andrew Weissenberger

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

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#### Research Committee

Chair: Prof Allan Cripps (until 17 May 2018)

Members: Prof Helen Chenery, Prof Judy Searle, Dr Andrew Weissenberger

The Research Committee advises the Board in relation to building long-term collaborations in research and enhancing clinical service delivery founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision with clear benefits to all parties which will help to position the Gold Coast Health and Knowledge Precinct as a world class health precinct of national and international significance.

**Table 7: Board member attendance**

Board member	Ian Langdon	Teresa Dyson	Robert Buker	Helen Chenery	Allan Cripps	Cherrell Hirst	Colette McCool	Judy Searle	Andrew Weissenberger	Michael Kinnane
Board	11/12	11/12	12/12	10/12	11/11	12/12	11/12	11/12	9/12	1/1
Executive	5/6	6/6	-	-	-	3/6	5/6	-	5/6	-
Finance and Performance	-	6/6	6/6	6/6	4/5	-	-	-	-	-
Audit and Risk	-	6/7	7/7	6/7	-	6/7	7/7	-	-	-
Safety Quality and Clinical Engagement	-	-	-	-	-	5/5	5/5	5/5	4/5	-
Research	-	-	-	4/5	5/5	-	-	5/5	4/5	-

### Board remuneration

The Governor-in-Council approves the remuneration arrangements for Board Chairs, Deputy Chairs and members. The annual fees paid by Gold Coast Health are consistent with the remuneration procedures for part-time chairs and members of Queensland Government bodies and are reported on page 81. The reported fees may be impacted by Fringe Benefits Tax and other factors.

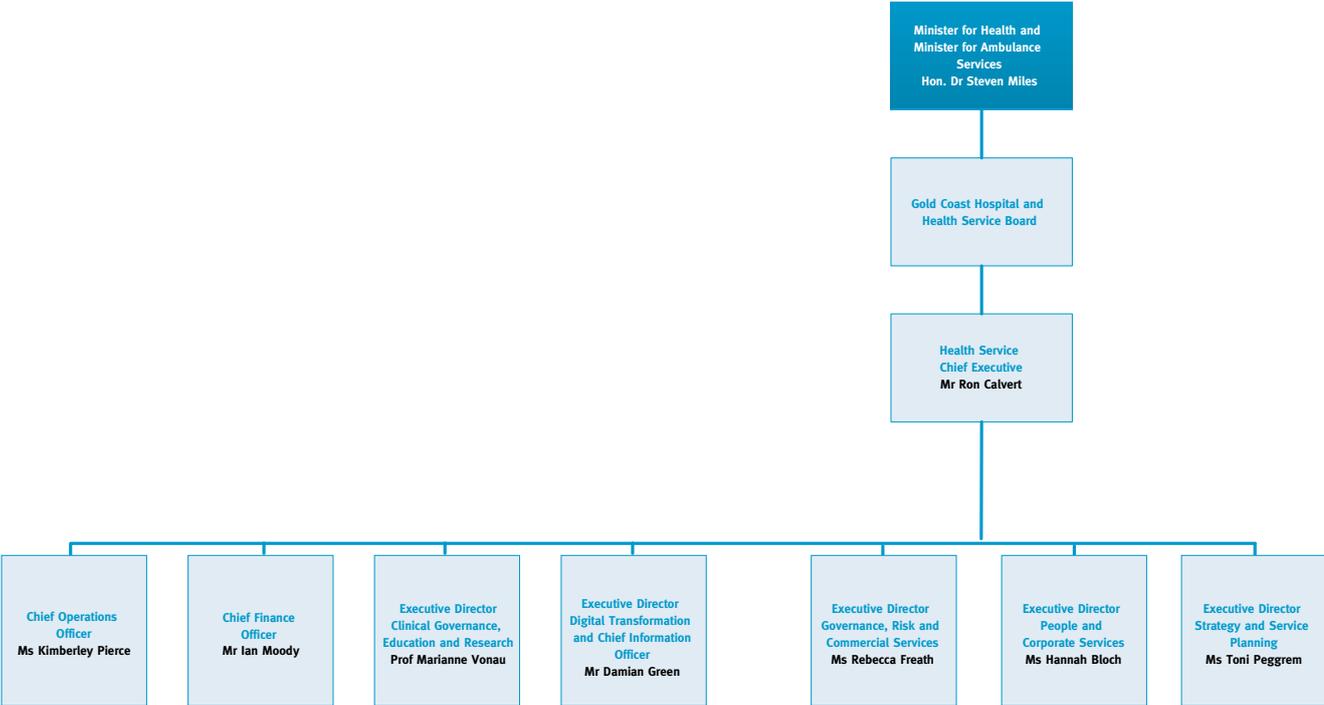
As research plays an integral role in the strategic direction of the organisation, the health service also recognises the Research Committee of the Board.

Several Board members were reimbursed for out of pocket expenses during 2017–18. The total value reimbursed was \$2426.

# Gold Coast Health Organisational Structure as at 30 June 2018

## Our management structure

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



Prepared by: Human Resource Services  
August 2018

Varsity Lakes Day Hospital is a six-theatre, 24-bed day hospital which provides endoscopy, plastic surgery, orthopaedic surgery and ophthalmology surgical and support services, allowing for easy access to services for patients requiring day surgery.



## Our Executive Management Team



### **Chief Executive – Ron Calvert** BSc (Hons), MBA

Ron commenced as Chief Executive of Gold Coast Health in 2012, bringing with him more than 20 years of health management skills and experience.

He has held Chief Executive roles at England's Doncaster and Bassetlaw National Health Service (NHS) Foundation Trust and Trafford Healthcare NHS Trust, where he introduced a quality regime that resulted in a significant reduction in mortality rates.



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

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



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

Ian joined Gold Coast Health as the Executive Director, Finance and Business Services, in December 2013. With more than 15 years' experience in assurance and consulting in various commercial industries and government sectors, he has an extensive finance background working locally and in the United Kingdom and New Zealand.



### **Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau** OAM, MBBS, MBA, MPH, FRACS, GAICD

Marianne was the first female neurosurgeon trained in Australia and the first female to be elected President of the Neurosurgical Society of Australasia. She commenced at Gold Coast Health in 2014, bringing with her a wealth of knowledge, skills and experience in neurosurgery, trauma, paediatrics and medical education.



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

Damian joined the Gold Coast Health executive team in January 2013 after 16 years as a consultant working with leaders of public sector organisations to facilitate service transformation through innovative human capital and information management and technology strategies.



**Executive Director, Governance, Risk and Commercial Services – Rebecca Freath** BBus, LLB, GradDip (LegPrac), GradDip (AppCorpGov), GAICD

Rebecca played a crucial role as a Senior Lawyer in transitioning Gold Coast Health into a statutory body through the introduction of best practice governance systems. She joined the executive team in her current role in 2014. Rebecca came to public health after a strong background in the commercial energy and resources sector.



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

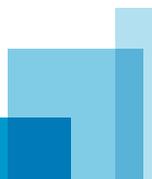
Hannah joined the executive team in September 2016 to oversee the human resources, communication and engagement functions following over 10 years working across Queensland Health. Hannah's role is critical to ensuring the Health Service has the right workforce with the right skills to meet future service delivery needs. She is focused on supporting the broader executive team to engage with staff and drive strategies to build a culture of success.



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

When Toni started at Gold Coast Health in 2006 she brought with her more than 15 years' experience in health service delivery and health administration. Toni played an integral role in the development, planning and delivery of the Robina Hospital expansion, Robina Health Precinct and Gold Coast University Hospital building projects.

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## Strategic committees

### Executive Management Committees

#### Executive Management Team

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

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#### Clinical Governance Committee

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

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

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#### Digital Portfolio Committee

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

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#### Work Health and Safety Management Committee

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

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### Clinician Engagement

#### Clinical Council

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

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#### Research Council

The Research Council is the peak communication body for aligning and supporting long term collaborations in research across all clinical directorates and research active services. Members include representative of all Gold Coast Health divisions and workforce elements.

Important initiatives organised by the Research Council (in conjunction with the Office for Research Governance and Development) include research network evenings, the Research Showcase and the Research Grants Scheme.

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#### Strategic Research Advisory Committee

Until early 2018, the Strategic Research Advisory Committee (SRAC) was a peak advisory body responsible for developing a sustainable research strategy that grows research capacity with local, national and international academic and corporate partnerships to build long lasting relationships. Members included experienced Gold Coast Health research staff, representatives from partnering universities and the Primary Health Network. The SRAC was instrumental in developing a submission to the NHMRC for an Advanced Health and Research Translation Centre and developed the first iteration of the Gold Coast Health Research Strategy.

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## Risk management and accountability

Gold Coast Health uses AS/NZS ISO 31000:2018 Risk Management Principles and Guidelines to guide and influence its approach to the management of risk.

Within a three lines-of-defence model, the health service's Risk Management Team utilises a four-pillar philosophy that guides the understanding that all risks:

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

The application of this philosophy is, and will be, seen through the implementation of the health service's Risk Management Framework, the content and delivery of risk management training and presentations, and through the day-to-day organisational efforts to improve and embed risk management as a central pillar of organisational culture.

Risk management is integral to effective strategic planning and decision making, in order for Gold Coast Health to achieve its vision of recognition as a 'centre of excellence for world class health care'.

To achieve this, the Board is committed to ensuring that Gold Coast Health:

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

The identification of areas of significant risk is a key challenge for all organisations. Going forward,

Gold Coast Health will be utilising Key Risk Indicator reporting against its strategic risks, a program of systematic risk control self-assessments, together with existing periodic risk reviews and divisional level risk identification procedures to facilitate effective risk identification across the health service.

In addition, the Risk Management Team will undertake quarterly environmental reviews to identify any emerging risks that may affect the organisation.

Risk management activities and significant changes are regularly monitored and reported to the Board through the Audit and Risk Committee.

### External scrutiny

In 2017-18, Parliamentary reports tabled by the Auditor-General which broadly considered the performance of Gold Coast Health included:

**Report to Parliament 7:** Health: 2016–17 results of financial audits.

The objective of this audit report was to summarise the results of the financial audits of the 16 hospital and health services which included timeliness and quality of financial reporting as well as financial performance and sustainability.

**Report to Parliament 14:** The National Disability Insurance Scheme

The objective of this audit was to assess how effectively the Queensland Government is managing the transition to the National Disability Insurance Scheme and how well prepared it is to oversee services after the transition. The audit included a focus on hospital and health service discharge processes for patients with a disability.

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

**Maternity Services:** The Office of the Health Ombudsman (OHO) Maternity Services Investigation Report was received in March 2018.

Beginning in 2014, the Office of the Health Ombudsman conducted a review into the quality of the Maternity Services provided at the Gold Coast University Hospital and its predecessor, the Gold Coast Hospital. The review included birthing outcomes, as well as clinical reviews undertaken in response to clinical incidents and the outcomes and recommendations undertaken to evaluate and improve maternity services.

## Risk management and accountability (continued)

The OHO investigation undertook a benchmarking exercise of GCH Maternity Services against its Queensland Health peer Level 6 maternity services. From this benchmarking exercise it detailed that GCUH is performing strongly against the clinical indicators used to measure the safety and quality of a maternity service and that the GCUH not only has a safe maternity service but the best perinatal mortality in Queensland.

### Accreditation

#### Glowing accreditation report for health service

Gold Coast Health received a glowing accreditation report from the National Safety and Quality Health Service Standards, EQUIP National Standards and National Standards Mental Health.

The organisation-wide survey was conducted in November 2017, involving 10 surveyors spending a week inspecting Gold Coast Health facilities.

Gold Coast Health achieved three 'met with merit' ratings for the following:

- quality improvement activities undertaken to prevent falls and minimise patient harm
- the management of patient-centred nutritional care
- the Organ and Tissue Donation service.

The report noted Gold Coast Health was balancing performance improvement to become a world class health service, while meeting extraordinary increased service demands. It stated that there is evidence of a strong culture of improvement at Gold Coast Health.

### Internal audit

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

The organisation's internal audit unit, staffed by the Director, Assurance and Advisory Services and an assurance officer, co-sources its internal audit activity with numerous professional services firms and subject matter experts.

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

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

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

The focus areas for audits conducted in earlier years were patient safety, financial controls, record management controls, workplace health and safety, mental health legislative changes.

In 2017-2018, the internal audit function achieved the following:

- enhanced the linkages to other governance, risk and compliance (GRC) functions to improve the overall assurance provided to the board
- the finalisation of 12 audits in key risk and control areas and the provision of recommendations for improvement to address these risks impacting the health service's ability to achieve its objectives and meet its obligations
- enhanced the identification, detection and management of fraud risk within the Hospital and Health Service
- enhanced the assurance map developed from the prior year to better link with other GRC functions; and
- the internal audit function was externally assessed by the Institute of Internal Auditors and was recognised as a high performing and optimised audit service.

## Core strategies of information systems and record keeping

The health service continues to make significant strides on its journey towards becoming a world class digital healthcare provider with an emphasis on patient safety and experience. In 2017–18, the health service launched a new five-year digital strategy with four key focus areas. These include:

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

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

Achievements in 2017–18 included:

- Developing and launching a new five-year digital strategy for the Gold Coast Health
- Establishing a clinical informatics directorate to support clinicians adopt and use digital technologies within their clinical workflow
- Establishing a digital engagement function to support clinical teams develop and implement innovative digital solutions
- Reforming ICT governance processes to support delivery of the digital transformation agenda
- Funding and launching the Digital Healthcare Program to implement a new Integrated Electronic Medical Record and other technologies across all campuses in 2018.

## Hospital and Health Board Act 2011 disclosures

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, Gold Coast Health is required to include a statement in its Annual Report detailing the disclosure of confidential information in the public interest. There were no disclosures under this provision during 2017–18.

## Public interest disclosure

### Statutory Compliance and Conduct

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

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

SCC productivity outputs for the 2017–18 review periods include:

- assessed, managed and reported a total of 140 complaint matters with multiple allegations. Of these complaints 65 were assessed as suspected corrupt conduct and reported or managed on behalf of the Crime and Corruption Commission. The other 75 complaints were assessed as possible Code of Conduct breaches.
- assessed and managed 68 public interest disclosure (PID) matters and reported 45 of these PID matters to the Queensland Ombudsman Office.
- delivered 2 specialised coaching sessions to staff encompassing Orientation, Ethics, Integrity and Accountability, Corrupt Conduct, Public Interest Disclosures and Fraud Awareness.

## Digital Healthcare Program

Gold Coast Health embraces the implementation of digital care solutions to promote patient focused, reliable and integrated healthcare. Many initiatives have been adopted in 2017-18 under the Digital Healthcare Program.

### Integrated Electronic Medical Record (ieMR)

The Board has approved the Health Service's inclusion in the statewide implementation of the integrated electronic medical record (ieMR), as initiated by eHealth Queensland. This digital hospital solution will be the key technology platform to improve patient focused and integrated healthcare. In April 2019, this \$40 million program of work will be implemented across Gold Coast University Hospital, Robina Hospital, Varsity Day Hospital, and community health centres.

Building on the existing electronic medical record, the ieMR supports a patient-centric model of care through improved access and sharing of accurate and timely patient information between treating teams across multiple clinical settings. Decision support tools such as order sets, prompts and alerts will support clinicians to determine the best care needed at the most appropriate time.

The implementation of ieMR aligns with:

- Australia's National Digital Health Strategy
- Keeping Queenslanders Healthy (Our Future State: Advancing Queensland's Priorities)
- Digital Health Strategic Vision for Queensland 2026
- Gold Coast Health Strategic Plan (2016-2020)
- Gold Coast Health Digital Strategy (2018-2021)

Integrated medical devices will also be rolled out, allowing automatic upload of patient vital signs, observations and clinical measurements to the patient's electronic medical record.

The advanced capabilities available in the ieMR will benefit patients, families, staff, and medical partners.

### Rapid Access Workstation Service (RAWS)

There are numerous clinical systems that support the coordination of care, often requiring multiple logins for clinical staff to access patient records. The RAWS project has introduced tap-on technology supporting single sign-on to clinical systems. This streamlined login process enables clinicians to access patient information almost instantly from multiple workstations across the hospital, increasing productivity and allowing more time for patient care.

The health service has welcomed the addition of the RAWS into their daily workings, with over 80 per cent of hospital staff utilising the single sign-on option (as at June 2018).

Clinical records will continue to be effectively managed in accordance with the *Health Sector (Clinical Records) Retention and Disposal Schedule 2012* and other relevant legislation, policies and procedures.

### Future Focus 2018-2019

The Digital Healthcare Program will continue to prepare for ieMR implementation during 2018-2019, focusing on:

- developing safe and quality-centric patient workflows
- uplifting infrastructure and devices to host increased digital recording
- training and educating staff to be proficient in the new functionality
- ensuring successful transition to business as usual operations.

## Ensuring an ethical culture

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

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

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

**“I thought the wall art was beautiful and it made me happy and I felt really comfortable. It’s great that the hospital has an understanding of Aboriginal culture.”**

– Quandamooka woman and Gold Coast mum Emily Webb, the first Aboriginal woman to use the culturally appropriate birth suite when she gave birth to her son Ned on 8 July 2017.

## Open data

The Queensland Government’s Open Data Initiative aims to make a range of public service data available for members of the public to access through [www.qld.gov.au/data](http://www.qld.gov.au/data)

The open data website publishes data on:

- expenditure on consultancies
- expenditure on staff overseas travel and the reasons for travel
- use of interpreter services available under the Queensland Language Services Policy.

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

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

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

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

The Gold Coast Health 2017–18 Annual Report is delivered in accordance with the above requirements and is compliant with the annual report requirements for Queensland Government agencies. Requirements can be found at [www.forgov.qld.gov.au/manage-government-performance](http://www.forgov.qld.gov.au/manage-government-performance)

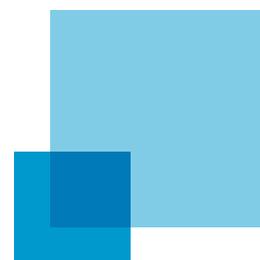
### General information

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

The head office and principal place of business of Gold Coast Health is Gold Coast University Hospital, 1 Hospital Boulevard, Southport QLD 4215.

A description of the nature of Gold Coast Health’s operations and its principal activities is included in this Annual Report.

For information in relation to Gold Coast Health, please visit [www.goldcoast.health.qld.gov.au](http://www.goldcoast.health.qld.gov.au).



# Financial Statements

30 June 2018

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## Gold Coast Hospital and Health Service Statement of comprehensive income for the year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Revenue</b>			
Health service funding	5	1,325,796	1,234,756
User charges and fees	6	101,484	92,938
Grants and other contributions	7	18,732	19,439
Other revenue	8	8,204	5,821
Net revaluation increment	16	901	5,562
<b>Total revenue</b>		<b>1,455,117</b>	<b>1,358,516</b>
<b>Expenses</b>			
Employee expenses	9	(971,856)	(908,804)
Supplies and services	10	(387,446)	(354,894)
Grants and subsidies		(715)	(804)
Depreciation and amortisation	16/17	(78,649)	(79,165)
Impairment loss	11	(1,308)	(1,680)
Other expenses	12	(7,187)	(6,763)
<b>Total expenses</b>		<b>(1,447,161)</b>	<b>(1,352,110)</b>
<b>Surplus for the year</b>		<b>7,956</b>	<b>6,406</b>
Other comprehensive income for the year <i>Items that will not be reclassified subsequently to operating result:</i>			
– Increase in asset revaluation surplus	16	47,543	36,521
Total other comprehensive income		47,543	36,521
<b>Total comprehensive income for the year</b>		<b>55,499</b>	<b>42,927</b>

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

## Gold Coast Hospital and Health Service Statement of financial position as at 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	13	74,379	65,172
Receivables	14	42,748	28,136
Inventories	15	9,088	8,610
Prepayments		2,706	2,066
<b>Total current assets</b>		<b>128,921</b>	<b>103,984</b>
<b>Non-current assets</b>			
Property, plant and equipment	16	1,723,976	1,736,399
Intangibles	17	938	1,850
<b>Total non-current assets</b>		<b>1,724,914</b>	<b>1,738,249</b>
<b>Total assets</b>		<b>1,853,835</b>	<b>1,842,233</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	18	55,173	36,942
Accrued employee benefits	19	39,793	35,743
Unearned revenue	20	2,541	4,948
<b>Total current liabilities</b>		<b>97,507</b>	<b>77,633</b>
<b>Total liabilities</b>		<b>97,507</b>	<b>77,633</b>
<b>Net assets</b>		<b>1,756,328</b>	<b>1,764,600</b>
<b>Equity</b>			
Contributed equity		1,616,134	1,679,905
Accumulated surplus		23,975	16,019
Asset revaluation surplus	16	116,219	68,676
<b>Total equity</b>		<b>1,756,328</b>	<b>1,764,600</b>

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

## Gold Coast Hospital and Health Service Statement of changes in equity for the year ended 30 June 2018

	Note	Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
<b>Balance at 1 July 2016</b>		<b>1,745,761</b>	<b>9,613</b>	<b>32,155</b>	<b>1,787,529</b>
<b>Surplus for the year</b>		-	6,406	-	6,406
<i>Other comprehensive income for the year</i>					
– Increase in asset revaluation surplus	16	-	-	36,521	36,521
<b>Total comprehensive income for the year</b>		-	<b>6,406</b>	<b>36,521</b>	<b>42,927</b>
<i>Transactions with owners in their capacity as owners:</i>					
Equity injections		13,316	-	-	13,316
Net non-current asset transfers	16	(7)	-	-	(7)
Equity withdrawals		(79,165)	-	-	(79,165)
<b>Balance at 30 June 2017</b>		<b>1,679,905</b>	<b>16,019</b>	<b>68,676</b>	<b>1,764,600</b>
<b>Balance at 1 July 2017</b>		1,679,905	16,019	68,676	1,764,600
<b>Surplus for the year</b>		-	7,956	-	7,956
<i>Other comprehensive income for the year</i>					
– Increase in asset revaluation surplus	16	-	-	47,543	47,543
<b>Total comprehensive income for the year</b>		-	<b>7,956</b>	<b>47,543</b>	<b>55,499</b>
<i>Transactions with owners in their capacity as owners:</i>					
Equity injections		15,016	-	-	15,016
Net non-current asset transfers	16	(138)	-	-	(138)
Equity withdrawals		(78,649)	-	-	(78,649)
<b>Balance at 30 June 2018</b>		<b>1,616,134</b>	<b>23,975</b>	<b>116,219</b>	<b>1,756,328</b>

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

## Gold Coast Hospital and Health Service Statement of cash flows for the year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Cash flows from operating activities</b>			
Health service funding		1,243,569	1,153,633
User charges and fees		96,912	89,535
Grants and contributions		18,316	19,254
GST collected from customers		1,988	1,562
GST input tax credits from Australian Taxation Office		16,052	15,571
Other operating cash inflows		7,832	5,685
Employee expenses		(967,805)	(903,879)
Supplies and services		(375,295)	(356,511)
Grants and subsidies		(715)	(804)
GST paid to suppliers		(17,381)	(15,485)
GST remitted to Australian Taxation Office		(2,149)	(1,323)
Other operating cash outflows		(6,719)	(6,193)
<b>Net cash from operating activities</b>	<b>13</b>	<b>14,605</b>	<b>1,045</b>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment		(17,098)	(12,614)
Proceeds from sale of property, plant and equipment		410	931
<b>Net cash used in investing activities</b>		<b>(16,688)</b>	<b>(11,683)</b>
<b>Cash flows from financing activities</b>			
Equity injections		11,290	13,316
<b>Net cash from financing activities</b>		<b>11,290</b>	<b>13,316</b>
Net increase in cash and cash equivalents		9,207	2,678
Cash and cash equivalents at the beginning of the financial year		65,172	62,494
<b>Cash and cash equivalents at the end of the financial year</b>	<b>13</b>	<b>74,379</b>	<b>65,172</b>

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

# Gold Coast Hospital and Health Service

## Notes to the financial statements

### 30 June 2018

#### Note 1. Significant accounting policies

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

##### (a) The reporting entity

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

##### (b) Statement of compliance

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

These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2018, and other authoritative pronouncements.

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

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

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

##### (c) Basis of preparation

Gold Coast Health has prepared these financial statements on a going concern basis, which assumes that Gold Coast Health will be able to meet the payment terms of its financial obligations as and when they fall due. Gold Coast Health is economically

dependent on funding received from its Service Agreement with the Department of Health ("the Department").

A Service Agreement Framework is in place to provide Gold Coast Health with a level of guidance regarding funding commitments and purchase activity for 2016-2017 to 2018-2019. The Board and management believe that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide Gold Coast Health with sufficient cash resources to meet its financial obligations for at least the next year.

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

##### (d) Critical accounting estimates

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

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

- Useful lives assessment – refer note 1(i)
- Land and building valuation assessment – refer note 1(j)

##### e) Health service funding

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

##### Activity based funding (ABF)

ABF funding is provided according to the type and number of services purchased by the Department, based on a Queensland price for each type of service. ABF funding is received for acute inpatients, intensive care patients, subacute inpatients, emergency department presentations and outpatients. Revenue

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

#### **Non-activity based funding**

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

#### **Depreciation and amortisation funding**

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

#### **(f) User charges and fees**

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

#### **Hospital fees and related services/goods**

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

#### **Granted private practice revenue**

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

been received in cash in the Gold Coast Health private practice trust account. See note 26.

#### **Pharmaceutical Benefits Scheme**

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

#### **(g) Grants and contributions**

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

Contributed services are recognised only when a fair value can be measured reliably and the services would have been purchased if they had not been donated. Gold Coast Health receives corporate services support from the Department for no cost. Corporate services received include payroll services and accounts payable services. An approximate value provided by the Department has been disclosed in Note 4.

#### **(h) Employee expenses**

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

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

#### **Classification of employee expenses**

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

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

#### **Wages, Salaries and Sick Leave**

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position

## Note 1. Significant accounting policies (continued)

at the current salary rates. Unpaid entitlements are expected to be paid within 12 months and the liabilities are recognised at their undiscounted values.

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

### Annual Leave, Long Service Leave and Other Leave

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

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

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

### Superannuation

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

### (j) Depreciation of non-current assets

Property, plant and equipment is depreciated on a

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

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

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

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

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

Buildings	2.5%–6.3%
Plant and equipment	
Computer Hardware	10%–20%
Engineering	8.3%–10%
Furniture and Fittings	5%–20%
Office Equipment	5.9%–10%
Medical equipment < \$200,000	8.3%–20.0%
Medical equipment > \$200,000	10%–12.5%
Motor Vehicle	7.7%–20%
Intangible Assets	9.1%–50%

### (j) Revaluations of non-current assets

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

Gold Coast Health engage external valuers to determine fair value through either comprehensive

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

External valuers are selected based on market knowledge and reputation. Where there is a significant change in fair value of an asset from one period to another, an analysis is undertaken by management with the external valuer. This analysis includes a verification of the major inputs applied in the latest valuation and a comparison, where applicable, with external sources of data. Detailed disclosure of fair value methodology and inputs is included in Note 16.

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

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

#### **(k) Impairment of non-current assets**

All non-current assets are assessed for indicators of impairment on an annual basis or, where the asset is measured at fair value (excluding fair value at current replacement cost), for indicators of a change in fair value/service potential since the last valuation was completed. Where indicators of a material change in fair value or service potential since the last valuation arise, the asset is revalued at the reporting date under AASB 13 Fair Value Measurement. If an indicator of impairment exists, Gold Coast Health determines the

asset's recoverable amount (higher of value in use and fair value less costs to sell). Any amount by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss and is accounted for as follows:

- for assets measured at cost, an impairment loss is recognised immediately in the statement of comprehensive income.
- for assets measured at fair value, the impairment loss is treated as a revaluation decrease and offset against the asset revaluation surplus of the relevant class to the extent available. Where no asset revaluation surplus is available in respect of the class of asset, the loss is expensed in the statement of comprehensive income as a revaluation decrement.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years.

For assets measured at cost, impairment losses are reversed through income. For assets measured at fair value, to the extent the original decrease was expensed through the statement of comprehensive income, the reversal is recognised in income, otherwise the reversal is treated as a revaluation increase for the class of asset through asset revaluation surplus.

When an asset is measured at fair value, any accumulated impairment losses at that date are eliminated against the gross amount of the asset prior to restating for the revaluation.

#### **(l) Cash and cash equivalents**

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

#### **(m) Receivables**

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

The collectability of receivables is assessed periodically with provisions made for impairment. Increases in the allowance for impairment are based on loss events as disclosed in Note 14. All known bad debts are written off when identified.

## Note 1. Significant accounting policies (continued)

### (n) Inventories

Inventories consist mainly of pharmaceutical supplies and clinical supplies held in wards for use throughout the hospitals. Inventories are measured at the lower of cost and net realisable value based on periodic assessments for obsolescence. Where damaged or expired items have been identified, provisions are made for impairment. Refer Note 15.

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

### (o) Property, plant and equipment

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

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

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

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

### (p) Intangible assets

Intangible assets with a cost or fair value equal to or greater than \$100,000 are recognised in the financial statements. Items with a lesser value are expensed.

It has been determined that there is not an active market for any of Gold Coast Health's intangible assets. As such, the assets are recognised and carried at cost less accumulated amortisation and accumulated impairment losses. Work in progress is for software developed in-house but not yet in use and will be amortised in the same way as purchased software.

### (q) Payables

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

### (r) Financial Instruments

#### Recognition

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

#### Classification

Financial instruments are classified and measured as follows:

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

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

### (s) Taxation

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

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

### (t) Leases

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

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

### (u) Trust transactions and balances

Gold Coast Health manages patient trust accounts transactions (fiduciary funds) as trustee. As Gold Coast Health acts only in a custodial role in respect of these transactions and balances, they are not

recognised in the financial statements. Trust activities are included in the annual audit performed by the Auditor-General of Queensland and disclosed in Note 25.

**(v) Private practice arrangements**

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

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

The below summarises the relevant Australian Accounting Standards amendments which have been adopted for the 2017-2018 year.

AASB 2016-4 Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash Generating Specialised Assets for not-for-Profit Entities simplified and clarified the impairment testing requirements under AASB 136 for non-cash generating assets held by NFP entities. This amendment has not changed any reported amounts. References to the Depreciated Replacement Costs have been replaced with Current Replacement Cost in line with these amendments.

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

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

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

These standards will first apply in Gold Coast Health’s financial statements from 2019-2020. AASB 15 Revenue from Contracts requires much more detailed requirements for the accounting for certain types of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of Gold Coast Health’s goods and services, such that some revenue may need to be

deferred to a later reporting period to the extent that the service has not met its associated obligations. Further, under the new standards, grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific.

Gold Coast Health has commenced analysing the new revenue recognition requirements under these standards, but is yet to form conclusions about significant impacts. The main contract requiring review is the Service Agreement with the Department.

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

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

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

The most likely impacts are expected to relate to the credit risk of financial assets subject to impairment. Gold Coast Health’s receivables do not include a significant financing component and therefore impairment losses will be determined according to the amount of lifetime expected credit losses. As Gold Coast Health’s receivables are short-term in nature, it is not expected that there will be a material impact. However, new impairment requirements will result in a provision being applied to all receivables rather than only on those receivables that are credit impaired. Gold Coast Health will be adopting the simplified approach under AASB 9 and measure lifetime expected credit losses on all trade receivables and contract assets using a provision matrix approach as a practical expedient to measure the impairment provision.

Gold Coast Health will take advantage of the exemption allowing it not to restate comparative information for prior periods with respect to

## Note 1. Significant accounting policies (continued)

classification and measurement (including impairment) changes. Differences in the carrying amounts of financial assets and financial liabilities resulting from the adoption of this standard will generally be recognised in retained earnings in the transition year.

### AASB 16 Leases

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

AASB 16 introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset (representing rights to use the underlying leased asset) and a liability (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying assets are of low value.

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

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

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

Approximately 99% of Gold Coast Health’s operating lease commitments comprise arrangements with other

Queensland Government agencies (i.e. internal-to-Government leases). The remaining 1% of operating lease commitments are with lessors external to Government. These commitments are disclosed in Note 23.

Gold Coast Health’s leases with internal-to-Government lessors are primarily for office accommodation through the Queensland Government Accommodation Office and motor vehicle leases with QFleet. Considering their operation and impact across the whole-of-Government, Gold Coast Health is currently awaiting formal guidance from Queensland Treasury as to whether these arrangements should be accounted for on-balance sheet under AASB 16.

Gold Coast Health has not yet quantified the exact impact on the Statement of Comprehensive Income or the Statement of Financial Position of applying AASB 16 to its current operating leases.

### AASB 1059 Service Concession Arrangements: Grantors

AASB 1059 will first apply to Gold Coast Health’s financial statements in 2019-2020 financial year. This standard defines service concession arrangements and applies a new control concept to the recognition of service concession assets and related liabilities.

Gold Coast Health has performed an analysis which suggests that no arrangements will fall inside the scope of AASB 1059 as the assets do not provide public services.

## Note 2. Budget vs Actual Comparison

This note provides an explanation for major variances between the original budget and actual performance for 2017-2018. An explanation has also been provided for health service funding revenue due to its significance.

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

### Statement of Comprehensive Income

	Variance Notes	Original Budget 2018 \$'000	Actual 2018 \$'000	Variance \$'000
<b>Revenue</b>				
Health service funding	A	1,292,723	1,325,796	33,073
User charges and fees	B	77,733	101,484	23,751
Grants and other contributions	C	16,853	18,732	1,879
Other revenue	B	3,395	8,204	4,809
Net revaluation increment	F	-	901	901
<b>Total revenue</b>		<b>1,390,704</b>	<b>1,455,117</b>	<b>64,413</b>
<b>Expenses</b>				
Employee expenses	D	(946,522)	(971,856)	(25,334)
Supplies and services	E	(357,630)	(387,446)	(29,816)
Grants and subsidies		(1,323)	(715)	608
Depreciation and amortisation		(80,794)	(78,649)	2,145
Impairment loss		(1,185)	(1,308)	(123)
Other expenses		(3,250)	(7,187)	(3,937)
<b>Total expenses</b>		<b>(1,390,704)</b>	<b>(1,447,161)</b>	<b>(56,457)</b>
<b>Surplus for the year</b>		<b>-</b>	<b>7,956</b>	<b>7,956</b>
Other comprehensive income for the year <i>Items that will not be reclassified subsequently to operating result:</i>				
– Increase in asset revaluation surplus	F	54,336	47,543	(6,793)
Total other comprehensive income		54,336	47,543	(6,793)
<b>Total comprehensive income for the year</b>		<b>54,336</b>	<b>55,499</b>	<b>1,163</b>

**Note 2. Budget vs Actual Comparison (continued)****Statement of Financial Position**

	Variance Notes	Original Budget 2018 \$'000	Actual 2018 \$'000	Variance \$'000
<b>Assets</b>				
<b>Current assets</b>				
Cash and cash equivalents	G	65,353	74,379	9,026
Receivables	H	21,785	42,748	20,963
Inventories		8,295	9,088	793
Prepayments		1,983	2,706	723
<b>Total current assets</b>		<b>97,416</b>	<b>128,921</b>	<b>31,505</b>
<b>Non-current assets</b>				
Property, plant and equipment		1,735,276	1,723,976	(11,300)
Intangibles		1,510	938	(572)
<b>Total non-current assets</b>		<b>1,736,786</b>	<b>1,724,914</b>	<b>(11,872)</b>
<b>Total assets</b>		<b>1,834,202</b>	<b>1,853,835</b>	<b>19,633</b>
<b>Liabilities</b>				
<b>Current Liabilities</b>				
Payables	I	42,637	55,173	12,536
Accrued employee benefits	J	30,830	39,793	8,963
Unearned revenue		1,132	2,541	1,409
<b>Total current liabilities</b>		<b>74,599</b>	<b>97,507</b>	<b>22,908</b>
<b>Net assets</b>		<b>1,759,603</b>	<b>1,756,328</b>	<b>(3,275)</b>
<b>Total equity</b>		<b>1,759,603</b>	<b>1,756,328</b>	<b>(3,275)</b>

## Statement of cash flows

	Variance Notes	Original Budget 2018 \$'000	Actual 2018 \$'000	Variance \$'000
<b>Cash flows from operating activities</b>				
Health service funding	A	1,211,929	1,243,569	31,640
User charges and fees	B	76,432	96,912	20,480
Grants and contributions	C	16,853	18,316	1,463
GST collected from customers	M	-	1,988	1,988
GST input tax credits from Australian Taxation Office	M	8,050	16,052	8,002
Other operating cash inflows	B	3,395	7,832	4,437
Employee expenses				
Supplies and services	D	(946,516)	(967,805)	(21,289)
Grants and subsidies	E	(355,598)	(375,295)	(19,697)
GST paid to suppliers		(1,323)	(715)	608
GST remitted to Australian Taxation Office	M	(8,055)	(17,381)	(9,326)
Other operating cash outflows	M	-	(2,149)	(2,149)
		(3,250)	(6,719)	(3,469)
<b>Net cash from operating activities</b>		<b>1,917</b>	<b>14,605</b>	<b>12,688</b>
<b>Cash flows from investing activities</b>				
Payments for property, plant and equipment	L	(4,496)	(17,098)	12,602
Proceeds from sale of property, plant and equipment		(85)	410	495
<b>Net cash used in investing activities</b>		<b>(4,581)</b>	<b>(16,688)</b>	<b>(12,107)</b>
<b>Cash flows from financing activities</b>				
Equity injection	K	4,496	11,290	6,794
<b>Net cash from financing activities</b>		<b>4,496</b>	<b>11,290</b>	<b>6,794</b>
Net increase in cash and cash equivalents		1,832	9,207	7,375
Cash and cash equivalents at the beginning of the financial year		63,521	65,172	1,651
<b>Cash and cash equivalents at the end of the financial year</b>	<b>G</b>	<b>65,353</b>	<b>74,379</b>	<b>9,026</b>

## Note 2. Budget vs Actual Comparison (continued)

### Explanations of major variances

#### A. Health service funding variance

Health service funding revenue has increased by \$33.0m due to additional patient activity (estimated actual weighted activity units are 224,179 compared with budgeted activity of 222,982). Additional funding compared to budget also relates to specific funding for models of care and enterprise bargaining adjustments. This caused the corresponding increase in statement of cash flows of \$31.6m.

#### B. User charges and fees variance

The combined user charges revenue and other revenue is higher than budget by \$28.6m. Additional patient activity led to additional revenue from chargeable services. There was also an increase by \$7.2m relating to PBS revenue predominantly for cancer services due to higher patient activity levels. The budget does not include project recoveries of \$2.6m. These factors caused the corresponding combined increase in the statement of cash flows of \$24.9m.

#### C. Grants and contributions variance

Grants revenue of \$18.7m aligns to the funding agreements negotiated by Gold Coast Health with various State and Commonwealth government bodies for 2017–18. The difference to budget relates to donations received into Private Practice Trust Fund. This also caused the corresponding increase in statement of cash flows of \$1.5m.

#### D. Employee expenses variance

Employee expenses is \$25.3m higher than budget due to the additional staff required to service the growth in demand for healthcare services. The average number of full time equivalent staff for 2017–18 is 7,637 compared to budget of 7,482. This also caused the corresponding increase in statement of cash flows of \$21.3m.

#### E. Supplies and services variance

Supplies and services is \$29.8m higher than budget due to increased use of external contractors (mainly nursing staff) (\$6.4m over budget) to meet the growth in demand for healthcare services, increased repairs and maintenance costs (\$5.8m over budget) to meet service level expectations, and \$9.7m increase for drugs and \$7.5m for clinical supplies and pathology related to higher activity. This also caused the corresponding increase in statement of cash flows of \$19.7m.

#### F. Net revaluation increment variance

The net revaluation increment totalling \$48.4m (\$0.9m in revenue and \$47.5m in other comprehensive income) is a result of land and

building revaluation programs. The impact of revaluations is different to the budgeted movement of \$54.3m due to the unforeseen nature of market forces affecting revaluation calculations. The budget assumed the full impact would increase the asset revaluation surplus, resulting in a variance in other comprehensive income and asset revaluation surplus.

#### G. Cash and cash equivalents variance

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

#### H. Receivables variance

The receivables balance is higher than budget by \$20.9m. The majority of this variance is caused by the unforeseeable nature of final amendments to funding in the Service Agreement with the Department.

#### I. Payables variance

The payables balance is higher than budget by \$12.5m. \$6.1m is due to the unforeseeable nature of final amendments to funding in the Service Agreement with the Department. The remaining variance is due to a difference in the assumed impact of timing of payments to suppliers at the time of preparing the budget.

#### J. Accrued employee benefits variance

The variance to budget of accrued employee benefits is \$8.9 million and is due primarily to the impact of increased employee expenses (refer note D) and timing of payroll payment run.

#### K. Equity injection variance

The 2017-18 equity injection of \$15m (\$10.7m cash, \$4.3m receivable) reflects the Department of Health capital funding connected with the replacement of critical medical equipment. This increased by \$6.7m compared to budget due to the increased capital requirements arising from provision of new and/or expanded health care services.

#### L. Payments for property plant and equipment variance

Payments for property, plant and equipment (\$17m) predominantly reflects the expenditure of the equity injection funding of \$15m (\$10.7m cash, \$4.3m receivable) (see note K). The remaining payments for property, plant and equipment were funded directly from cash (minor capital funding or retained earnings).

#### M. GST variance

Per Queensland Treasury Financial Reporting Requirements, GST inflows and outflows are reported separately in the financial statements. The net impact of the GST variance in the cash flow is only \$1.4m, and reflects the GST value on actual transactions.

### Note 3. Key Management Personnel

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

#### Minister

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

#### Board

The Board members of Gold Coast Health as at 30 June 2018 and their positions are outlined below.

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

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

### Note 3. Key Management Personnel (continued)

#### Executives

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

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Chief Executive – Mr Ron Calvert	SESL Contract – Section 33, HHB Act.	01/10/2012 (reappointed 20/06/2016)
Chief Operations Officer – Ms Kimberley Pierce	HES3 Contract – Section 67, HHB Act.	15/08/2016
Chief Finance Officer – Mr Ian Moody	HES3 Contract – Section 67, HHB Act.	04/12/2013 (reappointed 04/12/2016)
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	Medical Officer (Queensland Health) Certified Agreement (No. 4) 2015	01/09/2014
Executive Director, Digital Transformation Services and Chief Information Officer – Mr Damian Green	HES3 Contract – Section 67, HHB Act.	07/01/2013 (reappointed 27/06/2018)
Executive Director, People and Corporate Services – Ms Hannah Bloch	HES2 Contract – Section 67, HHB Act.	19/09/2016
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	HES3 Contract – Section 67, HHB Act.	29/09/2014
Executive Director, Governance, Risk and Commercial Services – Ms Rebecca Freath	HES2 Contract – Section 67, HHB Act.	01/08/2014

\*The following title changes were made in the financial year to reflect changed portfolios:

Previous title	New title
Executive Director, Finance and Business Services	Chief Finance Officer
Executive Director, People and Engagement	Executive Director, People and Corporate Services
Executive Director, Strategy & Planning	Executive Director, Strategic Planning and Assets

#### a) Remuneration

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

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

## 2018

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

**Note 3. Key Management Personnel (continued)****2017**

	Short-term employee expenses		Post-employment expenses \$'000	Long-term employee expenses \$'000	Termination benefits \$'000	Total Expenses \$'000
	Monetary \$'000	Non-monetary \$'000				
<b>Board</b>						
Board Chair – Mr Ian Langdon	98	-	9	-	-	107
Deputy Board Chair – Ms Teresa Dyson	61	-	6	-	-	67
Board Member – Professor Allan Cripps	51	-	5	-	-	56
Board Member – Ms Colette McCool	55	-	5	-	-	60
Board Member – Dr Andrew Weissenberger	53	-	5	-	-	58
Board Member – Dr Cherrell Hirst	56	-	6	-	-	62
Board Member – Mr Robert Buker	53	-	5	-	-	58
Board Member – Professor Helen Chenery	54	-	5	-	-	59
Board Member – Professor Judy Searle	50	-	5	-	-	55
<b>Executive Management Team</b>						
Chief Executive – Mr Ron Calvert	469	11	39	9	-	528
Chief Operations Officer – Kimberley Pierce (from 15/08/16)	201	-	20	4	-	225
Executive Director, Finance and Business Services – Mr Ian Moody	237	-	24	5	-	266
Executive Director, Clinical Governance, Education and Research – Professor Marianne Vonau	424	-	32	8	-	464
Executive Director, Digital Transformation Service – Mr Damian Green	234	-	18	4	-	256
Executive Director, People and Engagement – Ms Hannah Bloch (from 19/09/16)	158	-	16	3	-	177
Executive Director, Strategy and Planning – Ms Toni Peggrem	210	-	20	4	-	234
Executive Director, Governance Risk and Commercial Services – Ms Rebecca Freath	188	-	19	4	-	211

## Note 4. Related Parties

### Transactions with other Queensland Government-controlled entities

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

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

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

Entity	Note	For the year ending 30 June 2017		As at 30 June 2017	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,234,754	67,701	12,111	7,019
Queensland Treasury Corporation	(b)	187	11	7,307	-
Department of Housing and Public Works	(c)	-	2,865	-	-
Other Hospital and Health Services	(d)	461	1,231	29	-
Gold Coast Hospital Foundation	(e)	-	1	141	-

#### (a) Department of Health

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

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

In addition to the expenditure disclosed above, the Department provides several services free of charge including accounts payable, payroll and other support services. The estimated value of these services is \$11.5m.

#### (b) Queensland Treasury Corporation

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

#### (c) Department of Housing and Public Works

Gold Coast Health pays rent to the Department of Housing and Public Works (DHPW) for a number of properties. In addition, the Department of Housing and Public Works provides fleet management services (Qfleet) to Gold Coast Health. Commitments to DHPW are disclosed at Note 23.

#### (d) Other Hospital and Health Service entities

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

## Note 4. Related Parties (continued)

### (e) Gold Coast Hospital Foundation

Gold Coast Hospital Foundation provides free equipment, resources and services to Gold Coast Health in accordance with their objectives identified in the *Hospitals Foundations Act 1982 (Qld)*. Where quantifiable, the value of these resources is disclosed above. The Foundation leases space in the foyer of Gold Coast University Hospital for a nominal value. Upon application, the Foundation also provides funding to research projects, some of which are facilitated by Gold Coast Health employees.

### Transactions with people/entities related to Key Management Personnel

All transactions in the year ended 30 June 2018 between Gold Coast Health and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

## Note 5. Health service funding

	2018 \$'000	2017 \$'000
Activity based funding	1,055,933	942,965
Non-activity based funding	191,214	212,626
Depreciation funding	78,649	79,165
<b>Total health service funding</b>	<b>1,325,796</b>	<b>1,234,756</b>

## Note 6. User charges and fees

	2018 \$'000	2017 \$'000
Hospital fees and related services/goods	35,560	34,513
Private practice revenue	11,125	12,363
Pharmaceutical benefits scheme	45,819	37,435
Other goods and services	8,980	8,627
<b>Total user charges and fees</b>	<b>101,484</b>	<b>92,938</b>

## Note 7. Grants and other contributions

	2018 \$'000	2017 \$'000
Commonwealth grants and contributions	13,738	13,355
Other grants and contributions	3,284	4,484
Donations other	1,294	1,415
Donations non-current physical assets	416	185
<b>Total grants and contributions</b>	<b>18,732</b>	<b>19,439</b>

**Note 8. Other revenue**

	2018 \$'000	2017 \$'000
Interest	233	198
Minor capital recoveries	2,596	983
Rental income	2,306	2,196
Gain on sale of property plant and equipment	371	135
Other	2,698	2,309
<b>Total other revenue</b>	<b>8,204</b>	<b>5,821</b>

**Note 9. Employee expenses**

	2018 \$'000	2017 \$'000
<b>Employee expenses</b>		
<i>Employee benefits</i>		
Wages and salaries	770,821	717,904
Annual leave	90,146	86,362
Superannuation	79,964	75,450
Long Service Leave	16,392	15,256
Termination payment	438	612
<i>Employee related expenses</i>		
Other employee related expenses	7,654	7,019
Workers compensation premium	6,434	6,198
Payroll tax	7	3
<b>Total employee expenses</b>	<b>971,856</b>	<b>908,804</b>

The number of employees of Gold Coast Health at 30 June 2018 measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information) is 7,899 (30 June 2017: 7,436).

**Note 10. Supplies and services**

	2018 \$'000	2017 \$'000
Building services	203	418
Catering and domestic supplies	10,768	10,160
Clinical supplies and services	107,831	99,816
Communications	13,716	13,304
Computer services	16,961	13,198
Consultants	1,329	1,051
Contractors and external labour	21,956	17,653
Drugs	63,621	54,020
Expenses relating to capital works	6,556	1,915
Insurance premiums (Queensland Government Insurance Fund) *	13,077	12,766
Interstate patient expenses	49,240	49,240
Motor vehicles	1,120	1,271
Operating lease rentals	6,063	4,041
Outsourced service delivery	17,893	24,333
Repairs and maintenance	27,829	24,885
Travel – patients	4,578	4,697
Travel – staff	1,193	1,145
Utilities	15,550	14,363
Other	7,962	6,618
<b>Total supplies and services</b>	<b>387,446</b>	<b>354,894</b>

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

**Note 11. Impairment loss**

	2018 \$'000	2017 \$'000
Impairment on receivables	(1,308)	(1,680)
<b>Total impairment loss</b>	<b>(1,308)</b>	<b>(1,680)</b>

**Note 12. Other expenses**

	2018 \$'000	2017 \$'000
Advertising	309	369
Ex-gratia payments*	61	140
External audit fees**	240	237
Insurance - other	111	125
Internal audit fees	345	340
Interpreter fees	1,027	908
Inventory written off	34	167
Legal Fees	1,274	581
Losses from the disposal of non-current assets	468	569
Other expenses	3,318	3,327
<b>Total other expenses</b>	<b>7,187</b>	<b>6,763</b>

\* Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the Financial and Performance Management Standard 2009, Gold Coast Health maintains a register setting out details of all special payments greater than \$5,000. Two payments for patient and employee related matters exceeded the \$5,000 threshold in 2017-2018.

\*\*Total audit fees paid or accrued to the Queensland Audit Office for the financial statement audit were \$240,000 (2016-2017: \$237,000). There are no non-audit services included in this amount.

**Note 13. Current assets – Cash and cash equivalents**

	2018 \$'000	2017 \$'000
Cash on hand	23	23
Cash at bank	66,876	57,842
QTC Cash Fund	7,480	7,307
<b>Total cash</b>	<b>74,379</b>	<b>65,172</b>

**a) Restricted Cash**

Gold Coast Health receives cash contributions from private practice arrangements (refer to Note 26) for education, study and research in clinical areas, and from external parties in the form of gifts, donations and bequests for stipulated purposes. This money is retained separately and payments are only made from the General Trust Fund for the specific purposes upon which contributions were received. The value as at 30 June 2018 was \$9.4m (2016-2017: \$8.6m).

**b) Effective Interest Rate**

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 2.33% per annum (2016-2017: 2.43%). No interest is earned on other bank accounts.

**Note 13. Current assets – Cash and cash equivalents (continued)****c) Reconciliation of surplus to net cash from operating activities**

	2018 \$'000	2017 \$'000
Surplus for the year	7,956	6,406
<i>Adjustments for:</i>		
Depreciation and amortisation	78,649	79,165
Depreciation and amortisation funding	(78,649)	(79,165)
Losses from the disposal of non-current assets	468	569
Donations non-current physical assets	(416)	(185)
Gain on sale of property plant and equipment	(371)	(132)
Net revaluation (increment)/decrement	(901)	(5,562)
<i>Change in operating assets and liabilities:</i>		
(Increase) in receivables	(10,886)	(7,149)
(Increase) in inventories	(478)	(493)
(Increase) in prepayments	(640)	(617)
Increase/(Decrease) in payables	18,231	(533)
Increase in accrued employee benefits	4,050	4,925
(Decrease)/Increase in unearned revenue	(2,408)	3,816
<b>Net cash from operating activities</b>	<b>14,605</b>	<b>1,045</b>

**Note 14. Current assets – Receivables**

	2018 \$'000	2017 \$'000
Trade receivables	13,877	13,370
Less: Provision for impairment of receivables	(3,036)	(4,133)
	<b>10,841</b>	<b>9,237</b>
GST input tax credits receivable	3,012	1,683
GST payable	(164)	(325)
	<b>2,848</b>	<b>1,358</b>
Health service funding accrued	18,243	11,960
Other accrued revenue	10,816	5,581
<b>Total receivables</b>	<b>42,748</b>	<b>28,136</b>

**a) Impaired trade receivables**

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

	2018 \$'000	2017 \$'000
Impairment losses on receivables	1,147	1,331
Bad debts written off	161	349
<b>Total impairment loss</b>	<b>1,308</b>	<b>1,680</b>

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

	2018 \$'000	2017 \$'000
Opening balance	4,133	4,228
Additional provisions recognised	1,147	1,331
Receivables written off during the year as uncollectable	(2,244)	(1,426)
<b>Closing balance</b>	<b>3,036</b>	<b>4,133</b>

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

	2018 \$'000	2017 \$'000
0-30 days	2	127
31-60 days	72	132
61-90 days	92	147
More than 90 days	2,870	3,727
<b>Closing balance</b>	<b>3,036</b>	<b>4,133</b>

**b) Past due but not impaired**

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

	2018 \$'000	2017 \$'000
0-30 days	-	-
31-60 days	2,197	2,231
61-90 days	1,829	798
More than 90 days	1,243	439
<b>Total past due but not impaired</b>	<b>5,269</b>	<b>3,468</b>

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

**Note 15. Current assets – Inventories**

	2018 \$'000	2017 \$'000
Pharmaceutical and clinical supplies	8,877	8,302
Less: Provision for impairment	(69)	(109)
Catering and domestic supplies	264	347
Other supplies	16	70
<b>Total inventories</b>	<b>9,088</b>	<b>8,610</b>

**Note 16. Non-current assets – Property, plant and equipment**

	2018 \$'000	2017 \$'000
Land – at independent valuation	89,416	86,008
Buildings – at independent valuation	1,905,759	1,848,621
Less: Accumulated depreciation	(359,213)	(291,005)
	<b>1,546,546</b>	<b>1,557,616</b>
Plant and equipment – at cost	188,020	180,839
Less: Accumulated depreciation	(102,974)	(89,016)
	<b>85,046</b>	<b>91,823</b>
Capital works in progress – at cost	2,968	952
<b>Total property, plant and equipment</b>	<b>1,723,976</b>	<b>1,736,399</b>

**a) Movement reconciliation**

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

	Land (fair value) \$'000	Buildings (fair value) \$'000	Plant and Equipment (cost) \$'000	Work-in- Progress (cost) \$'000	Total \$'000
<b>Balance at 30 June 2016</b>	<b>81,200</b>	<b>1,578,830</b>	<b>100,563</b>	<b>1,016</b>	<b>1,761,609</b>
Additions	-	-	7,642	4,972	12,614
Disposals	(754)	(35)	(579)	-	(1,368)
Revaluation increments	5,562	36,521	-	-	42,083
Donations received	-	-	185	-	185
Net transfers from the Department/ Other HHS	-	-	(7)	-	(7)
Transfers from Work-in-Progress	-	2,071	2,965	(5,036)	-
Depreciation expense	-	(59,771)	(18,946)	-	(78,717)
<b>Balance at 30 June 2017</b>	<b>86,008</b>	<b>1,557,616</b>	<b>91,823</b>	<b>952</b>	<b>1,736,399</b>
Additions	-	-	11,193	6,005	17,198
Disposals	(38)	-	(468)	(100)	(606)
Revaluation increments	3,446	44,998	-	-	48,444
Donations received/made	-	-	416	-	416
Net transfers from the Department/ Other HHS	-	-	(138)	-	(138)
Transfers between asset classes	-	-	(177)	-	(177)
Transfers from Work-in-Progress	-	1,681	2,208	(3,889)	(77,560)
Depreciation expense	-	(59,749)	(19,811)	-	(79,560)
<b>Balance at 30 June 2018</b>	<b>89,416</b>	<b>1,546,546</b>	<b>85,046</b>	<b>2,968</b>	<b>1,723,976</b>

**b) Valuations of land and buildings**

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

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

**Land**

The State Valuation Service provided an index for land in 2017-2018. The indexation for land ranged between 0.971 and 1.231, based on market conditions for commercial property on the Gold Coast.

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

**Buildings**

AECOM Australia Pty Ltd provided an index for buildings in 2017-2018. The indexation for buildings was 3% based on cost escalations evidenced in the market.

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

The revaluation increment/decrement is shown below:

	2018 \$'000	2017 \$'000
<b>Recognised in operating result:</b>		
Land revaluation increment	901	5,562
Net building revaluation increment	-	-
<b>Net revaluation increment</b>	<b>901</b>	<b>5,562</b>
<b>Recognised in other comprehensive income:</b>		
Land revaluation increment	2,545	-
Net building revaluation increment	44,998	36,521
<b>Net revaluation increment</b>	<b>48,444</b>	<b>36,521</b>

The asset revaluation surplus in the statement of financial position as at 30 June 2018 (\$116.2m) relates to land (\$2.5m) and building (\$113.7m) revaluation increments. (2016-2017: \$68.7m building revaluation increments).

**Note 16. Non-current assets – Property, plant and equipment (continued)****c) Fair value hierarchy classification**

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

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

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

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>2018</b>				
<i>Assets</i>				
Land	-	89,416	-	89,416
Buildings	-	1,862	1,544,684	1,546,546
<b>Total assets</b>	-	<b>91,278</b>	<b>1,544,684</b>	<b>1,635,962</b>
<b>2017</b>				
<i>Assets</i>				
Land	-	86,008	-	86,008
Buildings	-	1,914	1,555,702	1,557,616
<b>Total assets</b>	-	<b>87,922</b>	<b>1,555,702</b>	<b>1,643,624</b>

The movements associated with Level 3 assets are shown below:

**Level 3 Movements**

	2018 \$'000	2017 \$'000
<b>Balance at 1 July</b>	<b>1,555,702</b>	<b>1,577,215</b>
Transfers into Level 3 from Level 2	-	426
Disposals	-	(18)
Revaluation increments	44,943	36,388
Transfers from Work-in-Progress	1,681	1,334
Depreciation	(57,642)	(59,643)
<b>Balance at 30 June</b>	<b>1,544,684</b>	<b>1,555,702</b>

**Note 17. Non-current assets – Intangibles**

	2018 \$'000	2017 \$'000
Software purchased – at cost	1,266	939
Less: Accumulated amortisation	(927)	(627)
	<b>339</b>	<b>312</b>
Software developed	2,091	2,091
Less: Accumulated amortisation	(1,492)	(553)
	<b>599</b>	<b>1,538</b>
Software work in progress – at cost	-	-
<b>Total intangibles</b>	<b>938</b>	<b>1,850</b>

**a) Movement reconciliation**

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

	Work-in- Progress \$'000	Purchased \$'000	Developed \$'000	Total \$'000
<b>Balance at 30 June 2016</b>	<b>1,663</b>	<b>421</b>	<b>214</b>	<b>2,298</b>
Additions	-	-	-	-
Disposals	-	-	-	-
Transfers In/(out)	(1,663)	-	1,663	-
Amortisation expense	-	(109)	(339)	(448)
<b>Balance at 30 June 2017</b>	<b>-</b>	<b>312</b>	<b>1,538</b>	<b>1,850</b>
Additions	-	-	-	-
Disposals	-	-	-	-
Transfers between asset classes	-	177	-	177
Amortisation expense	-	(150)	(939)	(1,089)
<b>Balance at 30 June 2018</b>	<b>-</b>	<b>339</b>	<b>599</b>	<b>938</b>

**Note 18. Current liabilities – Payables**

	2018 \$'000	2017 \$'000
Trade and other payables	17,231	8,680
Payables to the Department	9,375	2,057
Accrued expenses	28,567	26,205
<b>Total payables</b>	<b>55,173</b>	<b>36,942</b>

**Note 19. Current liabilities – Accrued employee benefits**

	2018 \$'000	2017 \$'000
Wages and salaries payable	29,978	26,217
Superannuation payable	3,511	3,634
Other leave	6,304	5,892
<b>Total accrued employee benefits</b>	<b>39,793</b>	<b>35,743</b>

**Note 20. Current liabilities – Unearned revenue**

	2018 \$'000	2017 \$'000
Health service funding unearned revenue	1,503	4,926
Other unearned revenue	1,038	22
<b>Unearned revenue</b>	<b>2,541</b>	<b>4,948</b>

**Note 21. Financial instruments**

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

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

**Interest Risk**

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

**Credit risk**

Credit risk exposure refers to the situation where Gold Coast Health may incur financial loss because of another party to a financial instrument failing to discharge their obligation. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any provisions for impairment. As such, the gross carrying amount of cash and cash equivalents as well as receivables represents the maximum exposure to credit risk. See Note 14 for further information on impairment of receivables.

**Liquidity risk**

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

Gold Coast Health is exposed to liquidity risk in respect of its payables. Exposure to liquidity risk is reduced by ensuring that sufficient funds are available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts to match the expected incidence and duration of the various employee and supplier liabilities. Gold Coast Health has an approved overdraft facility of \$8.5m under whole-of-Government banking arrangements to manage any unexpected short-term cash shortfalls. This facility has not been drawn down as at 30 June 2018.

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

## Note 22. Contingent liabilities

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

	2018 cases	2017 cases
Supreme Court	6	3
District Court	3	4
Magistrates Court	1	1
Tribunals, commissions and boards	1	2
<b>Total cases</b>	<b>11</b>	<b>10</b>

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

## Note 23. Commitments

### Non-cancellable operating leases

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

	2018 \$'000	2017 \$'000
Within one year	4,393	2,523
One to five years	8,795	2,509
<b>Total</b>	<b>13,188</b>	<b>5,032</b>

Operating leases are a means of acquiring access to office accommodation and fleet vehicles. Lease payments are generally fixed, but with standard inflation escalation clauses. During 2017-2018 a new lease was signed for the Varsity Lakes Day Hospital.

### Lessor Commitments

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

	2018 \$'000	2017 \$'000
Within one year	685	1,547
One to five years	171	657
<b>Total</b>	<b>856</b>	<b>2,204</b>

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

#### Note 24. Service Concession Arrangements

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

Healthscope Ltd was appointed in February 2012 to build, own, operate and transfer a private hospital facility in the southeast corner of the Gold Coast University Hospital campus (land owned by Gold Coast Health). The arrangement commenced from 12 March 2016 for a period of 50 years with possible extensions. No upfront payments were made. Gold Coast Health has a right to rental payments based on a percentage of revenue from March 2020. A reliable estimate of the rental amount cannot yet be determined. Gold Coast Health does not control the facility and therefore it is not recognised as an asset of Gold Coast Health.

#### Note 25. Trust transactions and balances

Patient trust receipts and payments	2018 \$'000	2017 \$'000
<i>Receipts</i>		
Amounts received on behalf of patients	235	265
<i>Payments</i>		
Amounts paid to or on behalf of patients	241	259
<i>Assets</i>		
Cash held and bank deposits on behalf of patients	18	24

## Note 26. Granted private practice arrangements

Gold Coast Health performs a custodial role in respect of private practice transactions and balances and as such these are not recognised in the financial statements of Gold Coast Health, but are disclosed in the information below. Payments to Gold Coast Health indicated below relate to revenue that has been recognised by Gold Coast Health.

<b>Trust receipts and payments</b>	<b>2018 \$'000</b>	<b>2017 \$'000</b>
<i>Receipts</i>		
Private practice revenue	19,296	21,062
Private practice interest revenue	33	33
<b>Total receipts</b>	<b>19,329</b>	<b>21,095</b>
<i>Payments</i>		
Payments to private practice doctors under retention arrangements	4,697	6,623
Payments to Gold Coast Health for service fees	7,870	6,347
Payments to Gold Coast Health for assignment arrangements	5,784	6,209
Payments to Gold Coast Health Private Practice Trust Fund*	1,525	1,352
<b>Total payments</b>	<b>19,876</b>	<b>20,531</b>
<i>Assets</i>		
Cash held and bank deposits for private practice	1,829	2,376

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

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

## Note 27. Events after the reporting period

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

Gold Coast University Hospital is a 705 bed, tertiary-level facility which opened in 2013. It spans across seven buildings covering 170,000 square metres, and provides modern, world-class tertiary hospital care, with over 70 per cent private rooms.



# Management certificate

30 June 2018

## Certificate of Gold Coast Hospital and Health Service

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

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2018 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and
- (c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



**Ian Langdon**  
Board Chair

21 August 2018



**Ron Calvert**  
Chief Executive

21 August 2018

# Independent auditor's report



## INDEPENDENT AUDITOR'S REPORT

To the Board of Gold Coast Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2018, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

#### Basis for opinion

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

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

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

#### Key audit matters

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

## Independent auditor's report (continued)



### Valuation of specialised buildings (\$1 546.5 million)

Refer to Note 16 and 1(j) in the financial report.

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

### **Responsibilities of the entity for the financial report**

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

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

### **Auditor's responsibilities for the audit of the financial report**

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

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

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

## Independent auditor's report (continued)



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

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

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

### **Report on other legal and regulatory requirements**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2018:

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

A handwritten signature in dark blue ink that reads "C. G. Strickland".

C G Strickland  
as delegate of the Auditor-General

24 August 2018

Queensland Audit Office  
Brisbane

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# Glossary of acronyms

## Appendix 2

<b>AASB</b>	Australian Accounting Standards Board	<b>EQuIP</b>	Evaluation and Quality Improvement Program
<b>ABF</b>	Activity-based Funding	<b>EVP</b>	Enhanced Value Program
<b>ACHS</b>	The Australian Council on Healthcare Standards	<b>FBT</b>	Fringe Benefits Tax
<b>AODS</b>	Alcohol and Other Drugs Service	<b>FPMS</b>	Finance and Performance Management Standard 2009
<b>ARR</b>	Annual report requirements for Queensland Government agencies	<b>FRR</b>	Financial Reporting Requirements
<b>ATOD</b>	Alcohol, Tobacco and Other Drugs	<b>FTE</b>	Full-time Equivalent
<b>BYOD</b>	Bring Your Own Device	<b>GC2018</b>	2018 Commonwealth Games
<b>CAG</b>	Consumer Advisory Group	<b>GCDVIR</b>	Gold Coast Domestic Violence Integrated Response
<b>CALD</b>	Culturally and Linguistically Diverse	<b>GCHHS</b>	Gold Coast Hospital and Health Service
<b>CASS</b>	Cancer, Access and Support Services	<b>GCHKP</b>	Gold Coast Health and Knowledge Precinct
<b>CCC</b>	Crime and Corruption Commission	<b>GCIC</b>	Gold Coast Integrated Care
<b>CCF</b>	Core Capability Framework	<b>GPUH</b>	Gold Coast University Hospital
<b>CDU</b>	Clinical Decision Unit	<b>GEMITH</b>	Geriatric Evaluation and Management in the Home
<b>CEO</b>	Chief Executive Officer	<b>GOLDOC</b>	Gold Coast 2018 Commonwealth Games Corporation
<b>CHITH</b>	Children's Hospital in the Home	<b>GP</b>	General Practitioner
<b>CPR</b>	Cardiopulmonary resuscitation	<b>GRC</b>	Governance, Risk and Compliance
<b>CT</b>	Computed Tomography	<b>GST</b>	Goods and Services Tax
<b>DEMS</b>	Diagnostic, Emergency and Medical Services	<b>HHB</b>	Hospital and Health Board
<b>DFV</b>	Domestic and Family Violence	<b>HHS</b>	Hospital and Health Service
<b>DHPW</b>	Department of Housing and Public Works	<b>HLA</b>	Higher Level Apprenticeship
<b>DPC</b>	Department Premier and Cabinet	<b>HR</b>	Human Resources
<b>DSO</b>	District Senior Officer	<b>ICT</b>	Information Communication Technology
<b>DTS</b>	Digital Transformation Services	<b>ICU</b>	Intensive Care Unit
<b>EBP</b>	Evidence Based Practice	<b>ieMR</b>	Integrated Electronic Medical Record
<b>ECGO</b>	Executive Control Group: Operations	<b>IHPA</b>	Independent Hospital Pricing Authority
<b>ECT</b>	Electroconvulsive Therapy	<b>KMP</b>	Key Management Personnel
<b>ED</b>	Emergency Department	<b>KPI</b>	Key Performance Indicators
<b>EEO</b>	Equal Employment Opportunity	<b>KWH</b>	Kilowatt hour
<b>ELP</b>	Entry Level Opportunities	<b>MGP</b>	Midwifery Group Practice
<b>EMR</b>	Electronic Medical Record	<b>MHSS</b>	Mental Health and Specialist Services
<b>EMT</b>	Executive Management Team		
<b>ENT</b>	Ear, nose, throat		

<b>MIS</b>	Management Information System
<b>MOHRI</b>	Minimum Obligatory Human Resource Information
<b>MP</b>	Member of Parliament
<b>MRI</b>	Magnetic Resonance Imaging
<b>MRSA</b>	Methicillin Resistant Staphylococcus Aureus
<b>MSU</b>	Medical Support Unit
<b>NAIDOC</b>	National Aborigines and Islanders Day Observance Committee
<b>NDIA</b>	National Disability Insurance Agency
<b>NDIS</b>	National Disability Insurance Scheme
<b>NEAT</b>	National Emergency Access Target
<b>NED</b>	Neurodevelopment Exposure Disorder
<b>NEST</b>	National Elective Surgery Target
<b>NFP</b>	Not For Profit
<b>NHHNA</b>	National Health and Hospitals Network Agreement
<b>NHMRC</b>	National Health and Medical Research Council
<b>NHS</b>	National Health Service
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NPA</b>	National Partnership Agreement
<b>NSQHS</b>	National Safety and Quality Health Service
<b>NSRU</b>	Nursing Support and Resource Unit
<b>NSW</b>	New South Wales
<b>OHO</b>	The Office of the Health Ombudsman
<b>PBS</b>	Pharmaceutical Benefit Scheme
<b>PID</b>	Public Interest Disclosure
<b>PLS</b>	Patient Liaison Service
<b>POST</b>	Patient Off Stretcher Target
<b>PPH</b>	Potentially Preventable Hospitalisations
<b>PPM</b>	Professional Practice Model
<b>PwC</b>	PricewaterhouseCoopers
<b>QAO</b>	Queensland Audit Office

<b>QAS</b>	Queensland Ambulance Service
<b>QGIF</b>	Queensland Government Insurance Fund
<b>QPS</b>	Queensland Police Service
<b>QTC</b>	Queensland Treasury Corporation
<b>QUT</b>	Queensland University of Technology
<b>QWAU</b>	Queensland Weighted Activity Units
<b>RACS</b>	Royal Australasian College of Surgeons
<b>RAWS</b>	Rapid Access Workstation Service
<b>ROLLIS</b>	Radio-labelled Occult Lesion Localisation
<b>SAB</b>	Staphylococcus aureus Bacteraemia
<b>SAPS</b>	Specialty and Procedural Services
<b>SCC</b>	Statutory Compliance and Conduct
<b>SDS</b>	Service Delivery Statement
<b>SNAP</b>	Sub- and Non-acute Patients
<b>SRAC</b>	Strategic Research Advisory Committee
<b>TAFE</b>	Training and Further Education
<b>TQGC</b>	TAFE Queensland Gold Coast
<b>UK</b>	United Kingdom
<b>VET</b>	Vocational Education and Training
<b>VMO</b>	Visiting Medical Officer
<b>WAU</b>	Weighted Activity Units
<b>WEHO</b>	Workplace Equity and Harrassment Officer
<b>WLS</b>	Women's Legal Service
<b>WNCS</b>	Women's, Newborn and Children's Service

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<b>Accessible</b>	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.
<b>Activity-based funding</b>	<p>A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:</p> <ul style="list-style-type: none"><li>• capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery</li><li>• creating an explicit relationship between funds allocated and services provided</li><li>• strengthening management’s focus on outputs, outcomes and quality</li><li>• encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level</li><li>• in the context of improving efficiency and effectiveness</li><li>• providing mechanisms to reward good practice and support quality initiatives.</li></ul>
<b>Acute</b>	Having a short and relatively severe course.
<b>Acute care</b>	<p>Care in which the clinical intent or treatment goal is to:</p> <ul style="list-style-type: none"><li>• manage labour (obstetric)</li><li>• cure illness or provide definitive treatment of injury</li><li>• perform surgery</li><li>• relieve symptoms of illness or injury (excluding palliative care)</li><li>• reduce severity of an illness or injury</li><li>• protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function</li><li>• perform diagnostic or therapeutic procedures.</li></ul>
<b>Admission</b>	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).
<b>Allied health</b>	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.
<b>Best practice</b>	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead sustainable world-class positive outcomes.

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<b>Clinical governance</b>	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.
<b>Clinical practice</b>	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
<b>Full-time equivalent (FTE)</b>	Refers to full-time equivalent staff currently working in a position.
<b>Department of Health</b>	Refers to Queensland Health.
<b>Health reform</b>	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Commonwealth and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement (HoA) signed in February 2010 by the Commonwealth and all states and territories amending the NHHNA.
<b>Hospital</b>	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.
<b>Hospital and Health Boards</b>	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation.
<b>Hospital and Health Service</b>	Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services.
<b>Immunisation</b>	Process of inducing immunity to an infectious agency by administering a vaccine.
<b>Incidence</b>	Number of new cases of a condition occurring within a given population, over a certain period of time.
<b>Indigenous health worker</b>	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.
<b>Long wait</b>	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.
<b>Nurse Navigator</b>	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex healthcare needs to navigate

## Glossary of terms (continued)

to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.

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**Nurse practitioner**

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.

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**Outpatient**

Non-admitted health service provided or accessed by an individual at a hospital or health service facility.

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**Outpatient service**

Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.

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**Patient flow**

Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.

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**Performance indicator**

A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator.

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**Private hospital**

A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.

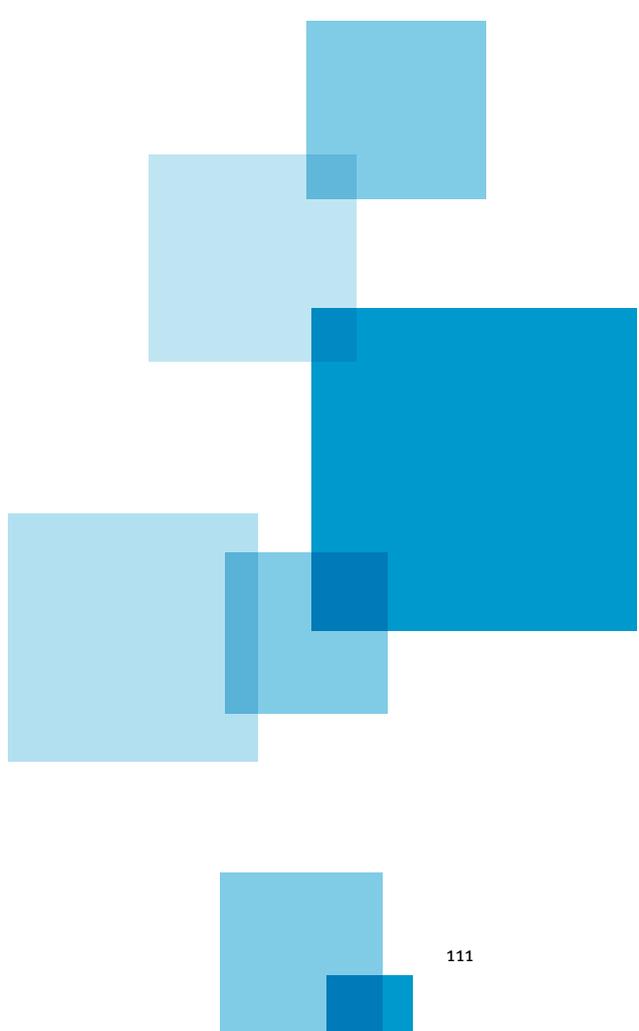
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**Public patient**

A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.

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<b>Public hospital</b>	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
<b>Registered nurse</b>	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
<b>Statutory bodies</b>	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
<b>Sustainable</b>	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
<b>Weighted Activity Unit</b>	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.



# Compliance checklist

## Appendix 4

	Summary of requirement	Basis for requirement	Annual report reference
<b>Letter of compliance</b>	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	3
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	3 106
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
<b>General information</b>	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10.1	4
	<ul style="list-style-type: none"> <li>Agency role and main functions</li> </ul>	ARRs – section 10.2	4
	<ul style="list-style-type: none"> <li>Machinery of Government changes</li> </ul>	ARRs – section 31 and 32	(if applicable)
	<ul style="list-style-type: none"> <li>Operating environment</li> </ul>	ARRs – section 10.3	7
<b>Non-financial performance</b>	<ul style="list-style-type: none"> <li>Government's objectives for the community</li> </ul>	ARRs – section 11.1	10
	<ul style="list-style-type: none"> <li>Other whole-of-government plans / specific initiatives</li> </ul>	ARRs – section 11.2	10
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.3	25
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.4	26
<b>Financial performance</b>	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	22
<b>Governance – management and structure</b>	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	52
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	52
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	5
	<ul style="list-style-type: none"> <li><i>Public Sector Ethics Act 1994</i></li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	61
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.5	10
<b>Governance – risk management and accountability</b>	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	57
	<ul style="list-style-type: none"> <li>Audit committee</li> </ul>	ARRs – section 14.2	50
	<ul style="list-style-type: none"> <li>Internal audit</li> </ul>	ARRs – section 14.3	58

Summary of requirement		Basis for requirement	Annual report reference
	<ul style="list-style-type: none"> <li>External scrutiny</li> </ul>	ARRs – section 14.4	57
	<ul style="list-style-type: none"> <li>Information systems and recordkeeping</li> </ul>	ARRs – section 14.5	59
Governance – human resources	<ul style="list-style-type: none"> <li>Strategic workforce planning and performance</li> </ul>	ARRs – section 15.1	38
	<ul style="list-style-type: none"> <li>Early retirement, redundancy and retrenchment</li> </ul>	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> Directive No.16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016) ARRs – section 15.2	38
Open Data	<ul style="list-style-type: none"> <li>Statement advising publication of information</li> </ul>	ARRs – section 16	61
	<ul style="list-style-type: none"> <li>Consultancies</li> </ul>	ARRs – section 33.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>Overseas travel</li> </ul>	ARRs – section 33.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>Queensland Language Services Policy</li> </ul>	ARRs – section 33.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	<ul style="list-style-type: none"> <li>Certification of financial statements</li> </ul>	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	100
	<ul style="list-style-type: none"> <li>Independent Auditor's Report</li> </ul>	FAA – section 62 FPMS – section 50 ARRs – section 17.2	101

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*

# Notes to Service Performance Statement

## Appendix 5

1. The 2017–18 Estimated Actual figures are based on actual performance from 1 July 2017 to 30 April 2018. A Target/Estimate for percentage of emergency department patients seen within recommended timeframes is not included in the 'All Categories' as there is no national benchmark. Queensland public hospital emergency departments face ongoing increases in demand, with an average 1.3 per cent annual increase in emergency department attendances, which has an effect on emergency department performance.
2. This is a measure of access and timeliness of emergency department services. The 2017–18 Estimated Actual figures are based on actual performance from 1 July 2017 to 30 April 2018.
3. 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 2017–18 Estimated Actual figures are based on actual performance from 1 July 2017 to 30 April 2018.
4. 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/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days for each jurisdiction. The 2017–18 Estimated Actual figures are based on actual performance from 1 July 2017 to 31 March 2018.
5. This is a measure of access to, and timeliness of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. The 2017–18 Estimated Actual is for the period 1 July 2017 to 31 January 2018. 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 follow up.
6. This is a measure of the proportion of patients readmitted to an Acute Mental Health inpatient unit within 28 days of discharge. The 2017–18 Estimated figure is based on actual results as at 30 April 2018.
7. 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) with the health professional in an outpatient clinic, within the clinically recommended time. The 2017–18 Estimated Actual figure is based on patients waiting as at 30 April 2018.
8. This is a measure of effectiveness that indicates the percentage of specialist outpatients seen within clinically recommended times during the reporting period. The 2017–18 Estimated actual figures are based on actual performance from 1 July 2017 to 30 April 2018.
9. This measure indicates the midpoint (median) of time for which patients 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 2017–18 Estimated Actual figure is based on actual performance from 1 July 2017 to 30 April 2018.
10. This is a measure of effectiveness that reports on the midpoint (median) of days for which patients wait before undergoing elective surgery. The 2017–18 Estimated Actual figure is based on actual performance from 1 July 2017 to 30 April 2018.
11. A Weighted Activity Unit (WAU) is a measure of activity and provides a common unit of comparison so that all activity can be measured consistently. Service agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2017–18 Estimated Actual

figure reflects 1 July to 31 December 2017 activity based costs and actual activity based funded activity. The 2017-18 Target/Estimate reflects the activity based funding less Clinical Education and Training and Specified Grants and activity within the finance and activity schedules of the 2017-18 Final Round Service Agreements Contract Offers. 2017-18 Target/Estimate for cost per Queensland WAU includes HHS activity forecast over delivery in 2016-17, funded by the Commonwealth at a marginal rate of 45 per cent. As a result, funding per Queensland WAU in 2017-18 is generally lower than the 2016-17 Target/Est cost per Queensland WAU. The impact of this is partially offset in some HHSs due to changes in Own Source Revenue classification between 2016-17 and 2017-18, and non-Queensland WAU investments. 2017-18 Est Actual cost per Queensland WAU is a point in time measure which includes the first 6 months of HHS expenditure and activity. It includes the impact of one-off investments in 2017-18.

12. This is a measure of activity of the number of elective surgery patients treated within clinically recommended timeframes. The 2017-18 Estimated Actual figures are based on 10 months of actual performance from 1 July 2017 to 30 April 2018.
13. This measure tracks the growth in occasions of service for Telehealth enabled outpatient services. These services support timely access to contemporary specialist services for patients from regional, rural and remote communities, supporting the reduction in wait times and costs associated with patient travel.
14. The 2017-18 Estimated Actual figure for Telehealth service events is based on actual performance from 1 July 2017 to 30 April 2018 forecast out over 12 months.
15. The 2017-18 Estimated Weighted Activity Units (WAUs) are based on 2017-18 Queensland WAU forecasts as provided by HHSs. 2017-18 Target/Estimate figures are based on the 2017-18 Final Round Service Agreements Contract Offers. All activity is reported in the same phase - Activity Based Funding (ABF) model Q19. 'Total WAUs - Interventions and procedures' has been reallocated to 'Total WAUs - Acute Inpatient Care' and 'Total WAUs - Outpatient Care' service standards. 'Total WAUs - Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. '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. Purchased Queensland WAUs in 2017-18 for Prevention and Primary Care are lower due to one off investments in Oral Health in 2016-17 and National Partnership Agreement (NPA) funding not yet allocated.
16. Ambulatory Mental Health service contact period 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. The Estimated Actuals for 2017-18 are for the period 1 July 2017 to 31 March 2018. It is important to note that not all activity of ambulatory clinicians is in-scope for this measure, 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 reflecting way in which services are delivered. The Target/Estimate for this measure is determined using a standard formula based upon available clinical staffing, HHS rurality, and historical performance.
17. The targets for these measures have been set to be consistently calculated and are considered a stretch for many services.

