

# ANNUAL REPORT

2017–2018



**Queensland**  
Government

## Department of Health Annual Report 2017-2018.

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2017–18. It has been prepared in accordance with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009*, and the annual report requirements for Queensland Government agencies.

The annual report aligns to the *Department of Health Strategic Plan 2016–2020* and the 2017–18 Service Delivery Statements.

The report has been prepared for the Minister to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.

The Department of Health is the commonly used term for Queensland Health. Queensland Health is the legally recognised body responsible for the overall management of Queensland's public health system. All references to the Department of Health refer to Queensland Health.

Published by the state of Queensland (Queensland Health), September 2018.

ISSN: 1838-4110

This annual report is licensed by the state of Queensland (Department of Health) under a Creative Commons Attribution (CC BY) 4.0 International licence.



In essence you are free to copy, communicate and adapt this annual report, as long as you attribute the work to the State of Queensland (Queensland Health).

To view a copy of this licence, visit [creativecommons.org/licenses/by/4.0/](https://creativecommons.org/licenses/by/4.0/)

© State of Queensland (Queensland Health) 2018

### *Attribution:*

Consent from this annual report should be attributed as:

The State of Queensland (Queensland Health) Department of Health Annual Report 2017-2018.

For more information contact:

Office of the Director-General, Department of Health, GPO Box 48, Brisbane QLD 4001,

Email: [DG\\_Correspondence@health.qld.gov.au](mailto:DG_Correspondence@health.qld.gov.au), phone (07) 3708 5990.

An electronic version of this document is available at

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

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

### *Interpreter service statement*

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



### *Disclaimer:*

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

# Letter of compliance

18 September 2018

The Honourable Steven Miles MP  
Minister for Health and Minister for Ambulance Services  
Member for Murrumba  
Level 37, 1 William Street  
Brisbane QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2017–18 and financial statements for Queensland Health.

I certify this Annual Report complies with:

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

A checklist outlining the annual reporting requirements can be found at page 204 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Walsh'.

Michael Walsh  
Director-General  
Queensland Health

# Contents

Letter of compliance .....	i
Contents .....	ii
Year in review .....	1
2017-2018: snapshot of our success .....	4
Financial highlights .....	5
Commonwealth Games Involvement .....	10
Our department .....	12
Our structure .....	14
Our performance .....	35
Service delivery statements .....	129
Our governance .....	143
Our people .....	156
Our major audits and reviews .....	160
Our legislation .....	162
Australian government agreements .....	165
Mandatory reporting of confidential information released in the public interest .....	169
Public Health Report 2017-2018 .....	174
Report on the administration of public health portfolio legislation .....	188
Glossary of terms .....	191
Acronyms .....	197
Compliance Checklist .....	204
Department of Health Financial Statements - 30 June 2018 .....	206



# Year in review


Throughout the year the Department of Health has seen key strategies and legislation start to take shape. Along with the Hospital and Health Services (HHSs), the department has continued to deliver services, programs, infrastructure and support to meet the health needs of individuals and communities as outlined in the *Department of Health Strategic Plan 2016 - 2020*.

During the year, a total of \$916.1 million was budgeted in the health portfolio capital program for essential upgrades to health facilities and supporting infrastructure across Queensland. Investments in the Roma Hospital redevelopment (\$90.4 million), Atherton Hospital development (\$70 million) and the Gladstone hospital redevelopment (\$42 million) demonstrate the department's focus on delivering contemporary care standards for all Queenslanders regardless of where they reside.

In line with our focus on driving service improvements through collaborative policy development, the Queensland Parliament passed the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017* on 6 September 2017. This legislative change facilitates the establishment of the Paramedicine Board of Australia, and permits the entry of paramedics into the National Registration and Accreditation Scheme for Health Professions. This amendment will contribute significantly to delivering positive health outcomes for the community and building public confidence in the health system. Among other things, the change establishes minimum qualifications for paramedics (both public and private), facilitates the provision of high quality education, training and accreditation and provides a regulatory framework that will improve transparency and accountability.

Another significant legislative change coordinated by the department was amendments to the *Private Health Facilities Regulation 2016*. The amendment protects the health and wellbeing of patients receiving services at private health facilities. Specifically, from 1 January 2018 high risk cosmetic procedures, including breast augmentations, must be performed in a licensed day or private hospital. This change further supports the delivery of quality services that are safe and responsive for Queenslanders.

A major deliverable of the department's strategic plan is the delivery of health technologies and infrastructure. Digital transformation in healthcare is more than swapping paper charts for screens and patients expect greater access to health services, the ability to self-manage their health experience and closer engagement with treatment and health service providers. Seven hospitals throughout the state have moved to 'digital hospital' status and the eHealth *Queensland Digital Innovation Strategy*, released in September 2017, outlines the strategies




to deliver a sustainable and effective digital health service. Activities delivered this year that provide successful strategic outcomes as part of the strategy include:

- The establishment of a Digital Innovation Fund in 2017 to support pilot projects involving start-ups, industry, or researchers.
- Completion of the Children's Integrated Mobile Passport (CHIMP) and Clinician Connect applications.
- Development of an Innovation Hub to encourage the flow of ideas and to facilitate collaboration across the healthcare system and with industry.
- Establishment of a Catalyst Innovation Program to support and facilitate innovation engagement activities such as Hackathons, Jams and Showcases. This provides a channel for start-ups, industry or researchers to pitch and showcase their digital health solutions to the department, and for the department to pitch problems to the marketplace for solutions.

The *Specialist Outpatient Strategy* has continued to deliver many significant milestones. The strategy ensures a whole of system approach, fixing known problems to improve the patient journey—from GP referral to outpatient appointments, diagnostic procedures, and required intervention and recovery. It has delivered better connection between Queensland GPs and public hospitals by providing GPs with secure online access to patient healthcare information. This access aims to bridge the gap to ensure patients receive consistent, timely and coordinated care. The continued implementation and delivery of the Clinical Prioritisation Criteria (CPC) provides the basis for determining the order of clinical urgency for patients to support better access to specialist services. These are significant steps in the progress towards improving outpatient experience in Queensland and providing quality frontline service outcomes within the department.

Lastly, the year involved the department, many HHSs and the Queensland Ambulance Service (QAS) in contributing extensively to the planning and delivery of Gold Coast 2018 Commonwealth Games (GC2018 Commonwealth Games). In the leadup to the event, the department and the QAS provided advice and support to the host city, HHSs, Gold Coast 2018 Commonwealth Games Organising Committee (GOLDOC) and Office of the Commonwealth Games to plan and deliver health and medical services. During the event, the QAS provided specialist pre-hospital healthcare and transport services to the athletes, Games family and Games workforce. The State Health Emergency Coordination Centre was also exercised for the GC2018 Commonwealth Games, and participated in HHS exercises and multi-agency exercises in the lead up, as well as ongoing support during the event.



To achieve our overall goal of making Queenslanders among the healthiest in the world requires sustained effort against our strategic plans and objectives. Initiatives, such as those described above, continue to build the strategic platform on which we will provide improved health outcomes for all Queenslanders. I look forward to the next 12 months of our strategic cycle as we continue to implement actions outlined in our strategic plans and strive to ensure Queenslanders receive the best possible healthcare they need and deserve.

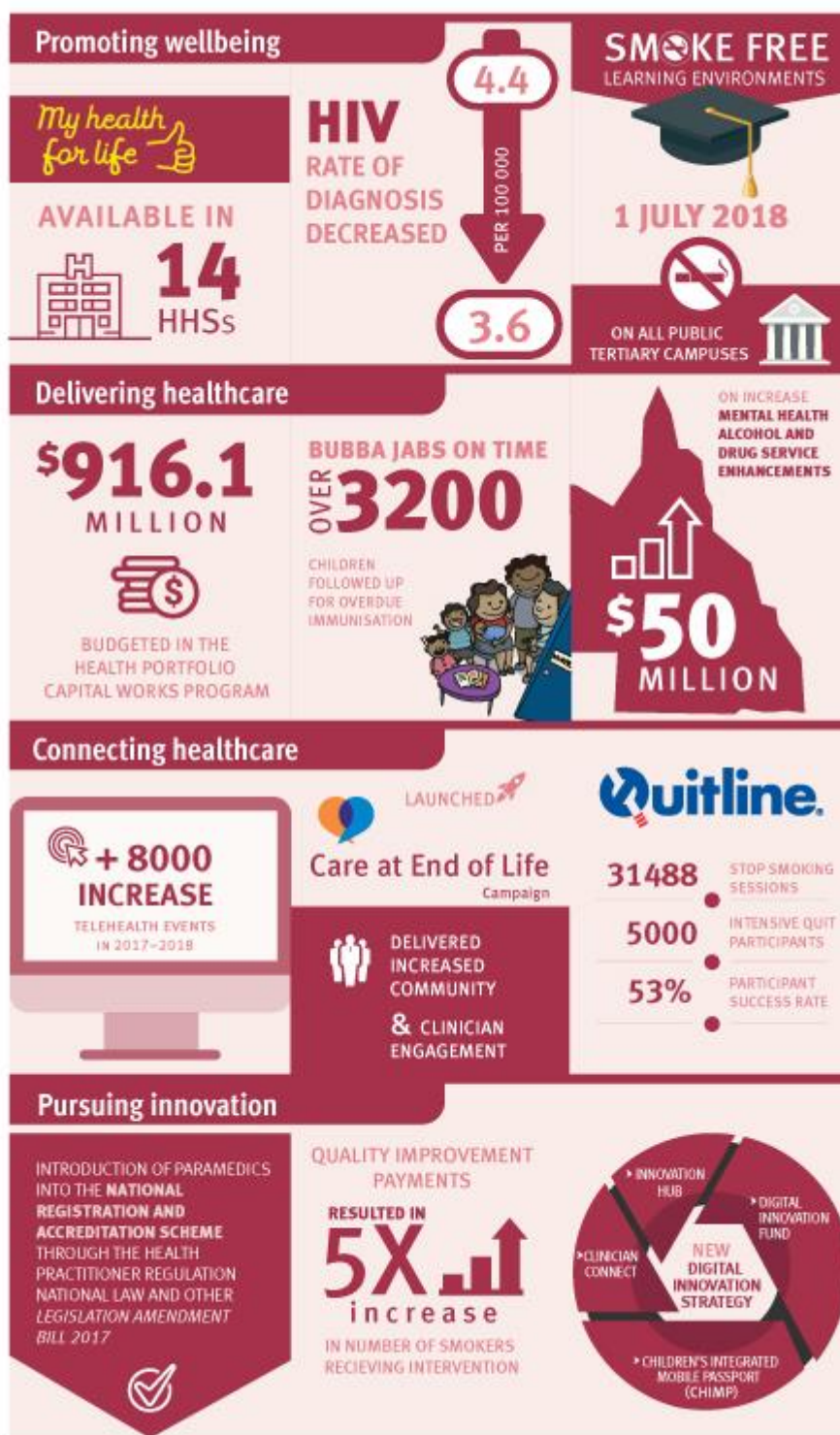
Michael Walsh

Director-General

Queensland Health



# 2017-2018: snapshot of our success







# Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered to reflect the Department's planning priorities articulated in the *Department of Health Strategic Plan 2016-2020 (2018 update)*. These services are: Acute Inpatient Care; Emergency Care; Mental Health and Alcohol and Other Drug Services; Outpatient Care; Prevention, Primary and Community Care; Queensland Ambulance Service; and Sub and Non-Acute Care.

## How the money was spent

The department's expenditure by major service is displayed within the financial statements section. The percentage share of these services for 2017-2018 is as follows:

- Acute Inpatient Care – 47.8 per cent
- Emergency Care – 9.6 per cent
- Mental Health and Alcohol and Other Drug Services – 9.3 per cent
- Outpatient Care – 12.1 per cent
- Prevention, Primary and Community Care – 13.8 per cent
- Queensland Ambulance Service – 3.9 per cent (offset by Intra-Departmental Service Eliminations – 0.5 per cent)
- Sub and Non-Acute Care – 4.0 per cent.

The Department of Health achieved an operating surplus of \$1.507 million in 2017–2018 after having delivered on all agreed major services.

The Department of Health, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the Department's financial risk of contingent liabilities resulting from health litigations is mitigated by its insurance with the Queensland Government Insurance Fund.

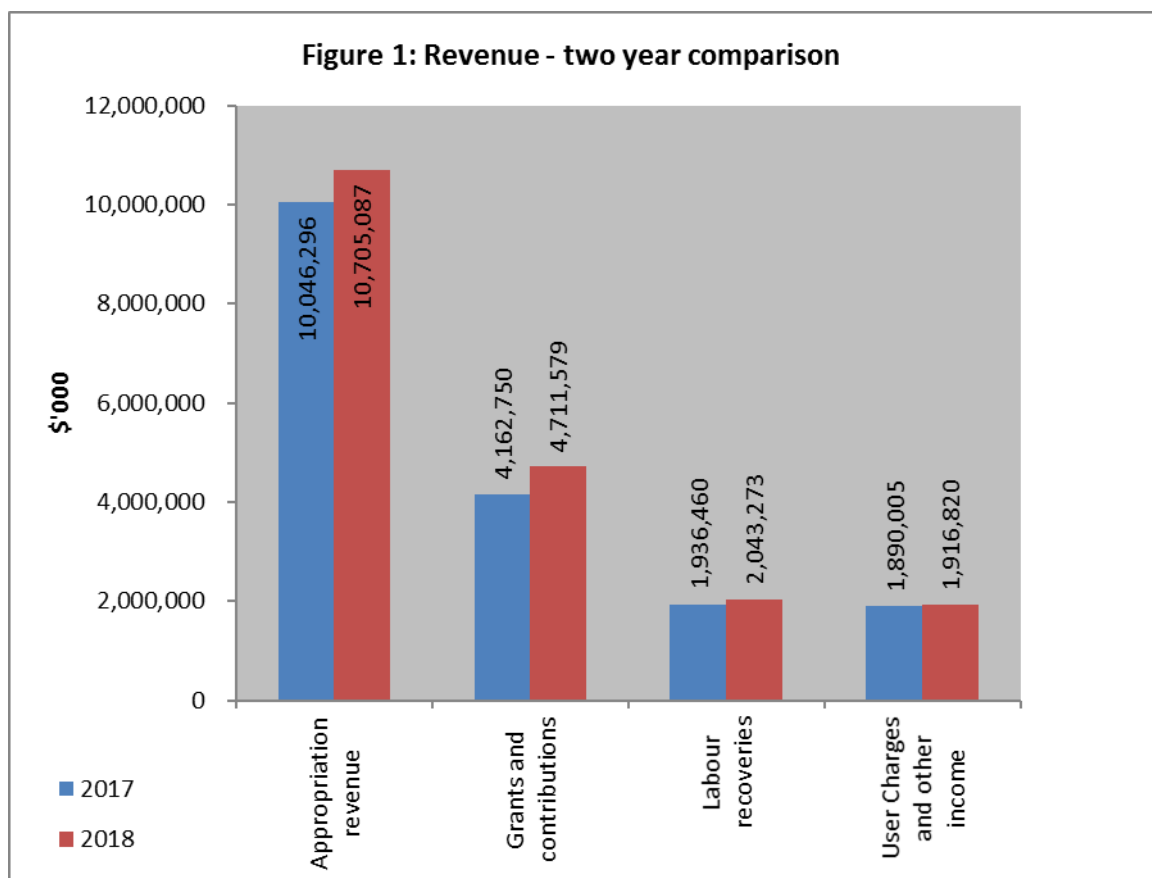
## Income

The Department of Health's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2017–2018 was

\$19.377 billion, an increase of \$1.341 billion (or 7.4 per cent) from 2016–2017. Revenue is sourced from three main areas:

- *Appropriation revenue* of \$10.705 billion (or 55.2 per cent), which includes State Appropriation and Commonwealth Appropriation.
- *Grants and Contributions* of \$4.712 billion (or 24.3 per cent), which includes National Health Reform Funding from the Commonwealth Government.
- *Labour recoveries* of \$2.043 billion (or 10.5 per cent). The department is the employer of the majority of health staff working for non-prescribed HHSs – eight HHSs transitioned to prescribed employer status on 1 July 2014. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *User charges and other income* of \$1.917 billion (or 9.9 per cent), which mainly includes recoveries from the HHSs for items such as drugs, pathology and other fee for service categories. It also includes revenue from other states, the Department of Veteran Affairs and other revenue.

Figure1 provides a comparison of revenue in 2016–2017 and 2017–2018



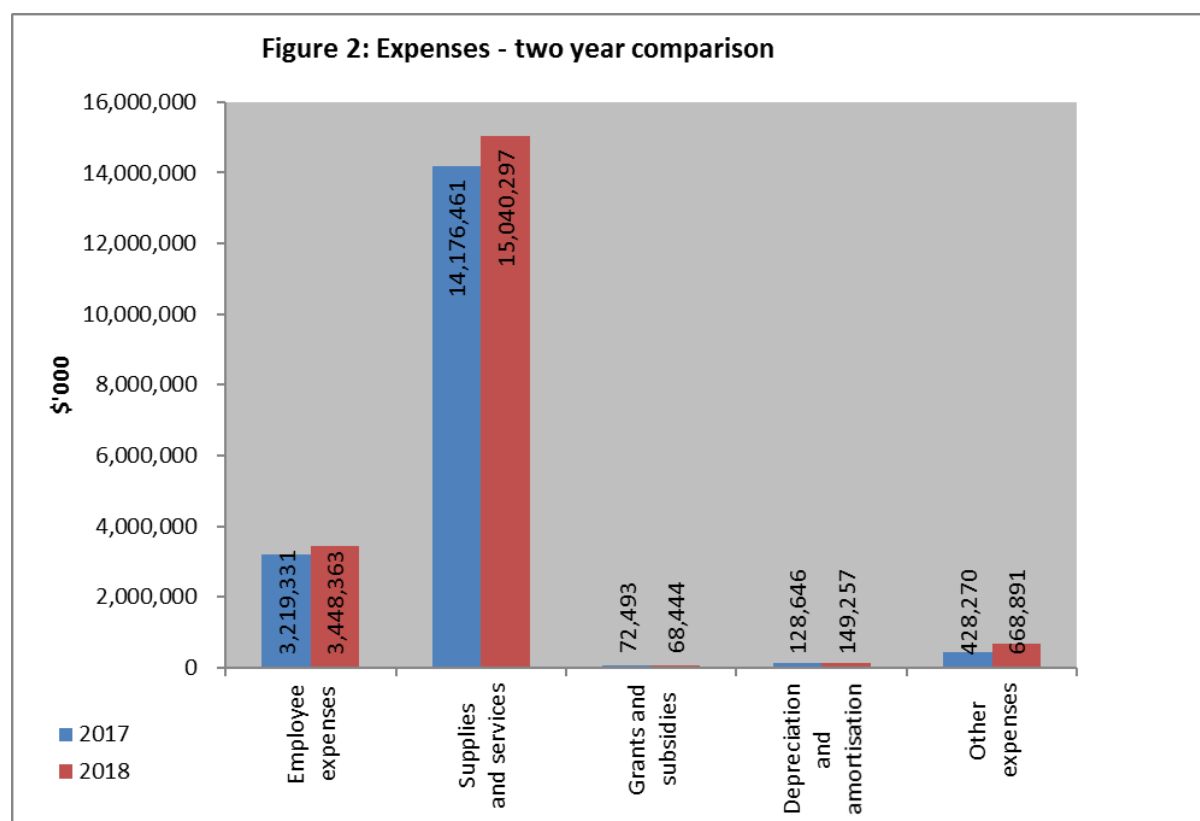
The major movement in revenue earned when compared to 2017–2018 includes:

- Appropriation revenue – the majority of this funding increase of \$658.791 million is provided to HHSs and Queensland Ambulance Service (QAS) to assist with the greater demand for services and growth in costs, in line with projected increases in the Consumer Price Index. This was offset by a decrease in Commonwealth appropriations due to funding for the Dental Health Plan being still under negotiation and alterations to the Essential Vaccines program arrangements.
- Grants and contributions – the increase of \$548.829 million relates largely to back payments from prior financial years and increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs in 2017–2018.
- Labour recoveries – the increase of \$106.813 million reflects the demand for services within the non-prescribed HHSs which is reflected through Full Time Equivalents (FTE) increases, as well as Enterprise Bargaining pay increases.

## Expenses

Total expenses for 2017–2018 were \$19.375 billion, which is an increase of \$1.350 billion (or 7.5 per cent) from 2016–2017.

Figure 2 provides a comparison of expenses in 2016–2017 and 2017–2018.



The major movement in expenses incurred when compared to 2016–2017 includes:

- Employee expenses – the increase of \$229.032 million reflects the demand for services within the non-prescribed HHSs and QAS reflected in increased FTE, as well as Enterprise Bargaining pay increases. This category includes non-prescribed HHS expenses amounting to \$2.043 billion in the 2017–2018 financial year, recovered through labour recoveries income.
- Supplies and services – the increase of \$863.836 million is predominantly due to additional funding paid to HHSs and Mater Hospitals for the provision of health services.
- Depreciation and amortisation – the increase of \$20.611 million is mainly due to the acquisition of cost computer hardware assets during the financial year, to replace existing hardware and the commissioning of Information Communication Technology assets at the Sunshine Coast University Hospital and Health Support Queensland as well as purchases of servers across all HHSs.

## Chief Finance Officer Statement

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


For the financial year ended 30 June 2018, a statement assessing the Department of Health's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

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

## Chief Finance Officer Assurance Statement

For the financial year ended 30 June 2018, as required by Section 77(2)(b) of the *Financial Accountability Act 2009*, the Chief Finance Officer of the Department of Health provided to the Director-General a statement asserting that in all material respects:

- The financial records of the Department of Health have been properly maintained throughout the financial year ended 30 June 2018 in accordance with the prescribed requirements.

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

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

# Commonwealth Games Involvement





## ACHIEVEMENTS

OVER **440**  
GAMES RELATED  
EMERGENCY  
DEPARTMENT  
ADMISSIONS



**178**  
INPATIENT  
ADMISSIONS



**23**  
OUTPATIENT  
OCCASIONS

Managed a  
significant  
number and diverse range  
of infectious disease and  
public health issues that  
arose during the games



Supported  
**6600**

Athlete village residents

OVER  
**15000**  
volunteers



## QUEENSLAND AMBULANCE SERVICE



Supplied paramedic  
services to the:

- ★ Commonwealth Games Village
- ★ Southport Aquatic Centre
- ★ Nerang Mountain bike trials
- ★ Coomera Sports Centre
- ★ Anna Meares Velodrome



Introduced QAS  
Bicycle Response  
teams to treat  
patients that did not  
require transportation  
to hospital

MADE THE  
QAS EMERGENCY  
AND FLEET MANAGEMENT  
PRECINCT OPERATIONAL  
DURING THE GAMES



Provided specialist pre-hospital  
healthcare and transport  
services for the Queens Baton  
relay activities in Queensland

Implementation of  
iROAM application  
to improve real time  
situational analysis of demand  
versus resource distribution







# Our department

## Our vision

Healthier Queenslanders

## Our purpose

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

## Our values

The department aligns to the Queensland public service values:

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

## Our responsibilities

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

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

The department's role includes, but is not limited to:

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



## Our strategic objectives

1. Supporting Queenslanders to be healthier: promoting and protecting the health of Queenslanders.
2. Enabling safe, quality services: delivering and enabling safe, clinically effective, high quality health services.
3. Equitable health outcomes: improving health outcomes through better access to services for Queenslanders.
4. High performance: responsive, dynamic and accountable management of the department, and of funding and service performance.
5. Dynamic policy leadership: drive service improvement and innovation through a collaborative policy cycle.
6. Broad engagement with partners: harnessing the skills and knowledge of our partners.
7. Engaged and productive workforce: foster a culture that is vibrant, innovative and collaborative.



# Our structure

The Department of Health comprises:

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

## Office of the Director-General

The Office of the Director-General (ODG), provides leadership, direction and support to assist the health system deliver safe, responsive, quality health services for Queenslanders and provides oversight of the divisions and service agencies within the department.

Its purpose is to ensure the safe provision of quality public health services, supporting HHS and the system broadly with a coordinated effective approach across Queensland and across the diversity of needs within the annual budget.

The ODG has a strong commitment and focus on performance, accountability, openness and transparency and responses delivered within timeframes.

This is achieved by:

- Promoting and upholding good governance and accountability.
- Providing strategic advice, leadership, direction and support for the health system, the Director-General, the Minister for Health and Minister for Ambulance Services and Cabinet.
- Overseeing and facilitating the development, interpretation and monitoring of policies, plans, and legislation.
- Facilitating, collaborating and partnering to encourage and support quality health service delivery.



Our services are delivered by six branches:

- Director-General's Office — coordinates the leadership of activities of the department. It ensures comprehensive and accurate advice is available to the Director-General and Minister in relation to a range of executive government functions and facilitates intra- and inter-governmental partnerships and engagement activities.
- Ministerial and Executive Services Unit — manages the flow of information and correspondence on behalf of the department and the Minister, including support to the Director-General and Minister for representation of Queensland's interests at the national level, ensuring coordinated, comprehensive and accurate advice is available.
- Office of Health Statutory Agencies — provides support and advice to the Director-General and Minister in relation to all health portfolio statutory agencies, including the monitoring of key governance compliance requirements and providing a central point of contact for advice and guidance on application of whole-of-government policy and statutory obligations.
- Cabinet and Parliamentary Services — provides advice and support to the Director-General and Minister in relation to executive government functions, including scheduling and progression of matters to Cabinet, Executive Council and Parliament; coordination of whole-of-government reporting; and preparation of briefing materials to support executive government functions.
- Ethical Standards Unit — the department's central point for receiving, reporting and managing allegations of suspected corrupt conduct and public interest disclosures.
- Health Innovation, Investment and Research Office — promotes a coordinated and collaborative approach to innovation, investment and research across the department, including overseeing engagement in the Advance Queensland agenda.

## Corporate Services Division

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

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

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

- The Business Partnerships and Improvement Branch — frontline Corporate Services Division team for engagement with our people and clients, as well as supporting delivery of emerging and priority projects.


The Branch supports the division to be the visible leader and driver of change to better develop and embed the department's culture program. The Branch explores opportunities to improve productivity and efficiency through enhancing business practices, leveraging technology and embracing innovation, and seeks to modernise the way in which the department supports the delivery of services to patients, through customer-focused design.

- Capital and Asset Services Branch — providing an innovative range of capital infrastructure, asset, property facilities and records management solutions for the department and the HHSs.
- Finance Branch — collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.
- Human Resources Branch — delivering a range of human resource services and support to attract, retain and develop staff, build workforce culture and capability, develop and maintain employment arrangements, and monitor and manage workforce performance.
- Strategic Communications Branch — delivering high quality, tailored and innovative marketing communications with a team comprising of specialists in marketing, communication, graphic design, media, online and production.
- Legal Branch — providing strategic legal services comprising of the Legal Services Unit, Privacy and Right to Information Unit and the Mental Health Court Registry.

## Clinical Excellence Division

The Clinical Excellence Division (CED) works in partnership with HHSs, clinicians and consumers, to help drive continuous improvement in patient care, promote and spread innovation and create a culture of service excellence across the Queensland health system.

CED identifies, monitors and promotes improvements in the quality of health services delivered by service providers (both HHSs and private health facilities, globally and within Queensland), by supporting and facilitating the dissemination of best-practice clinical standards and processes that achieve better outcomes for our patients.



The division is also accountable for setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well as monitoring and reporting on performance.

CED is the conduit for the Queensland Clinical Senate and 21 clinical networks to engage with the department, and also provides professional leadership for clinicians through the Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer and Allied Health Professions Office of Queensland.

The Chief Psychiatrist is also located within the division and is responsible for exercising the statutory responsibilities for administration of the *Mental Health Act 2016*, as well as consultation and specialist advice regarding the clinical care and treatment of people with mental illness.

In December 2017, the position of Assistant Deputy Director-General and Chief Clinical Information Officer was established to support the operational and strategic leadership of the CED and to provide clinical leadership of the Clinical Informatics Portfolio.

CED has developed five strategic priorities to underpin and help drive improvements in care outcomes and efficiency: Innovation, Transparency, Clinician Leadership, Patient Safety and Improvement.

The work of CED focuses on:

- Providing expert advice and support services to health services, the department and national bodies to maximise patient safety outcomes and the patient's experience of the Queensland public health system.
- Setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well monitoring and reporting on performance.
- Providing professional leadership and principal advice for the dental, allied health and nursing and midwifery workforce and clinical informatics.
- Working collaboratively with health services to address access to hospital services
- Investing in innovation and improvement programs and supporting uptake, scale and spread through knowledge management.
- Investing and supporting the development of clinicians.
- Working to create greater transparency of performance and knowledge.



## Health Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division is responsible for commissioning healthcare, community and human services to deliver the greatest health benefit for Queenslanders, within the resources allocated.


The division comprises:

- Community Services Funding Branch — collaborates with policy and program areas within the department, utilising an end-to-end commissioning framework, to contract non-government, private and academic organisations to deliver community, health or human services on behalf of the government.
- Contract and Performance Management Branch — leads the development and negotiation of service agreements with the 16 HHSs and the Mater Health Services ensuring the service agreements foster and support continuous quality improvement, effective health outcomes and equitable allocation of the state's multi-billion-dollar health service budget. Using a transparent performance framework, the branch is also responsible for ensuring performance against these service agreements. The Surgery Connect program is also managed within this branch.
- Healthcare Purchasing and Funding Branch — leads the development and application of purchasing and funding methodologies to support delivery of the greatest possible health benefit for the Queensland population from the resources available. From a healthcare purchasing perspective, this means focusing on the patient health outcomes achieved per dollar spent to ensure resources are focussed on high value activities and improved health outcomes, while funding models incentivise the uptake of good practice.
- System Performance Branch — leads the reporting on performance of the health system in Queensland and produces performance reports for the Director-General, Board Chairs, System Manager, Central Agencies, executives and operational staff across the department. The branch manages the department's System Performance Reporting (SPR) platform that provides performance insights to our workforce to understand the performance of their local HHS relative to their peers and to support evidence based decisions on performance improvement and 'purchasing for performance' strategies.

## Prevention Division

The Prevention Division has five branches and an office which deliver policies, programs, services and regulatory functions that aim to improve the health of all Queenslanders through the promotion and protection of health and wellbeing, detection and prevention of






diseases and injury, and supporting high quality healthcare service delivery. The division's office manages credentialing and clinical scope of practice for departmental medical administration staff, and statewide Breast Screen and retrieval services medical staff. The division also has ministerial delegation for declaring Area of Need for Queensland.

The division comprises:

- Chief Medical Officer and Healthcare Regulation Branch — responsible for providing safe, high quality, effective and contemporary policy and regulation that meets both community needs and government expectations, and covers the delivery of services, programs and projects relating to body tissues, clinical services capability framework, medical workforce planning, medicines, medicinal cannabis, community pharmacy businesses and private health facilities.
- Communicable Diseases Branch — responsible for the surveillance, prevention and control of communicable diseases in Queensland.
- Aeromedical Retrieval and Disaster Management Branch — provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness, major events and emergency incident management, telehealth support to rural and remote clinicians, and patient transport data analysis, contract management and policy oversight of HHS owned and/or operated Helicopter Landing Sites.
- Preventive Health Branch — uses integrated, multi-strategy approaches to create environments which support health and wellbeing, and encourage and support communities and individuals to adopt healthy behaviours, including regular screening for early detection of cancer, healthy eating, being physically active, being sun safe and not smoking.
- Health Protection Branch — seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices. The branch has both a regulatory and health risk assessment focus and works across a range of program areas, including: environmental hazards (e.g. asbestos, lead), water quality, fluoridation, food safety and standards, radiation health and chemical safety.

## Strategy, Policy and Planning Division

The Strategy, Policy and Planning Division provides core system leadership activities by setting strategy and direction for the health system, developing and responding to high level



policy matters, and undertaking planning across the wide-ranging activities of the health system.

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

- Aboriginal and Torres Strait Islander Health Branch—responsible for leading and monitoring Queensland’s efforts toward closing the health gap by 2033 and sustaining health gains.
- Funding Strategy and Intergovernmental Policy Branch—responsible for advancing Queensland’s position in the national funding and policy arena through the provision of strategic advice on intergovernmental matters and managing state budget submissions to ensure the health system has the capacity to meet future service requirements.
- Infrastructure Strategy and Planning Branch—responsible for leading statewide health infrastructure strategy and planning.
- Statistical Services Branch—responsible for setting statistical data standards, maintaining key enterprise data collections, data provision for internal and external clients, compliance with Commonwealth and State Government reporting requirements and the provision of linkage and analysis services.
- Strategic Policy and Legislation Branch—responsible for setting the strategic direction for health in Queensland, drives the health interface with whole-of-government programs, and develops or amends legislation that guides and protects the health of Queenslanders.
- System Planning Branch—responsible for leading statewide health services planning, with a focus on achieving Queensland Health’s vision and delivering patient focused, efficient and effective health services. This includes collaborating across the health system with senior clinicians, HHSs and partners to identify the health needs of communities to plan for the right services and to inform investment decisions.
- Workforce Strategy Branch—responsible for leading system wide health workforce strategy through influencing and collaborating with others to enable a responsive, skilled and sustainable health workforce capable of accommodating Queensland’s unique challenges.



## Queensland Ambulance Service

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

The QAS delivers ambulance services from 295 response locations through 15 Local Ambulance Service Networks (LASNs) that are geographically aligned with the department's HHS boundaries. The QAS has an additional statewide LASN comprising of eight operations centres distributed throughout Queensland that manage emergency call taking, operational deployment and dispatch and coordination of non-urgent patient transport services.

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

## Health Support Queensland

Health Support Queensland (HSQ) delivers a wide range of diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. It provides critical services to HHSs, government agencies, clients and the community.

HSQ services include:

- Pathology Queensland — a statewide network of 35 laboratories servicing all HHSs across metropolitan, regional and remote Queensland. Pathology Queensland specialises in immunology, haematology, chemistry, microbiology and anatomical pathology.
- Forensic and Scientific Services — providing expert analysis and advice on forensics including DNA analysis, forensic chemistry, toxicology, pathology (autopsies), forensic medical services and scientific testing for public and environmental health. This service is a vital part of the government's response for threats to public health and the environment, epidemics and outbreaks, civil emergencies, criminal investigations and Coroners' inquiries into reportable deaths.
- Strategic Procurement and Supply — delivering procurement and supply services across the Queensland public health system. Services include strategic procurement, warehousing, distribution and supply of medical and non-medical consumables.

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



## eHealth Queensland

eHealth Queensland is advancing healthcare through digital innovation. It is responsible for vital information communication technology (ICT) modernisation to help improve healthcare across the department and the 16 HHSs.

As one of the largest ICT operations in the state, eHealth Queensland provides:

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



## Leadership teams

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

- Departmental Leadership Team (DLT) — supports the Director-General to oversee the strategic function, capabilities and effective operation of Queensland Health within the purview of members.
- System Leadership Team (SLT) — supports the Director-General to oversee the strategic function, capabilities and effective operation of the Queensland public health system within the purview of members.
- System Leadership Forum (SLF) — provides a collaborative forum in which the department leadership team and public health service chief executives can openly and robustly discuss the overall leadership, strategy, direction, challenges and opportunities facing Queensland's public health system.

## Executive committees

- Departmental Policy and Planning Executive Committee — integrates, coordinates and endorses statewide policy, health service and strategic planning development and implementation, and oversees their monitoring and review.
- Disaster Management Executive Committee (DMEC) — ensures the effective, efficient and equitable emergency management arrangements of Queensland Health's responsibilities in the State Disaster Management Plan are consistent with the Queensland Disaster Management Arrangements. The State Health Emergency Management Committee is the operational sub-committee of DMEC and ensures collaboration and consistency across Queensland Health and the HHSs in the development of disaster and emergency incident arrangements and operations.
- eHealth Executive Committee — supports the Director-General by providing strategic and impartial advice to govern the planning, prioritisation, implementation and benefits realisation of the Queensland eHealth Strategic Roadmap.
- Healthcare Purchasing and Performance Executive Committee — ensures the effective and equitable purchasing of clinical activity from service providers, and to manage the performance of those service providers to achieve whole of system outcomes in line with the *Department of Health Strategic Plan 2016 – 2020*. Members include representatives from the department, the Chair of the Queensland Clinical Senate and Chair of Chairs, Queensland Statewide Clinical Network.
- Investment Review Executive Committee — assesses health infrastructure projects (built and ICT) valued at five million dollars or more at critical stages in their lifecycle using the Investment Management Framework, Queensland Health's approved alternative to Queensland Treasury's Project Assessment Framework.
- Legislation Working Group — ensures co-ordinated, collaborative and high quality legislative policy development and planning across the department.
- Queensland Health Strategic Procurement Executive Committee — collaborates and leads the strategic direction for procurement across Queensland Health to drive improved procurement practices. This includes ensuring that relevant policies, governance and enabling systems are in place to measure performance and deliver value for money procurement services.



## Our Departmental Leadership Team



**Michael Walsh**  
**Director-General, Queensland Health**

Michael Walsh was appointed Director-General in June 2015. Previously, he has held positions of Chief Executive of HealthShare NSW and Chief Executive/Chief Information Officer of eHealth NSW where he achieved major organisational change to improve state-wide ICT and eHealth services, to more effectively support the New South Wales public healthcare system.

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

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

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

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



### **Barbara Phillips**

#### **Deputy Director-General, Corporate Services Division**

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

Commencing in frontline services in allied health, Barbara has lead significant New Zealand Government health priorities, including the Prime Minister's Methamphetamine Action Plan (Health), alcohol and drug policy, policy framework change programs and implementing national screening programmes with major IT initiatives. Barbara was also member of a research project for New Zealand's Victoria University and the State Services Commission around a public performance improvement framework service.

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

Barbara has recently led a Department of Health Corporate Services Division Realignment to improve corporate function and agility, inspired through the Aspiring Women's Leadership Summit and the Next Generation Leadership Program, and enabled a Work Able Program for people with vision impairment.

Barbara holds an Executive Masters in Public Administration, has commenced a PhD on the topic of leadership and brings to the position a passion for healthcare, collaborative leadership and an enthusiasm for innovative approaches that make a difference.



### **Dr John Wakefield PSM**

#### **Deputy Director-General, Clinical Excellence Division**

Adjunct Professor, School of Public Health, Queensland University of Technology

Adjunct Professor, School of Medicine, Griffith University

MB CHB MPH (research) FRACGP FACRRM FRACMA

John graduated as a doctor in 1988 and has served in clinical and management roles in rural, regional and tertiary hospitals in Queensland.

After completing a Fellowship under Dr Jim Bagian, at the National Centre for Patient Safety of the VA Health System in the United States, he returned to Queensland in 2004 and established the Queensland Health Patient Safety Centre, which he led until late 2012. The

Centre partnered with health services across Queensland to implement key patient safety initiatives, delivering measurable reduction in preventable patient harm. In 2011, John was awarded a public service medal for services to patient safety as part of the national Australia Day Awards.

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

Returning to Queensland Health in 2016, John now leads the Clinical Excellence Division.



**Nick Steele**

**Deputy Director-General, Healthcare Purchasing and System Performance Division**

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

As the Deputy Director-General he is responsible for managing a budget of around \$14 billion for purchasing health and hospital services and is responsible for ensuring the delivery of health

outcomes as specified in HHS Service Agreements and contracts with non-government organisations (NGO), service providers and the private sector.

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



**Dr Jeannette Young PSM**

**Chief Health Officer and Deputy Director-General, Prevention Division**

Adjunct Professor, Centre for Environment and Population Health, Griffith University,

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

Adjunct Professor, School of Public Health, University of Queensland

Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of positions in hospitals in Queensland and Sydney. She

has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom.

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

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

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



### **Kathleen Forrester**

#### **Deputy Director-General, Strategy Policy and Planning Division**

Kathleen Forrester is the Deputy Director General, Strategy Policy and Planning, at the Queensland Health, with responsibility for the development of strategic health policy; infrastructure, system and workforce planning; future funding strategies; intergovernmental relations and Aboriginal and Torres Strait Islander health. Kathleen's appointment in 2015 follows over a decade of senior roles in health and human services, including four years in the executive role of Director, Policy Reform, Victorian Department of Human Services.

Kathleen's role is to lead the division to work collaboratively to set strategy and direction for the Queensland's health system: work fundamental to achieving Queensland Health's purpose of enabling the health system to 'deliver quality health services that are safe and responsible for Queenslanders; and the vision outlined in *My health, Queensland's Future: Advancing health 2026* to make Queenslanders among the healthiest people in the world.

Kathleen has held senior leadership positions in the private sector, consulting on social policy reform. Her career spans both state and federal level and senior roles both internal and external to government.

Kathleen holds a Bachelor of Business Management (Economics), from the Queensland University of Technology, a Bachelor of Economics from the University of Queensland and a Master of Commerce (Economics) from the University of Melbourne. Kathleen is a member of the Economic Society of Australia.



**Russell Bowles ASM**

**Commissioner, Queensland Ambulance Service**

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

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



**Dr Peter Bristow**

**Chief Executive Officer, Health Support Queensland**

Dr Peter Bristow trained as an intensive care physician working at Liverpool Hospital in Sydney before moving to the Prince Alfred Hospital in Melbourne. In 2000, he accepted the position as Director of Intensive Care at Toowoomba Hospital, progressing to Executive Director of Medical Services, acting Chief Executive and then Chief Executive, for the Darling Downs HHS from its establishment in July 2012. From 2016 to 2017, he was Chief Executive of Townsville HHS. Both HHSs achieved zero long waits in elective surgery, endoscopy and specialist outpatients. From 2015 to 2017 he was Chair of the Queensland Health Service Chief Executive Forum.

Dr Bristow is a Fellow of the Royal Australasian College of Physicians, Fellow of the College of Intensive Care Medicine, Fellow of the Australian and New Zealand College of Medical Administrators and a Graduate of the Australian Institute of Company Directors. He also holds a Graduate Certificate in Management.



## **Dr Richard Ashby AM**

### **Chief Executive Officer, eHealth Queensland**

In 2015, Dr Ashby oversaw the successful delivery of Australia's first large-scale digital hospital, the Princess Alexandra Hospital, as the Chief Executive of Metro South HHS. Dr Ashby believes digital healthcare is one of the most important revolutions in healthcare—providing highly connected and interactive models of care that support personalised, precise and well-informed treatment of patients across care settings and care teams.

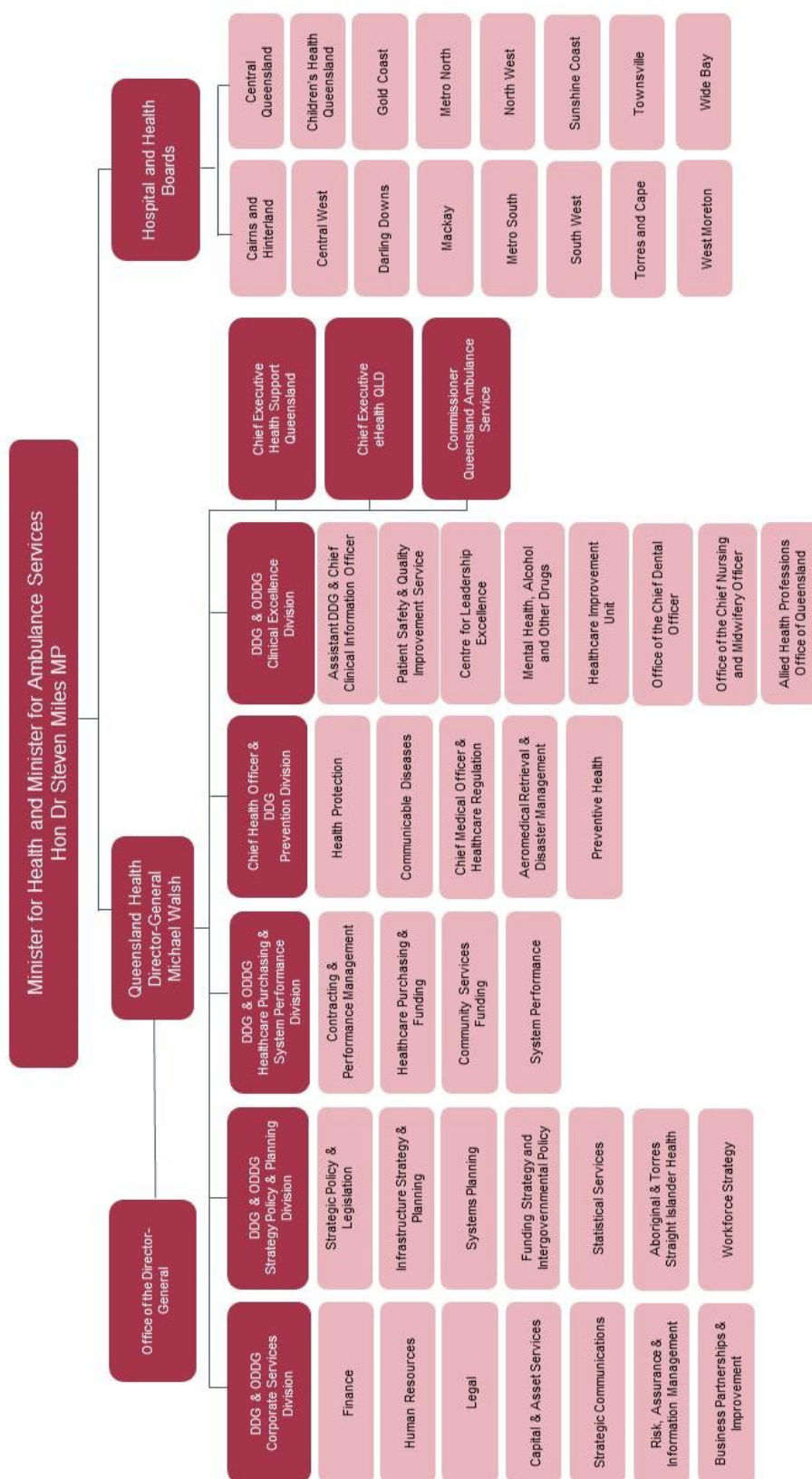
Dr Ashby is regarded as one of the state's most experienced clinicians and health administrators. In 2010, Dr Ashby was awarded a Member of the General Division of the Order of Australia for service to emergency medicine, medical administration, and a range of professional associations. He is active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

Dr Ashby is a past President of the Australasian College for Emergency Medicine and was Chairman of the International Federation for Emergency Medicine from 1994 to 1996. In the period 2000–2006, Dr Ashby also acted as District Manager at both the Royal Brisbane and Women's Hospital and Princess Alexandra Hospital for lengthy periods. Dr Ashby was the Chief Executive of the Metro South HHS from 2012 to 2017.

Dr Ashby contributes to a significant number of organisations/committees. His roles include: Chairman of the Queensland Policy and Advisory Committee on Health Technology; Chairman of the eHealth Executive Committee, Senior Responsible Owner of the Queensland Digital Hospital Program; Board Member of the Australian e-Health Research Centre; and Member of the Queensland University of Technology Council.



## Organisational chart





## Our contribution to government

Over the next year, the department will be supporting the Queensland Government's Our Future State: Advancing Queensland's Priorities (Our Future State). Our Future State details the major challenges facing the State that the government will address with a strong sense of purpose, focus and commitment.

The six priorities are each supported by a Ministerial oversight group and a departmental group.





The department is involved with four groups:

- Give all our children a great start.
- Keep Queenslanders healthy.
- Keep communities safe.
- Be a responsive government.

The Director-General, Queensland Health, chairs the Keep Queenslanders healthy group. A roadmap for each priority will be developed to articulate how each agency contributes to achieving the targets.

*Our Future State* priorities align with *My health, Queensland's future: Advancing health 2026 (Advancing health)*. Launched in 2016 by the then Minister for Health and Minister for Ambulance Services, *Advancing health* is a plan for the public health sector to make real the vision statement — ‘By 2026 Queenslanders will be among the healthiest people in the world’. *Advancing health* contains 16 headline measures of success, some of which align with priority targets, including:

- Reduce childhood obesity by 10 per cent.
- Reduce rate of suicide deaths in Queensland by 50 per cent.
- Increase levels of physical activity for health benefit by 20 per cent.
- Increase availability of electronic health data to consumers.
- Increase the proportion of outpatient care delivered by Queensland Health via Telehealth models of care.

# Our performance

Our performance reports on the objectives of the *Department of Health strategic plan 2016 - 2020*. This is a sample of the department's performance highlights from 2017- 2018 and is not representative of all the work undertaken during this period.

## Strategic objective 1 - Supporting Queenslanders to be healthier.

### Promoting and protecting the health of Queenslanders

Performance indicators:

- An increase in the percentage of Queensland population who engage in levels of physical activity.
- A reduction in the percentage of Queenslanders who smoke daily, consume alcohol at risky levels and are overweight or obese.
- An increase in the participation of eligible Queenslanders in cancer screening programs.
- Progress against 95 percent vaccination targets for one, two and five year olds.

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

Key achievements:

- Evaluated the implementation of nurse to mental health patient ratio pilot conducted at the Royal Brisbane and Women's Hospital (RBWH) and the Princess Alexandra Hospital (PA). Building on the minimum safe nurse-to-patient ratios in adult acute and surgical wards, which came into effect from 1 July 2016, the evaluation will inform the future scope and nature of proposed minimum nurse-to-patient ratios in all state public mental health wards during financial year 2018-19.
- In conjunction with the Queensland Nurses and Midwives Union, identified 16 public residential aged care facilities, which will be used to inform the development of industry requirements and policy recommendations for staff-to-patient ratios, including nurse-to-patient ratios and public reporting, in public aged care settings within Queensland. The results of this work will be used to inform recommendations to the Federal Government to consider introduction of safe staff-to-patient ratios, including nurse-to-patient ratios, in private care facilities.

- Continued to implement the *Offender Health Services Governance Improvement Project* in collaboration with Clinical Excellence Division, key stakeholders within HHSs, Queensland Corrective Services, the Office of the Health Ombudsman, Health Consumers Queensland and the Queensland Nurses and Midwives Union to improve the governance of offender health services in Queensland. The project will further improve Queensland Health's oversight of offender health services and ensure prisoners receive the same standards of healthcare available in the community without discrimination on the grounds of their legal status.
- Developed, in conjunction with the Australian Prevention Partnership Centre, a system dynamics modelling tool, that provides robust decision-making capabilities to inform the selection and implementation of strategies, policies and programs to further reduce smoking rates in Queensland.
- Delivered the *Health and Wellbeing Strategic Framework 2017 to 2026* with implementation of priority actions under its associated prevention strategies for overweight and obesity, smoking and skin cancer.
- Released the *Department of Health Immunisation Strategy 2017–2022*. Focusing on five key areas for action including childhood immunisation, adolescents, people with specific vaccination needs, communication and education, and monitoring surveillance and research. The strategy aims to achieve 95 per cent of one, two and five year old children be fully immunised by 2022.
- The Queensland Government entered into a new National Partnership on Essential Vaccines (NPEV) in July 2017. The NPEV formalises the relationship between the Commonwealth and the States/Territories for the National Immunisation Program. Meeting the benchmarks provides financial rewards that help fund strategically important initiatives.
- Continued to provide free meningococcal ACWY vaccine to all Year 10 students through the Queensland School Immunisation Program and to 15 to 19-year-olds through their doctor or usual immunisation provider.
- Continued to implement the Queensland HIV Action Plan 2016–2021. The plan aims to minimise the personal and social impact of HIV and eliminate new HIV transmissions in Queensland. Key results include:
  - The rate per 100,000 population of new HIV diagnoses in 2017– 2018 was 3.6 per 100,000 population, compared with the previous five-year average of 4.4 per 100,000 population.

- 5,769 HIV POCT were undertaken in Queensland in 2017-2018. The majority of these tests are undertaken in the community sector, where peers largely perform the tests. POCT use blood or oral fluid to look for antibodies to HIV and provide a quick result, in 30 minutes or less.
- Continued to support the Cairns and Hinterland HHS HIV Pre-Exposure Prophylaxis (PrEP) Implementation Trial. Three thousand Queenslanders at risk of developing HIV were able to participate in the trial. PrEP medication was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 April 2018, providing increased access to the at-risk population outside of the PrEP Implementation Trial. As such, since the time of the PBS listing, participation in the trial has been declining. As at 29 June 2018 1,801 participants remained enrolled in the trial.
- Continued to implement the *Queensland Sexual Health Strategy 2016 – 2021*, focusing on the key priority actions of improving community awareness of sexual health, improving education and support for children and young people, better responding to the needs of specific groups and improving the health system's delivery of sexual health services. Key outcomes included:
  - Funding of the enhancement of specialised sexual health services in six HHSs for the treatment and management of complex sexually transmissible infections and blood borne viruses.
  - Provision of psychological support services to children with gender dysphoria and support for School Based Youth Health Nurses working with children and young people in school settings.
  - The Sexual Health Ministerial Advisory Committee (SHMAC) meeting in September 2017 and May 2018 to advise the Minister on matters relating to sexual and reproductive health. A Sexual Health Research Sub-Committee to the SHMAC was also established and met on 7 March 2018.
- Commenced a review of the infection control guidelines for personal appearance services.
- Supported commencement of the *Public Health (Infection Control) Amendment Act 2017* on 1 September 2017 across Queensland HHS Public Health Units and other industry stakeholders by:
  - Undertaking and developing a training program involving workshops and online training.
  - Developing supporting guidelines and other resources.

- Providing support when investigations have been undertaken.
- The Act improves the capacity of the department to respond to infection control risks and issues by strengthening powers to investigate and enforce compliance by the owners, operators and staff of healthcare facilities with their infection control obligations.
- Continued to support changes that were made to tighten the *Private Health Facilities Regulation 2016*, and provide greater protection for people undergoing surgical procedures for cosmetic purposes. From 1 January 2018, high risk cosmetic procedures, including breast augmentations, must be performed in a licensed day or private hospital.
- Continued to monitor stakeholder compliance with the *Transplantation and Anatomy Act 1979* and associated regulation through an annual compliance reporting mechanism.
- Developed and implemented the Schedule 8 Monitoring Strategy, to identify non-compliance with the *Health (Drugs and Poisons) Regulation 1996*. Undertook regulatory change for community pharmacies more timely updates of S8 drugs, moving from monthly to weekly reporting.
- Completed the review of processes for the granting of authorities under the *Health Act 1937*, *Health (Drugs and Poisons) Regulation 1996* and the *Pest Management Act 2001*. This resulted in standardised application forms, Act instrument, guidelines and other relevant tools to enable a streamlined and consistent approach to managing the licensing process.
- In response to recommendation 5.2 of the *2008 Productivity Commission Research Report on Chemicals and Plastics Regulation* Queensland Health successfully led and delivered the AHMAC national poisons project. This involved the review of regulatory measures relating to the use of highly dangerous poisons under the Poisons Standard, a Commonwealth statutory standard which is adopted by all jurisdictions in their respective drugs and poisons legislation.
- Addressed changes in the food standard code, by updating the *Label Buster – a guide to the food labelling requirements of the Food Standards Code and Food safety for fundraising events* to assist not for profit groups. Developed a *Food Handler Exclusion Guideline - A guide for determining suitable exclusion periods for ill food handlers*, to assist food businesses and local government.
- Translated fact sheets for cleaning and sanitising, cross contamination, food handler health and hygiene and food safety supervisors into traditional Chinese, simplified Chinese and Vietnamese.



- Commenced review of the *Public Health Act 2005* to give effect to recommendations of the Coal Workers' Pneumoconiosis Select Committee of the Queensland Parliament into 'black lung', to require identified or diagnosed cases of Coal Workers' Pneumoconiosis and Coal Mine Dust Lung Disease to be compulsorily reported to the department.
- Launched the eHealth Queensland *Digital Innovation Strategy* to support the *Digital Health Strategic Vision for Queensland 2026*. *The Digital Innovation Strategy* focuses on five digital health themes of Precision Medicine; Integrated Care; Population Health; Intelligent Enterprise and Reliable Enterprise.
- Captured the most recent Digital/ICT Strategic Plans for all HHSs and developed digital strategy and investment roadmaps for Darling Downs, Gold Coast and Townsville HHSs and ensured their alignment with the *Digital Health Strategic Vision for Queensland 2026*.
- The QAS contributed to the department's Winter Demand Strategy. Key actions undertaken to support the Winter Demand strategy include:
  - Ensured the QAS workforce modelling and leave management practices provided adequate ratios of operational staff during the winter season.
  - The delivery of an annual immunisation program to QAS staff and delivery of a promotional program that encourages staff to access influenza immunisation and other initiatives to encourage increased staff health.
  - The placement of additional Clinical Deployment Supervisors in Operations Centres within South East Queensland and the strategic deployment of frontline supervisors.
  - Liaison with HHS executives to ensure the QAS is provided with and is aware of all possible opportunities for alternative care pathways for suitable patients.
  - The continued utilisation of the QAS Local-area Assessment and Referral Unit (LARU) to assist with Emergency Department (ED) avoidance, in line with alternative pathways.
  - The QAS continuing to strengthen the coordination of non-urgent transfers to lessen the overflow of non-acute incidents onto acute ambulances, maximising the availability of emergency ambulance resources during heavy demand.
- The Queensland Parliament passed the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017* on 6 September 2017. This legislative change facilitates the establishment of the Paramedicine Board of Australia, and permits the entry of paramedics into the National Registration and Accreditation Scheme for Health Professions.




- Replaced traditional two yearly pap smear screening of women for cervical cancer with a five yearly test screening for Human Papilloma Virus (HPV) oncogenic subtypes, in accordance with the guidelines of the new National Cervical Screening Program. It has been estimated this change will reduce the number of cervical cancers by at least an additional 15 per cent. Additionally, all HPV results conducted in Queensland will be uploaded to the new National Cancer Screening Register to provide nationwide access to each patient's history to guide future testing and follow up.

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

### Key achievements:

- Continued to implement the *My health for life* diabetes and chronic disease prevention program in 14 HHS areas. The program uses telephone coaching and group-based programs to support eligible Queenslanders to make and maintain positive lifestyle changes.
- Expanded the *Get Healthy Information and Coaching* program to provide tailored coaching programs for Queensland Aboriginal peoples and Torres Strait Islander peoples, pregnant women, and people who are at risk of developing type 2 diabetes. The program is available to individuals over the age of 16 who are at low to medium risk of developing a chronic disease.
- Continued to fund walking programs delivered by the Heart Foundation (*Heart Foundation Walking*) and Central Queensland University (*10 000 Steps*).
- Continued to fund food literacy and cooking skills programs delivered by the Good Food Foundation (*Jamie's Ministry of Food*), Queensland Country Women's Association (*Country Kitchens Program*) and Diabetes Queensland (*Need for Feed*) with a focus on Aboriginal people and Torres Strait Islander people, concession card holders, young people and people living in disadvantaged communities.
- Continued to fund the *SunSmart Shade Creation Initiative* in partnership with Cancer Council Queensland. Early childhood centres, schools and junior sporting organisations received funding for the purchase of permanent or portable shade structures to reduce unsafe sun exposure.
- Continued to fund Life Education Queensland to deliver health education modules addressing nutrition, physical activity, healthy weight, tobacco and alcohol to rural and



remote primary schools, schools with an Index of Socio-Educational Advantage of less than 900 and priority HHSs.


- Delivered a range of marketing campaigns that successfully promoted and influenced healthy behaviour, including:
  - Continuing the Colour Wheel campaign, promoting increased fruit and vegetable consumption
  - Continuing tobacco cessation activity, including the launch of Quit HQ, a comprehensive one-stop-shop for quit smoking information and support for Queenslanders on a quit journey
  - Continuing the One more thing campaign, to raise awareness and encourage participation in breast screening
  - Promoting bowel cancer awareness and the importance of bowel cancer screening through the Make No.2 your No.1 priority campaign
  - Delivering ongoing immunisation campaigns to encourage on-time vaccination among children under 5 years of age and pregnant women.
  - Launching the Feel Good Facts campaign, aimed at reminding Queenslanders to use healthy habits all year round, focusing on the topics of sun safety, food safety and flu hygiene.
  - Implementing the Care at the end of life campaign, to raise awareness about the importance of discussing and planning for care at the end of life.
  - Continued to educate Queenslanders about attending Emergency Departments (EDs) with GP-type presentations, and to instead call 13 HEALTH, with the Keep Emergency for emergencies campaign.
- Facilitated the Therapeutic Goods Administration's (TGA) decision to reschedule over the counter medicines containing codeine to prescription only products. A comprehensive communication and engagement strategy for Queensland health professionals and consumers was developed and implemented which assisted the smooth transition to prescription only codeine on 1 February 2018.
- Funding was secured for a 12-month pilot of the Alcohol and Drug Clinical Advisory Service, managed by Metro North HHS.
- The QAS, through LACs, delivered the Cardio Pulmonary Resuscitation (CPR) Awareness Program to 14,790 people across Queensland.
- The QAS continued to deliver first aid and associated courses with 1,550 courses being delivered and a total of 11,168 people attending.

- Continued to deploy 13 QUIT (Quitline) with 31,488 smoking cessation interactions with clients being conducted, including 6607 referrals from health professionals. In addition, Quitline's *Yarn to Quit* smoking program for Aboriginal and Torres Strait Islanders continued with 511 new clients being engaged. A further 369 Aboriginal and Torres Strait Islander people participated in Quitline's other intensive quit support programs
- Continued delivery of the Bubba Jabs on Time project that follows up all Aboriginal and Torres Strait Islander children identified in weekly reports extracted from the Australian Immunisation Register, as overdue for immunisation. Over 3,200 Aboriginal and Torres Strait Islander children have been followed up since the project commenced in January 2017.
- Continued to deliver the Health Contact Centre Immunise to 95 initiative and followed up 17,708 children under five who were behind on their immunisation schedule and undertook a promotional activity of vaccinations including childhood immunisation, whooping cough vaccine for pregnant women, school immunisation program, annual influenza vaccine, Logan Community and Health Action Plan (CHAP) Project, and Bubba Jabs (promoting childhood vaccination for Aboriginal people and Torres Strait Islander children).
- Under the Logan CHAP, families residing in Logan with children less than five years of age and overdue for immunisation were linked with immunisation services. Since the commencement of the program in August 2017, 2,892 children were followed up.
- The Health Contact Centre sent approximately 15,000 letters to seniors aged 70 years who were recorded as not having received a free shingles (zoster) vaccine on the Australian Immunisation Register. Over 33 per cent of those followed up are now recorded as being up to date.
- Continued to provide read-only access to patient information for Health Professionals, held in various Queensland Health systems through The Viewer platform. A patient 'opt-out' process facilitated by 13 HEALTH was introduced this year to ensure patients retain their right to withhold confidential information as legislated in the *Hospital and Health Boards Act 2011*.

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

### Key achievements:

- Supported all Queensland higher education and training providers to develop, implement and manage smoke-free policies that ban smoking on all campuses and create completely smoke-free learning environments for students and staff effective 1 July 2018.
- Collaborated with local government bodies to support smoke-free places. Two Councils passed resolutions to amend local laws, enabling the prohibition of smoking at outdoor places on council land not already covered by tobacco legislation. One local law will enable smoke-free precincts at a number of high profile areas, including council parks, community and cultural centres; another will enable additional smoke-free areas to be designated in a future subsidiary law.
- Continued to collaborate with Workplace Health and Safety Queensland and WorkCover Queensland through the *Healthier. Happier. Workplaces Initiative*, to embed a health and wellbeing culture across industry and employer groups in the public and private sectors.
- Commenced the integration of the *My health for life* workplace program into the Department of Transport and Main Roads (TMR). The staff wellbeing program provides health checks and follow-up referral of eligible staff to the 6-month healthy lifestyle program.
- Commenced collaboration with TMR in the development of a whole-of-government walking strategy, to deliver a 2017 Government election commitment.
- Continued to collaborate with the Department of Education to maintain and increase the availability of healthier food and drink options in school tuckshops. The Queensland Association of School Tuckshops (QAST) was funded to work with state and non-state tuckshops, parent organisations, schools and convenors to supply food and drink in line with the *Smart Choices Strategy*. Additional funding was provided to QAST to undertake their 10 yearly Tuckshop Snapshot Survey, with results expected in 2018-19. The survey will increase knowledge of the current tuckshop environment across Queensland.
- Continued to fund *Good Sports* Core and Healthy Eating Programs that address risky alcohol consumption and promote the provision of healthy food and drinks in amateur sporting clubs, particularly in rural and remote regions in Queensland.
- Continued to implement the *iAIM* program in primary schools in the Darling Downs South West Education Region. *iAIM* fosters cultures that support physical activity in classrooms



and schools. A final evaluation of the program was completed by the University of Queensland and will be used to provide future directions of the program.

- Partnered with the Department of Education to embed sun safe specifications in departmental processes for the purchase and supply of school and representative sports uniforms.
- Secured \$3.7 million funding to extend Queensland Health's agreement with the University of Queensland for Queensland Alliance for Environmental Health Sciences (QAEHS) for three years with the option to extend for a further two years. The agreement ensures the provision of timely and evidence-based advice to Queensland Health on emerging issues of environmental health concern such as Per- and poly- Fluoroalkyl substances (PFAS), Coal Seam Gas (CSG) and Legionella contamination of hospital water infrastructure.
- In collaboration with Queensland Alliance for Environmental Health Sciences (QAEHS), delivered a number of important training opportunities on topics including human health risk assessment and risk communication.
- Delivered the third eHealth Queensland Expo on 7 June 2018 which brought together clinicians, healthcare professionals, IT experts, vendors, start-ups and academia to focus on digital transformation in healthcare. The 2018 expo 'Digital is in our DNA', was a sold out event with 1708 registered delegates, 58 sponsors and 40 speakers.
- Funded by Suicide Prevention Health Taskforce, the QAS partnered with the Queensland Forensic Mental Health Service and the Queensland Police Service (QPS) on the Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations. This project seeks to understand the demand on first responders, characteristics of individuals who make suicide related calls to emergency services, the types of responses that could best serve their needs, the capacity of the services to deliver such responses, and how to improve continuity of care following a suicide crisis that results in a call to emergency services.
- Continued partnerships with state and national education departments to facilitate sharing and linkage of education and health data to support improved understanding of various cohorts of young children's development.
- Supported Queensland's private hospitals to implement the Electronic Validation Application into their data collection systems to manage admitted patient validations.

- Continued work with Transport and Main Roads (TMR) to establish ongoing linkage of TMR, QPS and Queensland Health data to provide insight into the true scale and impact of road traffic accidents in Queensland.
- Initiated work with QPS to investigate options for data sharing and linkage to improve ascertainment of health-related issues that are captured in each agency's data systems.
- In collaboration with Births Deaths and Marriages (BDM), worked to improve birth registration rates in Queensland by enhancing the HBCIS Notification of Birth extract to include the contact details of the mother. This detail will enable follow up communication with the mother about completing the Birth Registration Form and submitting it to BDM which enhances the data used for policy, performance monitoring and planning.
- In collaboration with the University of Queensland and funded by Queensland Genomics Health Alliance (QGHA), commenced a demonstration project to use whole genome sequencing to rapidly characterise antibiotic resistant microbial pathogens causing serious infections in patients admitted to hospital. Funding from the QGHA was secured to build capability in genomics testing. This seed funding will improve and support data storage, analysis and bio-informatics expertise.
- Partnered with 500 companies across Queensland to offer employees and their immediate family members support and nicotine replacement therapy to quit smoking. 879 workers registered for the Workplace Quit smoking program, with a 22.76 per cent quit rate 12 months post-program.
- Commenced collaboration with non-government organisations, private sector and government maternity services and child care facilities to promote the Quit for You, Quit for Baby smoking cessation program.
- Commenced collaboration with Mission Australia to offer smoking cessation counselling and pharmacotherapy to economically disadvantaged Queenslanders.
- Continued to provide Coroners with high-quality autopsy reports prepared by forensic pathologists. Results inform mortality statistics, which are used to devise and monitor interventions to reduce the incidence of homicides, fatal accidents and suicides, including those related to domestic violence.
- Assisted 1810 families involved with coronial cases with coronial counsellors.
- Continued to complete rapid overnight drug testing for specific coronial cases. This information, provided to forensic pathologists and coroners, identifies clear drug overdoses and helps reduce the number of costly, invasive autopsies.


- Tested 10,761 oral fluid samples collected by QPS from drivers as part of the roadside drug testing with an average turnaround time of 7.7 days.
- Continued to provide education and training to QPS officers on techniques used to process alleged crime scene items to deliver high quality results.
- Continued to test samples collected from alleged crime scenes and delivered by the QPS, such as illicit drugs, clandestine laboratories, suspected explosive material and evidence related to forensic DNA, as part of the Queensland Government's commitment to keep Queenslanders safe.
- Conducted a study of lead exposure in babies living in Townsville by analysing blood lead levels for monitoring and assessment of exposure.
- Strengthened long running collaboration with Queensland Fire and Emergency Services (QFES) Research and Scientific Branch by entering into Memorandum of Understanding for the management of emergency incidents and analysis of samples.

## Enhance surveillance and response to emerging health threats and disasters.

### Key achievements:

- The State Health Emergency Coordination Centre (SHECC) was exercised specifically for the GC2018 Commonwealth Games, and also participated in HHS exercises and multi-agency exercises for counter-terrorism, security, pandemic, nuclear and recovery.
- The SHECC was activated from 8-12 March 2018, in response to the flooding event in Central and North Queensland. The SHECC monitored staff and patient access (both road and air) to hospitals, bed capacity and consumables and coordinated the deployment of a clinical staff member to Central West HHS and a welfare check on an isolated school camp in Cairns & Hinterland region.
- For the GC2018 Commonwealth Games, SHECC was activated for the scheduled dates of 20 March 2018 to 18 April 2018. The department monitored presentations to hospitals across the state from Commonwealth Games Family and Workforce, as well as serious spectator presentations. There was both a significant number and significant variety of infectious disease and public health issues arise during the Games which were managed well and have been testament to the public health planning.
- During the GC2018 Commonwealth Games activation, a concurrent SHECC was activated 23 March – 5 April 2018 in response to the severe weather in North Queensland






(Tropical Cyclone Nora, Tropical Cyclone Iris and associated severe weather events). SHECC helped coordinate the deployment of a clinical staff member and environmental health officers to the Torres & Cape HHS, monitored the evacuation of vulnerable patients from isolated areas of North West HHS and Torres & Cape HHSs.

- Provided recurrent funding of \$3.5 million for the *Tackling Regional Adversity through Integrated Care* (TRAIC) Program. The program assists people in drought and disaster affected communities through integrated care, promoting mental health literacy, training of frontline staff and improved referral pathways. In addition, a further \$521,694 was allocated as 14 grants across 10 organisations as part of the TRAIC program.
- The Queensland Reconstruction Authority (QRA) allocated \$6.126 million to the department from 1 July 2017 to 30 June 2019 for Natural Disaster Relief and Recovery Arrangements, Category C funding, to support post Severe Tropical Cyclone (STC) Debbie Mental Health Recovery Teams. The STC Debbie Mental Health Recovery programs offer clinical interventions to adults and young people with mental health issues associated with exposure to STC Debbie. Teams are located in Metro South, Central Queensland and Mackay HHSs. Townsville HHS also received funding to support a child and youth mental health program in the Whitsundays and Mackay area.
- Continued to fund the Drought Wellbeing Service, providing a primary mental health outreach service to rural and remote locations in drought affected parts of Queensland and the Central West Remote Area Planning and Development (RAPAD) Board for a financial counsellor to provide assistance to small businesses and individuals affected by drought.
- Continued to implement the 26 recommendations from the Queensland Health Severe Tropical Cyclone (STC) Review, with a focus on aged care planning, consistent processes around deployment of staff, supply chain arrangements, and communication improvement activities.
- Continued a pilot program to develop and apply a standard disaster and emergency risk and readiness assessment across Queensland Health facilities, using the World Health Organisation's Hospital Safety Index (HSI). The first two evaluations took place and informed a standardised process for future evaluations. Queensland Health will be the first jurisdiction in Australia to apply the HSI in a standardised manner to collect and analyse broad risk-related information to inform planning at all levels.

- Conducted the annual two-day health disaster management forum, which included disaster management and risk management leads in HHSs and Queensland Health to further enhance effective networks, information sharing and best practice.
- Delivered disaster preparedness courses across HHSs, including the Major Incident Medical Management and Support (MIMMS) and Hospital MIMMS courses.
- Coordinated the training of Queensland Health staff for Australian Medical Assistance Teams (AUSMAT) and deployment provision of a senior clinician from Queensland Health to be a member of the AUSMAT Forward Team for the diphtheria outbreak in Bangladesh.
- Commenced the procurement of a spatial database to collect and analyse data from arbovirus and vector surveillance. This system will enable special mapping in Queensland of arboviruses and vectors of concern, particularly those that can spread disease such as dengue and Zika virus. This system will also be able to be used during a response to a vector incursion or local transmission of dengue or Zika virus, providing access to real time response activity data and special mapping capability.
- The department led or provided specialist technical advice for of the following public health incidents, including those of statewide significance.
  - Collaborated with HHS Public Health Units to assist drinking water service providers to address a range of drinking water associated incidents that posed or had the potential to pose a public health risk. Many of these incidents have occurred in far north Queensland and have been overseen by the Tropical Public Health Service. Of note are ongoing public health concerns associated with disinfection only, surface water schemes, such as the circumstances faced by Tablelands Regional Council that have resulted in ongoing boiled water alerts for six drinking water schemes and an outbreak of cryptosporidiosis associated with the drinking water supply serving the Torres Shire Council. In March 2018, Tropical Public Health Service also led the response to drinking water incidents associated with Tropical Cyclone Nora. The cyclone crossed the far north Queensland coast on the west; however, the extensive rainfall associated with the event caused significant disruption to drinking water supplies on the far north-east coast (Port Douglas and Cairns).
  - Investigated 241 reported radiation incidents.
  - Responded to detections of PFAS (per- and poly- fluoroalkyl substances) in Bundaberg's drinking water supply. This included the provision of health risk assessment advice and analytical testing for perfluorinated alkyl substances, including perfluorooctanesulfonic acid (PFOS) and perfluorooctanoic acid (PFOA), in water, soil,




blood/serum and seafood (fish and prawns). At the request of the Chief Health Officer, all drinking water service providers commenced testing of their supplies to provide reassurance to the people of Queensland that these chemicals do not impact their drinking water.

- Provided specialist technical advice and response to national food public health incidents, including: *Listeria* in rockmelon; notifications of products containing non-permitted pharmaceuticals; Hepatitis A Virus (HAV) Infection linked to imported, frozen pomegranate arils; and foodborne illness activities related to the reduction of *Salmonella* and *Campylobacter*.
- Provided support to six prosecutions for breaches of the *Food Act 2006* and numerous other enforcement activities as undertaken by HHS Public Health Units (PHU).
- Worked with HHS PHUs to investigate 343 prescribed contaminants in food, 296 Australian Competition and Consumer Commission mandatory reports related to food, and 81 food recalls which involved Queensland.
- Responded with local governments and HHS PHUs affected by Tropical Cyclone (TC) Iris and Nora, and the resulting weather systems to ensure preparedness, food safety both in private residences and food businesses, assisting with resupply of food to affected areas and supply of adequate drinking water.
- Provided advice and support to the GC2018 Commonwealth Games to ensure preparedness and elevated monitoring and surveillance during the event working with affected local governments, the Gold Coast 2018 Commonwealth Games Corporation (GOLDOC), and other relevant agencies.
- Collaborated with Department of Environment and Science, Local Government and the HHS PHU to undertake a health risk assessment of a significant legacy chemical contamination of ground water with halogenated compounds in a residential suburb in Queensland and provided health risk advice to the local community from soil vapour emanating from the contaminated water. This included consultation with technical experts in other jurisdictions.
- Participated in investigations and policy initiatives highlighting the health risk from lead leaching from plumbing fittings. These initiatives are now being progressed nationally by enHealth, the Environmental Health Standing Committee, which is a standing committee of the Australian Health Protection Principal Committee (AHPPC).
- The QAS continued to provide representation, through the Commissioner to the Queensland Disaster Management Committee (QDMC). The QDMC is chaired by the



Premier and serves as the disaster management policy and decision making committee for Queensland. The QDMC ensures the development and implementation of effective disaster management for the State and provides clear and unambiguous senior strategic leadership in relation to the four phases of disaster management, prevention, preparation, response and recovery while also working to build Queensland's resilience to natural disasters.

- The QAS continued to represent at state disaster management committees, including the State Disaster Coordination Group (SDCG), the Queensland Counter-Terrorism Committee, the Disaster Management Inter-Departmental Committee, the Council of Ambulance Authorities (CAA) Emergency Management Forum and the Inspector-General for Emergency Management Advisory Council.
- The QAS prepared its Summer Preparedness Strategy, for the summer season that included heatwaves, thunderstorms, tropical cyclones, heavy rain and flooding. The LASNs undertook a pre-season checklist, which included staffing levels, patient care supplies, operational equipment, and logistical preparedness.
- The QAS responded to support Townsville and several rural and remote Queensland communities impacted by significant rain events and TCs Nora and Iris. The State Incident Management Room (SIMR) was activated during this period and 32 officers were deployed from multiple LASNs to support QAS operations during the event. Deployed officers assisted with community service delivery and staffing of the Local Ambulance Coordination Centre (LACC), Evacuation Centres and Tactical Medical Centre. Emergency Management Unit resources, including Operational Support Unit One, Tactical Support Unit One and Tactical Support Unit Five, and additional logistics and operational officers were deployed to Townsville to assist with the ongoing severe weather and flooding event.
- QAS disaster management operations and arrangements continued to provide a high level of preparedness and response capability consistently across all LASNs and at State levels.
- The QAS has continued to prepare supervisors and managers for disaster management operations and arrangements with delivery of the Emergency Management Classified Officer Development Program and training in the Australasian Inter-Service Incident Management System.
- The QAS was engaged by GOLDOC to provide specialist pre-hospital healthcare and transport services to the GC2018 Commonwealth Games held from 4 to 15 April 2018.



Within the Medical Functional Area, the QAS provided pre-hospital healthcare and emergency transport services to the athletes, Games family and Games workforce during GC2018 Commonwealth Games. Additionally, the QAS also provided paramedic services to the Commonwealth Games Village and training venues including the Optus Aquatic Centre for Diving, Nerang Mountain Bike Trails for Mountain Bikes, Coomera Sports Centre for Gymnastics and the Anna Meares Velodrome for Track Cycling.

- The QAS were also engaged by the QPS to provide specialist pre-hospital healthcare and transport services within the Security Functional Area, Queen's Baton Relay, Specialist Operations response team and other security activities for the GC2018 Commonwealth Games.
- Initiated the integration of Notifiable Conditions System data into the Master Linkage File.
- Continued to produce a Congenital Anomaly Linked File (CALF) based on linked perinatal, admitted patient and death registration data. The CALF allows monitoring of rates of congenital anomalies in Queensland beyond what is possible using any of these sources in isolation.
- Continued sharing of routinely collected data related to infectious and communicable diseases, to ensure maximum coverage of health surveillance databases.
- Continued to partner with the Australian Group for Antimicrobial Resistance by sending isolates of clinical importance for ongoing national surveillance of antimicrobial resistance patterns.
- Continued to support the community, via 13 HEALTH, with a single point of access to enquire and receive information about a range of health alerts including measles, immunisation changes, bariatric surgery for type-2 diabetics, medicinal cannabis trials, heatwaves, risk of water contamination from per- and poly- fluoroalkyl substances and health product recalls.
- Continued to perform surveillance of viruses and viral vectors to improve public health response to introduced or emerging threats.
- Negotiated the inclusion of 104 compounds on the *Drugs Misuse Act 1986*. This ensures that emerging or novel illicit drugs can be the subject of a prosecution to deter production, distribution and illegal use.

## Advocate at national, state and local government levels to implement policies and initiatives to improve the health of Queenslanders.

### Key achievements:

- Supported the participation of the Queensland Minister for Health and Minister for Ambulance Services on COAG Health Council (CHC) to continue national level collaboration on health issues, specifically primary and secondary care, and to work towards achieving comparable health outcomes between Indigenous and non-Indigenous Australians.
- Continued to Chair the Australian Health Ministers' Advisory Council (AHMAC) and work with jurisdictions to plan, coordinate and share information on issues related to health services and provide strategic advice regarding national health matters of mutual interest to the CHC.
- Provided representation on AHMAC principal committees to provide specialist knowledge and support to both AHMAC and CHC.
- Contributed towards Queensland's perspective to national discussions regarding implementation of National Disability Insurance Scheme (NDIS), older person's services and other national policies and strategies.
- Led a national collaboration with other agencies to coordinate cross-jurisdictional actions that aim to limit the impact of unhealthy food and drinks on children and drive change in school, sport and recreation, and healthcare settings and in food regulation and marketing.
- Facilitated consultation in Queensland and promoted the uptake of the national *feed Australia* initiative, officially launched on 1 March 2018. The initiative is an online training and menu planning program designed to assist early childhood education and care services provide healthy foods and drinks to children in their care.
- Provided Queensland representation on the national Breastfeeding Jurisdictional Officers Group and the Expert Reference Group to advise and inform development of the *Australian National Breastfeeding Strategy: 2018 and Beyond*, currently being led by the Australian Government Department of Health.
- Continued to represent on a variety of state and national disaster management committees, including the State Disaster Coordination Group (SDCG) and the Queensland Counter-Terrorism Committee (QCTC).

- The QAS, continued to participate at state and national disaster management committees, including the SDCG and the QCTC. The QAS is a member of the Emergency Management Advisory Group, led by the Queensland Fire and Emergency Service (QFES), as a part of the Queensland Climate Adaptation Strategy.
- Continued to have two representatives on the Paramedicine Board of Australia. One as the jurisdictional practitioner member from QAS, who is also Chair, and one representative as a community member.
- The QAS, continued to participate as a member of CAA, which alongside ambulance services from other jurisdictions leads the development of best-practice that enhances the quality and consistency of ambulance service provision.
- Collaborated with the Australian Commission on Safety and Quality in Healthcare to ensure interoperability with the QAS's electronic Ambulance Report Form (eARF) in respect of the *My Health Record* rollout.
- Continued to have two representatives, elected to the Board of the National Pathology Accreditation Advisory Council (NPAAC). NPAAC is responsible for determining the quality and clinical governance standards applicable to all Australian pathology providers.
- Continued to represent Queensland on a range of Australian and New Zealand forensic committees including the Australian and New Zealand Policing Advisory Agency, National Institute of Forensic Science, Australian and New Zealand Forensic Executive Committee and several forensic discipline specialist advisory groups (SAG), such as the Biology SAG, Drug SAG, Chemical Criminalistics SAG and Toxicology SAG.



## Strategic objective 2 – Enabling safe, quality services.

### Delivering and enabling safe, clinically effective, high quality services.

#### Performance indicators:


- A reduction in rates of preventable hospital acquired infections.
- Responsive ambulance services.
- A reduction in unplanned readmission rates.
- An increase in the percentage of information and communications technology (ICT) available for major enterprise applications.
- Increased digital innovation across Queensland Health.
- Improved information security risk profile.

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

#### Key achievements:


- Implemented the 2017 Winter Beds Strategy, a \$15 million package of initiatives to improve emergency access performance across Queensland during the winter months.  
This strategy:
  - Provided support to HHSs most impacted by winter to implement additional targeted capacity management strategies.
  - Supported access to an extra 90 beds to provide surge capacity in areas of high demand.
  - Provided funding for dedicated nursing resources to support patient flow in the busiest Emergency Departments.
  - Continued to utilise private sector capacity through the Surgery Connect program.
  - Continued a communication strategy and marketing plan to promote influenza vaccination for the general population and those individuals at an increased risk of complications because of influenza infection.
  - Provided a quality improvement payment for staff influenza vaccination to improve voluntary influenza vaccination uptake amongst HHS staff.
  - Developed and enacted Annual Patient Flow and Capacity Plans (including winter bed initiatives) in all HHSs across Queensland.

- HHSs were supported to develop annual patient flow and capacity plans with a winter surge component. The purpose of these plans is to capture actions HHSs will implement to minimise the effects of predicted demand increases, particularly over the winter months. An annual patient flow and capacity plan template has also been developed to guide HHSs in the development of these plans.
- Committed a further \$10 million for winter 2018 to ensure that patients have access to timely emergency department care and ambulance services to support demand surges during winter months.
- Invested \$28 million through the *Surgery Connect Program* to enable elective surgery patients and outpatients to receive treatment in the private sector where those patients would otherwise wait longer than clinically recommended for treatment.
- Commenced the roll out of an online training facility or Learning Management System for immunisation service providers to meet the ongoing training and professional development needs. The online training facility provides access to immunisation education and training resources. The resource complements existing face-to-face training and workshops already offered to immunisation providers by public health units across Queensland.
- Continued to commit to a fully integrated health system which recognises that a mobile workforce who can access information as quickly and as closely to the patient as possible, will be vital in increasing clinical efficiency and clinical time with patients, ultimately improving the patient experience.
- Continued to deliver the integrated electronic Medical Record (ieMR) Digital Hospital solution across a number of Queensland Health facilities. Mackay Hospital, Logan Hospital, Beaudesert Hospital, Lady Cilento Children's Hospital, Redland Hospital, Wynnum-Manly Community Health Centre, Gundu Pa and the Queen Elizabeth II Jubilee Hospital went live with the ieMR 'Advanced' capability. This digital initiative includes electronic request ordering, results reporting, endorsement of pathology results and specimen collection management.
- Employed an additional 127.75 ambulance officers as part of the QAS's demand management strategy and to provide enhanced roster coverage and increased supervision. This included Bicycle Response Teams (BRT) in the Gold Coast and Metro North LASNs and implementation of the South-East Queensland Emergency Care Action Plan to Advance Health and improve the patient care journey.



The BRT provides medical assistance to patients in small geographical areas as an initial dynamically deployed response within the business as usual model, and/or in specific locations in which a traditional road ambulance/response vehicle may be delayed due to road networks, crowds and/or access and egress restrictions.

- Expanded the LARU model in the Gold Coast at Coomera to further support the existing models. LARU provides alternate and appropriate treatment pathways for patients not requiring stretcher transport in an emergency ambulance, therefore reducing the impact on EDs by decreasing presentations.
- The QAS has 14 LASNs with referral pathways in place authorising paramedics to refer patients with diabetes complications to specialist outreach service providers.
- The QAS reviewed Out of Hospital Cardiac Arrest data to evaluate the effectiveness of various interventions implemented in the pre-hospital environment and aid in developing evidence-based practice.
- The QAS completed the Acute Behavioural Disturbance (ABD) Audit and identified that patients presenting with ABD (SAT greater or equal to +2), who were treated with droperidol (compared to midazolam) had statistically significant reductions in adverse event rate, time to sedation, and (pre-hospital and hospital) additional sedation requirements. An increased rate of successful sedation was also noted. These findings were presented at the Paramedics Australasia International Conference in Melbourne, where this study won the best paper award. The research paper has subsequently been published in the Pre-hospital Emergency Care Journal (DOI:10.1080/10903127.2018.1445328).
- The QAS participated in the CAA mail survey, which is distributed to a sample of people who had a recent experience with the ambulance service. The survey differed from previous surveys, as the survey tool transitioned from a 'satisfaction' to an 'experience' model questionnaire. Overall, 98 per cent of surveyed patients were either 'satisfied' or 'very satisfied' with their last experience using the ambulance service.
- Continued to provide Queensland Health clinicians with reliable access to thousands of critical clinical knowledge resources including leading diagnosis, treatment and medicines dosing tools through the statewide Clinical Knowledge Network (CKN). New content was added to support clinicians which included Nursing Reference Centre Plus, Paediatric Injectable Guidelines, and Advanced Paediatric Life Support. Enhanced access to CKN via mobile devices was also delivered. Over the past 12 months, CKN has facilitated over




9.1 million searches for medicines, almost a million searches for diagnosis and treatment information, and supplied 1.1 million articles for diagnostic and research purposes.

- CKN was involved in the selection and deployment of Queensland Health's new Database of Research Activity (DoRA 2.0) Institutional Repository, which will make Queensland Health's research output more accessible to clinicians and the wider community. The DoRA 2.0 project team leveraged CKN's procurement pathways and highly successful and easy to navigate statewide user interface.
- The CKN team provided training in Curriculum Builder and other features to QAS officers developing the Indigenous Paramedic Program and Culturally and Linguistically Diverse Paramedic Program. These programs target people from diverse backgrounds who have an interest in the prehospital health environment. Content provided by the CKN team is being incorporated into these programs.
- Continued to expand the point-of-care testing network to improve access to pathology testing in rural and remote locations to deliver:
  - Timely access to diagnostic results.
  - Improved patient care.
  - Data interface with the laboratory information system to improve results capture and reporting.
  - Support for HHSs to meet their National Emergency Access Targets and National Elective Surgery Targets.
- Expanded the pathology testing network with the installation of an additional 15 testing instruments into hospitals across Queensland to provide rapid testing for influenza virus. This initiative will allow earlier diagnosis of infected individuals and assist in managing patient care.
- Commenced delivering verification service for the QPS's Missing Persons Unit. In accordance with legislation, the QPS requests for the Health Contact Centre (HCC) to search relevant Queensland Health statewide databases for people who are registered as a 'missing person'. The verification service is provided 24/7 and enables police officers to have timely and appropriate information without having to phone individual hospitals across the state. Since this service commenced, there has been 39 searches undertaken with 13 encounters found; that is, 33 per cent of people thought missing were located.
- Continued to provide accredited public health and environmental testing for compliance, diagnostic and surveillance purposes.

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

### Key achievements:

- Continued implementation of the Suicide Risk Assessment and Management in Emergency Department settings training program. As at 30 June 2018, an additional 24 emergency medicine and mental health clinicians were trained as facilitators during 2017-2018, bringing the total number of trained facilitators across the state to 224.
- Conducted the Queensland Health Maternity Outpatient Clinic Patient Experience Survey: 6,082 mothers who attended maternity specialist outpatient clinics were interviewed from 45 hospitals and multipurpose health services across Queensland, with 62 per cent of mothers rating the care they received as very good and 29 per cent as good.
- Conducted the annual Queensland Bedside Audit (QBA), a patient safety audit across 119 inpatient and 19 residential care facilities to support HHSs in meeting actions in the National Safety and Quality Health Service Standards, and to identify and implement actions at a local level to improve patient outcomes. The QBA is used for improving the standard of clinical practice, and to ensure that the best possible care is provided to patients. Two follow up teleconferences were also convened for facility/HHSs to provide further feedback.
- Developed and trialled four new paper-based Early Warning and Response System tools to assist clinicians in better recognising and more quickly responding to patients who clinically deteriorate. The tools include the Intrapartum Q-MEWT, Modified Partogram, CTG Monitoring Form and the Neonatal Early Warning Tool.
- Established the Digital Early Warning Tools Steering Committee to optimise the design and functionality of the Digital Early Warning Tools in the ieMR.
- Developed a time-critical medication list to provide a process to guide prescribers, pharmacists and nursing staff on the importance of timely medication administration to ensure delayed or omitted medications do not cause patient harm.
- Revised statewide guidelines for the safe prescribing, administration and monitoring of aminoglycosides to reduce the risk of harm from these high risk medications.
- Improved the availability and accessibility of blood lead testing in the North-West HHS in Mount Isa through the introduction of a point of care blood lead testing (POCT) program to supplement current venous blood lead testing programs. This program has successfully increased uptake, with 503 individual children under five testing using the



less invasive POCT from 1 July 2017 to 30 June 2018, enabling identification of whether they have been exposed to elevated levels of lead.

- Provided free Wi-Fi to patients and their visitors in many hospitals across the state, allowing patients and their families anxiety-free access to the outside world via their personal devices.
- Collaborated with clinicians to develop new safety and quality markers and outcome indicators which will be incorporated into the 2018-19 Service Agreements with the HHS.
- Developed and distributed to HHSs, new insight reports and dashboards on hospital acquired complications and potentially preventable hospitalisations, and provided staff education sessions on these via lunchbox sessions and master classes. Reporting on hospital acquired complications was also incorporated into the regular System Performance Reports.
- Collaborated with the QAS to establish Patient Access and Co-ordinations Hubs (PACH) to strengthen the capacity of the HHS to meet the emergency care requirements of Queenslanders. Four PACHs are established and staffed by Queensland Health Staff and QAS officers. These are located at the Gold Coast University Hospital, Princess Alexandra Hospital, Royal Brisbane and Women's Hospital and Sunshine Coast University Hospital. This collaborative arrangement enables the HHSs and the QAS to work together to improve the coordination and flow of patients entering the hospital system, which in turn improves the availability of ambulances to respond within the community.
- Linked data in near real time to support ongoing generation and monitoring of patient quality and safety and cardiac-related indicators.
- Provided clinical coder education and training to various metropolitan, and regional public and private hospitals and health services to improve the quality of coded clinical data. Developed and published technical documentation and reports to support understanding and use of coded clinical data.
- Supported various clinical registries with data linkage services to validate case ascertainment and data quality to assist in their work to evaluate and monitor quality of care.
- Continued to supply wait list audit services that support HHSs to manage their wait lists. Wait list audit work was conducted with Metro South HHS, Sunshine Coast HHS and Children's Health Queensland.

- Further implemented Ryan's Rule, which supports patients, families and carers to initiate an escalation of care response when they are concerned about a patient in hospital. The service received 622 unique patient requests for review, across approximately 10,000 public acute admissions, with positive feedback from customers.

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

### Key achievements:

- Commenced an evaluation of implementation of the *Mental Health Act 2016*, engaging with a broad range of stakeholders to consider how the objectives and principles of the legislation were applied, and whether key changes to the legislative scheme have been implemented effectively. Community forums were held in Brisbane and Townsville to collect feedback from consumers, their families, carers and people who support them, and through the Queensland Government 'Get Involved' Website about their experiences, including views on the challenges and strengths of key policies. Feedback, supplemented with additional research and data collection, will inform an evaluation report on the Act's implementation, and enable the Office of the Chief Psychiatrist to further consider how the legislation is meeting the needs of the community.
- Continued to roll out the new safety reporting application, Riskman, across remaining HHSs and the department. The application replaces Prime CI, Prime CF and Staff Incident Reporting (IMS) systems, enabling easier reporting and management of incidents, case management, consumer/staff feedback and risk management.
- Finalised amendments to the *Health (Drugs and Poisons) Regulation 1996* which now allows schools and childcare service providers better access to S3 emergency medicines (such as epipens and asthma inhalers).
- Amended the *Health (Drugs and Poisons) Regulation (1996)*, to require pharmacists to submit weekly reports of dispensed Schedule 8 drugs (previous monthly) to allow for more timely access to information and improved regulation.
- Established a Schedule 8 Strategic Oversight Committee to oversee the development of a Memorandum of Understanding with key partners regarding the regulation of Schedule 8 medicines.



- Amended the *Health (Drugs and Poisons) Regulation 1996* to allow a wider group of specialists' accesses to prescribing Nabiximols and general practitioners to apply for an approval to prescribe Nabiximols to their patients.
- Introduced water risk management plans for all public and private hospitals and public-sector residential aged care facilities. In the first year of implementation, approximately five per cent were positive for Legionella however remediation or exposure controls were clearly identified which ensured that the risk of Legionella was managed.
- The QAS has worked closely with the Paramedicine Board of Australia and the Australian Health Practitioner Regulation Agency to introduce the regulatory governance measures for paramedics when they join the National Registration Accreditation Scheme for Health Professions. The QAS is continuing to review the credentialing, scope of clinical practice and authority to practise for Queensland paramedics.
- The QAS released the *Clinical Governance Framework 2017-2020* and representatives from the Office of the Medical Director attended each LASN during October, November and December 2017 to inform staff on clinical innovation, the governance framework and progression toward paramedic registration.
- The Medical Advisory Council continued to support the QAS Commissioner by providing a multi-disciplinary forum to review QAS clinical practice, bridge pre-hospital care with the broader health system, provide advice regarding proposed clinical trials involving the QAS and about safe clinical practice in the pre-hospital environment.
- The QAS implemented an Influenza Strategy for 2018 aimed at increasing uptake rates of flu vaccination within QAS employees. The QAS offered both internal and external vaccinations to all staff through a range of different options including:
  - Providing onsite workplace flu vaccinations through an external provider who has engaged with over 10 LASNs.
  - Conducting a Nurse Immuniser Feasibility Pilot Study within the Metro North, Metro South and Gold Coast LASNs to trial a mobile flu vaccination service administered by Registered Nurses with immunisation qualifications.
  - Attend their local community pharmacy to participate in the staff flu vaccination.
  - Attend their local GP to receive their flu vaccination for which the QAS will reimburse up to \$30 of the cost.
  - Attend local HHS Occupational Health Clinics.

- The QAS ensured the procurement and supply options for Drug Labels for the implementation of the Australian Commission on Safety and Quality in Healthcare Labelling of Injectable Medicines.
- The QAS collaborated with the Chief Medical Officer and Healthcare Regulation Branch to ensure that QAS Paramedics are represented in the draft Medicines and Poisons Bill.
- The QAS revised its Infection Control Management Plan to reflect the requirements of the *Public Health (Infection Control) Amendment Act 2017*.
- The QAS developed audit tools for evaluating environmental hygiene standards in QAS vehicles and QAS stations.
- The QAS developed and negotiated a classification structure for operational employees to facilitate the development of future service delivery models that will help meet demand pressures and support the move to paramedic national registration in 2018. The new structure has been certified by the Queensland Industrial Relations Commission and was supported by 98.4 per cent of employees who voted on the proposed agreement.
- The QAS Education Centre undertook a self-assessment as part of the Registered Training Organisation (RTO) requirements. As an RTO, the QAS reviewed its business practices to ensure the organisation is continually operating within the parameters set by the regulator Australian Skills Quality Authority.
- Supplied linked data for evaluation of patient outcomes and estimation of cost savings from the Accelerated Diagnostic Protocol. This has been found to enable faster assessment and triage of chest pain patients resulting in released emergency department and hospital capacity and an estimated saving of \$13.5 million in Queensland hospitals.
- Supplied linked data to support quality improvement and research projects undertaken by department staff and university researchers. Linked data allows an understanding of multi-morbidity and its impact on service requirements and patient outcomes that is not possible with episode level data. Linked data also facilitate efforts to improve data quality which is vital to informing clinical quality.
- Established a small client services team to improve processes and information available for researchers seeking access to linked data. The client services team also facilitate collaboration with other state health departments, including participation in the national Population Health Research Network client services working group, to support access to linked data for cross-jurisdictional research projects.


- Continued to contribute to the National Pathology Accreditation Advisory Council's review of national standards for clinical supervision of pathology laboratories. This collaboration ensures the proposed clinical governance model remains aligned with Queensland's Clinical Services Capability Framework to support the delivery of high quality and affordable outcomes for Queensland Health patients.
- Implemented an improved S8 drugs telephone enquiry service (13S8INFO) for doctors, predominately for general practitioners and clinicians within the Alcohol and Drug, and Pain Services, seeking to confirm a patient's medication and drug usage status and other associated regulatory requirements. Over 24,000 calls for Schedule 8 enquiries were received.
- Maintained compliance of community pharmacy business owners with the provisions of the *Pharmacy Business Ownership Act 2001* by managing notifications of business ownership changes.
- Revised the Procurement Framework and Procurement Guide, which provides the overarching framework and guidance for staff undertaking procurement activities and reflects the requirements of the Queensland Procurement Policy and strategy and aims to ensure maximum efficiencies for procurement and contract management activity.

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

### Key achievements:


- Budgeted \$916.1 million towards the health portfolio capital program where essential upgrades were made to health facilities and supporting infrastructure across Queensland, while also providing up to 1,200 jobs across the state. Infrastructure projects that are currently being delivered or have been completed are:
  - Rockhampton Hospital car park – total estimated investment of \$25.5 million.
  - Roma Hospital Redevelopment – total estimated investment of \$90.4 million.
  - Step Up Step Down, Bundaberg – total estimated investment of \$5.4 million.
  - Step Up Step Down, Gladstone – total estimated investment of \$5.4 million.
  - Step Up Step Down, Mackay – total estimated investment of \$5.4 million.
  - Aurukun Primary Health Care refurbishment – total estimated investment of \$6.7 million.
  - Blackall Hospital Redevelopment – total estimated investment of \$17.9 million.

- Palm Island Primary Health Care Centre – total estimated investment of \$16.5 million.
- Gladstone Hospital Emergency Department – total estimated investment of \$42.0 million.
- Atherton Hospital Redevelopment – total estimated investment of \$70.0 million.
- Cairns South Precinct – total estimated investment of \$13.0 million.
- Capital funding of \$68.2 million for five capital works projects which will deliver 24 new mental health beds. This includes the new statewide 12-bed adolescent extended treatment facility at The Prince Charles Hospital campus; two six-bed Youth Step Up Step Down Units in north and south Brisbane; and refurbishment for two adolescent Day Programs in Logan and the Gold Coast.
- \$31 million for enhancements to the Perinatal and infant mental healthcare (PIMH) service system including:
  - establishment of the first public mother-baby mental health unit in Queensland at the Gold Coast HHS in March 2017.
  - enhanced community based services with 13 Day Programs established in Metro North, Metro South, Townsville, Cairns & Hinterland, West Moreton, Gold Coast and Sunshine Coast HHSs.
  - additional community perinatal mental health positions established in Metro South HHS and Sunshine Coast HHS.
  - commencement of a PIMH tele-psychiatry service.
  - establishment of the Early Social and Emotional Wellbeing Service delivered by the Poppy Centre in March 2018 to provide services for infants and young children aged 0 to 4 years who have mild to moderate ranges of mental health needs, including work with their families, specifically aimed at improving the infants' and young children's wellbeing.
  - Continued expansion of the Ed-LinQ program with new investment of \$5.2 million over five years. The Ed-LinQ program supports the earlier detection and treatment of mental illness affecting school-aged children and young people through improved linkages and service integration between the education, primary care and mental health sectors.
  - MHAODB, Department of Education and Health Consumers Queensland, in partnership with consumers and carers, delivered three conference workshops on the Youth Mental Health Work Program at the 1st Asia Pacific Conference on Integrated Care (Brisbane, 6 November 2017), Global Conference of Integrated Care (Singapore, 1 February 2018) and 18th International Conference on Integrated Care (Netherlands,



24 May 2018). These workshops are based on the critical and extensive engagement processes undertaken as part of the successful delivery of the Government response to the Barrett Adolescent Centre Commission of Inquiry Report.

- Completed projects include:
  - Proserpine Hospital Kitchen Upgrade – total estimated investment of \$1.4 million, construction completed in March 2018.
  - Aramac Primary Health Care Centre Redevelopment – total estimated investment of \$4.0 million, construction completed in March 2018.
  - Ellen Barron Family Centre Residential Wing Air-Conditioning upgrade – total estimated investment of \$3.0 million, construction completed in January 2018.
  - Proserpine Hospital Emergency Department Refurbishment – total estimated investment of \$3.4 million, construction completed in November 2017.
  - Toowoomba Hospital Kitchen Replacement project – total estimated investment of \$9.8 million, construction completed in October 2017.
  - Birtinya new Ambulance Station – total estimated investment of \$4.1 million, construction completed in July 2017.
  - Wynnum Replacement Station – total estimated investment of \$4.6 million, construction completed in June 2018.
- Delivered a custom-designed electronic oral health record across all HHS adult public dental clinics, with Queensland being the first jurisdiction opting to build the required software inhouse. The program's functionality includes medical history, odontogram and periodontal charting, plaque and calculus indices, diagrams, treatment planning, progress notes, scanned referrals, e-signatures for consent, and electronic clinician sign-off. The paperless environment has also led to enhanced coordination of care between clinicians, regardless of their physical location, and improved completeness and accuracy of clinical information.
- Continued to support HHS in the adoption of new and emerging health technologies and service delivery models by administering the Queensland Policy and Advisory Committee on new Technology (QPACT) and establishing a program to assist Queensland Health and HHS in evaluating the efficiency and effectiveness of new and existing clinical services and programs.
- Continued the implementation of the annual \$5 million New Technology Funding and Evaluation Program (NTFEP) to introduce and evaluate innovative healthcare technologies to the Queensland public health system. Funding is provided to introduce




technologies that have demonstrated potential to improve service delivery, access to care and patient outcomes. Investment was allocated to 10 new technologies across ENT and audiology, gastroenterology and hepatology, infectious disease, neurology / neurosciences, ophthalmology, radiation therapy and nuclear medicine and transplant medicine. Investment in these emerging technologies takes the total number under the program to almost 50.

- Completed the procurement for a Disaster Information Management System that integrates with the State Disaster Coordination Centre and can provide shared situational awareness between the SHECC and the HHSs.
- Installed radio communication redundancy in each HHS Health Emergency Operation Centre in the current range of south-east Queensland through the Government Wireless Network.
- Released an Invitation to Offer to market in January 2018 to supply the design and build of the Notifiable Condition System Replacement system. The successful vendor is scheduled to be contracted in October 2018 with the implementation scheduled for late 2019.
- Completed consultation with consumers, Primary Health Networks and private health care providers (such as GPs and pharmacists) to develop a Queensland Health My Health Record roadmap.
- Provided infrastructure to underpin delivery of the ieMR.
- Provided engineering and technical support for various digital hospital projects across the state, playing a lead role in the safe and sustainable integration of medical devices with electronic medical record systems.
- The QAS implemented a new electronic Ambulance Report Form application, which is accessed through operational iPads supplied to all paramedics as part of the QAS iPad mobility strategy. The return and decommissioning of the out-dated Toughbook fleet and cellular services was also finalised.
- Implemented an Inter-agency CAD Electronic Messaging System between the QAS, QPS and QFES to enhance officer safety and to reduce the calls required between agencies on joint cases.
- The QAS deployed the Microsoft Office 365 suite to all staff, providing the latest version of all Office 365 products.

- The QAS continued to progress the data warehouse upgrade project and has entered into contract negotiations to enhance utilisation of business intelligence within the QAS. The delivery of the Data Warehouse upgrade project offers the QAS a unique opportunity to optimise the Business Intelligence function.
- The QAS continued to deliver on the 2017-2018 ICT Program of Works, to modernise and develop infrastructure to meet operational requirements.
- The upgraded Emergency Services Computer Aided Dispatch project, led by the Public Safety Business Agency was successfully implemented to effectively maintain Triple Zero (000) services to the QAS and QFES.
- Continued to implement the Emergency Vehicle Priority (EVP) capability, which switches lights to green at traffic signals for approaching ambulance vehicles responding under lights and sirens conditions. Approximately 2,351 intersections across the state and 548 ambulance vehicles are now EVP-enabled, providing more than 747,570 green lights to emergency ambulance vehicles.
- The QAS has continued to implement the Satellite Push-to-Talk radios within rural and remote locations that are unable to utilise the QAS analogue land mobile radio network. This provides enhanced radio communications to paramedics in the field to improve the safety of our workforce.
- The QAS continued to procure and implement a non-emergency patient transport (NEPT) requests system that will integrate with QAS CAD system and with Queensland Health's Recording all Facility Transports (RaFT) program. The RaFT program allows bookings for patient transfers to occur within one centralised hub location.
- The QAS Education Centre commenced a tender process to explore the use of virtual reality and augmented reality to improve staff training modalities.
- The QAS is continuing to decommission paging services and will be replacing the service with Tough smart phones through Optus services.
- Developed the *QAS Digital Strategy-Toward 2027*, which is currently being implemented.
- Planning and specialist building condition investigations have commenced for QAS, for the redevelopment of the Cairns Ambulance Station and Operations Centre, redevelopment of the Rockhampton Ambulance Station and Operations Centre, new ambulance stations at Hervey Bay and Drayton, and replacement of the Kirwan Ambulance Station.



- Construction tenders were awarded and works commenced for the replacement of the relief quarters in Mareeba.
- The QAS developed and implemented a short-term land acquisition strategy. The review was based on population growth predictions, and identified gaps in service delivery due to the predicted incident demand growth based on predicted population growth. Strategic land acquisitions were subsequently made for the development of future ambulance station sites and expansion of existing facilities.
- The QAS completed \$6.983 million of Minor Capital Works on new infrastructure projects and building upgrades at Mossman, South Brisbane, Redland Bay and Durack.
- The QAS developed and implemented a Strategic Capital Investment Plan. The plan considers and provides strategic guidance on land acquisitions, infrastructure requirements and improvements, fleet and operational equipment, and information and communication initiatives.
- Continued to make significant progress in addressing all eight Queensland Audit Office recommendations on high value medical equipment, including the completion of an asset stocktake, development of a forecasting model, revision of the Health Technology Equipment Replacement program and consideration of performance metrics.
- Delivered the *2017 Department of Health Total Asset Management Plan*.
- Progressed planning on priority infrastructure projects in the Building Better Hospitals Program, including the business cases for expansions at Caboolture Hospital, Logan Hospital and Ipswich Hospital.
- Implemented the government's Public Hospital Car Park Action plan, including the provision of additional car parking concessions and the development of car park business cases or detailed access options at priority sites.
- Developed and implemented a workforce analytics platform for all registered clinical workforce professions providing responsive, accurate, reliable and accessible workforce planning information including numbers, access by population, demographics, supply and demand projections, national comparisons, fact sheets, labour market research, locally based planning and comparative analyses.
- Approved commencement of the Queensland Health Integrated Data System establishment (QHIDSe) project. This state-of-the-art integrated information system will support existing and emerging data collection processes and enable business users to self-manage system reconfigurations to meet emerging requirements in a timely manner.



The system will include current generation Data Management solutions including shared functional services for collection processing such as validation and geocoding, and will be based on a metadata driven and governed approach to support data custodian requirements, compliance with state and national data standards and quality requirements.

- Delivered pathology results in patient discharge summaries, to patients' My Health Record.
- Selected the preferred vendor to replace the current AUSLAB Laboratory Information System as part of the Laboratory Information System (LIS) renewal Program. Following validation of the proof of concept, developed in collaboration with eHealth, clinicians and preferred vendor, a contract to complete implementation of a statewide Laboratory Information system by September 2020 was finalised.
- Commenced the General Chemistry and ImmunoAssay (GCIA) analyser automation project, to replace the aged GCIA analyser fleet across the state. The project will also investigate installation of automated sample management systems and connection of a middleware solution to simplify interfacing of instruments to the Laboratory Information System. Installing contemporary analyser solutions will reduce operating costs, improve service reliability and move testing closer to the patient by allowing a greater range of testing to be completed in laboratories across the state, rather than needing to be transported to major laboratories in larger hospitals.
- Implemented wireless information technology (iPads) to process crime scene samples for forensic chemistry and DNA analysis.
- Upgraded Public and Environmental Health chemistry laboratories to maintain capacity to perform testing for quarantine regulated samples.
- Completed Pilot 2 at Metro North HHS and Pilot 3 (implementing the myHR solution), at Mackay HHS of the Integrated Workforce Management Project. Project commencement approval is currently being sought for the statewide rollout of myHR. The myHR enables managers to approve changes in establishment electronically and employees to update some of their personal details.
- Continued to provide safe and sustainable integration of medical devices with electronic medical record systems through the provision of technical support for various digital hospital projects across the state.

## Develop and implement innovative approaches that enable sustainable, effective and rapid responses to opportunities and challenges.

### Key achievements:

- Under the eHealth *Queensland Digital Innovation Strategy*, released in September 2017, the following initiatives were completed to enable sustainable, effective and rapid responses to opportunities and challenges:
  - Establishment of a Digital Innovation Fund in 2017 to support pilot projects involving start-ups, industry, or researchers.
  - Completion of the Children's Integrated Mobile Passport and Clinician Connect applications.
  - Development of an Innovation Hub to encourage the flow of ideas and to facilitate collaboration across the healthcare system and with industry.
- Established a Catalyst Innovation Program to support and facilitate innovation engagement activities such as Hackathons, Yam Jams and Showcases that provide opportunities for start-ups, industry or researchers to pitch and showcase their digital health solutions to Queensland Health, and for Queensland Health to pitch problems to the marketplace for solutions.
- The QAS continued to investigate the viability of a referral pathway to 13HEALTH for suitable calls presenting to QAS Operations Centres. Demand for QAS services continues to escalate, with a percentage of this demand driven by calls, which may not require an emergency QAS response and may be managed through a referral to a confidential phone service that provides health advice to Queenslanders.
- The QAS delivered workforce forums with a part focus on shaping and designing the future of ambulance service delivery. The forums built on previous work undertaken in the 2016-2017 financial year and provided an opportunity for the QAS to consider the broader healthcare challenges across the whole healthcare system, the key challenges that will impact the QAS, and engage the participants in the development of practical service delivery solutions to meet these challenges.
- The QAS is developing a Nationally Accredited Certificate IV program for Patient Transport Service officers. This educational program provides current Patient Transport Officers with an educational career pathway to meet the growing demand in this cohort of patients and provides the QAS with an expanded and flexible workforce.



## Ensure state-of-the-art cyber security is in place across Queensland Health.

### Key achievements:

- Continued to manage cyber security risks with a dedicated team working around the clock scanning systems, investigating potential issues and raising awareness across the organisation. To ensure the organisation continues to improve in this area and meet emerging cyber threats and risks, there is an ongoing effort to meet the identified initiatives in the cyber security roadmap and strategies.
- Developed the QAS Cyber Security Plan for the 2018 Commonwealth Games with technical assurance provided by the Public Safety Business Agency.

## Strategic objective 3 – Equitable health outcomes

Improving health outcomes through better access to services for Queenslanders.

Performance indicators:


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

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

Key achievements:

- Completed implementation of \$35 million (provided over two financial years to 30 June 2018) of innovative projects including 25 integrated care initiatives implemented across 15 HHSs in partnership with six local PHN and community partners. The initiatives are being evaluated by the Australian Centre for Health Services Innovation to inform future investment in services and models of care across the state, with final outcomes of the evaluation reported in 2019.
- Developed Clinical Prioritisation Criteria (CPC) clinical decision support tools, to ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency.
- As at 1 January 2018, CPC have been developed for 257 conditions across 16 specialities. CPC relating to general medicine, cardiology, nephrology, respiratory, persistent pain and genetic health are under development.
- Continued to fund and support the roll out of CPC across HHSs in phases. Four proof-of-concept sites (Mackay, Sunshine Coast, Metro North and Metro South) originally rolled out CPC on 1 July 2016 (phase 1). An additional six sites (Cairns and Hinterland/Torres and Cape, Central Queensland, Darling Downs, Gold Coast, North West and West Moreton) commenced roll out on 1 January 2018. Remaining HHSs are to begin rollout from 1 July 2018 (phase 3).

- Invested in HealthPathways, a web-based decision support tool for general practice that includes information on clinical assessment, management and CPC referral information.
- Partnered with HHSs to identify and deliver an Integrated Referral Management System (iRMS) that will support a seamless integration from general practice to outpatient services, focusing on changing the way health services communicate and interact with primary healthcare providers.
- Continued work on the optimisation of The Viewer portal to deliver enhancements to support improved usability for general practitioners.
- Partnered with HHSs and PHNs to identify further innovative models of care that have the potential to drive effectiveness and efficiency in service delivery and optimise patient care.
- Continued to collaborate with HHSs and key stakeholder groups, to deliver on the short and medium-term service actions outlined in the *Care at the End of Life Implementation Plan 2015–2025*.
- Launched a statewide *Care at End of Life* public awareness campaign in October 2017 with the aim of normalising public discussion around death and dying and motivating people to plan their care at the end of life. Featuring real clinicians speaking from a professional and personal point of view, early findings from the campaign show there has been a significant increase in community and clinician engagement across Queensland.
- Continued implementation of *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* to develop a range of service models across the care continuum, in particular for community treatment, community support and community bed-based services.
- Invested \$50 million in service enhancements across the State to more effectively respond to individuals with the most severe mental illness or substance misuse. In 2019–20, \$75 million is planned for investment, increasing to \$100 million in 2019–20 and 2020–21. This injects a total investment in mental health, alcohol and other drug services over the life of the plan of \$350 million.
- Delivery of initiatives under the plan is taking place through HHSs and other State funded mental health, alcohol and other drug services, through non-government organisations. Investment during the reporting period included:
  - \$6.45 million to increase access to, and expand the range of specialist alcohol and other drug treatment services delivered by non-government organisations in the




community and to increase community-based alcohol and other drug counselling, pre- and post-treatment support and family drug support services.

- More than \$2.8 million to expand the Assertive Mobile Youth Outreach Service to support young people with complex mental health needs in priority locations including Mackay, Browns Plains, West Moreton, Sunshine Coast and Wide Bay regions, resulting in a total of 16 teams across the State.
- A new Acute Older Persons Mental Health Unit opened in December 2017 at the Gold Coast University Hospital.
- Investment of \$1 million to enhance specialised mental health and substance use assessment and treatment services provided to young offenders at Youth Justice Service Centres across South East Queensland.
- Committed \$3.3 million over four years from 2017–2018 for new Action on Ice initiatives to address use and harms caused by crystal methamphetamine. This investment supports:
  - Enhancing the capacity of the Alcohol and Drugs Information Service to respond to calls generated from the planned ice public awareness campaign.
  - Expanding services of Family Drug Support into central Queensland.
  - Delivering additional tailored training and resources for frontline health service providers.
  - Implementing community-led responses in Aboriginal and Torres Strait Islander communities, in partnership with the Queensland Aboriginal and Islander Health Council, to support more effective health responses.
- Implemented the Endoscopy Action Plan to improve access to gastrointestinal endoscopy services throughout Queensland. Approximately 10,000 additional endoscopies have been delivered across Queensland in 2017–18 to meet increasing demand and as a result, the number of people waiting longer than clinically recommended has significantly reduced. HHSs have also been funded to ensure access levels are sustained in 2018–2019.
- Three additional rural generalists are now being equipped to deliver more services locally, and twelve Endoscopy Coordinators have been employed in the busiest facilities to improve service coordination and delivery. Better information systems have been put in place at more facilities to capture outcomes post endoscopy and links with primary healthcare have improved the patient experience, as access to services are streamlined.



- The QAS is in the process of implementing an electronic Non-Emergency Patient Transport (NEPT) booking system to enable QAS customers, Queensland Health facilities and private medical facilities, to book, change and track their own NEPT requests.
- The QAS continued to review and use the LARU service model to provide improved patient access to additional referral pathways into primary and secondary healthcare systems. This service model has strengthened the hospital ED avoidance and hospital substitution strategy in reducing QAS transport of appropriate non-emergency patients to hospital EDs.
- Delivered a LARU enhanced educational program to all QAS paramedics undertaking operations in this specialist area, as well as being extended to isolated practice rural paramedics. This additional training and clinical scope of practice will further enhance patient treatment and whole-of-health system referral options.
- Commenced implementation of a mental health interventions strategy involving a whole of organisation review of the existing mental health intervention activities being undertaken to identify opportunities for improvement in existing QAS service delivery strategies based on best practice principles.
- The QAS completed a review of its Patient Transport Service (PTS), with benchmarking against other high performing patient transport services. The review focussed on the current state of PTS demand and the existing performance of the patient transport services, identifying best practice standards and opportunities to enhance these services to better meet the future needs of the community.
- Undertaken a detailed operational analysis of QAS response time performance, including benchmarking against other national and international ambulance services. The QAS is implementing the recommended strategies across the areas of demand management, call cycle management, service delivery models, and systems changes that form the basis of the implementation action plan. The strategies will support response time performance using practical solutions that are achievable with current resources to meet the needs of the Queensland community.
- The QAS successfully piloted the mobile data communication-VX-9 solution for the GC2018 Commonwealth Games, which was implemented in 30 Commonwealth Games ambulance support vehicles and continued to be implemented in the 2017-2018 vehicle build program.

- The QAS Business Intelligence Strategic Direction was developed and is being implemented through the *Business Intelligence Implementation Plan 2018*. The Business Intelligence Strategic Direction will progress the delivery, maintenance and continuous improvement of an integrated, enterprise-wide business intelligence approach which delivers quality, timely and accurate information to drive better decision making.
- Completed market engagement to develop the QAS ICT Portfolio Management Framework and establish a QAS Portfolio Management Office.
- Progressed the QAS ICT As-a-Service agenda which will be further continued during 2018–19.
- Undertook comprehensive health service planning across the state to inform investment in the right services, at the right place and at the right time. This includes identifying the things that can be done differently or better to improve access to services, ensure health services are sustainable and make the best use of innovative technology, to bring services closer to home or improve access in rural and remote locations.
- Delivered the *Grow your Own Health Workforce in Queensland* Project. This project identified and assessed current initiatives and programs that support career development for current and future employees in the health industry. A feasibility report and an online resource hub were developed. The report and hub articulated processes and provided information and tools to facilitate the implementation of place-based grow your own workforce models throughout Queensland.
- Formed the Health Workforce Leaders Group, which is comprised of members from Queensland Health, peak bodies, TAFE Qld, private hospitals, universities and primary health networks. This group was established to identify common issues and potential partnership opportunities amongst stakeholders, with a particular focus on education to employment pathways and grow your own workforce initiatives.
- Participated in a newly formed National Integrated Health Services Information Advisory Committee to support the Australian Institute of Health and Welfare development of enduring national repository of linked or linkable health data. This includes state and territory hospitalisation data and national data collections including MBS, PBS, Residential Aged Care and the National Death Index. This resource will be used to inform contemporary health policy development, and the planning and monitoring of health service delivery.
- Worked with the Allied Health Professions' Office of Queensland to investigate whether there are differences in admitted patient rehabilitation care after a stroke by remoteness



of residence in Queensland, to inform evaluation and planning of sub-acute models of care.

- Provided advice and linked data to support the development of evidence-based planning and policy related to renal dialysis, older persons and the National Disability Insurance Scheme.
- Piloted an anatomical pathology digital imaging system in Townsville. Transmission of digital histology images across the network provides simplified access to expert opinion from pathologists who specialise in lymphoma diagnosis and ensures provision of specialist advice at lymphoma multi-disciplinary meetings.

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

#### Key achievements:

- Hosted the Queensland Clinical Senate's '*Growing Deadly Families: a healthy start for mums and bubs*' forum on 3 August 2017. The forum focused on the needs and expectations of Aboriginal women and Torres Strait Islander women, and identification of opportunities for improvement for Queensland Health. These included:
  - Partnering to identify goals, co-design, implement and evaluate an integrated maternal healthcare system.
  - Community empowerment, including appropriate leadership and governance arrangements.
  - Changing the workforce to reflect the community and its needs, i.e. enhancing the Aboriginal and Torres Strait Islander maternal health workforce.
  - Culturally appropriate wrap-around social and family services including midwifery, clinical care and comprehensive primary healthcare.
  - Establishing an additional Action Group within the Statewide Maternity Services Forum, to progress the work associated with improving maternity services for Aboriginal women and Torres Strait Islander women and their families.
- Established an additional Action Group within the Statewide Maternity Services Forum, to progress the work associated with improving maternity services for Aboriginal women and Torres Strait Islander women and their families.

- Continued the statewide *B. Strong Indigenous Brief Intervention Training Program*, to build the capacity of Indigenous Health Workers, QAS staff and other health and community service providers to deliver nutrition, physical activity and quit smoking advice to Aboriginal and Torres Strait Islander clients. Between July 2017 to June 2018, 44 face-to-face workshops were delivered and 591 staff trained; 45 participants completed training through e-Modules, with 77 participants in the process of completion.
- Delivered the Healthy Indigenous Communities project in three Aboriginal and Torres Strait Islander Shire Councils in Cape York (Napranum, Wujal Wujal and Mapoon) to develop and implement community-led strategies to create healthy food and smoke-free environments. Community assessments identified a need for intensive community engagement strategies to increase readiness to change.
- Continued to deliver the Safe and Healthy Drinking Water Pilot Project in the Torres Strait Islands. To date, project delivery has been completed in seven of the 15 Torres Strait Island Regional Council communities. An independent review of the project delivered in March 2018, was very favourable and highlighted numerous successes. The project was showcased in the Queensland Health 2017 Closing the Gap Performance Report and at the OzWater 2018 national conference and exhibition.
- Conducted the 11th National Aboriginal and Torres Strait Islander Environmental Health Conference in September 2017 in Cairns, Queensland. The conference was delivered in collaboration with the National Environmental Health Committee and Environmental Health Australia. The conference was attended by 150 delegates from across Australia including Indigenous Environmental Health Practitioners. It presented a unique opportunity to show case Queensland's work and sharing of ideas to further enhance initiatives to improve environmental health conditions in Aboriginal and Torres Strait Islander communities.
- Incorporated discussion on the Statement of Action towards Closing the Gap in health outcomes at the HHS Performance Review meetings. This provided a greater focus on reviewing growth in the Aboriginal and Torres Strait Islander workforce, linkages with the community and increased visibility and accountability of initiatives to improve Aboriginal and Torres Strait Islander health. The meetings also focussed on ensuring that funded initiatives are being delivered to ensure better health outcomes for Indigenous Queenslanders, for example the various 'making tracks' initiatives and other specific programs such as \$1.8 million for the Indigenous Respiratory Outreach Care and Spirometry training in Metro North HHS.


- Developed and implemented a dedicated Closing the Gap performance reporting dashboard, providing performance and outcome information and variation across local geographies. The dashboard is accessible to officers in the Aboriginal and Torres Strait Islander Health Branch to inform decisions regarding programs and initiatives.
- Launched a capacity building program that enabled a staff member from the Aboriginal and Torres Strait Islander Health Branch to collaborate with the System Performance Branch and prepare an insight report, improve the Closing the Gap performance reporting dashboard and contribute to further performance reporting and insights relating to Closing the Gap measures.
- The QAS currently has 38 recruits engaged on the Aboriginal and Torres Strait Islander Paramedic Cadet Program, and the Culturally and Linguistically Diverse (CALD) Paramedic Program, which provides a vital link between the Indigenous and CALD communities, and pre-hospital patient care. The program supports employment within Indigenous and CALD communities and was further enhanced with three new paramedic cadet positions created in 2017-2018 at Mossman and Hervey Bay stations. Paramedic cadets are now employed in, Bundaberg, Charleville, Cooktown, Doomadgee, Hervey Bay, Ipswich, Kirwan, Kawana, Mount Isa, Normanton, Palm Island, Ravenshoe, Rockhampton, Springfield, Thursday Island, Woodridge, Mornington Island, Mossman, Spring Hill, Durack, Woorabinda, and Yarrabah.
- A Clinical Support Officer (Indigenous Cadet Coordinator) was recruited within the Cairns and Hinterland LASN to provide education and support to the eight indigenous cadets across the Cairns and Hinterland, and Cape York LASNs.
- The QAS continued the Field Officer program at Horn Island, Coen, Kowanyama, Cooktown, and Weipa which has allowed QAS field officers to work with very remote and isolated communities to enhance the capacity of these communities to prevent and better respond to healthcare emergencies and illness.
- Partnered with the Central Queensland University to provide support and pathways for QAS Indigenous and culturally diverse officers to advance their clinical skills and education through to Bachelor degree level. In addition, the QAS Education Centre recruited a Senior Clinical Educator-Cultural Capability officer to support, improve and deliver the QAS Indigenous Paramedic Program and CALD Program. From this a two-week Indigenous Paramedic Program and Culturally and Linguistically Diverse Program workshop for 20 cadets.

- The QAS implemented a program whereby selected QAS employees are positioned as Indigenous Liaison Officers and Cultural Capability Champions to provide support to the organisation and its employees. The network event was launched at Kedron in October 2017 to jointly articulate the expectations and requirements for these roles. Work continues with bi-monthly meetings and bi-annual network face to face sessions.
- In the third and final year of the Making Tracks Investment Strategy 2015–18, Queensland Health invested more than \$100 million in Aboriginal and Torres Strait Islander-specific health services in 2017–18. The majority of the funding was allocated to HHSs and Aboriginal and Torres Strait Islander community controlled health organisations (AICCHOs) to enhance targeted services and improve efforts to close the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Priority areas of investment were:
  - A Healthy Start to Life — programs supported included an expansion of the Birthing in Our Community program, where the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service Brisbane work in partnership with the Mater Mothers Hospital to provide continuity of care to women birthing an Indigenous baby; and continued support for the Deadly Ears program, which delivers specialist outreach ear health clinical services and capacity building in communities across rural and remote Queensland.
  - A Healthy Transition to Adulthood — key areas supported include youth mental health services, such as mental health transition services at the Brisbane Youth Detention Centre; and a boost to sexual health services delivered by AICCHOs, integrated with the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*.
  - Preventing and treating chronic disease — continued support for multidisciplinary healthcare service delivery by HHSs and AICCHOs. This included funding provided for the establishment of a new primary healthcare clinic at Hervey Bay operated by the Galangoor Duwalami Primary Healthcare Service, development of the *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018–2021* and ongoing support for the Better Cardiac Care project at Metro South HHS.
  - Improving access and the patient journey — this includes ongoing support to HHSs for hospital liaison services and implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*, and to AICCHOs for initiatives such as the regional care coordination initiative delivered by the Institute for Urban Indigenous Health.



- Innovation — this includes continuing to implement innovative, evidence-based models of service delivery in areas of high need, such as culturally appropriate home-based outreach case management and coordination services, and progressing the transition to community control of primary healthcare services in suitable locations.
- Established a partnership between the Aboriginal and Torres Strait Islander Health Branch, the Mental Health Alcohol and Other Drugs Branch and the Queensland Mental Health Commission to progress the implementation of the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* and collaborate on Aboriginal and Torres Strait Islander mental health initiatives.
- Supported the delivery of the Queensland Government’s Ministerial and Government Champion program in the communities of Coen, Pormpuraaw and Mornington Island.
- Continued to drive the implementation of the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*. The plan is supported by \$15.7 million over its first three years, and aligns with the *Queensland Sexual Health Strategy 2016–2021*. It is specifically aimed at reducing the burden of sexually transmissible infections for Aboriginal and Torres Strait Islander people in north Queensland.
- Produced annual Indigenous Key Performance Indicators (KPIs) which provide a current view of the performance of Queensland and each HHS and shows the future targets which are required if Queensland is to close the gap within a generation.
- Continued work with HHSs in the provision of unit record data via secure electronic mechanisms to support the HHSs in evaluating the effectiveness of the programs and services in decreasing the number of Aboriginal and Torres Strait Islander people who were admitted for potentially preventable condition(s). In addition, the data will help monitor the progress in reducing the number of Aboriginal and Torres Strait Islander patients who discharge themselves from hospital against medical advice.
- Provided linked data to enable research for a national project looking at care pathways and outcomes for rheumatic heart disease.
- Linked data on Bacillus Calmette-Guerin (BCG) vaccinations to admitted patient data to obtain country of birth and Indigenous status to inform a Queensland Health policy review of BCG vaccination recommendations and to assess data quality for these fields in the Vaccination Information and Vaccination Administration System.
- Over the past 12 months, the Health Contact Centre (HCC) has interacted directly with clients to assist in closing the health gap for Indigenous peoples. Quitline provided 3222






quit-smoking support sessions to Aboriginal and Torres Strait Islanders. On average each month, 4.73 per cent of callers to 13 HEALTH identify as Aboriginal and Torres Strait Islanders.

- In January 2017, the Health Contact Centre commenced the Bubba Jabs on Time initiative, a program to follow up Aboriginal and Torres Strait Islander children up to 12 months of age who are overdue for vaccinations. Since that time, the HCC has followed up over 2,133 children, with the objective of closing the gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children.
- Successfully lead and delivered on the 11th National Aboriginal and Torres Strait Islander Environmental Health Conference in Cairns. The aim of the conference is to increase the understanding and awareness of environmental health issues in Aboriginal and Torres Strait Islander communities, with a key focus on Aboriginal and Torres Strait Islander environmental health practitioners. The conference was attended by more than 160 practitioners from across Australia.

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


Key achievements:

- The Advance Health Directive (AHD) for Mental Health Advisory Committee was established to provide input into the training resources and provide advice to assist health professionals to develop AHDs. The committee was chaired by the Chief Psychiatrist and included clinicians, consumers, carers and advocacy services. Associated training has been rolled out across the 16 HHSs with a total of 44 training sessions.
- Forty-three best practice procedure specific informed consent forms and patient information sheets have been reviewed and published. Informed consent is an integral component in the provision of quality, patient-centred healthcare.
- The *My health for life* program has collaborated with the Urban Institute of Indigenous Health to guide development and pilot testing of culturally appropriate program materials for use within urban Indigenous communities, with the aim of increasing engagement of eligible Aboriginal and Torres Strait Islander people in telephone or group-based healthy lifestyle programs.
- Similarly, the *My health for life* program has worked with the Ethnic Communities Council of Queensland to support development and implementation of culturally tailored



materials, including the translation of program materials into Chinese, Mandarin, Vietnamese, Arabic and simplified English.

- The QAS has developed the *QAS Diversity and Inclusion Strategy 2017–2022* that provides commitment and intent to improve workforce diversity and the cultural capability of the workforce.
- Continued to deliver on its commitments through the *QAS Aboriginal and Torres Strait Islander Cultural Capability Action Plan 2015–2018*, outlining how the QAS will deliver on the whole-of-government commitment through a range of strategies to improve cultural awareness and to ensure employees are equipped to deliver culturally appropriate, responsive patient care. Outcomes include:
  - Established an Indigenous Liaison Officer and Cultural Capability Champion network with approximately 50 members across the State who assist with awareness programs for all employees and increase understanding and recognition of cultural capability issues.
  - Launched the Aboriginal and Torres Strait Island Cultural Practice online training program, which provides an overview of cultural capability issues for Aboriginal and Torres Strait Islander people and communities.
  - Continued its commitment to Indigenous Paramedic recruitment with another intake of new indigenous employees commencing with the QAS in May 2018. This program is assisting to promote employment in Queensland's communities, and to enhance ambulance service delivery in remote and rural communities.
  - Commenced work on a QAS Indigenous Scholarship Framework to support Aboriginal and Torres Strait Islander people to gain employment with the QAS as well as assist existing employees to gain further qualifications.
  - Launched a project to develop its own Indigenous artwork for use across the service.
- Commenced work on renewing the QAS Aboriginal and Torres Strait Islander Cultural Capability Action Plan, and it is anticipated that a revised three-year action plan will be approved in late 2018.
- The QAS, on behalf of Queensland Health, hosted an event on 25 May 2018 at its Kedron Park headquarters, to acknowledge National Sorry Day.
- The QAS trained an additional 51 Peer Support Officers and provided refresher training to 93 current Peer Support Officers through central and localised training courses. This includes additional specific training provided to eight Lesbian, Gay, Bisexual,




Transgender, Queer and Intersex (LGBTQI) Peer Support Officers from across the state to advance inclusion across QAS.

- The QAS continued to support and provide a placement for vision impaired participants in Queensland Health's, Work Able Inclusion Placement Program.
- Undertook a strengths-based external review of the implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*. The review focused on identifying gains achieved and providing a roadmap for moving forward in achieving system-wide cultural capability to better meet the needs of Aboriginal and Torres Strait Islander Queenslanders. The external consultants submitted a final report with 38 recommendations in December 2017. It is intended that, as a result of this review, Queensland Health will start a new and reinvigorated round of actions to embed cultural capability into the design, delivery and evaluation of health services and achieve broader and deeper system reforms.
- Pathology Queensland, in conjunction with the Indigenous Cardiac Outreach Program continues to provide training of indigenous healthcare workers to gain a qualification in pathology specimen collection. This program supports expansion of the role of indigenous healthcare workers in their local communities.
- Services of 13 HEALTH and Quitline continued to be accessible via the National Relay Service for hearing impaired and deaf consumers, and the Telephone Interpreter Service for clients preferring another language. The Health Contact Centre also employs identified counsellors to provide culturally responsive quit smoking support to Aboriginal and Torres Strait Islander consumers.

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

### Key achievements:

- The Quitline service continued to provide intensive quit smoking interventions for population groups with higher smoking rates or at high risk of harm, including socioeconomically disadvantaged groups, indigenous people, those from regional, rural and remote areas, blue collar workers, and pregnant women and their partners. From July 2017 to June 2018, more than 5,000 smokers participated in an intensive quit support program (multiple support sessions combined with the provision of free nicotine replacement therapy). Quit rates for participants who complete the program—53 per cent



quit at program completion and 27 per cent quit six months post program completion (note: these quit rates are based on participants in 2016 and 2017 calendar year).

- The *Multicultural Healthy Lifestyle Program* targeted nine priority or emerging CALD communities within ten HHSs, to address preventable chronic conditions such as cardiovascular disease, type 2 diabetes, chronic renal disease, and lifestyle related cancers.
- Implemented Quality Improvement Payments (QIPs) targeted at evidence-based preventative health activity including smoking cessation, cardiac rehabilitation and staff immunisation. These schemes have been effective in incentivising more preventive health interventions. For example, there has been a nearly fivefold increase in the proportion of identified smokers who receive a smoking intervention (equates to over 52,000 completed pathways) since the smoking cessation QIP commenced. The QIP for staff immunisation also resulted in all participating HHSs achieving the minimum target threshold.
- Introduced a new purchasing hierarchy to increase the focus on prevention and chronic disease by aligning purchasing with specific conditions rather than solely with mode of treatment such as inpatients or outpatients. This will run as a shadow model in 2018-2019 and will help increase visibility of healthcare spending in these areas.
- Funded HHSs to implement new initiatives to support prevention and better management of chronic disease including nurse navigators and programs to support patients with chronic disease in the community such as the McCare program in West Moreton and the Integrated Care Project in Gold Coast.
- Released the *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021*. This will include investment in Nurse Navigator positions, enhancement of the Queensland Rheumatic Heart Disease Register and Control Program, development of patient resources and clinical education sessions. The action plan also includes actions to improve clinical management of Aboriginal and Torres Strait Islander people with acute rheumatic fever and rheumatic heart disease, as well as building clinical and community awareness to support earlier diagnosis or prevention.
- Continued to support the provision of Aboriginal and Torres Strait Islander counsellors on Quitline.
- Provided linked data and advice to inform planning for renal services in Queensland.
- Pathology Queensland's continued investment in point-of-care testing devices facilitated diabetes testing in remote locations by allowing clinicians to assess patients' diabetic control and amend treatment where required. This initiative assists in reducing the

number of long-term complications that develop in patients with poorly controlled diabetes.

## Implement the Specialist Outpatient Strategy: Improving the patient journey by 2020.

Key achievements:


- The *Specialist Outpatient Strategy: Improving the patient journey by 2020* further details initiatives designed to tackle specialist outpatient waiting lists and improve access to specialist services. In partnership with HHSs and other stakeholders, these initiatives aim to improve a patient's whole journey from general practitioner referral to outpatient appointment, diagnostic procedure, any required intervention and recovery.

A key driver is the development and implementation of CPC, which help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency. CPC are used by referring practitioners into the Queensland public hospital system and Queensland public specialist outpatient services, when determining how quickly the patient should be seen.

The key to the success of CPC is clinician involvement at every step of development and implementation. Individual criteria are developed by Clinical Advisory Groups for relevant medical specialties made up of interested clinicians from across Queensland who work in allied health, general practice, nursing and specialist care. Clinical Advisory Groups are formed through an expression of interest process. Any clinician with relevant expertise, experience and/or interest is welcome to join as many groups as they choose, and to contribute as and when they are able.

CPC are being developed in phases and are reviewed regularly. Currently, phase 1 and 2 consist of 257 conditions across 16 specialties and phase 3—relating to general medicine, cardiology, nephrology, respiratory, persistent pain and genetic health—are under development.


The strategy also commits to delivering more telehealth specialist services for the people of Queensland. The Queensland population is the most decentralised of any mainland state in Australia with approximately 56 per cent living outside of the Brisbane metropolitan region and about 34 per cent outside of the South-East corner. Queensland currently has the largest managed telehealth network in Australia, with more than 8,000 hardware and software-based videoconferencing systems deployed in over 200 facilities. Outpatient (non-admitted) telehealth service events reported by Queensland Health across the State has increased 40 per cent on average, each year since 2013–14.



To further drive growth in the use of telehealth enabled outpatient services for patients in regional, rural and remote areas, a target of 88,295 events for 2018–19 has been set.

The iRMS clinical and process redesign solution will support a seamless integration from general practice to outpatient services, focusing on changing the way health services communicate and interact with primary healthcare providers, supported by the implementation of information and communication technology components. The solution will provide the following:

- Clinical Referral Workflows: best practice workflow solutions to support the timely and safe transfer of care from primary care providers to health services
  - Statewide Referral Service Directory: providing details of all health service clinical locations and the necessary business rules supporting referral lodgement
  - External eReferral: allowing external health providers to create and submit a referral from either their existing practice software or from HealthPathways
  - Internal eReferral: allowing clinicians to create and submit a referral for existing patients
  - Referral Lodgement and Tracking: a statewide service to allow the lodgement and tracking of both external and internal referrals.
  - Further information is available via: <https://clinicalexcellence.qld.gov.au/improvement-exchange/new-sopd-moc>
- Expanded the allied health scope of practice in Queensland to improve Queenslanders' access to timely, appropriate and quality healthcare. The *Allied Health Expanded Scope of Practice Strategy 2016–2021* identifies four priority areas including:
    - Expanding allied health scope of practice to improve patient access to value-based healthcare.
    - Developing and promoting research to demonstrate quality and value.
    - Developing sustainable workforce training models and pathways to support expanded scope roles.
    - Continuing to maximise opportunities for and address persistent challenges to allied health expanded scope of practice.
  - Established a number of primary contact allied health positions in outpatient, emergency department and inpatient settings. Primary contact allied health services will assist health services to meet key performance indicators and deliver on Queensland Health policies, including *My health, Queensland's future: Advancing health 2026* and the *Specialist Outpatient Strategy: Improving the patient journey by 2020*.

- 
- Commenced a research trial to investigate the safety and patient experience of physiotherapists in primary contact emergency department roles prescribing medicines for musculoskeletal conditions. The trial involves five sites across Queensland and no serious adverse events attributable to physiotherapy prescribing have been reported. There is good acceptance of the model of care within the multi-disciplinary team and very high levels of patient satisfaction. Having the ability to incorporate prescribing into these roles will enable patients to receive quicker access to appropriate care and medicines, and allow medical and nursing staff to be released to manage more complex patient presentations.



## Strategic objective 4 – High performance

Responsive, dynamic and accountable management of the department and of funding and service partnerships.

Performance indicators:

- Collaboratively manage system performance against agreed key performance indicators in health service providers' contracts and service agreements.
- Purchasing plans are implemented for all strategic priorities to enable delivery and system sustainability.
- An increase in clinicians, patients and providers participating in purchasing and performance management processes.


Utilise data, evidence, funding and performance levers to drive sustainability through value based delivery of health services in Queensland.

Key achievements:

- Continued to publish, on the Hospital Performance website ([www.performance.health.qld.gov.au/](http://www.performance.health.qld.gov.au/)), up-to-date data on the activity and performance of a number of health service areas, including emergency departments, elective surgery, hospital activity, oral health, patient experience, health workforce, healthcare infection rates, specialist outpatients, BreastScreen, immunisation and radiation services.
- Released a discussion paper ([www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/667504/discussion-paper-patient-safety-reporting.pdf](http://www.health.qld.gov.au/_data/assets/pdf_file/0028/667504/discussion-paper-patient-safety-reporting.pdf)) on expanding healthcare quality and patient safety reporting across Queensland's health system, seeking community views on the collection, reporting and use of healthcare quality and patient safety information in Queensland.

There were 135 responses received from individual submissions (patients, clinicians and health administrators) and interested organisations representing nurses, doctors, lawyers, pharmacists, public hospitals and private hospitals. The responses were overwhelmingly supportive of public reporting on safety and quality across public and private hospitals within Queensland. Public reporting was seen to support a safety and quality culture, increased transparency and to drive improvements in performance.

The options on how to progress public reporting in Queensland are currently being considered and include the best information to provide and how to provide it.



In the meantime, the department continues to collaborate with other States and Territories to progress public reporting at a national level.

- Commenced work to build organisational capability and understanding of measuring 'value' in healthcare. This work will inform future planning and decision-making while supporting improved use of resources to achieve greater patient outcomes per dollar spent.
- Continued to work with HHSs to develop and action Annual Healthcare Delivery plans. These plans identify local priorities while capturing strategic commitments.
- The QAS developed the Patient Access Coordination Hub (PACH) dashboard application in collaboration with the HHSs. This dashboard provides HHSs with real time QAS incident visibility, including incident syndromic surveillance, and community demand across HHSs. Through the utilisation of this dashboard, factors effecting HHS capacity and mitigation strategies can be identified early, improving the patient journey through the health system.
- The routine and historical provision of QAS data for integration into the Queensland Health Master Linkage File (MLF) was endorsed by the QAS Board of Management. There was no previous arrangement in place for the QAS to access any outcome related information for patients treated by the QAS and transferred to hospital. The strategic alignment of the QAS into Queensland Health, presented an opportunity to establish on-going data sharing arrangements. Following initial data profiling, model development and rigorous testing, Queensland Health Data Linkage Unit are now ready to commence near-real time integration of QAS data into the MLF. This initiative will allow the QAS to examine patient outcome following transport to a Queensland Health facility, enhance QAS performance analysis, and facilitate targeted clinical quality audit and research.
- Released the annual Queensland Health Aboriginal and Torres Strait Islander Closing the Gap Performance Report 2017 (The CTG Report). The CTG Report charts progress in achieving health gains and improving system access for Aboriginal people and Torres Strait Islander people in Queensland against the Council of Australian Governments' targets and performance indicators including life expectancy and child mortality. Improvements noted from the previous year's report include:
  - Continued decrease in child mortality rates.
  - Fewer older Aboriginal and Torres Strait Islander Queenslanders dying from cardiovascular disease.

- More Aboriginal and Torres Strait Islander women attending an antenatal appointment in their first trimester.
- Decrease in the number of Aboriginal women and Torres Strait Islander women smoking during pregnancy.

While noting these achievements, the report reflects that a more focussed effort, particularly around meaningful engagement with Aboriginal and Torres Strait Islander people, is required to achieve health equality for Aboriginal and Torres Strait Islander people in Queensland.

- Entered into a partnership with the Menzies School of Health Research to undertake research to better understand barriers to accessing optimal cardiac disease care pathways for Aboriginal people and Torres Strait Islander people.
- Developed information solutions to facilitate ongoing access to relevant linked data for public hospitals, to enable review of complex health performance and system issues such as readmissions across all public facilities to assist with value-based purchasing policy.
- Developed a Pathology Utilisation Management Program database to enable HHSs to review and compare their pathology usage across the state. Intervention to reduce the inappropriate use of pathology testing improves the patient experience and reduces waste.
- Provided the Procurement Insights to HHS customers on a monthly basis. This report provides an overview of statewide and regional sourcing activity in progress, expiring contracts and a summary of benefits enabled in the financial year to date.


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

Key achievements:

- Delivered phase 1 of the Suicide Prevention Health Taskforce Action Plan including:
  - A range of communications with peak bodies regarding inclusion of lived experience voice in available suicide prevention training available for GPs and most suitable avenue for consultation and communication with GPs.
  - Provided funding to Metro North HHS for the Partners in Prevention project to enhance first responders' attitudes, knowledge and skill development needs.
  - Conducted statewide consultation with School Based Youth Health Nurses and Ed-LinQ Coordinators.

- Engaged an Indigenous consultant to enhance existing eLearning content to reflect necessary cultural considerations for Aboriginal people and Torres Strait Islander people.
  - Established the Zero Suicide in Healthcare Multi-site Collaborative with an inaugural learning session held 13–14 February 2018, ongoing virtual learning sessions and whole of service workforce online survey launched on 16 May 2018. Results will inform participating HHS staff responsiveness for adaptation to change, monitoring and planning for future education and training to fully implement the Zero Suicide framework.
  - Engaged Brook RED and Flourish to develop, test and evaluate a service delivery model for lived experience peer support for individuals experiencing a suicidal crisis.
  - Developed a suicide prevention Health Pathway in collaboration with GP Clinical Editors, currently in finalisation.
- Commenced the first stage of implementation of the Opioid Substitution Treatment (OST) program in Queensland prisons. The OST program is the legal use of medicines (methadone and buprenorphine), prescribed and administered by health professionals, to treat opioid dependence. Expanding the OST program to all prisons was a recommendation of the Queensland Parole System Review with the Queensland Government subsequently committing \$265 million over six years to implement 89 of 91 Review recommendations.
  - Collaborated closely with Queensland Corrective Services to introduce or expand OST across Lotus Glen (Mareeba), Townsville Men and Women's, Brisbane Women's, and Numinbah (Gold Coast) Correctional Centres. Monitoring and evaluation of stage one implementation will then inform final plans for full implementation across the State.
  - Committed \$1.5 million for targeted health related services to support the transition of 17 year olds from Queensland's adult justice system to the youth system which formally commenced from February 2018 following proclamation of the *Youth Justice and Other Legislation (Inclusion of 17-year-old Persons) Amendment Act 2016*. Dedicated mental health, alcohol and other drug resources to support residents of supervised community accommodation services are now established in Townsville, Carbrook and Logan Reserve.
  - Continued recurrent funding for court liaison services for young people that commenced under *Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*.

- Negotiated and executed Service Agreements with 16 HHSs for the 2017-2018 financial year. The service agreements include information on funding levels, activity targets and agreed performance objectives against key performance indicators. The Department of Health monitors performance against targets and objectives in the service agreements and meets on a quarterly basis with each HHS to discuss outcomes and performance related to the service agreements.
- The QAS worked closely with the PSBA, to maintain and improve the quality and reliability of QAS's critical communications and other technical systems.
- The QAS continued to work collaboratively with GOLDOC, Local, State and Federal Government and other non-government organisations including working groups and committees with the QPS, Transport Coordination Centre Transport Advisory Group, and other key stakeholders.
- The QAS, worked with GC2018 Commonwealth Games Host Cities HHSs, GOLDOC Medical Functional area and Office of the Commonwealth Games to effectively deliver health and medical services, through an integrated cross-agency approach, for the GC2018 Commonwealth Games.
- The QAS continued to participate in the Emergency Services Management Committee (ESMC) comprising of department, QAS, HHS and union representatives, to monitor hospital emergency access performance and identify tactical solutions to common issues faced across the health system.
- The QAS, in conjunction with the Metro South HHS, have reviewed and implemented a distribution model to assist with the Mater Adults Hospital initiative.
- The QAS has worked with the Gold Coast HHS to provide improved real time QAS incident visibility and pending ambulance arrivals across HHS.
- Continued QAS representation on the National Stroke Foundation for the 2016 Guideline Review (Working Party) to ensure appropriate development of pre-hospital specific guidelines aimed at early stroke recognition and referral.
- Continued to provide QAS representation on the National Heart Foundation Australia and Cardiac Society of Australia and New Zealand, to ensure appropriate development of pre-hospital specific guidelines aimed at early heart attack recognition and treatment and/or referral.
- The QAS collaborated with the Statewide Cardiac Clinical Network to contribute data relating to pre-hospital processes for ST-elevation myocardial infarction patients to the



Queensland Health Cardiac Outcomes Registry (QCOR). QCOR is a structure established to track the quantity and quality of cardiac interventions in public patients in Queensland.

- The QAS contributed to the Queensland Health Suicide Prevention Taskforce to provide strategic knowledge and experience regarding the emergency response to suicide, and collaborate with other local service providers to develop appropriate prevention strategies and deliver effective care.
- Participated in the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP). Membership also includes the Queensland Aboriginal and Islander Health Council and the Australian Government's Department of Health. QATSIHP is convened to implement the tripartite Agreement on Queensland Aboriginal and Torres Strait Islander Health and Wellbeing 2015-2020. This Agreement and partnership provides a structured and meaningful mechanism for all sectors to share information, consult and progress the implementation of policies and programs that aim to address and improve the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.
- Provided a portfolio of relevant hospital activity and health-related data to Primary Health Networks (PHNs), enabling PHNs to develop appropriate service needs plans to better deliver local targeted primary healthcare services.
- Developed a new pricing framework that reflects the cost of delivering services in each pathology laboratory. The new pricing framework provides HHSs with a mechanism to collaborate with Pathology Queensland to co-design cost-effective services that meets their clinical and financial needs. This initiative further provides customers with greater transparency over their pathology costs and the ability to benchmark those costs against other HHSs.
- Partnered with the 'Choosing Wisely' team at the Gold Coast University Hospital to reduce pathology ordering by two per cent, despite a 10 per cent increase in patient activity. This collaboration included education, formulation of care pathways, audit and feedback. This initiative demonstrates that proactively managing pathology ordering can lead to real cost savings which can be diverted to provide additional patient care services.
- Developed a Forward Procurement Schedule (FPS) for HHSs that aligns with HHS priorities, addresses contract expiry risks and identifies opportunities to deliver benefits to the health system. The FPS is published on the QTenders website.

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

### Key achievements:

- Led the implementation of the Queensland Health non-government organisation (NGO) Quality Framework in response to recommendation 2 of the Barrett Adolescent Centre Commission of Inquiry Report including sector consultation, and consumer and carer engagement to inform quality priorities for NGO mental health services. Similar activities have guided the setting of quality pathways for NGOs funded to deliver palliative care and Aboriginal and Torres Strait Islander services.
- Developed a set of supporting indicators to provide a deeper understanding of HHSs performance against key performance indicators in the HHS service agreements.
- Applied the HHS Performance Framework to monitor and manage the performance of HHSs across Queensland. The framework supports effective and responsive performance management arrangements for Queensland's public health services, including identification of appropriate performance measures, and provision of accurate and accessible information on performance. Key focus areas have been access to Emergency Departments, waiting times for specialist outpatients, elective surgery and endoscopy. Initiatives such as the Winter Beds strategy, bariatric surgery, Specialist Outpatient Strategy, Endoscopy Action Plan and refugee health screening have assisted to improve access to services. Financial performance and capital expenditure against forecast have also been closely monitored to ensure balanced budgets and achievement of key deliverables.
- Developed a suite of Insights reports that monitor variations in performance, utilisation and demand for services. These reports provide valuable information for decision-makers through the identification of opportunities for performance improvements.
- Submitted all relevant health sector National Minimum Datasets and other relevant national Data Sets to the Australian Institute of Health and Welfare (AIHW), and worked cohesively with the AIHW to check and approve release of a suite of standardised hospital and health outcomes data that allowed benchmarking of Queensland's performance against other states and territories, and comparison against peer public hospitals.
- Continued the linkage and supply of linked data to evaluate cardiac services for the Queensland Cardiac Outcomes Registry.



- Assisted Children's Health Queensland with an evaluation of its service to children suffering from persistent pain. The cohort of acute and chronic pain patients was linked to hospital admissions and Emergency Department presentations prior to and following referral to the service.

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

### Key achievements:

- Provided safety and quality key performance indicator reports quarterly to HSCEs to assist in monitoring patient safety and quality.
- Engaged with Children's Health Queensland to build a new web-based system for the management of the Surgery Connect program. The new system, namely SCAN (Surgery Connect Activity Navigator) targets improvements in workflow, data integrity, automated processes, information management and reporting areas. The new system will also improve the timeliness of service access as well as oversight of the patient journey and account management.
- The Commissioner of QAS continued as a member of the System Leadership Team, System Leadership Forum and the Departmental Leadership Team. Executive team members represent the QAS as members or participants on governance committees within Queensland Health and the PSBA.
- Updated the QAS Learning Management System to capture all QAS staff (including public servants) annual performance and development plans. This new system consolidates all individual performance and development plans into a single repository for ease of performance reporting and management.
- The QAS conducted a comprehensive review of the QAS performance management framework to strengthen its organisational capability. Through the performance management framework, a reporting and planning framework was developed that focusses on strategic and operational performance measures, with a comprehensive manual supplementing the work. The framework is intended to commence a staged implementation in 2018-2019.
- The QAS continued to conduct LASN Integrated Performance Reviews regularly across the various domains including, service delivery, care of patients, care for staff, and value for money. Additionally, Performance Reviews were also completed in preparation of support to GC2018 Commonwealth Games.

- Provided linked data to support the evaluation of nurse-to-patient ratios in Queensland Health facilities. Queensland University of Technology and the University of Pennsylvania School of Nursing, focussing on quality indicators and staff satisfaction, are jointly undertaking this study.

## Determine capital funding prioritisation through evidence-based research, planning and investment governance.

### Key achievements:

- Announced capital funding of \$156.2 million for 10 capital works projects which deliver 60 new mental health beds and upgrade existing beds for acute inpatient and sub-acute treatment under *Connecting care to recovery 2016-2021: A plan for Queensland's state funded mental health, alcohol and other drug services*. This investment complements existing service provision and enhances the suite of treatment and rehabilitation options available to better support people living with severe and complex mental health problems, including the establishment of three new 10-bed adult Step Up Step Down Units in Mackay, Gladstone and Bundaberg.
- Committed \$68.2 million over four years, as part of an incoming Government election commitment, for delivery of a new statewide 12-bed adolescent extended treatment facility on the Prince Charles Hospital campus, Brisbane; two 6-bed youth Step Up Step Down Units in north and south Brisbane, and refurbishment for two adolescent Day Programs in Logan and the Gold Coast.
- Continued planning for the delivery of a number of mental health capital works projects across several HHSs, including Cairns and Hinterland, Gold Coast, Wide Bay and Sunshine Coast.
- Commenced delivery of a new \$14.3 million, 42-bed Alcohol and Other Drug Residential Rehabilitation and Treatment Facility in Rockhampton, which is also an incoming Government Election Commitment. The facility will comprise 32 individual beds, 2 family units, 8 withdrawal management beds and capacity for non-residential day programs.

## Strategic objective 5 – Broad engagement with partners

### Harnessing the skill and knowledge of our partners

#### Performance indicators:

- The development of a community and consumer strategy.
- Positive feedback from health service partners.
- An increase in consumer engagement activities.
- An increase in community connectivity with Queensland Health through the use of digital and social media.


### Develop strategic partnerships with providers to deliver health priorities.

#### Key achievements:

- Launched the *Queensland Advancing Health Research 2026 Strategy*, designed to support health and medical research that will ultimately lead to better health outcomes for Queenslanders.
- Entered a new Memorandum of Understanding (MoU) to develop a Queensland-Torch Health and Medical Precinct in Queensland, signed by the Hon. Steven Miles MP, Minister for Health and the Hon. Leeanne Enoch MP, Minister for Science on behalf of the Queensland Government, and Chinese Torch High Technology Development Centre (Torch) of China's Ministry of Science and Technology. The MOU was signed in Brisbane in April 2018 as a part of the TRADE 2018 program of the GC2018 Commonwealth Games. Being the first Torch medical precinct outside of China, the proposed precinct will strengthen collaboration and investment between China and Queensland health sectors.
- Funded 14 grants (to the value of \$521,694) across 10 organisations as part of the Tackling Regional Adversity through Integrated Care Program. In 2018-2019, the grants program will use a co-design methodology with local communities to deliver more targeted programs.
- Commenced a number of key projects under the statewide Recognise Early Signs and Initiate Sepsis Treatment (RESIST) Program to reduce mortality from sepsis in Queensland over the next 3–5 years. Early recognition, escalation to a senior clinician for subsequent treatment and review has been shown to improve sepsis outcomes and save lives. Projects included:


- A workshop to develop a paediatric sepsis bundle and pathway conducted on 12 February 2018. The outcomes are currently being finalised prior to endorsement from relevant paediatric stakeholder groups.
- Enrolments from 17 hospitals and work underway for an Adult and Paediatric Emergency Department Sepsis Breakthrough Collaborative commencing in late August 2018.
- An Outsmart Sepsis Pilot, aimed at improving recognition and treatment of adult sepsis patients at Gold Coast University Hospital Emergency Department which concluded on 31 March 2018. A report is being prepared and the findings will be made available following review by the Statewide Sepsis Steering Committee.
- Planning for a digital sepsis solution as part of the Queensland ieMR. The first step is to develop a business requirement specification document. A workshop was held in June 2018 where expert clinicians identified and prioritised clinical business requirements for sepsis.
- Discussions have also commenced regarding a rural and remote phase of the sepsis program, which will include the establishment of a representative group of rural clinicians, to adapt the adult and paediatric pathway to the rural context once endorsed by the relevant clinical stakeholders.
- Participated in a multi-agency response led by Department of Child Safety, Youth and Women, to support Queensland's two youth detention centres and community-based youth justice system for the inclusion of 17 year olds. This follows the proclamation of the *Youth Justice and Other Legislation Amendment Act 2016*, which amended the age a person can be charged with a criminal offence as an adult from 17 to 18 years. In addition, \$1.5 million was committed for targeted health related services to support the transition of 17 year olds from Queensland's adult justice system to the youth system which formally commenced from February 2018.
- Established dedicated mental health, alcohol and other drug resources to support residents of supervised community accommodation services in Townsville, Carbrook and Logan Reserve.
- Recurrent funding for court liaison services for young people continued under *Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*. For 2017-2018 and 2018–2019:
  - \$492,000 per annum to Townsville HHS.
  - \$1.8 million per annum to Children's Health Queensland HHS.

- Provided \$187.5 million for the delivery of public oral health services through HHSs. Almost all patients (96.8 per cent) on the general dental care waiting list have waited less than two years. Arrangements are also in place to provide dental treatment to public dental patients by two Queensland university dental schools. These activity-based agreements between Queensland Health and the universities ensure good value for money as Queenslanders benefit from these agreements through better access to free treatment for public dental patients whilst generating more clinical experience for dental students, who are the future dental workforce.
- Invested \$1 million to provide dental treatment to eligible adult Aboriginal and Torres Strait Islander peoples across South-East Queensland. This funding is being used by the Institute for Urban Indigenous Health (IUIH) to provide oral health services in a culturally appropriate environment in addition to existing healthcare services.
- Expanded the Smoking Cessation Quality Improvement Payment (QIP) initiative to include community mental health services. The program continues to incentivise public inpatient services and dental services to provide quit smoking advice and support to their clients. Of eligible clients in 2017-2018:
  - 93% of inpatients, 83% of dental patients and 81% of community mental health patients had a recorded identified smoking status.
  - 60% of inpatient, 58% of dental patient and 58% of community mental health patient smokers received a brief intervention.
  - A total of 69,770 pathways were completed (34,714 for inpatients, 22,743 for dental patients and 12,313 for community mental health patients).
- Delivered *Quit Smoking...for Life!*, an intensive quit smoking support program for Queensland Health and QAS staff, students, volunteers and contractors. In 2017-2018, 241 people participated in the program.
- Continued to work with the HHSs to reduce the availability of sugar-sweetened drinks in healthcare facilities through the implementation of the *Healthier Drinks for Healthcare Facilities* best practice guide. All HHSs have taken action to increase the availability and promotion of healthier drinks. Five HHSs have committed to removing all sugar-sweetened drinks from sale (South West, Wide Bay, West Moreton, Darling Downs and CHQ), while two HHSs are reducing supply to 20 per cent of all drinks available.
- Led by the Statewide Child and Youth Clinical Network, collaborated in the review of the Personal Health Record (red book) used to record a child's immunisations, developmental checks and other major health events and the *Child Health Information:*



*Your guide to the first 12 months* booklet, which provides parents and carers with useful information about the first year of a child's life. This resource will soon be available for parents and carers in a more interactive digital format.


- Guidelines, resources and online training were provided to strengthen the capacity of clinicians to support patients to achieve and maintain a healthy lifestyle, and to inform consumers:
  - The Healthy Lifestyles internet portal ([www.health.qld.gov.au/public-health/topics/healthy-lifestyles](http://www.health.qld.gov.au/public-health/topics/healthy-lifestyles)) was developed providing up-to-date resources and tools for health professionals, consumers, workplaces and health surveillance and reports.
  - Queensland Health partnered with Children's Health Queensland, University of Queensland (UQ) and the Queensland Child and Youth Clinical Network to develop the internet portal Growing good habits ([www.growinggoodhabits.health.qld.gov.au/](http://www.growinggoodhabits.health.qld.gov.au/)), delivering increased access to on-line information and tools for health professionals to identify and manage children who are at risk of, or are, overweight.
  - The same partnership developed a comprehensive Model of Care, *An integrated approach for tackling childhood overweight and obesity in Queensland*, to provide a collaborative approach to the prevention, identification and management of childhood overweight and obesity across the healthcare continuum.
  - Promoting a healthy lifestyle, the Nutrition Education Materials Online (NEMO) internet page, was launched, providing a 'one-stop shop' for comprehensive nutritional information and resources. ([www.health.qld.gov.au/nutrition/nemo-promoting-a-healthy-lifestyle](http://www.health.qld.gov.au/nutrition/nemo-promoting-a-healthy-lifestyle)).
  - Promoting optimal maternal, infant and child nutrition websites, for health professionals and for consumers, were expanded and updated.
  - The free *Healthy Lifestyles Online Brief Intervention Training Program* delivered structured modules on healthy eating, physical activity, alcohol, tobacco and other drugs for health professionals who work predominantly within the general population and child and maternity patients. In 2017-2018, 864 health professionals enrolled in the course.
- Completed a Digital Plan 2017–2020 for the Prevention Division in April 2018. A divisional architecture review is underway and due to be completed in July 2018.
- Partnered in the successful bid to establish a Digital Health Collaborative Research Centre (CRC) to commence operations in July 2018. The Australian Government's CRC



Program supports industry-led collaborations between industry, researchers and the community. The Digital Health CRC will focus on three broad streams:


- Patient empowerment – improve health, welfare, quality of life, and wellbeing of citizens.
- Improve the efficiency and integrity of health services.
- Increase the value of every health dollar spent.
- Work with the Australian Government Department of Health and other state and territories to deliver on an agreed National Requirements for Electronic Prescribing.
- Continued support of the Australian E-Health Research Centre (AEHRC), through the Queensland Government and CSIRO joint venture partnership. This partnership provides Queensland access to world-class eHealth research and enables collaboration between Queensland HHSs and researchers from AEHRC.
- Continued support of the Australian Digital Health Agency's (ADHA) objective to encourage national alignment of digital health systems and services. The Australian Digital Health Agency has commenced discussions with health services and industry on the delivery framework for the *Australia's national digital health strategy (2018–22)*, with the framework for action due for release in early 2018–19.
- Participated and supported the national inter-jurisdictional committees to align to and deliver on strategic digital health priorities, including:
  - ADHA Jurisdictional Advisory Committee.
  - National Clinical Terminology Service Steering Committee.
  - Electronic Prescribing Working Group.
  - Secure Messaging Jurisdictional Working Group.
  - HL7 Australia Child Health Working Group.
- Completed a review of the Surgery Connect contracts with private provider groups. The new contracts have achieved improved value-for-money, contractual compliance and confidence that the appropriate framework is in place to deliver the necessary operational performance and governance from a commercial and clinical perspective for the Surgery Connect program.
- The QAS executed a new Deed of Agreement between the Commonwealth of Australia, as represented by the Department of Veterans' Affairs (DVA), the Repatriation Commission and the Military Rehabilitation Compensation Commission and the State of Queensland acting through Queensland Health and represented by the QAS, for the





provision and payment of ambulance services to entitled persons. The deed establishes the terms under which the DVA will accept and discharge financial liability for those services, and supports the delivery of additional QAS services that the QAS would not normally be able to do, without this external revenue stream.

- Participated in the Emergency Services Management Committee sub-committee meetings that involved 15 HHSs and the 15 QAS LASNs. The meetings were used as a forum to review and discuss the day-to-day interactions between the HHSs and the QAS, and to implement initiatives that can improve these interactions and have a positive effect on the patient journey through the health system.
- The QAS maintained partnerships with a number of universities and the Department of Defence to provide clinical placements to students and military personnel. The QAS has facilitated over 2,000 clinical placements in 2017-2018.
- Represented on a National Employer Reference Group, which informs the implementation of national registration for paramedics. The QAS participated in the first phase of the implementation of National Registration for Paramedics project and is building active partnerships by:
  - Maintaining linkages with key stakeholders from Queensland (including several State agencies) and national agencies in policy development and legislation feedback.
  - Establishing an advisory steering committee which includes members from State Government agencies to inform the implementation of registration for paramedics.
  - Forming an interjurisdictional working group to enhance the establishment of national registration across all States and Territories.
  - Proactively leading work on Accreditation issues with the Council of Ambulance Authorities (CAA).
- The QAS has worked with Queensland Health and HHSs on projects, including the Emergency Care Access Action Plan to Advance Health and improve the patient care journey to achieve patient off stretcher performance targets for improved greater efficiencies and value in our health service delivery.
- The QAS has continued to foster strategic partnerships with the Queensland Forensic Mental Health Service (QFMHS), and the QPS through close collaboration on the Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations project.
- Twenty-two QAS employees attended the CAA 2017 Conference themed 'Better Together', with several participants also attending the Global Resuscitation Alliance



Australasia Masterclass prior to the conference. The Masterclass and Conference focused on collaboration, integration and partnerships across pre-hospital emergency medical systems world-wide, bringing together the latest in contemporary leadership and service delivery methodology in pre-hospital emergency health services.

- Continued implementation of the Logan CHAP. The CHAP seeks to improve the health and wellbeing of the Logan community and represents a significant local response to achieving the Advancing Health 2026 vision that 'By 2026 Queenslanders will be among the healthiest people in the world'. The plan was developed as a pilot for implementing Advancing health 2026 at a local level to address local needs.

Funded initially for \$10 million over two years, the Government's election commitment in 2017 of an additional \$10 million will extend the plan up to 30 June 2021. An oversight group monitors implementation of the Logan CHAP, which is a partnership between Queensland Health, representatives from Metro South HHS, Children's Health Queensland and the Logan community.

- Collaborated with Building Queensland on the development of business cases for priority infrastructure projects, including expansions at Caboolture Hospital, Logan Hospital and Ipswich Hospital.
- Fostered strategic partnerships with other Australian states and territories as well as New Zealand via Australasian Health Infrastructure Alliance.
- Maintained the contractual arrangements for the provision of clinical student placements in Queensland Health facilities, with more than 40 Queensland and national universities and education providers, and more than 21 registered training organisations. These contracts cover all clinical placements across Queensland HHSs.
- Worked with the Queensland PHNs Planning and Data Working Group to identify data gaps and issues, privacy and use of data, and potential future data analysis and linkage services that would support each of the PHNs as they tackle Potentially Preventable Hospitalisations within their area.
- Investigated methods to improve the identification of hospital admissions for residents of nursing homes in the Queensland Health Admitted Patient Data Collection.
- Support the delivery of contemporary genomics testing service with:
  - Contribution to Queensland Genomics Health Alliance funded projects and consultation in state-sponsored genetic testing initiatives.
  - Collaboration with interstate providers to establish genetic testing Centres of Excellence.

- Clinical support for Australian Translational Genomics Centre patients.
- Partnering with Queensland University of Technology, Metro South HHS and the Translational Research Institute to commission a whole exome sequencing (genomics) service.
- Procurement of new gene sequencing technologies.
- Recruitment of a specialist genetic pathologist to oversee the clinical aspects of the service.
- Continued collaboration with New South Wales Health Pathology to further develop:
  - Benchmarking measures and improve the understanding of drivers of efficiency in service delivery and comparative performance of laboratories.
  - Co-operation between the two organisations in developing and delivering genomics services.
  - The introduction of digital anatomical pathology technology to accommodate routing of cases across the pathology service networks of both states.
- Forensic and Scientific Services entered into service level agreements with public hospital renal units to monitor water quality of dialysis water.

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

### Key achievements:

- Queensland Health achieved White Ribbon Australia Workplace Accreditation on 23 November 2017 through adherence to 15 criteria across three standards. In addition to ongoing commitment to the White Ribbon Australia's Workplace Accreditation program, other activities undertaken include:
  - Providing mandatory Domestic and Family Violence training for managers and supervisors in Queensland Health, through Australia's CEO Challenge, to assist managers and supervisors in responding to staff affected by domestic and family violence.
  - Providing Bystander training, through Griffith University's MATE Program, available to staff in Queensland Health during Domestic and Family Violence Prevention month in May 2018.
  - Promoting Domestic and Family Violence Prevention month in May 2018.

- Facilitating the participation of 300 Queensland Health employees in the Darkness to Daylight Domestic and Family Violence events in Brisbane on 23 and 24 May 2018; an initiative of Australia's CEO Challenge.
- Participating in White Ribbon Day events on 25 November 2017.
- Ongoing development of resources and new tools for use in the workplace, and information to raise awareness of domestic and family violence on a dedicated Domestic and Family Violence intranet page to support the workforce.

Planning is also underway to establish a Domestic and Family Violence Champions Network and to coordinate a volunteering opportunity for employees to undertake in their own time, with a Domestic and Family Violence-affiliated organisation, between July–November 2018.


- Signed the Project Agreement with the Commonwealth Government for the Encouraging More Clinical Trials in Australia initiative. This includes the Project Schedule, which provides funding of \$1.2 million over four years to Queensland, to support the jurisdictional redesign of clinical trials systems, including the establishment of the Queensland Clinical Trials Coordination Unit.
- Continued to deliver on the Government's commitment to rebuild and expand mental healthcare services for young people. Following successful delivery of the Government Response to the six recommendations of the Barrett Adolescent Centre (BAC) Commission of Inquiry (COI) report, Queensland Health has progressed a Youth Mental Health Program.

This includes reform and capital works including the commitment to establish a new bed-based extended treatment facility for adolescents in south-east Queensland. A co-design process continues for development of the facility, model of service and integrated education services, which will involve close collaboration with consumers and carers including families associated with the former BAC, and the Department of Education.

- Continued participation in a Strategic Partnership Program with the Samoan Ministry of Health. The three-year program, sponsored and funded by the Australian Department of Foreign Affairs and Trade, was established to help the Samoan Ministry of Health build capability in the nominated focus areas of governance and leadership, public health and health information. Queensland Health staff contribute their time and expertise to share knowledge and build capability in the nominated focus areas. While the program is primarily focussed on building knowledge and expertise in the Samoan health sector, there are likely flow-on benefits to Queensland by contributing to improvements in safety, quality and public health outcomes across the pacific region.

- Continued to implement the recommendations of the Not Now, Not Ever: Putting an End to Domestic Violence in Queensland report, as part of the commitment to providing a safe, secure and supportive workplace for employees.
- The QAS has developed a three-year White Ribbon Operational Plan to continue the work commenced during the accreditation period. During 2017–18 the QAS:
  - Delivered face-to-face training to managers and supervisors across the State about domestic and family violence, with a focus on responding to and supporting employees affected by domestic and family violence and understanding the impact of domestic and family violence in the workplace.
  - Rolled out the new Recognise, Respond and Refer online training program to enhance employees understanding of domestic and family violence in the workplace as well as supporting them to respond appropriately to staff and colleagues who may be impacted by domestic and family violence.
  - Developed further resources and information to raise awareness of domestic and family violence.
  - Held and participated in a range of events to raise awareness of White Ribbon including White Ribbon Day activities, White Ribbon Night, Domestic and Family Violence Prevention Month, Darkness to Daylight Run.
  - Donated Christmas hampers and gifts for women and children in a local women's shelter.
  - The QAS Executive Team re-signed the White Ribbon Oath as part of White Ribbon Day activities that took place across the QAS in November 2017.
- Launched Queensland Health's Statement of Action towards Closing the Gap in health outcomes (the Statement) in December 2017. The statement is the result of a collaborative partnership between HHS Boards and Queensland Health, and was developed in response to the Anti-Discrimination Commission Queensland's report, *Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospitals and health services*.

The vision of the statement is to develop a health system that offers culturally appropriate, safe and responsive healthcare to Aboriginal and Torres Strait Islander Queenslanders. It provides a focus to ensure the Queensland Health system maintains efforts to close the gap in health outcomes for Aboriginal and Torres Strait Islander people. The statement recognises systemic issues in the health system and identifies three key actions for Queensland Health: to increase Aboriginal and Torres Strait Islander representation in Queensland Health leadership, governance and workforce; to improve



local engagement and partnerships; and to improve transparency, reporting and accountability in progress in closing the gap.

- Participated in the national Quad State forum, which brings together public pathology providers across Australia to share learning and collaborate on service delivery and benchmarking.


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

### Key achievements:

- Established the Queensland Health Export and Investment Advisory Council, which focuses on exporting health expertise and attracting international investment into the health sector. Two council meetings were held in August and October 2017, along with delivering an associated industry engagement event.
- Progressed actions outlined in the Maternity Services Forum Action Plan including the development of a range of tools and initiatives aimed at fostering a more collaborative leadership culture, best-practice recommendations for antenatal education, a guideline and supporting resources for partnering with women who decline recommended maternity care, a pregnancy decision support tool for women, a core-suite of maternity indicators, and a decision-making framework and tool kit to support birthing facilities to implement continuity of carer models of care.
- An Aboriginal and Torres Strait Islander Maternity Services Action Plan is also currently under development and is expected to be published during 2018.
- Completed a range of deliverables under Phase 1 of the Suicide Prevention Health Taskforce Action Plan including:
  - Conducted a series of Indigenous-focussed roundtables to inform priority areas of investment in Phase 2 of the Suicide Prevention Health Taskforce Action Plan and to ensure genuine and authentic engagement with Queensland's First Nation's peoples. Roundtables were held in Bamaga (22 March 2018), Redcliffe (19 April 2018) and Townsville (24 May 2018). Attendees included community members with a lived experience of suicide, and relevant local agency representatives.
  - Engaged Waratah Partners, an Indigenous owned and led consultancy firm, to facilitate each roundtable and develop a final report of integrated findings. Feedback sessions were held in each location during June 2018.

- A Paediatric Patient Safety Review (PPSR) project commenced in February 2018 to provide a system-wide understanding of adverse outcomes for critically unwell children across Queensland, identify emerging local and statewide themes and quality improvement activities, and make recommendations for coordinated system learning and improvement by:
  - Partnering with expert stakeholders in establishing a picture of the current paediatric critical care landscape across the state, and to better understand statewide challenges and needs.
  - Recommending a statewide approach to improving the care of critically ill children through effective system learning and governance mechanisms.
  - Providing a platform to inform investment in paediatric acute care at a state level.
- The inaugural PPSR Steering Committee took place on 13 March 2018, bringing together paediatric medical expertise from across the state. A review of paediatric Severity Assessment Code (SAC) 1 incidents that have involved critically unwell children in 2016 and 2017 is currently progressing.
- The QAS continues to actively engage with HHSs, LACs, healthcare community providers and the community in the development of community partnership plans, focusing on local needs and solutions.
- Delivered statewide and rural and remote health workforce strategies through collaboration with clinicians, public, private and non-government service providers, education and professional bodies, students and health consumers, that establish priorities for the workforce delivering or supporting direct patient care. Implementation of the 16 objectives and 73 strategies continues to be progressed in partnership.
- Established a detailed online profile of the statewide clinical health workforce which provides access to reliable, timely, and comprehensive clinical workforce data for planning and strategy development, and a valid baseline for the future analysis of workforce trends.
- Delivered statewide strategies in response to the whole-of-government strategy, *Moving Ahead – A strategic approach to increasing the participation of Aboriginal people and Torres Strait Islander people in Queensland's economy 2016-2022* (the Moving Ahead Strategy).
- Supported the implementation of the Aboriginal and Torres Strait Islander Health Practitioner role to improve the delivery of appropriate and culturally safe services for Aboriginal and Torres Strait Islander people through collaboration between Queensland





Health, HHSs and the Aboriginal and Torres Strait Islander community controlled health service sector.

## Strategic objective 6 – Dynamic policy leadership

Drive service improvement and innovation through a collaborative policy cycle.


Performance indicators:

- Responsive policy advice.
- Meet Government expectations regarding the delivery of the legislative program.
- Progress towards completion of initiatives designed to reform regulatory practice.

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


Key achievements:

- Population health planning in regional Queensland (government and non-government) was informed through the provision of online interactive data discovery tools under the umbrella of the Chief Health Officer report. Included were child and adult data on preventive risk factors as well as demographic information and a range of health outcome indicators.
- Developed a Disasters and Emergency Incidents Policy and Standard, to outline Queensland Health responsibilities that align to the Disasters and Emergency Incidents Health Service Directive as much as possible.
- Contributed to and influenced national policy through the national mechanisms of the:
  - Jurisdictional Blood Committee, a national committee that provides advice on national blood supply, and the safety and quality of the blood sector to Health Ministers at the COAG Health Council
  - Jurisdictional Advisory Group, a national committee to advise the Australian Organ and Tissue Authority on the national reform agenda for organ and tissue donation for transplantation.
  - Jurisdictional Haemopoietic Progenitor Cell (HPC) Committee, a national committee to advise the Australian Health Ministers' Advisory Council on strategic policy matters for the HPC sector in Australia.
- Continued implementation of the *Queensland Strategic Plan for Organ Donation* for Transplantation to improve organ and tissue donation rates. In 2017, Queensland had



105 donors, which maintained the large increase in organ donors attained in 2016. This resulted in 297 people receiving organ transplants in 2017.

- Continued implementation of the *Queensland Blood Wastage Reduction Strategy* across public and private hospitals, which has seen Queensland continue to reduce its wastage in red cells and platelets over the last four years. In 2017, Queensland was below the national average for wastage in red cells and platelets. Queensland also sits below the national average in wastage for cryoprecipitate and cryo-depleted plasma.
- Facilitated reporting on adverse events in blood transfusions through the incorporation of haemovigilance data fields into the Queensland Health incident reporting system, which was implemented across HHSs during 2017-2018.
- As per best practice principles, the QAS conducted an annual review of the QAS Strategy 2016–2021 to ensure it continues to provide appropriate strategic direction to the organisation in achieving its desired performance outcomes. The QAS Operational Plan submission to Queensland Health aligns with the QAS Strategy 2016-2021 and drives QAS performance in alignment with Queensland Health's Strategic Plan.
- Led Queensland Health's contribution to the 2018–2019 State Budget process, resulting in a record \$17.318 billion health operating budget that is 4.4 per cent higher than the previous year.
- Provided advice and support on national health funding and reform, particularly in the context of the proposed National Health Reform Agreement to apply from 2020–2021 to 2024–2025.
- Developed a new whole-of-government Standing Offer Arrangement for provision of Interpreter and Translation Services, which was established in February 2018 and is available to all Queensland Government agencies and contracted non-government agencies.
- Held the 2018 statewide Refugee Health and Wellbeing Showcase in February 2018, which attracted 103 participants representing government and non-government service providers, peak organisations and community members.
- Held the statewide Refugee Health Nurses Day in February 2018.
- Developed a Cultural Awareness Training package for Queensland Health staff, which will be available from July 2018.
- Provided liaison, coordination and analysis for the NDIS implementation as it relates to the health portfolio. This included providing policy advice to HHSs and escalation of



emergent issues to the lead agencies during the phased regional implementation of the NDIS.

- Developed a health response to Non-Lethal Strangulation in Domestic and Family Violence (DFV) factsheet and flowchart which was added to the Queensland Health DFV Training resources to support clinicians.
- Developed a guideline for the identification and assessment of DFV during antenatal care, for use across public and private health facilities, which was included in the Queensland Health DFV Training resources to support clinicians.
- Sought accreditation for DFV as a key message of the Not Now, Not Ever Report is that DFV prevention is everyone's responsibility. Queensland Health received White Ribbon Workplace accreditation in November 2017 and recognises Queensland Health's steps to create a safe, secure and supportive workplace for employees impacted by DFV.
- Reviewed progress of the implementation of the Hunter Review in relation to the delivery of statewide services. The review made 21 recommendations to improve the planning, governance and delivery of statewide services. The System Leadership Team has accepted all recommendations and an Action Group has been established to lead the implementation of key actions. Key progress to date includes clear definitions for statewide services, and clarifying roles and responsibilities for Queensland Health and HHSs for statewide services planning, policy oversight and performance monitoring.
- Begun developing a Statewide Services Governance and Risk Management Framework to govern the operation of statewide services.
- Implemented the Hospital Car Parking Provisions, Patient and Carer Car Parking Concessions and Provision of Staff Parking directive.
- Delivered the *Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020*, which outlines priorities to build a sustainable workforce in rural and remote Queensland, to improve health outcomes for Queenslanders in non-urban areas of the state, particularly the Torres and Cape York, North West, Central West, and South West Queensland HHSs. This strategy is a supporting document to the *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* and has been structured around the same four themes of designing, enabling and strengthening the health workforce, and keeping connected.
- Health Support Queensland undertook a process to redefine its purpose, vision and strategy using a balanced scorecard model.


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

### Key achievements:

- Work is underway on legislation to replace the *Health Act 1937*. This includes the establishment of a contemporary legislative framework to govern prescriptive authorities, which is essential for clinicians to work to their full scope of practice and provide Queenslanders, especially those in rural and remote locations, access to necessary medications.
- In September 2017, Parliament passed the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017*. The Act amends the Health Practitioner Regulation National Law (National Law) to provide for the national registration of paramedics, including the establishment of a Paramedicine Board of Australia. Registration of paramedics under the national law is expected to protect the public by establishing minimum qualifications and other requirements for registration, to facilitate high quality education and training in paramedicine through accreditation, and provide an enhanced regulatory framework for the public and private sector paramedic workforce. The Act also:
  - Enables COAG Health Council to make changes to the structure of National Boards by regulation.
  - Recognises nursing and midwifery as two separate professions, with the professions continuing to be regulated by the Nursing and Midwifery Board of Australia.
  - Makes improvements to the complaints (notifications) management, disciplinary and enforcement powers of National Boards to strengthen public protection and ensure fairness for complainants (notifiers) and practitioners.
  - Includes technical amendments to improve the efficiency and effectiveness of the National Law.

The Act also amends the *Health Ombudsman Act 2013* and other Queensland legislation. Some of the amendments were required as a consequence of changes in the National Law. Other amendments were made at the request of the Health Ombudsman during the Inquiry into the performance of the Queensland Health Ombudsman's functions pursuant to section 179 of the *Health Ombudsman Act 2013* by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

- In March 2018, Parliament passed the *Hospital Foundations Act 2018*. The Act repeals and replaces the *Hospitals Foundations Act 1982* to modernise and streamline the



legislative framework that Queensland's hospital foundations operate under. The Act also amends:

- The *Drugs Misuse Act 1986* to enable appropriate further development of the industrial cannabis industry.
- The *Hospital and Health Boards Act 2011* to enable the chief executive of a HHS to delegate his or her functions under any Act.
- The *Mental Health Act 2016* to clarify that the period of detention particular patients serve in an authorised mental health service is counted as a period of imprisonment and to enable government agencies to share information about the pre-sentence custody of particular inpatients in an authorised mental health service.
- The *Justice and Other Information Disclosure Act 2008* and the *Penalties and Sentences Act 1992* to include a representative from a HHS as part of the review team that supports the re-established Queensland Drug and Alcohol Court.

## Employ efficient and innovative approaches to administering legislation.

Key achievements:

- The QAS implemented a *Nurse Immuniser Feasibility Pilot Program*. Through applying and getting the *Health Management Plan* authorised, the QAS has been able to improve its flu vaccination immunisation compliance uptake.
- The QAS regularly monitors and reviews its legislation to ensure that it is appropriate for administering a contemporary ambulance service.
- The Prevention Division commenced implementation of the Authorised Officer System Enhancement Program, a series of integrated projects designed to strengthen and modernise the current authorised officer system for authorised officers appointed under public health (portfolio) legislation. This will support the efficient and effective administration of public health legislation across Queensland Health.

## Strategic objective 7 – Engaged and productive workforce

Foster a culture that is vibrant, innovative and collaborative.

Performance indicators:


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

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

Key achievements:

- Enable the workforce to collaborate and innovate in their roles to support continuous improvement.
- In January 2018, Corporate Services Division commenced a process to better align corporate functions, improve responsiveness to the division's changing and emerging business needs, and embed the cultural values from the Working for Queensland program. Employee feedback and information sessions with the Deputy Director-General, Corporate Services Division, provided valuable insights to help influence the final structure of the division. The Director-General approved the Implementation Plan for the CSD realignment on 24 April 2018 and a phased approach to implementation then commenced.
- Developed and implemented the Queensland Health Graduate Program, to build general management and finance capability across the Queensland Health system. The three-year structured program includes work placements across regional, rural and metropolitan HHSs and Queensland Health, as well as undertaking a relevant postgraduate qualification. The first cohort of eight graduates commenced in January 2018.
- In April 2018, the second statewide Clinical Excellence Showcase was held to share and promote examples of clinical excellence, with the goal of driving the take-up of existing and proven models across the State. This year's theme was Connect. Care. Create, with sub-themes that covered Indigenous health, technology, integrating care, children's health and consumer engagement this not only helps improve the experience and quality






of patient care, but grows a portfolio of successful proof of concepts and models to spread across Queensland.

- Other profession-specific events facilitated included the Nursing and Midwifery Passionate About Practice Symposium (May 2018) which coincided with International Day of the Midwife and International Nurses Day, celebrating the valuable contribution nurses and midwives make to healthcare; and a Tri-Nations Falls forum on 19 September 2017, bringing together almost 210 falls prevention experts from the United Kingdom, New Zealand and Australia to share evidence-based knowledge and learnings on falls prevention for in-patient/acute hospital settings.
- Commenced work on projects aimed at facilitating increased nursing and midwifery workforce capability. Strength with Immersion projects will establish early career and rapid career specialisation models that will support recruitment and retention of nurses in specialty areas, and promote continuity of care midwifery models. The Nursing and Midwifery Exchange program allows nurses and midwives to swap jobs with others for professional growth in different clinical areas and build professional networks across the State.
- As at 30 June 2018, 146 projects were published on the Improvement Exchange webpage. The webpage aims to spread-the-word about innovative work that is being undertaken in the healthcare system, as well as support collaboration by connecting people who share similar interests and generate conversations about small- and large-scale projects being undertaken across the health system.
- The Queensland Clinical Senate continued to provide clinician leadership, effective partnerships and collaborations, and leading system improvement through support for the Queensland Health's overall health strategy and strategic policy development activities. During the reporting period the Senate met on three occasions to consider *Growing deadly families: a healthy start for young children*, *Dare to compare: reducing unwarranted variation*, and *Leading for the future: strategies to strengthen clinical leadership and the voice of clinicians*.
- 180 HHS participants participated in six dedicated Root Cause Analysis (RCA) training sessions during the reporting period. RCA is a method of problem solving used for identifying what happened, why it happened and what can be done to prevent recurrence. The *Hospital and Health Boards Act 2011* requires an RCA to be undertaken following reportable prescribed events that occur while a health service is being provided.

- Environmental Health Officers in HHS PHUs across the state were trained in the administration of the *Radiation Safety Act 1999*, particularly as it relates to inspectors appointed under the Act. Further, they were trained in the assessment of dental practices for compliance with the Act. This extra training has increased the number of inspectors appointed under the Act from about 10 to approximately 110, thereby ensuring adequate compliance checking arrangements are in place to monitor dentists and dental businesses which comprise nearly 40 per cent of the persons licensed under the Act.
- A statewide food safety regulators' update was delivered to more than 280 Environmental Health Officers from 39 local governments and 11 HHS PHUs. The session provided an update on national work, foodborne illness outbreak guidelines and learnings from investigations, auditor and auditing frequently asked questions and local government accountabilities under the *Food Act 2006*.
- A training package has been sourced to facilitate skills development of regulators on water related risks and their management for 2018-2019. This training will support the implementation of the enforcement framework and improve the quality of advice provided by the regulator.
- To achieve sustainable cultural change, the eHealth Cultural Improvement Plan 2017-2019 was launched to deliver on its four primary objectives and realise its vision of advancing healthcare through digital innovation:
  - Unify through a shared vision and clear direction.
  - Evolve into the digital enabler of the future.
  - Invest in our people.
  - Excellence in Leadership.
- The success in achieving these objectives are underpinned by a Cultural Improvement Board and the establishment of a Senior Leadership Forum that focuses on an educational, collaborative and knowledge sharing avenue for leaders.
- To ensure employees feel valued, recognised and rewarded for their positive contributions to the business eHealth Queensland held a 'Thank You' week in June 2018 to recognise the achievements and the value of our staff, including years of service awards. This will now be an annual event.
- The QAS continued delivery of its Classified Officer Development Program (CODP) which offers a leadership development program structured in two phases, to develop the skills and knowledge required by middle managers to be well equipped and confident to deal with the challenges of their roles. CODP is an innovative, interactive and collaborative



leadership program, sitting at the cutting edge of contemporary leadership philosophy: identifying, understanding and embracing the dichotomies, contradictions, and disruptions that comprise the current work environment.

- The CODP aims to build confidence and leadership capability to better deliver frontline health service to the Queensland community and was recognised at the 2017 Department of Health Awards for Excellence as a joint winner in the Innovative, Leadership and Workforce criteria. These awards recognise the highest standard of work to achieve the strategic objectives set in Queensland Health's strategic plan. QAS delivered another nine programs in 2017-2018 to 234 employees.
- The QAS introduced a further program specifically to provide role clarity for Critical Care Paramedics (CCPs) and additional development in the leadership area. The CCP Leadership Development Program articulates the QAS professional framework, particularly within the context of paramedic registration, clinical leadership, organisational governance and performance, relationship management, and the critical importance of positive interactions with colleagues and the community.
- Following a pilot program delivered to 23 participants in December 2017, a further program with 25 CCPs was provided in May 2018.
- Hosted a statewide Linkage Symposium where staff from Queensland Health and researchers from Queensland universities showcased a range of projects making use of linked data for health service planning and health related research. The symposium is an annual event that provides an opportunity to share information about the use of linked data to inform population-based health research and health service policy and planning.
- Hosted the Population Health Research Network Data Linkage Technical Forum. Data linkage experts from Queensland, Victoria, New South Wales, Western Australia, Tasmania, and South Australia collaborated and discussed technical and client services aspects of data linkage.
- Introduced a new initiative to actively promote service innovation and foster a culture of continuous improvement in the organisation. The *Dumbest Thing We Do* campaign invites staff to contribute innovation concepts, process improvements and workflow changes directly to the Executive Director. A Pathology Queensland Innovation Forum ensures that all innovative ideas and concepts are considered, processed and actioned as appropriate. A change governance and support model ensures alignment with the organisation's strategic goals and realisation of planned benefits of the change initiative.


This framework provides a mechanism for staff to propose change initiatives and become involved in solutions and improvements to processes.

- Appointed a Director of Research to co-ordinate collaborative research efforts within Pathology Queensland and to ensure alignment with the organisation's strategy and the research goals of HHS customers.
- In response to the 2017 Working for Queensland survey results, a number of initiatives were identified to specifically to promote and celebrate HSQ innovation strategies and promote the fundamental principles of respect, and engagement with the workforce.

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

Key achievements:

- Implemented the *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016*, and negotiated the *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10)*.
- Implementation of enterprise bargaining commitments resulting in the completion of:
  - 39 project commitments under the Queensland Public Health Sector Certified Agreement (No. 9) 2016 (EB9).
  - Five project commitments under the Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 6) 2016 (BEMS6).
  - 13 project commitments under the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 (HPDO2).
- Commenced round six of the MO3/MO4 eminent/pre-eminent advancement process. Applications to be processed and project to be finalised in 2018.
- Provided statewide guidance and support on the changes to the Industrial Relations framework due to the new *Industrial Relations Act 2016* including PSC Directive 08/17 Temporary Employment and PSC Directive 01/17 Conversion of Casual Employees to Permanent Employment teleconferences, reports and public service appeal advocacy.
- In 2017, the Queensland Government committed to increasing the total statewide nursing and midwifery workforce by a total of 3,500 over four years to June 2020.
- Continued a number of graduate enhancement initiatives to support the engagement and retention of as many Queensland graduates as possible to meet the pending workforce




challenge with an approximate, 39 per cent of Queensland registered nurses reporting that they will retire by 2025.

- As well as contributing to the long-term sustainability of the nursing workforce, these graduates will also augment the staff required to support the legislated safe minimum nurse-to-patient ratios. As at 25 March 2018, the cumulative number of registered nurse and midwife graduates who have commenced since the program commenced in 2015-2016 totals over 5,400, including 1,995 for 2017-2018.
- An independent Business Planning Framework Midwifery Workforce Audit was undertaken to review midwifery staffing levels at all public maternity units in Queensland. The audit was led by an external contractor reporting directly to the Director-General of Queensland Health.
- Committed to deliver 400 Nurse Navigators by June 2020 to ensure patients with chronic illnesses find the care most appropriate for their needs. As at 30 April 2018, 240 Nurse Navigator positions have been funded across 16 HHSs according to identified areas of need, taking into account factors such as population characteristics and patient flow.
- eHealth Queensland invested in a Management Essentials program aimed at supporting middle managers confidence and competence in people-management. The program provides a platform for eHealth Queensland managers to take a positive approach to developing a performance culture that supports them leading a high-performance team. With an emphasis on leading by example, leaders learn how taking a proactive and preventive approach to performance conversations will benefit the manager and their direct reports.
- Contemporary workspace investment continues to be a focus that enables increased user collaboration and productivity, flexible working practices and spaces and greater trust and rapport amongst teams, team members and managers.
- Completed negotiation and certification of the Queensland Ambulance Service Certified Agreement 2017.

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


### Key achievements:

- Programs were implemented to continue supporting the Performance, Capability and Recognition Strategy. These included mentoring, integrated leadership and management programs, and monthly learning events.
- Two cohorts of the Next Generation leadership program were conducted in 2017–18 with 30 participants in total. The program targeted high performing senior leaders from across the healthcare system, building their capability for potential executive level roles. The program has successfully helped develop a strong talent pipeline across the broader health system.
- Delivered the MentorMe program which aimed to build the capability of aspiring leaders through exposure to senior level mentors in the organisation. In total, 20 mentees were matched with senior mentors across Queensland Health enabling participants opportunities for learning and collaboration.
- Monthly learning events on the Training Calendar enabled all employees to access capability development initiatives in the form of workshops, seminars and short courses. Sixty-four programs were conducted and more than 1,100 participants engaged in development opportunities.
- In addition to the local initiatives implemented, Queensland Health has:
  - Implemented years of service recognition.
  - Established a HR Capability Program.
  - Established an executive development scholarship program.
  - Undertaken a capability needs analysis to inform future service offerings.
- Committed to ensuring a safe, secure and supportive workplace that enables all employees to participate and contribute through the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022 framework. The framework supports diversity and inclusion in the workplace, and the organisation's goals of having an engaged workforce and being employer of choice.
- Through this strategy, Queensland Health has set diversity targets for its workforce and endorsed a set of principles, focus areas and priority groups as part of an agreed diversity and inclusion agenda for the next five years. The seven priority groups are women,

- 
- Aboriginal and/or Torres Strait Islander people, people with a disability, people from non-English speaking backgrounds, young people, mature aged people, and LGBTIQ people.
- A Department of Health Workforce Diversity and Inclusion Action Plan 2017–2018 was endorsed by DLT in May 2017 and outlines foundational actions to be achieved in the strategy's first year of implementation. During 2017-2018, actions were implemented including:
    - A review of key policies to enable commitment to a diverse, inclusive and flexible workplace.
    - Development of training and capability programs and safe, secure, supportive workplace resources.
    - The establishment of partnerships with disability employment providers.
    - The establishment of membership with peak bodies to access expertise and best practice resources.
    - The establishment of employee support networks for Queensland Health and a Diversity and Inclusion Community of Practice across Queensland Health.
  - Developed the *Workplace Mental Health and Wellbeing Strategy 2017–2020* to align to the *My Health Queensland Future: Advancing health 2026*. The strategy contributes to achieving the directions of promoting wellbeing and delivering healthcare by promoting workforce mental health as everyone's business and empowering our workforce.
  - Established the Occupational Violence Implementation Committee that was tasked to implement the 20 recommendations outlined in the Occupational Violence Prevention in Queensland Health's HHSs Taskforce Report (May 2016). Metro North HHS has championed this statewide project and is the hub for the committee. Key initiatives have included: Emergency Department Ambassadors, Peer Support Programs, security services and training reviews, technology controls for violence, In-Vehicle Monitoring systems and post-incident staff support resources.
  - The DLT are leading work focused on three priority areas to address the findings of the 2017 Working for Queensland survey—engagement, performance and respect. A cross-divisional working group with members from each division, eHealth and HSQ is also supporting the work by identifying and defining organisational change projects to influence organisational change in the focus areas.
  - Offered a range of leadership development programs designed to:
    - Assist clinicians to develop their leadership style to enhance the performance of clinical teams.




- Build the business capabilities of clinicians to support improvement in health service delivery.
- Help upcoming leaders gain the leadership skills and knowledge to go beyond their clinical duties and transition into leadership roles.
- Encourage clinicians to develop best practice in health services through effectively managing people, performance, finance, resources and service quality.
- The programs provide an innovative approach to clinician development and an important investment in building leadership and business confidence and capabilities to drive and support improvements in health service delivery.
- During the reporting period, 31 cohorts of leadership and management development programs were delivered to 820 Queensland Health clinicians to support innovative and sustainable healthcare services, and develop leadership skills and business acumen of the next generation. Programs included the High Impact Leadership Program, Manage4Improvement Program, Step Up Program, Learn2Lead Junior Doctors Program and the Wal-Meta Leadership Program. Queensland Health also partnered with Metro South HHS to deliver the Clinician and Medical Managers Orientation Program.
- Delivered five HHS-based clinician leadership and management development consultancies to assist HHSs to sustainably increase their leadership and management capability and support cultural improvement.
- Established a strategic partnership with the Clinical Excellence Commission in New South Wales and the ACT Department of Health to engage the Institute for Healthcare Improvement in delivering expert training and coaching in improvement methodologies.
- Funded and implemented 11 two-year allied health rural generalist training positions in rural and remote health services to support the development of service capabilities in these areas. Current positions are funded through to December 2018.
- A two-level formal rural generalist education program for seven allied health professions was launched in May 2017, delivered by James Cook University in partnership with the Queensland University of Technology. The Allied Health Professionals' Office of Queensland is providing scholarships to support rural allied health professionals to complete the program.
- Held a workshop in Brisbane on 30 November 2017 to improve the transition of nursing and midwifery graduates into the workforce. More than 80 influential nursing and midwifery academic and industry experts, students and new graduates from across the state came together for the workshop, which was delivered in partnership with the




Queensland Nursing and Midwifery Academic Leaders group. The day was designed to identify ways of overcoming barriers and maximising opportunities to enhance the educational experiences of new graduates, and ensuring they have a safe and successful transition into the workforce.

- The workshop provided internationally acclaimed experts presenting on the latest research and education trends, as well as panel sessions to enable students, educators and nursing and midwifery leaders to engage in meaningful dialogue and gain better understanding of each other's perspectives and experiences.
- Coordinated monthly 'Grand Rounds' to facilitate knowledge sharing relating to current workforce policies and innovate practices in nursing and midwifery. Additionally, Grand Rounds support awareness raising of contemporary clinical and resource management practices, processes and the tools required to deliver evidence-based best practice.
- A range of sessions were held throughout the reporting period including Professional Indemnity, Scope of Practice, Nursing in the age of wearable and robotic technologies, Career Classification and Private practice midwifery.
- Queensland Health has also undertaken a broad range of initiatives to support existing and emerging innovative models of care in which nurses and midwives work to their full scope, optimise available resources and improve access to care, including:
  - Continuing to remove unnecessary barriers to nurses and midwives working to their full scope, as well as contributing to the development of new regulatory and legislative framework to support full and expanded scope of practice, including the Nursing and Midwifery Board of Australia's ongoing work regarding registered nurse and midwife prescribing.
  - Led the Maternity Services Action Group Three of maternity stakeholders (consumers, midwives, medical officers, HHS representatives) to address maternity models of care and workforce concerns.
  - An interactive decision-making framework (DMF) and clinical toolkit was developed to assist maternity sites with reviewing, redesigning and implementing continuity of carer models to align care to best practice, and local resources to local needs.
  - Eight HHSs attended workshops in February to April 2018 to become familiar with the DMF. These maternity sites have also commenced building operational plans generated from the DMF program to expand maternity continuity of carer models.
- Provide enhanced support for the Medical Workforce by continued implementation of the Medical Practitioner Workforce Plan for Queensland (MPWP4Q). The plan provides




funding support for increased specialty training in Pathology, Addiction Medicine and Public Health. It additionally provides for supplementation of the Director of Training roles across Queensland in Psychiatry. Furthermore, the plan provides increased access for doctors to leadership and development courses and will deliver a comprehensive website for junior doctors to assist them in making informed career decisions.

- Funded the delivery of the Australian Medical Association Queensland's *Resilience on the Run* program to medical interns in Queensland Health hospitals.
- A new online Career Success Planning portal was launched, to encourage conversations between staff and their managers, creating mutual ownership, responsibility and accountability for staff performance and career progression.
- Mental Health and Resilience training was delivered to 51 new QAS frontline officers. This training was specifically developed to prepare frontline personnel for the sometimes emotionally demanding work that they undertake and includes graduate Paramedics and emergency medical dispatchers. Mental Health training was delivered to a further 27 QAS managers and supervisors. Training is designed to inform and empower managers and supervisors to apply evidence based approaches of staff support in a timely and appropriate manner. It also assists them to recognise signs and symptoms of when personnel may need additional support.
- The QAS was the winner of the 2017 Earle Duus Award for its Priority One program. The award is the 'Overarching Award' in the Queensland Mental Health Week Achievements Awards.
- The QAS Education Centre delivered the 2017-2018 Education Plan via three streams of education and training; Induction, Continuing Education and Specialist programs. The delivery and recording of this training is supported by a number of technical systems, and will ensure that the training, education and development needs within the service are being met, including clinical, technical, managerial and professional development to enable QAS personnel to function in an emergency medical multi-systems environment across the state.
- The QAS finalised the implementation of all recommendations of the Paramedic Safety Taskforce in December 2016. In December 2016, the QAS Commissioner and United Voice Queensland (UVQ) endorsed a *Transition to Operations Plan*, with formation of a Paramedic Safety Management Committee to ensure the overall direction in delivering on future strategies, systems and processes aimed at creating safer working environments for paramedics. This committee meet bi-monthly and continues to review and research



contemporary practices and latest developments to inform ongoing management initiatives related to occupational violence.

- The QAS continued the roll out of the newly designed uniforms. These uniforms are made with state of the art fabrics and designs that provide comfort and protection in the many varied environments in which the QAS deliver services.
- Rolled out a further 88 Corpuls defibrillators to further enhance the availability of the quality cardiac care delivered by QAS paramedics.
- Delivered 150 new and replacement ambulance vehicles, including the further rollout of the power assisted stretcher and loaders. There are now a total of 460 of these in service.
- The QAS introduced Bicycle Response Teams: one in the Gold Coast Local Ambulance Service Networks (LASN) and the other in the Metro North LASN. These teams operate using carefully selected bicycles and equipment and a specially designed uniform suited to this task. A total of 14 bicycles support these two teams in delivering the services.
- In 2017-2018, the QAS established a QAS Fitness for Duty Working Group, to drive the development and ongoing implementation of a Fitness for Duty Framework to protect the safety of QAS employees, patients and others. The working group consists of QAS management and representatives of UVQ.
- In 2017-2018, the *QAS Diversity and Inclusion Strategy 2017–2022* was launched, which provides a framework that aligns with Queensland Health’s workplace diversity and inclusion agenda. Work has commenced on a QAS Workforce Diversity and Inclusion Action Plan.
- Continued delivery of a patient selection service based on a complex predictive model using linked data that identifies Queenslanders who have used a public health facility, who may benefit from the integrated care service delivered through the Nurse Navigator program. The data produced from this model has been disseminated to all participating Nurse Navigator facilities throughout Queensland.
- Responded to the increasing interest within Queensland Health, in using predictive modelling techniques to predict outcomes for specific patient cohorts within the public healthcare system. A working group has been established to investigate potential uses of predictive analytics in Queensland Health.
- Developed and delivered a training course on the analysis of linked big datasets in collaboration with the University of Queensland.

- 
- Pathology Queensland established a Change Community of Practice to develop change capability within the workforce, in preparation for the General Chemistry Immunoassay (GCIA) analyser and Laboratory Information System (LIS) renewal projects. Five Change Community of Practice teams have been assembled to develop a framework for change, and each has been assigned small business-as-usual projects to test the efficacy of the proposed change framework. The teams are working with staff across the state in preparation for the upcoming GCIA and LIS change events.
  - Designed and commenced implementation of the Safe and Healthy Capability Framework. The framework gives effect to the Work Health and Safety Policy and is intended to achieve a consistently high standard of health, safety and wellbeing for staff and customers, as well as ensure the success and sustainability of business.
  - The successful implementation of the Integrated Workforce Management Project pilots has demonstrated the benefits that will flow from enhanced use of manager and employee self-service.

# Service delivery statements

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

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

Queensland Health Corporate and Clinical Support	Notes	2017-18 Target/Est.	2017-18 Actual
Percentage of ICT availability for major enterprise applications:	1		
• Metro		99.8%	99.9%
• Regional		95.7%	99.9%
• Remote		92%	99.7%
Percentage of high level ICT incidents resolved within targets defined in the Service Catalogue.	2	80%	95%
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5 per cent unfavourable tolerance.	3	95%	94%
Percentage of correct, on time pays.	4	97%	97%
Percentage of calls to 13 HEALTH answered within 20 seconds.	5	80%	85.7%
Percentage of initiatives with a status reported as critical (Red).	6	<20%	2.9%
Percentage of formal reviews undertaken on HHS responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators.	7	100%	100%

## Notes:

1. This is a measure of the availability and access of Information and Communication Technology (ICT) services via Queensland Health's Wide Area Network service across the state. The 2017-2018 Actual figure represents average monthly availability during the period from 1 June 2017 to 30 June 2018.
2. This is a measure of the ICT incidents resolved within recommended timeframes as per the Service Level Agreement between eHealth Queensland and its customers.

3. This measure shows the percentage of projects delivered within scope, budget and time allocations for the 2017-2018 financial year as at 30 June 2018.
4. The 2017-2018 Target/Est and Actual data represent a combination of the number of underpayment payroll enquiries received and the number of overpayments identified each fortnight divided by the number of employee pays processed. This was based on an average across the last six pay periods for the year of reporting. The average for the entire year was 96.7 per cent.
5. Funding and human resources is calculated to achieve the performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres.
6. This measure is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' portfolio status, divided by the total number of eHealth Queensland initiatives reported, as reported on the Queensland Government ICT Dashboard. A 'red' portfolio status indicates where an initiative is forecast to exceed its baseline budget by 10 per cent or more, the end date of the project is forecast to be delayed by 30 days or more, or deliverables associated with the project have been found to be not fit-for-purpose. Additionally, the following also contributes to assessing a 'red' portfolio status of an initiative: the estimated total project cost; the initiative stage; impacts/consequences for the late delivery of outcomes, and vendor implications.
7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

## Acute Inpatient Care

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

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days.	1	<2	0.7
Percentage of elective surgery patients treated within clinically recommended times:	2		
• Category 1 (30 days)		>98%	97%
• Category 2 (90 days)		>95%	93%
• Category 3 (365 days)		>95%	95%
Median wait time for elective surgery treatment (days):	3		
• Category 1 (30 days)		..	14



• Category 2 (90 days)		..	56
• Category 3 (365 days)		..	210
• All categories		25	40
Percentage of admitted patients discharged against medical advice:	4		
• Non-Aboriginal and Torres Strait Islander patients		0.8%	0.9%
• Aboriginal and Torres Strait Islander patients		1%	2.8%
Number of elective surgery patients treated within clinically recommended times:	5		
• Category 1 (30 days)		50,882	46,270
• Category 2 (90 days)		55,454	52,185
• Category 3 (365 days)		36,145	35,453
Average cost per Weighted Activity Unit (WAU) for Activity Based Funding facilities.	6, 7	\$4,797	\$4,854
Total weighted activity units – acute inpatient.	6, 8	1,274,144	1,308,313

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Actuals for 2017-2018 are based on actual performance from 1 July 2017 to 31 March 2018.
2. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category.
3. There is no national benchmark target for this measure. While there has been an increase in the median waiting time compared to the corresponding period in 2016-2017, this reflects the higher proportions of surgical care provided to Category 2 and Category 3 patients, for whom the clinically recommended times within which care can take place are longer (i.e. 90 and 365 days respectively). The target for this measure is to be removed from 2018-2019.
4. This service standard is a proxy measure for Aboriginal and Torres Strait Islander cultural appropriateness of inpatient services. Actuals for 2017-2018 are preliminary, and should be interpreted with caution.
5. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services.
6. A Weighted Activity Unit (WAU) is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical

services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type.

7. Actuals for 2017-2018 are for the period 1 July 2017 to 31 May 2018. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training.
8. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements. The service agreement category 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' on a 70:30 split.

## Outpatient Care

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

Queensland Health consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1		
• Category 1 (30 days)		65%	63%
• Category 2 (90 days)		55%	63%
• Category 3 (365 days)		75%	92%
Percentage of specialist outpatients seen within clinically recommended times:	2		
• Category 1 (30 days)		83%	83%
• Category 2 (90 days)		69%	71%
• Category 3 (365 days)		84%	87%
Number of Telehealth outpatient service events.	3, 4	78,403	92,107
Total weighted activity units (WAUs) – Outpatients.	5	331,237	340,215

Notes:

1. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Actuals for 2017-2018 are as at 30 June 2018. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a

Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities.

2. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times.
3. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. 2017-2018 Actuals are preliminary and subject to change.
4. The telehealth counting unit has been updated to 'service events' rather than 'occasions of service'. Service events is considered to be a more informative measure. It is a narrower definition as it excludes occasions of service that do not involve the provision of clinical care.
5. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements. The service agreement category 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' on a 70:30 split.

## Emergency Care

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

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department.	1	>80%	77%
Percentage of emergency department patients seen within recommended timeframes:	2, 3		
• Category 1 (within 2 minutes)		100%	99%
• Category 2 (within 10 minutes)		80%	73%
• Category 3 (within 30 minutes)		75%	63%
• Category 4 (within 60 minutes)		70%	78%
• Category 5 (within 120 minutes)		70%	96%
• All categories		..	72%

Percentage of patients transferred off-stretcher within 30 minutes.	4	90%	78%
Median wait time for treatment in emergency departments (minutes).	5	20	17
Total weighted activity units (WAUs) – Emergency Department.	6	250,752	255,791

Notes:

1. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The measure reflects the performance of the 90 performance reporting facilities across the State. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations.
2. This is a measure of the access and timeliness of ED services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs.
3. The 'all categories' measure will be discontinued as the percentage of patients seen within recommended timeframes varies depending on the proportion of patients in each urgency category, and there is no national benchmark for the percentage of patients seen within recommended timeframes across all categories.
4. This is an indicator of the effectiveness of HHSs' processes to accept the transfer of patients from the Queensland Ambulance Service (QAS) to ED in public hospitals. It reports the percentage of patients transferred off stretcher within 30 minutes, and data is sourced from QAS.
5. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure is to be removed from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
6. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements.

## Sub and Non-Acute Care

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

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Total weighted activity units (WAUs) – Sub Acute.	1	113,258	113,808

Notes:

1. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements.

## Mental Health and Alcohol and Other Drug Services

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

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Proportion of re-admissions to an acute mental health inpatient unit within 28 days of discharge.	1		
<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander</li> </ul>		<12%	16.9%
<ul style="list-style-type: none"> <li>Non-Aboriginal and Torres Strait Islander</li> </ul>		<12%	13.3%
Rate of community follow up within 1-7 days following discharge from an acute mental health inpatient unit.	2		
<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander</li> </ul>		>65%	62.7%
<ul style="list-style-type: none"> <li>Non-Aboriginal and Torres Strait Islander</li> </ul>		>65%	62.4%
Percentage of the population receiving clinical mental healthcare.	3	>1.9%	2%
Ambulatory mental health service contact duration (hours).	4	>953,564	913,667

Total weighted activity units (WAUs) – Mental Health.	5	133,021	135,031
---	---	---------	---------

Notes:

1. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Actuals for 2017-2018 are for the period 1 July 2017 to 31 May 2018 (July 2018 data is required to calculate the result for June 2018). However, not all facilities had submitted June 2018 data when data was extracted.
2. Actuals for 2017-2018 are for the period 1 July 2017 to 30 June 2018. However, not all facilities had submitted June 2018 data when data was extracted. Between 2013-14 and 2017-2018 the number of in-scope separations increased by 24 per cent and the number of consumers followed up increased by 23 per cent.
3. This measure provides a mechanism for monitoring population treatment rates and assessing these against what is known about distribution of mental health disorder in the community. It is the estimated proportion of the Queensland population accessing a public mental health service over the period. Queensland has seen a greater percentage of the population accessing services than expected.
4. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. It is important to note that not all ambulatory mental health service contact hours are in-scope for this measure, with most review and some service co-ordination activities excluded. In addition, improvements in data quality have impacted on this measure, with recent data more accurately reflecting the way in which services are delivered. The 2017-2018 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.
5. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements.

## Prevention, Primary and Community care

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

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Percentage of the Queensland population who consume recommended amounts of:	1, 2		
• Fruits		58.1%	54.8%
• Vegetables		8.2%	8.7%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:	1, 2		
• Persons		59.2%	60.6%
• Male		62.2%	62.2%
• Female		55.1%	59.1%
Percentage of the Queensland population who consume alcohol at risky and high-risk levels:	1, 2		
• Persons		21.6%	21.1%
• Male		32.3%	31.5%
• Female		11.8%	10%
Percentage of the Queensland population who are overweight or obese:	3		
• Persons		56.8%	58.5%
• Male		65.7%	65.1%
• Female		48%	51.9%
Percentage of the Queensland population who smoke daily:	1, 2		
• Persons		11.6%	11.6%
• Male		12.6%	13.2%
• Female		11.6%	10%
Percentage of the Queensland population who were sunburnt in the last 12 months:	1, 2		
• Persons		51%	51.4%
• Male		55.9%	56.1%
• Female		45.1%	46.8%



Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Annual notification rate of HIV infection.	4	4	3.6
Number of rapid HIV tests performed.	4, 5	5,900	5,769
Vaccination rates at designated milestones for:			
• all children 1 year		95%	94%
• all children 2 years		95%	91.6%
• all children 5 years		95%	94.3%
Percentage of target population screened for:	6, 7		
• Breast cancer		57.7%	57.7%
• Cervical cancer		54.4%	..
• Bowel cancer		37%	37%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter.	6	56.3%	56.3%
Ratio of potentially preventable hospitalisations (PPHs) - Rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations.	8	1.8	1.8
Percentage of women who, during their pregnancy were smoking after 20 weeks:	9, 10, 11		
• Non-Aboriginal and Torres Strait Islander women		7.4%	7.4%
• Aboriginal and Torres Strait Islander women		34.7%	37%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation:	9, 10, 12		
• Non-Aboriginal and Torres Strait Islander women		96.5%	96.3%
• Aboriginal and Torres Strait Islander women		93.8%	89.6%
Percentage of babies born of low birth weight to:	9, 10		
• Non-Aboriginal and Torres Strait Islander women		4.6%	5.4%
• Aboriginal and Torres Strait Islander women		7.8%	10%
Percentage of public general dental care patients waiting within the recommended timeframe of two years.	13	95%	96.8%
Percentage of oral health weighted occasions of service which are preventative.	13, 14	15%	18.6%
Number of adult oral health weighted occasions of service (ages 16+).	14	2,030,000	2,651,757
Number of children and adolescent oral health weighted occasions of service (0–15 years).	14, 15	1,300,000	1,265,741

Queensland Health Consolidated	Notes	2017-18 Target/Est.	2017-18 Actual
Total weighted activity units (WAUs) – Prevention and Primary Care.	16	48,767	48,732

Notes:

1. Queensland Health's investment in prevention strategies aims to reduce this risk through healthy behaviour change. The 2017-2018 Target/Est. is based on an estimated improvement in the indicator. The 2017-2018 Actual figures indicate results in the 2017 Preventive Health Survey.
2. These are population measures from a representative survey sample, and as such there is a year to year variation. Point estimates such as these are not indicative of statistical trends.
3. This measure has been discontinued and replaced with an effectiveness measure: Percentage of adults and children with a body mass index (BMI) in the normal weight category. This measure will continue to be reported in the biennial Chief Health Officer report.
4. The annual notification rate of HIV infection shows the rate of new diagnoses of HIV infection per 100,000 population.
5. The rapid test is used for screening for HIV and produces a result in 30 minutes or less.
6. This is a measure of the effectiveness of the participation strategies in place for cancer screening services (e.g. BreastScreen Queensland). A high screening rate or increasing proportion of the population being tested increases the possibility of cancer being detected.
7. On 1 December 2017 the national cervical cancer screening program changed in terms of the test, age eligibility and interval of screening and the Commonwealth Government took over responsibility for the national register. Insufficient information is available to derive an Actual for 2017-2018. Further, there is insufficient data available to date to provide a Target/Estimate for 2018-2019. Changes to the measure will be considered for future Service Delivery Statement reporting.
8. Potentially Preventable Hospitalisations (PPHs) are hospitalisations that could potentially have been avoided with "better" care or access to care outside the hospital inpatient setting. The 2017-2018 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033.
9. This is an effectiveness measure as it provides support and evidence on the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2015-2018. Actuals for 2017-2018 are based on the period 1 July 2017 to 31 May 2018.
10. This measure reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies.

11. Rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005-2006 when the rate was 51.8 per cent. Reducing rates of smoking during pregnancy remains a challenge due to high rates of smoking in the broader Aboriginal and Torres Strait Islander population.
12. There has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002-2003 when the rate was 76.7 per cent.
13. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits. A higher rate suggests effective strategies are in place for ensuring access to preventive oral health.
14. An oral health Weighted Occasion of Service (WOoS) is a measure of activity and weights occasions of service based on their complexity to provide a common unit of comparison for oral health services.
15. The 2017-2018 Actual performance for WOOS (0-15 years) is lower than the 2017-2018 Target/Estimate due to higher than anticipated private sector activity. Child Dental Benefit Scheme (CDBS) eligible children can access oral healthcare in either the private or public sectors and concentrated advertising by the private sector plus the ability to provide out of routine hours care has resulted in a shift to private providers. This has resulted in lower than previous acceptance rates for offers of treatment at public sector school- based oral health services.
16. A WAU is a measure of complexity and volume (i.e. activity), and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actuals for 2017-2018 are estimated and are based on 2017-2018 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. All activity is reported in the Q19 phase of the ABF model which underpins 2017-2018 and 2018-2019 service agreements.

## Ambulance services


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

Queensland Ambulance Service		Notes	2017-18 Target/Est.	2017-18 Actual
Time within which code 1 incidents are attended:		1, 2, 3		
	Code 1A	4	8.2	7.6
	Code 1B		8.2	8.8

• 50th percentile response time (minutes)	Code 1C		8.2	9.2
• 90th percentile response time (minutes)	Code 1A	5	16.5	14.2
	Code 1B		16.5	16.8
	Code 1C		16.5	17.7
Percentage of Triple Zero (000) calls answered within 10 seconds.		6	90%	92%
Percentage of non-urgent incidents attended to by the appointment time.		2, 7	>70%	81%
Percentage of patients who report a clinically meaningful pain reduction.		8	>85%	85%
Patient satisfaction.		9	>97%	98%
Gross cost per incident.		2, 10	\$662	\$687

#### Notes:

- Code 1 incidents are potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and/or siren) en-route. Code 1 incidents are prioritised as:
- 1A – Acute time critical, where a patient presents with abnormal or absent vital signs;
- 1B – Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration; or
- 1C – Potential time critical, where a patient does not present with a pattern of injury or significant illness, but has a significant mechanism of injury or history that indicates a high potential for deterioration.
- An incident is an event that results in one or more responses by the ambulance service.
- The time within which Code 1 incidents are attended is referred to as the 'Response time'. Response time is defined as the time taken between the initial receipt of the call for an emergency ambulance at the communications centre and the arrival of the first responding ambulance resource at the scene of an emergency. Short or reducing response times are desirable as it suggests a reduction in the adverse effects on patients and the community, of those emergencies requiring ambulance services.
- This measure reports the time within which 50 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
- This measure reports the time within which 90 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
- This measure reports the percentage of Triple Zero (000) calls answered by QAS operations centre staff in a time equal to or less than ten seconds.
- This measure reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for designated



appointment, or are met for returned transport within two hours of notification of completion of an appointment (Code 4).

11. Clinically meaningful pain reduction is defined as a minimum two-point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to ten, the initial pain score was at least seven.
12. Overall satisfaction score is reported within the SDS as 'Patient Satisfaction' from one single question from the Council of Ambulance Authorities National Patient Satisfaction Survey Questionnaire (Q10. How satisfied were you overall with your last experience using the Ambulance Service). This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities. However, it should be noted that internal reporting of satisfaction is undertaken across multiple separate components of the patient's experience to indicate the factors impacting on the overall satisfaction score on a year-by-year basis. The 2017-2018 Actual figure was obtained from the CAA Report released in November 2017.
13. This measure reports ambulance service expenditure divided by the number of incidents.

# Our governance

## Government bodies

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

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting frequency.)	Financial reporting
Mental Health Court	The President, Mental Health Court is required to prepare its own annual report. Details can be found in the Mental Health Court's annual report 2017–2018.	Financial transactions are included in the Department of Health's annual report 2017–2018.
Mental Health Review Tribunal	The President, Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the Mental Health Review Tribunal's annual report 2017–2018.	Financial transactions are included in the Department of Health's annual report 2017–2018.
Radiation Advisory Council	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the Radiation Advisory Council's annual report 2017–2018.	Financial transactions are included in the Department of Health's annual report 2017–2018.
Queensland Mental Health Commission	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's annual report 2017–2018.	
Queensland Mental Health and Drug Advisory Council	The Queensland Mental Health and Drug Advisory Council support the Queensland Mental Health Commission. Details can be found in the Queensland Mental Health Commission's annual report 2017–2018.	

Hospital and Health Services (16)	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs respective annual reports 2017–2018.
Hospital Foundations (14)	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual reports 2017–2018.
Council of the QIMR Berghofer Medical Research Institute (QIMR)	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR's annual report 2017–2018.
Office of the Health Ombudsman	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's annual report 2017–2018.
Panels of assessors (14)	Full details provided in the tables that follow.
Queensland Boards of the National Health Practitioner Boards	Full details provided in the tables that follow.



**Name of Government body**

Professional Panels of Assessors comprising the Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors; Chinese Medicine Practitioners Panel of Assessors; Chiropractors Panel of Assessors; Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors; Dentists Panel of Assessors; Medical Practitioners Panel of Assessors; Medical Radiation Practitioners Panel of Assessors; Nursing and Midwifery Panel of Assessors; Occupational Therapists Panel of Assessors; Pharmacists Panel of Assessors; Physiotherapists Panel of Assessors; Podiatrists Panel of Assessors; and Psychologists Panel of Assessors and Public Panel of Assessors (collectively, 'Panels of Assessors')

Act or instrument

*Health Ombudsman Act 2013* ('the Act')

Functions

The Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration.

Achievements

Details of these can be found in QCAT's annual report 2017–18.

Financial reporting

The Panels of Assessors' financial transactions are not included in Queensland Health's annual report 2017–2018 as they are funded by the Australian Health Practitioner Regulation Agency

**Remuneration**

- Assessors are entitled to be paid the remuneration and allowances approved by the Governor in Council.
- Panels of assessors are paid sessional meeting fees of \$550 for four hours or less.
- Remuneration payable to the panels of assessors is fully funded by the Australian Health Practitioner Regulation Agency.

**Name of Government body**

Queensland Boards of the National Health Practitioner Boards comprising the Queensland Board of the Medical Board of Australia; the Queensland Board of the Nursing and Midwifery Board of Australia; and the Queensland Board of the Psychology Board of Australia (the boards).

Act or  
instrument

*Health Practitioner Regulation National Law Act 2009* ('the Act')

Functions

On behalf of the National Health Practitioner Boards, the Queensland Boards' functions include making individual registration and notification decisions regarding health practitioners based on national policies and standards.

Achievements

Details of these can be found in the Australian Health Practitioner Regulation Agency's annual report 2017–18.

Financial  
reporting

Regulation Agency's annual report 2017–18.

**Remuneration:**

- The Australian Health Workforce Ministerial Council sets the fees for Board members in accordance with Schedule 4, section 3 of the Act. The following rates were effective from 1 July 2017:
  - Board Chairs are paid a daily sitting fee of \$784 (for more than 4 hours); \$392 for extra travel time of between 4-8 hours; and \$784 for extra travel time more than 8 hours.
  - Board members are paid a daily sitting fee of \$642 for more than four hours; \$321 for extra travel time of between 4-8 hours; and \$642 for extra travel time more than 8 hours.
- Remuneration payable to the boards is funded by the Australian Health Practitioner Regulation Agency.

## Committees and councils

Committee / Council	Role, function and responsibilities	Key achievements in 2017–2018	Frequency of meetings
Advancing Health 2026 Oversight Committee	<ul style="list-style-type: none"> <li>The committee monitors actions under Advancing Health 2026.</li> <li>It provides advice to the Minister for Health and Minister for Ambulance Services, on opportunities for collaboration between all sectors of Queensland's health system and progress made to achieve Advancing health 2026 headline measures of success, to achieve our vision of making Queenslanders among the healthiest people in the world by 2026.</li> </ul>	<ul style="list-style-type: none"> <li>The committee met in March 2017 and identified ideas for action following their discussion on obesity and levels of physical activity.</li> <li>The discussion for the July 2017 meeting focused on the demand for hospital and emergency care usage.</li> </ul>	Quarterly
Sexual Health Ministerial Advisory Committee (SHMAC)	<ul style="list-style-type: none"> <li>Provide advice to the Minister for Health and Minister for Ambulance Services on sexual and reproductive health-related matters in the context of the Queensland Sexual Health Strategy 2016–2021 and associated action plans (HIV, hepatitis B, hepatitis C).</li> </ul>	<ul style="list-style-type: none"> <li>Committee established and inaugural meeting held June 2017</li> <li>Hosted North Queensland HIV Roundtable in Cairns in October 2017</li> <li>Research sub-committee established to guide new Sexual Health Research Fund.</li> </ul>	Quarterly
Mount Isa Lead Health Management Committee	<ul style="list-style-type: none"> <li>The committee is chaired by the Chief Health Officer and comprises representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa HHS. The primary function of the MHLMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa. In 2015, the scope of the MLHMC was expanded to include other airborne</li> </ul>	<ul style="list-style-type: none"> <li>The Committee has been instrumental in strengthening lead health management strategies, particularly for young children under five. Since the introduction of the point of care testing program involving finger prick testing (capillary testing) the blood lead levels of children under five, there has been a substantial increase in children being tested. A total of 503 individual children under five living</li> </ul>	

contaminants such as sulphur dioxide and arsenic.

in Mount Isa have been tested using the less invasive POCT from 1 July 2017 to 30 June 2018, enabling identification of whether they have been exposed to elevated levels of lead. The increase in the number of children tested enables early identification of lead exposure and mitigation to prevent ongoing harm to health of young children in Mount Isa.

Queensland Maternal and Perinatal Quality Council (QMPQC)

- Collect and analyse clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify state-wide and facility-specific trends.
- Make recommendations to the Minister for Health and Minister for Ambulance Services on standards and quality indicators of maternal and perinatal clinical care to enable health providers in Queensland to improve safety and quality.
- Assist with the adoption of such standards in both public and private sectors by initiating and/or contributing to the development of strategies; guidance documents; alerts and directives, in consultation with the Queensland Health Patient Safety and Quality Improvement Service, Population Health Queensland, the Statewide Maternity and Neonatal Clinical Network and with reference to Queensland Clinical Guidelines.
- The QMPQC 2017 Report, *Queensland Mothers and Babies 2014 – 2015*, released February 2018.
- The QMPQC, in collaboration with the Queensland State Branch of the Perinatal Society of Australia and New Zealand and the Stillbirth Centre of Research Excellence, hosted a Queensland Mothers and Babies Conference with 280 participants.

Twice monthly

## Public Sector Ethics Act 1994

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

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

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

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

- the online ethics, integrity and accountability training which focuses on the four ethics principles and ethical decision-making, and incorporates competencies relating to fraud, corruption, misconduct and public interest disclosures. In 2016–2017, 3394 employees completed this training. A further 516 people, (students, contractors and other people working within Queensland Health), also completed the training.
- online training covering the Code of Conduct and ethical decision-making, with 576 QAS employees completing this training in 2017–2018. This brings the total number of QAS employees trained to 4607 as at 30 June 2017.
- online training covering fraud and ethic awareness, with 4275 QAS employees completing this training in 2017–18. (Figure includes new completions and renewal of certification as changes were made to the program during the financial year 2016-2017, where two yearly recertification was added).

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

## Queensland public service values

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

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

## Risk management

Queensland Health's Departmental Leadership Team oversees risk management.

Queensland Health's Risk Management Framework provides the foundation and organisational arrangements for managing risk within Queensland Health. It aligns with the AS/NZS ISO 31000:2009 Risk management — principles and guidelines. The framework aims to streamline and embed risk management to support Queensland Health in achieving its strategic and operational objectives through:


- Proactive and focussed executive involvement.
- Assessment and response to risk across the whole department.
- Analysis of risk exposures and meaningful reporting.

Queensland Health has adopted a program of executive risk discussion ('risk-in-focus' program) to drive identification and discussion of key risk themes that are aligned to Health System Executive Committees' focus on planning and performance.

## External scrutiny

During 2017–2018, Queensland Health was involved in one Queensland Audit Office (QAO) performance audit:

- Report 14: 2017–18—National Disability Insurance Scheme— Queensland Health's NDIS Steering Committee is working to address the one recommendation applicable to Queensland Health. This recommendation involves strengthening internal governance and reporting arrangements at the service level so heads of agencies can provide the



lead agency with accurate assessments about their agencies readiness for the NDIS and any emerging risks. This recommendation is due for implementation later in 2018.

In addition, a number of recommendations arising from the following QAO reports will apply more broadly to Queensland Health although Queensland Health was not specifically selected for consideration as part of these reviews. The Internal Audit Unit is also monitoring the implementation of recommendations that apply to Queensland Health from the following QAO reports tabled in 2017–18:

- Report 6: 2017–2018—Fraud Risk Management.
- Report 8: 2017–2018—Confidentiality and Disclosure of Government Contracts.

## Ethical Standards Unit

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

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


The unit managed 48 complaints of corrupt conduct comprising of 89 allegations, and reviewed and advised Queensland Health's executives and work units on a further 126 matters. A further seven complaints were received and reviewed or were not within Queensland Health's jurisdiction. These were referred to the commission for consideration and necessary action.

The unit undertakes complex investigations into alleged corrupt conduct and provides high-level advice with regards to corruption investigations across Queensland Health and the Minister's Health portfolio.

In addition to managing investigations for Queensland Health, the unit provided 362 instances of advice to HHSs, Queensland Health's executives and work units regarding corrupt conduct and public interest disclosures.

The unit manages systemwide projects including, but not limited to, reviewing the ongoing Memorandum of Understanding between Queensland Police Service and Queensland Health regarding the sharing of information. There were 835 staff who completed face-to-face ethical awareness, managing corrupt conduct and managing public interest disclosure





training as part of the unit's focus on misconduct prevention by raising ethical awareness and promoting integrity.

The unit's development and release of comprehensive public interest disclosure online training allows all employees, including those who work shift work or those who are remotely located, to complete the required mandatory training. There were 1097 HHS staff and 2,562 Queensland Health staff who completed the PID online training.

## Audit and risk committee

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

The ARC provides the Director- General with independent audit and risk management advice in relation to the department's risk, audit, internal control, and governance and compliance frameworks. In addition, the ARC assists in the discharge of annual financial management responsibilities as required under the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*.

The ARC schedules eight meetings of which three are extraordinary meetings held specifically to address the department's Annual Internal Audit Plan and Financial Statements.

Key achievements for 2017-2018 include:

- Endorsement of the annual internal audit plan prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program.
- Endorsement of the annual financial statements prior to sign-off by the accountable officer.
- Provision of direction on departmental business matters relating to business performance.
- Improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters.
- Oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities.
- Completion of a comprehensive review of the committee's work plan and charter.

Name	Membership (role on committee)	Remuneration of members (if applicable)
Chris Johnson	Chair (from 25/1/18) Deputy Chair (to 24/1/18)	\$650 (fee per meeting)
Paul Cooper	Deputy Chair (from 25/1/18) External member (to 24/1/18)	\$550 (fee per meeting) \$650 if acting Chair (fees per meeting)
Lisa Dalton	External member (resigned 1/6/18)	\$550 (fee per meeting)
Darren Hall	Internal Member	N/A
Barbara Philips	Internal Member	N/A
Dr Judy Graves	Internal Member	N/A
Michael Walsh	Chair (to 24/1/18)	N/A
In January 2018 the Committee transitioned to an independent Chair, having previously been Chaired by the Director-General. In addition to the Committee members, a number of standing invitees regularly attend meetings, including the: Director-General, Chief Finance Officer, Chief Audit Officer and representatives from the Queensland Audit Office.		


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

## Internal audit

Queensland Health's Internal Audit Unit provides independent and objective assurance and advisory services to the Director-General, executive management and the ARC to assist in improving departmental business operations. During 2017-2018, the unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in accordance with the unit's Charter (developed in accordance with the *Financial and Performance Management Standard 2009*, the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF) (the Standards) and Queensland Treasury's *Guidelines*) and follows the approved strategic and annual audit plan (as endorsed by the ARC and approved by the Director-General). The Charter has been reviewed and updated recently as required under the Standards and subject to Director-General approval, will take effect from 1 July 2018.

Independence and objectivity is essential to the effectiveness of the internal audit function. Accordingly, the unit has not had any direct authority or responsibility for the activities it has reviewed throughout the 2017-2018 financial year.



The unit supports management to achieve its goals and objectives by applying a systematic, disciplined and risk-based approach to reviewing and improving the effectiveness of risk management, internal control and governance processes, together with strengthening the overall control structures operating throughout the agency. A risk-based approach to audit planning is undertaken which includes consideration of key input areas, both internal and external to Queensland Health. This includes Queensland Health's current risk profile, key stakeholder consultations, results from prior audit activities, Queensland Health's three lines of defence model for monitoring and managing assurance activities and industry and sector specific insights.

The Internal Audit Unit undertakes a range of review types covering strategic and operational (effectiveness) and performance (efficiency) activities; financial management and compliance activities; project and governance processes; information technology and advisory services to address areas of inherent risk and recommend areas of improvement for Queensland Health business activities. Systems are also in place to ensure the effective, efficient and economic operation of the audit function, which includes regular reporting to both the DLT and the ARC regarding the unit's performance and outputs, together with insights into organisational improvement identified through the analysis of internal audit findings.

During 2017-2018, the Internal Audit Unit:

- Developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs.
- Supported management by providing advice on a range of significant initiatives and corporate governance and related issues, including accountability, risk and best practice issues.
- Monitored and reported on the status of implementation of internal audit recommendations, together with those of the Queensland Audit Office (QAO) financial and performance reviews.
- Provided reports on results of internal audits and assurance reviews to the ARC and the Director-General.
- Enhanced reporting processes to ensure DLT and ARC members are provided with Internal Audit performance dashboards and assessment of key audit themes across the range of audit services.
- Enhanced service provision to Queensland Health executives through co-ordinating a collaborative approach to the management of QAO Performance Audit Activities.
- Provided advisory support to the ARC.



## Information systems and recordkeeping

Queensland Health is continuing to implement the electronic document and Records Management System (eDRMS) to executive correspondence users and have implemented a web portal to enhance user experience. Other business areas such as Private Health and Medicinal Cannabis are also implementing eDRMS for their processes, including the decommissioning of old systems and migration of data into the eDRMS to ensure records are being managed and disposed of appropriately.

To ensure Queensland Health can support a highly functioning eDRMS and provide the best possible client service, the Records and Information Management Unit is undergoing an organisational change that will to ensure best practice records management and compliance is undertaken.

The eDRMS configuration encompasses all the necessary components that will enable compliance with the *Public Records Act 2002*, including the application of approved retention schedules to ensure records are disposed of at the right time.

Queensland Health is currently working on the development of an agency specific Functional Retention and Disposal Schedule (FRDS) for the sector to enable appropriate retention and disposal principles are applied across Queensland Health.

# Our people

## Workforce profile

Queensland Health employed 87,819 full-time equivalent (FTE) staff at the end of 2017–18. Of these, 11,892 FTE staff were employed by and worked in the department, including 4527 FTE staff in the Queensland Ambulance Service, 4,240 FTE in Health Support Queensland and 1,324 FTE in eHealth Queensland.

The remaining 75,927 FTE staff were either:

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

Approximately 39 per cent of staff working in the department are managerial and clerical employees and 34 per cent are ambulance operatives.

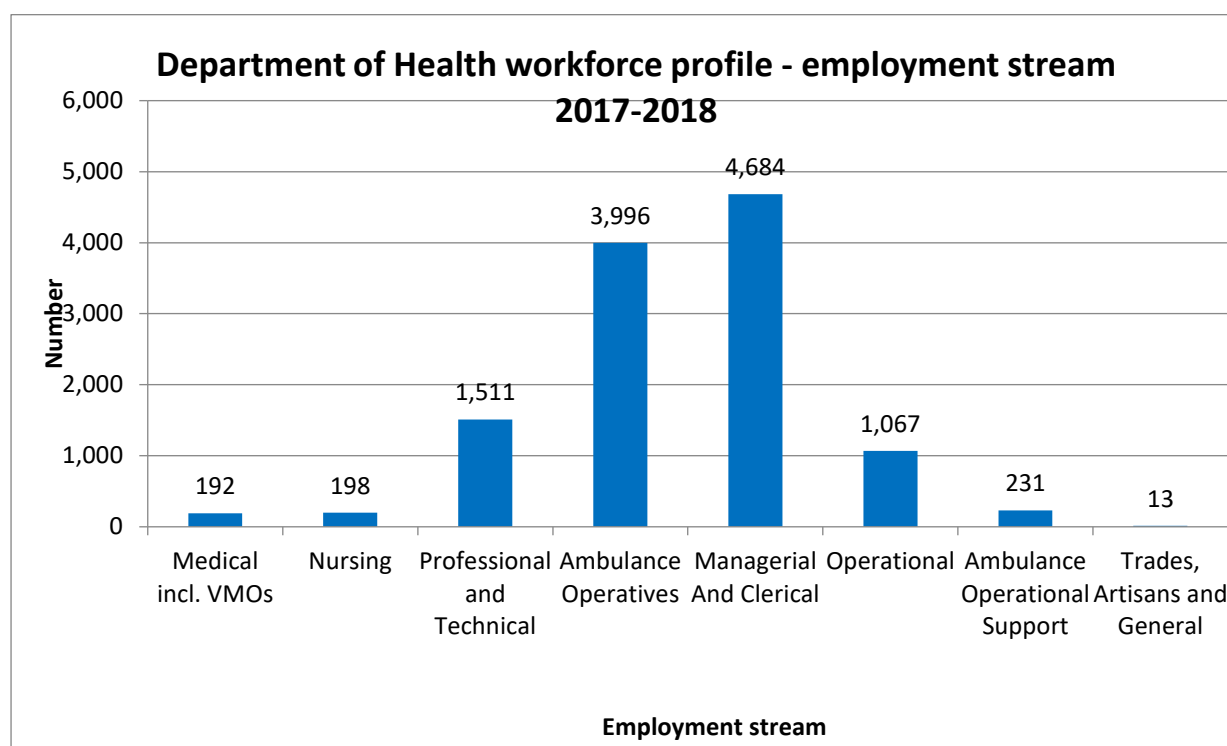
In 2017–18, the average fortnightly earnings for staff working in the department, was \$3,642 for females and \$4,754 for males.

The department's separation rate for 2017-2018 was 4.18 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

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

	Permanent	Temporary	Casual	Contract	Total
Female	5,476	798	51	45	6,370
Male	4,886	514	56	66	5,522
Total	10,362	1,312	107	111	11,892

Figure 2: Department of Health workforce profile—employment stream 2017-2018



## Employee performance management framework

Programs were implemented to continue supporting the *Performance, Capability and Recognition Strategy*. These included mentoring, integrated leadership and management programs, and monthly learning events.

Two cohorts of the Next Generation leadership program were conducted in 2017-2018 with 30 participants in total. The program targeted high performing senior leaders from across the healthcare system, building their capability for potential executive level roles. The program has successfully helped develop a strong talent pipeline across the broader health system.

The department delivered the MentorMe program which aimed to build the capability of aspiring leaders through exposure to senior level mentors in the organisation. In total, 20 mentees were matched with senior mentors across the department enabling participants opportunities for learning and collaboration.

Monthly learning events on the Training Calendar enabled all employees to access capability development initiatives in the form of workshops, seminars and short courses. 64 programs were conducted and more than 1100 participants engaged in development opportunities.

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

- implemented years of service recognition;
- established a HR Capability Program;
- established an executive development scholarship program; and
- undertaken a capability needs analysis to inform future service offerings

## Employment arrangements

In 2017- 2018 Queensland Health implemented Enterprise Bargaining Commitments resulting in the completion of:

- 39 project commitments under the Queensland Public Health Sector Certified Agreement (No. 9) 2016 (EB9)
- Five project commitments under the Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 6) 2016 (BEMS6)
- 13 project commitments under the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 (HPDO2)

In addition to this Queensland Health negotiated the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018.

The QAS negotiated the *Queensland Ambulance Service Certified Agreement 2017*.


Queensland Health commenced round six of the MO3/MO4 eminent/pre-eminent advancement process, with applications to be processed and the project to be finalised in the 2018 - 2019 financial year.

Throughout the year Queensland Health provided statewide guidance and support on changes to the Industrial Relations Framework due to the new *Industrial Relations Act 2016*. This included providing advice, teleconferences, reports and public service appeal advocacy in relation to the Public Service Commission (PSC) Directive 08/17 Temporary Employment and PSC Directive 01/17 Conversion of Casual Employees to Permanent Employment.

The Workplace Mental Health and Wellbeing Strategy 2017-2020 was implemented to align to the My Health Queensland's Future: Advancing Health 2026. The strategy contributes to achieving the directions of promoting wellbeing

The foundational actions in the first Queensland Health Workforce Diversity and Inclusion Action Plan, which supports the *Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022*, were progressed to completion in support of Queensland Health's





ongoing commitment to building a diverse and inclusive workplace that enables all employees to participate and contribute.

Key achievements included:

- Ongoing promotion of the Queensland Government state-wide LGBTI network (for initiatives relating to lesbian, gay, bisexual, transgender and intersex people).
- Establishment of partnerships and relationships with external stakeholders (including JobAccess and Diversity Council Australia).
- The commencement of a process to review Queensland Health policies to support and demonstrate commitment to a diverse and inclusive workplace.
- The establishment of a Diversity and Inclusion Community of Practice to enable collaboration and innovation in supporting diversity and inclusion across the organisation.

Of note was the continued success of the Work Able program. Established in 2017, the Work Able program was developed in a partnership with Vision Australia to offer unpaid and paid temporary placements to people with a vision impairment. The program, provides participants with opportunities and prospects to enhance or re-engage their skills and build their confidence for future employment opportunities.

## Working for Queensland survey

The Departmental Leadership Team (DLT) has identified three priority areas that are common to all divisions and business units to address the findings of the 2017 Working for Queensland survey—engagement, performance and respect. Work towards these areas is being led by the DLT and a cross-divisional working group with members from each division, eHealth and HSQ. The working group identifies and defines organisational change projects to influence organisational change in the focus areas.

## Early retirement, redundancy and retrenchment

During the period 2017-2018 one employee working in the Department of Health received a redundancy package at a cost of \$71,091. Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements.

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

# Our major audits and reviews

## Review of Queensland's Forensic Disability Service system

In late 2017, a review of Queensland's Forensic Disability Service system was jointly commissioned by the Department of Communities, Disability Services and Seniors and Queensland Health. The final report was submitted in March 2018 and as at 30 June 2018 was being further considered by Government.

## Review of transvaginal mesh implants and related medical issues

In response to a Senate Inquiry into the number of women in Australia who have had transvaginal mesh implants and related medical issues associated with transvaginal mesh implants (released 28 March 2018), the Australian Commission on Safety and Quality in Healthcare progressed the development of guidance for consumers, general practitioners, clinicians and health services on the use of transvaginal mesh products.


Queensland Health has subsequently required all public and private hospitals to adopt the Commission's guidance documents for training and credentialing of clinicians who implant and remove transvaginal mesh. In conjunction with the Commission, the Therapeutic Goods Administration and other jurisdictions, Queensland Health is currently considering the 13 recommendations arising from the Senate Inquiry into transvaginal mesh.

A service providing holistic interdisciplinary care to treat women suffering complications caused by transvaginal mesh devices is also anticipated to be established during the remainder of 2018.

## Statewide Business Planning Framework Midwifery Workforce Audit

On 29 January 2017, the Queensland Government announced a statewide Business Planning Framework Midwifery Workforce Audit would be conducted to review midwifery staffing levels at all public maternity units in Queensland.

The Director-General of Queensland Health has the authority to mandate a statewide audit under the *Hospital and Health Boards Act 2011*. The Office of the Chief Nursing and



Midwifery Officer (OCNMO) provided assistance to the appointed external health service auditor.

A report of the audit was provided in October 2017 indicating a gap in funded midwifery positions. OCNMO is currently supporting the subsequent Government Election Commitment to recruit an additional 100 midwives across the State.

## Queensland Ombudsman's Review of the Patient Travel Subsidy Scheme

As reported last year, the Queensland Ombudsman's Patient Travel Subsidy Scheme (PTSS) report– *An investigation into the administration of the Patient Travel Subsidy Scheme (PTSS) by Queensland Health*, was tabled in Parliament on 7 June 2017. Queensland Health committed to address the recommendations from the report and established a project to:

- Review and redesign the PTSS forms.
- Revision of the PTSS guidelines to ensure consistency across Queensland Health.
- Improve PTSS governance to support consistency in decision-making.
- Develop clearer and easier access to relevant information for patients, clinicians and administrators.
- Investigate an end-to-end IT solution to manage the Scheme.
- Improve subsidy payment practices and timeframes.

Work is underway to address the recommendations from the Ombudsman's report. The core premise of the project is to always ensure that the patient is at the centre of solution design. As such, the project has ensured that the patient has a voice at the table in developing solutions, through Health Consumers Queensland, patient representatives on the Project Steering Committee and workshops with communities and NGOs.

As a result, initiatives currently underway to address the findings in the Ombudsman's report include creating a governance framework to improve consistency of application of PTSS policy and principles, redesign of communication materials and PTSS administration materials (that is, PTSS forms, promotional material and the website), and the implementation of an IT solution to convert a heavily paper-based process to an online system.

# Our legislation

Queensland Health's functions and authority are derived from administering the following Acts of Parliament, in accordance with *Administrative Arrangements Order (No.4) 2017*.

The Director-General, on behalf of the Minister, is responsible for administering these Acts.

Act	Subordinate legislation
<i>Food Act 2006</i>	<i>Food Regulation 2016</i>
<i>Health Act 1937</i>	<i>Health Regulation 1996</i> <i>Health (Drugs and Poisons) Regulation 1996</i>
<i>Health Ombudsman Act 2013</i>	<i>Health Ombudsman Regulation 2014</i>
<i>Health Practitioner Regulation National Law Act 2009</i>	<i>Health Practitioner Regulation National Law (Queensland)<sup>1</sup></i> <i>Health Practitioner Regulation National Law Regulation</i>
<i>Hospital and Health Boards Act 2011</i>	<i>Hospital and Health Boards Regulation 2012</i> <i>Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016</i>
<i>Hospitals Foundations Act 1982</i>	<i>Hospitals Foundations Regulation 2015</i>
<i>Mater Public Health Services Act 2008</i>	
<i>Mental Health Act 2016</i>	<i>Mental Health Regulation 2017</i>
<i>Pest Management Act 2001</i>	<i>Pest Management Regulation 2003</i>
<i>Pharmacy Business Ownership Act 2001</i>	
<i>Private Health Facilities Act 1999</i>	<i>Private Health Facilities Regulation 2016</i> <i>Private Health Facilities (Standards) Notice 2016</i>
<i>Public Health Act 2005</i>	<i>Public Health Regulation 2005</i>
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	<i>Public Health (Infection Control for Personal Appearance Services) Regulation 2016</i> <i>Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013</i>
<i>Public Health (Medicinal Cannabis) Act 2016</i>	<i>Public Health (Medicinal Cannabis) Regulation 2017</i>
<i>Queensland Institute of Medical Research Act 1945</i>	

<sup>1</sup> The *Health Practitioner Regulation National Law Act 2009* is applied (with modifications) as a law of Queensland under section 4 of that Act. This version is the Law as it applies in Queensland (i.e. with the modifications applied), and is authorised under section 4(2) of the *Health Practitioner Regulation National Law Act 2009*.

*Queensland Mental Health Commission  
Act 2013*

*Radiation Safety Act 1999*

*Radiation Safety Regulation 2010*

*Radiation Safety (Radiation Safety  
Standards) Notice 2010*

*Research Involving Human Embryos  
and Prohibition of Human Cloning for  
Reproduction Act 2003*

*Research Involving Human Embryos and  
Prohibition of Human Cloning for  
Reproduction Regulation 2015*

*Tobacco and Other Smoking Products  
Act 1998*

*Tobacco and Other Smoking Products  
Regulation 2010*

*Transplantation and Anatomy Act 1979*

*Transplantation and Anatomy Regulation  
2017<sup>2</sup>*

*Water Fluoridation Act 2008*

*Water Fluoridation Regulation 2008*

The Commissioner of the Queensland Ambulance Service, on behalf of the Minister, is responsible for administering the following Act and Regulation.

**Act**

*Ambulance Service Act 1991*

**Subordinate legislation**

*Ambulance Service Regulation 2015*

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

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

- Each program area maintains a compliance obligation register which identifies Queensland Health's legislative compliance obligations.
- Each program area participates in monthly risk assessment reviews, including review of risks associated with administering the legislation and compliance obligations.
- Each program area participates in quarterly and annual legislative compliance reporting processes, including self-assessment compliance audits where relevant.
- Each program area ensures staff who administer portfolio legislation receive appropriate orientation and ongoing training and education about Queensland Health's internal compliance obligations under this legislation.

---

<sup>2</sup> Replaced the *Transplantation and Anatomy Regulation 2004*, which expired on 31 August 2017.

During 2017-2018 there were no breaches of Queensland Health's legislative compliance obligations under public health portfolio legislation (see table below).

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

# Australian government agreements

The table below provides a summary of key achievements in 2017-2018 delivered by Queensland Health and HHSs under National Partnership Agreements (NPA) and Project Agreements (PAs) with the Australian Government.

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

Agreement	Key achievements in 2017–18
Adult Public Dental Services	The Premier signed the National Partnership Agreement for Adult Public Dental Services on 19 June 2018. The agreement provides funding of \$48.758 million for public dental services for adults delivered between 1 January 2017 and 31 March 2019. This represents an annual reduction of around \$8.7 million or 30 per cent compared to the previous agreement. It is expected that it will fund around 80,332 courses of treatment over the life of the agreement.
Essential vaccines	Queensland's immunisation coverage rate for all 5-year-olds increased from 93.9 per cent for the 2016-2017 financial year to 94.3 per cent for the 2017-2018 financial year. Queensland is expected to meet the performance benchmarks contained in the NP on Essential Vaccines for the 2017-2018 assessment period. Queensland Health also continued to support immunisation providers in implementing the National Immunisation Program, and distributed over 2.4 million doses of essential vaccines to approximately 1700 immunisation providers across Queensland.
Rheumatic Fever Strategy	Queensland improved the detection, monitoring and management of the infectious condition, acute rheumatic fever, and the resultant rheumatic heart disease, through the implementation of key action areas, including improvement of clinical care, education and training, maintain an electronic register and data collection and reporting.
Expansion of BreastScreen Australia Program	Queensland delivered 29,937 breast screens in the age group 70-74 over the period of the new NPA from 1 July 2017 to 30 June 2018, in line with national BreastScreen Australia policy and the requirements of the BreastScreen Australia national accreditation standards. This exceeded the activity target of 23,176 screens for this period.



Agreement	Key achievements in 2017–18
Healthcare and Disease Prevention in the Torres Strait Islands	<p>This agreement has three schedules:</p> <ul style="list-style-type: none"> <li>- <b>Addressing blood borne viruses and sexually transmissible infections in the Torres Strait</b> - to expand the delivery of communicable and chronic disease testing, treatment, prevention and education activities to the entire Torres Strait region, with high priority given to at-risk Torres Strait Island residents, and to enhance detection and reporting.</li> </ul> <p>Queensland Health has conducted systematic testing, retesting, contact-tracing and antenatal testing of Torres Strait region residents at risk of HIV, hepatitis B, hepatitis C, chlamydia, gonorrhoea, syphilis and trichomonas, provided best practice clinical management and treatment of these diseases within clinically appropriate times, provided immunisation services for hepatitis B and rotavirus, and delivered culturally-safe community health education activities, at least twice yearly to each Torres Strait island.</p> <ul style="list-style-type: none"> <li>- <b>Managing Torres Strait/Papua New Guinea cross border health issues.</b> - supports delivery of health services to PNG nationals who travel through the Torres Strait Treaty Zone and access Queensland Health facilities.</li> </ul> <p>Queensland Health has continued to provide health services to PNG nationals who have travelled through the Torres Strait Treaty Zone and presented at Queensland Health facilities.</p> <ul style="list-style-type: none"> <li>- <b>Mosquito control and cross border liaison in the Torres Strait Protected Zone</b> - The surveillance, control and possible elimination of <i>Aedes albopictus</i> (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of <i>Aedes albopictus</i> from the Torres Strait to the mainland Australia.</li> </ul> <p>Queensland Health conducted regular surveillance and control activities for <i>Aedes albopictus</i> throughout the dry and wet seasons, and implemented immediate control measures where isolated detections were recorded. Queensland Health has also facilitated the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The Communications Officer spent time in Torres Strait health facilities providing communication and liaison services for Papua New Guinea (PNG) nationals, improving PNG data collection and timely and safe referrals of PNG nationals back to Daru General Hospital.</p>
Hummingbird House Children's Hospice	<p>The agreement provides a Commonwealth financial contribution, matched by Queensland, for the operation of a 24 hours per day, seven days per week, eight-bed freestanding</p>

Agreement	Key achievements in 2017–18
	children's respite care and hospice facility at Wheller Gardens, Chermside. The operation of this specialist paediatric facility continues to progress well, with continued delivery at close to full occupancy during 2017-2018, despite of increased acuity patient presentations and higher staffing requirements.
Encouraging more clinical trials in Australia	Queensland was establishing a state-wide Queensland Clinical Trials Coordination Unit to attract new clinical trials to Queensland, implement new and enhanced clinical trial data collection, establish and maintain new networks and partnerships, and to embed clinical trial processes into practice.
Improving trachoma control services for Indigenous Australians	<p>Queensland undertook the following actions under the NPA:</p> <ul style="list-style-type: none"> <li>• 91.7 per cent of 5-9-year-old Aboriginal and Torres Strait Islander children in three target communities were screened for trachoma. No child was found to have clinical signs suggestive of active trachoma and therefore no treatment was required.</li> <li>• 100 per cent of children screened for trachoma were also assessed for clean faces</li> <li>• Timely, accurate, reliable and complete trachoma program data was provided to the National Trachoma Surveillance and Reporting Unit.</li> <li>• Repeated prevalence screenings for active trachoma in three Torres Strait Island communities consistently demonstrate no active trachoma in children aged 5-9 years of age. Therefore, these communities are no longer considered at risk of trachoma, and in-line with national guidance, have been removed from the list of at-risk communities.</li> </ul>
National bowel cancer screen program – participant follow up function	<p>Queensland continued to deliver the Participant Follow Up Function (PFUF) for participants of the National Bowel Cancer Screening Program (NBCSP) who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional.</p> <p>The total number of follow-up interactions in Queensland that were delivered for the 2017-2018 financial period was 4,679 with the participant and 1,527 with the General Practitioner.</p>
OzFoodNet	The Queensland OzFoodNet site continued to undertake active surveillance of foodborne disease across the state, including the investigation and reporting of foodborne and other enteric disease outbreaks. The Queensland site also contributed epidemiological information to the Commonwealth through the regular reporting of outbreak data and summary

Agreement	Key achievements in 2017–18
	data on the incidence and causes of foodborne disease across the state.
Vaccine preventable diseases surveillance	Queensland continued its surveillance and reporting of nationally notifiable vaccine preventable diseases. Queensland has exceeded the required benchmarks in 2017-2018 for transmission and reporting of surveillance data to agreed national standards.

# Mandatory reporting of confidential information released in the public interest

Mandatory reporting of confidential information released in the public interest during 2017–18 is summarised below.

## Under s160, s161 & s142(1) *Hospital and Health Board Act 2011*:

- Released Queensland 2015–16 to 2017–18 patient-level activity data, supplied to National Health Funding Body, by the National Health Funding Body to the States and Territories for the annual reconciliation process of actual cross-border patient level data.
- Disclosed 2016–17 and 2017–18 patient-level activity and related costing and Medicare data to the Department of Human Services (activity data and related Medicare numbers for de-identification to a Medicare pin), Independent Hospital Pricing Authority, the National Health Funding Pool Administrator and the National Health Funding Body, for funding arrangements and public health monitoring, in accordance with the National Health Reform Agreement and *National Health Reform Act 2011*.
- Disclosed admitted and non-admitted patient-level data related to endoscopy services to Jim White, CSH Consultants, Talons integration software to establish best practice pricing as part of the Endoscopy Action plan. The data will be routinely extracted and stored on secure FTP server for HHS costing teams.
- Disclosed de-identified mental health related emergency department presentations and admitted episodes of care data from the CIMHA, National Hospital Cost Data Collection and GEN\_WAU datasets to Aspex Consulting, who were engaged by the Independent Hospital Pricing Authority (IHPA) for a review of the Child and Youth Mental Health Service inclusion in the General List of Australian Public Hospital Services (which is maintained by IHPA).
- Disclosed 2014–15 and 2015–16 patient-level activity, related costing and related Medicare data to the Department of Human Services (activity data and related Medicare numbers for deidentification to a Medicare pin), IHPA, the National Health Funding Pool Administrator and the National Health Funding Body for funding arrangements and public health monitoring, in accordance with the National Health Reform Agreement and

*National Health Reform Act 2011*. In particular, for the matching of Pharmaceutical Benefits Schedule (PBS) funding by the Commonwealth to the National Hospital Cost Data Collection in order to identify the funding from the PBS scheme to make adjustments to the calculation of the National Efficient Price.

- Disclosed information that three children and an adult received heart valve tissue from a donor patient with cancer in operations more than a year ago. The donor patient had a rare form of brain cancer and it is the understanding of Queensland Health that the donor has been the only person with that type of cancer to donate in the last several years. This information was released to the public during a press conference. No names or other specific identifying information regarding the donor patient or recipient patients were disclosed. The purpose of the disclosure of confidential information was to respond to questions by the press associated with the donated tissue.
- Disclosed limited confidential information that a person charged with an offence was known to authorised mental health services. The information was provided to the family of the victim of the offence to ensure they were accurately informed about what may occur for the patient. Disclosure of limited confidential information in this circumstance was provided to the family in the public interest on the basis that misinformation about persons with mental illness committing offences is routinely reported inaccurately or in a stigmatising manner in the media.


**Under s144, s147(6) of the *Private Health Facilities Act 1999* and s160, s161 & s142(1) *Hospital and Health Board Act 2011*:**

- Disclosed potentially identifiable private hospital's patient information to Ernst & Young to support a review of HHS performance.
- Disclosed to Ernst & Young potentially identifiable confidential information on admitted, non-admitted and emergency department patients in Queensland public hospitals. In addition, disclosed costing data, patient outcome and safety and quality indicator performance information, from Queensland public hospitals. This data was disclosed to support a review of HHS performance.

**Under the *Public Health Act 2005***

#### ***Notifiable Conditions Register***

Section 81(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to the Notifiable Conditions Register where the Director-General, or delegate, believes on reasonable grounds that the disclosure is in the public interest and has



authorised the disclosure in writing. Section 81(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2017–18 there were three disclosures of confidential information in the public interest under this section of the legislation. The following confidential information was released from the Notifiable Conditions Register in the public interest:

- Confidential information regarding newly diagnosed Hepatitis C patients was disclosed to hepatology clinic at Sunshine Coast University Hospital for follow up with the treating general practitioners to advise and ensure patients were offered treatment.
- Confidential information regarding notifiable conditions was disclosed to a Master of Applied Epidemiology student for the purposes of:
  - the student or a relevant person performing functions under the *Public Health Act 2005*.
  - the student's study.
  - providing a public-sector health service to a person.
- Confidential HIV/AIDS notification data (with onset dates between 1 January 2017 and 31 December 2017) was disclosed to The Kirby Institute for infection and immunity in society, University of New South Wales. This was provided in the public interest to:
  - raise awareness regarding HIV
  - describe and inform public health action, including the development of strategies to prevent or minimise the transmission of the condition
  - monitor the incidence and patterns of HIV/AIDS via the development and publication of national reports by The Kirby Institute that analyse HIV/AIDS notifications data.

### **Contact Tracing**

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

During 2017-2018 there were no disclosures of confidential information under this section of the legislation.

### ***Perinatal statistics***

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

During 2017-2018 there was one disclosure of confidential information under this section of the legislation. The following confidential information was released from the perinatal statistics collection in the public interest:

- Aggregate level data, including data on the following: hospital sector, HHS Health of the hospital, HHS of usual residence, SA23 of mother's usual residence, mother's age groups, mother's indigenous status, mother's smoking status and a count of mothers for all these variables. In total, 29,153 mothers. The data was supplied to Northern Queensland Primary Health Network (NQPHN), an independent, not-for-profit organisation funded by the Australian Government, to assist with their service planning at the SA2 geographical level where mother's area of usual residence is within the Northern Queensland area for the calendar years 2014 to 2016.

### ***Maternal death statistics***

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

During 2017-2018 there were no disclosures of confidential information in the public interest under this section of the legislation.

---

<sup>3</sup> Statistical Area Level 2 (SA2). Statistical Areas Level 2 (SA2) are medium-sized general-purpose areas built up from whole Statistical Areas Level 1. Their purpose is to represent a community that interacts together socially and economically. SA2s generally have a population range of 3,000 to 25,000 persons. *Australian Bureau of Statistics*, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Statistical%20Area%20Level%202%20%28SA2%29~10014>





### ***Notifications about cancer***

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

During 2017-2018 there were no disclosures of confidential information under this section of the legislation.

### ***Private Health Facilities Act 1999***

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

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

- During 2017-2018 there were no disclosures of confidential information under this section of the legislation.

# Public Health Report 2017-2018

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

## 1. Indigenous Health

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


### *1.1 Sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs): – Infectious syphilis (less than 2 years duration) and HIV*

There has been a significant increase in notification rates for infectious syphilis (less than two years duration) in Indigenous populations in Queensland since 2011, when an outbreak was declared in North West HHS. The ongoing outbreak is well documented and has now been declared in four HHSs (Cairns and Hinterland; North West; Torres and Cape and Townsville).

The notification rate of infectious syphilis in Aboriginal and Torres Strait Islander people has increased from 64 cases per 100,000 population in 2011 to 167 cases per 100,000 population in 2017. There has also been an increase in the notification rate of infectious syphilis in the non-Indigenous population, which has increased from 5 cases per 100,000 population in 2011 to 15 cases per 100,000 population in 2017.

There has been an increase in newly diagnosed HIV notification rates in Aboriginal and Torres Strait Islander populations in Queensland, from 4.2 cases per 100,000 population in 2011, to a peak of 9.4 cases per 100,000 in 2016, which has since decreased to 5.2 cases per 100,000 population in 2017. The majority (63.6 per cent) of these new HIV notifications in Aboriginal and Torres Strait Islander people have occurred in North Queensland. In comparison, rates in non-Indigenous populations have decreased from 4.3 cases per 100,000 population in 2011 to 3.8 cases per 100,000 population in 2017.

From 1 January 2014 to 30 June 2018, 40 new cases of HIV were diagnosed in Aboriginal and Torres Strait Islander people in North Queensland. The majority (73 per cent) of these cases are in Cairns and Hinterland HHS (CHHHS).



The HIV response team was established in the Cairns Sexual Health Service (CSHS) in January 2018 for a six-month period as an interim enhanced response to the cluster of HIV cases in North Queensland. The interim HIV response team is working in partnership with the HIV Public Health Team based in the Communicable Diseases Branch. The HIV response team is actively managing 29 clients who have complex care needs (this fluctuates from 27 to 30 clients at any one time). This intensive response has been successful in engaging people with HIV in treatment and care. In December 2017, prior to the response team being established, 38 per cent of clients were reported to be engaged in treatment and had an undetectable viral load. Currently, 72 per cent of clients are reported to be engaged in treatment and have an undetectable viral load.


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

In October 2017, the Communicable Diseases Branch collaborated with the Sexual Health Ministerial Advisory Committee and the Aboriginal and Torres Strait Islander Health Branch to host a North Queensland HIV Roundtable in Cairns. The HIV Roundtable was held to establish a framework for a coordinated health response to HIV in Aboriginal and Torres Strait Islander communities in North Queensland. Following the HIV Roundtable, a draft North Queensland HIV Action Plan has been developed. A draft HIV Outbreak Response Guideline has also been developed.

### *1.2 Water quality*

Remoteness, inappropriate infrastructure, limited operational capacity and poor source water quality can all impact the ability of Indigenous local governments to provide a continuous supply of safe drinking water for their communities. Queensland Health is now working closely with other State Government agencies to address these issues. A pilot 'Safe and Healthy drinking water' project in the Torres Strait is focused on the delivery of fit for purpose, fit for place infrastructure and building the skills and capacity of Indigenous drinking water treatment plant operators. Although the program is achieving promising results, more work needs to be done to expand the concept to all aspects of water, sanitation and hygiene across all Queensland Indigenous local governments.

### *1.3 Environmental health conditions*



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

The burden of disease of Aboriginal and Torres Strait Islander people is estimated to be 2.2 times that of the broader Australian population, but is even higher for remote and very remote Indigenous communities across central and northern Queensland. It is estimated that 30 to 50 per cent of this health inequality experienced by Aboriginal and Torres Strait Islander peoples can be attributed to poor environmental health.


In response to this, Queensland Health has concentrated its efforts over the last 15 years in increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the establishment of an environmental health workforce. Recently this has included the development of work plans to address local priority environmental health areas across food safety, water and sanitation, waste management, sewage, hygiene, and pest and animal management. The outcomes from these work plans help inform local governments on their future priorities, actions and successes for each reporting period.

This program is funded on an annual basis through to 2022 and encompasses 16 Indigenous local government areas and their 34 communities. In 2016, a new performance monitoring tool was introduced which has already helped identify areas of both improvement and future attention. The focus of the program over the next three years will be to improve service delivery of health-related infrastructure across whole-of-government and to improve the links between primary healthcare and front line environmental health workers within these Indigenous communities.

#### *1.4 Immunisation coverage*

Queensland's immunisation coverage (for all children) is comparable to, or higher than national rates for children at one, two and five years of age. In 2017–2018, coverage rates for Aboriginal and Torres Strait Islander children at one, two and five years of age improved from 2016–2017, although there remains a gap between Aboriginal and Torres Strait Islander and non-Indigenous childhood immunisation rates for children at both one and two years of age.

Annualised data for 2017–2018 indicates that the estimated coverage rate for Aboriginal and Torres Strait Islander children (91.8 per cent) at one year of age was 2.5 per cent lower than for non-Indigenous children (94.3 per cent), compared with 2.3 per cent for 2016–2017. The



coverage rate for Aboriginal and Torres Strait Islander children (89 per cent) at two years of age was 2.8 per cent lower than for non-Indigenous children (91.8 per cent), a slight improvement compared with 2016–2017 (3.6 per cent). At five years of age, the gap is reversed, with the rate for Aboriginal and Torres Strait Islander children (96.9 per cent) 2.9 per cent higher than for non-Indigenous children (94 per cent).

Delayed or incomplete vaccination places children at risk of contracting vaccine-preventable diseases. Timeliness is a major concern for vaccines due at 2, 4 and 6 months of age, as this is when children receive vaccines that protect against many serious diseases including pertussis, pneumococcal, Haemophilus influenzae type B (Hib) and rotavirus. Infection caused by these organisms can be severe, lead to hospitalisation, and can be fatal.

To address this issue, Queensland Health:


- Continued the 'Bubba Jabs on Time' initiative to follow up all Aboriginal and Torres Strait Islander children who are overdue for vaccinations at two, four or six months of age.
- Provided funding to the Queensland Aboriginal and Islander Health Council (QAIHC) to support Aboriginal Medical Services to improve immunisation data quality and to provide strategic leadership, information and advice.
- Continued funding for an immunisation follow-up and outreach project 'Boots on the Ground', developed by Townsville HHS, to address low coverage rates among Townsville's urban Aboriginal and Torres Strait Islander children.

Provided funding to Cairns and Hinterland HHS for 'Connecting our Mob'—an initiative to address low coverage rates in the Cairns area. Cairns and Hinterland HHS has high numbers of urban Aboriginal and Torres Strait Islander children reported as not up-to-date with vaccinations.

## **2. Chronic disease and cancer**

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

Chronic diseases impact on the health system, the health and wellbeing of the community, and the economy. Health expenditure costs in Queensland associated with chronic diseases were estimated to be \$9.6 billion in 2011-2012 (most recent estimate). Reducing unhealthy



behaviours and increasing healthy habits across the population is an effective way of reducing the chronic disease burden.

### *2.1 Tobacco smoking*

Queensland is increasingly becoming smoke-free. The adult daily smoking rate has halved since 1998 and youth smoking is at its lowest recorded level. The adult daily smoking rate is 12 per cent, and the youth smoking rate is 6 per cent.

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

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

In response to this challenge, Queensland Health's *Smoking Prevention Strategy 2017 to 2020*, under the *Health and Wellbeing Strategic Framework*, sets priority actions to help smokers to quit, prevent young people from starting smoking and increase smoke-free environments. In 2017-2018, key actions included:

- Delivering more than 31,000 tailored quit support sessions to smokers via Quitline.
- Over \$2.7million allocated for expansion of free Quitline programs providing intensive tailored quit smoking interventions for groups with high smoking rates or at high risk of harm, including disadvantaged groups, Indigenous people, those from regional, rural and remote areas, blue collar workers, and pregnant women and their partners. These 12-week programs achieve success rates of up to 27 per cent, four times the rate for people trying to quit without help.
- Strengthening primary healthcare services for Indigenous smokers by increasing brief intervention skills of health professionals and access to culturally effective resources.
- Strengthening the capacity of Aboriginal and Torres Strait Islander Councils to create local smoke-free environments and events.
- Providing quit smoking support and advice to public hospital inpatients, and dental and community mental health clients.

- Support to the higher education and training sector to create smoke-free learning environments. From 1 July 2018, all public universities and TAFE Queensland implemented smoke-free policies banning smoking on all campuses.
- Encouraging and supporting workplaces to establish smoke-free policies and access to quit smoking programs.
- Delivering a mass and social media campaign to raise awareness of the new Quit HQ website which is designed to provide people with the tools and resources they need to quit smoking for good.

## 2.2 Overweight and obesity

The challenge of reducing overweight and obesity is a global problem. Latest data show that 64 per cent of Queensland adults and 26 per cent of Queensland children are overweight or obese.

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

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

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

In response to this challenge, Queensland Health's *Overweight and Obesity Prevention Strategy 2017 to 2020*, under the *Health and Wellbeing Strategic Framework*, sets priority actions to increase the proportion of Queenslanders who are a healthy weight. In 2017-2018, key actions included:

- Supporting individuals' positive lifestyle changes to reduce diabetes and chronic disease through the *My health for life* program, a risk assessment and lifestyle modification program. Group-based programs are now available in 14 HHSs and telephone health coaching has been available state-wide since June 2017.




- Working with HHSs on development of the Model of Care An integrated approach for tackling childhood overweight and obesity in Queensland.
- Collaborating with Workplace Health and Safety Queensland to embed a health and wellbeing culture across industry and employer groups in the public and private sectors.
- Strengthening the capacity of Aboriginal and Torres Strait Islander Councils to create healthier food environments, including working with local food businesses to improve in-store healthy food promotions.
- Increasing the capacity of Aboriginal and Torres Strait Islander health and community workers to support people to achieve and maintain a healthy weight by providing face-to-face and online training, guidelines and resources.
- Reducing the availability of sugar-sweetened drinks from healthcare facilities by working with HHSs to implement the *Healthier Drinks for Healthcare Facilities* best practice guide.
- Increasing physical activity and healthy eating by continuing community programs including *Heart Foundation Walking*, *10,000 Steps*, the *Get Healthy Information and Coaching Service* and *Jamie's Ministry of Food*.
- Healthier. Happier. social marketing and communication activities, providing accessible information and resources to encourage and support Queenslanders to eat healthily and increase physical activity.

### 2.3 Cancer Screening

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

Queensland Health provides breast screening services that aim to reduce deaths from breast cancer and are targeted at women aged 50 to 74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 22 satellites and nine mobile vans covering more than 260 locations across the State. The latest available data identifies that 56.3 per cent of Queensland women aged 50 to 74 years participated in the program (for the 24-month calendar period 2015–2016). In the 2017 calendar year, 248,168 breast screens were performed.

Queensland Health also supports the National Cervical Screening Program (NCSP). The program aims to reduce the number of women who develop or die from cervical cancer through screening which currently detects early changes in the cervix before cervical cancer develops. The NCSP underwent changes from 1 December 2017, including a change of



test, an increase in screening interval and an increase in screening commencement age from 18 to 25 years. These program changes were a result of new evidence and better technology. The latest available data identifies that 53.6 per cent of Queensland women participated in the program (for the 24-month calendar period 2015–2016). In the 2017-year, 355,808 Pap smear results were recorded on the Queensland Health Pap Smear Register.

The National Bowel Cancer Screening Program (NBCSP) invites eligible Queenslanders aged 50 to 74 years to screen for bowel cancer using a free, simple test at home. Queensland Health supports the NBCSP through the delivery of the Participant Follow Up Function (PFUF) for participants who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. The total number of follow-up interactions in Queensland that were delivered for the 2017-2018 financial year was over 8,700. The latest available data identifies that 40.4 per cent of eligible Queenslanders participated in the program (for the 24-month calendar period 2015–2016).


Queensland Health recognises the significant impact and benefit of improving participation by eligible Queenslanders in cancer screening programs and as a result continues to prioritise and invest in a range of collaboratively developed State and local level strategies which aim to increase participation rates and ensure that those participants requiring follow up are seen in a timely manner.

### **3. Environmental Health**

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

#### ***3.1 Foodborne illness—Salmonella and Campylobacter***

It has been estimated that there are approximately 4.1 million cases of foodborne illness in Australia each year, with contaminated food causing approximately 30,800 hospitalisations and 76 deaths every year. Among the notifiable pathogens, *Campylobacter* is the major cause of human gastrointestinal illness in Australia, while *Salmonella* is the leading cause of foodborne illness outbreaks in Australia.



In April 2017, the Australia and New Zealand Ministerial Forum on Food Regulation agreed the food regulation system is producing strong food safety outcomes overall, and identified three priority areas for 2017–2021 to further strengthen the system. One of these priorities is to reduce foodborne illness, particularly related to *Campylobacter* and *Salmonella*, with a nationally-consistent approach. A national foodborne illness strategy has been endorsed by the ministerial forum and focuses on food safety culture; national engagement; sector based initiatives; consumer and industry education; monitoring and surveillance and research.

In Queensland, the reduction of foodborne illness is a priority and is achieved through a legislative framework focused on through-chain, risk-based principles. The framework is comprised of several pieces of legislation, each addressing food safety at different levels of the food supply chain, and administered by several regulators.

The *Queensland Foodborne Pathogen Risk Mitigation Strategy April 2018–April 2021* aims to reduce the number of food-related human cases of campylobacteriosis and salmonellosis in Queensland, while aligning with and supporting the national approach.


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

- Undertaking research to better understand the organism, epidemiology and impact on food safety.
- The development and implementation of through chain control strategies.
- Engagement with industry to identify appropriate interventions.
- Improving capabilities and practices of local government environmental health officers.
- The implementation of a two-phase communication and engagement campaign targeting relevant stakeholders including retailers, food service and consumers.

### 3.2 Lead

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

The Mount Isa Lead Health Management Committee has supported the implementation of the point of care testing (PoCT) program by the NWHHS Child Health Services. Mount Isa parents can now make use of PoCT with a simple finger prick blood lead test for children up to five years of age. PoCT is less painful and invasive for the child, with instant results



ensuring early detection and only requiring a few drops of blood. Children are offered the test at the same time as their scheduled immunisations—at age six months, 12 months, 18 months and three and a half years. During the first year of the program, there has been significant increase in blood lead testing rates of children and significant community support has been gained through identifying at risk children within the community quickly and effectively.

### *3.3 Clandestine Drug Laboratories*

Premises that have been used as a former clandestine drug laboratory have the potential to pose a significant public health risk due to the hazardous and ongoing nature of chemical contamination arising from the manufacture of illicit drugs. Currently, Queensland Police Service notifies the owner of the premise and the relevant local government when they have removed clandestine chemicals and/or equipment from a property.


Queensland Health has continued to work closely with key stakeholders across government, including local government representatives, to address public health risks arising from former un-remediated clandestine laboratories in domestic properties. Consultation has continued in the collaborative development of the guideline Clandestine Drug Laboratories—A management guideline for public health regulators to ensure a practical and effective resource is available to assist with the remediation process.

### *3.4 PFAS*

The historic use of aqueous film forming foams has resulted in per- and poly-fluorinated alkyl substances (PFAS) contamination at multiple sites in Queensland including Defence Force bases, airports, ports, fire stations and mines. Queensland Health works collaboratively with other government agencies to ensure that PFAS contaminated sites are properly assessed and that any emerging risks are managed appropriately. The response to identified contaminated sites follows a response framework based on assessed health risk which prioritises assessment and management of exposures to drinking water, followed by food, recreational water and then environmental risk assessment.

## **4. Communicable disease prevention and control**

Over the last century considerable progress has been made in reducing communicable disease related morbidity and mortality. However, communicable diseases remain relatively common and are a significant public health priority in Queensland. There were almost 123,000 communicable diseases reported in Queensland during 2017, representing about one notification per 39 Queenslanders.



Contemporary communicable disease challenges are increasingly complex with new and re-emerging communicable diseases inevitable due to changing interactions between humans, animals and the environment. A One Health approach to minimise the acute and longer term impacts of communicable diseases is supported by comprehensive surveillance systems, maintenance of sufficient capacity for early assessment of potential threats and comprehensive response plans.

#### *4.1 Exotic mosquitos*

The primary dengue mosquito, *Aedes aegypti*, is found in coastal north Queensland and parts of central and southern Queensland. A secondary dengue mosquito, *Aedes albopictus*, is only found in the Torres Strait. This mosquito can establish itself quickly in new locations and if it reaches mainland Australia, has the potential to spread as far south as Victoria. These species are invasive and are not known to be present in the Brisbane region. In addition to dengue viruses, they can also transmit Zika and chikungunya viruses.


Exotic dengue mosquitoes have been detected at international First Points of Entry into Australia and Approved Arrangement Sites, where they often arrive in cargo such as over-sized tyres or from passenger aircraft. A Public Health Event of State Significance was declared on 5 January 2018 in response to one exotic detection event relating to an Approved Arrangement site. This response was led by Queensland Health's Communicable Diseases Branch until it was stood down 16 February 2018.

This detection event comprised three detections of two separate species of *Aedes* mosquitoes (*Aedes aegypti* and *Aedes albopictus*). An Authorised Prevention and Control Program was approved to facilitate surveillance and control in the Lytton, Wynnum, and Port of Brisbane areas from 5 January 2018 until 30 March 2018. Since this event, there have been two further detection events of *Aedes albopictus* associated with imported over-sized tyres at the Port of Brisbane. Routine surveillance continues, and there is currently no evidence that these mosquitoes have established at the locations where they have previously been detected

#### *4.2 Immunisation-Meningococcal ACWY Vaccination Program*

Meningococcal disease is a rare but severe infection that can cause death or profound life-long disability. Rates of invasive meningococcal disease (IMD) have been increasing across Australia. In Queensland, there has recently been an increase in IMD cases due to serogroup W and serogroup Y. From 1 July 2017 to 30 June 2018, there were a total of 61 cases of IMD in Queensland, 26 of which were serogroup B, 17 were serogroup Y, 13 were serogroup W, and one was serogroup E (in four cases serogroup was not known).

Some of the highest rates of meningococcal carriage occurs among 15 to 19-year-olds.



In response to the increased number of cases of meningococcal W and Y in Queensland, Queensland Health established a Meningococcal ACWY Vaccination Program, which commenced in school term two, 2017. Free meningococcal ACWY vaccination has been offered to all Year 10 students through the School Immunisation Program since the commencement of the program. Preliminary data indicate an uptake of approximately 63 per cent in the Year 10 cohort in 2017. Young people 15 to 19 years of age can also access free meningococcal ACWY vaccine through their doctor or immunisation provider until 31 December 2018.

#### *4.3 Meningococcal W response*

On 2 November 2017, the Australian Department of Health Chief Medical Officer declared that the rise of meningococcal W cases in remote Indigenous communities in Central Australia, Barkley and Katherine regions was a potential communicable disease incident of national significance. Due to the close geographical, cultural and mobility ties to Indigenous communities in northern and western areas of Queensland an incident management response was activated in Queensland.

The response was coordinated by the Communicable Diseases Branch and operationalised through the concerted efforts of the Public Health Units. The approach was to deliver a free, time limited, targeted meningococcal ACWY vaccination program to Aboriginal and Torres Strait Islander children aged 12 months to 19 years in high risk areas. Communication support for the program was provided by the Integrated Communications Branch. By targeting this high-risk age group, the aim was to reduce disease in this group and to reduce the spread of meningococcal bacteria to the wider community.

Each Public Health Unit prioritised children according to the agreed Communicable Diseases Network of Australia tiered approach and successfully rolled out the program through general practitioners, community immunisation providers and Public Health Unit staff.

#### *4.4 Infection control*

Following two serious incidents of non-compliance with appropriate infection control standards by dental practices during 2016–17, amendments were made to the *Public Health Act 2005*. The amendments strengthened the existing infection control regulatory framework for healthcare facilities by providing new powers to Queensland Health and commenced on 1 September 2017.

To support the implementation of the amendments, Queensland Health has:

- Developed a number of resources, including templates and guidelines.



- Engaged with peak industry bodies regarding the infection control requirements within the *Public Health Act 2005*.
- Developed an online training module for Queensland Health staff.
- Delivered fourteen workshops throughout Queensland to HHS Public Health Unit staff.
- Provided support to Public Health Units investigating complaints in relation to breaches of infection control standards when requested.

#### *4.5 Influenza – 2017 season*

The influenza season in Queensland usually occurs annually in the southern and central areas typically between May and October. In the tropical region, the pattern can be more variable and may include clusters outside this period. In 2017, the Queensland season reached its peak in the week beginning 13 August, with a total of 5,599 notifications.


From 1 January to 31 December 2017, there were 56,094 notifications. The number of 2017 notifications was 3.1 times the five-year mean:

- 37,438 (67 per cent) were typed as influenza A.
- 18,656 (33 per cent) were typed as influenza B.
- 3,358 influenza A were subtyped: 587 (17 per cent) were A(H1N1) pdm09 and 2,771 (83 per cent) were A/H3N2.
- Subtype was unavailable for 34,080 influenza A cases.

From 1 January to 31 December 2017 there were 6,070 admissions to public hospitals with confirmed influenza, including 753 Intensive Care Unit admissions. The number of hospitalisations in 2017 was 3.3 times the five-year mean. The 6,070 admissions to public hospitals, included Queensland residents (5,861), interstate residents (163), and overseas visitors (46). Of the 5,861 admissions of Queensland residents, 5,146 (88 per cent) were due to influenza A. Public hospital admissions reached a peak in the week beginning 20 August, with 577 patients admitted with laboratory confirmed influenza. Queensland Health distributes vaccine funded under the National Immunisation Program for individuals considered high risk for influenza disease.

Queensland Health developed and implemented an influenza prevention communication strategy with the aim of preventing transmission and reducing the impact of influenza on Queenslanders. The communication focused firstly on promoting influenza vaccination prior to and during the influenza season and transitioned to hygiene messaging as the season progressed. Communication targeted all Queenslanders with an emphasis on high risk groups including young children, the elderly, pregnant women, those with chronic medical conditions and Aboriginal and Torres Strait Islander peoples. Due to the increased risk of





influenza transmission in residential aged care facilities, schools and boarding schools, and childcare facilities, Queensland Health actively promoted vaccination and hygiene messages during the influenza season to staff, parents/carers, children and residents.

# Report on the administration of public health portfolio legislation

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

## Licensing and approvals

- Completed 20,521 licence approvals and certificates, comprising:
  - 15,522 (75.6 per cent) under the *Radiation Safety Act 1999*
  - 2653 (12.9 per cent) under the *Pest Management Act 2001*
  - 2266 (11.0 per cent) under the *Health (Drugs and Poisons) Regulation 1996*
  - 80 (0.4 per cent) under the *Food Act 2006*.
- Total revenue raised by these licensing activities was \$4,442,885, which includes licence prepayment fees taken in 2016, 2017 and 2018 that are valid until 2022.
- Received approximately 25,000 licensing enquiries.
- The number and type of public health licences granted in 2017 was published on the Open Data Portal at: <https://data.qld.gov.au/dataset/health-protection-licences>
- Implemented an online payment facility for radiation safety licence renewals.

## Complaints management

- Public health authorised officers received 1,812 complaints and 1,428 enquiries in 2017-2018. They undertook 4,896 investigations and 1,749 inspections/audits. In addition, eight high risk radiation possession licensees were audited and 38 high dose radiation notifications were investigated.

## Compliance monitoring

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

Proactive compliance monitoring highlights for 2017-2018 include:

- Completed sampling and analysis for the survey of baseline levels of *Campylobacter* in chickens and offal (beef, lamb, chicken, pork) at retail. Interim results suggest a consistent 2015-2017 prevalence of *Campylobacter* spp. (91 per cent) and *Salmonella* (12 per cent) on raw chicken meat throughout Queensland. However, there was a lower prevalence of high-level (> 10,000 CFU/carcass) *Campylobacter* detections on retail chicken portions in 2017 compared with 2015-2016.
- Successfully transitioned to weekly submissions of controlled drug (Schedule 8) prescriptions from community pharmacies. There was over 95 per cent compliance across the 1154 community pharmacies.
- Assessed notifications of 298 distinct pharmacies and 445 individual pharmacists for compliance with the *Pharmacy Business Ownership Act 2001*. Out of the 298 distinct pharmacy notifications, 18 were subject to legal investigation to establish if compliance against the Act was achieved. All 445 individual pharmacist notifications achieved compliance against the Act.
- Completed an investigation into elevated blood lead levels associated with shooting ranges. The investigation indicated that the rifle ranges do pose an increased risk of lead exposure. Several recommendations were provided which included providing educational material for the public and the proprietors of shooting ranges. The development of this educational material will be undertaken in conjunction with Work Place Health and Safety Queensland (WPHSQ).
- Completed training for all HHS PHUs regarding the *Radiation Safety Act 1999* and application of the legislation to dental practices. It is intended that compliance monitoring of dental practices by the HHS PHUs will be included in the compliance monitoring activities planned for 2018-2019.
- Issued 10 warning notices under *Radiation Safety Act 1999* to highlight a previous contravention and warn of possible action should the licensee repeat the contravention. Also 20 Improvement Notices and one Prohibition Notice (PIN) were issued by inspectors appointed under the *Radiation Safety Act 1999*. This Prohibition Notice relates to failure to hold a certificate of compliance, issued under the Act, for premises where a radiation source was being used. This matter has been resolved within this period. Two legal proceedings against both a company and an individual who did not ensure safety of another person during the use of the radiation source, were finalised. The offender has been found guilty of contravening provisions of the *Radiation Safety Act 1999* a fine imposed and, in the case of the company, a conviction was recorded.
- Completed compliance audits of public transport waiting points, malls and building entrances under the *Tobacco and Other Smoking Products Act 1998* (TOSPA). Overall

compliance with TOSPA was high. A total of 17,101 areas across Queensland were assessed for compliance with outdoor smoking bans at identified hot spots. Nearly 45,000 people were estimated to present at these areas, with 564 smokers found to be non-compliant with the relevant outdoor smoking ban under TOSPA. A total of 457 enforcement actions were undertaken against the non-compliances, 244 smokers were given a warning and 213 smokers were issued with a prescribed infringement notice.

## Actions taken

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

Table1 - Public health legislation enforcement actions 2017-2018


Public health legislation (Act)	Written advices, warnings	Compliance, remedial, improvement notice, public health orders or administrative law actions	Seizures	Prescribed infringement notices	Legal proceedings (prosecutions)	Total (n)
Food Safety	68	45	2	26	8	149
Health Drugs and Poisons	107	27	4	0	2	140
Pest Management	14	4	0	9	1	28
Public Health	35	1	0	0	0	36
Radiation Safety	10	21*	1	0	1	33
Tobacco and Other Smoking	270	47	2	400	3	722
<b>Total</b>	<b>505</b>	<b>145</b>	<b>9</b>	<b>435</b>	<b>15</b>	<b>1108</b>

\*Figure includes 1 prohibition notice

# Glossary of terms

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

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



	Health Reform Heads of Agreement signed in February 2010 by the Australian Government and all states and territories amending the NHHNA.
Heater cooler unit	Equipment used to regulate the temperature of patients intraoperatively
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	A Hospital and Health Board (HHB) is made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Services	Hospital and Health Services (HHS) are separate legal entities established to deliver public hospital services. HHSs commenced on 1 July 2012. Queensland's 16 HHSs replaced existing health service districts.
Hospital Foundations	Assist their associated hospitals to provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They comprise the Bundaberg Health Services Foundation; Children's Health Foundation Queensland; Far North Queensland Hospital Foundation; Gold Coast Hospital Foundation; Ipswich Hospital Foundation; Mackay Hospital Foundation; PA Research Foundation; Royal Brisbane and Women's Hospital Foundation; Sunshine Coast Health Foundation; The Prince Charles Hospital Foundation; Toowoomba Hospital Foundation; Townsville Hospital Foundation.
Hospital in the Home	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
Immunisation	Process of inducing immunity to an infectious agent by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Incident	An incident is an event that results in one or more responses by the ambulance service.
Indigenous healthcare worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.



i.Pharmacy	An enterprise-wide pharmacy management system, which allows pharmacy staff within Queensland Health to dispense and distribute medicines to patients, wards and departments
LASN	A Local Ambulance Service Network is geographically aligned to a HHS boundary. There are 15 geographic LASNs, with an additional statewide LASN comprising of the eight operations centres.
LARU	Local-area Assessment and Referral Unit is a service established by the QAS, which provides for alternative treatment pathways for lower acuity patients to other treatment providers, to help reduce the demand on emergency departments.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
My Health Record	An Australian Digital Health Agency initiative to establish a national digital health record system providing each Australian patient and their healthcare providers a secure online summary of the patient's health information.
Next Generation program	A program for senior leaders in Queensland Health, and builds the capability of high performing senior leaders.
NDIS	The National Disability Insurance Scheme is a national scheme providing individualised (reasonable and necessary) disability supports to people with a disability over a lifetime. It is administered by a single agency— National Disability Insurance Agency.
Nurse navigator	Highly experienced nurses who have an in-depth understanding of the health system, to assist high-needs patients with receiving end-to-end care and coordination service.
Outpatient	A non-admitted, non-emergency patient who is provided with an outpatient service.
Outpatient service	Examination, consultation, treatment or other service provided to a non-admitted, non-emergency patient in a specialty unit or under an organisational arrangement administered by a hospital.
PACS	A picture archiving and communication system (PACS) is a medical imaging technology which provides economical storage and convenient access to images from multiple modalities (source machine types).

Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Performance indicators usually have targets that define the level of performance expected against the performance indicator.
Population health	The promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised, population-based programs and strategies.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Queensland Clinical Senate	Represent clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care in Queensland.
Queensland healthcare system	Incorporates the public, private and not-for-profit healthcare sectors.
Ryan's Rule	Ryan's Rule is a statewide patient, family/carer escalation process to honour the memory of Ryan. It offers patients, their family and/or carer an opportunity to 'escalate' their concerns independently when they believe the patient in hospital is getting worse, is not doing as well as expected or who shows behaviour that is not normal for them.
SEQ PTS	The establishment of the Spring Hill Operations Centre (OpCen) that specialises in the non-urgent call taking and deployment of PTS operations within SEQ.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Telehealth	<p>Delivery of health-related services and information via telecommunication technologies, including:</p> <ul style="list-style-type: none"> <li>• live, audio and or/video interactive links for clinical consultations and educational purposes</li> <li>• store-and-forward telehealth, including digital images, video, audio and clinical (storage) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists</li> <li>• teleradiology for remote reporting and clinical advice for diagnostic images</li> </ul>



- telehealth services and equipment to monitor people's health in their home.

#### The Viewer

The Viewer is a secure read-only, web-based application that sources key patient information from a number of existing Queensland Health enterprise clinical and administrative systems.

# Acronyms

ABD	Acute Behavioural Disturbance	ASC	Architecture and Standards Committee
ABF	Activity Based Funding	ASM	Ambulance Service Medal
ACSQHC	Australian Commission on Safety and Quality in Healthcare	AUSHSI	Australian Centre for Health Service Innovation
ADHA	Australian Digital Health Agency	AUSMAT	Australian Medical Assistance Teams
ADWG	Australian Drinking Water Guidelines	BAC	Barrett Adolescent Centre
AEHRC	Australian e-Health Research Centre	BCG	Bacillus Calmette-Guerin
AHD	Advance Health Directive	BDM	Births Deaths and Marriages
AHMAC	Australian Health Ministers' Advisory Council	BiOC	Birthing in Our Communities
AHPPC	Australian Health Protection Principal Committee	BJoT	Bubba Jabs on Time project
AIDS	Acquired immune deficiency syndrome or acquired immunodeficiency syndrome	BOM	Bureau of Meteorology
AIIMS	Australasian Inter-Service Incident Management System	BPE	Building Performance Evaluations
AMAQ	Australian Medical Association Queensland	BPF	Business Planning Framework
ARC	Department of Health Audit and Risk Committee	BRT	Bicycle Response Team
		BYOD	Bring Your Own Device
		CAA	Council of Ambulance Authorities
		CAD	Computer Aided Dispatch
		CALD	Culturally and Linguistically Diverse
		CALF	Congenital Anomaly Linked File

CAPS	Cabinet and Parliamentary Services	CPC	Clinical Prioritisation Criteria
CBD	Central Business District	CPR	Cardiopulmonary resuscitation
CBRE	Chemical, Biological and Radiation Emergency	CSD	Corporate Services Division
CCP	Critical Care Paramedic	CSG	Coal Seam Gas
CDNA	Clinical Diseases Network Australia	CSIRO	Commonwealth Scientific and Industrial Research Organisation
CEO	Chief Executive Officer	CWP	Coal Worker's Pneumoconiosis
CHAP	Community Health Action Plan	DA	Design Authority
CHIA	Certified Health Informatician of Australasia	DBAC	Digital Business Advisory Committee
CHP	Community Helicopter Providers	DMEC	Disaster Management Executive Committee
CISSU	Clinical Information Systems Support Unit	DET	Department of Education and Training
CKN	Clinical Knowledge Network	DFV	Domestic and family violence
CLDP	Creative Leadership Development Program	DMHAOD	Division of Mental Health Alcohol and Other Drugs
CLEAR	Collaboration for Emergency Admission Research and Reform	DMS	Duress Monitoring Systems
COAG	Council of Australian Governments	DIAC	Digital Infrastructure Advisory Committee
CODP	Classified Officer Development Program	DFV	Domestic and Family Violence
COI	Commission of Inquiry	DLT	Departmental Leadership Team
CoP	Community of Practice	ED	Emergency Department
CPA	Certified Practicing Accountants	EMD	Emergency Medical Dispatcher

ESCAD	Emergency Services Computer Aided Dispatch	HPPEC	Healthcare Purchasing and Performance Executive Committee
ESU	Ethical Standards Unit		
EVP	Emergency Vehicle Priority	HPV	Human Papilloma Virus
		HR	Human Resources
FSR	Financial System Renewal Program	HRIS	Human Resources Information Solutions
FTE	Full-time equivalent	HSQ	Health Support Queensland
FPS	Forward Procurement Schedule		
		IMD	Invasive Meningococcal Disease
FSS	Forensic and Scientific Services	IWFM	Integrated Workforce Management
GC2018	Gold Coast 2018		
Commonwealth Games	Commonwealth Games	IVD	In Vitro Diagnostic medical device
GCIA	General Chemistry Immunoassay	HCC	Health Contact Centre
		HHB	Health and Hospital Board
GLS	Group Linen Service		
GOLDOC	Gold Coast 2018 Organising Committee	HIIRO	Health Innovation Investment Research Office
GP	General Practitioner		
GWN	Government Wireless Network	HSCE	Health Service Chief Executive
HCW	Healthcare Workers	HIS	Hospital Safety Index
HEOC	Health Emergency Operation Centre	HSQ	Health Support Queensland
HHS	Hospital and Health Service	ICT	Information and communication technology
HIV	Human Immunodeficiency Virus	ieMR	integrated electronic Medical Record
hMPV	Human metapneumovirus	IMF	Investment Management Framework


IMHDDR	Integrated Mental Health Data Reporting Repository	MAPLE	Monitoring of Applications, Permits and Licensing Events
IMSGC	Information Management Strategic Governance Committee	MARS	Medications, Anaesthetics and Research Support
IMT	Incident Management Team	MBA	Master of Business Administration
IPL	Intense Pulsed Light	MESU	Ministerial and Executive Services
iRMS	Integrated Referral Management System	MHAOD	Mental Health, Alcohol and Other Drugs
IUIH	Institute for Urban Indigenous Health	MHDAPC	Mental Health, Drug and Alcohol Principal Committee
IVD	In Vitro Diagnostic		
KPI	Key Performance Indicator	MIMMS	Major Incident Medical Management and Support
LARU	Local Assessment and Review Unit.	MLF	Master Linkage File
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer	MSAC	Medical Services Advisory Committee
LASN	Local Ambulance Service Network	MSQ	Medication Services Queensland
LCCH	Lady Cilento Children's Hospital	MSHHS	Metro South Hospital and Health Service
LAC	Local Ambulance Committee	NAIDOC	National Aboriginal and Islander Day Observance Committee
LIS	Laboratory Information System	MUM	Midwifery Unit Manager
LLDP	LASN Leadership Development Program	NBA	National Blood Authority
LMS	Learning Management System	NaMIG	Nurses and Midwives Implementation Group
MAC	Ministerial Advisory Committee	NBCSP	National Bowel Cancer Screening Program





NDRRA	National Disaster Relief and Recovery Arrangements	OHSA	Office of Health Statutory Services
NCSP	National Cervical Screening Program	OST	Opioid Substitution Treatment
NCSR	National Cancer Screening Registry	PA	Princess Alexandra
NDIS	National Disability Insurance Scheme	PACH	Patient Access and Co-ordinations Hubs
NGO	Non-government organisation	PACS	Picture archiving and communication system
NHHNA	National Health and Hospitals Network Agreement	PCR	Polymerase Chain Reaction
NHMRC	National Health and Medical Research Council	PFAS	Per- and poly- Fluoroalkyl substances
NoCS	Notifiable Conditions System	PHN	Primary Health Network
NEPT	Non-Emergency Patient Transport	PHU	Public Health Unit
NPA	National Partnership Agreements	PII	Professional indemnity insurance
NPAAC	National Pathology Accreditation Advisory Council	PNG	Papua New Guinea
NPEV	National Partnerships on Essential Vaccines	POCT	Point Of Care Testing
NRAS	National Registration and Accreditation Scheme	POST	Patient off-stretcher time
NSQHSS	National Safety and Quality Health Service Standards	PPM	Privately practicing midwives
NSW	New South Wales	PQ	Pathology Queensland
NUM	Nurse Unit Manager	PSM	Public Service Medal
ODG	Office of the Director-General	PrEP	Pre-Exposure Prophylaxis
		PTS	Patient Transport Service
		PTSS	Patient Travel Subsidy Scheme
		PSBA	Public Safety Business Agency
		QAEHS	Queensland Alliance for Environmental Health Sciences
		QAO	Queensland Audit Office

QAS	Queensland Ambulance Service	RESIST	Recognise Early Signs and Initiate Sepsis Treatment
QAST	Queensland Association of School Tuckshops	RMO	Resident Medical Officer
QBR	Queens Baton Relay	RFDS	Royal Flying Doctor Service
QCAT	Queensland Civil and Administrative Tribunal	RSQ	Retrieval Services Queensland
QDMC	Queensland Disaster Management Committee	RTO	Registered Training Organisation
QFES	Queensland Fire & Emergency Services	SCUH	Sunshine Coast University Hospital
QGAir	Queensland Government Air	SCOPE	Supply Chain Operational Performance Excellence
QGHA	Queensland Genomics Health Alliance	SCoS	Standing Committee on Screening
QHEPS	Queensland Health Electronic Publishing Service	SDCC	State Disaster Coordination Centre
QHSPEC	Queensland Health Strategic Procurement Executive Committee	SDCG	State Disaster Coordination Group
QIMR	Queensland Institute of Medical Research	SEQ	South East Queensland
QPS	Queensland Police Service	SEQPTS	South East Queensland Patient Transport Service
QRA	Queensland Reconstruction Authority	SHEMC	State Health Emergency Management Committee
QUT	Queensland University of Technology		State Health Emergency Coordination Centre
RASFF	Rapid Alert System for Food and Fuel	SLF	System Leadership Forum
RBWH	Royal Brisbane Women's Hospital	SLT	System Leadership Team
RCA	Root Cause Analysis	SPR	System Performance Reporting
RDUP	Rural Doctors Upskilling Program	SRAM-ED	Suicide Risk Assessment and Management in Emergency Departments
		SUSD	Step Up Step Down
		STC	Severe Tropical Cyclone



STI	Sexually transmissible infection	WEHO	Workplace Equity and Harassment Officer
TC	Tropical Cyclone	WAU	Weighted Activity Units
TEMSU	Telehealth Emergency Management Support Unit	WorkMAPP	Workforce Mapping Analysis Planning Projections
TGA	Therapeutic Goods Administration	YES	Your Experience of Service
TMR	Transport and Main Roads		
TRAIC	Tackling Regional Adversity through Integrated Care		
UVQ	United Voice Queensland		
UQ	University of Queensland		
VPS	Vaccine Preventable Diseases		

# Compliance Checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<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	i
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	ii page 192
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	Inside front cover
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Inside front cover
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968 (Cwlth)</i> ARRs – section 9.4	Inside front Cover
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Inside front cover
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10.1	pages 1-4
	<ul style="list-style-type: none"> <li>Agency role and main functions</li> </ul>	ARRs – section 10.2	pages 12-13
	<ul style="list-style-type: none"> <li>Machinery of Government changes</li> </ul>	ARRs – section 31 and 32	Not applicable
	<ul style="list-style-type: none"> <li>Operating environment</li> </ul>	ARRs – section 10.3	pages 14-32
Non-financial performance	<ul style="list-style-type: none"> <li>Government's objectives for the community</li> </ul>	ARRs – section 11.1	page 33-34
	<ul style="list-style-type: none"> <li>Other whole-of-government plans / specific initiatives</li> </ul>	ARRs – section 11.2	pages 165-168
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.3	pages 35-128
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.4	pages 129-144
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	pages 5-9
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	page 32
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	pages 26-32
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	pages 143-146
	<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	page 149
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.5	page 150
	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	page 152

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Audit committee	ARRs – section 14.2	page 153
	• Internal audit	ARRs – section 14.3	page 153
	• External scrutiny	ARRs – section 14.4	page 150
	• Information systems and recordkeeping	ARRs – section 14.5	page 155
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	pages 158-159
	• Early retirement, redundancy and retrenchment	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	page 159
Open Data	• Statement advising publication of information	ARRs – section 16	Inside front cover
	• Consultancies	ARRs – section 33.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Overseas travel	ARRs – section 33.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Queensland Language Services Policy	ARRs – section 33.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	Included with financial statements commencing page 206
	• Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	Included with financial statements commencing page 206

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*



## Department of Health Financial Statements - 30 June 2018

# Department of Health

## Contents and General Information

30 June 2018

---

### Contents

Statement of profit or loss and other comprehensive income .....	208
Statement of financial position .....	209
Statement of changes in equity .....	210
Statement of cash flows .....	211
Budget vs actual comparison .....	212
Statement of profit or loss and other comprehensive income by major departmental services .....	213
Statement of assets and liabilities by major departmental services .....	214
Note 1. Significant accounting policies .....	215
Note 2. Activities and other events .....	216
Note 3. Appropriation revenue .....	217
Note 4. User charges .....	218
Note 5. Labour recoveries .....	219
Note 6. Grants and other contributions .....	220
Note 7. Other revenue .....	221
Note 8. Employee expenses .....	222
Note 9. Key management personnel disclosures .....	223
Note 10. Related Party Transactions .....	224
Note 11. Supplies and services .....	225
Note 12. Health services .....	226
Note 13. Grants and subsidies .....	227
Note 14. Other expenses .....	228
Note 15. Cash and cash equivalents .....	229
Note 16. Loans and receivables .....	230
Note 17. Inventories .....	231
Note 18. Assets held for sale .....	232
Note 19. Property, plant and equipment .....	233
Note 20. Intangibles .....	234
Note 21. Payables .....	235
Note 22. Accrued employee benefits .....	236
Note 23. Asset revaluation surplus .....	237
Note 24. Reconciliation of surplus to net cash from operating activities .....	238
Note 25. Financial instruments .....	239
Note 26. Contingencies .....	240
Note 27. Commitments to expenditure .....	241
Note 28. Restricted assets .....	242
Note 29. Interests in associates .....	243
Note 30. Administered transactions and balances .....	244
Note 31. Reconciliation of payments from Consolidated Fund to administered revenue .....	245

### General Information

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

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

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

1 William Street  
Brisbane  
Queensland 4000

For information in relation to the Department's financial statements, email [FIN\\_Corro@health.qld.gov.au](mailto:FIN_Corro@health.qld.gov.au) or visit the Queensland Health website at <http://www.health.qld.gov.au>.



# Department of Health

## Statement of profit or loss and other comprehensive income

For the period ended 30 June 2018

	Note	2018 \$'000	Adjusted Budget* 2018 \$'000	2017 \$'000	Ref**	Budget vs actual variance \$'000
<b>Revenue</b>						
Appropriation revenue	3	10,705,087	10,352,773	10,046,296		352,314
User charges	4	1,886,113	1,825,902	1,844,550		60,211
Labour recoveries	5	2,043,273	2,117,198	1,936,460		(73,925)
Grants and other contributions	6	4,711,579	4,321,556	4,162,750	i.	390,023
Other revenue	7	26,515	18,663	40,830		7,852
Interest revenue		4,192	194	4,625		3,998
<b>Total revenue</b>		<b>19,376,759</b>	<b>18,636,286</b>	<b>18,035,511</b>		<b>740,473</b>
<b>Expenses</b>						
Employee expenses	8	(3,448,363)	(3,365,460)	(3,219,331)		(82,903)
Supplies and services	11	(1,659,283)	(1,874,020)	(1,626,497)	ii.	214,737
Health services	12	(13,381,014)	(12,991,175)	(12,549,964)	iii.	(389,839)
Grants and subsidies	13	(68,444)	(95,037)	(72,493)		26,593
Depreciation and amortisation	19,20	(149,257)	(114,633)	(128,646)		(34,624)
Impairment losses		(7,011)	(950)	(2,654)		(6,061)
Share of loss from associates	29	(1,263)	-	(1,974)		(1,263)
Other expenses	14	(660,617)	(144,099)	(423,642)	iv.	(516,518)
<b>Total expenses</b>		<b>(19,375,252)</b>	<b>(18,585,374)</b>	<b>(18,025,201)</b>		<b>(789,878)</b>
<b>Surplus for the year</b>		<b>1,507</b>	<b>50,912</b>	<b>10,310</b>		<b>(49,405)</b>
<b>Other comprehensive income</b>						
<i>Items that will not be reclassified subsequently to profit or loss</i>						
Increase/(decrease) in asset revaluation surplus		72,500	-	92,793		72,500
<b>Other comprehensive income for the year</b>		<b>72,500</b>	<b>-</b>	<b>92,793</b>		<b>72,500</b>
<b>Total comprehensive income for the year</b>		<b>74,007</b>	<b>50,912</b>	<b>103,103</b>		<b>23,095</b>

\* Original Budget adjusted for a Machinery of Government (MoG) function transfer in from the Public Safety Business Agency (PSBA) for the "Administration of Non-Government Emergency Helicopter Agreements" effective from 1 July 2017. This transfer was in line with the authority outlined within the Public Service Departmental Arrangements Notice (No. 2) 2017.

\*\* This relates to Budget vs actual comparison commentary section.

# Department of Health

## Statement of financial position

As at 30 June 2018

	Note	2018 \$'000	Original Budget 2018 \$'000	2017 \$'000	Ref*	Budget vs actual variance \$'000
<b>Assets</b>						
<b>Current assets</b>						
Cash and cash equivalents	15	295,481	292,178	290,839		3,303
Loans and receivables	16	1,324,306	748,236	1,002,007	v.	576,070
Inventories	17	63,435	63,044	69,674		391
Assets held for sale	18	9,022	-	34,247		9,022
Prepayments		84,134	31,123	79,411		53,011
<b>Total current assets</b>		<b>1,776,378</b>	<b>1,134,581</b>	<b>1,476,178</b>		<b>641,797</b>
<b>Non-current assets</b>						
Loans and receivables	16	67,805	43,466	92,795		24,339
Interests in associates	29	76,458	78,456	77,721		(1,998)
Property, plant and equipment	19	1,000,951	1,449,711	908,947	vi.	(448,760)
Intangibles	20	308,470	210,622	259,135	vii.	97,848
Other assets		2,966	-	2,081		2,966
<b>Total non-current assets</b>		<b>1,456,650</b>	<b>1,782,255</b>	<b>1,340,679</b>		<b>(325,605)</b>
<b>Total assets</b>		<b>3,233,028</b>	<b>2,916,836</b>	<b>2,816,857</b>		<b>316,192</b>
<b>Liabilities</b>						
<b>Current liabilities</b>						
Payables	21	1,204,676	471,732	953,123	viii.	732,944
Accrued employee benefits	22	439,874	544,681	431,187	ix.	(104,807)
Unearned revenue		3,073	29	2,937		3,044
<b>Total current liabilities</b>		<b>1,647,623</b>	<b>1,016,442</b>	<b>1,387,247</b>		<b>631,181</b>
<b>Non-current liabilities</b>						
Unearned revenue		2,739	4,804	3,561		(2,065)
<b>Total non-current liabilities</b>		<b>2,739</b>	<b>4,804</b>	<b>3,561</b>		<b>(2,065)</b>
<b>Total liabilities</b>		<b>1,650,362</b>	<b>1,021,246</b>	<b>1,390,808</b>		<b>629,116</b>
<b>Net assets</b>		<b>1,582,666</b>	<b>1,895,590</b>	<b>1,426,049</b>		<b>(312,924)</b>
<b>Equity</b>						
Contributed equity		73,604		-		
Asset revaluation surplus	23	206,925		134,425		
Retained surpluses		1,302,137		1,291,624		
<b>Total equity</b>		<b>1,582,666</b>	<b>1,895,590</b>	<b>1,426,049</b>	x.	<b>(312,924)</b>

\* This relates to Budget vs actual comparison commentary section.

# Department of Health

## Statement of changes in equity

For the period ended 30 June 2018

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

	Contributed equity \$'000	Asset revaluation surplus \$'000	Retained surpluses \$'000	Total equity \$'000
Balance at 1 July 2017	-	134,425	1,291,624	1,426,049
Surplus for the year	-	-	1,507	1,507
Increase/(decrease) in asset revaluation surplus	-	72,500	-	72,500
<b>Total comprehensive income for the year</b>	<b>-</b>	<b>72,500</b>	<b>1,507</b>	<b>74,007</b>
<i>Transactions with owners in their capacity as owners:</i>				
Equity injections	357,709	-	-	357,709
Equity withdrawals	(611,325)	-	-	(611,325)
HHS equity transfers*	331,067	-	-	331,067
Reclassification between equity classes	-	-	-	-
Net assets transferred to HHSs	(3,847)	-	-	(3,847)
Other equity adjustments**	-	-	9,006	9,006
<b>Balance at 30 June 2018</b>	<b>73,604</b>	<b>206,925</b>	<b>1,302,137</b>	<b>1,582,666</b>

### Significant accounting policies

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

\* Hospital and Health Services (HHSs) are independent statutory bodies and equity injections should not be taken to indicate control or ownership by the Department. HHS equity transfers represent equity withdrawals for reimbursements of a capital nature, offset by injections mainly relating to depreciation funding.

\*\* Other equity adjustments (\$9.0M) represents a transaction related to an agreement with the Department of State Development, Manufacturing, Infrastructure and Planning (DSDMIP) and Queensland Treasury (QT), regarding demolition works carried out on the former Gold Coast Hospital land.

# Department of Health

## Statement of cash flows

For the period ended 30 June 2018

	Note	2018 \$'000	Adjusted Budget* 2018 \$'000	2017 \$'000 Ref**	Budget vs actual variance \$'000
<b>Cash flows from operating activities</b>					
<i>Inflows</i>					
Appropriation revenue receipts		10,426,551	10,352,773	9,730,556	73,778
Labour recoveries		2,038,106	2,117,198	1,924,015	(79,092)
User charges		1,562,614	1,831,369	1,625,360	xi. (268,755)
Grants and other contributions		4,403,427	4,294,064	3,943,117	109,363
GST collected from customers		24,110	15,044	19,883	9,066
GST input tax credits		222,333	167,844	211,826	54,489
Other revenue		28,629	14,745	42,974	13,884
Payroll loans and advances		20,044	-	12,080	20,044
Cash (payments made on behalf of)/recoupment from HHSs		5,449	-	(4,782)	5,449
<i>Outflows</i>					
Health services		(12,754,919)	(12,991,175)	(12,055,628)	236,256
Employee expenses		(3,460,939)	(3,340,786)	(3,202,627)	(120,153)
Supplies and services		(1,303,646)	(1,834,780)	(1,331,515)	xii. 531,134
Grants and subsidies		(68,444)	(95,037)	(72,493)	26,593
GST paid to suppliers		(229,094)	(157,036)	(201,039)	(72,058)
GST remitted		(24,831)	(15,044)	(19,319)	(9,787)
Other expenses		(148,780)	(144,099)	(135,035)	(4,681)
Net cash from/(used by) operating activities	24	740,610	215,080	487,373	525,530
<b>Cash flows from investing activities</b>					
<i>Inflows</i>					
Proceeds from sale of property, plant and equipment		27,262	35,427	2,765	(8,165)
<i>Outflows</i>					
Payments for property, plant and equipment		(145,397)	(652,192)	(203,433)	xiii. 506,795
Payments for intangibles		(87,399)	(61,824)	(59,390)	xiv. (25,575)
Loans and Advances		-	(1,582)	-	1,582
Net cash from/(used by) investing activities		(205,534)	(680,171)	(260,058)	474,637
<b>Cash flows from financing activities</b>					
<i>Inflows</i>					
Equity injections		352,635	1,247,662	356,450	xv. (895,027)
<i>Outflows***</i>					
Equity withdrawals		(883,069)	(697,827)	(700,549)	xvi. (185,242)
Net cash from/(used by) financing activities		(530,434)	549,835	(344,099)	(1,080,269)
Net increase/(decrease) in cash held		4,642	84,744	(116,784)	(80,102)
Cash and cash equivalents at the beginning of the financial year		290,839	207,434	407,623	83,405
<b>Cash and cash equivalents at the end of the financial year</b>	15	<b>295,481</b>	<b>292,178</b>	<b>290,839</b>	<b>3,303</b>

\* Original Budget adjusted for a MoG function transfer in from the Public Safety Business Agency for the "Administration of Non-Government Emergency Helicopter Agreements" effective from 1 July 2017. This transfer was in line with the authority outlined within the Public Service Departmental Arrangements Notice (No. 2) 2017.

\*\* This relates to Budget vs actual comparison commentary section.

\*\*\* Details of the Department's change in liability for equity withdrawals payable/receivable is outlined in Note 3.

The accompanying notes form part of these statements.

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Budget vs actual comparison

i. The \$390.0M variance in Grants and other contributions is mainly due to the National Health Reform Agreement (NHRA) which increased funding from the Commonwealth Government for health service delivery (\$393.4M) compared to budget. The budget was based on the estimated 2016-17 activity levels, however from 1 July 2017 funding provided by the Commonwealth is based on a 6.5% cap (in dollar terms) based on the prior year reconciled actuals.

ii. The \$214.7M variance in Supplies and services is predominantly due to a budget in-year transfer (\$301.7M) from Supplies and services to the purchasing of Health services from HHSs as a result of higher activity levels than budgeted.

iii. The \$389.8M variance in Health services is mainly due to higher activity levels in HHSs resulting in additional Health services being purchased by the Department (\$301.7M) and the realignment of expenditure from Supplies and services to Health services (refer to comment ii. above). The remaining variance is linked to an increase in medical program research expenditure (\$64.3M) and higher community and rural services expenditure (\$11.1M).

iv. The \$516.5M variance in Other expenses is mainly due to recognition of the unspent appropriation for 2017-18 (\$508.3M) which is payable to Queensland Treasury. These end of year transactions and in-year decisions are not known at the time the budget is published.

v. The \$576.1M variance in Loans and receivables is mainly attributable to appropriation receivable from Queensland Treasury of (\$124.5M) and grant funding from the Commonwealth (\$384.0M). These end of year transactions and in-year decisions are not known at the time the budget is published.

vi. The \$448.8M variance in Property, plant and equipment (PPE) is mainly due to deferrals in funding for the provision of the Priority Capital Program (\$27.9M), Rural and Regional Infrastructure Package (\$17.8M), Health Technology Equipment Replacement (HTER) (\$17.1M) and capital works expensing (\$64.8M) related to Laboratory Information

System, Information Communication Technology (ICT) assets, Princess Alexandra Hospital (PAH) Cladding and the Finance Systems Renewal (FSR) projects. The budget also assumed a partial transfer of assets relating to the Sunshine Coast University Hospital (SCUH). These assets transferred in full during the prior financial year and account for the remaining variance.

vii. The \$97.8M variance in Intangibles is predominantly a result of a portion of the budget for Information Communication and Technology (ICT) related assets included within the PPE budget due to decisions being made in-year as well as the Financial Systems Renewal Project expenditure.

viii. The \$732.9M variance in Payables is mainly due to Appropriations Payable (\$615.7M) and Hospital and Health Service Payables (\$124.1M) being recognised in the financial statements. These amounts were not known at the time of the budget.

ix. The \$104.8M variance for Current Accrued employee benefits is mainly due to Pay As You Go (PAYG) liabilities being included in Payables in the financial statements instead of Accrued employee benefits, as in the budget.

x. The \$312.9M variance in total equity relates to changes in the timing and nature of funding related to the Department's capital programs and operating expenses budgeted to be capitalised.

xi. The \$268.8M variance in User charges is mainly attributed to non-cash accounting entries to reflect income from medical supplies sold to HHSs (\$237.3M). This was included in the budget as cash expenditure. The remaining variance related to lower than budgeted expenditure for the purchase of other supplies (\$31.5M).

xii. The \$531.1M variance in payments for Supplies and services is mainly attributable to non-cash accounting entries to recognise the cost of medical supplies sold to HHSs (refer to comment xi. above), (\$237.3M) which was assumed to be cash in the budget. The remaining variance is mainly due to a reduction in other supplies and services, the higher budget figure was driven by an allowance for funding to be allocated to the purchasing of health

services pending in-year decisions yet to be made.

xiii. The \$506.8M variance for Property, plant and equipment is mainly due to changes in the timing (deferrals) and nature of funding provided for the Department's Capital Program (refer to PPE comment vi. above). The budget also assumed different timing regarding SCUH project payments, some of which were in the 2017-18 budget. This project was completed in 2016-17.

xiv. The \$25.6M variance in Payments for intangibles is mainly due to a component of the budget for ICT being included in Property plant and equipment.

xv. The \$895.0M variance in Equity injections is mainly due to the treatment of depreciation funding and the associated Equity injection for the Department. For the budget, revenue is provided to HHSs to offset their depreciation expense with an equivalent amount of cash withdrawn via equity resulting in a \$613.8M equity injection to the Department. The cash movements between The Department and HHSs for this transaction are offset as per current policy. The remaining variance (\$281.2M) relates to changes in the timing and nature of funding provided for the Department's capital program and operating expenses within the capital program budgeted to be capitalised.

xvi. The \$185.2M variance in Equity withdrawals is due to additional non-appropriated equity funding provided to HHSs (\$144.8M) to support their capital programs and additional approved depreciation funding and the associated equity withdrawal.

### *Administered transactions and balances*

i. The \$39.6M variance for Administered appropriation and Grants is a result of an in-year decision for the Office of the Health Ombudsman (\$11.0M) and the Mater Loan arrangement (\$28.6M), not known at the time the budget is published.

*The accompanying notes form part of these statements.*

# Department of Health

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

For the period ended 30 June 2018

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue</b>																		
Appropriation revenue	4,995,851	4,548,469	1,003,938	948,733	970,608	931,326	1,261,033	1,233,191	414,871	375,525	1,443,298	1,461,409	615,488	547,643	-	-	10,705,087	10,046,296
User charges	915,779	864,655	184,030	180,352	177,920	177,043	231,157	234,427	76,049	71,387	264,567	277,811	120,251	121,250	(83,640)	(82,375)	1,886,113	1,844,550
Labour recoveries	1,011,723	926,291	203,310	193,408	196,561	189,992	255,375	251,703	84,017	76,468	292,287	298,598	-	-	-	-	2,043,273	1,936,460
Grants and other contributions	2,293,003	1,959,366	460,788	408,690	445,491	401,191	578,790	531,227	190,418	161,767	725,268	687,330	17,821	13,179	-	-	4,711,579	4,162,750
Other revenue	12,992	19,324	2,611	4,031	2,524	3,957	3,279	5,239	1,079	1,595	3,753	6,209	277	475	-	-	26,515	40,830
Interest revenue	2,076	2,215	417	462	403	453	524	600	172	183	600	712	-	-	-	-	4,192	4,625
<b>Total Revenue</b>	<b>9,231,424</b>	<b>8,320,320</b>	<b>1,855,094</b>	<b>1,735,676</b>	<b>1,793,507</b>	<b>1,703,962</b>	<b>2,330,158</b>	<b>2,256,387</b>	<b>766,606</b>	<b>686,925</b>	<b>2,729,773</b>	<b>2,732,069</b>	<b>753,837</b>	<b>682,547</b>	<b>(83,640)</b>	<b>(82,375)</b>	<b>19,376,759</b>	<b>18,035,511</b>
<b>Expenses</b>																		
Employee expenses	1,465,954	1,348,578	303,356	284,856	264,833	245,551	338,155	332,079	106,036	97,224	409,879	417,852	560,150	493,192	-	-	3,448,363	3,219,331
Supplies and services	782,291	749,724	163,943	158,634	136,655	134,689	172,953	180,954	52,890	52,644	224,326	232,959	140,318	129,721	(14,093)	(12,828)	1,659,283	1,626,497
Health services	6,605,677	5,978,941	1,309,754	1,240,444	1,322,800	1,280,638	1,731,690	1,687,004	580,236	520,987	1,900,404	1,911,497	-	-	(69,547)	(69,547)	13,381,014	12,549,964
Grants and subsidies	18,810	15,863	4,265	3,483	3,406	3,154	2,988	2,572	695	593	32,821	40,188	5,459	6,640	-	-	68,444	72,493
Depreciation and amortisation	58,044	49,237	13,158	10,812	7,891	6,780	9,220	7,982	2,145	1,840	19,344	16,642	39,454	35,353	-	-	149,257	128,646
Impairment losses	3,006	262	682	58	409	36	478	43	111	10	1,002	89	1,323	2,156	-	-	7,011	2,654
Share of loss from associates	-	-	-	-	-	-	-	-	-	-	1,263	1,974	-	-	-	-	1,263	1,974
Other expenses	329,363	205,414	66,312	43,008	63,677	39,283	82,683	54,079	27,127	16,289	87,080	62,276	4,375	3,293	-	-	660,617	423,642
<b>Total expenses</b>	<b>9,263,145</b>	<b>8,348,019</b>	<b>1,861,470</b>	<b>1,741,295</b>	<b>1,799,671</b>	<b>1,710,131</b>	<b>2,338,167</b>	<b>2,264,713</b>	<b>769,240</b>	<b>689,587</b>	<b>2,676,119</b>	<b>2,683,477</b>	<b>751,079</b>	<b>670,355</b>	<b>(83,640)</b>	<b>(82,375)</b>	<b>19,375,252</b>	<b>18,025,201</b>
<b>(Deficit)/Surplus for the year</b>	<b>(31,721)</b>	<b>(27,699)</b>	<b>(6,376)</b>	<b>(5,619)</b>	<b>(6,164)</b>	<b>(6,169)</b>	<b>(8,009)</b>	<b>(8,326)</b>	<b>(2,634)</b>	<b>(2,662)</b>	<b>53,654</b>	<b>48,593</b>	<b>2,758</b>	<b>12,192</b>	<b>-</b>	<b>-</b>	<b>1,507</b>	<b>10,310</b>
<b>Items that will not be reclassified subsequently to profit or loss</b>																		
Increase/(decrease) in asset revaluation surplus	38,326	45,910	8,688	10,081	5,210	6,322	6,088	7,443	1,416	1,715	12,772	15,517	-	5,805	-	-	72,500	92,793
<b>Other comprehensive income</b>	<b>38,326</b>	<b>45,910</b>	<b>8,688</b>	<b>10,081</b>	<b>5,210</b>	<b>6,322</b>	<b>6,088</b>	<b>7,443</b>	<b>1,416</b>	<b>1,715</b>	<b>12,772</b>	<b>15,517</b>	<b>-</b>	<b>5,805</b>	<b>-</b>	<b>-</b>	<b>72,500</b>	<b>92,793</b>
<b>Total comprehensive income</b>	<b>6,605</b>	<b>18,211</b>	<b>2,312</b>	<b>4,462</b>	<b>(954)</b>	<b>153</b>	<b>(1,921)</b>	<b>(883)</b>	<b>(1,218)</b>	<b>(947)</b>	<b>66,426</b>	<b>64,110</b>	<b>2,758</b>	<b>17,997</b>	<b>-</b>	<b>-</b>	<b>74,007</b>	<b>103,103</b>

The accompanying notes form part of these statements



# Department of Health

## Statement of assets and liabilities by major departmental services

As at 30 June 2018

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Current assets</b>																		
Cash and cash equivalents	119,417	118,348	23,997	24,685	23,201	24,232	30,143	32,086	9,917	9,771	34,500	38,024	54,306	43,693	-	-	295,481	290,839
Loans and receivables	648,222	467,696	130,263	97,553	125,939	95,763	163,622	126,802	53,830	38,613	187,271	150,269	22,149	32,041	(6,990)	(6,730)	1,324,306	1,002,007
Inventories	31,213	33,220	6,273	6,929	6,064	6,802	7,879	9,007	2,592	2,743	9,018	10,674	396	299	-	-	63,435	69,674
Assets held for sale	4,466	16,399	898	3,421	868	3,358	1,128	4,446	371	1,354	1,291	5,269	-	-	-	-	9,022	34,247
Prepayments	40,964	36,840	8,232	7,684	7,959	7,543	10,340	9,988	3,402	3,042	11,835	11,836	1,402	2,478	-	-	84,134	79,411
<b>Total current assets</b>	<b>844,282</b>	<b>672,503</b>	<b>169,663</b>	<b>140,272</b>	<b>164,031</b>	<b>137,698</b>	<b>213,112</b>	<b>182,329</b>	<b>70,112</b>	<b>55,523</b>	<b>243,915</b>	<b>216,072</b>	<b>78,253</b>	<b>78,511</b>	<b>(6,990)</b>	<b>(6,730)</b>	<b>1,776,378</b>	<b>1,476,178</b>
<b>Non-current assets</b>																		
Loans and receivables	33,574	44,436	6,747	9,268	6,523	9,098	8,475	12,047	2,788	3,669	9,699	14,277	-	-	-	-	67,805	92,795
Interests in associates	37,858	37,217	7,608	7,763	7,355	7,620	9,556	10,090	3,144	3,073	10,937	11,958	-	-	-	-	76,458	77,721
Property, plant and equipment	256,573	212,507	51,560	44,325	49,848	43,512	64,763	57,615	21,307	17,545	74,124	68,278	482,776	465,165	-	-	1,000,951	908,947
Intangibles	151,554	122,888	30,455	25,633	29,444	25,162	38,255	33,318	12,585	10,146	43,784	39,484	2,393	2,504	-	-	308,470	259,135
Prepayments	1,469	997	295	208	285	204	371	270	122	82	424	320	-	-	-	-	2,966	2,081
<b>Total non-current assets</b>	<b>481,028</b>	<b>418,045</b>	<b>96,665</b>	<b>87,197</b>	<b>93,455</b>	<b>85,596</b>	<b>121,420</b>	<b>113,340</b>	<b>39,946</b>	<b>34,515</b>	<b>138,968</b>	<b>134,317</b>	<b>485,169</b>	<b>467,669</b>	<b>-</b>	<b>-</b>	<b>1,456,650</b>	<b>1,340,679</b>
<b>Total assets</b>	<b>1,325,310</b>	<b>1,090,548</b>	<b>266,328</b>	<b>227,469</b>	<b>257,486</b>	<b>223,294</b>	<b>334,532</b>	<b>295,669</b>	<b>110,058</b>	<b>90,038</b>	<b>382,883</b>	<b>350,389</b>	<b>563,422</b>	<b>546,180</b>	<b>(6,990)</b>	<b>(6,730)</b>	<b>3,233,028</b>	<b>2,816,857</b>
<b>Current liabilities</b>																		
Payables	582,643	441,635	117,085	92,118	113,198	90,427	147,069	119,737	48,385	36,462	168,326	141,896	34,960	37,578	(6,990)	(6,730)	1,204,676	953,123
Accrued employee benefits	203,659	194,449	40,926	40,559	39,568	39,815	51,407	52,720	16,912	16,054	58,837	62,476	28,565	25,114	-	-	439,874	431,187
Unearned revenue	1,486	1,407	299	293	289	288	375	381	123	116	429	452	72	-	-	-	3,073	2,937
<b>Total current liabilities</b>	<b>787,788</b>	<b>637,491</b>	<b>158,310</b>	<b>132,970</b>	<b>153,055</b>	<b>130,530</b>	<b>198,851</b>	<b>172,838</b>	<b>65,420</b>	<b>52,632</b>	<b>227,592</b>	<b>204,824</b>	<b>63,597</b>	<b>62,692</b>	<b>(6,990)</b>	<b>(6,730)</b>	<b>1,647,623</b>	<b>1,387,247</b>
<b>Non-current liabilities</b>																		
Unearned revenue	1,355	1,705	273	356	264	349	342	462	113	141	392	548	-	-	-	-	2,739	3,561
<b>Total non-current liabilities</b>	<b>1,355</b>	<b>1,705</b>	<b>273</b>	<b>356</b>	<b>264</b>	<b>349</b>	<b>342</b>	<b>462</b>	<b>113</b>	<b>141</b>	<b>392</b>	<b>548</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,739</b>	<b>3,561</b>
<b>Total liabilities</b>	<b>789,143</b>	<b>639,196</b>	<b>158,583</b>	<b>133,326</b>	<b>153,319</b>	<b>130,879</b>	<b>199,193</b>	<b>173,300</b>	<b>65,533</b>	<b>52,773</b>	<b>227,984</b>	<b>205,372</b>	<b>63,597</b>	<b>62,692</b>	<b>(6,990)</b>	<b>(6,730)</b>	<b>1,650,362</b>	<b>1,390,808</b>
<b>Net assets</b>	<b>536,167</b>	<b>451,352</b>	<b>107,745</b>	<b>94,143</b>	<b>104,167</b>	<b>92,415</b>	<b>135,339</b>	<b>122,369</b>	<b>44,525</b>	<b>37,265</b>	<b>154,899</b>	<b>145,017</b>	<b>499,825</b>	<b>483,488</b>	<b>-</b>	<b>-</b>	<b>1,582,666</b>	<b>1,426,049</b>

The accompanying notes form part of these statements



# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Major services

#### Significant accounting policies

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

There were seven major health services delivered by the Queensland Health system. These reflect the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2016-2020 (2017 update)* and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

#### Acute Inpatient Care

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

#### Emergency Care

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

#### Mental Health Service and Alcohol, Tobacco and Other Drug Services

Aims to promote the mental health of the community, prevent the development of mental health problems and address the harms arising from the use of alcohol and other drugs, and to provide timely access to safe, high quality assessment and treatment services.

#### Outpatient Care

Aims to deliver coordinated care, clinical follow-up and appropriate discharge planning throughout the patient journey. Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently

admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

#### Sub and Non-Acute Care

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

#### Prevention, Primary and Community Care

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

#### Queensland Ambulance Service

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

#### Note 1. Significant accounting policies

##### Statement of compliance

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

#### Services provided free of charge or for a nominal value

The Department provides corporate services to Hospital and Health Services (HHSs) free of charge. This includes payroll, accounts payable and banking. The fair value of these services to HHSs during 2017-2018 is estimated to be \$111.3M (\$115.1M in 2016-17) for payroll and \$7.6M (\$8.1M in 2016-17) for banking and accounts payable.

#### Goods and Services Tax and other similar taxes

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

#### Critical accounting

##### judgement and key sources of estimation uncertainty

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

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

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

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 1. Significant accounting policies (continued)

#### Future impact of accounting standards not yet effective

The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury.

Standard/Interpretation	Description	Year of Application	Impact/anticipated impact for the Department
AASB 9 <i>Financial Instruments</i> and AASB 2014-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i>	Provides for changes to the classification, measurement, impairment and disclosures associated with financial assets. AASB 9 introduces different criteria for whether financial assets can be measured at amortised cost or fair value.	2018-19	<p>All of the Department's financial assets are expected to be measured at amortised cost. Since the Department's current trade receivables are short-term in nature, the carrying amount is expected to be a reasonable approximation of amortised cost.</p> <p>AASB 9 seeks to recognise upfront impairments, or a loss allowance, aligned to the underlying credit risk profile of a receivable.</p> <p>An initial review of the Department's trade receivables has indicated that a significant majority relate to transactions with other government agencies. No additional impairment provision will be raised for these amounts on transition to the new accounting standard. This is in acknowledgement of the low credit risk for the State of Queensland.</p> <p>No material amounts have been identified which exhibit commercial or increased credit risk and in turn warrant impairment.</p>
AASB 1058 <i>Income of Not-for-Profit Entities</i> and AASB 15 <i>Revenue from Contracts with Customers</i>	<p>Certain grants may be recognised as revenue progressively as the associated performance obligations are satisfied, providing the performance obligations are enforceable and sufficiently specific.</p> <p>Depending on the specific contractual terms, the new requirements of AASB 15 may result in revenue being deferred to a later accounting period. Unperformed contractual obligations could lead to unearned revenue.</p>	2019-20	<p>Initial review of the requirements of AASB 1058 and AASB 15 has indicated that there will be no change to accounting for the appropriation revenue received from Queensland Treasury, representing \$10.7B or 55% of income received by the Department. Accounting for the sale of goods and services to Hospital &amp; Health Services (HHSs), hospital fees, and labour recoveries from non-prescribed HHSs are all expected to be unchanged as performance obligations are satisfied prior to charges being levied. This represents \$3.9B or 20% of income received by the Department.</p> <p>AASB 15 identifies distinct goods and services as separate performance obligations and stipulates that revenue should be recognised when the Department satisfies these performance obligations. The Department's current accounting practice is consistent with this. The Department has commenced evaluating the existing grant arrangements relating to National Health Reform funding from the Commonwealth Government, \$4.6B or 24% of total income, as to whether revenue from this source could be deferred under the new requirements. No conclusion or the potential impact, if any, has been determined at the present time. The Department will continue to assess this grant funding and in particular aim to establish if the current arrangements constitute a contract, in accordance with the standards, with sufficiently specific and enforceable terms. The outcome of this review will establish if current practices will continue on transition to the new standards.</p>

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 1. Significant Accounting Policies (continued)

#### Future impact of accounting standards not yet effective (continued)

Standard/Interpretation	Description	Year of Application	Impact/anticipated impact for the Department
AASB 16 Leases	Introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset and a corresponding liability for leases with a term exceeding 12 months, unless the underlying assets are of low value.	2019-20	<p>The Department as a lessee will be required to recognise a number of operating leases as assets alongside the associated liability rather than simply accounting for these as operating lease expenditure.</p> <p>The right-of-use asset will initially be recognised at cost and will give rise to a depreciation expense.</p> <p>The lease liability will initially be recognised as the present value of the lease payments during the term of the lease. Lease payments made will reduce this liability over time and also result in an interest expense.</p> <p>As at 30 June 2018, the Department has analysed a significant proportion of its existing operating leasing commitments (refer Note 27). This initial review has indicated that approximately 95% of the commitments reviewed relate to arrangements with other Queensland Government agencies as lessor.</p> <p>The Department's leases with such lessors are primarily for office accommodation through the Queensland Government Accommodation Office.</p> <p>It is anticipated that in the region of \$200M may be recognised as right to use assets alongside the corresponding liabilities.</p> <p>The Department is currently awaiting formal guidance from Queensland Treasury as to whether this arrangement should be accounted for on-balance sheet (via the mechanism mentioned above).</p>

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

#### Other presentation matters

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

#### Accounting standards applied for the first time

There are no Australian Accounting Standards being applied for the first time in 2017-18.

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 2. Activities and other events

There were no material events after the reporting date 30 June 2018 that have a bearing on the Department's operations, the results of those operations or these financial statements.

### Note 3. Appropriation revenue

	2018 \$'000	2017 \$'000
<b>Reconciliation of payments from Consolidated Fund to appropriated revenue recognised in operating result</b>		
Budgeted appropriation revenue	10,319,023	10,014,701
Transfers (to)/from other departments	33,750	-
Transfers (to)/from other headings	73,778	(8,538)
Lapsed appropriation revenue for other services	-	(275,607)
Total appropriation receipts (cash)	10,426,551	9,730,556
Less: Opening balance appropriation revenue receivable	(95,420)	(40,932)
Add: Closing balance appropriation revenue receivable	96,542	95,420
Add: Opening balance appropriation revenue payable	277,414	261,252
Less: Closing balance appropriation revenue payable	(508,325)	(277,414)
<b>Net appropriation revenue</b>	10,196,762	9,768,882
Add: Deferred appropriation payable to Consolidated Fund (expense)	508,325	277,414
<b>Appropriation revenue for services recognised in the Statement of profit or loss and other comprehensive income</b>	10,705,087	10,046,296
	2018 \$'000	2017 \$'000
<b>Reconciliation of payments from Consolidated Fund to equity adjustment</b>		
Budgeted equity adjustment appropriation	113,690	52,644
Transfers (to)/from other headings	(113,409)	-
Lapsed appropriation	(210,303)	(145,300)
Less: Opening balance appropriated equity injection receivable	(62,291)	(117,747)
Add: Closing balance appropriated equity injection receivable	29,200	62,291
Add: Opening balance appropriated equity withdrawal payable	96,909	40,932
Less: Closing balance appropriated equity withdrawal payable	(107,412)	(96,909)
<b>Equity adjustment recognised in contributed equity*</b>	(253,616)	(204,089)

#### Significant accounting policies

Appropriations provided under the Appropriation Act 2017 are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Unspent appropriation for 2017-18 amounted to \$194.3M (\$157.7M in 2016-17). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

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

\*This is net of equity injections and equity withdrawals.

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 4. User charges

	2018 \$'000	2017 \$'000
Sale of goods and services	1,562,797	1,531,799
Hospital fees	312,917	305,102
Rental income	10,399	7,649
	<u>1,886,113</u>	<u>1,844,550</u>

#### Significant accounting policies

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

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

### Note 5. Labour recoveries

	2018 \$'000	2017 \$'000
Labour recoveries from non-prescribed Hospital and Health Services	2,043,273	1,936,460
	<u>2,043,273</u>	<u>1,936,460</u>

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

### Note 6. Grants and other contributions

	2018 \$'000	2017 \$'000
Australian Government - National Health Funding Pool	4,571,599	4,031,402
Donations of inventory and non-current assets	62,821	67,040
Other grants	77,159	64,308
	<u>4,711,579</u>	<u>4,162,750</u>

#### Significant accounting policies

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

### Note 7. Other revenue

	2018 \$'000	2017 \$'000
Recoveries and reimbursements	7,697	23,728
Grants returned	9,667	2,918
Licences and registration charges	4,611	2,878
Sale proceeds of non-capitalised assets	1,515	977
Net gains from disposal/transfer of non-current assets	2,142	-
Other	883	10,329
	<u>26,515</u>	<u>40,830</u>

### Note 8. Employee expenses

	2018 \$'000	2017 \$'000
Wages and salaries	2,732,245	2,542,973
Employer superannuation contributions	294,906	279,144
Annual leave levy	317,488	299,099
Long service leave levy	58,982	53,406
Redundancies	2,535	2,509
Workers' compensation premium	9,763	9,761
Other employee related expenses	32,444	32,439
	<u>3,448,363</u>	<u>3,219,331</u>

#### Significant accounting policies

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

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

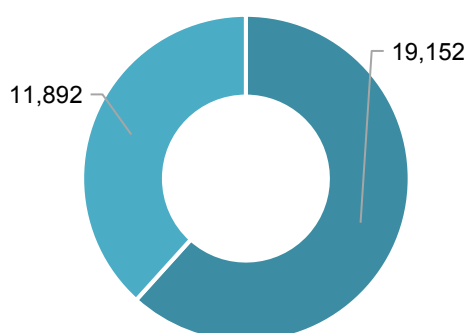
### Note 8. Employee expenses (continued)

#### Significant accounting policies (continued)

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

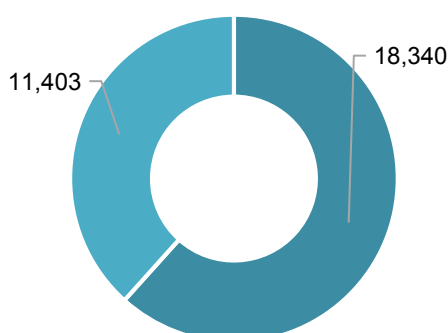
The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

2018 - Number of Employees



- Non-prescribed Hospital and Health Services
- The Department of Health

2017 - Number of Employees



- Non-prescribed Hospital and Health Services
- The Department of Health

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

### Note 9. Key management personnel disclosures

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

Remuneration policy for the Department's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*, the *Hospital and Health Boards Act 2011* and the *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2017-18, the remuneration of most key management personnel increased by 2.5 per cent in accordance with government policy and none of the key management personnel has a remuneration package that includes potential performance payments. Remuneration packages for key management personnel comprise of the following:

#### Short-term employee benefits

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



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

#### Other employee benefits

Long term employee benefits including long service leave accrued.



Post-employment benefits including superannuation benefits.



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



# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 9. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits						Total Benefits \$'000	
	Monetary benefits \$'000		Non-monetary benefits \$'000		Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000			
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
<b>Director-General, Queensland Health</b> Responsible for the overall management of the public-sector health system. Responsibilities include: statewide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Hospital and Health Services. <b>Current:</b> Michael Walsh (6 July 2015 to current)	557	546	21	9	11	10	18	30	-	-	607	595
<b>Deputy Director-General, Corporate Services Division</b> Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations and major capital infrastructure activities. <b>Current:</b> Barbara Phillips (6 March 2017 to current) <b>Former:</b> Elizabeth Gregoric (Acting) (29 March 2016 to 5 March 2017)	313	94	8	1	6	2	27	8	-	-	354	105
	-	147	-	8	-	3	-	15	-	-	-	173
<b>Deputy Director-General, Clinical Excellence Division</b> Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, research and professional clinical leadership activities of the Department. <b>Current:</b> Dr John Wakefield (4 January 2016 to current)	449	477	13	10	9	9	48	52	-	-	519	548
<b>Deputy Director-General, Healthcare Purchasing and System Performance Division</b> Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes. <b>Current:</b> Nicholas Steele (31 August 2015 to current)	316	291	9	8	6	6	33	30	-	-	364	335
<b>Queensland Chief Health Officer and Deputy Director-General, Prevention Division</b> Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats. <b>Current:</b> Dr Jeannette Young (6 July 2015 to current)	534	483	23	13	10	9	55	50	-	-	622	555
<b>Deputy Director-General, Strategy, Policy and Planning Division</b> Responsible for providing strategic leadership and direction to the activities of Queensland's health system through establishing the high level policy agendas, overseeing system-wide planning processes and facilitating strategic reform initiatives. <b>Current:</b> Kathleen Forrester (2 November 2015 to current)	278	285	8	8	5	5	29	30	-	-	320	328



# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 9. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits						Total Benefits \$'000	
	Monetary benefits \$'000		Non-monetary benefits \$'000		Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000		2018	2017
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017		
<b>Commissioner, Queensland Ambulance Services</b> Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. <b>Current:</b> Russell Bowles (3 June 2011 to current)	316	317	8	-	7	7	37	36	-	-	368	360
<b>Chief Executive, Health Support Queensland</b> Responsible for managing the strategic functions relating to the Clinical and Statewide Service, Pathology, Medication, Radiology, Biomedical Technology and Forensic and Scientific Services and Queensland Blood Management. <b>Current:</b> Dr Peter Bristow (acting from 13 November 2017 to 18 March 2018, appointed from 19 March 2018 to current) <b>Former:</b> Gary Uhlmann (11th January 2016 to 17 November 2017)	323 124	- 308	4 5	- 12	6 2	- 6	32 11	- 32	- 83	- -	365 225	- 358
<b>Chief Executive, eHealth Qld</b> Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings. <b>Current:</b> Dr Richard Ashby (20 February 2017 to current) <b>Former:</b> Malcolm Thatcher (11 July 2016 to 17 February 2017)	547 -	214 261	5 -	1 3	11 -	4 4	52 -	20 25	- -	- -	615 -	239 293
<b>Minister for Health and Minister for Ambulance Services*</b> The Department's responsible Minister is identified as part of the department's KMP, consistent with additional guidance included in the revised version of AASB 124 <i>Related Party Disclosures</i> . <b>Current:</b> Hon Dr Steven Miles (12 December 2017 to current) <b>Former:</b> Hon Cameron Dick (16 February 2015 to 11 December 2017)	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

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

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 10. Related Party Transactions

#### Transactions with other Queensland Government-controlled entities

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

Entity	Value \$'000		Nature of significant transactions
	2018	2017	
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government	Refer Note 3		The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2018, there were outstanding balances for receivables and payables relating to these transactions.
Queensland Government Insurance Fund (QGIF)	Refer Note 14		The Department pays annual insurance premium for a policy that covers the Department and HHSs.  The policy provides a range of covers including property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.
Sunshine Coast Hospital and Health Service (HHS)	\$5,078	\$1,615,760	The Department transferred via equity Sunshine Coast University Hospital (SCUH) P&E assets to the HHS under an enduring designation from the Minister for Health.  The Department procures health services from the HHSs. As at 30 June 2018, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 16 and 21).
	\$1,081,724	\$909,354	
Cairns and Hinterland HHS	\$808,837	\$754,819	The Department procures health services from the HHS. As at 30 June 2018, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 16 and 21).  One-off cash injection via equity to the HHS.
		\$40,000	
Central Queensland HHS	\$514,432	\$507,741	The Department procures health services from the HHS. As at 30 June 2018, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 16 and 21).
Central West HHS	\$71,216	\$66,268	
Children's Health Queensland HHS	\$693,298	\$666,858	
Darling Downs HHS	\$664,868	\$634,606	
Gold Coast HHS	\$1,329,888	\$1,239,140	
Mackay HHS	\$372,752	\$359,048	
Metro North HHS	\$2,462,303	\$2,293,422	
Metro South HHS	\$2,135,839	\$2,079,853	
North West HHS	\$169,131	\$161,486	
South West HHS	\$130,997	\$123,530	
Torres and Cape HHS	\$194,425	\$197,207	
Townsville HHS	\$864,402	\$818,585	
West Moreton HHS	\$549,295	\$506,037	
Wide Bay HHS	\$561,715	\$529,306	

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

- Cash recoupment for supplier and employee payments made on behalf of HHSs (refer Statement of cash flows).
- Charges for central services provided to HHSs such as pathology, ICT support, procurement and linen (refer Note 4).
- Services provided below fair value (refer Note 1).
- Labour recoveries related to non-prescribed HHSs (refer Note 5).

The Department receives services from the Department of Housing and Public Works (DHPW) and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, shared services, repairs and maintenance and capital works. The value of these transactions during 2017-18 was \$121.6M (\$106.2M in 2016-17).

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 11. Supplies and services

	2018 \$'000	2017 \$'000
Drugs	461,369	505,321
Clinical supplies and services	461,147	423,480
Consultants and contractors	137,063	126,218
Expenses relating to capital works	31,784	106,554
Repairs and maintenance	147,928	145,405
Operating lease rentals	61,267	55,255
Computer services	119,435	81,690
Communications	58,091	54,891
Advertising	11,673	14,988
Catering and domestic supplies	9,638	9,265
Utilities	11,433	12,923
Motor vehicles and travel	23,720	19,803
Building services	7,907	7,202
Interstate transport levy	5,477	4,750
Other	111,352	58,752
	<b>1,659,283</b>	<b>1,626,497</b>

#### Significant accounting policies

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

### Note 12. Health services

	2018 \$'000	2017 \$'000
Hospital and Health Services	12,547,994	11,786,365
Mater Hospitals	455,853	432,267
National Blood Authority	54,350	49,092
Aeromedical services	114,032	67,170
Mental health service providers	77,875	77,408
Other health service providers	130,910	137,662
	<b>13,381,014</b>	<b>12,549,964</b>

### Note 13. Grants and subsidies

	2018 \$'000	2017 \$'000
Medical research programs	26,553	34,826
Public hospital support services	27,226	19,307
Other health services including community, home, rural and mental health	14,665	18,360
	<b>68,444</b>	<b>72,493</b>

### Note 14. Other expenses

	2018 \$'000	2017 \$'000
Deferred appropriation payable to Consolidated Fund	508,325	277,414
Insurance QGIF	117,833	114,961
Insurance other	2,220	1,863
Net losses from disposal/transfer of non-current assets	-	8,832
Impairment of work in progress	-	592
Journals and subscriptions	10,127	8,937
Other legal costs	3,492	4,021
Audit fees*	1,496	1,711
Special payments**	4,553	166
Other	12,571	5,145
	<b>660,617</b>	<b>423,642</b>

#### Significant accounting policies

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

\*Queensland Audit Office audit fees for 2017-18 include \$0.7M for financial statements audit (\$0.7M in 2016-17) and \$0.6M for the assurance engagement and other audits (\$0.6M in 2016-17).

\*\*In 2017-18, there were 10 special payments exceeding \$5,000 (three payments in 2016-17). Of these, nine related to patient ex-gratia payments and one was made as a result of a loss.

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 15. Cash and cash equivalents

	2018 \$'000	2017 \$'000
Cash at bank and on hand	265,458	259,647
24-hour call deposits	10,023	11,192
Fixed rate deposit	20,000	20,000
	<b>295,481</b>	<b>290,839</b>

#### Significant accounting policies

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

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

The 24-hour call deposit relates to the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2017-18 the weighted average interest rate on the 24-hour call deposit was 2.41 per cent per annum (2.49 per cent per annum in 2016-17).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2017-18 the weighted average interest rate on this deposit was 1.94 per cent per annum (2.12 per cent per annum in 2016-17).

### Note 16. Loans and receivables

	2018 \$'000	2017 \$'000
<b>Current</b>		
Trade receivables	382,360	291,650
Receivables from HHSs	28,259	31,956
Payroll receivables*	18,035	34,892
	<b>428,654</b>	<b>358,498</b>
Less: Pay day transitional loan fair value adjustment	(1,614)	(1,907)
Less: Allowance for impairment of receivables	(6,209)	(673)
	<b>(7,823)</b>	<b>(2,580)</b>
	<b>420,831</b>	<b>355,918</b>
GST input tax credits receivables	26,192	19,269
GST payable	(563)	(1,282)
	<b>25,629</b>	<b>17,987</b>
Appropriation receivable	125,742	157,711
Annual leave reimbursements	189,725	177,382
Grants receivable	503,496	258,165
Long service leave reimbursements	30,768	34,737
Loan to other entities	28,023	-
Other	92	107
	<b>1,324,306</b>	<b>1,002,007</b>
<b>Non-current</b>		
Payroll receivables*	93,403	96,590
Less: Pay day loan fair value adjustment	(8,552)	(4,935)
Less: Allowance for impairment of receivables	(17,046)	(25,549)
Loan to other entities	-	26,689
	<b>67,805</b>	<b>92,795</b>

#### Significant accounting policies

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

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

The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority is expected to be recovered over the next 11 years.

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

\*Payroll receivables include amounts relating to salary overpayments, and interim cash payments. As at 30 June 2018, the Department recognised \$49.2M (\$63.6M in 2016-17) relating to salary overpayments and interim cash payments with \$12.3M classified as current and \$36.9M classified as non-current. As at 30 June 2018, the Department held a pay date loan of \$62.2M (\$67.9M in 2016-17) to provide a transitional loan equal to two weeks' net pay (of which \$5.7M is classified as current and \$56.5M is classified as non-current).

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 16. Loans and receivables (continued)

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

The estimated grants receivable for NHRA funding owed to the Department by the Commonwealth relates to 2016-17 and 2017-18 activity. The Department has used a risk adjusted funding estimate for the expected payments. An adjustment is made for risk factors of known elements that the Department understands is not likely to be funded by the Commonwealth.

#### Impairment of financial assets

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

An allowance for impairment of \$23.3M (\$26.2M in 2016-17) has been recognised in relation to payroll overpayments, pay date loan, and other receivables. In determining this balance, consideration was given to the value, quantity and age of the amounts.

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

#### Ageing of loans and receivables

	Not impaired 2018 \$'000	Not impaired 2017 \$'000	Impaired 2018 \$'000	Impaired 2017 \$'000
0 to 30 days	2,808	13,512	11,847	2,580
31 to 60 days	778	916	-	-
61 to 90 days	501	432	-	-
More than 90 days	6,393	10,182	11,409	23,642
	<b>10,480</b>	<b>25,042</b>	<b>23,256</b>	<b>26,222</b>

#### Movement in the allowance for impairment

	2018 \$'000	2017 \$'000
Opening balance	26,222	25,201
Increase/(Decrease) in impairment recognised	(2,966)	1,021
Closing balance	<b>23,256</b>	<b>26,222</b>

### Note 17. Inventories

	2018 \$'000	2017 \$'000
Medical supplies and drugs	57,685	63,584
Less: Allowance for loss of service potential	-	(69)
	<b>57,685</b>	<b>63,515</b>
Engineering	2,694	2,520
Catering and domestic	1,954	2,376
Other	1,102	1,263
	<b>63,435</b>	<b>69,674</b>

#### Significant accounting policies

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

#### Significant accounting policies

Non-current assets are classified as held for sale when their carrying amount is to be recovered principally through a sale transaction and a sale is highly probable. According to AASB 5 Land and buildings held for sale are recorded at fair value. The sale of Lot 1 & 3 of the former Gold Coast Hospital site has settled in financial year 2017-18. Remaining Lot 2 (\$9.0M) is expected to settle in financial year 2018-19.

### Note 18. Assets held for sale

	2018 \$'000	2017 \$'000
Land	9,022	34,045
Buildings	-	202
	<b>9,022</b>	<b>34,247</b>

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 19. Property, plant and equipment

2018

	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Gross	202,000	834,053	811,962	95,079	1,943,094
Less: Accumulated depreciation	-	(398,716)	(543,427)	-	(942,143)
<b>Carrying amount at end of period</b>	<b>202,000</b>	<b>435,337</b>	<b>268,535</b>	<b>95,079</b>	<b>1,000,951</b>

Categorisation of fair value hierarchy

#### Movement

	Level 2	Level 2 & 3*			
Carrying amount at start of period	190,550	343,169	285,874	89,354	908,947
Additions	-	1,310	28,882	115,205	145,397
Donations received	-	-	4	-	4
Disposals	(11,186)	104	(1,488)	-	(12,570)
Revaluation increments/(decrements)	(6,307)	78,807	-	-	72,500
Transfers (to)/from HHSs	9,133	(1)	364	(21,073)	(11,577)
Transfers (to)/from intangibles	-	-	40	(417)	(377)
Transfers to assets held for sale	9,423	-	-	-	9,423
Stocktake adjustments	-	-	92	-	92
Transfers between classes	10,387	32,611	44,992	(87,990)	-
Depreciation expense	-	(20,663)	(90,225)	-	(110,888)
<b>Carrying amount at end of period</b>	<b>202,000</b>	<b>435,337</b>	<b>268,535</b>	<b>95,079</b>	<b>1,000,951</b>

\* Carrying amount of level 2 buildings \$0.5M as at 30 June 2018 (\$0.5M in 2016-17).

2017

	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Gross	190,550	652,114	781,182	89,354	1,713,200
Less: Accumulated depreciation	-	(308,945)	(495,308)	-	(804,253)
<b>Carrying amount at end of period</b>	<b>190,550</b>	<b>343,169</b>	<b>285,874</b>	<b>89,354</b>	<b>908,947</b>

Categorisation of fair value hierarchy

#### Movement

	Level 2	Level 2 & 3			
Carrying amount at start of period	178,144	332,709	248,460	992,215	1,751,528
Additions	3,180	3,682	45,009	775,058	826,928
Donations received	-	-	100	-	100
Donations made	-	-	(34)	-	(34)
Disposals	(4,466)	(11,664)	(4,014)	-	(20,144)
Revaluation increments/(decrements)	15,000	77,793	-	-	92,793
Transfers (to)/from HHSs	67	(1,500,449)	2,077	(149,409)	(1,647,714)
Transfers (to)/from intangibles	-	-	103	-	103
Transfers to assets held for sale	(2,045)	(201)	-	-	(2,246)
Transfers to Department of Main Roads	-	-	375	-	375
Transfers between classes	671	1,458,133	69,464	(1,528,268)	-
Write-off capital works in progress	-	-	-	(242)	(242)
Depreciation expense	-	(16,834)	(75,666)	-	(92,500)
<b>Carrying amount at end of period</b>	<b>190,550</b>	<b>343,169</b>	<b>285,874</b>	<b>89,354</b>	<b>908,947</b>

#### Significant accounting policies

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

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



# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 19. Property, Plant and Equipment (continued)

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

\$10,000 for Buildings (including land improvement)

\$1 for Land

\$5,000 for Plant and equipment

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

The Department's buildings have total useful lives ranging from 10 to 100 years; for plant and equipment the total useful life is between 1 and 40 years:

2 to 28 years for Computer, furniture & fittings

1 to 40 years for Medical equipment

1 to 21 years for Office equipment

5 to 36 years for Engineering and Other equipment

2 to 22 years for Vehicles

#### Fair Value Measurement

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

account observable and unobservable data inputs.

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

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

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

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

#### Impairment of non-current assets

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

#### Land

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land. The revaluation program resulted in a \$5.1M decrement (\$16.4M increment in 2016-17) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.4 to 2.0 were applied, which were sourced from the State Valuation Services.

The Department recognises land valued at \$0.04M (\$0.04M in 2016-17) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.



# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 19. Property, plant and equipment (continued)

#### Buildings

The Department recognises five heritage buildings held at gross value of \$3.8M (five buildings at gross value of \$3.8M in 2016-17).

An independent revaluation of 57 buildings and site improvements was performed during 2017-18. For buildings not subject to independent revaluations during 2017-18, indices of between 1.02 and 1.03 were applied, which were sourced from AECOM. Indices are based on inflation (rises in labour, plant and material prices) across the industry and take into account regional variances due to specific market conditions. The building valuations for 2017-18 resulted in a net increment to the building portfolio of \$78.0M (\$16.3M increment in 2016-2017).

#### Capital work in progress

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

### Note 20. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2018	2017	2018	2017	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	121,105	119,062	439,406	400,452	107,411	66,017	667,922	585,531
Less: Accumulated amortisation	(91,045)	(81,484)	(268,407)	(244,912)	-	-	(359,452)	(326,396)
<b>Balance at 30 June</b>	<b>30,060</b>	<b>37,578</b>	<b>170,999</b>	<b>155,540</b>	<b>107,411</b>	<b>66,017</b>	<b>308,470</b>	<b>259,135</b>
<i>Represented by movements in carrying amount:</i>								
<b>Carrying value at 1 July</b>	37,578	43,858	155,540	174,923	66,017	14,791	259,135	233,572
Additions	1,243	159	(417)	1,558	86,573	57,673	87,399	59,390
Transfers (to)/from property, plant & equipment	417	-	-	-	(40)	(103)	377	(103)
Transfers (to)/from HHSs	-	-	-	2,425	(72)	-	(72)	2,425
Transfers between classes	655	2,847	44,412	3,497	(45,067)	(6,344)	-	-
Amortisation expense	(9,833)	(9,286)	(28,536)	(26,863)	-	-	(38,369)	(36,149)
<b>Balance at 30 June</b>	<b>30,060</b>	<b>37,578</b>	<b>170,999</b>	<b>155,540</b>	<b>107,411</b>	<b>66,017</b>	<b>308,470</b>	<b>259,135</b>

#### Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than \$100,000. Intangible assets are recorded at cost, which is purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software includes all direct costs associated with development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis. The total useful life for the Department's software ranges from 3 to 28 years. The Department controls both registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

### Note 21. Payables

	2018	2017
	\$'000	\$'000
Trade payables	359,781	312,801
Appropriations payable	615,737	374,323
Hospital and Health Service payables	125,733	146,471
PAYG withholdings	90,902	104,158
Other payables	12,523	15,370
	<b>1,204,676</b>	<b>953,123</b>

#### Significant accounting policies

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

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 22. Accrued employee benefits

	2018 \$'000	2017 \$'000
Salaries and wages accrued	131,091	123,175
Annual leave levy payable	248,656	251,314
Long service leave levy payable	51,262	48,417
Other employee entitlements payable	8,865	8,281
	<b>439,874</b>	<b>431,187</b>

#### Significant accounting policies

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

### Note 23. Asset revaluation surplus

	Land 2018 \$'000	Land 2017 \$'000	Buildings 2018 \$'000	Buildings 2017 \$'000	Total 2018 \$'000	Total 2017 \$'000
Carrying amount at start of period	80,068	65,068	54,357	39,026	134,425	104,094
Asset revaluation increment/(decrement)	(6,307)	15,000	78,807	77,793	72,500	92,793
Asset revaluation transferred to retained surplus	-	-	-	(62,462)	-	(62,462)
Carrying amount at end of period	<b>73,761</b>	<b>80,068</b>	<b>133,164</b>	<b>54,357</b>	<b>206,925</b>	<b>134,425</b>

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

	2018 \$'000	2017 \$'000
Surplus for the year	1,507	10,310
Adjustments for:		
Depreciation and amortisation	149,257	128,646
Write off of non-current assets	3,879	19,242
Share of loss - associates	1,263	1,974
Impairment losses	7,011	2,654
Donated non-cash assets	(62,821)	(75,906)
Non-cash depreciation funding expense	653,438	543,021
Other non-cash items	18,143	11,178
Changes in assets and liabilities:		
(Increase)/Decrease in loans and receivables	(330,597)	(197,893)
(Increase)/Decrease in inventories	69,060	67,076
(Increase)/Decrease in prepayments	(5,608)	(43,627)
Increase/(Decrease) in payables	228,077	17,294
Increase/(Decrease) in accrued employee benefits	8,687	18,078
Increase/(Decrease) in unearned revenue	(686)	(14,674)
<b>Net cash from operating activities</b>	<b>740,610</b>	<b>487,373</b>

### Note 25. Financial instruments

#### Significant accounting policies

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

Financial instruments are classified and measured as follows:

- Receivables - held at amortised cost
- Loans to other entities - held at amortised cost
- Payables - held at amortised cost

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

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 25. Financial instruments (Continued)

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

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

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

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

### Note 26. Contingencies

#### Guarantees

As at 30 June 2018 the Department held guarantees of \$3.0M (\$2.1M in 2016-17) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements.

#### Litigation in progress

At 30 June 2018, the Department had 15 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited to \$20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

#### Contingent asset

The Department may receive additional National Health Reform funding from the Commonwealth Government for health care activities delivered in 2016-17 and 2017-18. This is contingent on decisions being made by the Commonwealth and therefore cannot be reliably measured as at 30 June 2018.

### Note 27. Commitments to expenditure

	Capital 2018 \$'000	Capital 2017 \$'000	Lease - operating 2018 \$'000	Lease - operating 2017 \$'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	55,049	47,494	55,678	47,133
1 year to 5 years	8,747	1,780	156,639	136,292
more than 5 years	-	-	124,271	144,024
	<b>63,796</b>	<b>49,274</b>	<b>336,588</b>	<b>327,449</b>

Significant leases are entered into by the Department as a way of acquiring access to office accommodation facilities. Lease terms, for these leases, extend over a period of 7 to 12 years. The Department has no options to purchase any of the leased spaces at the conclusion of the lease. Some leases do provide the option for a right of renewal at which time the lease terms are renegotiated. Lease payments are generally fixed, but do contain annual inflation escalation clauses upon which future year rentals are determined, with rates ranging between 3% to 4%.

### Note 28. Restricted assets

	2018 \$'000	2017 \$'000	
General trust	11,115	12,299	The Department's general trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are ring-fenced for stipulated purposes.
Clinical drug trials	106	53	
	<b>11,221</b>	<b>12,352</b>	

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 29. Interests in associates

#### Significant accounting policies

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

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

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

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

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

TRI has a 31 December year end. TRI's financial statements for the 12 months 1 July 2017 to 30 June 2018, endorsed by the TRI Board, have been used to apply the equity method. There have been no changes to accounting policies or any changes to any agreements with TRI since 31 December 2017. The information disclosed reflects the amounts presented in the financial statements of TRI and not the Department's share of those amounts. Where necessary, they have been amended to reflect adjustments made by the Department, including fair value adjustments and modifications for differences in accounting policy.

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

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

#### Summarised statement of financial position

	2018 \$'000	2017 \$'000
Current assets	77,820	74,146
Non-current assets	256,948	266,226
Total assets	334,768	340,372
Current liabilities	8,071	7,752
Non-current liabilities	20,858	21,728
Total liabilities	28,929	29,480
Net assets	305,839	310,892
The Department's share of net assets	76,458	77,721

#### Summarised statement of profit and loss and other comprehensive income

	2018 \$'000	2017 \$'000
Revenue	29,534	25,760
Expenses	(34,586)	(33,656)
Surplus/(deficit)	(5,052)	(7,896)
Other comprehensive income	-	-
Total comprehensive income	(5,052)	(7,896)
The Department's share of total comprehensive income	(1,263)	(1,974)

# Department of Health

## Notes to and forming part of the financial statements

For the period ended 30 June 2018

### Note 30. Administered transactions and balances

#### Significant accounting policies

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

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

	Actual 2018 \$'000	Original Budget 2018 \$'000	Variance 2018 \$'000	Actual 2017 \$'000	Budget vs actual variance Ref
<b>Administered revenues</b>					
Administered item appropriation	73,779	34,149	39,630	42,512	i.
Taxes, fees and fines	190	-	190	49	
Other revenue	-	4	(4)	-	
Total administered revenues	73,969	34,153	39,816	42,561	
<b>Administered expenses</b>					
Grants	71,401	31,775	39,626	39,327	i.
Borrowing costs	2,378	2,378	-	3,185	
Other expenses	190	-	190	49	
Total administered expenses	73,969	34,153	39,816	42,561	
<b>Administered assets</b>					
<b>Current</b>					
Cash	9	1	8	4	
Receivables	-	(2)	2	41,625	
Total administered assets	9	(1)	10	41,629	
<b>Administered liabilities</b>					
<b>Current</b>					
Payables	9	(1)	10	4	
Other financial liabilities	-	-	-	41,625	
Total administered liabilities	9	(1)	10	41,629	

Administered transactions and balances are comprised primarily of the movement of funds to the Queensland Office of the Health Ombudsman and the Queensland Mental Health Commission as well as transactions relating to the redevelopment of the Mater public hospital.

A capital contribution was provided to Mater Health Services in relation to the Mater public hospital redevelopment completed in June 2008. This was underpinned by a Queensland Treasury Corporation (QTC) loan for which the Department receives Queensland Treasury (QT) funding to allow repayments to be made to QTC on a periodical basis.

Over the period of the loan, the interest rate on the QTC borrowings was fixed at 6.46 per cent per annum. The debt was repaid in full in June 2018.

### Note 31. Reconciliation of payments from Consolidated Fund to administered revenue

	2018 \$'000	2017 \$'000
Budgeted appropriation	34,149	33,974
Transfers from (to)/from other headings	39,630	8,538
Administered revenue recognised in Note 30	73,779	42,512

# Department of Health

## Management Certificate

For the period ended 30 June 2018

---

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

- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2018 and of the financial position of the Department at the end of that year; and
- c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Michael Walsh – Director General  
Department of Health

Date 28/8/2018



Alistair Lucas CA – A/Chief Finance Officer  
Department of Health

Date 28/8/2018

## INDEPENDENT AUDITOR'S REPORT

To the Director-General of the Department of Health

### Report on the audit of the financial report

#### Opinion

I have audited the accompanying financial report of the Department of Health.

In my opinion, the financial report:

- a) gives a true and fair view of the department'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 and statement of assets and liabilities by major departmental services as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows and statement of profit or loss and other comprehensive income by major departmental services 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 department in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

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

#### Key audit matters

I have determined that there are no key audit matters to communicate in my report.

#### Responsibilities of the department for the financial report

The Director-General 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 Director-General determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.



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

### **Auditor's responsibilities for the audit of the financial report**

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

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

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

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

## **Report on other legal and regulatory requirements**

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

29 August 2018



Brendan Worrall  
Auditor-General

Queensland Audit Office  
Brisbane

