

Gold Coast Hospital and Health Service

# ANNUAL REPORT 2020–2021



**Queensland**  
Government

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## Open data

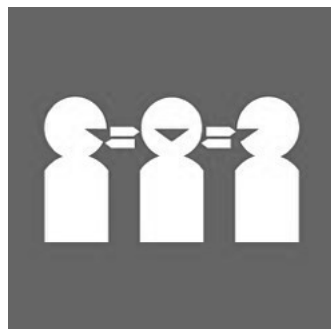
Information about consultancies and the Queensland language services policy is available at the Queensland Government Open Data website ([qld.gov.au/data](http://qld.gov.au/data)). Gold Coast Health had no expenditure for overseas travel to report in the reporting period of 2020-2021.

## Public availability statement

An electronic copy of this report is available at <https://publications.qld.gov.au/dataset/gold-coast-health-annual-report>. Hard copies of the annual report are available by phoning the Strategic Communication and Engagement team on 1300 744 284. Alternatively, you can request a copy by emailing [goldcoasthealth@health.qld.gov.au](mailto:goldcoasthealth@health.qld.gov.au).

## Interpreter Service Statement

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## Acknowledgement to Traditional Owners

Jingeri.

We acknowledge the Traditional Custodians of the land in which we work, live and grow, the peoples of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and future.

## Recognition of Australian South Sea Islanders

Gold Coast Health formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. Gold Coast Health is committed to fulfilling the *Queensland Government Recognition Statement for Australian South Sea Islander Community* to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in, and contribute, to the economic, social, political and cultural life of the State.

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# Letter of compliance

20 September 2021

The Honourable Yvette D'Ath MP  
Minister for Health and Ambulance Services  
GPO Box 48  
Brisbane QLD 4001

Dear Minister D'Ath

I am pleased to submit for presentation to the Parliament the Annual Report 2020–2021 and financial statements for Gold Coast Hospital and Health Service.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements is provided at page 114 of this annual report.

Yours sincerely



Mr Ian Langdon  
Chair, Gold Coast Hospital and Health Board

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# Statement on Queensland Government objectives for the community

The Gold Coast Health *Strategic Plan 2010–2024* supports *Queensland Government's objectives for the community* and helps Gold Coast Health to align its activities with *the Unite & Recover* priorities.

Gold Coast Health contributes to Queensland Government's objectives under *Unite and Recover – Queensland's Economic Recovery Plan* by:

- **Safeguard our health** by delivering world-class care that is highly reliable, equitable, achieves optimum health outcomes and excellent system performance, and by maximising our capacity to respond and stay pandemic-ready.
- **Back our frontline services** by making the best use of our resources.
- **Protect our environment** by making the best use of our resources.

Key strategic enablers for contributing to the objectives include fostering a positive work environment; developing innovation, research capacity, capability and translation; maximising the use of our facilities and partnerships; and the effective management and utilisation of data.

This annual report details many of the ways Gold Coast Health has contributed to the *Unite & Recover* priorities throughout 2020–2021.

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# From the Chair and Chief Executive

## From the Board Chair

The financial year of 2020–2021 delivered many challenges to Gold Coast Health and I want to start by recognising the achievements of the clinical and non-clinical staff, Chief Executive and Executive Directors in managing the increase in demand for services whilst also responding to COVID-19. This year saw Gold Coast Health administer the first COVID-19 vaccinations in Queensland, and the world-class facilities in our dedicated COVID-19 ward were kept busy treating COVID-19 patients from Papua New Guinea and other parts of Queensland, as well as caring for those people whose cases were detected in hotel quarantine.

Our organisation's agility and adaptability to respond to the Gold Coast's healthcare needs is underpinned by our dedication to providing person-centric care guided by our *Always Care* philosophy. This philosophy recognises that the simplest acts of compassion have a significant impact on patients, staff, the community, and our partners in healthcare delivery.

I would like to make special mention of the achievements of the Gold Coast Health Consumer Advisory Group (CAG). Its 19 members lead consumer engagement across the health service with consumer engagement activities continuing to expand. I'm pleased to say that 50 governance, safety, and quality committees across the health service having consumer representation around the table. They also represent the consumer voice in a range of special projects including service co-design, facility and infrastructure planning, video and content production, research and review of patient information. It's worthwhile noting that Gold Coast Health staff undertook more than 500 external engagement activities involving the wider community in 2020–2021. Ensuring positive patient experiences and outcomes remain at the forefront of healthcare delivery is a key focus for the CAG. The Chair, Professor Margaret Shapiro, makes a significant contribution in advocating for improvements in health literacy efforts within the health service.

My thanks is further extended to the Gold Coast Hospital Foundation who, despite facing a challenging landscape for fundraising during the period, raised close to \$4 million through the generosity of its community and corporate supporters.

I would also like to highlight the progress we have made to closing the gap in health outcomes for First Nations Queenslanders. On National Reconciliation Day, we launched our Board's Statement of Reconciliation where we committed to eight actions across the health service to improve health equity for Aboriginal and Torres Strait Islander peoples in our community. We have also launched a dedicated Aboriginal and Torres Strait Islander Health website and commissioned a variety of artwork for our various facilities by First Nations artists, which provide us all with a visual reminder of these commitments. More work remains to be done, but we are committed to walking in partnership with all Aboriginal and Torres Strait Islander peoples in our community in a spirit of reconciliation, and in line with our *Always Care* philosophy and our values.

As you will read on page 41 of this report, significant steps were made this year to support an inclusive and diverse workforce. I'm delighted to report that we continue to lead the way, with our successful DisTinct Pathways Program employing a further 24 people with disabilities.

Finally, I would like to thank my Deputy Chair Judy Searle and my Board colleagues for their commitment throughout the year, and our Chief Executive Ron Calvert and his executive team for their diligence and focus in 2020–2021.

**Ian Langdon**



Board Chair, Gold Coast Health

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## From the Chief Executive

This annual report documents the progress of Gold Coast Health during the 2020–2021 financial year as it strives to improve health outcomes for the Gold Coast community.

COVID-19 continues to dominate our agenda. Gold Coast Health led the way with the opening of Queensland's first COVID-19 vaccination centre, and we're pleased that the majority of our staff have now stepped forward to get vaccinated.

Earlier this year, we were honoured to be recognised by winning the Premier's Award for Excellence for our innovation and initiative in our COVID-19 response. The Gold Coast Health team dealt with the realities of COVID-19 before any other Hospital and Health Service in Queensland.

Gold Coast Health worked tirelessly to meet the public's infection control expectations, care for COVID-19 patients, create a safe environment for other patients and build confidence in Queensland Health's overall response to the pandemic.

I have now heard literally hundreds of stories of how individual staff members and teams went above and beyond to serve the Gold Coast community. The world-class facilities at Gold Coast University Hospital were put to good use treating COVID-19 patients from Papua New Guinea and other parts of Queensland.

Looking to the future, we will need to continue careful monitoring of our hospital bed capacity and ensure the appropriate streaming of patients. I congratulate our team for their focus on the recovery of services that were delayed during the intense COVID-19 preparation period. It was a tremendous effort to have our elective surgery department back to full capacity at the beginning of the reporting period. Given the growth in demand we've experienced, ongoing efforts to reduce waitlists for elective surgery and specialist outpatient appointments have been impressive.

During the year, we also worked on developing new services to meet the increasing health needs of the Gold Coast community. This included opening Queensland's first Adolescent Day Program, which transforms the lives of teenagers by blending school with mental health treatment. Construction also commenced on a Crisis Stabilisation Facility, an Australian first, where we will provide acute crisis mental health support in a more therapeutic environment than the Emergency Department.

Finally, I wish to thank Chair, Ian Langdon, Deputy Chair Judy Searle, and the rest of the Board for their ongoing leadership and support. While the challenges have been great, our *Always Care* philosophy has shone through, our values have been lived out every day, and our staff have made us all proud to be a part of Gold Coast Health.



Chief Executive, Gold Coast Health



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## About us

Gold Coast Hospital and Health Service (Gold Coast Health) was established as a statutory body on 1 July 2012 under the *Hospital and Health Boards Act 2011*. Gold Coast Health is governed by the Gold Coast Hospital and Health Board and delivers a broad range of secondary and tertiary health services from three hospital sites (Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital), two major allied health precincts (Southport and Robina), and 13 community-located facilities.

Gold Coast Health employs approximately 8945 full-time equivalent staff, making it the city's largest employer. The health service had a final annual operating budget of \$1.825 billion for 2020–2021. This was an increase of \$130 million (7.12 per cent) from the initial 2020–2021 operating budget of \$1.695 billion, published in the June 2020 Service Delivery Statement.

Our *Always Care* philosophy is central to our strategic direction. We recognise that the simplest acts of compassion can have significant impact – for patients, staff, the Gold Coast community and our partners in care delivery. This, combined with our world-class infrastructure, a highly talented and committed workforce, and strong partnerships with universities, Gold Coast Primary Health Network and the private and non-government sector, creates a culture of innovation in healthcare delivery.

The Gold Coast Hospital and Health Board currently comprises Chair Mr Ian Langdon and eight members. The Board represents local community needs and expectations in addition to its governance role within the wider Queensland Health federated system.

A Consumer Advisory Group of community representatives also works with Gold Coast Health to improve our local health system, by providing advice, feedback and guidance in relation to service delivery and quality, and helping to ensure our *Always Care* philosophy is embedded into day-to-day operations.

Across our campuses, we have a reputation as one of Australia's leading teaching hospitals, committed to training the next generation of doctors, nurses and allied health professionals. Working under the supervision of senior clinicians, nursing students become nurses, medical students become doctors, and doctors become specialists at Gold Coast Health's facilities.

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## Strategic direction

The *Gold Coast Health Strategic Plan 2020–2024* articulates Gold Coast Health's three key strategic objectives:

- Deliver world-class care *always*
- Make the best use of our resources
- Drive future-focused change.

Underpinning these priorities is our *Always Care* philosophy, which recognises that the simplest acts of compassion can have a significant impact – for patients, staff, the Gold Coast community and our partners in care delivery.

The *Gold Coast Health Strategic Plan 2020–2024*:

- recognises the challenges our health service will face as the local population continues to grow at a very rapid rate
- aims to embrace the opportunities of the future as knowledge, technology and partnerships rapidly develop
- commits us to continue our journey towards world-class care
- recognises the need to work seamlessly with partners across the health care continuum in order to meet our vision.

The *Gold Coast Health Strategic Plan 2020–2024* also supports the whole-of-health-service master planning direction, which is now being used to drive planning of future new and expanded services to support growth, particularly in the northern Gold Coast.

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## Vision, purpose and values

### Our vision

We will have the best health outcomes in Australia.

### Our purpose

To be a leader in compassionate, sustainable, highly reliable healthcare.

### Our values

Our work is driven by our six core values:

#### **Integrity**

To be open and accountable to the people we serve.

#### **Community first**

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

#### **Respect**

To listen, value and acknowledge each other.

#### **Excellence**

To strive for outstanding performance and outcomes.

#### **Compassion**

To treat others with understanding and sensitivity.

#### **Empower**

To take ownership and enable each other to achieve more.

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## Priorities

Gold Coast Health strives for a transformational culture that encourages agility, innovation and rapid knowledge translation to ensure high-reliability healthcare delivery that meets community needs and ensures patient safety.

We prioritise and balance financial resources as healthcare demand grows and we respond to emerging or unforeseen local or global challenges so we can provide equitable healthcare that maintains and improves health outcomes.

Our performance is in alignment with the Queensland Government's objectives under *Unite and Recover – Queensland's Economic Recovery Plan* by:

### **Backing our frontline services by delivering highly reliable, equitable, world-class care – always**

Focus areas included planning for and securing resources for the future, as well as supporting our staff to build a culturally safe, healthy and inspirational workforce. Examples of our work towards these areas include:

#### **Infrastructure planning and delivery**

To assist Gold Coast Health secure resources in the future, Gold Coast Health has received funding for several infrastructure planning and delivery opportunities and is progressing these through the relevant stages. This includes business case planning for the Coomera Hospital and Health Precinct and interim demand measures within Gold Coast University Hospital. It also includes progressing towards delivery of a second CT scanner at Robina Hospital, the Secure Mental Health Rehabilitation Unit at Gold Coast University Hospital and a satellite medical facility in Tugun.

#### **A positive environment for staff**

Gold Coast Health's employee networks are voluntary groups of staff that come together based on shared identity, interests and life experiences. These groups provide support, arrange events, discuss issues, raise awareness and advocate for change to build an inclusive work environment. Gold Coast Health has established employee networks across the following diversity groups:

- Women's Network (Gender)
- Multicultural Network
- Veteran Employee Network
- LGBTIQ+ Network

We also commenced planning for the launch of a new Abilities (Disability) Network.

In partnership with Job Access, the Federal Government Disability Employment Program, we implemented changes to our recruitment practices, from recommendations following the Inclusive Recruitment Review undertaken in the previous reporting period. Changes were made to role descriptions, placement of diversity statements on our external website and amendments to the reasonable adjustment policy.

Staff were further supported through various initiatives, including Pride Week, Socks for Docs Day, the Family and Community Expo at Robina Hospital, the Perks Financial Health Pop-up, RUOK? Day and the creation of a new Wellness Hub.

#### **Professionalism Programs**

Gold Coast Health introduced new starter education on the Promoting Professional Accountability (PPA) and Always There Peer Support programs into orientation sessions. The PPA program provides staff with a way to report unprofessional behaviour anonymously without impacting a staff member's HR

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record. Always There provides peer support to staff experiencing an adverse reaction due to a difficult workplace event or repeated exposure.

During 2020–2021, the organisation introduced wellbeing sessions for the newly qualified nurses' study days to help build their resilience. Sessions highlight the adverse responses people can experience in the workplace and what increases susceptibility, how to connect with support, the psychology of forming new habits, and techniques they can use in 60 seconds or less to reduce their stress levels.

### **Healthier food and drink choices**

Gold Coast Health is leading by example by serving food of high nutritional value to staff and visitors at all facilities. The intention is to create an environment that makes healthy food choices easier by improving the range, availability and promotion of healthy foods and drinks while limiting the availability of less healthy options. Vending machines within our facilities now stock healthier food and meals, and vendors within our facilities are encouraged to provide healthier drinks, more vegetables with meals and foods with higher nutritional value.

### **Workforce Reform Program**

A Workforce Reform Program (the Program) commenced during 2020–2021 to respond to current and forecasted growth and demand. The Program focused on aligning our organisational structure to better support effective models of care while delivering increased efficiency. The reporting period saw us undertake extensive workforce engagement and finalise an improved management structure, with subsequent phases underway in our administrative support and corporate services areas.

### **Professional governance councils**

Gold Coast Health launched a new initiative to increase engagement, promote professional development and increase professional profiles for frontline nursing and midwifery staff. Four professional governance councils were established as part of Gold Coast Health's commitment to listening to the voices of our nurses and midwives, which was a key part of Gold Coast Health becoming Australia's first Magnet Recognised health service in April 2020. The councils invite direct care staff to be involved in decision-making processes that promote ownership of practice and shared accountability and allow staff to deliver high-quality person-centred healthcare.

### **Safeguarding our health by staying pandemic-ready**

In line with Queensland Government's Objective to safeguard our health by maximising our capacity to respond to growing demand and staying pandemic-ready, and Gold Coast Health's strategic plan measure to increase in home and/or community-based service delivery, Gold Coast Health has prioritised delivery of services in home or telehealth settings. Areas of focus include:

### **Maternity Hospital in the Home**

After the success of a pilot program which commenced last year as part of our COVID-19 response, Gold Coast Health has continued the Maternity Hospital in the Home service. During the 2020–2021 financial year, 196 women accessed the service, being cared for at home and via telehealth rather than being admitted to hospital or being seen at the Maternity Assessment Centre.

The service was recognised internationally as an outstanding program, receiving the 2021 Health Round Table Maternity Innovation Award.

### **Specialist Rural and Remote Palliative Telehealth**

Gold Coast Health established a new specialist palliative care service to support approximately 840,000 people who previously had limited or no access to specialist palliative care. Receiving around 150 referrals a month, patients are reviewed online with their local healthcare practitioner, using telehealth systems to connect with a palliative care specialist, allied health practitioner or nurse based on the Gold

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Coast (or another regional centre). The service, which is managed by Gold Coast Health, supports all areas of regional Queensland and has been funded for a further two years.

### **Transformation agenda to redesign healthcare delivery**

The organisation made a commitment this year to introduce a Transformation agenda that could help to redesign the way we deliver healthcare, with a focus on preserving the momentum of change and responding to rapid technology developments. Further information regarding our Transformation agenda can be found in the Targets and Challenges section of this report, including reference to the Future Focus program; collection of initiatives to deliver improved patient care.

### **Safeguarding our health by maximising our capacity to respond to growing demand**

To further maximise our capacity to respond to growing demand, Gold Coast Health is working towards several mental health services and programs in response to growing number of mental health related presentations to our emergency departments. Many of these programs further support our strategic plan objective to drive future-focussed change, while working towards our measures of increasing partnerships. Examples include:

#### **Adolescent Day Program**

The Yangah Adolescent Day Program at Robina Hospital is a new mental health and education day program for young people with severe, complex and persistent mental illness. Yangah, meaning 'Rise Up' in the Yugambeh language (Gold Coast), offers a range of inter-agency, culturally safe, psychosocial, educational and vocational programs tailored for young people.

Under the \$3.1 million project, the first patient was seen in late July 2020. Since then, 22 patients aged between 13 and 18 years of age have received treatment through recovery-focused rehabilitation and educational/vocational programs while they live at home and remain engaged in their local community. The service is an alternative to hospital admission for young people with persistent mental illnesses and is a collaboration between the Department of Health, Gold Coast Health and the Department of Education.

The Yangah Adolescent Day Program is a key action of the Government's commitment to ensure young people have access to contemporary mental healthcare by enhancing and expanding the range of mental health service options available to young people with severe and complex mental health issues.

#### **Mental Health Peer Workforce**

To meet rising demand, Gold Coast Health has expanded its workforce of people with lived experienced with mental illness, substance use challenges and/or suicidality. This approach has had a positive effect in areas such as the Emergency Department at the Gold Coast University Hospital, where Peer Workers significantly improved the experience of consumers and carers by engaging them in therapeutic peer interventions while they were waiting for specialist clinical attention or before they were transferred to inpatient units. In 2021-2022, there are plans to further embed Peer Workers into the staffing profile of inpatient, Emergency Department and Community Health teams.

#### **Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services**

In collaboration with the Gold Coast Primary Health Network, the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services outlines a shared understanding of our region's issues, a shared vision for the future, and a joint strategic roadmap for future service provision. Joint governance structures were established to lead and guide this work, with numerous specific consultation opportunities throughout the planning and development process.

The plan's implementation has been focused on building foundations and partnerships: key governance arrangements; better communication between services and across the system; putting in place local arrangements for supporting and networking; collecting the necessary data to demonstrate progress against the plan.

## Collaborative Gold Coast Suicide Prevention Activity 2020–2021

The table below illustrates the breadth of services available throughout the Gold Coast community to address key components of the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services and how local stakeholders are working together on the plan's strategies.

Strategy	Gold Coast Health	Gold Coast Primary Health Network	Community
Improving emergency and follow up care for suicidal crisis	MH Acute Care Team, Suicide Prevention Pathway  Mental Health Co-responder model with QPS and QAS  School Based Youth Health Nurse (SBYHN), Ed-LinQ  Crisis reform initiative	The Way Back Support Service	Crisis lines: Lifeline, Beyond Blue, Suicide Call Back Service, Bereavement support: Pathways Gold Coast Response Service, Bereavement support group and Bereavement resource, Student Support Services in Schools, Carer Support Program
Using evidence-based treatment for suicidality	Brief interventions e.g. safety planning and Pisani Model  Research trials (Dr Chris Stapleberg)  Comprehensive mental health service and treatment for co-morbidities	Psychological Service Providers (PSP) – Suicide Prevention stream PSP training with Gold Coast Health	Private Psychologists, Mental Health Professional Network (GCMHPN), University partnerships - Bond University & Griffith Uni
Equipping primary care to identify and support people in distress			Wesley Lifeforce training, ASIST training, Mental Health First Aid Training ), Mental health skills training for GPs, Focussed Psychological strategy training for GPs
Improving the competency and confidence of frontline workers to deal with suicidal crisis	Zero Suicide Mental Health Co-responder model (QPS, Gold Coast Health, QAS)	PSP training with Gold Coast Health	Wesley Lifeforce training, ASIST training, Mental Health First Aid, Youth Mental Health First Aid Carer's Mental Health First Aid, Queensland Centre for Mental health Learning training
Promoting help-seeking, mental health and resilience in schools	SBYHN, Ed-LinQEdlinkb, Child and Youth Mental Health Service		HeadSpace in schools, Youth Info Card and App, Ohana for Youth, BeYou, Curriculum/HP programs, Social & Emotional Learning packages (Respectful Relationships)
Training the community to recognise and respond to suicidality		Question, Persuade, Refer training	Wesley Lifeforce Training, SafeTalk, ASIST training, Mental Health First Aid, Indigenous Mental Health First Aid, Marcus Mission (Men)
Engaging the community and providing opportunities to be part of the change			World Suicide Prevention Day, Candlelight Vigil/Out of the Shadows, GC Suicide Prevention Service Finder Card, Youth Info Card and App, Mental Health week, Gold Coast Youth Wellbeing Conference, Headspace Youth Advisory Group, Marcus Mission
Encouraging safe and purposeful media reporting			MindFrame website (national)



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## **Crisis Reform**

The Gold Coast Crisis Reform initiative aims to reduce the number of mental health presentations to Gold Coast Health Emergency Departments, particularly mental health inpatient admissions and re-admissions, and improve inpatient and carer experiences while reducing restrictive practices.

In 2020–2021, construction started on a new Crisis Stabilisation Unit to support people experiencing an acute mental health crisis. Gold Coast Health will be one of the first health services in Australia to introduce a mental health crisis stabilisation service. The \$7 million facility will feature eight short-stay beds and 12 treatment chairs. The service will be staffed by people with lived experience and clinical mental health staff and will provide a more home-like therapeutic environment for consumers and their families.

There has been extensive stakeholder consultation with people with lived experience, clinicians, QAS, QPS, the Gold Coast Primary Health Network and other non-government organisations. The facility is set to open in August 2021.

## **Journey to Zero – Suicide Prevention**

The Gold Coast's Suicide Prevention Pathway is the largest clinical implementation of the Zero Suicide Framework (the Framework) in Australia. More than 7000 patients have utilised Gold Coast Health's Suicide Prevention Pathway over the past five years. The Framework's efficacy in ensuring suicidal individuals don't fall through the cracks in busy health facilities was published in the British Journal of Psychiatry. The analysis of the Suicide Prevention Pathway followed 737 suicide attempts by 604 people over six months. The results underline that supporting the patient as well as the people around them, including health workers, can improve outcomes.

The Framework represents a commitment to patient safety as well as the safety and support of clinical staff, who perform the demanding work of treating and supporting people who are suicidal.

Even with increasing numbers of suicide-related presentations to our emergency departments, there was a 35 per cent reduction of suicide for consumers on the Suicide Prevention Pathway.

## **Norfolk Village State School partnership**

The Gold Coast's rapidly changing demographic led to a partnership with Norfolk Village State School to deliver a pilot program for specialised psychology services designed for vulnerable children and families. Following the success of the pilot program last year, the Gold Coast Health Child Development Service officially opened the Health Education Hub in May 2021. The Hub provides rapid delivery of health services in an environment where children and families feel comfortable and secure. It supports students and families of the school, as well as residents of the surrounding area.

## **Protecting the environment**

Gold Coast Health developed a responsible environmental sustainability agenda to make transformational shifts towards low emission and climate-resilient enhancements, in alignment with the Queensland Government key climate commitments.



## Aboriginal and Torres Strait Islander Health

Gold Coast Health is committed to improving health outcomes to close the gap for Aboriginal and Torres Strait Islander people. We contribute to statewide reporting requirements by submitting bi-annual reports detailing our progress against the key performance indicators and other relevant activities.

On 30 April 2021, the Hospital and Health Boards Act 2011 was amended to require all Hospital and Health Services (Services) to develop and publish “a strategy (a health equity strategy) to achieve, and to specify the Service’s activities to achieve, health equity for Aboriginal people and Torres Strait Islander people in the provision of health services by the Service”. This means that a commitment to improving Aboriginal and Torres Strait Islander health outcomes and achieving health equity is embedded in the legal framework guiding the health system. Achieving First Nations health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander peoples by addressing social and economic inequalities, historical injustices, racism and discrimination that lead to poorer health. Health equity strategies will be co-designed, co-owned and co-implemented with prescribed stakeholders, including local Aboriginal Community Controlled Health Services. Gold Coast Health is fortunate to have Professor Cindy Shannon, a proud descendant of the Ngugi people from Moreton Bay, serving as a Director on the Board. In May 2021, the Board indicated a strong commitment to reconciliation with Aboriginal and Torres Strait Islander peoples with a Statement of Reconciliation released on Reconciliation Day.

Through collaboration, Gold Coast Health has developed and continues to implement culturally appropriate and innovative programs, models of care and services.

Our work supports the *Queensland Government’s Making Tracks Towards Closing the Gap in Health Outcomes* along with Gold Coast Health’s *Aboriginal and Torres Strait Islander Cultural Capability Plan* and *Diversity and Inclusion Action Plan*.

Gold Coast Health’s commitment to increase the number of Aboriginal and Torres Strait Islander employees to 3.5 per cent by 2022 was supported by the Waijungbah Jarjums maternity and child health service. This service employs 13 Aboriginal and Torres Strait Islander midwives, student midwives, nurses, health workers and administrative staff.

During 2020–2021, Gold Coast Health made advances towards improving Aboriginal and Torres Strait Islander health outcomes with the exemplary efforts of the Waijungbah Jarjums service, which supplied care to 132 Aboriginal and Torres Strait Islander mothers. Waijungbah Jarjums is a model of care that is co-designed and co-led by the local Aboriginal and Torres Strait Islander community. It provides community-based, culturally safe, woman-centred care by a team of all Aboriginal and/or Torres Strait Islander midwives, nurses and health workers from conception to the first 1000 days.

Key Performance Indicators for 2020–21	Performance to June 2021
Workforce - The Queensland Health Aboriginal and Torres Strait Islander workforce strategy employment target is 3 per cent by 2022 for all Hospital and Health Services, with Gold Coast Health setting a stretch target of 3.5 per cent by 2022.	1.52 per cent of workforce – 168 staff across all streams. Diversity and Inclusion Action Plans developed to achieve 3.5 per cent stretch target by 2022.
Increase in the number of completed courses of oral health care for Aboriginal and Torres Strait Islander adult patients in the current financial year to date from the previous financial year.	-28.7 per cent (total of 216) <i>Note: Oral Health services were suspended for a period of the financial year due to COVID-19.</i>
Proportion of babies born of low birthweight to Aboriginal and Torres Strait Islander women (<2500 grams at birth).	Total was 3.78 per cent for Waijungbah Jarjums midwifery service. Total was 10.34 per cent for Gold Coast Health in 2020–2021.

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## Our community-based and hospital-based services

The Gold Coast Health catchment area takes in one of Australia's most iconic holiday destinations. Like our beautiful city, our community is also diverse, in culture, age, race, socio-economic status and healthcare needs. We care for nearly 690,000 people who live in the Gold Coast region and northern New South Wales, as well as approximately 11.1 million visitors each year.

Gold Coast Health delivers a broad range of secondary and tertiary health services across our three hospital sites at Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital. Services include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, oral health, outpatients, environmental health, public health services, and more.

We also deliver a wide range of services in diverse community settings – in our health precincts, community centres, schools, residential aged-care facilities, correctional centres, and in the home. These services include post-birth midwifery visits, home-based palliative care, hospital in the home, and school dental health appointments. Gold Coast University Hospital is the city's premier tertiary-level facility providing world-class tertiary hospital care, with more than 70 per cent of private rooms. It is located (together with Griffith University and Gold Coast Private Hospital) in the Gold Coast Health and Knowledge Precinct.

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

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

### Car parking concessions

Car parking concessions at Queensland Health hospital facilities improve access and affordability of car parking spaces to eligible patients and their carers.

In 2020–2021, Gold Coast Health issued 34,639 one-day concession passes and 43 five-day concession passes. The cost of concessions incurred by Gold Coast Health was \$160,099.

### Supporting the sickest and most vulnerable in the community

Gold Coast Hospital Foundation (the Foundation) is a community-minded not-for-profit organisation and the official charity partner of Gold Coast Health. The Foundation relies on community and corporate donations to raise much-needed funds to deliver the vital extras that would not otherwise be available across the Gold Coast Hospital and Health Service.

These vital support programs include the Cancer Patient Transport Service, Renal Patient Transport Service, Emergency Accommodation Service, purchasing medical equipment, funding hospital-led health research, improving hospital facilities and patient spaces, as well as providing scholarships for Gold Coast Health staff.

The Foundation works in close partnership with Gold Coast Health, to help support the sickest and most vulnerable in the community through better patient care, early diagnosis, enhanced treatment options and family support.

Since the COVID-19 global pandemic first impacted Queensland, communities on the Gold Coast have also been touched by its effects. Keeping every local and visitor in the wider community healthy and safe remains paramount for the Foundation.

Despite experiencing a challenging year in 2020 due to COVID-19, the Foundation bounced back bigger and better with many successful fundraising endeavours raising \$3,976,726 during the 2020–2021 financial year.

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With the overwhelming generosity of its valued supporters, corporate partners, sponsors, community groups and individuals, the Foundation delivered life-changing impact to 100,000 patients, families and clinical staff across the Gold Coast Hospital and Health Service. Highlights include:

- The Cancer Patient Transport Service helped more than 2,500 people affected by cancer get to and from hospital for vital chemotherapy, radiation therapy, tests and appointments.
- A new and dedicated transport service supporting the most at-risk renal patients was launched in mid-2020 to provide vital transport to and from Gold Coast public renal treatment facilities for treatment. In the past 12 months, the Renal Patient Transport Service completed approximately 560 trips to hospital and helped more than 120 local renal patients.
- The Foundation's Emergency Accommodation Service provided 137 nights of emergency accommodation close to the hospital so direct family members of patients in intensive care could remain near to their loved ones during recovery from serious illness or critical injury.
- The Foundation funded 52 vital pieces of medical equipment on the wish list valued at more than \$420,000, allowing Gold Coast Health medical professionals to provide an enhanced level of care to patients in hospital.
- Through an investment of \$150,000, the Foundation has assisted the Collaborative Research Grant Scheme to facilitate innovative, collaborative and responsive health research that benefits the Gold Coast community and optimises the healthcare system.
- Two hospital spaces were improved during the 2020–2021 financial year, including a full upgrade of the Children's Outpatients area and the Ring the Bell project, which gives children with cancer a symbolic way to celebrate and acknowledge the end of their treatment.
- Twelve nursing and midwifery scholarships were funded through the Ged Williams Nursing and Midwifery Scholarship Program.
- The Foundation welcomed its 900<sup>th</sup> Gold Coast Health employee into the Workplace Giving program, where Gold Coast Health staff members give regular donations from their pre-tax pay.
- The Foundation held its biggest fundraising appeal on record at its first-ever Giving Day in April 2021. The event raised an incredible \$151,698 in just 12 hours to fund lifesaving equipment across the hospital and health service.
- It was a sell-out crowd at the Foundation's Care for Cancer Lunch in March 2021, with nearly 200 guests coming together to raise more than \$32,000 for vital cancer services and equipment that supports local patients battling cancer.
- The Foundation Market Stall, which sells one-of-a-kind items handmade by talented individuals and community craft groups, raised a record amount of more than \$32,000 this financial year.

Like Gold Coast Health, the Foundation's work aligns with the Queensland Government's objectives for the community, which are built around Queensland's COVID-19 Economic Recovery Plan, to better support vulnerable people in the community and safeguard the health system to deliver the best possible outcomes for patients and their families.

Through the funding of research, support programs, equipment, facility improvements and scholarships for health professionals, the Foundation empowers the Gold Coast community to safeguard their health through Gold Coast Health.

The Foundation's strategic themes of impact, sustainability, investment, culture, engagement and trust support the focus on safeguarding health, supporting jobs, backing small business, growing the Gold Coast region, investing in skills, backing frontline services, and protecting the environment.

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## Targets and challenges

### Target:

Lead and develop a Gold Coast 'one-system' for healthcare by partnering with, and enabling, other sectors, agencies, partners and providers.

### Challenge:

Improve access to referral information, improve referral quality and reduce duplication by developing streamlined systems that connect other agencies and healthcare providers with Gold Coast Health.

### Outcome:

Rigorous Referral Management implemented key projects to improve referral management processes, including:

- The Refer Your Patient website (launched in April 2021), designed for general practitioners to improve transparency of Gold Coast Health services and provides guidance on how to refer a patient. The website provides condition-specific guidelines and details the essential information Gold Coast Health requires at the time of referral.
- The Department of Health's state-wide SmartReferrals project, worked on in partnership with Gold Coast Health, to enable faster, more streamlined management of referrals and provide real-time access of referral information at any point in the referral pathway. COVID-19 has impacted the rollout timeframe for SmartReferrals, however through collaboration between Transformation and Digital and Outpatients Department, the project has been re-coordinated to ensure a successful delivery.
- The launch of HealthPathways, a clinically focused resource for general practitioners to assess and manage more than 700 conditions.

### Target:

Deliver highly reliable, equitable health care services that achieve optimum health outcomes and excellent system performance.

### Challenge:

Global shortages in raw materials saw the reduced supply of clinical items by up to 30 per cent, including sterilisation wraps.

### Outcome:

Gold Coast Health implemented a conservation strategy, and the Central Sterilising Department investigated alternative wraps.

### Target:

Continue to develop innovative service delivery models that meet community needs and maximise our capacity to respond to healthcare demand - including hospital, community, home and virtual care.

### Challenge:

Gold Coast Health saw an increasing demand for maternity services with larger numbers of babies born across the 2020–2021 period (5511 babies born at the Gold Coast University Hospital). In May alone,

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there were 530 babies delivered: an increase of 6.2 per cent on last May. With pregnancy referrals increasing, the demand is expected to continue.

**Outcome:**

Gold Coast Health commissioned the full complement of Birth Suites and Maternity in-patient beds, while also investing in community-based venues for antenatal care and Innovative models of care include:

- Maternity Hospital in the Home
- Waijungbah Jarjums (see page 25)
- employment of a Caesarian Coordinator who, along with the Women's Anaesthetic lead, runs the *Enhanced Recovery following Caesarian Section* program
- employment of an Induction of Labour Coordinator to streamline the induction process (approximately 30 per cent of women use the Induction of Labour program)
- employment of three Maternal-Fetal Medicine Specialists to provide tertiary level care for women experiencing highly-complex pregnancies
- launch of the Neonatal Early Discharge Service to provide care to mothers and their premature babies at home. The service provided care to 118 babies, saved approximately 955 Special Care Nursery cot days, and helped to reduce readmissions.

**Target:**

Continue to develop innovative service delivery models that meet community needs and maximise our capacity to respond to healthcare demand - including hospital, community, home and virtual care.

**Challenge:**

Throughout the reporting period, there were occasions where the demand for renal chairs outweighed availability at Gold Coast University Hospital and Robina Hospital.

**Outcome:**

Gold Coast Health partnered with private providers, including Gold Coast Private Hospital and Pindara Hospital, to ensure renal chair demand could be met. The health service region received \$525,000 of funding to provide an additional 12 patients with access to dialysis services. Gold Coast Health also promoted our home dialysis services to encourage service uptake, free up chairs and empower patients with their own care.

**Target:**

Continue to develop innovative service delivery models that meet community needs and maximise our capacity to respond to healthcare demand - including hospital, community, home and virtual care.

**Challenge:**

Contribute to a reduction in variation from the optimal access time for patients requiring Aged Care Services.

**Outcome:**

Gold Coast Health has reviewed the way we care for our elderly patients. This commenced with the formation of an Aged Care Reform working group and the development of a three-year plan to improve the health service's approach to aged care.

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One of the initiatives was a new service to help social workers spend more time supporting patients with complex care needs. An external provider, Aged Care Decisions, was engaged to assist patients requiring an immediate placement in a Residential Aged Care Facility. The new service helps alleviate pressure on social workers, discharge planners and other staff involved in residential aged care placements.

**Target:**

Continue to develop innovative service delivery models that meet community needs and maximise our capacity to respond to healthcare demand - including hospital, community, home and virtual care.

**Challenge:**

Achieve a 20 per cent increase in-home and/or community-based service delivery (e.g. telehealth, virtual, and in-home services.)

**Outcome:**

Gold Coast Health set a new record on its virtual health care journey after delivering the 10,000th telehealth appointment to Gold Coasters in less than a year, a four-fold increase on the average number of appointments delivered in the previous five years. Gold Coasters are now among the highest users in the state of video-conferenced care from the comfort of their homes.

**Target:**

Embed the principles of a resilient, high reliability organisation with a strong transformational culture.

**Challenge:**

Introduce truly transformative changes to the way technology is leveraged into a better standard of patient care by delivering projects aligned with our future-focused agenda.

**Outcome:**

The Transformation and Digital division was created, and its inaugural Executive Director, Sandip Kumar appointed, to deliver contemporary solutions to the complex problems faced by our modern healthcare system. The division partners with clinicians and non-clinicians to carefully examine existing challenges, then work together to design solutions to the underlying causes. Embedding sustainable change is the role of the Future Focus program which counts Rigorous Referral Management and the Crisis Now initiative among its many initiatives that will become the new way of delivering care. The Clinical Documentation to Coding initiative is a stand-out success, having exceeded its set objectives.

Contemporary processes such as innovation and change management Communities of Practice are becoming part of our 'business as usual' approach to service improvement. Other practical solutions include the establishment of an Innovation Portal to collect and prioritise ideas and improvements shared by staff working across the health service and on the frontline.

**Target:**

Embed research and evidence-based practice into health service delivery and patient care.

**Challenge:**

Increase the number of health service and clinical research projects, and the number of staff engaged in research and education using evidence-based practice.



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## Outcome:

One hundred and sixty new research projects commenced, and external funding for research increased by 43 per cent compared to the previous year, with a total of \$6.1 million awarded (\$4 million from commercial partners and \$2.1 million from government, not-for-profit organisations, and universities).

The majority of research activities were supported by new and existing partnerships, including 21 commercial companies, 16 universities, ten not-for-profit organisations, 18 government (including other Hospital and Health Services) and eight international partners. In addition, 13 collaborative research groups are active within Gold Coast Health, covering a diverse range of research areas, including emergency care, pharmacy, allied health, maternity and children's health, and patient and family-centred care.

The Clinical Trials Service continued and provided support to 25 principal investigators across 13 departments with 48 active clinical trials. The Anaesthetics Department established two peri-operative clinical trials in the past year. A total of 67 new trials started in 2020–2021, and approximately 2000 patients were enrolled.

Emergency medicine researchers participated in a collapsed lung study which was awarded 2021 Trial of the Year by the Australian Clinical Trials Alliance. This study showed that conservative or 'hands-off' treatment resulted in better health outcomes for spontaneous pneumothorax (collapsed lung) compared to standard interventional treatment. This result will change national and international clinical guidelines in the coming years.

The Centre for Research, Education and Translation in Eastern Australia was established and is helping Gold Coast Health to create and strengthen partnerships. Gold Coast Health is the lead organisation, with the aim of building healthier communities in regional areas through research, education, translation, and innovation in health services. Participating organisations include the Sunshine Coast Hospital and Health Service, Northern New South Wales Local Health District, the Gold Coast Primary Health Network, the University of the Sunshine Coast, and Bond, Griffith and Southern Cross Universities.

During 2020–2021, more than 157 Gold Coast Health staff engaged with the Evidence-Based Practice Professorial Unit, a joint initiative between Gold Coast Health and Bond University. Our workforce benefits from modern and innovative educational approaches in evidence-based practice training and research mentorship. In addition, our Collaborative Research Grant scheme, supported by the Gold Coast Hospital Foundation and Bond, Griffith and Southern Cross Universities, provided funding towards ten high-quality collaborative research projects totalling \$680,000.

Reflecting the high-quality research being undertaken at Gold Coast Health, 352 peer-reviewed articles have been published since July 2020, an increase of 8 per cent compared to last year. These publications included research studies that described implementing or evaluating new interventions or changes in practice that led to improved health outcomes.

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## Managing strategic risks

Gold Coast Health continues to experience an increasing population and demand for public health services on the Gold Coast.

We need to adopt a transformational culture that encourages agility, innovation and rapid knowledge translation if we are to ensure high-reliability healthcare delivery that meets community needs and ensures patient safety. This includes prioritising and balancing financial resources as healthcare demand grows and to respond to emerging or unforeseen local or global challenges to ensure we supply equitable healthcare that maintains and improves health outcomes. We must optimise and grow our infrastructure as healthcare demand grows so we can provide equitable, safe, reliable access to healthcare.

We face some strategic opportunities where we must optimise governance, systems, processes and models of care to underpin organisational resilience, sustainability and reputation. We will need to access, attract, retain and invest in a high-performing, diverse workforce to ensure our capacity and capability to provide world-class healthcare.

This will be achieved through collaborative 'one-system' partnerships (across sectors, agencies, partners and providers) that optimise access for our diverse community to drive equitable and improved health outcomes for the Gold Coast population.



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# Governance

## Our people

### Board membership

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

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

The Board has a range of functions including:

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

Gold Coast Health Board members bring to the table a wealth of experience and knowledge in public, private and not-for-profit sectors, as well as a range of clinical, health and business experience.

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

Appointed 18 May 2012. Current term 18 May 2020 to 31 March 2024.

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

**Professor Judy Searle – BMBS, FRANZCOG(ret), GDPH, MD, GCTE, PCM, GAICD**

Appointed 18 May 2016. Current term 10 June 2021 to 31 March 2024.

Judy Searle started her career as a medical specialist before moving into leadership and senior management positions in academe, government and professional advocacy. As a Non-Executive Director with particular skills in governance, risk management and safety and quality she now provides independent expertise in the health and aged care sector including the provision of advice on health system performance and medical practitioner regulation at a state government level.

**Professor Cindy Shannon AM, BA (Economics and History), Grad Dip Ed, MBA, DrSocSc (Pol Sci), GAICD, FQAAS (FQA)**

Appointed 18 May 2020. Current term 18 May 2020 to 31 March 2024.

Professor Cindy Shannon is a Ngugi woman and descendant of the Quandamooka people. She is an Emeritus Professor with the University of Queensland, among many other roles. Cindy was the Pro-Vice-Chancellor (Indigenous Engagement) at the University of Queensland from 2011-2017, and inaugural Director of its Poche Centre for Indigenous Health. Cindy led the development and implementation of Australia's first degree-level program for Aboriginal and Torres Strait Islander health workers and played a key role in supporting the establishment of the Institute for Urban Indigenous Health in South-East Queensland. Cindy has contributed to Indigenous health policy in Queensland and nationally.

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

Appointed 29 June 2012. Current term 18 May 2021 to 31 March 2024.

Ms Colette McCool PSM has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, environmental and social portfolios in Territory and Local Governments, in diverse functional areas such as community services and health, waste management and transport. Ms McCool has highly developed skills and extensive experience in community consultation, engagement and capacity building, coupled with a deep knowledge of the diverse Gold Coast community and its needs. In recognition of her contribution to public service, in particular the community of the Gold Coast, Ms McCool was awarded a Public Service Medal (PSM).

**Michael Kinnane ESM, FAICD, FAIM**

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

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

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

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

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

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**Lucas Patchett OAM**

Appointed 18 May 2021. Current term 18 May 2021 to 31 March 2022.

Lucas Patchett co-founded and is managing director of Orange Sky, mobile laundry and shower services for people experiencing homelessness across Australia and New Zealand. Since launching in 2014, the service has provided more than 1,600,000kg of free laundry, over 17,500 warm, safe showers, and close to 300,000 hours of genuine and non-judgemental conversation involving more than 2000 volunteers. Lucas was awarded Young Australian of the Year in 2016 and an Order of Australia Medal in 2020.

**Professor Nicholas Zwar MBBS, MPH, PhD**

Appointed 18 May 2021. Current term 18 May 2021 to 31 March 2024.

Professor Nicholas (Nick) Zwar has extensive experience as a general practitioner and primary health care teacher and researcher. He has a national and international reputation in health services research on prevention and management of chronic illness, with a focus on respiratory and cardiovascular diseases. Nick has led and contributed to several sets of Australian and international clinical practice guidelines and has more than 200 peer-reviewed publications. He is Executive Dean of the Faculty of Health Sciences and Medicine at Bond University, while working part time in a local general practice.

**Peter Dowling AM, BA (Acc.) Canberra, FCPA, FAICD**

Appointed 10 June 2021. Current term 10 June 2021 to 31 March 2024.

Peter Dowling is an accountant and company director. He is a Fellow of CPA Australia and a Fellow of the Australian Institute of Company Directors. He was formerly a partner with international accounting firm Ernst & Young. He is a Centenary of Federation Medal recipient and was made a Member of the Order of Australia in 2007 for services to accountancy and the community. Peter's other Board and audit and risk committee appointments include State Government Department Audit Committees. He is also the Queensland Honorary Consul for Botswana.

We thank the following board members who served throughout 2021, with their term completed in May 2021.

**Mr Robert Buker FCA, AMIIA**

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

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

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

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

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

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

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

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

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

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

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

**Board remuneration**

The Governor in Council approves the remuneration arrangements for Board Chairs and members. The annual fees paid by Gold Coast Health are consistent with the *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*. The approved fees are \$85,714 for the Board Chair and \$44,503 for members. Committee fees are \$4000 per Committee Chair role and \$3000 for Committee membership per annum.

Board members were reimbursed for out-of-pocket expenses during 2020–2021. The total value reimbursed was \$2748.18.

**Board Professional Development**

Gold Coast Hospital and Health Service is committed to the continual learning and development of Board members to be able to contribute to high standards of governance and leadership of Gold Coast Health.

The *Board Professional Development Policy* (POL1550) is intended to ensure that Board members are equipped with the knowledge and skills to discharge their roles and responsibilities. Board members endeavour to share their learning from a range of professional development opportunities across their diverse career portfolios.

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## Board committees

Gold Coast Health is committed to achieving the highest standards of corporate governance and seeks to adopt best practice. All committees of the Board abide by their approved charters, which are reviewed annually. Committees assist the Board in the execution of its duties by enabling more detailed consideration of key issues.

### Executive

#### **Membership from 1 July 2020 to 26 May 2021**

**Chair:** Ian Langdon

**Members:** Dr Cherrell Hirst AO, Colette McCool PSM, Prof Judy Searle, Prof Cindy Shannon AM and Dr Andrew Weissenberger

#### **Membership from 26 May 2021 to current**

**Chair:** Ian Langdon

**Members:** Prof Judy Searle, Teresa Dyson, Prof Nick Zwar and Peter Dowling AM

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

### Safety, Quality and Clinician Engagement

#### **Membership from 1 July 2020 to 26 May 2021**

**Chair:** Prof Judy Searle

**Members:** Prof Helen Chenery, Michael Kinnane ESM, Colette McCool PSM, Dr Andrew Weissenberger and additional contributors.

#### **Membership from 26 May 2021 to current**

**Chair:** Prof Judy Searle

**Members:** Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM, Prof Nick Zwar and additional contributors.

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

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

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

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## Audit and Risk

### Membership from 1 July 2020 to 26 May 2021

Chair: Robert Buker

Members: Ms Teresa Dyson, Dr Cherrell Hirst AO, Michael Kinnane ESM and external members

### Membership from 26 May 2021 to current

Chair: Peter Dowling AM\*

Members: Teresa Dyson, Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM, Ian Langdon (ex-officio) and an external member.

\* Peter Dowling was appointed to the Board on 10 June 2021. No meetings were held between 26 May and 10 June 2021.

The Audit and Risk Committee is required under the *Hospital and Health Boards Act 2011* and under the Financial and Performance Management Standard 2019. The committee operates in accordance with Queensland Treasury's Audit Committee Guidelines and oversees governance, risk and assurance processes. It is responsible for assessing the integrity of the service's financial statements, internal and external audit activities, effectiveness of risk management, and compliance with legal and regulatory requirements. The Audit and Risk Committee also monitors the management of legal and compliance risks and internal compliance systems, including compliance with relevant laws and government policies.

## Finance and Performance

### Membership from 1 July 2020 to 26 May 2021

Chair: Dr Cherrell Hirst AO

Members: Robert Buker, Teresa Dyson, Michael Kinnane ESM, Ian Langdon and Prof Cindy Shannon AM

### Membership from 26 May 2021 to current

Chair: Teresa Dyson

Members: Ian Langdon, Michael Kinnane ESM, Prof Cindy Shannon AM and Peter Dowling AM.

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

## Research

### Membership from 1 July 2020 to 26 May 2021

Chair: Prof Helen Chenery

Members: Ian Langdon, Colette McCool PSM, Prof Cindy Shannon AM and external members

### Membership from 26 May 2021 to current

Chair: Prof Cindy Shannon AM

Members: Ian Langdon, Prof Nick Zwar and external members.

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

partners regularly attend the Research Committee and provide valuable insight into research practice and collaborative opportunities.

Table: Board Director meeting attendance

	Ian Langdon	Judy Searle	Teresa Dyson	Helen Chenery	Andrew Weissenberger	Colette McCool	Cherrell Hirst	Robert Buker	Michael Kinnane	Cindy Shannon	Nicholas Zwar	Lucas Patchett	Peter Dowling
Board	11/12	11/11	9/12	8/10	9/10	12/12	9/10	10/10	12/12	12/12	2/2	2/2	1/1
Executive Committee	5/5	4/4	*	*	4/4	4/4	3/4	*	1*	5/5	*	*	*
Finance and Performance Committee	9/11	1*	7/11	1*	*	7*	10/10	9/10	11/11	9/11	*	*	1/1
Audit and Risk Committee	3*	*	6/6	*	*	1/1	3/5	5/5	5/6	*	*	1/1	1/1
Safety, Quality and Clinician Engagement Committee	4/6*	5/5	*	5/5	5/5	6/6	*	*	6/6	*	1/1	0/1	*
Research Committee	3/3	*	*	2/2	*	2/2	*	*	*	3/3	1/1	*	*

*\* Board Member is not a member of this Committee*

*N.B. The denominator is determined by the number of meetings that the member was eligible to attend.*



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## Executive management

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

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

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

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

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

### **Executive Director, Transformation and Digital – Mr Sandip Kumar BBus, CA**

Sandip joined Gold Coast Health in 2020 following a 12-year career in financial services management consulting, corporate finance and strategy roles; including four years consulting in and across Queensland Health transformation and change programs.

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

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

### **Executive Director, Strategic Communication and Corporate Governance – Sarah Dixon BBus (Comms), JP(Qual), GAICD, MPRIA**

Sarah joined Gold Coast Health's executive team in 2018, following a 15-year consulting career in communication and corporate affairs. She has worked across a wide variety of sectors, including health, and has advised Boards and executive management teams on a range of complex issues and situations in the national spotlight. She is also a Trustee Director of a public offer superannuation fund, and Deputy Chair of a charitable trust.

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

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

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

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



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## Strategic Committees

### Executive Management Committees

#### Executive Management Team

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

#### Finance and Performance Executive Committee

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

#### Clinical Governance Committee

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

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

#### Digital Portfolio Committee

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

#### Work Health and Safety Management Committee

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

#### Transformation Oversight Committee

Our service is facing pressures and we need to transform as part of a broader health sustainability challenge. We are evolving our approach to delivering change and addressing 12 recommendations agreed with the Queensland Treasury Corporation and have consequently introduced a new form of governance to improve the way we coordinate change. The Transformation Oversight Committee sets the priorities of the organisation and the overall targets for the Transformation Program, decides on

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program trade-offs and avoids conflicting priorities, and allows supportive reporting and clear responsibilities to drive change.

## **Clinician Engagement**

### **Clinical Council**

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

The main focuses for the Clinical Council in 2020–2021 are (1) digital healthcare; (2) staff support and wellbeing; (3) world-class healthcare through education, training and research and (4) community links within Gold Coast Hospital and Health Service.

The council also provides representatives from Gold Coast Health to the Queensland Clinical Senate.

### **Research Council**

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

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

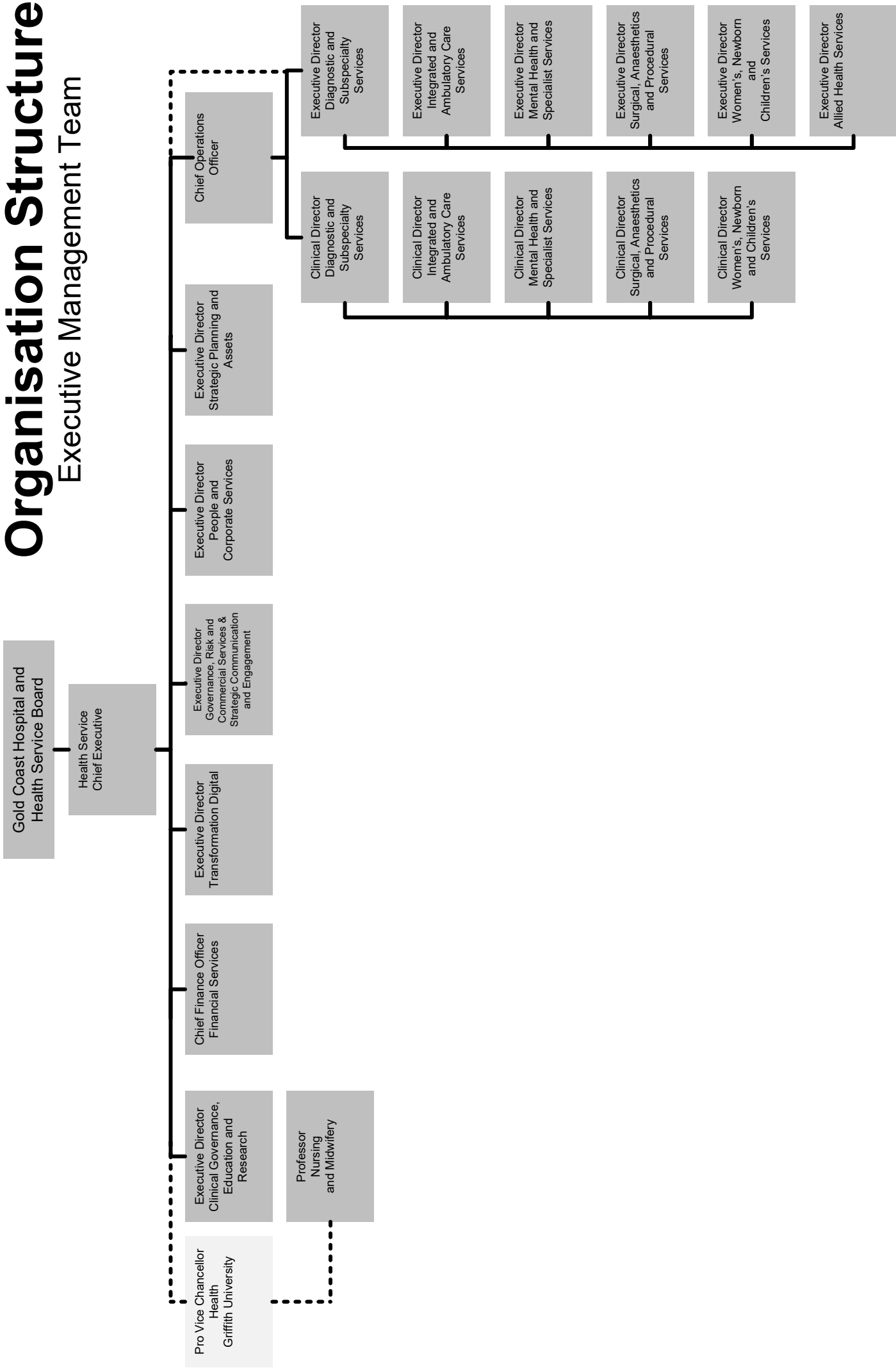
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## Organisational structure and workforce profile

### Organisational structure

# Organisation Structure

## Executive Management Team



## Strategic workforce planning and performance

### An equal opportunity employer

Workforce figures show 1.43 per cent of Gold Coast Health employees identify as a First Nations person.

Table 1: More doctors and nurses\*

	2016-17	2017-18	2018-19	2019-20	2020-2021
Medical staff <sup>a</sup>	1,033	1,088	1,118	1,203	1,233
Nursing staff <sup>a</sup>	3,275	3,480	3,668	3,989	4,174
Allied Health staff <sup>a</sup>	932	993	1,035	1,061	1,207

Table 2: Greater diversity in our workforce\*

	2016-17	2017-18	2018-19	2019-20	2020-2021
Persons identifying as being First Nations <sup>b</sup>	73	96	107	128	133

**Note:** \* Workforce is measured in MOHRI – Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end. Data presented is to Jun-21.

**Source:** <sup>a</sup> DSS Employee Analysis, <sup>b</sup> Queensland Health MOHRI, DSS Employee Analysis

Gold Coast Health's workforce consists of 8945 full-time equivalent (FTE) staff (MOHRI FTE data for fortnight ending 18 June 2021). Gold Coast Health appointed a total of 849 new employees during the 2020-21 financial year.

During the COVID-19 pandemic, Gold Coast Health ensured employees had reasonable access to flexible working arrangements where access does not disrupt business continuity and is of benefit to employee health and wellbeing.

### Permanent separation

During 2020-21, 517 staff separated permanently from the service, a rate of 6.61 per cent.

### Workforce planning approach

COVID-19 continued to impact workforce planning, with Gold Coast Health rolling out our Flexible by Design and Wellbeing Frameworks and Optimising Culture Program.

Following the launch of the Gold Coast Health Workforce Strategy in 2019, 2020-21 saw us continue to place a strong focus on developing the strategy's underlying frameworks. The roll-out of our two-year implementation road map was recommenced after delays in the previous reporting period, with key highlights including.

Key highlights included:

- Reviewed the Reward and Recognition Framework, and its supporting initiatives, to ensure ongoing improvement.
- Piloted Strategic Workforce Planning and Succession Planning ahead of operationalisation in late 2021 to early 2022. The pilot programs, undertaken in Women's Newborn and Children Services and Human Resource Services, proved successful, allowing the development of robust workforce succession planning to be tested ahead of operationalisation.
- Implemented of a new onboarding and engaging framework that provides a more consistent approach while allowing flexibility across various service lines.

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- Continued designing our exit and transitioning framework, empowering staff to offboard with respect and pride in their accomplishments.

### **Implementation of New Industrial Instruments**

The following Enterprise Bargaining Agreements came into effect in the last 12 months:

#### **Health Practitioners and Dental Officer (Queensland Health) Certified Agreement (No.3) 2019 (certified 18 August 2020)**

HPDO3 introduced new entitlements such as the application of the grandparented retention payments to health practitioners, creation of the clinical assistants occupational stream within eligible operational officers discipline, multi-disciplinary entitlements to eligible health practitioners, and the payment of the sonography development allowance, among others.

#### **QH Building, Engineering and Maintenance Services Certified Agreement (No.7) 2019 (certified 19 August 2020)**

BEMS7 amended the criteria and application of allowances such as the daily on-call allowance, licence allowances, trade-based service allowance, and the minimum breaks between shifts impacting on recall periods.

#### **Aboriginal and Torres Strait Islander Health Workforce (QH) Certified Agreement (No.1) 2019 (certified 13 August 2020)**

The ATSIHW1 agreement introduced a new Aboriginal and Torres Strait Islander Health Workforce occupational stream, including employment entitlements unique to this occupational stream.

#### **Queensland Public Health Sector Certified Agreement (No.10) 2019 (certified 13 August 2020)**

QPHS EB10 introduced increases to certain allowances provided in the EB, as well as provisions strengthening employment security.

Gold Coast Health has undertaken a data quality review to support the operationalisation of these Enterprise Bargaining changes following payroll configuration changes.

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## Attracting our workforce

### COVID-19 Response

COVID-19 continued to influence our workforce attraction approach with increased staffing levels required to support the management of COVID-19. Gold Coast Health deployed a fast-track recruitment and onboarding model. The system saw candidates recruited, onboarded and rostered across all areas of COVID-19 management, including screening desks, testing centres, the staff vaccination clinic and community vaccination clinic, as well as contact tracing and case management.

### Innovative entry pathways

During the 2020–2021 financial year, Gold Coast Health placed 48 students across clinical and non-clinical areas.

The Learning Experience and Academic Placements Program provides a formal approach for Gold Coast Health to host students in non-clinical internships and work experience placements across the health service. The program allows us to attract a future workforce from leading tertiary education providers, while building the capability of our staff internally. Learning Experience and Academic Placements partners include Griffith University, Southern Cross University, Bond University and TAFE Queensland.

Furthermore, Gold Coast Health onboarded 24 employees through the DisTinct Pathways Program, creating entry pathways to the health service for people living with disability.

## Developing our workforce

Workforce capability development and learning activities that directly support our strategic plan are a focal point of Gold Coast Health's Learning and Capability Planning Framework; in particular, the Core Capability Framework (CCF).

The CCF provides staff with a pathway that supports their professional development by aligning skills, abilities and behaviours that are valued and recognised as critical to successfully deliver our services to the community.

Underpinned by our values, the CCF guides the translation of our values into action and provides a consistent measure of the skills and behaviours we are looking for when attracting, recruiting, developing and retaining our people.

Our Core Capability Framework includes 20 capabilities that are categorised into five key capability groups. Each capability is demonstrated at four different levels of leadership. The framework is integrated into our entire employee lifecycle and works in conjunction with Professional Capability Frameworks.

The *Learning and Capability Planning Framework* ensures Gold Coast Health has:

- Supported leaders through CCF-aligned leadership development pathways that provide our leaders with the capabilities to lead.
- Improved communication through the development of skills and knowledge in communication that provide a robust framework for shared understanding and direction.
- Improved patient outcomes as staff are equipped with the skills and knowledge to provide improved patient-centred care.



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## Developing our leaders

Several initiatives were undertaken to support the development of our leaders in line with the CCF, including:

- A new collaboration with the Centre for Leadership Excellence to deliver courses on managing resources and finance.
- Expansion of our management essentials program to include courses from the Centre for Leadership Excellence on people, teams and finance, as well as new content for the managing attendance, conflict and complaints, performance and professional development planning and other modules).
- A refresh of our manager induction, completed in response to findings of a review of the leadership development programs against the CCF. This review found some gaps at the leading others level. Using our existing workshops, and the relationship with Clinical Excellence Queensland, the Management Essentials Program was created to resolve these gaps. The manager induction was migrated as one workshop into wider Management Essentials Program and renamed Management Essentials - Meet the Experts.
  - The new Management Essentials Program is recommended for all leaders at Gold Coast Health. The aim is to build a consistent approach to leadership and management to move the health service forward.
- Delivery of our Emerging Leaders program in partnership with TAFE, providing a proven six month leadership course to our emerging leaders to motivate participants to achieve their personal and professional goals to realise their true leadership potential.
- Redesign of the Evolving Leaders Program and Strategic Leaders Program, in partnership with key organisation leaders and the Centre for Leadership Excellence, enabling the delivery of targeted leadership development for each leadership level of the organisation,, mapped to the Core Capability Framework(CCF).

## Health and safety

Gold Coast Health has a well-developed Safety Management System that addresses and controls the risks to health and safety in the workplace. While risks introduced by COVID-19 are not new, they do require existing risks to be reviewed and more detailed controls and treatments implemented. WorkSafe Queensland prescribes that employers must take action to protect workers and others at the workplace from the risk of exposure to COVID-19 so far as is reasonably practicable.

Gold Coast Health has adopted and implemented the COVID-19 Work Health and Safety plan prescribed by Work Health and Safety Queensland. This plan was reviewed June 2021, in consultation with elected health and safety and divisional representatives to ensure it remains effective in the changing COVID-19 environment.

## Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid during the period.

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# Our risk management

Gold Coast Health is committed to proactively identifying and managing risks and opportunities in accordance with the risk appetite statement endorsed by the Board of Gold Coast Health.

This year saw a range of improvements made to the Enterprise Risk Management (ERM) framework. These improvements focused primarily on embedding risk management (and in particular, risk identification and escalation of risk) within the organisation's governance structures. An additional layer was added to Gold Coast Hospital and Health Service's risk hierarchy, referred to as Key Organisational Risks. The risk hierarchy consists of Strategic Risks, Key Organisational Risks, and Operational Risks.

Key Organisational Risks enable the Health Service Chief Executive and the Executive Management Team to have a clear picture of Gold Coast Health's overarching risk profile. Each Operational Risk is linked to a Key Organisational Risk, and ultimately to a Strategic Risk. The improvements made to the ERM have progressed the organisation's risk culture and have established a top-down approach to risk, considered best practice in risk management standards.

Gold Coast Health has an established risk management system, developed in accordance with *ISO 31000:2018 Risk management – Principles and Guidelines*. The system is supported by the EMR framework, focusing on integrating risk management into significant activities and functions across Gold Coast Health. The framework includes a risk policy, risk management procedure, risk appetite statement, risk register, risk governance, and reporting tools for risk analysis. An effective risk management framework is dependent on an organisation's collective effort by all staff to optimise decision-making at a strategic and operational level.

An annual review of the Gold Coast Health risk appetite statement was completed, with the statement clearly outlining the level of risk the Board is willing to take to meet the strategic objectives. This statement forms the basis for all risk-based decisions within the organisation. The Board reviews its risk appetite statement annually. Accountable executives and leaders are responsible for managing risks within the Board's appetite.

As part of the COVID-19 emergency response, the health service also enhanced the risk management framework to include risk identification, assessment, and management activities relating to the organisation's response and recovery program of the COVID-19 pandemic.

Gold Coast Health's risk management activities and significant changes are regularly monitored and reported to the Board, through the Audit and Risk Committee.

The Hospital and Health Boards Act 2011 requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2020-21 period, no directions were given by the Minister to Gold Coast Hospital HHS.

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## Internal audit

Gold Coast Health has an established internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2019*.

The Gold Coast Health internal audit unit, led by the Director, Assurance and Advisory Services (Head of Internal Audit), co-sources its internal audit activity with numerous professional services firms and subject-matter experts. The position of the Head of Internal Audit is held by Mr Sean Hounslow. Mr Hounslow has the following qualifications relevant to this position:

- Bachelor of Business
- Bachelor of Economics
- Certified Internal Auditor
- Certified Information Systems Auditor
- Certified Practising Accountant.

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

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

The internal audit function collaborates with management and other governance and assurance functions to ensure adequate coverage of key strategic and operational objectives in the internal audit plan. The function also utilises an assurance map to identify areas of assurance gaps or weakness for consideration for the internal audit plan.

The internal audit function operates within the Institute of Internal Auditors Professional Practice Framework and, as such, is independent of management under a charter endorsed by the Gold Coast Hospital and Health Board's Audit Committee. The function operates with an established audit methodology and a quality assurance framework to ensure its effective and efficient operation. The Audit and Risk Committee oversees the performance of the function.

In 2020–2021, the internal audit function achieved the following:

- Developed an Audit Management System to enhance the operations of the function and to improve linkages to organisational risks, controls and strategies.
- Finalised six audits in key risk and control areas and provided recommendations for improvement to address risks identified impacting the health service's ability to meet its obligations and achieve its objectives. A further seven audits were nearing completion at the end of the financial year.
- Contributed to enhancements to the patient safety systems, medical infrastructure systems, leave management systems and information security systems.
- Refreshed the assurance map previously developed to improve linkages between other assurance functions.

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## External scrutiny, Information systems and recordkeeping

In 2020–2021, parliamentary reports tabled by the Auditor-General that broadly considered the performance of Gold Coast Health included:

### **Report to Parliament 4: 2020–2021, Queensland Health’s new finance and supply chain management system**

The objective of this audit report was to examine the implementation issues with the SAP S/4 HANA finance and supply chain management system.

This audit recommended changes to the project governance and accountability frameworks to provide clear accountability and improve change readiness. The Queensland Audit Office recommended a cost benefit analysis be undertaken on the timing and approach to changing to new managed inventory locations to improve transparency of inventory stock levels and consumption.

The Department of Health provided a response to this audit.

### **Report to Parliament 12: 2020–2021, Health 2020**

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

The Department of Health provided a response to this audit.

### **Report to Parliament 16: 2020–2021, Planning for sustainable health services**

The objective of this audit was to assess how effectively the Department of Health and the hospital and health services, collectively known as Queensland Health, work together to plan for a sustainable health system.

The Queensland Audit Office recommended that Hospital and Health Services:

- develop a set of priorities with clearer alignment with state-wide priorities
- develop local integrated plans
- develop performance indicators to evaluate the success of long-term plans and incorporate learnings into future plans.
- the Gold Coast Hospital and Health Service did not fully support these recommendations given:
- that local priorities may differ to state aggregate priorities
- the lack of additional investment in capital and resourcing.

The Gold Coast Hospital and Health Service participated in a coronial matter. Following the patient’s death, the health service undertook a thorough review and implemented considerable, immediate and lasting changes to procedure and practice. This included instituting a Complex Management Midwifery Navigator role to manage referred eligible high-risk women through their birthing experience and co-ordinate care and appointments, plans and support. In handing down her findings, Deputy State Coroner Jane Bentley acknowledged the actions taken by the health service following the death were sufficient and appropriate to address concerns raised through the investigation.

In accordance with Queensland Government policy, Gold Coast Health successfully conducted an annual Information Security Management System audit and attestation. This audit and attestation provided insights on the status, readiness and maturity of the organisation’s information security systems, controls and processes. As required, the results were provided to Queensland Health as part of the broader system-wide annual Information Security Management System reporting.

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## Queensland Public Service ethics

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

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

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

## Human Rights

In 2020–2021, Statutory Compliance and Conduct has assessed 57 complaints relating to the provisions of the *Human Rights Act 2019*. The complaint matters and outcomes are summarised in the below table.

Section	Total number of complaints	Ongoing	Not substantiated	Disciplinary action	Management action
15 – Recognition and equality before the law	1	1	-	-	-
17 – Protection from torture and cruel, inhumane or degrading treatment	13	8	4	1	-
22 – Peaceful assembly and freedom of association	1	-	1	-	-
25 – Privacy and reputation	38	16	7	7	8
26 – Protection of families and children	1	1	-	-	-
29 – Right to liberty and security of person	2	-	1	-	1
30 – Humane treatment when deprived of liberty	1	1	-	-	-
TOTAL	57	27	13	8	9

Gold Coast Health continues to promote awareness of the intent and operational impact of the *Human Rights Act 2019*. An embedded process ensures all governance documents are considered against the requirements of the *Human Rights Act 2019* during the mandatory document review cycle. A training package was developed and continues to be rolled out to the organisation on a periodic schedule, as well as by request. Consideration is being given to making a Human Rights training package mandatory for all staff.

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## Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. The Chief Executive did not authorise the disclosure of confidential information during the reporting period.



# Performance

## Service standards

Table 3: Service Standards – Performance 2020–2021

Gold Coast Hospital and Health Service	2020-21 Target	2020-21 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	52%
• Category 3 (within 30 minutes)	75%	61%
• Category 4 (within 60 minutes)	70%	91%
• Category 5 (within 120 minutes)	70%	91%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	73%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>		
• Category 1 (30 days)	>98%	98%
• Category 2 (90 days) <sup>3</sup>	..	95%
• Category 3 (365 days) <sup>3</sup>	..	92%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	<2	1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	64.0%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	11.7%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>		
• Category 1 (30 days)	66%	72%
• Category 2 (90 days) <sup>8</sup>	..	40%
• Category 3 (365 days) <sup>8</sup>	..	83%
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>		
• Category 1 (30 days)	84%	75%
• Category 2 (90 days) <sup>8</sup>	..	53%
• Category 3 (365 days) <sup>8</sup>	..	51%
Median wait time for treatment in emergency departments (minutes) <sup>1</sup>	..	10
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	38
<b>Efficiency measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>10</sup>	\$5,081	\$5,219
<b>Other measures</b>		
Number of elective surgery patients treated within clinically recommended times <sup>2</sup>		
• Category 1 (30 days)	6,805	6,659
• Category 2 (90 days) <sup>3</sup>	..	6,912
• Category 3 (365 days) <sup>3</sup>	..	2,765
Number of Telehealth outpatients service events <sup>11</sup>	5,876	11,843
Total weighted activity units (WAU) <sup>12</sup>		
• Acute Inpatients	161,125	156,098
• Outpatients	33,762	35,811
• Sub-acute	11,175	11,087

• Emergency Department	27,892	34,416
• Mental Health	17,022	17,697
• Prevention and Primary Care	3,834	3,067
Ambulatory mental health service contact duration (hours) <sup>5</sup>	>90,125	91,589
Staffing <sup>13</sup>	8,555	8,945

1	During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020-21 Actual includes some fever clinic activity.
2	In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019-20. This has impacted the treat in time performance and has continued to impact performance during 2020-21 as the system worked to reduce the volume of patients waiting longer than clinically recommended.
3	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
4	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
5	Mental Health measures reported as at 22 August 2021.
6	Mental Health readmissions 2020-21 Actual is for the period 1 July 2020 to 31 May 2021.
7	Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-20.
8	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
9	As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.
10	The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Data reported as at 23 August 2021.
11	Telehealth data reported as at 23 August 2021.
12	The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.
13	Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

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## Emergency treatment

In 2020-21 Gold Coast Health Emergency Departments saw more patients than in 2019-20. Not only have we seen overall growth in demand, but our emergency departments have also seen an increase in the most complex and urgent presentations compared to the previous financial year. Despite this, Gold Coast Health EDs have performed well, with 100 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. Overall, more than 73 per cent of all presentations to our emergency departments were seen within clinically recommended timeframes for their respective urgency category, and Gold Coast Health maintained its performance from last financial year with 73 per cent of patients admitted or discharged from an emergency department within four hours.

## Elective surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life.

During the 2020–2021 Financial Year, Gold Coast Health's National Elective Surgery Target (NEST) was affected by the COVID-19 elective surgery ramp-down period and continued growth in emergency and unplanned surgical demand.

Category 1 NEST achieved was 97.8 per cent for the reporting period, slightly below target of 98 per cent. This was due to unprecedented demand in Category 1 Cardiac Surgery patients.

Category 2 and 3 NEST achieved was also below target of 95 per cent, at 94.9 per cent and 91.7 per cent respectively. This was due to the COVID-19 elective surgery ramp-down period in March to May 2020. Although services returned to full capacity in June 2020 with ramped-up internal capacity to address the resulting long-wait patients, there was a significant backlog of patients to be treated in the first quarter of 2020–2021 Financial Year.

Gold Coast Health is committed to meeting NEST for all category patients and has plans in place to address the demand issues.

As part of the *Gold Coast Health Service Plan 2016–2026*, and in response to predicted procedural and surgical elective activity over this period, the Varsity Lakes Day Hospital provided staged, flexible service delivery options that were responsive to specific demand. Increased use of clinic space and ongoing review of services continued to provide improved outcomes across patient flow, waitlist reduction and theatre capacity. This staged approach at the Varsity Lakes Day Hospital will continue to expand services over the 2021-22 financial year and beyond.

A new seven bed, 23-hour surgical unit at Robina Hospital opened in June 2021 to relieve bed pressure by assisting patient flow from the Emergency Department and surgical recovery. The unit is designed for patients who do not need to stay in hospital long after their surgery or those who can be admitted from the Emergency Department before their surgery to relieve pressure on the wards.

Additional Acute Surgical Unit emergency lists were opened at Gold Coast University Hospital in December 2020 to improve emergency theatre access. This has assisted with bed flow, although additional emergency theatre access is still required to fully address the demand issue and will be addressed in the 2021–22 financial year.

## Outpatient waiting times

Each weekday, more than 3,400 appointments are delivered across outpatient departments in Gold Coast Health. More than 890,000 specialist and non-specialist appointments were provided in 2020–2021 which is an approximate increase of 12.4 per cent from last year. Where clinically suitable, Outpatient services continued to support telephone and video conferencing appointments to maintain access to care while responding to the COVID-19 pandemic. More than 24 per cent of outpatient appointments were delivered via telephone or video conferencing this year which continues to remain higher than prior to the pandemic. Specialist outpatient services continue the future focus reform program which commenced last year. Achievements this year include the successful implementation of

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the 'Refer Your Patient' website, the roll out of HealthPathways and the introduction of SMS replies for patients to respond to review appointment offers. The reform programs will continue in 2022 with the aim of improving access and the introduction of sustainable system-wide solutions.

## Highlights

### New Hybrid theatre

In May 2021, a state-of-the-art new hybrid operating theatre saw its first patient. The \$6 million theatre is the first significant construction at Gold Coast University Hospital since its opening in 2013. The surgical operating room is equipped with medical imaging equipment and gives surgeons the ability to tackle challenging and complex procedures without the risk of moving the patient for x-rays and scans. The hybrid theatre is mostly used for elective and emergency vascular surgery, as well as trauma surgery. The inclusion of the hybrid theatre will contribute to Gold Coast Health's Level 1 Trauma Service accreditation and allow us to facilitate real-time live-case transmission of surgery to other hospitals and conferences worldwide for teaching and education.

### Modelling software helps fight against COVID-19

Ground-breaking COVID-19 modelling software designed on the Gold Coast is playing a key role in the fight against the pandemic. The software can replicate the outbreak of any disease in any city or region, using demographic details for the geographic area being modelled, and variables related to the specific disease.

Professor Chris Stapelberg, the Joint Chair in Mental Health for Gold Coast University Hospital and Bond University, began work on the Discrete-Event Simulated Social Agent-Based Network Transmission and worked in collaboration with colleagues from Bond University, Gold Coast Health, the Melbourne School of Population and Global Health, Central Queensland Public Health Unit, and the National Centre for Immunisation Research and Surveillance.

The software has been used to model real-life COVID-19 outbreaks in Melbourne and Sydney, as well as the smaller wave of COVID-19 on the Gold Coast. The platform can model the impact of putting COVID restrictions in place, as well as removing them.

### Emergency Department study is set to transform treatment

A clinical trial by Gold Coast Health's Emergency Department into the treatment of a collapsed lung is set to revolutionise how this condition is treated in the future, after the Australian Clinical Trials Alliance named the study equal winner of the 2021 Trial of the Year. It is estimated that up to 3000 Australians present to emergency departments each year experiencing a collapsed lung or pneumothorax. This condition can be caused by an underlying lung disease or, more commonly, for no obvious reason at all. For decades, standard hospital treatment for a collapsed lung has been interventional, with doctors inserting a plastic tube into the patient's chest to drain the collected air to help the lung reinflate. Not only is this treatment often painful, but it can also lead to organ injury, bleeding, and infection.

The trial recruited 316 patients, of which 154 received the standard treatment of lung drainage, while the remaining 162 were managed conservatively with simple pain relief and observation.

The results showed that 85 per cent of the people treated with the conservative approach had recovered within eight weeks. The conservative approach also resulted in a significantly lower risk of complications.

### Bond Translational Simulation collaborative

A Bond University and Gold Coast Health partnership, formed in 2020, is helping to transform healthcare teams and systems worldwide through the provision of hyper-realistic, scenario-based training delivered on the job.

The Bond Translational Simulation Collaborative is an academic and operational alliance aimed at improving patient care – through research and training with high performing healthcare teams who practice their work through simulation.

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The collaboration builds on the comprehensive simulation strategy developed at Gold Coast Health, where participants ranged from health and medical students to specialist practitioners with years of experience.

### **New specialist prostate cancer nurse**

About 500 men on the Gold Coast are diagnosed with prostate cancer each year, and many of them need ongoing care and support before and after treatment. Gold Coast men with prostate cancer now have access to specialised support following the region's first-ever Prostate Cancer Specialist Nurse appointment at the Gold Coast University Hospital.

### **Skin Lesion Assessment and Management clinic**

The Skin Lesion Assessment and Management Clinic was opened in response to the growing demand for patients requiring surgical treatment for non-melanoma skin cancers. Patients attend a specialist outpatient appointment at Varsity Lakes Day Hospital and receive surgical treatment on the same day. The new same-day-see-and-treat service reduces patient wait times and reduces the complexity of surgery as skin lesions are not advancing while the patient is waiting for treatment.

### **Primary Contact Hand Therapy**

The Primary Contact Hand Therapy team has been expanded to include two additional occupational therapists and a physiotherapist, supporting a 68 per cent reduction in patients with hand and wrist conditions waiting longer than recommended timeframes. In about a third of cases, the therapy that patients receive from the team helps them avoid surgery altogether. The initiative has received permanent funding, and the clinical model is being considered for expansion to other specialties.

### **Hearing Access program**

The Hearing Access Program aims to overcome barriers to communication for inpatients with hearing loss by providing access to loan amplification devices and basic hearing aid repair services whilst in hospital. Patients with hearing loss are more vulnerable to miscommunication in inpatient settings. Being able to hear well and communicate effectively with hospital staff is critical to informed consent and patient engagement in care. Around 70 per cent of clinical staff using the service felt it improved communication and patient engagement in their health care, while 67 per cent of participating patients reported enhanced communication and medical care.

### **Creative Health Hub**

The Creative Health Hub delivered arts and health programs for the workforce and consumers that address government priority areas. Through the Creative Health Hub, Gold Coast Health has:

- Utilised the arts in supporting health communication and education about the social determinants of health, including mental health and preventative health matters (drugs and alcohol risk and harm reduction).
- Facilitated creative workshops to support health literacy, education and wellbeing.
- Utilised the arts as a mechanism to celebrate diversity (including LGBTQIA+, Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander people).
- Ensured the safety and wellbeing of our workforce through providing opportunities for creative activities and music performances to promote social inclusion, participation, sense of belonging and connection.
- Hosted the 'ArtBeat' Music and Arts Festival during Mental Health Week in October. This event celebrated the creative strengths and talents of people living with mental illness on the Gold Coast to raise awareness and reduce stigma.
- Increased opportunities for local artists and musicians within clinical settings

- 
- Developed models of practice that optimised the potential of the arts to contribute to achieving health and wellbeing outcomes

## Financial summary

### Summary of financial performance

Gold Coast Health reported a surplus of \$10.634 million for the year. A large portion of the 2020–2021 operating surplus related to stretched financial improvement plans to support non-recurrent funds needed to be allocated to critical service delivery improvements.

### Where our funds came from

The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework. The total income for Gold Coast Health for 2020–21 was \$1.808 billion (compared to \$1.660 billion in 2019–20). The primary source of funds is the Queensland Department of Health. COVID National Partnership Agreement funding contributed to the increase.

### Activity-based funding

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

### How our funds were used

The significant increase in demand for healthcare-related services and impacts of COVID-19 have been the primary drivers behind the 7.5 percent increase in expenditure from \$1.671 billion to \$1.797 billion. For further information regarding these variances, please refer to the notes in the financial statements

### Where our funds came from

Revenue	2019	2020	2021
Commonwealth Contributions	\$532,859,355	\$534,376,438	\$ 612,026,485
Queensland Government Contributions	\$907,368,532	\$983,920,564	\$ 1,037,467,809
User Charges	\$105,052,859	\$115,820,442	\$ 125,735,775
Other Revenue and Grants and Contributions	\$21,796,159	\$25,496,149	\$ 32,773,213
<b>Total Revenue</b>	<b>\$1,567,076,905</b>	<b>\$1,659,613,593</b>	<b>\$1,808,003,282</b>

### Expenses by category (over three years)

Expenses	2019	2020	2021
Employee Expenses	\$1,074,491,854	\$1,165,781,951	\$1,229,823,544
Supplies and Services Expense	\$393,611,407	\$407,087,449	\$466,360,925
Depreciation and Amortisation Expense	\$80,061,785	\$77,942,751	\$79,924,324



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Other Expenses	\$24,983,153	\$20,560,445	\$21,260,728
<b>Expenses</b>	<b>\$1,573,148,199</b>	<b>\$1,671,372,596</b>	<b>\$1,797,369,521</b>

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## Anticipated maintenance

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

Anticipated maintenance is defined as maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe. Anticipated maintenance items are identified through the completion of triennial condition assessments, and the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment programs and completed maintenance works.

As of 30 June 2020, Gold Coast Health had reported total anticipated maintenance of \$41.66 million. Gold Coast Health is currently completing a condition assessment program for its major facilities, and the value of anticipated maintenance may vary as a result. Gold Coast Health has the following strategies in place to mitigate any risks:

- Ongoing audit and prioritisation of maintenance activities.
- Identification and discussion with Department of Health for prioritisation for emerging funding.
- Seek assistance from the Priority Capital Program where this applies.

For the financial year, Gold Coast Health expended \$41.02 million on asset maintenance and associated building and infrastructure activities.

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# Financial statements

# Gold Coast Hospital and Health Service Financial Statements - 30 June 2021

## General information

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

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

Gold Coast University Hospital  
1 Hospital Boulevard  
Southport QLD 4215

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

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

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# Section 1: Basis of financial statement preparation

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

## 1.1 The reporting entity

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

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

## 1.2 Statement of compliance

Gold Coast Health has prepared these financial statements in compliance with the relevant sections of the *Financial and Performance Management Standard 2019 (QLD)* and other prescribed requirements. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the period beginning on or after 1 July 2020, and other authoritative pronouncements.

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

Except where stated, the historical cost convention is used.

## 1.3 Presentation

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

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

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

## 1.4 Basis of preparation

Gold Coast Health has prepared these financial statements on a going concern basis, which assumes that Gold Coast Health will be able to meet the payment terms of its financial obligations as and when they fall due. Gold Coast Health is economically dependent on funding received from its Service Agreement with the Department of Health ("the Department").

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

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

## 1.5 Critical accounting estimates

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

Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

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

- Property, plant, and equipment useful lives assessment – refer Note 2.7
- Land and building valuation assessment – Note 2.13

## 1.6 Taxation

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

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



## Section 2: Financial Statements and Related Notes

**Gold Coast Hospital and Health Service**  
**Statement of comprehensive income**  
**For the year ended 30 June 2021**

	<b>Note</b>	<b>2021 \$'000</b>	<b>2020 \$'000</b>
<b>Income</b>			
Funding for public health services	2.1	1,649,494	1,518,297
User charges and fees	2.2	125,736	115,820
Grants and other contributions	2.3	17,426	18,958
Other revenue	2.4	14,978	6,469
<b>Total revenue</b>		<b>1,807,634</b>	<b>1,659,544</b>
Gain on disposal/revaluation of assets		369	69
<b>Total income</b>		<b>1,808,003</b>	<b>1,659,613</b>
<b>Expenses</b>			
Employee expenses	2.5	(193,719)	(1,123,582)
Health service employee expenses	2.5	(1,036,105)	(42,200)
Supplies and services	2.6	(466,361)	(407,087)
Depreciation and amortisation	2.7	(79,924)	(77,943)
Impairment loss		(1,785)	(2,579)
Other expenses	2.8	(19,475)	(17,981)
<b>Total expenses</b>		<b>(1,797,369)</b>	<b>(1,671,374)</b>
<b>Operating result for the year</b>		<b>10,634</b>	<b>(11,759)</b>
Other comprehensive income			
<i>Items that will not be reclassified to operating result:</i>			
- (Decrease)/Increase in revaluation surplus	2.13b	(24,207)	30,532
<b>Total other comprehensive income</b>		<b>(24,207)</b>	<b>30,532</b>
<b>Total comprehensive income</b>		<b>(13,573)</b>	<b>18,773</b>

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

**Gold Coast Hospital and Health Service**  
**Statement of financial position**  
**As at 30 June 2021**

	Note	2021 \$'000	2020 \$'000
<b>Current assets</b>			
Cash and cash equivalents	2.9	128,380	119,343
Receivables	2.10	11,378	9,897
Inventories	2.11	12,673	11,758
Other assets	2.12	31,820	15,319
<b>Total current assets</b>		<u>184,251</u>	<u>156,317</u>
<b>Non-current assets</b>			
Property, plant and equipment	2.13	1,600,947	1,677,854
Intangible assets		100	152
<b>Total non-current assets</b>		<u>1,601,047</u>	<u>1,678,006</u>
<b>Total assets</b>		<u>1,785,298</u>	<u>1,834,323</u>
<b>Current liabilities</b>			
Payables	2.15	126,763	65,211
Accrued employee/health service employee benefits	2.16	12,788	50,459
Other liabilities	2.17	22,021	28,684
<b>Total current liabilities</b>		<u>161,572</u>	<u>144,354</u>
<b>Total liabilities</b>		<u>161,572</u>	<u>144,354</u>
<b>Net assets</b>		<u>1,623,726</u>	<u>1,689,969</u>
<b>Equity</b>			
Contributed equity		1,447,747	1,500,417
Accumulated surplus		16,779	6,145
Revaluation surplus	2.13b	159,200	183,407
<b>Total equity</b>		<u>1,623,726</u>	<u>1,689,969</u>

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

**Gold Coast Hospital and Health Service**  
**Statement of changes in equity**  
**For the year ended 30 June 2021**

	Note	Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
Balance at 1 July 2019		1,563,395	17,904	152,875	1,734,174
Deficit for the year		-	(11,759)	-	(11,759)
Other comprehensive income for the year					
- Increase in asset revaluation surplus	2.13	-	-	30,532	30,532
Total comprehensive income for the year		-	(11,759)	30,532	18,773
<i>Transactions with owners as owners:</i>					
Equity injections		11,798	-	-	11,798
Net non-current asset transfers		3,167	-	-	3,167
Equity withdrawals (depreciation and amortisation funding)	2.1	(77,943)	-	-	(77,943)
Balance at 30 June 2020		1,500,417	6,145	183,407	1,689,969
		Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
Balance at 1 July 2020		1,500,417	6,145	183,407	1,689,969
Surplus for the year		-	10,634		10,634
Other comprehensive income for the year					
- (Decrease) in asset revaluation surplus	2.13	-		(24,207)	(24,207)
Total comprehensive income for the year		-	10,634	(24,207)	(13,573)
<i>Transactions with owners as owners:</i>					
Equity injections		21,511	-	-	21,511
Net non-current asset transfers		5,743			5,743
Equity withdrawals (depreciation and amortisation funding)	2.1	(79,924)			(79,924)
Balance at 30 June 2021		1,447,747	16,779	159,200	1,623,726

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

**Gold Coast Hospital and Health Service**  
**Statement of cash flows**  
**For the year ended 30 June 2021**

	<b>Note</b>	<b>2021 \$'000</b>	<b>2020 \$'000</b>
<b>Cash flows from operating activities</b>			
<i>Inflows</i>			
Funding for public health services		1,574,750	1,457,358
User charges and fees		117,966	114,132
Grants and other contributions		17,466	17,079
GST collected from customers		2,569	1,825
GST input tax credits from Australian Taxation Office		23,477	19,262
Other operating cash inflows		17,242	8,555
<i>Outflows</i>			
Employee expenses		(198,025)	(1,141,488)
Health service employee expenses		(1,021,405)	-
Supplies and services		(474,725)	(407,390)
GST paid to suppliers		(24,469)	(19,394)
GST remitted to Australian Taxation Office		(2,399)	(1,777)
Other operating cash outflows		(19,391)	(17,841)
<b>Net cash from operating activities</b>	<b>2.9</b>	<b>13,056</b>	<b>30,321</b>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	2.13	(21,578)	(14,419)
Sale of property, plant and equipment		617	73
<b>Net cash used in investing activities</b>		<b>(20,961)</b>	<b>(14,346)</b>
<b>Cash flows from financing activities</b>			
Equity injections		16,942	11,492
Lease payments	2.14	-	(150)
<b>Net cash provided by financing activities</b>		<b>16,942</b>	<b>11,342</b>
Net increase in cash and cash equivalents		9,037	27,317
Cash and cash equivalents – opening balance		119,343	92,026
<b>Cash and cash equivalents – closing balance</b>	<b>2.9</b>	<b>128,380</b>	<b>119,343</b>

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

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.1: Funding for public health services**

	<b>2021</b> <b>\$'000</b>	<b>2020</b> <b>\$'000</b>
Revenue from contracts with customers		
Activity based funding	1,254,619	1,218,788
Other public health service revenue		
Non-activity based funding	314,951	221,566
Depreciation and amortisation funding	79,924	77,943
	<hr/>	<hr/>
Total funding for public health services	1,649,494	1,518,297

Funding for public health services relate to the Service Agreement between the Department and Gold Coast Health.

**Accounting policy – revenue from contracts with customers**

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Activity based funding (ABF)	ABF funding is provided according to the type and number of services purchased by the Department, based on a Queensland price for each type of service. ABF funding is received for inpatients, critical care, sub and non acute, emergency department, mental health and outpatients. The funding from the Department is received in cash fortnightly in advance.	Revenue is recognised based on purchased activity once delivered or as otherwise agreed. Where actual activity exceeds purchased activity, additional funding is negotiated with the Department and accrued as a contract asset on the Statement of Financial Position where funding has been agreed based on performance obligations being met, but not yet received. Where targets are not met, funding is renegotiated with the Department and may result in a deferral or return of revenue recognised as a contract liability on the Statement of Financial Position.

**Accounting policy – other public health service revenue**

Non-activity based funding is received for other services Gold Coast Health has agreed to provide per the Service Agreement with the Department. This funding has specific conditions attached that are not related to activity covered by ABF. The funding from the Department is received in cash fortnightly in advance. Funding is recognised as received or accrued where activities under the contract have been performed but cash has not yet been received.

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

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.2: User charges and fees**

	2021 \$'000	2020 \$'000
Revenue from contracts with customers		
Hospital fees and related services/goods	31,047	33,036
Pharmaceutical benefits scheme	74,172	63,387
Private practice revenue	9,466	9,714
Other user charges and fees		
Property rental	2,264	2,086
Other goods and services	8,787	7,597
Total user charges and fees	<u>125,736</u>	<u>115,820</u>

**Accounting policy – revenue from contracts with customers**

Revenue from contracts with customers is recognised when Gold Coast Health transfers control over a good or service to the customer. The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition of Gold Coast Health's user charges that are contracts with customers.

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Hospital fees and related services/goods	Hospital fees arise primarily from private patients and patients' ineligible for Medicare. Cash is collected on presentation where possible or invoiced on discharge.	Hospital fees are recognised as revenue when the services/goods have been provided to the customer. Where inpatients have not been discharged and therefore not invoiced, revenue is accrued on the Statement of Financial Position to the extent of services/goods provided. Revenue is recognised net of discounts provided in accordance with approved policies.
Pharmaceutical Benefits Scheme	Reflects recoveries under the Federal government's Pharmaceutical Benefits Scheme. Cash is received in arrears when a claim is lodged electronically of PBS eligible drugs dispensed from hospital pharmacies.	Revenue is recognised when received or accrued where a reliable estimate can be made for drugs dispensed under the scheme, but the cash has not yet been received.
Private practice revenue	Fees generated by billing private patient services performed by doctors with an assignment private practice arrangement, and service fees charged to doctors with a retention private practice arrangement.	These fees are recognised as revenue when service has been completed and the portion of revenue owing to Gold Coast Health can be calculated. See Note 5.5.

**Accounting policy – Other user charges and fees**

Property Rental revenue is recognised as income on a periodic straight-line basis over the lease term.

Other goods and services are provided such as hospital run canteens. Revenue from the sale of these goods and services are recognised on receipt or generation of an invoice.

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.3: Grants and contributions**

	<b>2021</b> <b>\$'000</b>	<b>2020</b> <b>\$'000</b>
Revenue from contracts with customers		
Commonwealth grants and contributions	14,259	13,481
Other grants and contributions	2,427	2,508
Other grants and contributions		
Donations other	556	1,089
Donations non-current physical assets	184	1,880
Total grants and contributions	<u>17,426</u>	<u>18,958</u>

Grants, contributions and donations are non-reciprocal transactions where Gold Coast Health does not directly give approximately equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred and recognised as or when the performance obligations are satisfied.

Otherwise, the grants and contributions are accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt.

**Accounting policy – revenue from contracts with customers**

Various grants are received from state and commonwealth departments. Grant agreements specify the agreed performance obligations and price for the services to be provided. The funding is recognised progressively as the services are provided. A contract asset is recognised in the Statement of Financial Position where the service has been performed and payment not yet received.

**Accounting policy – Other grants and contributions**

Donations are recognised on receipt of the donated asset or when entitlement to receive the donated asset arises. Cash donations are banked into a trust fund. Further information on trust monies are disclosed in Note 5.4

**Accounting policy – Services received below fair value**

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

**Note 2.4: Other revenue**

	<b>2021</b> <b>\$'000</b>	<b>2020</b> <b>\$'000</b>
Interest	55	142
Minor capital recoveries	4,433	3,070
Health service employee expense recoveries	8,154	724
Other	2,336	2,533
Total other revenue	<u>14,978</u>	<u>6,469</u>

Refer note 2.5 for explanation of health service employee expense recoveries.



**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.5: Employee Expenses and Health service employee expenses**

**Employee Expenses**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
<u>Employee benefits</u>		
Wages and salaries	147,544	877,519
Annual leave levy/expense	11,685	109,054
Employer superannuation contributions	12,335	95,788
Long service leave levy/expense	3,761	21,736
Termination benefits	10	682
<u>Employee related expenses</u>		
Other employee-related expenses	8,652	8,434
Workers compensation premium	9,730	10,368
Payroll tax	2	1
Total employee expenses	<u>193,719</u>	<u>1,123,582</u>

**Health service employee expenses**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Health service employee expenses	<u>1,036,105</u>	<u>42,200</u>

**Full-time equivalent** (reflecting Minimum Obligatory Human Resource Information)

	<b>As at 30 June 2021</b>	<b>As at 30 June 2020</b>
Numbers of employees	433	422
Number of health service employees	8,512	8,360
Total full time equivalent	<u>8,945</u>	<u>8,782</u>

**Prior Year Legislative change**

The *Hospital and Health Boards Act 2011* (HHB Act) was amended through the *Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019*. This change removed a Hospital and Health Services (HHS) power to directly employ non-executive staff. With the change in legislation a prescribed HHS effectively became a non-prescribed employer where employees are employed directly by the Director-General in the Department of Health and contracted to the HHS. This change took effect from the 15 June 2020. Payments made under the non-prescribed arrangement are classified as Health service employee expenses. Board, Executive, Senior Medical Officers (SMOs) and Visiting Medical Officers (VMOs) are disclosed as Employee Expenses.

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.5: Employee Expenses and Health service employee expenses continued**

**Accounting policy – employee expenses**

Due to the prior year legislative change explained above, the following accounting policies apply to all employees from 1 July 2019 to 14 June 2020 and to Board, Executive, SMOs and VMOs only from 15 June 2020.

*Wages and Salaries*

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

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

*Sick Leave*

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

*Annual Leave, Long Service Leave and Other Leave*

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

An additional 2 days of leave was granted to all employees of the Department of Health and HHS's in November 2020 based on set eligibility criteria as recognition of the effects of the COVID-19 pandemic on staff wellbeing. This leave must be taken with 2 years or eligibility is lost. The portion relating to employees is provided for in full. The portion relating to health service employees is expensed in the period it is taken and the remaining balance of unused leave is treated as a pre-payment to the Department of Health. Refer note 2.12 Other Assets.

*Superannuation*

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

Related employee benefit liabilities are disclosed in note 2.16.

**Accounting policy – health service employee expenses**

From the 15 June 2020, all employees other than Board, Executive, SMOs and VMOs are deemed to be employees of the Department of Health. A payment is made to the Department to offset the costs of these expenses. Due to the timing of the adoption of this change, health service employee expenses at 30 June 2020 reflects an accrual for the period from 15 to 30 June 2020.

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

Recoveries of salaries and wages costs for health service employees working for other agencies are recorded as revenue. Refer note 2.4 Other Revenue.

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
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**Note 2.6: Supplies and services**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Building services	2,280	1,884
Catering and domestic supplies	12,108	11,778
Clinical supplies and services	139,375	122,436
Communications	18,006	17,891
Computer services	18,551	17,333
Consultants	119	374
Contractors and external labour	21,734	18,405
Drugs	93,762	81,257
Expenses relating to capital works	3,036	3,478
Interstate patient expenses	49,241	49,240
Lease expenses	-	55
Motor vehicles	1,143	1,148
Outsourced service delivery	47,096	27,177
Property and fleet rental	5,285	5,085
Repairs and maintenance	32,906	29,412
Travel - patients	4,045	1,130
Travel - staff	976	1,050
Utilities	11,547	12,520
Other	5,151	5,434
<b>Total supplies and services</b>	<b>466,361</b>	<b>407,087</b>

Supplies and services has increased over the prior year due to provision of additional services related to COVID. Refer to Section 3 for more information.

**Accounting policy – distinction between grants and procurement**

For a transaction to be classified as supplies and services, the value of goods and services received by Gold Coast Health must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

**Accounting policy – leases**

Refer to Note 2.14 for further details.

**Note 2.7: Depreciation and amortisation**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Depreciation	79,872	77,741
Amortisation	52	202
<b>Total depreciation and amortisation</b>	<b>79,924</b>	<b>77,943</b>

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less any estimated residual value, progressively over its estimated useful life. Intangibles are also amortised on a straight-line basis.

Land is not depreciated as it has an unlimited useful life.

Assets under construction (work-in-progress) are not depreciated until they are ready for use as intended by management.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset.

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
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**Note 2.7: Depreciation and amortisation continued**

Where assets have separately identifiable components that are subject to regular replacement and these components have useful lives distinct from the asset to which they relate, they are separated into components and depreciated accordingly to the extent the impact on depreciation is material.

The estimated useful lives of assets are reviewed annually and where necessary, are adjusted to better reflect the pattern of future economic benefits. The useful lives could change significantly because of events such as the asset is technically obsolete, or non-strategic assets have been abandoned or sold.

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

Buildings	2.4% - 4.5%
Plant and equipment	
Computer hardware	10.0% - 20%
Engineering	7.7% - 10%
Medical equipment	6.30% - 20%
Office, furniture and fittings	6.70% - 16.7%
Vehicle	7.7% - 20%
Intangible assets	7.7% - 20%

**Note 2.8: Other expenses**

	<b>2021</b> <b>\$'000</b>	<b>2020</b> <b>\$'000</b>
Advertising	505	394
Ex-gratia payments	34	36
External audit fees	246	246
Insurance premiums (Queensland Government Insurance Fund)	15,146	14,460
Insurance - other	345	190
Internal audit fees	469	219
Interpreter fees	880	988
Inventory written off/(on)	400	(137)
Legal fees	1,109	850
Losses from the disposal of non-current assets	85	140
Other expenses	256	595
Total other expenses	<u>19,475</u>	<u>17,981</u>

**Special payments**

Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the *Financial and Performance Management Standard 2019*, Gold Coast Health maintains a register setting out details of all special payments greater than \$5,000. One patient related matter exceeded the \$5,000 threshold in 2020-21 (2019-20: one patient related matter and one employee related matter).

**External audit fees**

Total audit fees quoted by the Queensland Audit Office relating to the 2020-21 financial statements are \$246,000 (2019-20: \$281,000). There are no non-audit services included in this amount.

**Insurance (QGIF)**

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

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.9: Cash and cash equivalents**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Cash on hand	22	25
Cash at bank	121,016	111,525
QTC Cash Fund	7,342	7,793
	<hr/>	<hr/>
Total cash	128,380	119,343

For the purposes of the statement of financial position and the statement of cash flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

**a) Restricted Cash**

Gold Coast Health receives cash contributions from private practice arrangements (refer to Note 5.5) for education, study and research in clinical areas, and from external parties in the form of gifts, donations and bequests for stipulated purposes. This money is retained separately, and payments are only made from the General Trust Fund for the specific purposes upon which contributions were received. The value as at 30 June 2021 was \$7.6m (2019-20: \$9.6m).

**b) Effective Interest Rate**

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 0.61% per annum (2019-20: 1.44%). No interest is earned on Gold Coast Health bank accounts.

**c) Reconciliation of surplus to net cash from operating activities**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Surplus/(deficit) for the year	10,634	(11,759)
<i>Non-cash items included in operating result:</i>		
Depreciation and amortisation expense	79,924	77,943
Depreciation and amortisation funding	(79,924)	(77,943)
Donated/Contributed assets received	(184)	(1,880)
Net losses on disposal of property, plant and equipment	85	140
Net gains on disposal of property plant and equipment	(369)	(69)
Change in operating assets and liabilities:		
(Increase)/decrease in receivables	(1,481)	71
(Increase) in inventories	(915)	(1,434)
(Increase)/decrease in other assets	(11,932)	1,489
Increase in payables	61,552	20,161
(Decrease)/increase in other employee benefits	(37,671)	6,224
(Decrease)/increase in other liabilities	(6,663)	17,378
	<hr/>	<hr/>
<b>Net cash from operating activities</b>	13,056	30,321

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.9: Cash and cash equivalents continued**

**d) Changes in liabilities arising from financing activities**

There were no lease liabilities recorded on the balance sheet as at 30 June 2021 (2020:0). One lease met the definition of the accounting standard in 2019-20 but it was disposed of by 30 June 2020. Payments related to this lease totalled \$0.15m.

**e) Non-cash investing and financing activities**

Assets and liabilities received or donated/transferred are recognised as revenues or expenses as applicable.

**Note 2.10: Receivables**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Trade debtors	11,346	12,000
Less: Loss allowance	(2,596)	(3,913)
	<u>8,750</u>	<u>8,087</u>
 GST receivable	 2,973	 1,982
GST payable	(351)	(182)
	<u>2,622</u>	<u>1,800</u>
 Other receivables	 6	 10
 Total receivables	 <u>11,378</u>	 <u>9,897</u>

Receivables comprise trade debtors and the net GST receivable owing from the Australian Taxation Office.

**Accounting policy – trade debtors**

Trade debtors are recognised at the amounts due at the time of sale or service delivery. Settlement of these amounts is required within 30 days from the invoice date.

*Loss Allowance*

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

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

The COVID-19 pandemic has not materially impacted the collectability of debts.

**a) Impaired trade receivables**

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

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.10: Receivables continued**

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

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

	<b>Gross receivables</b>	<b>2021 Loss Rate</b>	<b>Expected credit losses</b>	<b>Gross receivables</b>	<b>2020 Loss Rate</b>	<b>Expected credit losses</b>
	<b>\$'000</b>	<b>%</b>	<b>\$'000</b>	<b>\$'000</b>	<b>%</b>	<b>\$'000</b>
1-30 days	5,056	2%	(110)	3,311	3%	(113)
31-60 days	1,868	9%	(174)	2,032	9%	(181)
61-90 days	1,097	4%	(44)	1,523	19%	(289)
More than 90 days	3,325	68%	(2,267)	5,134	65%	(3,330)
<b>Total</b>	<b>11,346</b>		<b>(2,596)</b>	<b>12,000</b>		<b>(3,913)</b>

Movements in loss allowance for trade receivables:

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Loss allowance as at 1 July	3,913	3,084
Increase in allowance recognised in operating result	1,266	2,106
Amounts written off during the year	(2,583)	(1,277)
<b>Loss allowance as at 30 June</b>	<b>2,596</b>	<b>3,913</b>

**Note 2.11: Inventories**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Pharmaceutical supplies	5,109	4,618
Less: Provision for impairment	(240)	(81)
Clinical and other supplies	7,804	7,221
<b>Total inventories</b>	<b>12,673</b>	<b>11,758</b>

Inventories consist mainly of pharmaceutical supplies and clinical supplies held in wards for use throughout the hospitals. Inventories are measured at cost adjusted for periodic assessments for obsolescence. Where damaged or expired items have been identified, provisions are made for impairment.

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

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
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**Note 2.12: Other assets**

	2021 \$'000	2020 \$'000
Contract assets		
Funding for public health services	364	184
User charges and fees	7,578	5,691
Other assets		
Funding for public health services	16,446	5,679
Prepayments	7,432	3,765
	<hr/>	<hr/>
Total other assets	31,820	15,319
	<hr/>	<hr/>

**Accounting Policy – contract asset**

Contract assets arise from contracts with customers with specific performance obligations and are transferred to receivables when Gold Coast Health's right to payment becomes unconditional.

**Accounting Policy – other assets**

Funding for public health services is recognised under *AASB 1058 Income of Not-for-Profit Entities* as an asset where activities under the contract have been performed but cash has not yet been received.

Significant changes in other assets balance during the year:

- Funding for public health services includes a \$4.8m accrual for capital funding to be received through equity and \$5.9m for COVID related funding.
- Prepayments includes \$3.4m for health service employees COVID-19 leave paid to the Department of Health as explained in note 2.5.

**Note 2.13: Property, plant and equipment**

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

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

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

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



**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.13: Property, plant and equipment continued**

**a) Closing Balances and reconciliation of carrying amount**

**30 June 2021**

	Land (fair value)	Buildings (fair value)	Plant and Equipment (cost)	Work-in- Progress (cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	109,322	2,031,510	201,575	5,806	<b>2,348,213</b>
Less accumulated depreciation	-	(613,174)	(134,092)	-	<b>(747,266)</b>
Carrying amount as at 30 June 2021	<b>109,322</b>	<b>1,418,336</b>	<b>67,483</b>	<b>5,806</b>	<b>1,600,947</b>

*Represented by movements in carrying amount:*

Carrying amount at 1 July 2020	95,644	1,508,694	70,713	2,803	<b>1,677,854</b>
Acquisitions	-	-	11,169	10,409	<b>21,578</b>
Disposals	-	-	(307)	-	<b>(307)</b>
Net revaluation increments/(decrements)	7,978	(32,185)	-	-	<b>(24,207)</b>
Donations/Contributed assets received	-	-	184	-	<b>184</b>
Net transfers from the Department/Other HHS	5,700	-	17	-	<b>5,717</b>
Transfers from Work-in-Progress	-	4,428	2,978	(7,406)	-
Transfers between classes	-	(50)	50	-	-
Depreciation expense	-	(62,551)	(17,321)	-	<b>(79,872)</b>
Carrying amount at 30 June 2021	<b>109,322</b>	<b>1,418,336</b>	<b>67,483</b>	<b>5,806</b>	<b>1,600,947</b>

**30 June 2020**

	Land (fair value)	Buildings (fair value)	Plant and Equipment (cost)	Work-in- Progress (cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	95,644	2,010,157	195,087	2,803	<b>2,303,691</b>
Less accumulated depreciation	-	(501,463)	(124,374)	-	<b>(625,837)</b>
Carrying amount as at 30 June 2020	<b>95,644</b>	<b>1,508,694</b>	<b>70,713</b>	<b>2,803</b>	<b>1,677,854</b>

*Represented by movements in carrying amount:*

Carrying amount at 1 July 2019	94,423	1,526,183	75,289	9,846	<b>1,705,741</b>
Acquisitions	-	-	10,342	4,077	<b>14,419</b>
Disposals	-	-	(144)	-	<b>(144)</b>
Net revaluation increments	1,221	29,311	-	-	<b>30,532</b>
Donations/Contributed assets received	-	-	1,880	-	<b>1,880</b>
Net transfers from the Department/Other HHS	-	3,246	(79)	-	<b>3,167</b>
Transfers from Work-in-Progress	-	10,950	170	(11,120)	-
Depreciation expense	-	(60,996)	(16,745)	-	<b>(77,741)</b>
Carrying amount at 30 June 2020	<b>95,644</b>	<b>1,508,694</b>	<b>70,713</b>	<b>2,803</b>	<b>1,677,854</b>

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.13: Property, plant and equipment continued**

**b) Valuations of land and buildings**

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

The cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period.

Property, plant and equipment classes measured at fair value are revalued on an annual basis either by appraisals undertaken by an independent professional valuer, or by the use of appropriate and relevant indices.

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

The fair values reported are based on appropriate valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Materiality is considered in determining whether the difference between the carrying amount and the fair value of an asset is material (in which case revaluation is warranted).

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

At 30 June 2021 the COVID-19 pandemic has not materially altered valuations of land and buildings.

**Land**

The State Valuation Service performed a comprehensive valuation of all land holdings in 2020-21. The valuation was based on a market approach. Key inputs into the valuation include publicly available data on sales of similar land in nearby localities in the 12 months prior to the date of revaluation. Adjustments were made to the sales data to take into account the location, size, street/road frontage and access, and any significant restrictions for each individual parcel of land.

In prior years, indexation was applied to land values since the last comprehensive valuation in 2016-17.

**Buildings**

Jacobs Pty Ltd performed a comprehensive valuation of all buildings measured on a current replacement cost basis, except for two properties held at market value which was performed by McGees Pty Ltd.

Key inputs into the valuation on replacement cost basis included internal records of the original cost of the specialised fit out and more contemporary design/construction costs published for various standard components of buildings. Significant judgement was also used to assess the remaining service potential of the buildings given local environmental conditions and the records of the current condition of the building. The properties valued on market value basis used publicly available data on sales of similar properties.

In prior years, indexation was applied to building values since the last comprehensive valuation in 2016-17.

The asset revaluation surplus in the statement of financial position as at 30 June 2021 (\$159.2m) relates to land (\$10.8m) and building (\$148.4m) revaluation increments (2019-2020: \$183.4m including \$2.9m land and \$180.5m building revaluation increments).

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
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**Note 2.13: Property, plant and equipment continued**

Revaluation increment/(decrement) reconciliation:

	2021 \$'000	2020 \$'000
Recognised in operating result:		
Land revaluation increment	-	-
Building revaluation increment	-	-
	-	-
Total net revaluation increment in operating result		-
Recognised in other comprehensive income:		
Net land revaluation increment	7,978	1,221
Net building revaluation (decrement)/increment	(32,185)	29,311
Net revaluation increment in other comprehensive income	(24,207)	30,532
Total net revaluation increment	(24,207)	30,532

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

**c) Fair value hierarchy classification**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions (i.e. an exit price) regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique.

Observable inputs are publicly available data that are relevant to the characteristics of the assets/liabilities being valued. Examples for Gold Coast Health include, but are not limited to, published sales data for land and general buildings.

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used include, but are not limited to, subjective adjustments made to observable data to take account of the characteristics of the assets/liabilities, internal records of recent construction costs (and/or estimates of such costs), assets' characteristics/functionality, and assessments of physical condition and remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets/liabilities.

A fair value measurement of a non-financial asset considers a market participant's ability to generate economic benefits by using the asset in its highest and best use.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

- Level 1: represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;
- Level 2: represents fair value measurements that are substantially derived from inputs (other than quoted prices included within level 1) that are observable, either directly or indirectly; and
- Level 3: represents fair value measurements that are substantially derived from unobservable inputs.

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.13: Property, plant and equipment continued**

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

<b>2021</b>	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<i>Assets</i>				
Land	-	109,322	-	109,322
Buildings	-	5,071	1,413,265	1,418,336
Total assets	-	114,393	1,413,265	1,527,658

<b>2020</b>	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<i>Assets</i>				
Land		95,644	-	95,644
Buildings		4,788	1,503,906	1,508,694
Total assets		100,432	1,503,906	1,604,338

The movements associated with Level 3 assets are shown below:

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Balance at 1 July	1,503,906	1,521,178
Transfers out of Level 3 into Level 2	-	-
Disposals	-	-
Revaluation (decrements)/increments	(32,836)	29,217
Transfers from Work-in-Progress	4,428	10,950
Transfers from the Department/Other HHS	-	3,246
Depreciation	(62,233)	(60,685)
Balance at 30 June	1,413,265	1,503,906

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.14: Leases**

Gold Coast Health has assessed all rental agreements and determined that none meet the classification requirements under AASB 16 *Leases* as at 30 June 2021.

Gold Coast Health measures right-of-use assets at cost subsequent to initial recognition. Gold Coast Health has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. The lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than \$10,000 when new.

One asset met the classification requirements during 2019-20, but the lease was disposed of prior to 30 June 2020.

*(i) Property and fleet rentals*

The Department of Energy and Public Works (DEPW) provides Gold Coast Health with access to accommodation and fleet vehicles under government-wide frameworks. This includes the Varsity Lakes Day Hospital. These arrangements are categorised as procurement of services rather than as leases because DEPW has substantive substitution rights over the assets. They are called property and fleet rental and are disclosed in the supplies and services note 2.6.

*(ii) Amounts recognised in profit or loss*

No transactions met the definition of a lease in 2020-21 (2019-20: \$0.05m).

*(iii) Total cash outflow for leases*

There were no lease payments in 2020-21 (2019-20: \$0.15m).

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.14: Leases continued**

**Leases as lessor**

Gold Coast Health recognises lease payments from operating leases as income on a straight-line basis over the lease term.

Gold Coast Health sub-leases space for clinical and retail purposes. Lease income from operating leases is reported as 'Property Rental' in Note 2.2. No amounts were recognised in respect of variable lease payments other than CPI-based or market rent reviews.

The following table sets out a maturity analysis of future undiscounted lease payments receivable under operating leases.

**Lessor commitments**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Less than one year	1,807	1,744
One to two years	1,772	1,728
Two to three years	478	1,596
Three to four years	35	30
Four to five years	-	-
More than five years	-	-
<b>Total</b>	<b>4,092</b>	<b>5,098</b>

**Note 2.15: Payables**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Trade and other payables	3,903	16,546
Payables to the Department	84,598	18,101
Accrued expenses	38,262	30,564
<b>Total payables</b>	<b>126,763</b>	<b>65,211</b>

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

Refer to note 4.3 for more information on the relationship between Gold Coast Health and the Department. Funding related payables are disclosed under other liabilities at note 2.17.

**Note 2.16: Accrued employee and health service employee benefits**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Accrued employee benefits		
Wages and salaries payable	3,821	7,560
Superannuation payable	133	699
Total accrued employee benefits	3,954	8,259
Health service employee benefits	8,834	42,200
<b>Total accrued employee and health service employee benefits</b>	<b>12,788</b>	<b>50,459</b>

**Gold Coast Hospital and Health Service**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2.16: Accrued employee and health service employee benefits cont'd**

**Accounting policy – accrued employee benefits**

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

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

**Accounting policy – accrued health service employee benefits**

With the change to the prescribed employer arrangements as detailed in Note 2.5, the 2020 balance represents the accrual for the period from the date of the legislative change 15 June to 30 June 2020.

Other leave relating to accrued health service employees has been transferred back to the Department of Health as employer.

**Note 2.17: Other liabilities**

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Contract liabilities		
Funding for public health services deferred	17,796	15,800
User charges and fees	180	194
Grants and contributions	224	-
Non-contract liabilities		
Funding for public health services to be returned	3,821	12,690
Total other liabilities	<u>22,021</u>	<u>28,684</u>

Funding for public health services deferred is an amount of funding received under the Service Agreement with the Department where the agreed activity or service could not be completed by the end of the financial year and agreement has been reached to defer the revenue to the next financial year when the services will be delivered.

Funding for public health services to be returned reflects the portion of the funding received under the service agreement to be repaid to the Department of Health in the next financial year.

## Section 3: Budgetary Reporting Disclosures



## Budget vs Actual Comparison

This section provides an explanation for major variances between the original budget and actual performance for 2020-21.

The original budget is the budget in the Queensland Health Service Delivery Statement published December 2020.

### Statement of comprehensive income

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
<b>Revenue</b>				
Funding for public health services		1,553,429	1,649,494	96,065
User charges and fees		119,552	125,736	6,184
Grants and other contributions		12,987	17,426	4,439
Other revenue		16,059	14,978	(1,081)
<b>Total revenue</b>		<b>1,702,027</b>	<b>1,807,634</b>	<b>105,607</b>
Gain on disposal/revaluation of assets		-	369	369
<b>Total income</b>		<b>1,702,027</b>	<b>1,808,003</b>	<b>105,976</b>
<b>Expenses</b>				
Employee expenses	3.1	180,366	193,719	13,353
Health service employee expenses	3.1	970,584	1,036,105	65,521
Supplies and services		449,111	466,361	17,250
Depreciation and amortisation		82,385	79,924	(2,461)
Impairment loss		1,185	1,785	600
Other expenses		18,396	19,475	1,079
<b>Total expenses</b>		<b>1,702,027</b>	<b>1,797,369</b>	<b>95,342</b>
<b>Operating result for the financial year</b>		<b>-</b>	<b>10,634</b>	<b>10,634</b>
Other comprehensive income for the year				
<i>Items that will not be reclassified subsequently to operating result:</i>				
- Decrease in asset revaluation surplus		-	(24,207)	(24,207)
<b>Total other comprehensive income</b>		<b>-</b>	<b>(24,207)</b>	<b>(24,207)</b>
<b>Total comprehensive income for the year</b>		<b>-</b>	<b>(13,573)</b>	<b>(13,573)</b>

## Budget vs Actual Comparison (continued)

### Explanations of major variances

#### 3.1. Employee Expenses and Health service employee expenses variance

Employee expenses and Health service employee expenses is \$78.8m higher than original budget. The main driver of this variance are increases in the number of full time equivalent staff (FTE) from a budget estimate of 8,555 to actual FTE of 8,945, primarily in the medical and nursing streams to meet increased demand. In addition, there were enterprise bargaining agreement and COVID leave related payments of \$7.6m.

### Significant Financial Impacts from COVID

The following significant transactions were recognised by Gold Coast Health during the 2020-21 financial year in response to the COVID-19 pandemic.

	<b>2021 \$'000</b>	<b>2020 \$'000</b>
Funding for public health services		
- COVID-19 response funding to cover expenses on COVID related services such as quarantine hotels, testing clinics, COVID wards, vaccination centres and other public health services.	102,336	24,109

## Section 4: Key Management Personnel and Related Parties

#### 4.1 Key Management Personnel

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

##### **Minister**

The responsible minister is identified as part of Gold Coast Health Key Management Personnel. The Honourable Yvette D'Ath was appointed the Minister for Health and Ambulance Services on 12 Nov 2020 (previously the Honourable Dr Stephen Miles). No associated remuneration figures will be disclosed for the Minister, as Gold Coast Health does not provide the Minister's remuneration.

##### **Board**

The Board members of Gold Coast Health as at 30 June 2021 and their positions are outlined below.

<b>Name and position of current incumbents</b>	<b>Appointment authority</b>	<b>Appointment date</b>
Board Chair – Mr Ian Langdon	Section 25(1)(a), HHB Act	18/05/2012 (Reappointed 18/05/2020)
Board Member – Professor Judy Searle	Section 23, HHB Act	18/05/2016 (Reappointed 10/06/2021)
Board Member – Ms Colette McCool PSM	Section 23, HHB Act	29/06/2012 (Reappointed 18/05/2021)
Board Member – Ms Teresa Dyson	Section 23, HHB Act	18/05/2016 (Reappointed 18/05/2019)
Board Member – Mr Michael Kinnane ESM	Section 23, HHB Act	18/05/2018 (Reappointed 18/05/2019)
Board Member – Professor Cindy Shannon AM	Section 23, HHB Act	18/05/2020
Board Member – Professor Nicholas Zwar	Section 23, HHB Act	18/05/2021
Board Member – Mr Lucas Patchett OAM	Section 23, HHB Act	18/05/2021
Board Member – Mr Peter Dowling AM	Section 23, HHB Act	10/06/2021

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

#### 4.1 Key Management Personnel continued

##### Executives

The Key Management Personnel – Executive level includes those positions that have responsibility for planning, directing and controlling the agency as a whole. Each member holds responsibility for their division's financial, operational and clinical (if applicable) performance as at 30 June 2021 as reflected in the position title in table below:

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Chief Executive – Mr Ron Calvert	SESL Contract - Section 33, HHB Act	01/10/2012 (reappointed 16/09/2019)
Chief Finance Officer – Mr Ian Moody	HES3 Contract - Section 67, HHB Act	04/12/2013 (reappointed 04/12/2016)
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood	Medical Officer (Queensland Health) Certified Agreement (No. 5) 2019	06/08/2018
Executive Director, Transformation – Mr Sandip Kumar	HES3 Contract - Section 67, HHB Act	31/08/2020
A/Executive Director, People and Corporate Services – Mr Grant Brown	HES3 Contract - Section 67, HHB Act	08/02/2021
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	HES3 Contract - Section 67, HHB Act	29/09/2014 (reappointed 25/09/2020)
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	HES2 Contract – Section 67, HHB Act	06/08/2018

Note: The Key Management Personnel positions have changed during 2020-21. The Chief Operations Officer position and Executive Director, Governance, Risk and Commercial Services was abolished. The Chief Information Officer ceased to be a Key Management Personnel position when the Executive Director Transformation position was separately filled effective 31 August 2020.

##### **Remuneration**

Remuneration policy for the Gold Coast Health Board are approved by the Governor in Council and the Chair, Deputy Chair and members are paid an annual fee consistent with the government procedures titled 'Remuneration procedures for part-time chairs and members of Queensland Government bodies.

Remuneration policy for Gold Coast Health Executive is set by the Director-General of the Department as provided for under the HHB Act. The remuneration and other terms of employment are specified in employment contracts. Remuneration expenses for key management personnel comprise the following components:

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

#### 4.1 Key Management Personnel continued

2021

	Short-term employee expenses		Post- employment expenses	Long- term employee expenses	Termination benefits	Total Expenses
	Monetary	Non- monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Board</b>						
Board Chair – Mr Ian Langdon	98	-	9	-	-	107
Board Member – Professor Judy Searle	46	-	4	-	-	50
Board Member – Mr Robert Buker (end date 11 June 2021)	46	-	4	-	-	50
Board Member – Professor Helen Chenery (end date 11 June 2021)	42	-	4	-	-	46
Board Member – Dr Cherrell Hirst (end date 11 June 2021)	49	-	5	-	-	54
Board Member – Ms Colette McCool	51	-	5	-	-	56
Board Member – Dr Andrew Weissenberger (end date 11 June 2021)	45	-	5	-	-	50
Board Member – Ms Teresa Dyson	51	-	5	-	-	56
Board Member – Michael Kinnane	54	-	5	-	-	59
Board Member – Professor Cindy Shannon	45	-	4	-	-	49
Board Member – Professor Nicholas Zwar (start date 18/05/2021)	6	-	1	-	-	7
Board Member – Mr Lucas Patchett (start date 18/05/2021)	6	-	1	-	-	7
Board Member – Mr Peter Dowling (start date 11 June 2021)	2	-	-	-	-	2
<b>Executive</b>						
Chief Executive – Mr Ron Calvert	384	19	31	8	-	442
Chief Operations Officer – Kimberley Pierce (end date 16/10/2020)	69	-	6	1	-	76
Chief Finance Officer – Mr Ian Moody	217	-	22	5	-	244
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood	450	-	33	10	-	493
Sandip Kumar, Executive Director Transformation (start date 31/08/2020)	207	-	21	4	-	232
Executive Director, People and Corporate Services – Ms Hannah Bloch (01/07/2020-07/02/2021)	130	-	13	3	-	146
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	219	-	22	5	-	246

#### 4.1 Key Management Personnel continued

	Short-term employee expenses		Post-employment expenses	Long-term employee expenses	Termination benefits	Total Expenses
	Monetary	Non-monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	209	-	21	4	-	234
A/Executive Director, People and Corporate Services - Grant Brown (start date 08/02/2021)	98	-	7	2	-	107

#### 2020

	Short-term employee expenses		Post-employment expenses	Long-term employee expenses	Termination benefits	Total Expenses
	Monetary	Non-monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Board</b>						
Board Chair – Mr Ian Langdon	102	-	8	-	-	110
Board Member – Professor Judy Searle	52	-	5	-	-	57
Board Member – Mr Robert Buker	52	-	5	-	-	57
Board Member – Professor Helen Chenery	47	-	4	-	-	51
Board Member – Dr Cherrell Hirst	55	-	5	-	-	60
Board Member – Ms Colette McCool	51	-	5	-	-	56
Board Member – Dr Andrew Weissenberger	51	-	5	-	-	56
Board Member – Ms Teresa Dyson	51	-	5	-	-	56
Board Member – Michael Kinnane	54	-	5	-	-	59
Board Member – Professor Cindy Shannon	5	-	1	-	-	6
<b>Executive</b>						
Chief Executive – Mr Ron Calvert	408	23	34	9	-	474
Chief Operations Officer – Kimberley Pierce	235	-	24	5	-	264
Chief Finance Officer – Mr Ian Moody	258	-	26	5	-	289
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood	480	-	36	10	-	526
Executive Director, Robina Hospital, Digital Transformation Service and Chief Information Officer – Mr Damian Green (end date 22/09/2019)	49	-	4	1	-	54

#### 4.1 Key Management Personnel continued

	Short-term employee expenses		Post-employment expenses	Long-term employee expenses	Termination benefits	Total Expenses
	Monetary	Non-monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Executive Director, Digital Transformation and Chief Information Officer – Mark Luchs (start date 23/09/2019)	159	-	15	3	-	177
Executive Director, People and Corporate Services – Ms Hannah Bloch	228	-	23	5	-	256
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	222	-	22	5	-	249
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	208	-	21	4	-	233

#### 4.2 Related Parties

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

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

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

##### 2021

Entity	Note	For the year ending 30 June 2021		At 30 June 2021	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,649,494	77,889	18,132	125,564
Queensland Treasury Corporation	(b)	58	12	7,342	-
Department of Energy and Public Works	(c)	-	5,167	-	478
Other Hospital and Health Services	(d)	2,149	2,130	58	199
Gold Coast Hospital Foundation	(e)	174	11	174	-

##### 2020

Entity	Note	For the year ending 30 June 2020		At 30 June 2020	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,531,110	84,652	5,738	101,644
Queensland Treasury Corporation	(b)	121	12	7,793	-
Department of Housing and Public Works	(c)	-	5,085	-	235
Other Hospital and Health Services	(d)	2,653	2,029	2	193
Gold Coast Hospital Foundation	(e)	161	-	161	-



## 4.2 Related Parties continued

### *(a) Department of Health*

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

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

In addition to the expenditure disclosed above, the Department provides several services free of charge including accounts payable, payroll and other support services. The Department has estimated the value of these services to be \$13.6m (2019-20: \$12.5m).

### *(b) Queensland Treasury Corporation*

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

### *(c) Department of Energy and Public Works (previously Department of Housing and Public Works)*

Gold Coast Health pays rent to the Department of Energy and Public Works (DEPW) for a number of clinical and non-clinical properties. In addition, they provide fleet management services (Qfleet) to Gold Coast Health.

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

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

### *(e) Gold Coast Hospital Foundation*

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

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

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

## Section 5: Other Financial Information

## 5.1 Financial Instruments

### a) Recognition

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

### b) Classification

Financial instruments are classified and measured as follows:

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

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

### c) Risks

Gold Coast Health's activities expose it to a variety of financial risks –credit risk, liquidity risk and market risk.

Financial risk management is implemented pursuant to Gold Coast Health's Financial Management Practice Manual. Overall financial risk is managed in accordance with written principles of Gold Coast Health for overall risk management, as well as policies covering specific areas.

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

Risk exposure	Definition	Exposure and management strategies
Credit risk	The risk that Gold Coast Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.	Gold Coast Health is exposed to credit risk in respect of its receivables. Receivables are reviewed regularly, and appropriate follow up action taken. See Note 2.10.
Liquidity risk	The risk that Gold Coast Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.	<p>Gold Coast Health is exposed to liquidity risk in respect of its payables. Exposure to liquidity risk is reduced by ensuring that sufficient funds are available to meet obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts to match the expected incidence and duration of the various employee and supplier liabilities.</p> <p>Gold Coast Health has an approved overdraft facility of \$21m (2019-20: \$21m) under whole-of-Government banking arrangements to manage any unexpected short-term cash shortfalls. This facility has not been drawn down as at 30 June 2021.</p> <p>Gold Coast Health's trade and other payables are expected to be settled within 30-60 days.</p>
Market risk	<p>The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.</p> <p>Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.</p>	<p>Gold Coast Health does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices.</p> <p>Gold Coast Health is exposed to interest rate risk through its cash deposited in interest bearing accounts. Changes in interest rates have had a minimal impact on the operating result.</p>

## 5.2 Contingent liabilities

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

	2021 \$'000	2020 \$'000
Supreme Court	12	6
District Court	6	4
Magistrates Court	-	-
Tribunals, commissions and boards	-	-
Total cases	18	10

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of litigations before the courts at this time. Any amount payable would be covered by the Queensland Government Insurance Fund (QGIF). Gold Coast Health's maximum exposure under the QGIF policy is an excess of \$20,000 for each insurable event. Tribunals, commissions and boards include matters that may never be litigated or result in payments to claims.

In addition, a contractual dispute has arisen between SurePark Pty Ltd and Gold Coast Health regarding SurePark's contractual right to relief from specified 'key risk events'. The dispute has been referred to a jointly-appointed expert to determine the correct interpretation of the contract and calculation of redress (if any) payable to SurePark for past and possibly future events. At this time, no reasonable estimate of the financial effect (if any) can be made.

## 5.3 Commitments

There were no non-cancellable capital commitments as at 30 June 2021 (2019-20:0). Lease related commitments are disclosed in note 2.14.

## 5.4 Trust transactions and balances

Gold Coast Health manages patient trust accounts transactions (fiduciary funds) as trustee. As Gold Coast Health acts only in a custodial role in respect of these transactions and balances, they are not recognised in the financial statements. Trust activities are included in the annual audit performed by the Auditor-General of Queensland.

Patient trust receipts and payments

	2021 \$'000	2020 \$'000
<i>Receipts</i>		
Amounts receipted on behalf of patients	212	248
<i>Payments</i>		
Amounts paid to or on behalf of patients	218	240
<i>Assets</i>		
Cash held and bank deposits on behalf of patients	18	24

## 5.5 Granted private practice arrangements

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

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

	2021 \$'000	2020 \$'000
<i>Receipts</i>		
Private practice revenue	16,673	17,098
Private practice interest revenue	7	17
Total receipts	16,680	17,115
<i>Payments</i>		
Payments to private practice doctors under retention arrangements	6,256	5,369
Payments to Gold Coast Health for service fees	7,992	8,295
Payments to Gold Coast Health for assignment arrangements	1,346	1,784
Payments to Gold Coast Health Private Practice Trust Fund*	341	1,193
Total payments	15,935	16,641
<i>Assets</i>		
Cash held and bank deposits for private practice	2,014	1,269

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

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

## 5.6. Events after the reporting period

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

## Section 6: New Accounting Standards

## 6.1 New, revised or amending Accounting Standards and Interpretations adopted

The below summarises the relevant Australian Accounting Standards amendments which have been adopted for the 2020-2021 year.

### AASB 1059 Service Concession Arrangements: Grantors

Gold Coast Health applied AASB 1059 Service Concession Arrangements: Grantors for the first time in 2020-21. The nature and effect of changes resulting from the adoption of AASB 1059 are described below.

AASB 1059 applies to grantors in service concession arrangements, which involve an operator:

- a) providing public services related to a service concession asset on behalf of a grantor; and
- b) managing at least some of those services under its own discretion, rather than at the direction of the grantor.

In addition, the grantor must control the asset, which is demonstrated by:

- a) controlling or regulating –
  - what services the operator must provide with the asset,
  - to whom it must provide them, and
  - at what price; and
- b) controlling any significant residual interest in the asset at the end of the term of the arrangement.

Public-private partnership arrangements that do not fall within scope of AASB 1059 are assessed under other accounting standards to determine the appropriate accounting treatment.

Gold Coast Health have arrangements with the operators of the Gold Coast University Hospital western car park and co-located private hospital. Refer information below:

- SurePark Pty Ltd was appointed in July 2010 to build the Gold Coast University Hospital western car park (land owned by Gold Coast Health). The arrangement is for a period of 31 years. There was no revenue received from SurePark Pty Ltd and no upfront payments were made. The agreement provides for Gold Coast Health to receive a portion of revenue if certain conditions are met. A reliable estimate cannot yet be determined.
- Healthscope Ltd was appointed in February 2012 to build a private hospital facility in the southeast corner of the Gold Coast University Hospital campus (land owned by Gold Coast Health). The arrangement commenced from 12 March 2016 for a period of 50 years with possible extensions. No upfront payments were made. Gold Coast Health has a right to rental payments based on a percentage of revenue from March 2022. A reliable estimate of the rental amount cannot yet be determined.

Gold Coast Health assessed these arrangements and determined that the private hospital facility does not fall within the scope of AASB 1059. The Gold Coast University Hospital western car park arrangement is considered immaterial.

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

There are no Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, that have been early adopted by Gold Coast Health.

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

## Section 7: Management Certificate




**GOLD COAST HOSPITAL AND HEALTH SERVICE**  
**Management Certificate**  
**for the year ended 30 June 2021**

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009 (the Act)*, section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2021 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and

We acknowledge responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Ian Langdon  
Board Chair

18 August 2021



Ron Calvert  
Chief Executive

18 August 2021

## INDEPENDENT AUDITOR'S REPORT

To the Chair of Gold Coast Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2021, 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 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

#### Basis for opinion

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

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

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

#### Key audit matters

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

**Fair value of buildings at current replacement cost (\$1,413.265 million)**

Refer to Note 2.13 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Gold Coast HHS performed a comprehensive revaluation of its buildings this year that were measured using current replacement cost method.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>gross replacement cost, less</li> <li>accumulated depreciation</li> </ul> <p>Gold Coast Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> <li>identifying the components of buildings with separately identifiable replacement costs</li> <li>developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>Estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g., \$/square metre)</li> <li>Identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference.</li> <li>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</li> </ul> </li> <li>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</li> </ul> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>assessing the adequacy of management's review of the valuation process and results.</li> <li>reviewing the scope and instructions provided to the valuer.</li> <li>assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices.</li> <li>assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices</li> <li>assessing the competence, capabilities and objectivity of the experts used to develop the models</li> <li>for unit rates on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>modern substitute (including locality factors and oncosts)</li> <li>adjustment for excess quality or obsolescence.</li> </ul> </li> <li>evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>reviewing management's annual assessment of useful lives</li> <li>at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets</li> <li>ensuring that no building asset still in use has reached or exceeded its useful life</li> <li>enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>reviewing assets with an inconsistent relationship between condition and remaining useful life.</li> </ul> </li> <li>Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

## **Responsibilities of the entity for the financial report**

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

## **Auditor's responsibilities for the audit of the financial report**

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

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

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

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

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

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

## **Report on other legal and regulatory requirements**

### **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2021:

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

### **Prescribed requirements scope**

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



C G Strickland  
as delegate of the Auditor-General

19 August 2021

Queensland Audit Office  
Brisbane

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## Glossary

### Glossary of acronyms

CAG	Consumer Advisory Group
CCF	Core Capability Framework
CEO	Chief Executive Officer
ED	Emergency Department
ERM	Enterprise Risk Management
FAA	Financial Accountability Act 2009
FPMS	Financial and Performance Management Standard 2009
FRR	Financial Reporting Requirements
FTE	Full-time Equivalent
GCHHS	Gold Coast Hospital and Health Service
GCUH	Gold Coast University Hospital
GP	General Practitioner
HHS	Hospital and Health Service
HR	Human Resources
ICT	Information Communication Technology
ICU	Intensive Care Unit
ieMR	Integrated Electronic Medical Record
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
NEST	National Elective Surgery Target
NHS	National Health Service
PID	Public Interest Disclosure
PLS	Patient Liaison Service
PPA	Promoting Professional Accountability
QAS	Queensland Ambulance Service
QAO	Queensland Audit Office
QPA	Queensland Police Service
QTC	Queensland Treasury Corporation
QUT	Queensland University of Technology
QWAU	Queensland Weighted Activity Units

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SBYHN	School-based youth health nurse
SCC	Statutory Compliance and Conduct
SDS	Service Delivery Statement
TAFE	Training and Further Education
WAU	Weighted Activity Units

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## Glossary of terms

### Accessible

Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.

### Activity-based funding

A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:

- capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery
- creating an explicit relationship between funds allocated and services provided• strengthening management's focus on outputs, outcomes and quality
- encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level
- in the context of improving efficiency and effectiveness
- providing mechanisms to reward good practice and support quality initiatives.

### Acute

Having a short and relatively severe course.

### Acute care

Care in which the clinical intent or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function
- perform diagnostic or therapeutic procedures.



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## **Admission**

The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients).

## **Allied health**

Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.

## **Best practice**

The cooperative way in which organisations and their employees undertake business activities in all key processes and use benchmarking that can be expected to lead sustainable world-class positive outcomes.

## **Clinical governance**

A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

## **Clinical practice**

Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.

## **Full-time equivalent (FTE)**

Refers to full-time equivalent staff currently working in a position.

## **Department of Health**

Refers to Queensland Health.

## **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.

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## **Hospital and Health Boards**

The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation. Hospital and Health Service Hospital and Health Service is a separate legal entity established by Queensland Government to deliver public hospital services.

## **Immunisation**

Process of inducing immunity to an infectious agency by administering a vaccine.

## **Incidence**

Number of new cases of a condition occurring within a given population, over a certain period of time.

## **Indigenous health worker**

An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.

## **Long wait**

A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.

Nurse Navigator Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex healthcare needs to navigate to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.

## **Nurse practitioner**

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.

## **Occasions of service**

Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided.

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## **Outpatient**

Non-admitted health service provided or accessed by an individual at a hospital or health service facility.

## **Outpatient service**

Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.

## **Patient flow**

Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.

## **Performance indicator**

A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator.

## **Private hospital**

A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.

## **Public patient**

A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.

## **Public hospital**

Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.

## **Registered nurse**

An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.

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### **Statutory bodies**

A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.

### **Sustainable**

A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.

### **Weighted Activity Unit**

A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.

# Compliance checklist

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	4
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	5 113
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	QGEA – Information Licensing ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10	10-17
Non-financial performance	<ul style="list-style-type: none"> <li>Government's objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	8
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	10
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	18
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	53
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	36
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	32
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	47
	<ul style="list-style-type: none"> <li>Public Sector Ethics</li> </ul>	Public Sector Ethics Act 1994 ARRs – section 13.4	44
	<ul style="list-style-type: none"> <li>Human Rights</li> </ul>	Human Rights Act 2019 ARRs – section 13.5	45
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.6	6, 10, 12
Governance – risk management and accountability	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	41
	<ul style="list-style-type: none"> <li>Audit committee</li> </ul>	ARRs – section 14.2	30
	<ul style="list-style-type: none"> <li>Internal audit</li> </ul>	ARRs – section 14.3	42
	<ul style="list-style-type: none"> <li>External scrutiny</li> </ul>	ARRs – section 14.4	43
	<ul style="list-style-type: none"> <li>Information systems and recordkeeping</li> </ul>	ARRs – section 14.5	43

Summary of requirement		Basis for requirement	Annual report reference
	<ul style="list-style-type: none"> <li>Information Security attestation</li> </ul>	ARRs – section 14.6	43
Governance – human resources	<ul style="list-style-type: none"> <li>Strategic workforce planning and performance</li> </ul>	ARRs – section 15.1	37
	<ul style="list-style-type: none"> <li>Early retirement, redundancy and retrenchment</li> </ul>	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	40
Open Data	<ul style="list-style-type: none"> <li>Statement advising publication of information</li> </ul>	ARRs – section 16	2
	<ul style="list-style-type: none"> <li>Consultancies</li> </ul>	ARRs – section 33.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>Overseas travel</li> </ul>	ARRs – section 33.2	NIL
	Queensland Language Services Policy	ARRs – section 33.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	<ul style="list-style-type: none"> <li>Certification of financial statements</li> </ul>	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	102
	<ul style="list-style-type: none"> <li>Independent Auditor's Report</li> </ul>	FAA – section 62 FPMS – section 46 ARRs – section 17.2	103

