ANNUAL REPORT
2015–2016

Department of Health

Queensland Government

Department of Health annual report 2015–16

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2015–16. It has been prepared in accordance with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009*, and the annual report requirements for Queensland Government agencies.

The report aligns to the *Department of Health strategic plan 2014–2018 (2015 update)* and the *2015–16 Service Delivery Statements.*

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

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For more information contact:
Office of the Director-General, Department of Health, GPO Box 48, Brisbane QLD 4001,

Email: DG_Correspondence@health.qld.gov.au, phone (07) 3234 1553.

An electronic version of this document is available at https://www.health.qld.gov.au/research-reports/reports/departmental/annual-report/default.asp

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

Interpreter service statement

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

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Letter of compliance

30 September 2016

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
Member for Woodridge
Level 19, 147–163 Charlotte Street
Brisbane Qld 4000

Dear Minister

I am pleased to present the Annual Report 2015–16 and financial statements for the Department of Health.

I certify this annual report complies with:

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

A checklist outlining the annual reporting requirements can be found at page 111 of this annual report or accessed at http://www.premiers.qld.gov.au/publications/categories/guides/annual-report-guidelines.aspx

Yours sincerely

Michael Walsh
Director-General
Department of Health

Year in review

The 12 months to June 2016 have been instrumental in sculpting the future of the Department of Health.

With the commencement of the Hunter Review in April 2015, which examined and made recommendations on the department's structure, governance arrangements and high level organisational capacity, work began in earnest to improve the core support system of Queensland Health. The recommendations helped determine opportunities and improvements to strengthen the department's operations, and support Queensland Health's partners, staff and the Hospital and Health Services while working in a contemporary health sector.

One outcome from the Hunter Review was the establishment of a new vision and a 10-year strategy for Queensland's health system.

My health, Queensland's future: Advancing health 2026 provides a plan for the health system, serving as a guiding vision for our operation, and sets an overall goal to 'make Queenslanders among the healthiest in the world by 2026'. It does this by providing a guide on how we should fund and deliver public health services, and direction for the department in promoting wellbeing, delivering healthcare, connecting healthcare and pursuing innovation.

It also recommends the department build a vibrant, innovative and respectful workplace culture. Part of this cultural change journey has been the establishment of the Spark Enhancement Program and Spark Change agents—a coordinated approach to cultural change in our organisation and an exciting platform for the department to build upon.

This year marked a positive step forward to protecting our patients, staff and the wider community with the passage of new legislation for nurse-to-patient ratios. Under the legislation, from 1 July 2016 prescribed medical, surgical and mental health wards in Queensland public hospitals are required to maintain a minimum ratio, calculated by ward, of one nurse to four patients for morning and afternoon shifts, and one nurse to seven patients for night shifts. Along with providing better patient care, this change aims to provide nurses with more manageable and safer workloads, and increased job satisfaction.

We are also investing an additional $212.3 million over four years in a range of nursing workforce initiatives including:

- 400 nurse navigators employed across the state to help patients understand and access appropriate care in an increasingly complex health system
- up to 4000 new nursing and midwifery graduate places
- 16 new nurse educator positions to support graduates as they enter Queensland's nursing and midwifery workforce.

This highlights our continued efforts to increase the number of frontline staff to improve health service delivery for Queenslanders.

We tackled the issue of ear disease in Aboriginal and Torres Strait Islander children. The *Deadly Kids, Deadly Futures—Queensland's Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016–2026* sets out our plan to prevent and manage the high rate of middle ear disease in Aboriginal and Torres Strait Islander children. Through this joint initiative with the Department of Education and Training, we will upskill doctors and nurses, provide training for teachers across Queensland and strengthen relationships with Aboriginal and Torres Strait Islander health services and communities.

The Queensland health system continues to be a dynamic landscape as new public health matters were brought to the forefront. The *Refugee Health and Wellbeing: A strategic framework for Queensland 2016* presented our revitalised commitment to improving refugee health and wellbeing in Queensland. The framework is a practical tool for healthcare professionals as well as a first step in developing a refugee health and wellbeing policy structure for Queensland.

The global concern about Zika virus prompted the development of a targeted statewide mosquito control program. The program conducts surveillance and control activities across the state and into the Torres Strait, to control the spread of Zika virus and dengue fever.

In the 2015–16 financial year, there were more than 4100 reported incidents of physical violence against healthcare workers and paramedics. We tackled this issue by establishing a taskforce to investigate and implement strategies to improve safety, reduce incidents of occupational violence and provide a safer working environment for our paramedics and frontline staff. As part of this effort, we introduced a mass media campaign to raise awareness of the penalties for assault against a Queensland Health worker. Now if convicted, a perpetrator could face up to 14 years jail. The campaign was seen on social and digital media, television and out-of-home advertisements.

This year we also saw significant change to a number of health laws in Queensland to provide higher quality services and care to the community, including:

- Overhauling the *Mental Health Act 2000* to create the biggest mental health reform in 15 years. New measures ensure better outcomes for mental health patients and provide significant benefit and greater rights for Queenslanders living with mental illness, their families and those who care for them.
- Implementing the strongest anti-smoking laws in Australia. The new laws prohibit tobacco sales from temporary retail outlets, such as pop-up stalls popular at youth festivals, and reduce areas where smokers can light up. Areas include at or near children's organised sporting events and skate parks, in and around early childhood education care services, at public swimming pools, at all outdoor pedestrian malls and public transport waiting points, and at all residential aged care facilities (outside of nominated outdoor smoking places). The laws also increase the smoke-free buffer at all commercial and non-residential building entrances from four to five metres.
- Introducing new stringent water risk management requirements for hospitals and residential aged care facilities. From 1 February 2017, Queensland's public hospitals, licensed private health facilities and public residential aged care facilities will be required to have developed robust water risk management plans, and notify

the department within one business day after becoming aware of a water test result confirming the presence of Legionella bacteria.

- Introducing new mandatory laws for food businesses to display the kilojoule content of their food and drinks at point-of-sale. Businesses include fast-food chains, bakery chains, café chains and supermarkets with at least 20 outlets in Queensland or 50 outlets nationwide. Kilojoule menu labelling will provide Queenslanders with information they need to make informed, healthier food choices.

An outstanding 'first' was also achieved here in Queensland. Brisbane's Princess Alexandra Hospital became Australia's first digital public hospital. This heralded a revolution in the way healthcare is being delivered in Queensland, allowing clinicians to focus on patients, not paperwork. Other hospitals soon followed, with Cairns, Townsville and Mackay hospitals becoming digital facilities in 2016.

Initiatives such as those described above, and our continued efforts to inspire and encourage excellence within our staff, will enable us to meet our overall goal of making Queenslanders among the healthiest in the world by 2026.

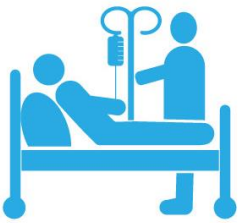
I would like to take this opportunity to thank staff for their ongoing commitment to making a valuable contribution in the health services we provide—ensuring Queenslanders receive the best possible healthcare they need and deserve.

Michael Walsh
Director-General
Department of Health

2015–16: snapshot of our success

Delivered
CPR awareness sessions to
24,385 people

Legislated minimum
nurse-to-patient ratios
for prescribed wards and facilities



MORNING AND AFTERNOON SHIFTS
1:4

NIGHT SHIFTS
1:7

New mental health laws
to provide better rights and care for mental health consumers, their families and carers

Banned smoking

in more areas, including at under 18 sporting events, skate parks, swimming pools, and all outdoor pedestrian malls and public transport waiting points

Outpatients waits down by almost
30%
compared to the previous year

Launched the
Refugee Health and Wellbeing: A Strategic Framework for Queensland 2016

Received
334,715
calls via **13 HEALTH** **(13 43 25 84)**—the 24-hour, seven days a week health phone service—with the majority answered within **20 seconds**

1,728,440
presentations to Emergency Departments.

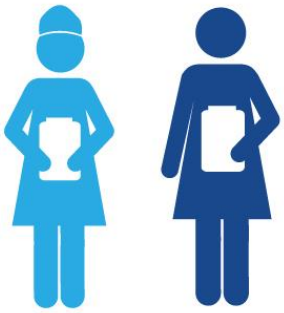
$200 million

over three years (2015–2018) for evidence-based initiatives aimed at closing the gap for **Aboriginal and Torres Strait Islander Queenslanders**

$6 million

new funding to help support individuals, families, communities and HHSs **respond to 'ice'**

Released the first joint health-education ***Deadly Kids, Deadly Futures*** framework to prevent and manage middle ear disease in Aboriginal and Torres Strait Islander children



Over **2000** new nurse graduates and **40** nurse navigators

Received **737,803** **Triple Zero (000) calls**

Introduced **compulsory kilojoule labelling** for food businesses

Introduced **compulsory Legionella reporting** for hospitals and residential aged care facilities, with staged implementation

Australia's **first public digital hospital–** Princess Alexandra Hospital

Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are used to reflect the department's planning priorities, as articulated in the *Department of Health Strategic Plan 2014–18 (2015 update*). These services are: Acute Inpatient Care; Emergency Care; Integrated Mental Health Services; Outpatient Care; Prevention, Primary and Community Care; Queensland Ambulance Service; and Sub and Non-Acute Care.

How the money was spent

The department's expenditure by major service is displayed on page 119 within the financial statements section. The percentage share of these services for 2015–16 is as follows:

- Acute Inpatient Care—46.2%
- Emergency Care —9.6%
- Integrated Mental Health Services—9.7%
- Outpatient Care—12.5%
- Prevention, Primary and Community Care—14.5%
- Queensland Ambulance Service—3.8% (offset by Intra-Departmental Service Eliminations—0.5%)
- Sub and Non-Acute Care—4.2%.

The Department of Health achieved an operating surplus of $2.767 million in 2015–16 after having delivered on all agreed major services.

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

Income

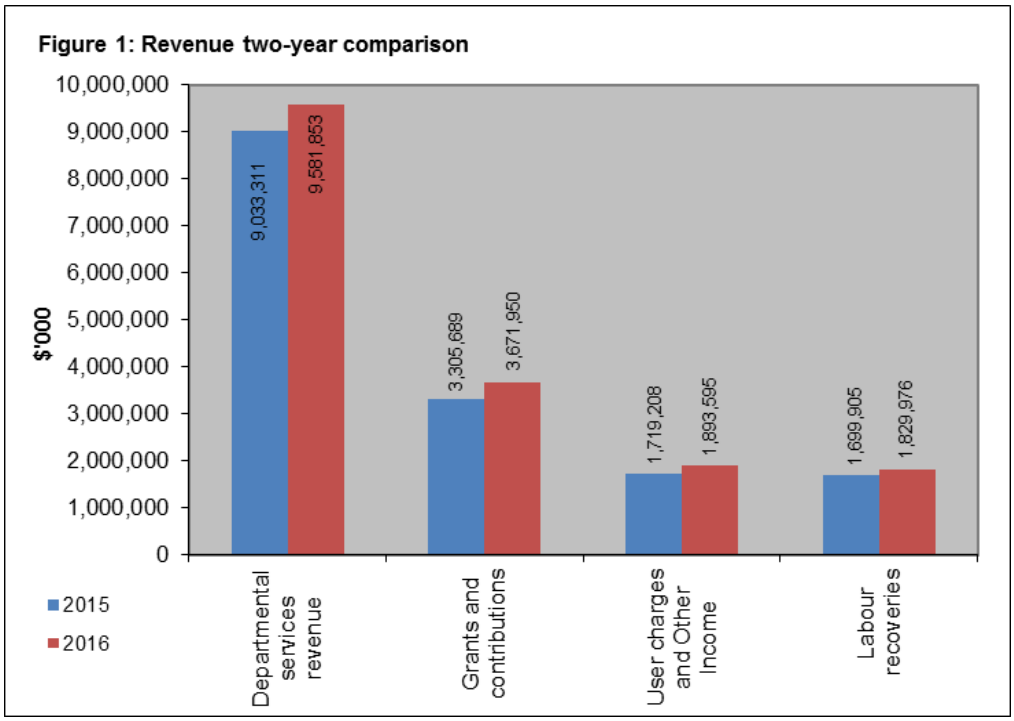
The Department of Health's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2015–16 was $16.977 billion, an increase of $1.219 billion (7.7%) from 2014–15. Revenue is sourced from four main areas:

- *Departmental services revenue* of $9.581 billion (or 56.4%), which includes State Appropriation and Commonwealth Appropriation.
- *Grants and Contributions* of $3.672 billion (21.6%), which includes National Health Reform Funding from the Commonwealth Government.
- *User charges and other income* of $1.894 billion (11.2%), which includes Grant of Private Practice arrangements, interest, licences and permits, gains on asset sales and sundry revenue. This category also includes recoveries from the Hospital and

Health Services (HSSs) for items such as drugs, pathology and other fee for service categories.

- *Labour recoveries* of $1.830 billion (10.8%). The department is the employer of the majority of health staff working for non-prescribed HHSs—eight HHSs transitioned to prescribed employer status on 1 July 2014. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.

Figure 1 provides a comparison of revenue in 2014–15 and 2015–16.



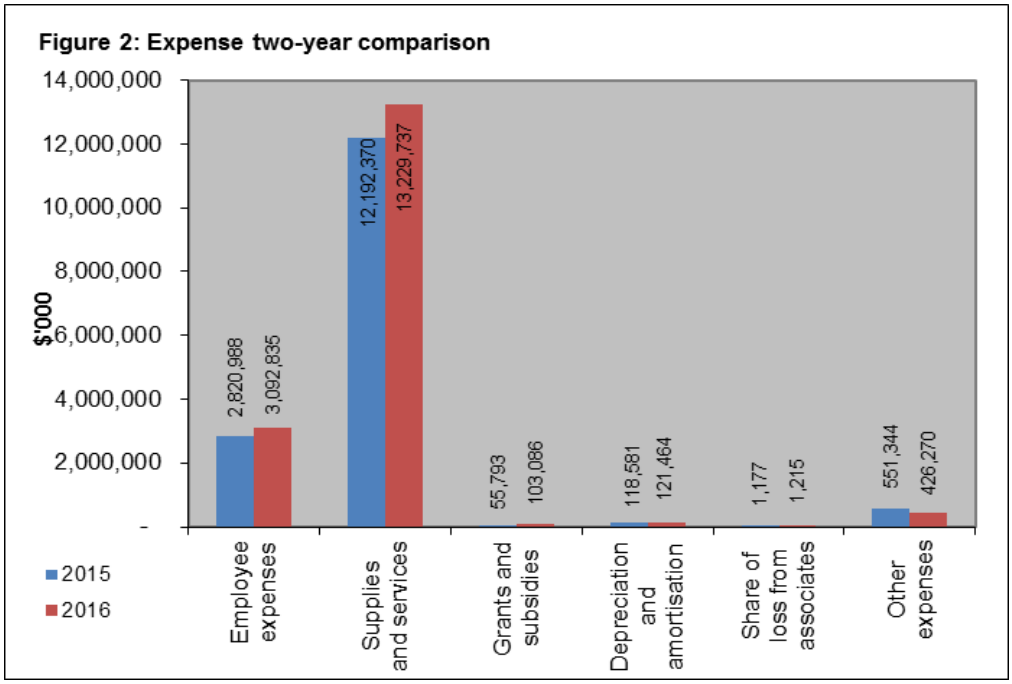
The major movement in revenue earned when compared to 2014–15 includes:

- *Departmental services revenue*—the majority of this funding increase of $548.542 million is provided to HHSs and Queensland Ambulance Service (QAS) to assist with the greater demand for services, and growth in costs in line with projected increases in the Consumer Price Index. It also includes the reprovision of prior year funding, offset by Commonwealth National Partnership Agreement reductions.
- *Grants and contributions*—the increase of $366.261 million relates largely to increases in funding received under the National Health Reform Agreement (NHRA) due to the rise in projected Queensland activities for services. There has also been an increase in donated vaccines from the Commonwealth to facilitate the Commonwealth's *No Jab No Pay* program (which commenced 1 January 2016).
- *User charges and other revenue*—the $174.387 million increase reflects a growth in demand on central pharmacy services, particularly from the newly opened Lady Cilento Children's and Gold Coast University hospitals.
- *Labour recoveries*—the increase of $130.071 million reflects the demand for services within the non-prescribed HHSs, as well as Enterprise Bargaining pay increases.

Expenses

Total expenses for 2015–16 were $16.975 billion, which is an increase of $1.234 billion (7.8 per cent) from 2014–15.

Figure 2 provides a comparison of expenses in 2014–15 and 2015–16.



The major movement in expenses incurred includes:

- *Employee expenses*—the increase of $271.847 million reflects the demand for services within the non-prescribed HHSs and QAS, as well as Enterprise Bargaining pay increases across the department, QAS and non-prescribed HHSs. (This category includes non-prescribed HHS expenses amounting to $1.830 billion in the 2015–16 financial year, recovered through labour recoveries income).
- *Supplies and services*—the increase of $1.037 billion is predominantly due to additional funding ($981 million) paid to HHSs for the provision of health services.
- *Grants and subsidies*—the increase of $47.293 million is attributed to additional grant funding provided to the Queensland Genomics Health Alliance for medical research. Additional public hospital support funding has been provided in response to an increase in the number of community sector funding proposals.
- *Other expenses*—the decrease of $122.153 million reflects reduced write-offs relating to capital projects.

Chief Finance Officer Statement

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

For the financial year ended 30 June 2016, a statement assessing the Department of Health's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

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

Our department

Our vision

Healthcare that Queenslanders value.

Our purpose

To provide leadership and direction to ensure the health system delivers safe and responsive services for all Queenslanders.

Our values

The department aligns to the Queensland public service values:

- Putting customers first
- Putting ideas into action
- Unleashing potential
- Being courageous
- Empowering people

Our responsibilities

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

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

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

- providing strategic leadership and direction for the delivery of public health services across the state
- promoting the efficient and effective use of resources
- developing statewide health services, workforce and capital work plans
- delivering specialised health services
- providing support services to HHSs

- administering legislation to protect the health of individuals and the community
- managing major capital works for proposed public sector health service facilities.

Our strategic objectives

1. **Healthy Queenslanders:** promote and protect the health and wellbeing of current and future generations of Queenslanders.

2. **Safe, equitable and quality services:** ensure there is access to safe, equitable and quality services that maintain dignity and consumer empowerment.

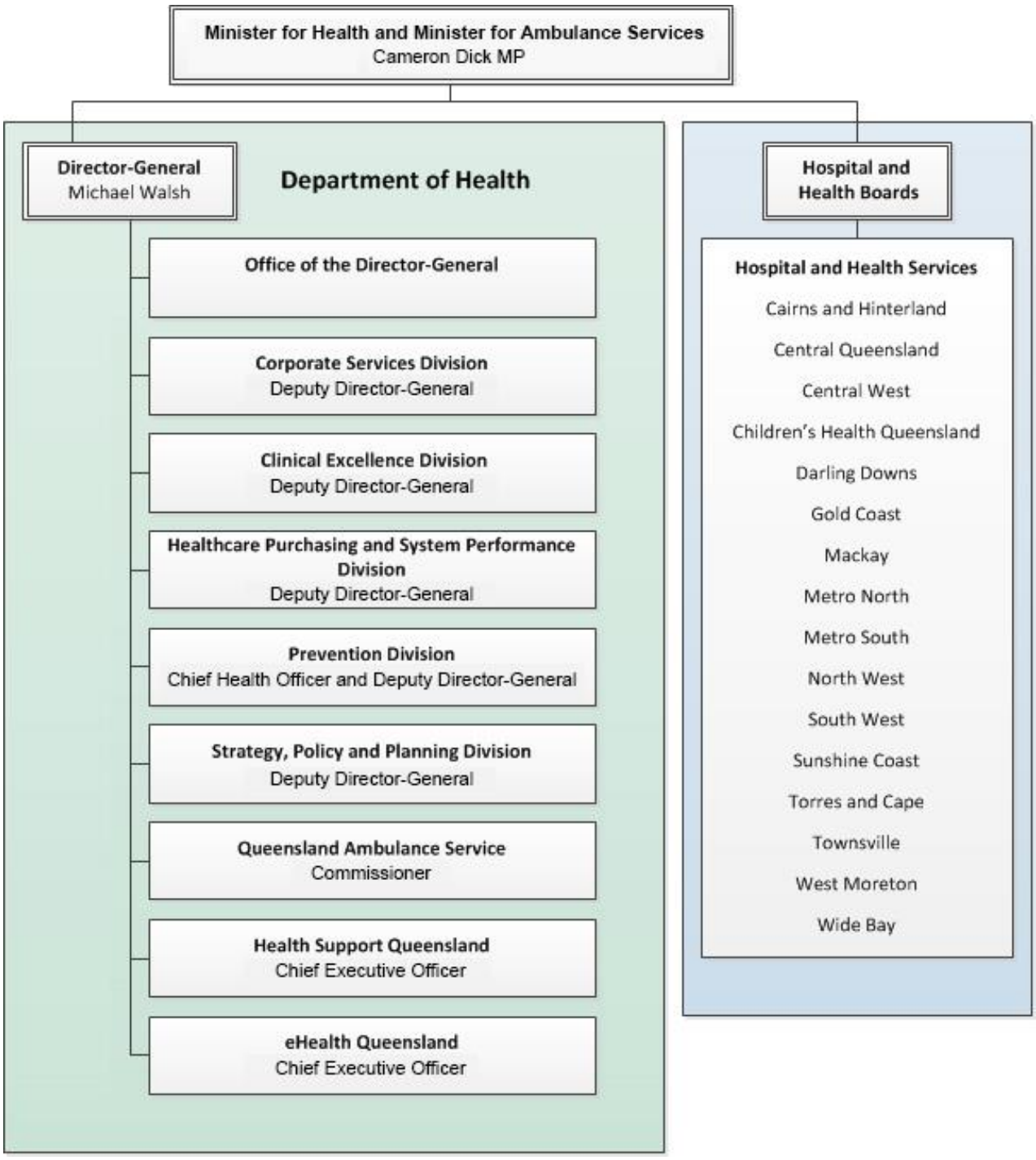
3. **A well-governed system:** sound management of funding and delivery of performance for the whole system.

4. **Strategic policy leadership:** develop, implement and evaluate evidence-based policy that sets system-wide direction.

5. **Broad engagement with partners:** build partnerships with all levels of the community to plan, design, deliver and oversee health services.

6. **Engaged people:** cultivate a culture that harnesses capability and values our people.

Organisational chart



Our structure

The Department of Health comprises:

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

Office of the Director-General

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

The office comprises:

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

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

Corporate Services Division

Corporate Services Division provides specialist corporate services in the areas of finance, human resources, legal services, public media campaigns, communications, marketing, branding and online services, capital delivery and asset management, governance, audit, risk, and compliance strategy.

With innovative approaches to business processes that create value and improve productivity and efficiency, Corporate Services Division lead and support a culture of continuous improvement across the department. The division enables successful outcomes of both the department and HHSs through integrated, professional and quality corporate services by actively collaborating with our service partners to benefit Queensland Health and the broader community.

The division comprises of six branches that support the department and HHSs:

- Audit, Risk and Governance Branch—enables the department's good governance outcomes and assurance through audit, risk, governance, fraud control and compliance strategy, services and advice to support prudent decision making.
- Capital and Asset Services Branch—provides an innovative range of capital infrastructure, asset, property facilities and records management solutions for the department and the HHSs.
- Finance Branch—collaboratively supports the state's health system through strategy, expert advice and specified services related to statewide budgeting and financial management.
- Human Resources Branch—delivers a range of human resource services and support to attract, retain and develop staff, build workforce culture and capability, develop and maintain employment arrangements, and monitor and manage workforce performance.
- Integrated Communications Branch—comprises specialists in marketing, communication, graphic design, media, online and production. The goal of the branch is to improve the health of all Queenslanders and instil confidence in the system by understanding the needs of the audience and tailoring messages to meet those needs.
- Legal Branch—provides strategic legal services and comprises the Legal Services Unit, Right to Information and Information Privacy Unit and the Mental Health Court Registry.

Clinical Excellence Division

The role of the Clinical Excellence Division is to partner with health services, clinicians and consumers to drive measurable improvements in patient care through continual pursuit of excellence.

It does this by identifying, monitoring and promoting improvements in the quality of health services delivered by service providers (both HHSs and private health facilities, globally and within Queensland), and support and facilitate the dissemination of best-practice clinical standards and processes that achieve better outcomes for patients.

The quality improvement agenda is actively supported by a significant research agenda. The division is also accountable for setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well as monitoring and reporting on performance.

The division is the conduit for the Clinical Senate and Clinical Networks to engage with the department, and provides professional leadership for clinicians through the Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer and Allied Health Professions Office of Queensland.

The Director of Mental Health is also located within the division and is responsible for exercising the statutory responsibilities for administration of the *Mental Health Act 2000*, as well as consultation and specialist advice regarding the clinical care and treatment of people with mental illness. With the commencement of the *Mental Health Act 2016*, it will be the Chief Psychiatrist (also located within this division) that will undertake these responsibilities.

Health Purchasing and System Performance Division

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

It does this through the development and application of purchasing and funding methodologies to realise optimal value and long-term sustainability of the health system.

On behalf of the Director-General, the division leads the development and negotiation of service agreements with public health service providers including the sixteen HHSs and non-government community service providers. The division collaborates with service providers, program areas and key stakeholders to ensure the service agreements foster and support continuous quality improvement, effective health outcomes, and equitable allocation of the state's multi-billion dollar health service budget. The division is also responsible for monitoring, managing and reporting on the performance of funded health service providers. The division does this through the use of a transparent performance framework and by gathering and analysing complex performance data to produce contextual and validated performance reports.

Prevention Division

The Prevention Division delivers policies, programs, services, regulatory functions and clinical coordination of all aeromedical retrieval and transfers across Queensland to improve the health of the Queensland population. This is done by promoting and protecting health and wellbeing, detecting and preventing disease and injury, and supporting high quality healthcare service delivery. It is also responsible for overseeing Queensland Health's 2018 Commonwealth Games statewide response.

The Prevention Division has five branches:

- Chief Medical Officer and Healthcare Regulation Branch—responsible for oversight, including strategic and policy advice related to medical workforce and medical recruitment campaigns, credentialing, private health facilities, pharmacy, Schools of Anatomy, drugs and drug approvals, and blood and tissue related products.
- Health Protection Branch—seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices. The branch has a strong regulatory focus and works across a range of program areas, including environmental hazards (e.g. asbestos, lead), water, food safety and standards, radiation health and chemical safety.
- Preventive Health Branch—provides expertise, leadership and innovation to improve policy, systems, research programs and services to encourage behaviours and create environments that are supportive of health.
- Communicable Diseases Branch—responsible for the surveillance, prevention and control of communicable diseases in Queensland.
- Aeromedical Retrieval and Disaster Management Branch—provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness, major events and emergency incident management, telehealth support to rural and remote clinicians, and patient transport data analysis, contract management and policy oversight for the Patient Travel Subsidy Scheme.

Strategy, Policy and Planning Division

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

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

- Strategic Policy and Legislation Branch—responsible for setting the strategic direction for health in Queensland, drives the health interface with whole of government programs, and develops or amends legislation that guides and protects the health of Queenslanders.
- Infrastructure Strategy and Planning Branch—responsible for leading statewide health infrastructure strategy and planning, including innovative capital solution development.
- System Planning Branch—responsible for leading health service planning activities of statewide significance with a medium to long term horizon. This includes health service needs identification for localities, populations and patient cohorts to inform the statewide allocation of resources to achieve service access equity.
- Statistical Services Branch—responsible for setting statistical data standards, maintaining key enterprise data collections, data provision for internal and external clients, compliance with state and Commonwealth government reporting requirements and the provision of linkage and analysis services.

- Aboriginal and Torres Strait Islander Health Branch—responsible for leading and monitoring Queensland's efforts toward closing the health gap by 2033 and sustaining health gains thereafter.
- Workforce Strategy Branch—responsible for leading system wide health workforce strategy through influencing and collaborating with others to enable a responsive, skilled and sustainable health workforce capable of accommodating Queensland's unique challenges.
- Funding Strategy and Intergovernmental Policy Branch—responsible for advancing Queensland's position in the national funding and policy arena through the provision of strategic advice on intergovernmental matters based on sound research, financial modelling and analysis and negotiation with central agencies, the Commonwealth and other state and territory governments. The branch also leads the acquisition of additional state funding through the state budget process to ensure the health system has the capacity to meet future service requirements.

Queensland Ambulance Service

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

The QAS delivers ambulance services from 290 response locations through 15 Local Ambulance Service Networks (LASNs) geographically aligned with Queensland Health's HHSs' boundaries. The QAS has an additional statewide LASN which comprises of seven operation centres distributed throughout Queensland that manage emergency call taking, operational deployment, dispatch and coordination of non-urgent patient transport services.

In addition, the QAS works in partnership with more than 150 Local Ambulance Committees (LACs) across the state, whose members volunteer their time to support their local ambulance service.

Health Support Queensland

Health Support Queensland (HSQ) contributes to a healthier Queensland by delivering valued and recognised health support solutions. HSQ delivers a wide range of diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. It is a semi-commercialised business unit providing critical services to HHSs, other government agencies, commercial clients and the community.

HSQ services include:

- Pathology Queensland—a statewide network of 35 laboratories servicing all HHSs across metropolitan, regional and remote Queensland. Pathology Queensland specialises in immunology, haematology, chemistry, microbiology and anatomical pathology. Pathology Queensland provides an invaluable service to Queensland by supporting a coordinated response to incidents and disasters.

- Forensic and Scientific Services—providing expert analysis and advice on forensics including DNA analysis, forensic chemistry, toxicology, pathology (autopsies), forensic medical services and scientific testing for public and environmental health. This service is a vital part of the government's response for threats to public health and the environment, epidemics and outbreaks, civil emergencies, criminal investigations and coroners' inquiries into reportable deaths.
- Strategic Procurement and Supply—delivering procurement and supply services across the Queensland public health system. Services include strategic procurement, warehousing, distribution and supply of medical and non-medical consumables.
- Central Pharmacy—delivering a comprehensive pharmaceutical purchasing, distribution and manufacturing service, providing Queensland Health facilities across the state with a cost effective one-stop pharmaceutical supply chain solution.
- Medication Services Queensland (MSQ)—providing support on all matters related to pharmaceuticals, pharmacy practice and medicines management activities. It oversees the range of Commonwealth funding programs for medicines and engages with the Australian Government's Department of Health and other external agencies on medicine related issues. MSQ supports the Queensland Health Medicines Advisory Committee and the statewide medicines formulary, the List of Approved Medicines.
- Biomedical Technology Services—providing a comprehensive range of health technology management services to ensure HHS health technology fleets are safe, effective and appropriate. Services include asset lifecycle management, information and advice, technology support services, and safety and quality support and consulting.
- Health Contact Centre (13HEALTH and 13QUIT)—providing confidential health assessment and information services to Queenslanders 24/7 over the phone and online. Services include general health information, triage nursing advice, child health and parenting advice, chronic disease self-management, and smoking cessation counselling and support. The centre is also the primary communications point in civil disasters (i.e. floods and cyclones) and provides health alerts for communicable diseases and health product recalls.
- Payroll Portfolio—supporting the largest integrated workforce management and payroll solution in the Queensland public sector. Payroll Portfolio oversees a program of work to provide improved workforce management, payroll and business outcomes as well as providing operational support, lifecycle management and a secure online portal for staff.
- Group Linen Services (GLS)—providing specialist healthcare linen hire, sourcing, warehousing, distribution and laundry services. GLS is one of the largest linen services in Australia. The service provides linen to seven HHSs via facilities at Maryborough, The Prince Charles Hospital and Princess Alexandra Hospital.
- Radiology Support—providing radiology informatics expertise, support and training for users of the enterprise radiology information system and the enterprise picture archive and communication system, expert advice, maintenance of policies and guidelines to assist medical imaging departments with accreditation, revenue collection and reporting.

- ICT Support Services—providing a range of information and communication technology (ICT) support services for statewide and local clinical applications including AUSLAB, i.Pharmacy, enterprise-wide Liaison Management System (eLMS), GP Connect, Quantitative Impact Study 2 (QIS2), Quality Rating and Improvement System (QRiS), Enterprise Picture Archiving and Communication System (PACS).

eHealth Queensland

eHealth Queensland is responsible for and coordinates the operating information systems and technologies for the department and HHSs. Key responsibilities are:

- developing and providing advice on statewide eHealth innovation, strategy, planning, standards, architecture and governance
- delivering clinical, corporate and infrastructure ICT programs in line with the eHealth vision and investment priorities
- providing modern ICT infrastructure and customer support for desktop, mobile, smart devices, telehealth, data centres, network and security.

Executive committees

The Hunter Review Final Report identified the need for clearer and more streamlined governance and approval pathways. As a result, the DLT approved a new executive committee structure with cascading accountabilities and responsibilities for the department in February 2016, including the following seven committees that report to DLT:

- Disaster Management Executive Committee—to ensure that Queensland Health has effective, efficient and equitable emergency management arrangements that address Queensland Health responsibilities in the State Disaster Management Plan and are consistent with the Queensland Disaster Management Arrangements.
- Department Policy and Planning Executive Committee—to integrate, coordinate and endorse statewide policy, health service and strategic planning development and implementation, and oversee their monitoring and review. In doing so, the committee's ultimate purpose is to support the delivery of quality health outcomes for all Queenslanders.
- eHealth Executive Committee—to support the Director-General by providing strategic impartial advice to govern the planning, prioritisation, implementation and benefit realisation of the Queensland eHealth Strategic Roadmap for the public health system in Queensland.
- Healthcare Purchasing and Performance Executive Committee—to support the Deputy Director-General, Healthcare Purchasing and System Performance Division to ensure the effective and equitable purchasing of clinical activity from service providers, and manage the performance of those service providers to achieve whole of system outcomes in line with the strategic plan.
- Investment Review Executive Committee—to govern staged capital infrastructure planning and programs greater than five million dollars to enable health services development. The committee assesses built infrastructure and eHealth projects at critical stages in their lifecycle in accordance with the Investment Management Framework, to achieve alignment with statewide health service directions and plans.

- Patient Safety and Quality Advisory Executive Committee—to provide stakeholder advice to the Clinical Excellence Division on its functions and services to drive measurable improvement in patient care through continual pursuit of excellence.
- Queensland Health Strategic Procurement Executive Committee—to collaborate and lead the strategic direction for procurement across Queensland Health in order to drive improved procurement practices. This includes ensuring that relevant policies, governance and enabling systems are in place to measure performance and deliver value for money procurement services.

Leadership teams

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

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

Our Departmental Leadership Team (as at 30 June 2016)

Michael Walsh

Director-General, Department of Health

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

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

Previously, he held executive management positions in the private sector, including roles as Principal Management Consultant at PricewaterhouseCoopers and Managing Director at PowerHouse Partners Pty Ltd, where he provided management consulting

in areas of organisational strategy, change management and project governance to assist organisations achieve success.

Michael's expertise and passion for long-term organisational strategy and governance will help to guide Queensland Health in its mission to provide healthcare that Queenslanders value.

Libby Gregoric

Acting Deputy Director-General, Corporate Services Division

Libby Gregoric was appointed Acting Deputy Director-General Corporate Services in March 2016.

She has worked in the private sector and both the federal and state public sector. Libby has extensive experience in policy development and implementation, whole-of-government project management, chief executive strategic support, and corporate governance. She has a Bachelor of Business from the Queensland University of Technology.

Dr John Wakefield PSM

Deputy Director-General, Clinical Excellence Division

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

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

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

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

Nick Steele

Deputy Director-General, Healthcare Purchasing and System Performance Division

Nick Steele has held executive positions in the UK's National Health Service and Queensland for the past 15 years. As the Deputy Director-General he is responsible for managing a budget of $12 billion for purchasing health and hospital services and is responsible for ensuring the delivery of health outcomes as specified in HHS Service Agreements and contracts with non-government organisations (NGO) service providers and the private sector.

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

Dr Jeannette Young PSM

Chief Health Officer and Deputy Director-General, Prevention Division

Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of positions in hospitals in Queensland and Sydney. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. Jeannette is an Adjunct Professor in the Centre for Environment and Population Health at Griffith University and an Adjunct Professor in the School of Public Health and Social Work at the Queensland University of Technology.

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

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

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

Kathleen Forrester

Deputy Director-General, Strategy Policy and Planning Division

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

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

Russell Bowles ASM

Commissioner, Queensland Ambulance Service

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

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

Gary Uhlmann

Chief Executive Officer, Health Support Queensland

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

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

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

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

Colin McCririck

Chief Executive Officer, eHealth Queensland

Colin was initially appointed Chief Technology Officer for the Department of Health in January 2015 before being appointed to the Chief Executive/Chief Information Officer role for eHealth Queensland in November 2015. Prior to this, Colin's career covers more than 30 years of technology experience in a variety of different industries including banking, insurance, utilities and government departments. Colin has held executive leadership roles leading large transformational projects and operational roles with distributed teams across Australia, India, China and the Philippines.

Colin has a bachelor of Mathematics, a Masters of Business Administration (MBA) and is a graduate of the Australian Institute of Company Directors.

Machinery-of-government changes

The Hunter Review Final Report was delivered at the end of the 2014–15 financial year and contained 19 recommendations. This provided an opportunity for the department to improve clarity of long term vision and strategy for the health system, the role and responsibilities within the department, and between the department and the 16 HHSs, functionally aligning the department's structure and operations and improving governance and organisational culture. Seven of the 19 recommendations related to organisational structure requiring strong staff and union consultation, adherence to the Queensland Government's Employment Security Policy and a business case for change to support consultation and decision.

A 'Business case for change' was released for consultation between 7 July 2015 and 17 July 2015 to provide the opportunity for employees, unions, other industrial organisations and key stakeholders to comment on the proposed implementation of a new organisational structure for the department, as recommended by the Hunter Review Final Report. A decision was made by the Director-General and released on 23 July 2015, which included specific unit level impact and subsequent changes to distribution of full-time equivalent (FTE) staffing profiles as per the new divisional and organisational charts. The proposed structure set out in the business case remained essentially the same as the structure proposed by the Hunter Review.

The improved organisational structure became operational on 6 August 2015, and consisted of:

- Office of the Director-General
- Internal Audit and Chief Risk Officer (administered within Corporate Services Division)
- Strategy, Policy and Planning Division
- Clinical Excellence Division
- Prevention Division
- Business Services Division (subsequently renamed Corporate Services Division)
- Healthcare Purchasing and System Performance Division

- Queensland Ambulance Service
- eHealth
- Health Support Queensland.

The improved, functionally aligned structure provided a new emphasis on policy and planning, workforce planning and capital planning integration with other planning functions, elevation of Chief Health Officer to Deputy Director-General of a separate division with a health promotion and prevention focus, re-establishment of a Patient Safety and Quality Improvement Service, realignment of the Office of the Chief Nursing and Midwifery Officer to support the critical link between nursing and midwifery and patient safety and quality, and to meet nursing commitments.

In addition, the report recommended the majority of the Office of the Chief Health Information Officer combine with the Health Services Information Agency. This transition occurred in November 2015 with the formation of eHealth Queensland.

The department remains committed to the Queensland Government's Employment Security Policy and relevant directives of the Public Service Commission for any future workforce changes.

Our contribution to government

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

- creating jobs and a diverse economy by employing more frontline staff to deliver health services and investing in digital technology to create better ways to provide healthcare across the state
- delivering quality frontline services by supporting training programs for a wide range of staff throughout Queensland Health and developing laws to provide better working conditions and more job satisfaction, as well as improved care for consumers
- protecting the environment by ensuring existing or planned infrastructure such as water supply, sewerage, waste management, and sustainable services comply with environmental regulations and laws
- building safe, caring and connected communities through healthy lifestyle initiatives, rural and remote programs, and collaborative engagement to deliver solutions that help keep Queenslanders and their communities healthy.

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

Plans and priorities

Advancing health 2026

This year, the department released a new vision for the health system in Queensland—*My health, Queensland's future: Advancing health 2026.*

Advancing health 2026 is a vision for the entire health system, and will also serve as the guiding vision for the department's operation over the next decade.

The vision recognises the strengths of Queensland's health system and outlines the challenges it will face between now and 2026. These include pressures on the health system such as demographic changes, growth in the rates of chronic diseases, new technology and treatments, and financial pressures.

Advancing health 2026 sets out four directions—promoting wellbeing, delivering healthcare, connecting healthcare and pursuing innovation, and sets out the areas of focus and headline indicators that will help the department deliver these directions. The vision is intended to guide every major choice made on how public system health services are funded and delivered over the next decade.

Advancing health 2026 was developed jointly with health consumers, and clinical and non-clinical representatives from the public health system, private and non-profit health providers, universities, professional organisations, unions and other key stakeholder groups, as well as several Queensland Government departments. As such it reflects the broader view taken in Advancing health 2026, which outlines how the solutions to our health challenges over the next decade present in working across the national health system, within our own state, our own communities and with individuals and families.

Our performance

Our performance reports on the objectives of the *Department of Health strategic plan 2014–2018 (2015 update)*. This is a sample of the department's performance highlights from 2015–16 and is not representative of all work undertaken during this period.

Strategic objective 1—Healthy Queenslanders

Outcome: Queenslanders live longer, healthier and more independent lives.

Performance indicators:

- life expectancy for Queenslanders
- percentage of Queenslanders who smoke
- Aboriginal and Torres Strait Islander closing the gap targets
- percentage of Queenslanders who are overweight or obese.

Lead development and implementation of health promotion activities and regulatory frameworks to protect Queenslander's health.

Key achievements:

- Continued the *Healthier. Happier.* campaign to deliver nutrition and physical activity information to Queenslanders.

  The relaunched website provides people with more resources to help improve their lifestyle habits and achieved more than 1.2 million page views during 2015–16. A Facebook page was also launched which achieved 28,000 likes during the same period.

  Other promotional activities included the *Healthier. Happier. Give colour a spin* campaign which was designed to encourage increased fruit and vegetable consumption. A $2.17 million *Healthier. Happier. Straight Answers* campaign was launched in April 2016 to provide people with simple and straight forward answers to many myths and misconceptions around exercise and nutrition.
- Delivered health specific recommendations under the Special Taskforce on Domestic and Family Violence (DFV) in Queensland report, *Not Now, Not Ever—Putting an End to Domestic and Family Violence in Queensland*, including the development of a toolkit of DFV resources, DFV clinical guidelines and a statewide 'train the trainer' program for health professionals.
- Commenced project scoping to evaluate the frequency and efficacy of DFV screening in antenatal settings.
- Continued the implementation of the *What's your relationship with alcohol?* campaign—a key initiative of the Queensland Government's *Tackling Alcohol-fuelled Violence* strategy. Phase one of the campaign encouraged people to consider their drinking behaviours and achieved 68 per cent recall with the target audience.

  Findings included the following positive behaviour changes in people who saw the campaign:

  – 45 per cent thought about their level of alcohol consumption

  - 36 per cent thought about the impact is had on the people around them
  - 18 per cent reduced their intake of alcohol
  - 15 per cent talked to someone they know with alcohol consumption they were worried about
  - 11 per cent started a conversation with someone about their alcohol consumption.
- Launched *Second-hand smoke*, the next phase of the *All by myself* tobacco cessation campaign, targeted to adult smokers aged 25–44 years. The $2.4 million campaign was supported by two sub-campaigns that focused on Quitline and tobacco legislation changes.
- Continued to participate in Queensland child protection reform activities and support the implementation of the Queensland Child Protection Commission of Inquiry through participation in the Child Protection and DFV Interdepartmental Chief Executive Officer (CEO) Committee, the Child Protection Reform Leaders Group and working with other key agencies to implement the reform agenda.
- Released the draft *Queensland Sexual Health Strategy 2016–2021*, the first of its kind in Australia, for public consultation. Informed by a statewide service mapping survey and targeted consultation with key stakeholders, the draft strategy addresses a broad range of sexual and reproductive health issues, including health promotion, prevention, clinical service provision and community education to meet the needs of all Queenslanders, including specific population groups. The draft strategy provides an overarching framework for the:
  - *Queensland Hepatitis B Action Plan 2016–2021*
  - *Queensland Hepatitis C Action Plan 2016–2021*
  - *Queensland HIV Action Plan 2016–2021*
  - *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021.*
- Amended the *Public Health Act 2005* to implement measures to improve the management and control of health risks associated with the supply and use of water in hospitals and residential aged care facilities, in particular the risks associated with Legionella bacteria, and to provide greater public transparency of Legionella-related water testing activities being undertaken by these facilities. These requirements will apply initially to public hospitals, licensed private health facilities, and public residential aged care facilities from 1 February 2017.
- Progressed amendments to the Public Health (Infection Control for Personal Appearance Services) Regulation 2003 so that tattoo removal is prescribed as a high risk personal service, and advised business and local government stakeholders of changes.
- Amended the *Food Act 2006* in March 2016 to require food outlets with either 20 outlets in Queensland or 50 outlets nationally to display kilojoule content on their food and drinks menus to help inform healthier choices. An amendment was also made to the existing confidentiality provisions in the *Food Act 2006,* to enable the Chief Executive of the Department of Health to authorise the disclosure of confidential information to the public in certain circumstances. This aims to prevent or reduce the possibility of serious danger to public health, or mitigate the adverse consequences of a serious danger to public health.

- Amended the *Tobacco and Other Smoking Products Act 1998* to extend smoking bans, including for e-cigarettes, in Queensland. Bans were extended to outdoor public areas popular with families and children, (including under 18 sporting events, skate parks and public swimming facilities), perimeter bans for early childhood education and care services, public transport waiting points, all outdoor pedestrian malls, residential aged care facilities, national parks and government precincts. Local governments were given power to introduce local smoking bans in public spaces not covered under state law.
- Promoted a new Protocol for Tuberculosis Screening for use under the *Radiation Safety Act 1999.*
- Completed the multi-agency investigation led by Queensland Health into asbestos-related health concerns from the former asbestos products manufacturing factories in Gaythorne and Newstead, Brisbane. The investigation concluded there is no evidence of elevated asbestos-related health risk to residents who have commenced living near the former factory sites in Gaythorne and Newstead since the mid-1980s following the clean-up of the sites. However, there was likely to have been asbestos exposure in the vicinity of the former factories while they were operational. Air monitoring conducted in the communities near the former factory sites showed there is no greater risk of exposure to asbestos fibres than for people living in other areas of Brisbane.
- Developed intelligence-driven, risk-based 2016–18 compliance plans for public health Acts and Regulations, for implementation beginning 1 July 2016, in consultation with HHSs where relevant. An enhanced public health legislation compliance reporting regime was also established, comprising emergent, quarterly and annual compliance reporting.
- Proactive compliance monitoring highlights for 2015–16 include:
  - 53 per cent (n=27) of 51 water fluoridation plants were audited. A high level of compliance was identified with both the various legislative requirements and the Water Fluoridation Code of Practice.
  - 56 per cent (n=22) of 39 high risk radiation practices were audited. Issues identified related to poor inventory control, failure to have radiation sources and premises tested for compliance with relevant standards within the prescribed period and non-compliance with safety measures outlined in radiation safety and protection plans. Work continues to address these issues as part of ongoing compliance activities.
  - Commenced implementation of a quality assurance program to improve levels of all clinical diagnosis and provisional diagnosis notifications to the notifiable conditions system (NoCS). Key improvements implemented included changes to notification practices to ensure lead notifications received at Pathology Queensland are automatically sent through to NoCS and changes to processes at Children's Health Queensland HHS to ensure acute flaccid paralysis is notified as required.
  - Audits of 369 pharmacies found that 46 per cent (n=171) were compliant, 20 per cent (n=74) had minor non-compliance issues and 34 per cent (n=124) required enforcement action to ensure legislative compliance.

- Completed a review of the portfolio legislation delegations procedure and the annual review of the delegations for all public health legislation administered by the Prevention Division.
- Officers authorised under public health legislation in the department and HHSs received and managed around 2224 complaints and 1531 enquiries. In addition, authorised officers completed more than 2085 investigations and audits and 1500 inspections.
- Delivered 824 enforcement actions in response to identified non-compliance with public health legislation in the areas of food safety, health drugs, poisons, pest management, public health, and radiation safety. Enforcement actions include:
  - 542 (66 per cent) formal advices or warnings
  - 193 (23 per cent) compliance/remedial/improvement notices, public health orders and administrative law actions
  - 12 (one per cent) seizures
  - 65 (eight per cent) prescribed infringement notices
  - 12 (one per cent) prosecutions.
- Completed 19,397 licence approvals and certificates, comprising:
  - 15,026 (77 per cent) under the *Radiation Safety Act 1999*
  - 2420 (13 per cent) under the *Pest Management Act 2001*
  - 1951 (10 per cent) under the Health (Drugs and Poisons) Regulation 1996.
- Total revenue raised by these licensing activities was $3.8 million. There were approximately 25,000 enquiries to the licensing team, comprising of an average of 50 telephone enquiries and 30 emails per working day. The number and type of public health licences granted in 2015 was published on the Open Data Portal at: https://data.qld.gov.au/dataset/health-protection-licences

Engage consumers in their health to promote healthy lifestyles and behaviours.

Key achievements:

- Performed 34,802, 13 QUIT smoking cessation interactions with clients, including responding to 6952 referrals from health professionals via Quitline (13 QUIT or 13 78 78).
- 2114 workers registered for the workplace quit smoking program, with a 22 per cent quit rate 12 months post program.
- Promoted BreastScreen Queensland's *An invitation that could save your life* campaign across Queensland throughout May and June 2016.
  The campaign targeted women aged 50–74 years, including women from culturally and linguistically diverse (CALD) groups and Aboriginal and Torres Strait Islander women to increase awareness of free breast screens for women aged up to 74 years.
- Conducted 1955 first aid courses, resulting in 15,321 accredited certificates and 722 non-accredited statements of attendance certificates being issued. Delivered CPR Awareness Program sessions to 24,385 participants.
- Delivered the $2.6 million *Vaccination Matters* immunisation social marketing campaign to promote childhood vaccinations and support changes in childcare

legislation. Promotional activity included childhood immunisation, whooping cough vaccine for pregnant women and *Bubba Jabs* (promoting childhood vaccination for Aboriginal and Torres Strait Islander Queensland children).

A VacciDate app was implemented and used by 47,878 people throughout the year. Mid-campaign evaluation in May 2016 revealed that of those who had seen the advertising, 81 per cent strongly agreed they understood the message being delivered and 51 per cent had done something after seeing the campaign.

Total number of views of the Vaccination Matters website throughout the year reached 322,856.

- Established a service agreement with Health Consumers Queensland (HCQ) to advocate independently for patients and their families, and empower health consumers in the planning, design delivery, monitoring and evaluation of HHSs. HCQ will also provide training and support for HHS consumer representatives.
- Delivered promotional activity for 'Whooping cough and pregnancy' to the community through posters, brochures, online and social media posts. Mid-campaign evaluation in May 2016 revealed that seven in 10 people (71 per cent) acknowledged that the recommended frequency of Pertussis (whooping cough) immunisation is for each and every pregnancy.
- Continued to run the $435,000 *Sun Mum* campaign to promote healthier sun safety habits among Queensland's youth.

  In addition to delivering sun safety messages, *Sun Mum* focused on the serious consequences of not adopting sun safe behaviours. *Sun Mum* videos were viewed more than 850,000 times on Facebook and a further 550,000 times on YouTube, reaching more than 1.4 million views.

  The campaign resulted in a strong call to action among the youth audience, with two in three claiming they will use sun protection measures more regularly, consider their sun safety behaviours and take precautions when out in the sun.
- Delivered the Jamie Oliver's *Ministry of Food* program—in partnership with The Good Foundation—to teach people how to prepare simple, healthy, fresh and affordable meals and to help them to 'get back to basics' in the kitchen. More than 5,600 Queenslanders attended a cooking demonstration, event or completed a cooking course.
- Delivered the *Need for Feed* cooking program within 25 high schools across the state, in partnership with Diabetes Australia Queensland—to provide practical, healthy cooking classes for students in years 7–10. Evaluation showed the following sustained behaviour change six months post program:
  - 22 per cent increase in students eating the recommended two serves of fruit a day
  - 50 per cent increase in students eating the recommended five serves of vegetables a day
  - 13 per cent decrease in the number of times unhealthy food and drinks were consumed by students in a week.
- 650 children participated in the face-to-face PEACH program—a free, parent-led, family-focused healthy lifestyle program that supports parents struggling to manage their children's weight. Since its launch in February 2016, PEACH online has enrolled more than 100 families and 123 children.

- Delivered the Healthier. Happier. Workplaces Initiative in collaboration with Workplace Health and Safety Queensland and WorkCover, to assist organisations to implement healthy lifestyle activities that influence employee behaviours and support positive workplace culture. In 2015–16, 540 new workplaces registered with the program, taking the total to 2529. Since the program began in 2011, 53 workplaces have been awarded recognition for their health and wellbeing program.
- Chaired a working group to develop options for expanding access to HIV Pre-Exposure Prophylaxis and assisted Cairns and Hinterland HHS to facilitate the expansion of the Demonstration Project into a large scale Implementation Trial for up to 2000 people at high risk of developing HIV.
- Conducted a Queensland-wide investigation into laser possession and use in cosmetic and beauty therapy businesses. This involved raising public awareness of risks of lasers and Intense Pulsed Light (IPL) sources by releasing alerts on Facebook and Twitter and establishing lists of licensed companies possessing lasers and licensed users on the Queensland Health website.
- Delivered 11 local government workshops across Queensland involving 230 environmental health officers from 39 local government areas with respect to food business inspections and food borne illness outbreak learnings.
- Addressed potential food safety issues by working with HHSs to investigate 187 prescribed contaminant in food notifications, 319 Australian Competition and Consumer mandatory reports and 51 of 98 national food recalls which involved Queensland.
- Published the *Safe water on rural properties* guide to assist in responding to public queries relating to risks to public health from drinking and recreational water on rural properties which manage their own water supplies.
- Commenced the 18-month transition of all functions and data of the Queensland Health Pap Smear Register to the National Cancer Screening Register to achieve increased consumer engagement and access to personalised information for cervical cancer screening.

Align system services to the integrated continuum of care for consumers

Key achievements:

- Received 334,715 calls to 13 HEALTH with the majority answered within 20 seconds. Of callers seeking triage advice, 77 per cent were recommended a non-emergency level of care. The greatest call volume occurred between 3pm and 10pm each day of the week.
- Collaborated with the Department of Community, Child Safety and Disability Services (DCCSDS) to assist individuals with psychiatric disabilities to transition to the National Disability Insurance Scheme (NDIS) and ensure both NDIS eligible and non-NDIS eligible individuals continue to receive integrated mental health services.
- Developed an integrated model of care and support for people affected by adversity associated with natural disasters, droughts or other community crisis in nine regional and remote HHSs. The Tackling Regional Adversity Through Integrated Care program aims to improve integration of healthcare and community support, building resilience and fostering recovery in affected communities.

- Partnered with DCCSDS and the Department of Housing and Public Works (DHPW) to provide non-acute mental health services in the community and access to services closer to family and community networks. Projects to support the transition of individuals to contemporary services options from The Park Centre for Mental Health in Wacol and Baillie Henderson Hospital in Toowoomba were concluded. Over the previous two-year period, mental healthcare for more than 70 individuals changed to a more appropriate community-based environment.
- Developed the following action plans to complement the Queensland Sexual Health Strategy:
  - draft Queensland Hepatitis B and C action plans (2016–2021)—these plans focus on targeted best practice prevention activities, increasing access to testing for viral hepatitis and increasing access to treatment for people diagnosed with chronic hepatitis.
  - draft Queensland HIV Action Plan (2016–2021)—focuses on a comprehensive preventive approach, increasing voluntary testing for HIV, increasing treatment uptake for people with HIV, increasing awareness of HIV transmission and addressing stigma and discrimination, and improving surveillance, monitoring, research and evaluation.
- Commenced the provision of recurrent funding to the LCCH to establish a dedicated expert statewide specialist immunisation service for children with complex vaccination needs.

Support health service providers to close the health gap for Aboriginal and Torres Strait Islander Queenslanders.

Key achievements:

- Developed Making Tracks investment strategy for Indigenous-specific health services to better support Aboriginal and Torres Strait Islander Queenslanders and help close the gap in health outcomes, comprising:
  - more than $200 million over three years (2015–2018) for evidence-based initiatives to address the health gap
  - provision of integrated culturally and clinically effective healthcare focusing on preventing ill health, improving diagnosis and early intervention, and better management and treatment of illness
  - More than $80 million in 2015–16 to HHSs and Aboriginal and Torres Strait Islander community-controlled health services to help close the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.
- Developed the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*, supported by $15.8 million over the first three years, as a direct response to the increasing incidence of infectious syphilis in North Queensland.
- Developed the Queensland Health *Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* to improve the responsiveness of services to the needs of Aboriginal and Torres Strait Islander Queenslanders with severe mental illness. The strategy:
  - provides direction to HHSs on priority areas for action

  - emphasises the need for effective partnerships between HHSs, Aboriginal and Torres Strait Islander Community Controlled Health Services and Primary Health Networks (PHNs) and between the health sector and wider social services sector
  - focuses on embedding cultural capability into mainstream mental health services and clinical practice.
- Other strategies/initiatives include:
  - Implementing Indigenous maternal and child health multidisciplinary services in hospitals and communities across Queensland.
  - Continuing the Indigenous Cardiac Outreach Program and the Indigenous Respiratory Outreach Program to support people with chronic disease living in remote and very remote locations.
  - Continuing to implement hospital liaison services in major Queensland hospitals to assist Aboriginal and Torres Strait Islander patients navigate the health system.
  - Continuing the award-winning *Deadly Ears* program to reduce the high rates of conductive hearing loss.
  - Providing drug and alcohol services in 21 discrete Aboriginal and Torres Strait Islander communities.
  - Funding a $300,000 per year, three-year partnership between the Brisbane Broncos and the Institute for Urban Indigenous Health to support the Deadly Choices initiative, which promotes healthy lifestyles and regular health checks.
  - Continuing Quitline's *Yarn to Quit* smoking program, with the registration of 347 new clients in 2015–16.
  - Continuing the QAS Aboriginal and Torres Strait Islander Cadet Program, providing a vital link between Indigenous communities and pre-hospital patient care. Two cadets joined Ravenshoe in addition to cadets at Cooktown, Doomadgee, Mount Isa, Normanton, Palm Island, Thursday Island, Woorabinda and Yarrabah.
  - Continuing the QAS Field Officer Program at Horn Island, Coen, Kowanyama and Cooktown, allowing field officers to work with very remote and isolated communities to enhance the capacity of these communities to prevent and better respond to healthcare emergencies and illness.
  - Continuing to work with the Indigenous Cardiac Outreach Program to provide training for Indigenous healthcare workers to gain a qualification in pathology specimen collection in their communities.
- Provided approximately $289,000 to the Queensland Aboriginal and Islander Health Council to support Aboriginal and Torres Strait Islander Community Controlled Health Services in improving immunisation coverage rates for Aboriginal and Torres Strait Islander Queenslanders.

Enhance responsiveness to disaster and emerging health threats.

Key achievements:

- Continued delivering key initiatives under the Queensland Health ICT Roadmap: Network and Infrastructure Information Security to ensure the efficient delivery of healthcare services while protecting patients, staff and the organisation from

information security threats. Ninety initiatives have been mapped over five years to address these issues within the core network and infrastructure foundation. More than 15 initiatives have been delivered during 2015–16, including the establishment of the Information Security Working Group, mandatory ICT training and new/updated standards and tools.

- Established Zika virus Polymerase Chain Reaction testing in Pathology Queensland's Townsville laboratory improving patient access to specialised testing service, reducing the wait for results and providing early diagnosis and intervention in confirmed cases of Zika virus infection.
- Provided enhanced surveillance for and control of the vectors of Zika virus in north Queensland, including the development of new approaches for vector control around high risk locations to reduce the risk of infection for pregnant women.
- Took part in Zika virus research to produce a virus protein with potential for use in diagnostic tests and vaccine production.
- Led and coordinated Zika virus preparedness activities in response to a global outbreak. The World Health Organization declared the Zika virus outbreak a public health emergency of international concern because of the (since confirmed) association between Zika virus infection during pregnancy and the development of microcephaly in the unborn baby. Worked collaboratively with a range of stakeholders to implement a coordinated response to Zika virus prevention and control, including HHSs, Forensic and Scientific Services, Pathology Queensland, local government and Integrated Communications Branch.
- Provided critical assistance during the Cannon Valley bus rollover near Proserpine—staff from the Townsville and Mackay pathology laboratories assisted during the emergency by ensuring continuity of blood supply to an unknown (at the time) number of casualties.
- With the commencement of the cardiac rehabilitation practice improvement payment, referrals to The COACH Program, (a telephone-based coaching program that assists people with chronic disease), have continued to rise. The COACH Program mini-case study was included in the Review of Government Services 2016 publication. An article about The COACH Program, ‘Improving access and equity in reducing cardiovascular risk: the Queensland Health Model’, co-authored by the Health Contact Centre team, was subsequently published in the Medical Journal of Australia, winning a high commendation award from the Australian Medical Association.
- Developed a whole genome sequencing genotyping scheme for the surveillance of salmonella enteritidis, a significant pathogen linked with contaminated eggs. Use of this technology for this purpose is an Australian first, and assists with controlling the spread of the disease and expanding knowledge on salmonella enteritidis risk factors.
- Identified statewide learnings and system-wide service improvement recommendations relating to suicide prevention in a health service delivery context after data from the interim Queensland Suicide Register, administered by the Australian Institute for Suicide Research and Prevention (Griffith University), showed a potential increase in the number of suspected suicides in Queensland in 2015.
- Continued effective disaster management preparedness training of QAS officers during 2015–16:

– 353 officers completed the state major disaster awareness course
– 43 supervisors participated in emergency management leadership training
– 201 officers participated in Queensland Disaster Management Arrangements program
– 33 officers participated in Joint Emergency Services Training
– 325 officers completed Chemical Biological Radiological Awareness program.

Salmonella and Campylobacter Project

Queensland has been experiencing a significant increase in the incidence of foodborne illness caused by Salmonella and Campylobacter during 2015–16. In response, an Incident Management Team was established and a range of strategies implemented.

The department held workshops for environmental health officers from both local government and public health units across Queensland, with a focus on risked based inspections strategies. A total of 230 environmental health officers form 39 local government areas attended 11 workshops, with a further 31 environmental health officers from 11 public health units.

A microbiological baseline study for the occurrence of Salmonella and Campylobacter in raw chicken meat began in July 2015. The study involved four HHS Public Health Units and ran for 12 months. The research established a baseline for Campylobacter and engaged industry and retail sectors into setting new performance targets.

A survey of 102,633 eggs sold in Queensland was undertaken. Of these, 2534 eggs (2.5%) were deemed unacceptable as they were cracked or dirty.

A public awareness campaign on food hygiene was also conducted. The 'Foodsafe in Seconds' campaign involved nine short videos on basic food handling hygiene and practices in relation to chicken and eggs. The videos were distributed through a variety of platforms including the *Healthier. Happier* website and social media.

After the conclusion of the campaign (31 March 2016), a post-campaign evaluation study was done to assess community changes in attitudes and behaviours. Key findings included:

- prompted and unprompted awareness of the Foodsafe in Seconds campaign was low, with only four per cent of the public having visited the website, and between one to seven per cent having seen the ad.
- despite low awareness, perceptions of the ad were positive. All ads were considered easy to understand and believable by at least 80 per cent of the public, and at least 60 per cent believed the ads made them think about their behaviour.

- Increased capacity of QAS disaster management equipment:
  - three additional Emergency Support Units (ESU) across the state bringing the total to seven
  - replaced Mackay ESU
  - three Multi Casualty Incident Trailers were finalised and are strategically located within the Torres and Cape LASN.
- Released the QAS *Paramedic Safety Taskforce Final Report* in April 2016. The report is aimed at reducing the level of occupational violence against ambulance officers through the implementation of 15 recommendations. The report was informed by a taskforce that included QAS staff, United Voice Queensland and representatives from the university sector, and undertook targeted consultation with other key stakeholders.
- Implemented stronger governance arrangements for disaster and emergency management across Queensland Health through establishment of the State Health Emergency Management Committee (SHEMC) at operational level, engaging with all HHSs, and the Tier 3 Disaster Management Executive Committee (DEMC) at strategic level.
- Implemented improved information sharing arrangements through formal distribution process of the State Disaster Coordination Centre (SDCC) daily Queensland Emergency Management Report and hazard specific warnings based on local government boundaries to all HHSs and Department of Health divisions.
- Updated Crisis and Continuity Plan in line with the Risk Management Framework and strengthened links with state health disaster management arrangements.
- Implemented improved task tracking processes in the State Health Emergency Coordination Centre (SHECC).
- Implemented a formal role based training program for staff working in SHECC to ensure a trained, prepared workforce with consistency of Incident Management Team (IMT) processes.
- Ongoing partnership with the National Critical Care and Trauma Response Centre in Darwin to help support development of a trained and prepared cohort of clinical staff capable of deploying to disasters within Queensland, Australia or internationally.
- Delivered *Major Incident Medical Management and Support (MIMMS) and Hospital MIMMS* courses across HHSs to assist disaster preparedness.
- Provided input as requested to the Ravenshoe Review and commenced implementing recommendations.
- Participated in preparedness activities for 2018 Commonwealth Games (GC2018) including establishing a Queensland Health Commonwealth Games Committee.
- Revised the Queensland Health Heatwave Plan in accordance with changes to the National Heatwave Warning System developed by the Bureau of Meteorology (BOM).

Paramedic Safety Taskforce

A taskforce was established to investigate and implement strategies to improve paramedic safety and reduce incidents of occupational violence against paramedics to provide a safer working environment.

The taskforce proposed nine discrete initiatives critical to the success of the project:

1. Occupational violence education and training
2. Media and communications
3. Occupational violence data analysis
4. Queensland Ambulance Service supervisory model
5. Identify linkages with staff support
6. Post-incident response and support
7. Queensland Ambulance Service clinical practice and patient safety
8. Research and development
9. Technology options

From the nine key initiatives, 15 achievable recommendations were developed to reduce the risk of occupational violence and significantly enhance the future safety of QAS staff. To date, eight of the 15 recommendations of the Paramedic Safety Taskforce have been implemented, the remaining seven recommendations are on target to be finalised by the end of 2016. Through the delivery of practical and working solutions, these achievements will serve to reduce violence against QAS officers, and will help to protect officers in the event of violence or assault while at work. These achievements will contribute to the QAS's goal of building a safer workplace for all officers.

The Paramedic Safety Implementation Oversight Committee will provide the strategic oversight for the implementation of the recommendations contained within the Paramedic Safety Taskforce Final Report. The implementation of all recommendations will be completed by December 2016.

Strategic objective 2— Safe, equitable and quality services

Outcome: The health system is safe, affordable, sustainable and continually improving

Performance indicators:

- rates of preventable hospital acquired infections
- percentage of formal reviews undertaken on HHS responses to significant negative variance in Variable Life Adjusted Displays and other national safety and quality indicators
- ambulance responsiveness
- inter-HHS variation in access-related key performance indicators.

Plan to ensure health infrastructure has the flexibility and capacity to meet future service requirements.

Key achievements:

- Completed the QAS capital works projects, including replacement of the Miriam Vale Ambulance Station, and the Russell Island Ambulance Station and its residence.
- Started planning for the new Birtinya Ambulance Station on the Sunshine Coast University Hospital campus and the delivery of co-located services at the Alpha Community Hospital.
- Developed a portfolio level Total Asset Management Plan in collaboration with the Department of Infrastructure, Local Government and Planning.
- Performed Building Performance Evaluations (BPE) in conjunction with HHSs on the following projects:
  - Gold Coast University Hospital post commissioning
  - Queen Elizabeth II Jubilee Hospital—emergency department (ED) and endoscopy unit
  - integration with other post occupancy evaluations at LCCH
  - multiple mid-project BPEs underway across capital planning and delivery programs throughout Queensland.
- Advanced key infrastructure planning priorities under the Enhancing Regional Hospitals Program, including the Gladstone and Hervey Bay Hospital ED upgrades and Caloundra Hospital, with the detailed business case for Roma Hospital completed June 2016.
- Completed the last seven projects in the mental health capital works program comprising: five community care units located in Sunshine Coast (15-beds), Rockhampton (20-beds), Toowoomba (24-beds), Cairns (20-beds) and Gailes (18-beds); an Older Persons Inpatient Unit in Rockhampton (8-beds), and redeveloped Medium Secure Unit (25-beds) in Townsville. The capital program contributed to the provision of recovery-focused and localised services for individuals and better healthcare for the community.
- Delivered upgraded ED operations theatres, outpatient clinics, and birthing suites facilities and services in line with Queensland performance objectives.

- Purchased a nucleic acid testing analyser to support the transition of cervical cancer screening from traditional pap smears to a molecular diagnostics technique screening for oncogenic human papillomavirus subtypes. The new analyser allows Pathology Queensland to consolidate many tests to a single analytical platform, reducing both the time and cost to provide results.
- Established a Sunshine Coast based diagnostic imaging medical physics service to better support radiation safety and image quality optimisation.
- Established an onsite biomedical technology support service at Bundaberg Hospital to better support users of clinical equipment.
- Worked collaboratively with HHSs to design healthcare and support facilities based on models of care:
  - ensuring non-traditional design solutions that allow for rapid change and growth are considered and implemented
  - ensuring new facility design and investment focused on services and infrastructure to ensure ongoing support and continuing of clinical infrastructure.
- Commenced roll-out of a contemporary workspace program to deliver a flexible, modern ICT platform:
  - 60,000 workstations upgraded to Windows 7
  - more than 200 workstations upgraded to Windows 10
  - 1600 staff enrolled on Follow-Me Desktop Service, allowing them to switch between computers and access their desktop anytime, from anywhere, on any device
  - introduction of Bring Your Own Device (BYOD) enabling staff to access their work email, calendar, contacts and a selection of ICT systems
  - planning began to deliver staff and guests free Wi-Fi at selected health facilities.

Innovative infrastructure delivery

Alpha Hospital is Queensland's first co-located Hospital and Emergency Services facility, located at Alpha 440 kilometres west of Rockhampton.

Similar to Moura Community Hospital, the $17.5 million Alpha facility used modular construction methods to co-locate the hospital, ambulance, police and fire and emergency services.

The Alpha community and region will benefit from better integrated emergency services and responses by co-locating these vital services.

The modular construction of the new facility will also make it easy to expand the facility as future service needs require.

The facility includes staff accommodation, a combined Queensland Police Service and Queensland Fire and Rescue facility, provision for a future State Emergency Service presence and provision for a hospital-based ambulance service. The new hospital replaces the old hospital, parts of which are more than 85 years old.

The hospital and associated staff accommodation components of the new co-located emergency services facility comprised a total of 42 separate modules that were built in Toowoomba and then transported to Alpha on 37 separate truckloads for assembly on-site.

- Began ICT project allowing line managers with real-time access to workforce management information.

Provide safe, timely and quality ambulance services to meet the needs of the community.

Key achievements:

- Reinstated the Patient Centred Emergency Access Health Service Directive encouraging faster turn-around times of ambulances at public hospitals.
- Reconvened the Emergency Services Management Committee comprising QAS, HHSs, department and union representatives to monitor hospital emergency access performance and identify tactical solutions to common issues faced across the health system.
- Received 737,803 Triple Zero (000) calls for assistance and attained 91.63 per cent of calls answered within 10 seconds by QAS operations centre staff.
- Responded to 986,129 incidents (Codes 1 to 4 and casualty room attendances) across 290 response locations.
- Responded to 342,613 Code 1 emergency incidents, with 50 per cent responded to within 8.6 minutes, and 90 per cent within 17.1 minutes. These are outside the Service Delivery Statement's (SDS) target/estimate of 8.2 minutes and 16.5 minutes, respectively. Response performance in 2015–16 was impacted with a 5.14 per cent increase in code 1 emergency incidents compared to 2014–15.
- Recruited an additional 75 ambulance officers to provide enhanced roster coverage. A further 40 ambulance officers were recruited in June 2016, which were brought forward from the planned recruitment of 150 ambulance officers in 2016–17 in response to increasing demand for services as part of the department's 2016 Winter Beds Strategy.
- Commissioned 155 new and replacement ambulance vehicles as part of a rolling vehicle replacement program, critical to ensuring quality frontline ambulance services.
- Completed statewide rollout of replacement defibrillators, which provide vital signs monitoring, defibrillation and early detection of life threatening cardiac conditions.
- Transitioned from analogue radio communications to the Government Wireless Network (GWN) across South East Queensland. The GWN delivers enhanced digital radio voice and narrowband data communications. Key features include crisp, clear voice communications, voice and data encryption, increased radio coverage, portable and vehicle radio location services, and the availability of a duress button on the portable radios.
- Completed rollout of operational iPads to more than 3000 paramedics as part of the Operational Mobility Strategy, which provides a mobile platform for real time in-field communications and training.
- Improved officer safety and travel times through implementing Emergency Vehicle Priority (EVP) capability, which switches lights to green at traffic signals for approaching ambulance vehicles responding under lights and sirens conditions. Approximately 1460 intersections across the state and 274 ambulance vehicles are now EVP-enabled, providing more than 439,000 green lights to emergency vehicles during 2015–16.

- Expanded the Low Acuity Response Unit (LARU) model in the Cairns and Hinterland and the Sunshine Coast LASNs to further support the existing models in the Townsville, Metro North, Metro South and Gold Coast LASNs. LARU provides alternate and appropriate treatment pathways for patients not requiring stretcher transport in an emergency ambulance, therefore reducing the impact on EDs by decreasing presentations.
- Expanded the High Acuity Response Unit (HARU) model to the Gold Coast LASN to support the existing model in the Metro North LASN. This response model provides additional clinical interventions including blood transfusion, field ultrasound, and anaesthesia, as well as undertaking surgical procedures to the chest. The program is under direct clinical governance by the QAS Medical Director, with the support of senior specialist doctors from the major trauma services in South East Queensland.

Support HHSs in maximising patient safety outcomes and patient experience.

Key achievements:

- Developed and implemented the 2016 Winter Beds Strategy assisting the QAS and EDs to cope with the expected increase in demand for services experienced during winter. The principal strategy was to maximise the QAS's resource availability by providing additional staff for the predicted demand period to support HHSs to meet the 30-minute patient off-stretcher time (POST) target. Forty additional ambulance officers were recruited in response to the strategy, brought forward from the planned recruitment of 150 ambulance officers in 2016–17. Twelve new clinical initiative nurses were deployed in metropolitan hospitals to supervise patients arriving by ambulance and to provide assistance to the QAS. The Winter Beds Strategy provided access to an extra 139 beds across the state to provide additional surge capacity across our major hospitals.
- Upgraded water systems as part of the Priority Capital Program, as well as fire and electrical systems, ensuring patients and staff have safe and compliant facilities to work and be treated within.
- Added waitlist audits to service delivery at the Health Contact Centre, supporting HHSs to manage their wait lists, resulting in:
  - nine per cent reduction in wait lists at Cairns and Hinterland HHS
  - six per cent reduction in wait lists at Mount Isa Hospital
  - 50 per cent reduction in 'fail to attend' rates across most speciality areas at the LCCH.
- Delivered Ryan's Rule, which supports patients, families and carers to initiate an escalation of care response when they are concerned about a patient in hospital. On average, the service receives one to two calls per day across approximately 10,000 public acute admissions, with positive feedback from customers.
- Introduced a new molecular polymerase chain reaction technique to replace traditional faeces microscopy, culture and sensitivity testing in those patients suffering severe gastrointestinal infections. The new test has reduced the time for a result from 48 hours to less than four hours and provides greater sensitivity in detecting and identifying disease causing microorganisms, enabling earlier and better targeted treatments.

- Introduced next generation sequencing technology in pathology which has reduced costs for screening of the BRCA 1 and 2 gene. This has enabled the price of BRCA 1 and 2 genetic screening test for breast cancer to be reduced, providing significantly greater access to at risk patients.
- Continued building the point-of-care testing network to support the delivery of accessible, high-quality, diagnostic services to patients in rural and remote locations by:
  - installing additional devices into health facilities
  - increasing the range of tests offered at the bedside as new tests and devices become available
  - developing a data interface with the laboratory information system to improve results capture and reporting.
- Co-designed a cost-effective solution to provide pathology services at Maryborough Hospital by establishing an extended point-of-care testing laboratory allowing urgent pathology testing to be provided onsite at a reduced cost.
- Assisted Torres and Cape HHS with a comprehensive review of medicine management and pharmacy services, resulting in streamlined services and consistency of service delivery as well as an opportunity to reduce cost.
- Supported delivery of the integrated electronic Medical Record (ieMR) digital hospital solution at the Princess Alexandra and Cairns hospitals. Over time, this will replace the paper-based system facilitating digital access to patient information:
  - enabling faster access to accurate and timely information
  - reducing errors and variation in care processes
  - progressing treatments more efficiently so patients get home sooner
  - enabling staff to spend more time providing patient care and less time chasing paper charts
  - reducing inefficiency and wastage.
- Introduced electronic pathology requests at the Princess Alexandra and Cairns hospitals improving access to laboratory diagnostic services as well as patient outcomes by making results available through ieMR.
- Supported the national digital health agenda for integrated patient care. Far North Queensland is one of two sites to take part in an opt-out trial of the My Health Record—a secure, online summary of an individual's health information accessible by doctors, nurses, pharmacists and patients.
- Commenced prioritisation and delivery of enhancements to the Enterprise Discharge Summary (EDS) and The Viewer ICT systems. The Viewer is a read-only online application for clinicians and supporting staff to gain immediate statewide access to vital, real-time clinical information. The updates include:
  - access to radiology images within The Viewer
  - access to My Health Record information within The Viewer
  - clinical reports in EDS and The Viewer from the cardiology information management system IMPAX CV
  - statement of choices capability (document upload)
  - patient confidentially banner and alert

– The Viewer on BYOD
– additional emergency encounter content in The Viewer.

Digital hospital revolution begins

In November 2015, Brisbane's Princess Alexandra Hospital became Australia's first public digital hospital, heralding a revolution in the way healthcare will be delivered in Queensland.

With one patient, one record, clinicians can focus on the patient, not the paperwork.

Rollout of the project required training nearly 6000 staff and integrating more than 1600 new digital devices across the hospital. In February 2016, the Cairns Hospital went digital and is the first Australian hospital to use maternity digital records.

Since go-live in November 2015: 3,595,614 electronic charts were opened, 75,744 clinical notes documented, 38,284 diagnoses created and 29,955 allergies written up at the Princess Alexandra Hospital.

Cairns HHS was the first Queensland public hospital to scan clinical records and information, and use paediatric and community digital records.

- Established dedicated business reference group to decide future direction in relation to the access, usage, production and distribution of electronic discharge summaries and the prioritisation of production changes for the EDS and The Viewer applications. The group has statewide representation from HHSs, pathology, pharmacy, PHNs, and mental health.
- Commenced an Interoperability Project allowing information to be captured and exchanged consistently, accurately and in an easily understood format. Initially it focuses on the replacement and upgrade of two key legacy ICT systems, and will then look at providing new information services to give improved access to patient and clinical information.
- Established a new web interface for the List of Approved Medicines to improve usability for clinicians.
- Launched an automated process for the monthly collection of radiology reporting rates from HHSs.
- Assisted HHSs to achieve their Diagnostic Imaging Accreditation Scheme accreditation at 114 medical imaging sites.
- Assisted in the evaluation of new 3D breast imaging technology within breast screen assessment services.
- Continued reporting on oral health clinical indicators to assist HHSs in evaluating the quality of dental treatment provided by public oral health services. This initiative aims to improve patient outcomes and the cost-effectiveness of public dental care

and support HHSs in meeting the National Safety and Quality Health Service Standards (NSQHSS). The clinical indicators:

– allow for benchmarking between services, clinics and individuals and, over time, flag issues for further investigation
– identify opportunities for improvement.

Electronic oral health record

Queensland Health has an extensive network of public dental clinics across the state, treating more than 350,000 eligible patients every year.

New functionality within the statewide Information System for Oral Health (ISOH) is being introduced to provide a complete electronic oral health record (EOHR) for these patients.

The new EOHR allows public dental clinics in Queensland to enter and store all clinical information in a single statewide database, including medical history, tooth charting, treatment planning, clinical notes, periodontal charting, diagrams, referrals and medication lists.

This will enhance patient care through real-time access to treatment history from any public dental clinic in Queensland. It will also support a paperless clinical environment, improving efficiency by eliminating physical patient charts and related handling costs such as storage in clinics, archiving, retrieval and destruction.

During 2015–16, the EOHR functionality was implemented in adult clinics in six HHSs, with continued roll out planned for next financial year.

Implementation has involved upgrading IT infrastructure, adapting local business processes, training oral health staff in each dental clinic, providing on site go-live support and handing over support to local super users.

- Supported HHSs to develop, implement and embed allied health led models of care improving patient access to timely and effective healthcare. This allows medical specialists increased time to see patients that require medical or surgical intervention. Models include allied health first contact services in the ED and allied health first contact outpatient services for priority areas, including orthopaedics and neurosurgery (physiotherapy) and ear, nose and throat (audiology and speech pathology).
- Led a major international research initiative through the Collaboration for Emergency Admission Research and Reform (CLEAR) project to ensure an evidence based approach to performance monitoring for EDs, leading to reduced mortality and improved patient outcomes.
- Conducted the 2015 Statewide Emergency Department patient experience survey:
  – 14,737 patients were interviewed from 53 hospitals across Queensland
  – 61 per cent of patients rated the care they received as very good, 24 per cent as good and 10 per cent as adequate.

- Conducted the 2015 Statewide Maternity Outpatients Department patient experience survey:
  - 5444 patients were interviewed from 32 hospitals across Queensland
  - 61 per cent of patients rated the care they received as very good, 30 per cent as good and seven per cent as adequate.
- Conducted the 2015 Statewide Orthopaedic Outpatients Department patient experience survey (fracture clinics and general orthopaedic clinics):
  - Fracture Outpatient Clinics
    - 5495 patients were interviewed from 19 hospitals across Queensland
    - 57 per cent of patients rated the care they received as very good, 29 per cent as good and nine per cent as adequate.
  - General Orthopaedic Outpatient Clinics
    - 6308 patients were interviewed from 20 hospitals across Queensland
    - 59 per cent of patients rated the care they received as very good, 26 per cent as good and nine per cent as adequate.
- Conducted the 2015–16 Statewide General Surgery Outpatient Clinic Department patient experience survey to measure the experience of patients with health services delivered in outpatients:
  - 7975 patients were interviewed from 45 hospitals across Queensland
  - 90 per cent of patients rated the care they received as very good or good.
- Raised awareness of falls prevention via the April No Falls month campaign to help those at risk of falling to stay on their feet.
- Developed six new early warning and response system (EWARS) tools to assist clinicians to quickly detect when a patient's health is deteriorating and to support a more timely response to improve the patient's outcome:
  - total EWARS increased to 45
  - more than two million EWARS forms used annually.
- Issued three patient safety alerts, five patient safety notices and seven patient safety communiqués to inform HHSs of patient safety issues and recommend mitigation strategies
- Made changes to user-applied labelling of injectable medicines, fluids and lines, skin tears related to electrocardiography (ECG) dots and precautions for providing ice from ice machines to compromised patients.
- Continued exploring an affordable and sustainable professional indemnity insurance (PII) solution for privately practising midwives (PPM) through investigating insurance product options. In April 2016, the COAG Health Council agreed to the need for safety and quality standards to be set by regulation. On this basis, the council agreed to extend for three years, the current statutory exemption from PII requirements for PPMs who provide home birthing services, to allow further work to be undertaken on a viable PII solution for PPMs.
- Implemented the new nurse navigator model of care, supporting patients with complex healthcare needs to smoothly navigate through the healthcare system and to receive the right care as required.

- Implemented the national Your Experience of Service (YES) survey tool within public mental health services, assisting specialised mental health services gauge what consumers think about the services they receive. The information is used to improve and shape better mental healthcare and in the planning and delivery of safe, high quality healthcare through effective quality improvement processes.
- Implemented the Suicide Prevention in Emergency Departments project, enabling 148 ED and mental health clinicians across all HHSs to be trained in the Suicide Risk Assessment and Management in Emergency Departments (SRAM-ED) train-the-trainer package. The project included the development of other resources to support ED staff to recognise, assess and manage people at risk of suicide.
- Supported the Sentinel event clinical review which examined mental health sentinel events between 1 January 2013 and 30 April 2015, and made recommendations to improve the system. The clinical review was carried out by an independent team of four expert clinicians in partnership with a person with a lived experience of mental illness, focusing on homicides or attempted homicides involving people with a mental illness, either as a perpetrator or victim. The clinical review also examined fatalities resulting from police use of force intervention where the person may have had a mental illness. The report noted the high level of commitment to the service and professionalism by HHS staff members and all persons with whom the review committee consulted, that no new or emerging issues within mental health services were identified and that Queensland has made genuine efforts and significant progress in implementation of the recommendations set out in the 2005 report *Achieving Balance: Report of the Queensland review of fatal mental health sentinel events*.
- Delivered more than $105 million of replacement health technology equipment on behalf of the HHSs as part of the two-year Health Technology Equipment Replacement program.
- Facilitated the sale of more than 1000 items of equipment, raising more than $1.2 million for the HHSs.
- Provided support and advice to HHSs resulting in delivery of approved preliminary evaluation and business cases for prioritised projects through relevant stage gates of the Investment Management Framework (IMF).
- Incentivised increased delivery of clinician-led quit smoking interventions for acute and mental health hospital inpatients. In 2015–16, $5 million in Quality Improvement Payments was made available to HHSs, including Mater Services. Results show a 400 per cent increase in smokers receiving quit support and an offer of nicotine patches following admission to a public hospital since program commencement in November 2014.
- Use of the Telehealth Emergency Management Support Unit (TEMSU) increased by 56 per cent from 2014–15. The unit provides access to local HHS non-emergency medical, nursing and specialist support, which improves early detection of deteriorating patients and allows patients to stay closer to home. TEMSU also assists rural clinicians' fatigue management by providing secondary support to rural staff, and access to medical support from nurse only facilities which improves patient safety.
- Retrieval Services Queensland worked collaboratively with Children's Health Queensland HHS to develop targeted paediatric triage tools specifically to identify

children who are ‘at risk of deterioration’ for aeromedical retrieval and transfer across the state.

- Hosted a statewide Medication Safety Workshop focusing on strategies to reduce the risk of harm from medication omissions.
- Revised statewide standing orders for glyceryl trinitrate and salbutamol to promote safe and quality use of these rescue medications.
- Revised statewide guidelines for anticoagulation using warfarin both for inpatients and patients in the community setting to reduce the risk of harm from this high-risk medication.
- Re-launched Six Rights for Safe Medication Administration materials to support facilities deliver medication safety education.
- Implemented the 3rd edition of the ‘National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines’, facilitating specialised labels for clinical areas’ centralised purchase of labels.
- Collaborated with HHSs and private sector clinicians to finalise the development of a single electronic haemovigilance adverse event report form for use by public and private health facilities, with proposal to integrate the form for HHSs into the Queensland Health incident management system.

Ensure investment strategies are aligned to patient outcomes.

Key achievements:

- Released the eHealth Investment Strategy representing $1.26 billion of investment in eHealth over 20 years. The strategy ensures ICT investments form part of a considered and cohesive plan between HHSs and the department to better enable the delivery of quality and efficient health services. Key investment priorities identified include:
  - ICT infrastructure—replacement and enhancement of core infrastructure to support the implementation of digital hospitals and provide staff with contemporary, responsive and flexible equipment and business tools.
  - Business systems—implementation of a new financial system to improve decision making and provide HHSs with the ability to access, control, manage and report on their own financial data.
  - Digital future—investment in eHealth architecture and interoperability to develop capacity to accurately, cost-effectively and seamlessly store and share data across the continuum of care.
  - Clinical systems—ensuring quality healthcare outcomes and patient safety by investing in five key clinical systems: patient administration, ieMR and digital hospitals, pathology management, primary and community care, and digital imaging and transmission.
- Updated key forensic pathology infrastructure to support coronial services, including the replacement of the eight-year-old CT scanner at Forensic and Scientific Services.
- Purchased a new nucleic acid test analyser for screening of organ donors to minimise the risk of disease transmission to recipients of donated organs. This allows consolidation of many molecular diagnostic assays to a single analytical platform, reducing both the time and cost to produce a result.

- Worked with the National Blood Authority (NBA) to support its strategic initiative to improve the management of blood and blood products. They have proposed a national, online system for monitoring blood supply and demand, by introducing electronic tracking of all blood and blood products. Pathology Queensland has been engaged by the NBA to develop a bi-directional interface between its BloodNet blood tracking system and Pathology Queensland's laboratory information system to pilot its end-to-end blood fate system.
- Invested in and leveraged funding for health and medical research including:
  - supporting a cohort of young clinician scientists through investment in six Junior Research Fellowships to fund two-year research and mentoring programs to fast track research career pathways
  - funding for Nursing and Midwifery and Physiotherapy Research Fellowships building research capacity and improving patient outcomes across the continuum of care
  - translating health and medical research from theoretical outcomes into practice, products and services, resulting in meaningful change for patients. Queensland Health supported the Medical Research Commercialisation Fund, including the appointment of a Queensland-based Investment Manager to facilitate this transition
  - building a strong Queensland profile in emerging healthcare areas by committing $25 million over five years to establish the Queensland Genomics Health Alliance to advance genomics
  - supporting QIMR Berghofer Medical Research Institute across a range of health issues including cancer, infectious diseases and mental health.
- Authorised more than 1110 research proposals in public hospitals in 2015–16. The most frequently researched areas are public health and health services, clinical sciences and oncology. This research is assisted by Queensland's nation leading research ethics and governance reform agenda that attracts researchers to undertake studies in Queensland. The state also has cooperative relationships across Australia to ensure patients can access new and improved treatments through clinical trials.
- Ensured greater coordination of specialist outpatient services through:
  - investing in new ways of providing care
  - developing and implementing process and practice standards to ensure consistency of service delivery
  - continuing centralised support and guidance for the statewide network of outpatient and ED Business Practice Improvement Officers and General Practice Liaison Officers to further drive consistency in practice.
- Established a $35 million Integrated Care Innovation Fund to invest in initiatives that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Continued the investment in alternative models of care such as Hospital in the Home to support patient flow and increased patient satisfaction.
- Invested $1.7 million to establish a paediatric pain service at the LCCH broadening the existing pain service and enabling it to act as a dedicated statewide hub with capability to support regional services. This included support to six pilot paediatric 'spoke' services.

- Invested $1 million to support the effective implementation of the Statewide Strategy for End-of-Life Care and an additional $5 million in Quality Improvement Payments to assist HHSs to develop processes which facilitate Advanced Care Planning for in-scope patients.
- Advanced the use of telehealth to improve access to services and reduce costs across the state.
- Supported HHSs in decision making with regard to the adoption of new and emerging health technologies and service delivery models.
- Provided $350,000 to the Heart Foundation to ensure better statewide support to people after a heart attack including a thorough discharge plan, access to life-saving cardiac rehabilitation programs and high quality self-management tools.
- Completed further work to improve the turn-around time of applications for licences and approvals under the *Radiation Safety Act 1999* and provide more consistent assessment arrangements. This includes:
  - development of standards and associated procedures for a more systematic approach to deal with the administrative components of applications for approval to acquire or relocate radiation sources, and the processes to seek criminal history and security checks
  - development of standards for the systematic assessment of certain applications for approvals to acquire, considerably improving processing times for these applications.
- Managed and maintained nine statewide applications (Epilog, SPA, CHA, Multiprac, NoCS, VIVAS, TARDIS, OrgTRx, MedTRx) to support services delivery in the department and HHSs.
- Began the electronic transfer of women's breastscreen images between BreastScreen Queensland, Queensland Health and private provider systems.
- Imposed a condition on all radiation oncology possession licensees to promote sustainability and compliance with existing national radiation oncology practice standards in a transparent way. Compliance with this condition will assist in demonstrating that radiation oncology practices in both public and private sectors meet the Radiation Oncology Practice Standards developed by the Radiation Oncology Tripartite Committee, and should provide additional public confidence in the quality of radiation oncology services offered in Queensland.
- Changes were made to all relevant diagnostic imaging radiation safety and protection plans to ensure particular attention is given to the use of X-ray diagnostic imaging of paediatric patients.
- Received 21,098 referrals to Retrieval Services Queensland in 2015 (calendar year) from across Queensland, with 11,453 fixed wing tasks and 3763 helicopter tasks undertaken.
- Enhanced access to restricted medicines under the regulation in clinical groups for specific purposes, such as rural General Practitioner (GP) use of restricted drugs for induction of labour and speech pathologist use of local anaesthetics during fibrotic endoscopic evaluation of swallowing.
- Facilitated Federal Government changes to the Pharmaceutical Benefits Scheme to allow community-based GPs to prescribe clozapine.

- Developed a *Never Event* to highlight the unacceptability of patient death or likely permanent harm as a result of re-exposure of a patient to a medication to which they have a documented allergy or adverse drug reaction for inclusion in the 2016–17 service level agreement with HHSs.
- Delivered a range of clinical and community based healthcare services to improve health outcomes including two newly funded initiatives, Health for Life! and Long Day Respite Care for Seniors with Dementia.

Continuously improve clinical governance systems and regulatory frameworks to ensure accountable, safe, high-quality health services—leading to increased performance and public confidence in the health sector.

Key achievements:

- Continued to provide coroners with high-quality autopsy reports prepared by forensic pathologists. Results inform mortality statistics, which are used to devise and monitor interventions to reduce the incidence of homicides, fatal accidents and suicides, including those related to domestic violence.
- Developed Clinical Quality and Safety Framework, providing governance for quality and safety within the QAS. The framework provides guidance to assist LASNs in establishing systems, processes and behaviours to identify and maintain high standards in delivering safe clinical care. This framework will be overarched by the Clinical Quality and Safety Strategy document which outlines initiatives and strategies to form the quality and safety provisions within the QAS and a range of strategies designed to enhance the quality of clinical practice.
- Collaborated with the Queensland Clinical Senate and Statewide Clinical Networks to guide quality improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation, optimisation and provision of high-quality, patient-focused healthcare.
- Mental Health Alcohol and Other Drugs (MHAOD) Clinical Network supported projects to progress key service development priorities, including promoting consumer and carer engagement, the integration of MHAOD service delivery, alcohol and other drug models of service, provision of acute mental health services in hospital EDs, promotion of recovery based practice and the promotion of best practice relating to risk assessment and management of suicide risk.
- Re-established the Patient Safety and Quality Improvement Service through the transfer of 40 positions from the previous Patient Safety Unit and the establishment of 20 new positions.
- Provided safety and quality key performance indicator reports quarterly to HSCEs to assist in monitoring patient safety and quality.
- Conducted the Bedside patient safety audit across 117 inpatient and 20 residential aged care facilities to ensure HHSs met the National Safety and Quality Health Service Standards, and to identify and implement actions at a local level to improve patient outcomes.
- Continued to support health system and clinical innovations , strategic partnerships, and leadership within and cross service providers and all levels of governments by:

  - fostering strategic partnerships and leadership with inter-agency health jurisdictions through membership in the Australasian Health Infrastructure Alliance
  - providing support and advice to HHSs on the delivery of business cases
  - providing support and advice to HHSs on procurement of infrastructure delivery services
  - providing facility design guidance and advice to HHSs and inter-state government agencies.
- Became the first state/territory to apply the National Code of Conduct for Health Care Workers, agreed by the COAG Health Council, which sets minimum standards of conduct and practice for all health care workers. The code, as applied in Queensland, provides greater protection to health consumers in relation to health services delivered by non-registered healthcare workers and registered health practitioners who provide a health service unrelated to their registration. It also sets standards for health service delivery that the Health Ombudsman may consider when dealing with a relevant complaint and determining what action may be taken.
- Conducted an extensive review of HHS performance measures resulting in the development of new key performance indicators which provide a more holistic and robust assessment of HHS performance.
- Revised the HHS Service Agreements which now incorporate the revised key performance indicators within six performance domains. The domains, which focus on the delivery of critical strategic objectives and state wide priorities, are:
  - safe
  - effective
  - patient-centred
  - timely
  - efficient
  - equitable.

  Primary and secondary KPIs within each performance domain will be used, and will be further informed by a suite of supporting measures. As well as the KPIs, HHS performance assessments will also include each HHS's accreditation status, service agreement performance, compliance with Health Service Directives and fiscal management.

Strategic objective 3—A well-governed system

Outcome: Queenslanders have confidence in their health system to respond effectively and efficiently to their needs.

Performance indicators:

- HHS average cost per weighted activity unit
- length of waits for the following services:
  - specialist outpatient clinics
  - elective surgery
  - lengths of stay in emergency departments.

Determine funding priorities through evidence-based health service planning.

Key achievements:

- Continued to contribute to the development of the Australian Mental Health Care Classification (AMHCC)—endorsed in February 2016. The AMHCC provides a way of linking patients to the resources consumed in providing treatments. Work has begun to implement the new data requirements within existing systems.
- Continued to investigate interim options for monitoring activity of community mental health services that aligns to and supports the requirements of the new AMHCC, to increase transparency for these services.
- Developed the annual *Health Priorities for Investment* paper to inform purchasing directions in line with identified need.
- Developed statewide health service plans for spinal cord injury rehabilitation, acquired brain injury rehabilitation and End-of-Life Care implementation.
- Initiated a health service planning project for children's health services across Queensland to:
  - enhance understanding of the health needs of children and young people
  - identify priorities for the commissioning of future new or enhanced services
  - provide service directions for the future delivery of public sector health services.
- Initiated development of a planning framework for the future delivery of high complex clinical services across Queensland. The framework will list service characteristics for each high complex service to guide planning for future services.
- Provided input into the Health Priorities for Investment paper and estimated future activity (EFA) analysis which supported purchasing processes throughout the year. The Health Priorities paper identified top areas for investment based on government strategic directions, demographic and burden of disease data, clinical activity trends, and expert opinion. The EFA used a range of methodologies and assumptions to anticipate future levels of health service activity that may be required to satisfy the population's demand for healthcare.

Commission services that deliver healthcare to maximise clinical and cost effectiveness to meet the needs of the community.

Key achievements:

- Supported the nurse endoscopy program to educate and train nurses to perform endoscopy, to increase capacity to meet service demand.
- Delivered two Youth Residential Rehabilitation Services and a Family Accommodation Service for 16–21 year-olds in Townsville. The Youth Residential Rehabilitation Service (a partnership between Mind Australia, Townsville HHS, and Children's Health Queensland HHS), provides long-term supported accommodation for young people and assists them to develop life skills to maintain and build independence and emotional well-being.
- Delivered a Family Residential Accommodation Service for 16–21 year-olds in Townsville. This service enables patients receiving treatment for severe mental health issues to maintain connection with their family and community and is an important part of providing young people with contemporary, family-centred services as close to their home and community as possible.
- Enrolled 74 participants in the LARU Education Program to help manage increasing demand for pre-hospital patient care. The program develops, coordinates and monitors statewide collaboration between the QAS, PHNs, general practitioners, hospitals and the community.
- Enrolled 265 participants in the Graduate Paramedic Induction Program, a practical foundation program preparing university graduates for operational duties as advanced care paramedics, and to provide orientation and induction for paramedics from interstate and international jurisdictions.
- Recruited five participants for the Critical Care Paramedic (CCP) internship providing paramedics with the necessary qualifications to be credentialed as a CCP.
- Recruited 55 participants in the Emergency Medical Dispatcher (EMD) program equipping newly recruited officers with the confidence, skills, knowledge and ability to manage increasingly complex emergency requests for service.
- Released an open tender contract for the provision of accommodation services for the QAS Education Centre.
- Enabled health services expansion in multiple HHSs through funding allocations in rural and remote areas.
- Delivered the Queensland Government's election commitment to increase the availability of long day respite for elderly people with dementia. Seven non-government organisations were provided with a total $20 million in grants over four years to provide these services.
- Expected expenditure on blood and blood products for 2015–16 is $106.2 million.
- Managed the increased use of immunoglobulin to participate in, and support the national program of measures, including:
  - developed and maintained policies and procedures for access to immunoglobulin products
  - established and supported a national network of committees
  - evolved the criteria for access to products
  - devolved a new ordering and dispensing system, BloodSTAR

  - improved governance and streamlined product distribution.
- Continued to implement the national reform program to improve organ and tissue donation rates. Over the past six years, Queensland recorded a 53 per cent increase in organ donors from 47 donors in 2009 to 72 donors in 2015.
- However, unlike some other large jurisdictions, Queensland organ donation rates have not improved since 2012. To improve this, the Department of Health and Metro South HHS have implemented:
  - an Organ and Tissue Strategic Plan
  - developed a Best Practice Processes to Optimise Organ Donation for Transplantation Guideline.
- Entered into service agreements with HHSs that are based on purchasing a level of public health services that meet the local population's health needs while driving cost efficiencies to achieve equitable funding across the state. Productivity dividends were applied to HHSs to increase efficiency within the system.
- Continued investment into strategies that incentivise clinical and cost effective practice, including: quality improvement payments for smoking cessation, childhood immunisation and Advance Care Plans.
- Continued to provide incentives for innovative models of care, including telehealth and Hospital in the Home.

Collaborate with service providers to establish agreed targets and outcomes.

Key achievements:

- Co-designed a model of care to reduce pathology costs at the new Sunshine Coast University Hospital.
- Extended operational hours of the Molecular Diagnostics Unit to provide a seven-day service, catering for increased service demand (32 per cent growth per annum). This provides timely viral testing results allowing for earlier clinical intervention leading to better outcomes for both the patient and the health system.
- Developed a pathology utilisation reporting tool which allows HHS managers to review pathology usage and costs on a daily basis. Reports can be customised, allowing comparison of performance with peers across the state. Transparency enables HHSs to manage and control pathology use to eliminate inappropriate testing and reduce costs.
- Restructured the state-funded perinatal autopsy service with additional pathologist support to help eliminate the significant backlog of cases, and extend the provision of this service to families undergoing care in non-Queensland Health facilities.
- Continued collaboration with the Statewide Stroke Clinical Network to ensure appropriate and value-added pre-hospital medical treatment and transportation of patients to dedicated stroke centres.
- Continued QAS representation on the National Stroke Foundation for the 2016 Guideline Review (Working Party) to ensure appropriate representation and development of pre-hospital specific guidelines aimed at early stroke recognition and appropriate referral.
- Continued to provide QAS representation on the National Heart Foundation Australia/Cardiac Society of Australia and New Zealand—Guidelines for the

Management of Acute Coronary Syndromes—to ensure appropriate representation and development of pre-hospital specific guidelines aimed at early heart attack recognition and appropriate treatment and/or referral.

- Aeromedical Retrieval and Disaster Management Branch developed robust aviation and clinical standards to guide the provision of high quality and consistent health service delivery by contracted service providers.
- Partnered with seven ante-natal clinics in regional and metropolitan areas to increase the provision of tailored smoking cessation support for pregnant women and their partners. More than 100 smokers have joined the program.
- Worked with relevant HHSs to develop targets to reduce the number of patients waiting longer than clinically recommended for a specialist outpatient appointment. The department monitors the performance against these targets and will continue to work with HHSs to improve wait times in this area.
- In addition, the department incorporated Results Based Accountability measures into new service agreements with community based organisations, effective 1 January 2016.

Monitor and manage the performance of all funded organisations across the health system.

Key achievements:

- Monitored access to public oral health services and published information on public dental waiting lists on the Queensland Health and Hospital Performance websites. Data includes the number of people waiting in every public dental clinic, how long people have been waiting, and the number of patients who recently began dental care.
- Published up-to-date data on the activity and performance of a number of health service areas on the Health Performance website, including EDs, elective surgery, hospital activity, oral health, patient experience, health workforce, healthcare infection rates, specialist outpatients, and radiation services. Data transparency around hospital performance keeps communities informed about their local hospital, and drives improvements within HHSs.
- Continued to monitor performance across a range of measures outlined in the MHAOD Performances Framework. Development of a measurement strategy for the MHAOD Services Plan has commenced and will identify a performance measurement and reporting framework to facilitate regular monitoring of the implementation of the plan, performance of services and the outcomes associated with receiving care. Reporting against the measurement strategy will begin in 2016–17, which should rationalise and, where feasible, avoid duplicative reporting and performance management processes.
- Continued to monitor the performance of the department-funded Community Managed Mental Health sector, particularly those services supporting individuals who are transitioning to the NDIS.
- To ensure continued high performance of non-government service providers, the department undertook site visits across the state as part of a rolling program of compliance and risk management reviews. This ensures agreed targets/outcomes are achieved in the community-based heath sector.

Strategic objective 4—Strategic policy leadership

Outcome: Policy is evidence-based, reflects government direction, and supports a safe and continually improving health system.

Performance indicators:

- high performing policy portfolio within the department developed
- ministerial satisfaction with policy advice.

Lead the development of a high performing policy portfolio within the Department of Health.

Key achievements:

- Led Queensland Health's contribution to the 2016–17 State Budget process, resulting in a record $15.274 billion health operating budget—7.7 per cent higher than the previous year.
- Continued implementation of an Investment Management Framework—a stage-gated project development process aligned to the Queensland Treasury Project Assessment Framework. The framework ensured initiatives requiring capital funding were identified, assessed, prioritised and managed to optimise performance and return on investment.
- Committed to assisting refugees with their settlement in Queensland through the Refugee Health and Wellbeing Project. The project consists of three components:
  - Launched the *Refugee Health and Wellbeing: A strategic framework for Queensland 2016*. The framework establishes a policy structure for refugee health and wellbeing and is a useful tool for healthcare workers that may be unfamiliar with the sector. This includes information about where to go for help, details of existing refugee services and information on the challenges faced by refugees.
  - Established a Refugee Health and Wellbeing Network, hosted by Mater Health Services. This network aims to support health professionals working in the sector, encourage them to work together and participate in policy and program development.
  - Developed a Queensland Refugee Health Policy in collaboration with HHSs, non-government organisations and other key stakeholders to improve refugee health and wellbeing in Queensland.
- Led the development of a Health Service Directive and protocol for evidence-based management of tuberculosis in Queensland.
- The department achieved the following for blood management:
  - implemented national governance measures for high cost immunoglobulins
  - contributed to development and implementation of national blood policy strategies and plans to improve efficiency, safety and sustainability of blood supply across Australia
  - blood supply planning for Queensland
  - devolved the blood budget to HHSs

  - developed tools to support HHSs to conduct haemovigilance activities
  - implemented and promoted strategies for HHSs to reduce blood wastage
  - implemented and reviewed national and state blood contingency plans.
- Contributed to the development and implementation of policy and programs under the National Reform Agenda relating to organ donation and transplantation.
- Contributed to the implementation of the national cord blood agenda to enable access to safe, affordable and clinically appropriate cord blood under the national arrangements.
- Developed a policy framework to support the introduction of a requirement that certain categories of healthcare workers be vaccinated for specified vaccine preventable diseases as a condition of employment. In addition, a Health Service Directive and Health Employment Directive with supporting subsidiary policy documents were developed and published.

Rebuild the capacity to identify and respond to emergent issues and opportunities.

Key achievements:

- Increased the number of graduate nurses and midwives across the state, supported by the commitment to fund an additional 400 nurse navigators in HHSs over the next four years.
- Further increase to staff capability through enhanced occupational violence education and training. In 2015–16, 2622 QAS officers participated in Occupational Safety Training.
- Began developing a three-year digital health strategy, a supporting strategic roadmap for eHealth Queensland and finalising a detailed organisational design to facilitate its delivery. Based on extensive customer and stakeholder feedback, the strategy will determine the key areas that eHealth Queensland will focus on over the period with a view to transform its role to one of an eHealth enabler.
- Provided $6 million of new funding to support individuals, families and communities to manage crystal methamphetamine (ice) addiction and relieve pressure on the public health system. This focuses on ED presentations, hospital admissions and demand for alcohol and other drug treatment services. It also expands targeted treatment services, prevention programs and support for frontline workers, including:
  - Three new Drug and Alcohol Brief Intervention Teams (DABIT) in the EDs of Townsville, Rockhampton and Logan Hospitals.
  - Enhanced DABIT services at Gold Coast University and Robina Hospitals.
  - Additional clinical positions in Cooktown, Weipa, Logan, Gold Coast and Rockhampton to support service delivery to young people, families and Aboriginal and Torres Strait Islanders Community engagement and prevention programs in Logan, Gold Coast, Cunnamulla and Charleville.
- Delivered specialised training and education, tools, resources and support for frontline workers and clinicians working in mental health, including Aboriginal and Torres Strait Islander workforces.
- Adopted business processes that support individuals with psychiatric disabilities to transition to the Federal Government's NDIS. HHSs will continue to provide clinical mental health services that support individuals to live in their communities.

Ensure robust and analytical processes are in place to develop, deploy and evaluate policy.

Key achievements:

- Developed a Queensland Health Financial Projection Model that brings new levels of sophistication to projecting and planning longer term (10 year) health service funding requirements.
- Established the Departmental Policy and Planning Executive Committee to integrate, coordinate and endorse statewide policy, health service and strategic planning development and implementation, and oversee monitoring and review.
- Developed and published a range of data dashboards on the Queensland Health website to improve access to key data and performance indicators in an innovative interactive format to support policy, planning and research activity.
- Continued to expand data collections and years of data included in the Master Linkage File of core health data collections. By the end of 2015–16, the Master Linkage File included 28 million records and incorporated patient admission, ED, birth and death registration, perinatal and waiting list data.
- Developed the specifications and processing system for the collection of non-admitted patient activity to enable the department to collect information about these services to inform policy and planning.
- Expanded the Queensland Health Data Dictionary to include more than 150 new data standards which will improve the quality of reporting on these data items to better inform policy and planning.
- Secured a contract with the world leader in research on the impact of nurse-to-patient ratios, the University of Pennsylvania. The university will continue to work in conjunction with Queensland University of Technology to evaluate patient, nurse and organisational outcomes following introduction of minimum ratios.
- Committed to an evidence-based approach to delivering first class ambulance care to Queensland communities. The research and analysis informs ongoing quality improvement strategies in all aspects of operational and strategic development.
- QAS commenced the design and development of a new electronic Ambulance Report Form (eARF) to operate on mobile devices used by officers in the field.
- Continued use of evidence-based advice from academic research, expert opinion and ongoing analysis. The service collaborates with other government, non-government and university sector researchers to develop a shared understanding of issues and problems and to identify effective policy solutions.
- Key examples in 2015–16 include:
  - representation on the newly formed Trauma Registry Reference Group, as part of the Queensland Statewide Trauma Clinical Network
  - progress of the incorporation of QAS records within the Queensland Health Master Linkage File to enable identification of episodes of care across the agencies
  - expansion of the evaluation of Acute Coronary Syndromes management in collaboration with the Central Cardiac Network (Queensland Health)
  - development of a research program focusing on stroke diagnosis and management

  - progression of key clinical research to inform clinical policy development, including the Emergency Medicine Foundation-funded studies evaluating the feasibility of pre-hospital focussed sonography for trauma (TUPhEN) and point-of-care testing for acute coagulopathy in trauma (PROPHIICY study).
- Extended research activities relating to mental health, alcohol and drug-related presentations to ambulance, including participation in a Movember Foundation and collaborations with Queensland Mental Health Commission to inform service provision and policy development in the area of mental health.
- Combined inpatient and community mental health data from multiple source systems as part of the Integrated Mental Health Data Reporting Repository. This provides more efficient reporting of linked data and a platform for specialised mental health services to analyse their data and build reports.
- Started the development of a reporting system that enables the department to more accurately understand the policy and financial levers that should be engaged to better deliver infrastructure services.
- Addressed barriers to the implementation of the *Guideline for Compression Garments for Adults with Malignancy Related Lymphoedema: Eligibility, Supply and Costing*. Findings from the project indicated that compression garment selection, fitting and monitoring could be undertaken safely by physiotherapists and occupational therapists, supported by training, supervision and governance processes.
- Launched the online Queensland Survey Analytic System for user-friendly, timely access to data on the health of Queenslanders to inform strategic decision making, policy and planning. There have been more than 1500 data downloads.

Develop and review legislation to support effective health outcomes.

Key achievements:

- Reviewed Department of Health legislation and identified compliance issues in relation to HHS requirements.
- Participated in inter-jurisdictional development of policy settings to prepare for the regulation of paramedics under the Health Practitioner Regulation National Law.
- Legislated minimum nurse-to-patient ratios for prescribed wards and facilities within the state's public health services to take effect from 1 July 2016. The aim of the ratios is to ensure minimum nurse staffing levels on prescribed wards in Queensland public hospitals.
- Amended the Radiation Safety Regulation 2010 to streamline the process for registered nurses to request plain film diagnostic radiography (X-rays).
- Passed the *Mental Health Act 2016*, to improve patient rights, strengthen the involvement of support persons and improve service delivery in mental health services. The Act is expected to commence in March 2017.
- Amended the *Tobacco and Other Smoking Products Act 1998* to reduce the public's exposure to second-hand smoke, reduce the social acceptability of smoking behaviours and provide supportive environments to help people quit smoking, by creating more smoke-free public places and prohibiting the sale of smoking products from temporary retail outlets.

Passage of the *Mental Health Act 2016*

The Department of Health recognised that the *Mental Health Act 2000* was outdated, did not reflect contemporary approaches to individual rights and clinical practice, and was difficult to administer.

To address this, new mental health legislation needed to be developed through rigorous and detailed consultation and policy analysis.

This resulted in a draft Mental Health Bill 2015, which was distributed for public comment in mid-2015.

The Parliament passed a revised Bill in February 2016. The *Mental Health Act 2016* is at the forefront of mental health legislation nationally and internationally.

- Introduced the *Health and Other Legislation Amendment Bill 2016* to amend the Criminal Code to standardise the age of consent for sexual intercourse to 16 years, and amend Health portfolio Acts to enhance the operation of the legislation and improve health outcomes for Queenslanders.
- Introduced the *Public Health (Medicinal Cannabis) Bill 2016* for the purpose of establishing a regulatory framework for prescribing and dispensing medicinal cannabis products to patients where it may improve the patient's quality of life where traditional treatments have failed.
- Amended the *Transplantation and Anatomy Act 1979* to facilitate national blood supply arrangements and legitimate trade in tissue-based therapeutic products, enabling Queensland doctors and patients timely access to these important therapeutic products.
- In addition, the department:
  - implemented changes to enable a pharmacist to immunise under a Pharmacy Immunisation Drug Therapy Protocol and the Pharmacy Immunisation Standard
  - consulted on the draft exposure Bill for the new Medicines, Poisons and Therapeutic Goods regime
  - improved the process for the reporting of lost or stolen scheduled medicines as required.

Medicinal Cannabis approval

The benefits of using medicinal cannabis to treat some conditions in certain circumstances is a topic which has long been debated.

In December 2015, amendments to the Health (Drugs and Poisons) Regulation 1996 (HDPR) we made to enable access to medicinal cannabis for therapeutic use—a first in Australia.

A new approval system needed to be developed to manage this process in a lawful manner, as the first application to use medicinal cannabis was received by the department in March 2016.

An expert group was assembled under the HDPR to review and advise the Director-General in the first instance.

As a result, an application and approval process was developed, an expert approval panel established, and interstate consultation and discussions were undertaken with the Therapeutic Goods Administration to inform the Director-General about the decision making process and to ensure the process was lawful.

On 29 April 2016, the Director-General approved the use of a medicinal cannabis product as part of a patient's treatment. This is the first time unregistered medicinal cannabis containing tetrahydrocannabinol has been approved for therapeutic use in Australia.

While the approval was specific to an individual patient, this landmark decision paves the way for other Queenslanders wishing to apply for the use of medicinal cannabis.

Strategic objective 5—Broad engagement with partners

Outcome: An inclusive community; supported by collaborative partnerships across health service providers and all levels of government.

Performance indicators:

- community and consumer strategy developed.

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

Key achievements:

- Provided advice and support in the negotiations that led to the 2016 COAG Heads of Agreement on Public Hospital Funding. This agreement will result in significant additional funding for Queensland hospitals between 2017–18 and 2019–20 as part of the Commonwealth budget.
- The Minister and Director-General participated in the COAG Health Council and the AHMAC to advocate for better health outcomes for Queenslanders. The Director-General was also the Chair of the CCPHPC, a sub-committee of AHMAC which provides advice on national community and population based health service activities, including primary care.
- Participated in inter-jurisdictional development of policy settings for amendments to the *Health Practitioner Regulation National Law* arising from the Independent Review of the National Registration and Accreditation Scheme for Health Professions, and the COAG Health Council's decision to include paramedics in the scheme.
- Continued to develop a three-year digital health strategy, a supporting strategic roadmap for eHealth Queensland and finalising a detailed organisational design to facilitate its delivery. Based on extensive customer and stakeholder feedback, the strategy will outline how the organisation will become an enabler and leader for Queensland's public health system.
- Established a tri-partite arrangement with the Office of Industrial Relations and WorkCover Queensland to fund strategic engagement with peak industry groups and member organisations to promote health and wellbeing in the workplace.
- Participated in the Queensland child protection reform activities and support the implementation of the Queensland child protection commission of inquiry through participation in the Child Protection and Domestic and Family Violence Interdepartmental CEO Committee; the Child Protection Reform Leaders Group and working with other key agencies to implement the reform agenda.
- The Chief Health Officer represents Queensland on the Jurisdictional Blood Committee. This national committee provides advice on matters of national blood supply and the safety and quality of the blood sector to Health Ministers for consideration by the COAG Health Council. It also considers and manages less significant issues in relation to blood supply and management.
- The Chief Health Officer and the Queensland State Medical Director, Organ and Tissue Donation Service represent Queensland on the Jurisdictional Advisory

Group. The committee is the primary governance body for the national reform agenda on organ and tissue donation for transplantation, and provides guidance to the Organ and Tissue Authority in its work to implement the reform agenda.

Develop strategic partnerships with providers to deliver health priorities.

Key achievements:

- A $2.27 million agreement was entered into with the University of Queensland to deliver a Queensland Alliance for Environmental Health Science (QAEHS). The initial agreement will run until the end of June 2018. QAEHS will provide Queensland Health with access to a range of scientific and academic environmental health experts from the university research sector to ensure government policy is evidence based and reflects the latest scientific findings. QAEHS also provides training opportunities and enhanced engagement with the research sector, enabling opportunities for Queensland Health to influence the research agenda in the field of environmental health science.
- A Charter of Responsibility came into effect in May 2016 and was co-developed with the 16 HHSs to improve clarity of responsibilities. The Charter of Responsibility supports the effective functioning of the Queensland public health system by establishing a shared commitment to system mindedness, a culture of respect and clarity of roles and responsibilities per the *Hospital and Health Boards Act 2011*.
- Engaged DHPW in the review and revision of the whole-of-government Maintenance Management Policy, Capital Works Management Policy, and the Building Performance Management Policy to ensure the requirements of Queensland Health were considered in regards to supporting the delivery of health care services to the Queensland community.
- Facilitated engagement between DHPW and the HHS's to negotiate their incorporation into the whole-of-government electricity purchasing arrangement, leveraging the group's size to achieve energy saving discounts for electricity consumption.
- The Queensland Health capital investment program worked to ensure staff, patients, and communities have access to contemporary health infrastructure that supports the delivery of health services. Queensland Health will continue to invest in health infrastructure, capital works and purchases across a broad range of areas including hospitals, health technology, ambulance stations and mental health services. The Sunshine Coast University Hospital and Sunshine Coast Health Institute at Kawana will be delivered as a public private partnership, and will be the first tertiary hospital to be built at the Sunshine Coast.
- Partnered with 17 organisations to provide sponsorships totalling $432,945. This included Surf Life Saving Queensland, Queensland University of Technology and the World Indigenous Cancer Conference. The department also received $318,082 in sponsorships from partnering with 54 organisations for the eHealth Expo and the Aspiring Women Leaders' Summit.
- Worked towards the adoption of a new procurement operating model based on category management— consistent with the whole-of-government portfolio approach. This change will ensure improved procurement performance, capacity and capability to provide better value for money and a greater commercial focus.

- Established linkages with Building Queensland with the inclusion of a Business Queensland representative on project governance committees for high value projects.
- Collaborated with the Department of State Development (DSD) to identify ways to coordinate infrastructure development in areas requiring provision of public services.
- Fostered strategic partnerships with interagency health jurisdictions via Australasian Health Infrastructure Alliance membership.
- Provided eligible patients with free access to dental care by maintaining professional service agreements with the University of Queensland, Griffith University and James Cook University dental schools.
- Established the Midwifery and Maternity Services Reference Group to bring consumers and leaders in the field together to continue to provide high quality and sustainable midwifery and maternity services.
- Coordinated the delivery of the statewide Queensland Health Interpreter Services for clients who are non-proficient in English in HHSs and Mater Health Services, with over 97,500 completed bookings in 2015–16.
- Assisted individuals with psychiatric disabilities to receive appropriate psychosocial supports in the community by continuing to collaborate with relevant Queensland Government agencies, community-managed organisations and the NDIS.
- Supported people affected by adversity from droughts, disasters and other community crisis events in regional Queensland through the Tackling Adversity in Drought and Disaster affected communities through Integrating Health Services Program.
- Continued to strengthen partnerships with the Queensland Police Service (QPS) through a range of initiatives. This includes, improving forensic testing to meet demand and adopting the QPS Forensic Register system as the laboratory information system for police services and coronial services.
- Formed an alliance between Pathology Queensland and NSW Health Pathology to explore areas where duplication between the organisations may be removed to reduce the cost of providing pathology services.
- QAS partnered with the Mental Health Commissioner, the QPS and the department's Forensic Mental Health Service as part of the Strategic Conversation on Police Interactions to deliver improved outcomes for people experiencing mental health crisis incidents.
- Continued to work in collaboration with Mater Health Services to extend the delivery of public health services.
- Provided funding to HHSs to allow them to work collaboratively with healthcare providers, including those in the primary healthcare sector, to deliver integrated healthcare services responsive to community needs. In some cases, the department directly contracts alternative healthcare providers in the areas of community and mental healthcare to provide additional complementary services.
- The department identified and established strategic relationships with key mental health service providers, mental health and disability peak organisations, HHSs and other government departments such as the DCCSDS to implement the NDIS.

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

Key achievements:

- Monitored and evaluated the department's internal and external partnerships with the goal of ensuring integrity, transparency and cultural awareness, and to deliver on the department's commitment of partnerships withstanding public scrutiny, remaining ethical, lawful and fair and complying with the principals and values of the Code of Conduct for the Queensland Public Service.
- Followed the Indigenous Economic Opportunities Plan to provide tenderer(s) with information about the Indigenous employment, training and business supply that is available in the area. It is also a priority that the core requirements of the training policy be met by Aboriginal and Torres Strait Islander apprentices, and trainees and local Aboriginal and Torres Strait Islander workers.
- Undertook a procurement process to engage a suitable supplier to provide independent advice on the implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*, including reviewing its effectiveness in building the cultural capacity and responsiveness of Queensland Health's service provision to Aboriginal and Torres Strait Islander Queenslanders.
- Developed and commenced implementation of the department's cultural success factors to foster a vibrant, innovative, collaborative and inclusive culture in order to support engagement with all staff and partners. Cultural success factors were also integrated with the Charter of Responsibility to ensure principles supported positive engagement and respect.

Actively engage with the community to develop a statewide health services plan.

Key achievements:

- Undertook extensive community engagement in the development of the department's 10-year vision—*My health, Queensland's future: Advancing health 2026*. This included health consumer, clinical and non-clinical representatives from the public health system, private and non-profit health providers, universities, professional organisations, unions and several Queensland Government departments.
- Implemented and participated in the whole-of-government transformation program.
- Collaborated with more than 150 LACs and their 1300+ volunteer members, including for the delivery of programs such as the CPR Awareness Program.

Strategic objective 6—Engaged people

Outcome: A culture of high engagement and performance to get the best out of our people.

Key indicators:

- improved Working for Queensland Employee Opinion Survey results.

Build a culture across our workplace where workforce inclusion and diversity is embraced and fostered.

Key achievements:

- Contributed to the Queensland Public Sector Inclusion Champions of Change.
- Supported the Anti-Discrimination Commission Queensland's Human Rights Month by delivering a range of staff training, resources and releasing 'inclusive workplaces' messages across the department in November 2015.
- Commenced large-scale cultural change that aimed to foster respect for people in the organisation. This work complements programs designed to increase inclusion of specific diverse target groups.
- Established The Way of Working team to drive positive employee engagement and cultural change, and improve organisational outcomes.
- Implemented the Spark Change initiative to mobilise informal leaders. This was a key element of a broader culture change program and part of the Hunter Review implementation for cultural improvement to engage staff, develop capability, create an environment of respect and inclusion, enable innovation and create a more connected organisation.
- Implemented a public awareness campaign that draws attention to negative workplace behaviours and why it is not okay to harass, bully and discriminate anyone. This was followed by a positive workplace culture campaign that aimed to empower supervisors and employees within local work areas to have more meaningful conversations about workplace behaviours.
- Participated in the Queensland Health Women's Network which aims to identify and address challenges and barriers for women to progress into more senior roles.
- Supported a vast array of public awareness initiatives that promote workplace diversity and equality by promoting events such as International Women's Day, NAIDOC Week, Harmony Day, Domestic and Family Violence Awareness Month, Mental Health Week, and the Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) Pride Festival.
- Reviewed the department's workplace demographic data to drive a diverse culture in the development of its Human Resources Strategy.

Support our people to understand their role in service delivery and ensure they are resourced to deliver the department's objectives and excellent customer service.

Key achievements:

- Introduced an induction passport for new starters to guide them through their first 90 days with the department and ensure they build a good understanding of their role and the organisation's culture.
- Developed functional statements to complement the system-wide Charter of Responsibility and clarify departmental roles. The functional statements were co-designed with staff, enabling a greater understanding of service delivery functions and interactions in customer service delivery across the department.
- Ran a two-day workshop for more than 50 staff employed as part of the Nurse Navigator program, and established a network to support them as they provide care to Queenslanders through this new model of care.

Provide capability development, systems and opportunities enabling our people to realise their potential and contribute to departmental outcomes.

Key achievements:

- Annually funded approximately $1.5 million in pathology-related research projects in conjunction with HHS partners and associated Queensland academic institutions.
- Dedicated $435,000 in funds to Forensic and Scientific Services research projects.
- Expanded the QAS's Classified Officer Development Program to reinforce leadership learnings and build further capability and knowledge around the QAS's governance and management framework. During 2015–16, five programs were delivered to 145 participants.
- Delivered 12 managerial and business development programs to clinical and executive leaders to support innovative and sustainable healthcare services and, develop leadership skills and business acumen of the next generation. Programs included the Learn2Lead Junior Doctors, Step Up Leadership and Medical Leadership in Action programs.

Set system-wide recruitment and retention strategies that underpin the development and sustainability of an efficient and effective healthcare system

Key achievements:

- Implemented the iLearn@QHealth online learning management system to enable just-in-time learning and cost effective, time relevant delivery of development programs.
- Introduced the Capability Development Strategy to build employee capability though a range of activities including:
  - Career Centre—capability development workshops, seminars and short courses for staff with a focus on core leadership and business acumen topics. A total of 67 workshops were attended by 1200 participants between October 2015 and June 2016.

  - Leadership and Management—delivered the pilot of the Next Generation program which aims to build the capability of high performing senior leaders.
  - Accelerate Your Career—provided services including workforce capability assessments, scholarships and capability consultancy.
  - Established a Capability Development Network to encourage collaboration across the department, minimise duplication and enhance opportunities for co-design and joint investment.
- Launched the MentorMe program to build the capability of aspiring employees through exposure to mentors at senior levels in the department. A total of 52 mentees and 45 mentors participated.
- Reviewed and enhanced base-grade recruitment and selection processes for operational roles with the QAS. This included implementation of assessment centres for the purpose of employing the highest performing Graduate Paramedics and Emergency Medical Dispatchers.
- Continued the QAS's annual Supervisory Recruitment Campaign and expanded it to encompass 10 key operational supervisory positions.
- Funded and implemented 10 supernumerary Allied Health Rural Generalist training positions in rural and remote health services to support the development of service capabilities in these areas.
- Employed 19 science graduates into Pathology Queensland's new graduate program.
- Provided supervision and training to 62 registrars in the Royal College of Pathologists of Australasia's pathology training program.
- Expanded the Biomedical Technology Services' cadetship program to include seven new roles across Queensland.

Recognise and reward improved performance.

Key achievements:

- Enhanced statewide recruitment systems to ensure better pre-employment screening, recording of job evaluation data and streamlined recruitment processing.
- Introduced cognitive and personality-based assessments for greater insight into cultural and behavioural fit.
- Recognised the achievements of individuals and teams through the Department of Health Awards for Excellence and the Queensland Health Awards for Excellence. The department awards received 33 submissions and the Queensland Health awards received 157 nominations across five categories.
- Showcased and rewarded excellence in eHealth with the Queensland Health's inaugural eAwards. More than 80 nominations were presented across five categories.

Service delivery statements

Department of Health performance statement

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

Service area: Queensland Health Corporate and Clinical Support	Notes	2015–16 Target/est.	2015–16 Actual
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance	1	95%	95%
Percentage of correct, on time pays	2	97%	96.2%
Percentage of calls to 13HEALTH answered within 20 seconds	3	80%	81.2%
Percentage of ICT availability for major enterprise applications:	4		
• Metro		99.8%	99.9%
• Regional		95.7%	99.9%
• Remote		92.0%	99.8%
Percentage of all high level ICT incidents resolved within targets defined in the Service Catalogue	5	80%	84.0%
Percentage of initiatives with a status reported as critical (Red)	6	<20%	15.5%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays and other National Safety and Quality indicators	7	100%	100%

Notes:

1. Although all projects were completed within scope, a small number of projects did not meet the time or budget tolerance.
2. The 2015–16 Target/est and Actual data represent a combination of the number of underpayment payroll enquiries received and the number of overpayments identified each fortnight divided by the number of employee pays processed, based on an average across the last six pay periods for the year of reporting.
3. Funding and human resources is calculated to achieve the performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres.
4. This service standard measures continuity and availability of ICT services via the wide area network.
5. This service standard mesures ICT incidents resolved within recommended timeframes as per the Service Level Agreement between eHealth Queensland and its customers. Major incidents related to eHealth Queensland services resolved by eHealth Queensland staff between 1 July 2015 and 30 June 2016 have been included in the 2015–16 actual figure.
6. This measure relates to all new initiatives and initiatives that are not yet fully operational. The June actual figure is based on actual reported critical (Red) status as at 30 June 2016.

7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in variable life adjustment displays and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

Acute inpatient care

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

Health consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	1	<2.0	0.7
Percentage of elective surgery patients treated within clinically recommended times:	2		
• Category 1 (30 days)		>98%	97.5%
• Category 2 (90 days)		>95%	94.5%
• Category 3 (365 days)		>95%	98.3%
Median wait time for elective surgery (days):	3		
• Category 1 (30 days)		N/A	12
• Category 2 (90 days)		N/A	48
• Category 3 (365 days)		N/A	139
• All categories		25	29
Percentage of admitted patients discharged against medical advice:	4		
• Non-Aboriginal and Torres Strait Islander patients		0.8%	1.0%
• Aboriginal and Torres Strait Islander patients		1.2%	3.2%
Percentage of babies born of low birth weight to:	5		
• Non-Aboriginal and Torres Strait Islander mothers		4.6%	5.1%
• Aboriginal and Torres Strait Islander mothers		8.1%	8.3%
Average cost per weighted activity unit for Activity Based Funding facilities	6	$4,928	$4,915
Total weighted activity units—acute inpatient	7	989,143	1,024,301

Notes:

1. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including MRSA) and are reported as a rate of infection per 10,000 patient days. The Target/est. for this measure aligns with the national benchmark of 2.0 cases

per 10,000 acute public hospital patient days. The actual rate is based on the complete data set for the whole year.

2. 2015–16 Actual performance is from 1 July 2015 to 30 June 2016. From 2015–16 the scope of elective surgery has expanded to include Central West HHS (Longreach Hospital), South West HHS (Charleville, Roma & St George hospitals) and Torres and Cape Hospital and Health Service (HHS) (Cooktown, Thursday Island & Weipa Hospitals). Sourced from the Queensland Health Elective Surgery Data Collection.
3. 2015–16 Actual performance is from 1 July 2015 to 30 June 2016. From 2015–16 the scope of elective surgery has expanded to now include Central West HHS (Longreach Hospital), South West HHS (Charleville, Roma & St George hospitals) and Torres and Cape HHS (Cooktown, Thursday Island & Weipa hospitals). Sourced from the Queensland Health Elective Surgery Data Collection.
4. The 2015–16 Actual figure relates to admitted patient data within the reporting database as at 12 August 2016 for 2015–16 year to date preliminary data.
5. The 2015–16 Actual figures relate to all perinatal data within the reporting databases as at 12 August 2016 and covers the period 1 July 2015 to 31 May 2016.
6. Activity Based Funding facilities only (excludes Central West, South West and Torres and Cape HHSs) and excludes Mater Health Services. Excludes specified grants and clinical education and training.
7. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Outpatient care

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

Health consolidated	Notes	2015-16 Target/est.	2015-16 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1		
• Category 1 (30 days)		N/A	63.0%
• Category 2 (90 days)		N/A	55.4%
• Category 3 (365 days)		N/A	80.5%
Total weighted activity units—Outpatients	2	229,878	236,780

Notes:

1. 2015–16 Actual performance is for patients waiting as at 1 July 2016. Sourced from the Queensland Health Specialist Outpatient Data Collection.
2. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Emergency care

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

Health Consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Percentage of ED attendances who depart within 4 hours of their arrival in the department	1, 2	90%	78.2%
Percentage of ED patients seen within recommended timeframes:	1, 2		
• Category 1 (within 2 minutes)		100%	99.2%
• Category 2 (within 10 minutes)		80%	74.7%
• Category 3 (within 30 minutes)		75%	62.9%
• Category 4 (within 60 minutes)		70%	75.7%
• Category 5 (within 120 minutes)		70%	94.5%
• All categories		..	72.3%
Percentage of patients transferred off-stretcher within 30 minutes	3	90%	81.62%
Median wait time for treatment in EDs (minutes)	1, 2	20	18
Total weighted activity units—ED	4	217,541	230,829

Notes:

1. 2015–16 Actual performance is from 1 July 2015 to 30 June 2016.
2. From 2015–16, Queensland Health expanded the centrally collected dataset from 26 EDs to include an additional 32 emergency services in regional and rural areas around Queensland. This expansion to 58 facilities provides a broader representation of the patients who require emergency services. The 2015–16 actual figures are based on the 58 facilities that are in scope of the Queensland Health Emergency Data Collection.
3. This measure is inclusive of major Queensland Health Reporting Hospitals only. Off-stretcher time is defined as the time interval between the ambulance arriving at the ED and the patient transferred off the QAS stretcher.
4. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Sub and non-acute care

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

Health consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Total weighted activity units—sub acute	1	92,248	91,409

Notes:

1. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Mental health and alcohol and other drug services

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

Health consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	1	<12%	13.2%
Rate of community follow up within 1–7 days following discharge from an acute mental health inpatient unit	2, 3	>65%	64.4%
Percentage of the population receiving clinical mental health care	3, 4	>1.9%	2.0%
Ambulatory mental health service contact duration (hours)	3, 5	>879,550	888,889
Total weighted activity units—Mental Health	6, 7	135,317	225,070

Notes:

1. Final data for 2015–16 is not yet available; as such the measure only includes separations up to 31 March 2016. Queensland has made significant progress in reducing readmission rates over the past five years, with continued incremental improvements towards the nationally recommended target.
2. Queensland has made significant progress in improving the rate of community follow up over the past five years.
3. Data provided is for the 2015–16 financial year; however remains preliminary until final validation and data updates occur by the end of the calendar year.
4. Proportion of persons accessing any type of public mental health services over the estimated Queensland population for 2015–16. The indicator provides a mechanism for monitoring population treatment rates and assesses these against what is known about distribution of a mental disorder in the community.
5. This measure counts the number of in-scope service contact hours attributable to each HHS, based on the national definition and calculation of service contacts and duration. The target for this measure is determined using a standard formula based upon available clinical staffing, HHS rurality, and historical performance.
6. Mental health QWAU is impacted by the additional mental health activity reported due to the implementation care standard.
7. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Prevention, primary and community care

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

Health consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Percentage of the Queensland population who consume recommended amounts of:	1		
• Fruits		58.4%	57.0%
• Vegetables		9.6%	8.0%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:	1		
• Persons		64.1%	58.0%
• Male		68.6%	61.0%
• Female		59.7%	54.0%
Percentage of the Queensland population who are overweight or obese:	1		
• Persons		58.4%	58.0%
• Male		64.8%	67.0%
• Female		52.0%	49.0%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:	1		
• Persons		17.9%	22.0%
• Male		27.4%	33.0%
• Female		8.7%	12.0%
Percentage of the Queensland population who smoke daily:	1		
• Persons		13.7%	12.0%
• Male		14.6%	13.0%
• Female		12.2%	12.0%
Percentage of the Queensland population who were sunburnt in the last 12 months:	1		
• Persons		52.7%	52.0%
• Male		55.4%	57.0%
• Female		51.2%	46.0%
Annual notification rate of HIV infection	2	5.0	4.6

Health consolidated	Notes	2015–16 Target/est.	2015–16 Actual
Vaccination rates at designated milestones for:	3		
• All children 12–15 months		95.0%	93.2%
• All children 24–27 months		95.0%	91.4%
• All children 60–63 months		95.0%	92.7%
Percentage of target population screened for:	4		
• Breast cancer		57.3%	n/a
• Cervical cancer		56.3%	n/a
• Bowel cancer		33.3%	n/a
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	4	58.6%	n/a
Ratio of potentially preventable hospitalisations - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	5	2.0	1.9
Percentage of women who, during their pregnancy were smoking after 20 weeks:	6		
• Non-Aboriginal and Torres Strait Islander women		8.7%	7.8%
• Aboriginal and Torres Strait Islander women		35.8%	37.2%
Number of adult oral health weighted occasions of service (ages 16+)	7	2,400,000	2,891,164
Number of children and adolescent oral health weighted occasions of service (0–15 years)	8	1,300,000	1,222,975
Percentage of public general dental care patients waiting within the recommended timeframe of two years		95%	100%
Percentage of oral health weighted occasions of service which are preventative	9	15%	14.4%
Number of rapid HIV tests performed	10	3000	5069
Total weighted activity units—interventions and procedures	11	141,089	134,603

Notes:

1. The 2015–16 Actual is the 2015 Queensland preventive health survey result.
2. The annual notification rate of HIV infection is a reflection of the number of notifications of HIV per 100,000 population. The 2015–16 Actual rate has been calculated using 2014 Estimated Residential Population. The Estimated Actual was based on calendar year data. The Actual is the financial year data.

3. The 95 per cent target is aspirational and aligns with the Immunisation Strategy. The definition of fully immunised at 24–27 months was revised on 1 October 2014 to include three additional vaccines, resulting in a decreased coverage rate.
4. The 2015–16 actual data is not available in the required timeframe for publication of the 2015–16 Department of Health Annual Report.
5. The 2015–16 Actual figure reflects data recorded between 1 July 2015 and 30 June 2016. The 2015–16 Actual figure relates to admitted patient data within the reporting database as at 12 August 2016 for 2015–16 year-to-date preliminary data. Due to changes in national coding standards, the 2015–16 Actuals cannot be compared to previously published reports.
6. The 2015–16 Actual figures relate to all perinatal data within the reporting databases as at 12 August 2016 and covers the period 1 July 2015 to 31 May 2016.
7. The 2015–16 Actual is over target primarily due to Medicare payments claimed directly by HHSs under the Child Dental Benefits Schedule that were invested in additional adult dental services.
8. The 2015–16 Actual is below target in part due to the Medicare Child Dental Benefits Schedule which has reduced demand for child and adolescent oral health services by allowing eligible children to receive free basic dental treatment at private dentists.
9. Preventative treatment is reported according to item numbers recorded in each patient's clinical record. This measure includes procedures such as removal of plaque and calculus from teeth, application of fluoride to teeth, dietary advice, oral hygiene instruction, quit smoking advice, mouthguards and fissure sealants. All of these items are important to improve and maintain the health of teeth, gums and soft tissues within the mouth, and have general health benefits.
10. The number for estimated-actual rapid HIV point-of-care tests 2015–16 is based on the number of 2015 calendar year tests. It is higher than previous estimates because of an increased uptake in the community sector, where the tests are largely performed by peers. This rise is expected to stabilise at current levels and should be maintained at this higher level on the basis that the program and the demand for testing continues. The roll-out of rapid tests across the health care and community sector is an initiative funded by the Department of Health.
11. For 2015–16, activity is taken using the contracted activity hierarchy. This hierarchy allocates activity based on who has paid for the activity as opposed to the geographical area in which the activity is performed. Phase Q19 July 2016–June 2017, as previously published in the 2016–17 Service Delivery Statement.

Ambulance services

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

Queensland Ambulance Service	Notes	2015-16 Target/est.	2015-16 Actual
Time within which code 1 incidents are attended:	1, 2		
• 50th percentile response time	3	8.2 minutes	8.6 minutes
• 90th percentile response time	4	16.5 minutes	17.1 minutes
Percentage of Triple Zero (000) calls answered within 10 seconds	5	90%	91.6%
Percentage of non-urgent incidents attended to by the appointment time	2, 6	>70%	85.1%
Percentage of patients who report a clinically meaningful pain reduction	7	>85%	88.6%
Patient satisfaction	8	>97%	100%
Gross cost per incident	2, 9	$632	$645

Notes:

1. A Code 1 incident is potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and/or siren) enroute.
2. An incident is an event that results in one or more responses by the ambulance service.
3. This measure reports the time within which 50 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 situations.
4. This measure reports the time within which 90 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 situations.
5. This measure reports the percentage of Triple Zero (000) calls answered by ambulance service communication centre staff in a time equal to, or less than 10 seconds.
6. This measure reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for a designated appointment, or are met for returned transport within two hours of notification of completion of an appointment (Code 4).
7. Clinically meaningful pain reduction is defined as a minimum two point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre and post-treatment) were recorded and, on a numeric rating scale of one to ten, the initial pain score was at least seven.
8. This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities.
9. This measure reports ambulance service expenditure divided by the number of incidents. The increase in cost per incident relates to additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services and additional investment in information and communication technology.

Our governance

Government bodies

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

Government bodies (statutory bodies and other entities)	Act	Functions	Achievements	Remuneration	No. of scheduled meetings / sessions	Total out-of-pocket expenses	Financial Reporting
Mental Health Court	The Mental Health Court is required to prepare its own annual report. Details can be found in the Mental Health Court's annual report 2015–16.						Financial transactions are included in the Department of Health's annual report 2015–16.
Mental Health Review Tribunal	The Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the Mental Health Review Tribunal's annual report 2015–16.						Financial transactions are included in the Department of Health's annual report 2015–16.
Radiation Advisory Council	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the Radiation Advisory Council's annual report 2015–16.						Financial transactions are included in the Department of Health's annual report 2015–16.
Queensland Mental Health Commission	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's annual report 2015–16.						
Queensland Mental Health and Drug Advisory Council	The Queensland Mental Health and Drug Advisory Council support the Queensland Mental Health Commission, and details can be found in the Queensland Mental Health Commission's annual report 2015–16.						

Government bodies (statutory bodies and other entities)	Act	Functions	Achievements	Remuneration	No. of scheduled meetings / sessions	Total out-of-pocket expenses	Financial Reporting
Hospital and Health Services (16)	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs' respective annual reports 2015–16.						
Hospital Foundations (14)	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual reports 2015–16.						
Council of the QIMR Berghofer Medical Research Institute (QIMR)	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR's annual report 2015–16.						
Office of the Health Ombudsman	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's annual report 2015–16.						
Panels of assessors (14)	Full details provided in the tables that follow.						
Queensland Boards of the National Health Practitioner Boards	Full details provided in the tables that follow.						

Name of government body: Queensland Boards of the National Health Practitioner Boards comprised of the Queensland Board of the Medical Board of Australia; the Queensland Board of the Nursing and Midwifery Board of Australia; and the Queensland Board of the Psychology Board of Australia.	
Act or instrument	*Health Practitioner Regulation National Law Act 2009* ('the Act')
Functions	On behalf of the National Health Practitioner Boards, the Queensland Boards' functions include making individual registration and notification decisions regarding health practitioners based on national policies and standards.
Achievements	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2015–16.
Financial reporting	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2015–16.

Remuneration

The Australian Health Workforce Ministerial Council sets the fees for Board members in accordance with Schedule 4, section 3 of the Act. The following rates were effective from 1 September 2012:

Role	Daily sitting fee (more than 4 hours day)**	Extra travel time	
		Between 4-8 hours	Over 8 hours
Board Chair	$702	$351	$702
Board member	$576	$288	$576

** includes preparation and up to 4 hours travel time. For meetings less than four hours, half fee payable

Actual fees received	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2015–16.
No. scheduled meetings/sessions	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2015–16.
Total out of pocket expenses	Details of this can be found in the Australian Health Practitioner Regulation Agency's annual report 2015–16.

Name of government body Professional Panels of Assessors comprised of the Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors; Chinese Medicine Practitioners Panel of Assessors; Chiropractors Panel of Assessors; Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors; Dentists Panel of Assessors; Medical Practitioners Panel of Assessors; Medical Radiation Practitioners Panel of Assessors; Nursing and Midwifery Panel of Assessors; Occupational Therapists Panel of Assessors; Pharmacists Panel of Assessors; Physiotherapists Panel of Assessors; Podiatrists Panel of Assessors; and Psychologists Panel of Assessors and Public Panel of Assessors (collectively, 'Panels of Assessors')	
Act or instrument	*Health Ombudsman Act 2013* ('the Act')
Functions	The Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration.
Achievements	Assessors provided expert advice to QCAT in 45 matters contributing to QCAT's achievement of 104 per cent clearance rate in its Occupational Regulations List.
Financial reporting	The Panels of Assessors' financial transactions are not included in the Department of Health's annual report 2015–16 as their transactions are funded by the Australian Health Practitioner Regulation Agency.
Remuneration Adjudication and Determination—Category Level 1—$550 per four hour session per member.	
Actual fees received	$87,276.37 (fully recovered from the Australian Health Practitioner Regulation Agency)
No. scheduled meetings/sessions	45
Total out of pocket expenses	Nil (fully recovered from the Australian Health Practitioner Regulation Agency).

Boards and committees

Description	Total on-costs
Emergency Services Management Committee The committee provides policy advice to the Minister for Health and Ambulance services and the Minister for Communities, Women and Youth, Child Safety and for the Prevention of Domestic and Family Violence, on issues affecting consumer access to, and delivery of, public hospital emergency services.	Non-remunerated advisory body
Health Support Queensland Advisory Board The board was established on 1 August 2014 to provide advice to the Director-General on the provision of health support services, to enable improved patient outcomes across the Queensland public health system. Key achievements 2015–16: • Contributed to the strategic direction and management of HSQ through the development of the strategy to action key performance indicators. • Assisted in the development of business improvement strategies and internal governance arrangements to support improved efficiency and benefits for HSQ's customers. Two board meetings were held in 2015–16. The board was discontinued in early 2016 subsequent to consideration of recommendations in the Hunter Review.	Non-remunerated advisory body
Patient Safety Board The board was established in 2013, under the *Hospital and Health Boards Act 2011*, to monitor the performance of HHSs pertaining to patient safety and take remedial action when patient safety performance does not meet the expected standard. Key achievements 2015–16: • monitored the performance of HHSs pertaining to patient safety • initiated remedial action when patient safety performance of HHSs did not meet the expected standard. Two board meetings were held in 2015–16. In recognition that patient safety performance and issues are now monitored and discussed directly between the Department Executive and individual HSCE on a quarterly basis, the Patient Safety Board has ceased. A Patient Safety and Quality Executive Advisory Committee will commence in September 2016 to ensure that the department has a mechanism to engage with key consumer, clinician and management stakeholders to provide advice on divisional priorities and to promote improvement across the health system.	$935

Queensland Clinical Senate Represent clinicians from across the health system Provide strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care within the health system in Queensland. The senate is about connecting clinicians to improve care.	Expenditure totalled $320,000. This included remuneration of the Chair and health consumer representatives, and three forums.

Public Sector Ethics Act 1994

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

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

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

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

- The online ethics, integrity and accountability training which focuses on the four ethics principles and ethical decision-making, and incorporates competencies relating to fraud, corruption, misconduct and public interest disclosures. In 2015–2016, 2243 employees completed this training.
- Online training covering the Code of Conduct and ethical decision-making with 391 QAS employees completing this training in 2015–2016.
- Online training covering fraud and ethic awareness with 488 QAS employees completing this training in 2015–2016.

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

Queensland public service values

In 2015, the department undertook work to define its aspirational culture which incorporated the public service values. Work will continue through 2016–17 to change work practices in line with this cultural direction.

In 2015–16, in consultation with the Public Service Commission, the QAS undertook a process to define its organisational values. Specifically, this process saw the QAS

further define the values of the Queensland public sector, having regard for the organisation's unique operating environment, and service delivery requirements. In addition to this, a new value of 'Health and Safety' was added, and the value of 'Customers First' was further defined with a priority focus on the needs of patients.

Risk management

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

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

During 2015–16, the department:

- established a framework to support risk management across the health system
- improved risk management and governance processes
- enhanced risk reporting used to inform decision-making
- tested its Crisis and Continuity Plan to improve disruption risk management
- increased staff awareness of fraud-related issues, including cyber security, physical access security, delegations and conflicts of interest via its annual Fraud Awareness Month initiative developed and implemented a Fraud Control Assurance Plan to monitor and track the effectiveness of the department's fraud control program.

Ethical Standards Unit

The Ethical Standards Unit enables the Director-General to fulfil a statutory obligation to report public interest disclosures to the Queensland Ombudsman and allegations of suspected corrupt conduct to the Crime and Corruption Commission. Allegations referred back to the department by the Commission are managed or monitored by the unit. The unit managed 53 complaints of corrupt conduct comprising 177 allegations, and reviewed and advised the department's executives and work units on a further 119 matters. A further nine complaints were received and reviewed by the unit relating to HHS staff or were not within the department's jurisdiction. These were referred to the Crime and Corruption Commission for consideration and necessary action. In addition to managing investigations for the department, the unit provided 464 instances of advice to HHSs, the department's executives and work units regarding corrupt conduct and public interest disclosures. Throughout the year, 941 staff completed face-to-face ethical awareness, managing corrupt conduct and managing public interest disclosure (PID) training as part of the unit's focus on misconduct prevention by raising ethical awareness and promoting integrity. The unit's development and release of comprehensive PID online training allows employees who work shift work or those who are remotely located to complete the required mandatory training. In total, 758 HHS staff and 1400 department staff completed the PID online training.

Audit and Risk Committee

The Department of Health Audit and Risk Committee (ARC) operates in accordance with its charter, having due regard for Queensland Treasury's *Audit Committee Guidelines: Improving Accountability and Performance*. The ARC provides the Director-General with independent audit and risk management advice in relation to the department's risk, internal control, governance and compliance frameworks. In addition, the ARC assists in the discharge of annual financial management responsibilities as required under the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*.

The ARC met on seven occasions during 2015–16, with five meetings addressing general governance activities and two meetings dedicated to discussion of the department's annual financial statements. Remuneration paid to independent committee members during the financial year totalled $20,780. ARC membership during 2015–16 is detailed below:

Name	Committee role	Position	Term
Michael Walsh	Chair	Director-General	July 2015 – June 2016
Len Scanlan	Deputy chair	Independent	July 2015 – October 2015
Ken Brown	Member	Independent	July 2015 – June 2016
Lisa Dalton	Member	Independent	July 2015 – June 2016
Chris Johnson	Member	Independent	July 2015 – June 2016
Dr Judy Graves	Member	Executive Director, Medical Services, Royal Brisbane and Women's Hospital	July 2015 – June 2016
David Eeles	Member	Deputy Commissioner, QAS	July 2015 – September 2015
Libby Gregoric	Member	Acting Deputy Director-General, Corporate Services Division	May 2016 – June 2016
Ian Wright	Member	General Manager, Corporate Services, HSQ	May 2016 – June 2016
Darren Hall	Member	Director, Executive Services, Office of the Commissioner, QAS	May 2016 – June 2016

In addition to the membership listed above, the Chief Finance Officer, Chief Risk Officer, Chief Audit Officer and representatives from the Queensland Audit Office have standing invitations to attend all committee meetings.

ARC achievements for the year include:

- endorsement of the annual internal audit plan prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program
- endorsement of the annual financial statements prior to sign-off by the accountable officer

- provision of direction on departmental business matters relating to business improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters
- oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities.

Internal audit

The department's Internal Audit Unit provides independent assurance and advisory services to the Director-General, executive management and the ARC to assist in improving departmental business operations. During 2015–16, the Internal Audit Unit again operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in accordance with the unit's charter, (developed in accordance with the Institute of Internal Auditors standards, and progressed in-line with the approved strategic and annual audit plan (as endorsed by the ARC and approved by the Director-General).

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

The unit undertakes a series of review types including operational (effectiveness), compliance, performance (efficiency), financial management, governance and information technology to identify areas of risk and to improve departmental outcomes. Systems are also in place to ensure the effective, efficient and economic operation of the audit function, which includes regular reports to the department's ARC regarding the unit's performance and outputs, and regular briefings to the Director-General regarding its operations.

During 2015–16, Internal Audit Unit achieved the following:

- developed an audit plan based on strategic and operational risks and client needs with the plan approved by the Director-General
- provided secretariat support to the ARC
- supported management by providing advice on corporate governance and related issues, including accountability, risk and best practice issues
- monitored and reported on the status of the implementation of internal audit recommendations, together with those of the Queensland Audit Office (QAO) financial and performance reviews
- provided reports on results of internal audits and assurance review to the ARC and the Director-General
- executed the approved annual audit plan and additional assurance engagements at the request of management.

External scrutiny

In 2015–16, the department was engaged in two QAO reviews:

- QAO Report No. 3: 2014–15 *Emergency department performance reporting*. All recommendations have been completed following the publication of the CLEAR report in the Medical Journal of Australia on Monday 16 May 2016.
- QAO Report No.15: 2015–16 *Queensland public hospital operating theatre efficiency*. The department will establish an oversight committee to lead a system-wide response to ensure a consistent approach to implementing the 10 recommendations of the report.
- QAO Report No. 11: 2015–16 *Management of privately operated prisons*. The department is working with the Department of Justice and Attorney-General to ensure an appropriate plan is developed to address the three cross-sector recommendations raised in this report.

Information systems and recordkeeping

The department implemented Stage 1 of an electronic Documents and Records Management System (eDRMS) in 2015 and will continue further staged rollouts throughout 2016 and 2017.

The eDRMS will assist the department in implementing the Queensland Government Digital Continuity Strategy and innovative business processes such as 'Born Digital: Stay Digital' records. It will also assist in implementing best practice and cost efficient procedures such as Electronic Approval and Digital Signatures, and measuring compliance responsibilities legislated by the *Public Records Act 2002* and the Principles of *Queensland Government Information Standards 40: Recordkeeping and 31: Retention and Disposal of Records.*

The department is committed to building capability in Information Management to better protect the information for the future.

The department also improved record keeping through major enhancements to the Consumer Integrated Mental Health Application (CIMHA) including:

- the introduction of tablet device compatibility that allows mental health staff in the community to document clinical notes directly into electronic records without the need to return to a Queensland Health facility. The use of tablet devices also gives mental health staff timely access to demographics, encounter history, diagnosis data and alert notifications
- the *Mental Health Act 2000* module was enhanced to improve functionality, reporting and electronic form recording
- the move to a high-availability hardware and software configuration that ensure the application is accessible in the event of natural disasters or network disruptions.

Our people

Workforce profile

Queensland Health employed 80,074.71 full-time equivalent (FTE) staff at the end of 2015–16. Of these, 10,965.79 FTE staff were employed by and worked in the department, including 4150.61 FTE staff in the QAS, 3991.70 FTE in HSQ and 1235.78 FTE in eHealth Queensland.

The remaining 69,108.92 FTE staff were either:

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

Approximately 39.05 per cent of staff working in the department are managerial and clerical employees and 33.38 per cent are ambulance operatives.

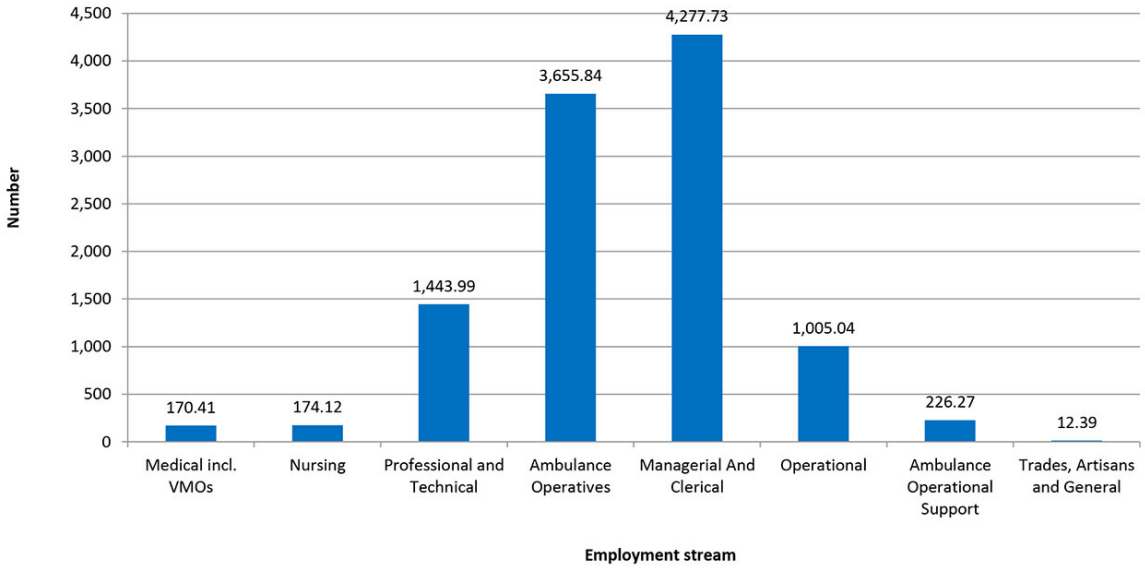
In 2015–16, the average fortnightly earnings for staff working in the department was $3,515.58 for females and $4,386.02 for males.

The department's separation rate for 2015–16 was 4.82 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

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

	Permanent	Temporary	Casual	Contract	Total
Female	4,688.58	921.18	55.31	48.94	5,714.01
Male	4,467.95	673.68	56.32	53.83	5,251.78
Total	9,156.53	1,594.86	111.63	102.77	10,965.79

Figure 2: Department of Health workforce profile—employment stream 2015–16



The department adheres to a strategic workforce planning framework and follows key strategies to attract and retain an inclusive, diverse and capable workforce. In line with this, a number of items and programs were conducted throughout the year:

- Introduced cognitive and personality-based assessments for greater insight into cultural and behavioural fit.
- Tailored recruitment strategies were used to attract employees with the skills and behaviours reflective of the needs of the workforce.
- The DLT endorsed the pilot of the Work Able Inclusion Placement Program—in partnership with Vision Australia—to provide non-paid work placements within the department for blind or vision impaired people for a period of one to six months. These placements will create an opportunity for vision impaired people to enhance their skills, build self-confidence and provide current and essential skills to assist in gaining ongoing employment.

Queensland Health is also committed to providing every employee with a safe, secure and supportive environment with zero tolerance of workplace harassment and sexual harassment. As part of this, the Queensland Health Safe, Secure and Supportive Workplaces governance structure was established to develop organisational strategies and initiatives focussed on:

- supporting and promoting appropriate behaviours
- creating a culture that ensures a safe, secure and supportive workplace
- encouraging and valuing diversity and inclusion in the workforce.

In addition, the department undertook the following:

- reviewed and modified policies to take into consideration national and state legislation
- implemented an awareness campaign addressing harassment, sexual harassment and discrimination which was complimented by education, training, fact sheets and manager guidelines
- reviewed existing complaint mechanisms and reporting capabilities and associated internet and intranet websites.

System workforce strategy

The department began developing a strategy for Queensland which will establish health workforce priorities and strategies that deliver or support direct patient care across the public, private, and not-for-profit health care system. It will unite health workforce planning efforts under a common vision and framework, and align to the existing service priorities of rural and remote health, eHealth, Indigenous health, primary health care, and prevention and early intervention. Consultation and engagement with stakeholders commenced in late-2015 and will continue through 2016.

Workforce planning

In 2015–16, the department continued to support workforce planning capability through the ongoing education, integration and development of the WorkMAPP planning model. This model enables the ability to report on evidence based workforce planning.

Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

Significant work and consultation has occurred in the development of *The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026* as a key enabler to achieving the key directions of *My health, Queensland's future: Advancing health 2026* through empowering our workforce to deliver the healthcare that Aboriginal and Torres Strait Islander Queenslanders need now and into the future. The framework supports the achievement of the Close the Gap measures in health, education and employment outcomes, and aims to increase the participation rate of Aboriginal and Torres Strait Islander people at all levels and roles across the health workforce.

Queensland women's strategy

In accordance with the Queensland Government's target that 50 per cent of appointees to Queensland government boards be women by the year 2020, as outlined in the *Queensland Women's Strategy 2016–2021*, the Department of Health has proactively taken steps to increase the interest of female applicants in health board roles. Consequently, there has been an increase in the number of female appointees to health boards from 47 per cent as at 30 June 2015 to 67 per cent as at 30 June 2016. This includes an increase in the number of female appointees to Hospital and Health Boards (HHBs) from 39 per cent as at 30 June 2015, to 52 per cent as at 30 June 2016 following a large scale HHB appointment round which concluded in May 2016.

Workforce innovation and data analysis

The department continued to explore opportunities to enhance the existing clinical workforce, including the identification of opportunities for the use of Physician Assistant and Aboriginal and Torres Strait Islander Health Practitioner roles.

QAS Human Resources Strategy

The QAS has been developing the new QAS Human Resources (HR) Strategy which will be implemented in 2016–17. The strategy will focus on four strategic priorities:

Hospital and Health Board appointments

In May, 79 members were appointed to Queensland Hospital and Health Boards (HHBs).

These appointments came after an extensive recruitment drive, run by the Department of Health, to attract a diverse range of applicants.

A large number of the more than 900 applications received were from women. Currently 52 per cent of all HHB members across Queensland are women, raising the percentage of female members on HHBs significantly from previous years.

This increase will assist the department to meet the Queensland Government's target of 50 per cent female members on government boards by 2020.

Following the large-scale recruitment process, the department then successfully held a two-day induction program.

- build a high performing and capable workforce
- continually enhance workforce performance
- enhance workforce engagement and commitment
- achieve HR practice and process excellence.

Employee performance management framework

In 2015–16, 20 face-to-face orientation sessions were delivered to 392 new employees in the department. Further work was carried out to streamline the content of orientation sessions as additional functionality and mandatory training modules were released through the learning management system.

The QAS continues to manage and deliver against the workforce performance in accordance with the prescribed QAS Workforce Performance Framework.

QAS is developing a more tailored and contemporary approach to the performance and development of graduate paramedics during their initial induction period under the oversight of the QAS Workforce Committee. This body of work intends to more clearly define clinical and behavioural standards for paramedic roles in a consistent way and is expected to continue throughout 2016, with implementation to occur in 2016–17.

A revised induction and on-boarding procedure was also released to specifically articulate the minimum induction standards across the QAS.

Employment arrangements

On 23 November 2015, a new collective agreement for clinicians was certified by the Queensland Industrial Relations Commission. Senior medical officers and resident medical officers received their first pay under the new agreement, known as *Medical Officers (Queensland Health) Certified Agreement (No.4) 2015* on 16 December 2015.

Flexible working options remained a focus of enterprise bargaining negotiations, with the new certified agreement for nurses and midwives committing to increase retention through the development of flexible work practices in areas like parental leave and transition to retirement.

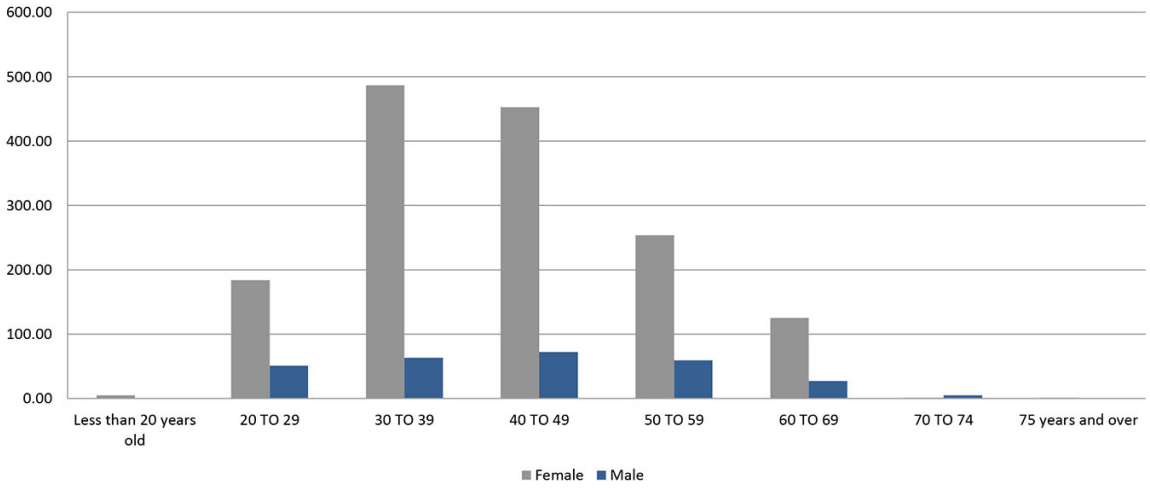
In addition, flexible working option policies and guidelines are in place to support employees in achieving work-life balance, including:

- flexible working arrangements (includes part-time work, job sharing and telecommuting)
- parental leave
- support for employees affected by domestic and family violence
- special leave
- carers' leave
- purchased leave.

To further support the government’s flexible working policies, work has started to identify other department locations that can support flexible work centres, allowing employees to work in a different location in South-East Queensland by using department ICT and equipment.

As at 30 June 2016, the department, inclusive of the QAS, had 1787 employees participating in part-time flexible working arrangements. Of these, 84.44 per cent were females and 15.56 per cent were male.

Table 2: Department of Health part-time employment



The department, in support of the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* Report, demonstrated its commitment to contributing to eliminating domestic and family violence through a range of actions:

- the DLT signing a leadership pledge declaring commitment to doing all they can to eliminate domestic and family violence in Queensland
- introduction of a human resources policy—*Support for employees affected by domestic and family violence*—which identifies leave and other support options available to those affected by domestic and family violence
- made the *Recognise, Respond, Refer: Domestic Violence and the Workplace Online Training Program* available to all staff
- promoted Domestic and Family Violence Prevention Month in May and White Ribbon Day on 25 November.

A range of health and wellbeing initiatives were also available to department employees including access to:

- *Quit smoking for life* program
- staff flu vaccinations
- corporate discounted rates for health insurance
- corporate discounted rates for gym memberships
- a range of resources on nutrition, wellbeing, physical activity and personal healthy living options.

As part of the department, the QAS also supports employees in achieving work-life balance through a range of flexible working options and leave provisions.

As at 30 June 2016, the QAS had 211 part-time employees. Of these, 74 per cent are female and 26 per cent are male.

Working for Queensland survey

In response to the 2015 survey results, the department implemented a number of workplace improvement initiatives including:

- a department-wide mentoring program to build connectedness across the department and enhance skills of aspiring employees
- a review and simplification of approval processes to improve business performance
- a 10-year vision for the health system to improve clarity within the organisation
- staff involvement in wellbeing campaigns to support and demonstrate respect for staff health and wellbeing
- a monthly training calendar to support capability development.

The QAS also participated in the *2015 Working for Queensland Survey* and achieved a 40 per cent response rate. These results showed improvements across all factors and outcome areas of between 1–5 per cent compared to the 2014 results.

The survey results showed that QAS employees:

- understand what they are responsible for, expectations of their roles and how they contribute to the bigger picture
- work effectively with others inside and outside of the QAS, for their customers
- support, help and respect one another and their customers.

The QAS has continued to build on the work done from previous surveys and implemented initiatives in response to the survey results including:

- centralised supervisory recruitment campaign for identified operational roles to improve fairness perceptions in recruitment and promotion activities
- positive workplace culture campaign which encouraged conversations in the workplace about the culture that employees wished to create.

In 2016, the department's Working for Queensland Survey response rate (excluding the QAS) was 66 per cent—an increase of 2 per cent from the 2015 response rate.

These survey results will be used to drive employee engagement in workplace change and improvement, and to inform the strategic direction of initiatives to build a culture of highly engaged and high performing employees.

Early retirement, redundancy and retrenchment

During the period, four employees received redundancy packages at a cost of $495,027. Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements.

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

Our major audits and reviews

Patient Safety and Quality Audit of Hospital and Health Services

As part of the government's commitment to restoring patient safety and quality health care, a statewide audit of safety and quality improvement functions in HHSs was commissioned. The audit resulted in a report delivered on 30 June 2016, detailing compliance, non-compliance and recommendations in relation to each HHSs' safety and quality functions. Areas of excellence were also identified so that as a system, there is opportunity to learn and continuously improve.

Ravenshoe Review

On 9 June 2015, an incident occurred in Ravenshoe Far North Queensland involving an alleged out of control utility hitting a gas bottle, which caused a gas leak and a subsequent explosion. This resulted is an independent review out of which, seven individual recommendations were made for QAS to address by 30 June 2016.

The QAS completed its seven recommendations and four of the eight joint QAS and Queensland Health recommendations by 30 June 2016. Of the remaining four recommendations, recommendation six is to be completed by September 2016, and recommendations 25, 27 and 29 are to be completed by 31 December 2016, as specified in the review.

Senate Inquiry into Black Lung by the Senate Select Committee on Health

Between April 2015 and March 2016, six diagnosed cases of coal workers' pneumoconiosis (Black Lung) in Queensland were identified by the Department of Natural Resources and Mines (DNRM). The cases are the first reported cases in Queensland since the late 1990s.

The Senate Select Committee on Health conducted an inquiry into the re-emergence of coal workers' pneumoconiosis, with recommendations including a role for Queensland Health in the selection of Nominated Medical Advisors.

The department has been providing advice and assistance to DNRM in relation to delivering a five-point action plan to help identify and prevent coal workers' pneumoconiosis.

Senate Inquiry into firefighting foam contamination by the Senate Standing Committee on Foreign Affairs, Defence and Trade

On 30 November 2015, the Australian Senate referred matters relating to perfluorooctane sulfonate (PFOS) and perfluorooctanoic acid (PFOA) contamination at RAAF Base Williamtown and other sites, including the Army Aviation Centre Oakey, to the Foreign Affairs, Defence and Trade References Committee for inquiry and report.

The terms of reference for the inquiry included determining what contamination had occurred to water, soil and other structures, as well as the adequacy of the response

by Commonwealth, state and territory governments. In March 2016, the Chief Health Officer represented Queensland Health at the inquiry.

The committee delivered two reports, the first in February 2016 on findings in relation to the RAAF Base Williamtown (Part A) and the second, in May 2016, in relation to the Army Aviation Centre Oakey and other Commonwealth, state and territory sites (Part B).

Health Service Investigation into outbreak of Human metapneumovirus at Herberton Hospital

On 22 January 2016, an outbreak of human metapneumovirus (hMPV) was declared at Herberton Hospital in Cairns and Hinterland HHS. The outbreak was declared over on 18 February 2016. The Chief Health Officer conducted a health service investigation into Cairns and Hinterland HHS' preparedness and response to the hMPV outbreak.

Based on evidence considered in the course of the investigation, the final report made seven recommendations for consideration by similar healthcare facilities with respect to vaccination rates, infection prevention and control, and isolation procedures.

Our legislation

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

Act	Subordinate legislation
Ambulance Service Act 1991	Ambulance Service Regulation 2015[1]
Food Act 2006	Food Regulation 2006[2]
Health Act 1937	Health Regulation 1996 Health (Drugs and Poisons) Regulation 1996
Health Ombudsman Act 2013	Health Ombudsman Regulation 2014
Health Practitioner Regulation National Law Act 2009	Health Practitioner Regulation National Law Regulation
Hospital and Health Boards Act 2011	Hospital and Health Boards Regulation 2012 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016
Hospitals Foundations Act 1982	Hospitals Foundations Regulation 2015[3]
Mater Public Health Services Act 2008	
Mental Health Act 2000	Mental Health Regulation 2002 Mental Health Review Tribunal Rule 2009
Mental Health Act 2016[4]	
Pest Management Act 2001	Pest Management Regulation 2003
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 1999	Private Health Facilities Regulation 2000[5] Private Health Facilities (Standards) Notice 2000[6]
Public Health Act 2005	Public Health Regulation 2005
Public Health (Infection Control for Personal Appearance Services) Act 2003	Public Health Infection Control for Personal Appearance Services Regulation 2003[7] Public Health (Infection Control for Personal Appearance Services) (Infection Control

[1] Replaced the Ambulance Service Regulation 2003 which was repealed on 21 August 2015.
[2] This regulation was repealed and replaced by the Food Regulation 2016 on 29 July 2016.
[3] Replaced the Hospitals Foundations Regulation 2005, which was repealed on 28 August 2015.
[4] Act has received Assent, but has not yet commenced.
[5] This regulation expired on 31 August 2016 and has been replaced by the Private Health Facilities Regulation 2016.
[6] This notice was expired on 31 August 2016 and has been replaced by the Private Health Facilities (Standards) Notice 2016.
[7] This regulation expired on 31 August 2016 and has been replaced by the Public Health Infection Control for Personal Appearance Services Regulation 2016.

Act	Subordinate legislation
	Guideline) Notice 2013
Queensland Institute of Medical Research Act 1945	
Queensland Mental Health Commission Act 2013	
Radiation Safety Act 1999	Radiation Safety Regulation 2010 Radiation Safety (Radiation Safety Standards) Notice 2010
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003	Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015[8]
Tobacco and Other Smoking Products Act 1998	Tobacco and Other Smoking Products Regulation 2010
Transplantation and Anatomy Act 1979	Transplantation and Anatomy Regulation 2004
Water Fluoridation Act 2008	Water Fluoridation Regulation 2008

[8] Replaced the Research Involving Human Embryos and Prohibition of Human Cloning Regulation 2003, which was repealed on 21 August 2015.

Australian Government agreements

The table below provides a summary of key achievements in 2015–16 delivered by the department and HHSs under National Partnership Agreements (NPAs) and Project Agreements (PAs) with the Australian Government.

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

Agreement	Key achievements in 2015–16
Health infrastructure	The following projects under the NPA were completed during 2015–16: • Staff accommodation project on Thursday Island Completion of the construction of accommodation for staff of the Chronic Disease Centre on Thursday Island. • Charters Towers Acute Primary Care Centre Completion of an Acute Primary Care Clinic to increase primary care access to the community of Charters Towers. Work under the NPA progressed on the following projects in 2015-16 and will continue in 2016–17: • eHealth Queensland to Support Integrated Care in Regional Queensland Delivery of an eHealth Queensland system to provide enhanced information sharing at the point of care and between clinical hubs and satellite primary health care facilities. • Proserpine Acute Primary Care Clinic Redevelopment and expansion of the existing acute primary care clinic at Proserpine Hospital. • Bowen Hospital Expansion Refurbishment and realignment of the Bowen Hospital Clinic space to maximise patient flow and improve primary health care focus. • Townsville Planned Procedure Centre • Construction and fit-out of a new planned procedure unit within The Townsville Hospital.
Essential vaccines	Queensland Health continued to improve the health and wellbeing of Australians through the cost-effective delivery of a national, coordinated and integrated approach to maintaining and improving effective immunisation for vaccine preventable diseases. This initiative is funded under the National Immunisation Program.
Health services OzFoodNet	Queensland maintained its OzFoodNet Site to undertake active surveillance and investigation of foodborne and other enteric disease outbreaks in Queensland. Investigations included analysis of the incidence and causes of foodborne disease in the state, including patterns in regards to age, sex, seasonal and geographical spread;

	and identification of risk factors for foodborne disease using the information from disease outbreaks and case-control studies.
Adult Public Dental Services	In 2015-16, Commonwealth funding for Queensland public dental services comprised $30.3M under the NPA. Funding was allocated to HHS oral health services where local managers determined the most appropriate strategies for increasing services in their area. Strategies included overtime, additional staff or purchasing services from private providers. In 2015-16, approximately 66,000 emergency vouchers, 27,000 general vouchers, and 4000 denture vouchers were claimed by patients accessing private dental services. Throughout 2015-16, HHS oral health services were able to ensure that no general dental waiting list patients waited longer than 2 years for a routine check-up, with 74 per cent of patients waiting less than 12 months as at 30 June 2016.
Health services: Aedes albopictus prevention and control in the Torres Strait	The objective of this agreement is the surveillance, control and possible elimination of Aedes albopictus (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of Aedes albopictus from the Torres Strait to the mainland Australia. The Technical Advisory Group met regularly to review and revise plans to control Aedes albopictus and prevent incursion onto mainland Australia. Regular surveillance and control activities were conducted throughout the dry and wet seasons. The program is almost at the point of eliminating Aedes albopictus from the strategic 'cordon sanitaire' zone of Thursday Island and Horn Island, however, risk of re-invasion of these islands still remains due to potential incursions from the outer islands.
Health services: Employment of a Torres Strait communications officer	The NPA facilitates the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The communications officer also actively participated in Torres Strait Cross Border Health Issues Committee meetings, and assisted in the implementation of the Committee's measures such as the development of a cross border patient referral and communication protocol.
Management of Torres Strait/Papua New Guinea cross border health issues	Queensland continued to provide health services to Papua New Guinea (PNG) nationals who travelled through the Torres Strait Treaty Zone and accessed health facilities in the Torres Strait and elsewhere within the Queensland public hospital network. Arrangements continued in relation to the safe and ethical transfer of PNG tuberculosis patients to the PNG health system.
Torres Strait Islander health protection strategy – Saibai Island health clinic	Queensland delivered its project under the NPA to provide additional staff dedicated to the treatment of communicable diseases at the health care clinic on Saibai Island and the development and implementation of a culturally appropriate sexual health education

	campaign. During 2015-16, analysis and reporting outcomes demonstrated an increase in clinical service delivery at the Saibai Island health clinic following the March 2015 implementation and evaluation of a culturally appropriate sexual health education campaign in the Torres Strait Islands.
Hummingbird House Children's Hospice	The agreement supports the construction and operation of a 24 hours per day, seven days per week, eight-bed freestanding children's respite care and hospice facility at Wheller Garden, Chermside. Practical completion of the construction component of the NPA was achieved in June 2016.
Health services: National bowel cancer screen program – participant follow up function	Funding under this agreement supported the delivery of the Participant Follow Up Function (PFUF) for participants of the National Bowel Cancer Screening Program (NBCSP) who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. A new four year agreement with the Commonwealth was signed in December 2015 for the funding of the PFUF and expires in 2017-18.
Health services: Vaccine preventable diseases surveillance	Queensland continued its surveillance and reporting of nationally notifiable vaccine preventable diseases. Since the program's commencement in 2006, Queensland has exceeded the required benchmarks each year.
Expansion of BreastScreen Australia Program	Queensland is on track to meet its targets under the NPA for the provision of BreastScreen Australia services for women aged 70-74 years in line with national BreastScreen Australia policy and the requirements of the BreastScreen Australia national accreditation standards.
Response to Zika Virus	Queensland undertook the following actions under the NPA in response to the Zika Virus: • Monitoring and responding to current distributions of Aedes aegypti in high risk areas in north Queensland to keep vector density at low enough levels to reduce the likelihood of disease transmission • Increasing mosquito control and surveillance at venues where pregnant women visit such as childcare facilities, primary schools and hospitals • Applying, developing and evaluating best-practice control tools to prevent the transmission of Zika virus in high-risk areas • Collaborating with a range of partners to improve knowledge in Cairns and Townsville regarding the prevention of mosquito-borne disease.
Supporting national mental health reform	Long term social housing and support places. Long term social housing places were progressively established over the period under the Housing and Support Program resulting in a total of 96 places allocated to clients as at 30 June 2016.

Supporting national mental health reform	Transitional residential recovery service—Mackay. A total of eight residential recovery places were delivered by the Mackay transitional residential recovery service, resulting in Queensland meeting the agreed target of eight places for 2015-16.
Supporting national mental health reform	Outreach support places. A total of 10 outreach support places were delivered by the Mackay transitional residential recovery service, resulting in Queensland exceeding the agreed target of five places for 2015-16.
Supporting national mental health reform	Brokered lease housing places. For the final year of the agreement, a total of 22 brokered lease housing places were delivered to enable consumers, who are ready to move from supported accommodation to independent community living, to access housing options available through the private rental market via the Community rent scheme. These brokered lease housing places were delivered in the priority locations of Caboolture, Gold Coast, Logan, Mackay and Sunshine Coast.
Supporting national mental health reform	Personalised support places. Personalised support services were progressively established from late 2013 through to 2015 resulting in a total of 76 places provided in the final year.

Appendix

- Section 81 of the *Public Health Act 2005* requires that where confidential information contained in the Notifiable Conditions Register is released in the public interest under this section, it is a requirement that it is reported in the department's annual report. Specifically, the annual report must include details of:
  - the nature of any confidential information disclosed under section (1) during the financial year
  - the purpose for which the confidential information was disclosed.

- The following confidential information was released from the NoCS in the public interest:
  - Confidential HIV/AIDS notification data (with onset dates between 1 January 2015 and 31 December 2015) was disclosed to *The Kirby Institute for infection and immunity in society, University of New South Wales*. This was provided in the public interest to:
    - raise awareness regarding HIV
    - describe and inform public health action, including the development of strategies to prevent or minimise the transmission of the condition
    - monitor the incidence and patterns of HIV/AIDS via the development and publication of national reports by the Kirby Institute that analyse HIV/AIDS notifications data.

Glossary of terms

Acute	Having a short and relatively severe course.
Acute hospital	Generally, a recognised hospital that provides acute care and excludes dental and psychiatric hospitals.
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for Hospital in the Home patients).
Admitted patient	A patient who undergoes a hospital's formal admission process.
AUSLAB	Laboratory information system which is implemented in 34 public pathology laboratories across Queensland. More than 20,000 tests are ordered per day on this system.
Benchmarking	The collection of performance information for the purpose of comparing performance with similar organisations.
Best practice	Cooperative way in which organisations and their staff undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable, world class positive outcomes.
Black lung	Coal workers' pneumoconiosis, caused by long exposure to coal dust.
BloodNet	Australia's online blood ordering and inventory management system. BloodNet is a web-based system that allows staff in health facilities across Australia to order blood and blood products in a standardised way and to do so, quickly, easily and securely from the Australian Red Cross Blood Service (Blood Service).
BloodSTAR	A new ICT system currently under development by the National Blood Authority. The system will standardise and manage access to the supply of immunoglobulin products for the treatment of conditions identified in the Criteria for the clinical use of intravenous immunoglobulin in Australia, funded by all governments through the national blood arrangements. (https://www.blood.gov.au/bloodstar)
BRCA 1 & BRCA 2	Breast and ovarian cancers associated with mutations in the BRCA1 and BRCA2 genes which are tumour suppressor genes
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.
Clinically meaningful pain	The outcome measure—a clinically meaningful pain reduction—is defined as a minimum two point reduction (on a 10 point scale) in pain score from pre- to post-treatment.
Clinical networks	A peak body of experts who serve as an independent point of reference for clinicians, HHSs and the department. Guide the quality improvement reform and support clinical policy development, emphasising evidence based practice and clinical consensus to guide implementation, optimisation and provision of high quality patient focussed health care.

Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
Queensland Clinical Senate	Represent clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care in Queensland.
Clinical workforce	Staff who are, or who support, health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.
COACH Program	The COACH Program is a free phone coaching service to help people with coronary heart disease, pre-diabetes, type 2 diabetes and chronic obstructive pulmonary disease (emphysema or chronic bronchitis).
Code 1 incident	A Code 1 (emergency) incident is potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and siren) enroute.
CT	X-ray computed tomography
Discrete community	Sometimes called 'discrete Indigenous community', referring to a geographic location bounded by physical or legal boundaries, and inhabited or intended to be inhabited by predominantly Indigenous people. Housing or infrastructure is either owned or managed on a community basis.
DNA	deoxyribonucleic acid
EpiLog	Web application used by Queensland Health staff to track cases of Influenza for reporting purposes. It is available at all Queensland Health hospitals.
GP Connect	Fast, reliable access for primary care clinics, general practices and specialists to pathology test results from any Pathology Queensland laboratory statewide.
Full-time equivalent	Refers to full-time equivalent staff currently working in a position.
Healthcare worker	A health professional who provides preventive, curative, promotional or rehabilitative healthcare services in a systematic way to people, families or communities.
Healthier. Happier campaign	The campaign is about improving attitudes and encouraging the adoption of healthy lifestyles by promoting the increase in physical activity and better nutrition as part of everyday life. It focuses on making incremental changes towards a healthy lifestyle for all, regardless of size.
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
Health reform	Response to the National Health and Hospitals Reform Commission Report (2009) that outlined recommendations for transforming the Australian health system, the National Health and Hospitals Network Agreement (NHHNA) signed by the Australian Government and states and territories, other than Western Australia, in April 2010 and the National Health Reform Heads of Agreement signed in February 2010 by the Australian Government and all states and territories amending the NHHNA.

Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free- standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	A Hospital and Health Board (HHB) is made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Services	Hospital and Health Services (HHS) are separate legal entities established to deliver public hospital services. HHSs commenced on 1 July 2012. Queensland's 16 HHSs replaced existing health service districts.
Hospital Foundations	Assist their associated hospitals to provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They comprise the Bundaberg Health Services Foundation; Children's Health Foundation Queensland; Far North Queensland Hospital Foundation; Gold Coast Hospital Foundation; HIV Foundation Queensland; Ipswich Hospital Foundation; Mackay Hospital Foundation; PA Research Foundation; Royal Brisbane and Women's Hospital Foundation; Redcliffe Hospital Foundation; Sunshine Coast Health Foundation; The Prince Charles Hospital Foundation; Toowoomba Hospital Foundation; Townsville Hospital Foundation.
Hospital in the Home	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
Hunter Review	A review to assess the appropriateness of the Department of Health governance and organisational structures, as well as high level capability gaps.
Ice	Crystal methamphetamine
iLearn@QHealth	iLearn@QHealth is a learning management system software that includes educational materials, and can track and report on staff training information. It can also administer face-to-face training events, course enrolments, forums and chat rooms.
Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine.
IMPAX CV	Cardiology and cardiac imaging and reporting system
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Incident	An incident is an event that results in one or more responses by the ambulance service.
Indigenous healthcare worker	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Indigenous Australians.
i.Pharmacy	An enterprise-wide pharmacy management system, which allows pharmacy staff within Queensland Health to dispense and distribute medicines to patients, wards and departments
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.

MedTRx	Alternatively known as the CHRISPABU Database. It enables CHRISP and those involved with antibiotic stewardship across the state to analyse, report and advise on the use of antimicrobials. The intended use is to store and manipulate data imported from iPharmacy database which is then the source of information for reports accessed through QHERS by a group of predetermined users.
Movember	Throughout November each year, men raise awareness about testicular and prostate cancer, and men's mental health by growing a moustache in return for donations
Multiprac	Replaces stand-alone infection control surveillance databases with a single, enterprise repository for 22 participating Queensland Health facilities.
NEAT	*The National Emergency Access Target (NEAT) is a national performance benchmark for public hospitals across Australia that has been in place since January 2012—set under the National partnership agreement on improving public hospital services.*
NEST	*The National Elective Surgery Target (NEST) is a national performance benchmark to improve patient care by:* • *increasing the percentage of elective surgery patients seen within the clinically recommended time (NEST Part 1)* • *reducing the number of patients who have waited longer than the clinically recommended time (i.e. long waits) (NEST Part 2).*
Next Generation program	A program for senior leaders in the department, and builds the capability of high performing senior leaders.
NDIS	The National Disability Insurance Scheme is a national scheme providing individualised (reasonable and necessary) disability supports to people with a disability over a lifetime. It is administered by a single agency— National Disability Insurance Agency.
Non-admitted patient	A patient who does not undergo a hospital's formal admission process.
Nurse educator	A nurse who demonstrates competence in professional practice and is a skilled communicator that facilitates learning; and may work in a variety of contexts (tertiary educational facilities, hospitals and community services), with a range of learners including students, clinical staff, clients or other staff members.
Nurse navigator	Highly experienced nurses who have an in-depth understanding of the health system, to assist high-needs patients with receiving end-to-end care and coordination service.
Onboarding	Upskilling new employees with the necessary information, advice and knowledge to understanding the organisation more quickly and thoroughly.
Outpatient	A non-admitted, non-emergency patient who is provided with an outpatient service.
Outpatient service	Examination, consultation, treatment or other service provided to a non-admitted, non-emergency patient in a specialty unit or under an organisational arrangement administered by a hospital.

OzFoodNet	Conducts surveillance for and investigates foodborne illness clusters and outbreaks at local, state and national levels. Queensland OzFoodNet contributes to the design and management of national epidemiological studies on foodborne disease.
PACS	A picture archiving and communication system (PACS) is a medical imaging technology which provides economical storage and convenient access to images from multiple modalities (source machine types).
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Performance indicators usually have targets that define the level of performance expected against the performance indicator.
Population health	The promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised, population-based programs and strategies.
Panels of Assessors	Established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration.
Patient flow	Optimal patient flow means the patient's journey through the hospital system. It may be planned or unplanned and occurs in the safest, most streamlined and timely way to deliver good patient care.
PEACH program	Parenting, Eating, Activity Child Health program—free family lifestyle group program for parents of 5-11y olds above health weight range.
Private health facility	A private hospital or day hospital owned by a for-profit or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to a private health facility are treated by a doctor of their choice.
PROPHIICY study	Clinical research to inform clinical policy development for point-of-care testing for acute coagulopathy in trauma
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
Queensland Boards of the National Health Practitioner Regulation Boards of Australia	Make individual registration and notification decisions regarding health practitioners based on national policies and standards on behalf of the National Health Practitioner Regulation Boards of Australia. The Queensland Boards of the National Health Practitioner Regulation Boards of Australia comprise the Queensland Board of the Medical Board of Australia; Queensland Board of the Nursing and Midwifery Board of Australia; and Queensland Board of the Psychology Board of Australia.
Queensland Health	Refers to the public health system, incorporating the Department of Health and the 16 HHSs.
Queensland healthcare system	Incorporates the public, private and not-for-profit healthcare sectors.
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.

Ryan's Rule	Ryan's Rule is a statewide patient, family/carer escalation process to honour the memory of Ryan. It offers patients, their family and/or carer an opportunity to 'escalate' their concerns independently when they believe the patient in hospital is getting worse, is not doing as well as expected or who shows behaviour that is not normal for them.
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and or/video interactive links for clinical consultations and educational purposes • store-and-forward telehealth, including digital images, video, audio and clinical (storage) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • telehealth services and equipment to monitor people's health in their home.
The Viewer	The Viewer is a secure read-only, web-based application that sources key patient information from a number of existing Queensland Health enterprise clinical and administrative systems.
TUPhEN	Emergency Medicine Foundation-funded studies evaluating the feasibility of pre-hospital focussed sonography for trauma.

Acronyms

AHMAC	Australian Health Minister's Advisory Council
AMHCC	Australian Mental Health Care Classification
AIDS	Acquired immune deficiency syndrome or acquired immunodeficiency syndrome
ARC	Department of Health Audit and Risk Committee
ASM	Ambulance Service Medal
BOM	Bureau of Meteorology
BPE	Building Performance Evaluations
BYOD	Bring Your Own Device
CALD	Culturally and Linguistically Diverse
CCP	Critical Care Paramedic
CCPHPC	Council and Community Care and Population Health Principal Committee
CEO	Chief Executive Officer
CIMHA	Consumer Integrated Mental Health Application
CLEAR	Collaboration for Emergency Admission Research and Reform
COAG	Council of Australian Governments
CPA	Certified Practicing Accountants
CPR	Cardiopulmonary resuscitation
DABIT	Drug and Alcohol Brief Intervention Teams
DCCSDS	Department of Community, Child Safety and Disability Services
DME2015-2016C	Disaster Management Executive Committee
DFV	Domestic and Family Violence
DHPW	Department of Housing and Public Works
DLT	Departmental Leadership Team
DNRM	Department of Natural Resources and Mines
DSD	Department of State Development
eARF	electronic Ambulance Report Form
ED	Emergency department
eDRMS	electronic Documents and Records Management System
EDS	Enterprise Discharge Summary
EFA	Estimated future activity
eLMS	Enterprise-wide Liaison Management System
EMD	Emergency Medical Dispatcher
EOHR	electronic oral health record
ESU	Emergency Support Units
EVP	Emergency Vehicle Priority
EWARS	early warning and response system
FTE	Full-time equivalent
GC2018	Gold Coast Commonwealth Games
GLS	Group Linen Service
GP	General Practitioner
GWN	Government Wireless Network
HARU	High Acuity Response Unit
HCQ	Health Consumers Queensland
HDPR	Health (Drugs and Poisons) Regulation 1996
HHB	Health and Hospital Board
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
hMPV	Human metapneumovirus
HR	Human Resources
HSCE	Health Service Chief Executive
HSQ	Health Support Queensland
ICT	Information and communication technology
ieMR	integrated electronic Medical Record
IMF	Investment Management Framework

IMT	Incident Management Team
IPL	Intense Pulsed Light
ISOH	Information System for Oral Health
LAC	Local Ambulance Committee
LARU	Low Acuity Response Unit
LASN	Local Ambulance Service Network
LCCH	Lady Cilento Children's Hospital
MBA	Master of Business Administration
MHAOD	Mental health, alcohol and other drugs
MIMMS	Major Incident Medical Management and Support
MSQ	Medication Services Queensland
NAIDOC	National Aboriginal and Islander Day Observance Committee
NBA	National Blood Authority
NBCSP	National Bowel Cancer Screening Program
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHHNA	National Health and Hospitals Network Agreement
NHMRC	National Health and Medical Research Council
NoCS	Notifiable Conditions System
NPA	National Partnership Agreements
NSQHSS	National Safety and Quality Health Service Standards
NSW	New South Wales
PA	Project Agreement
PACS	Picture archiving and communication system
PID	Public interest disclosure
PFOA	Perfluorooctanoic acid
PFOS	Perfluorooctane sulfonate
PFUF	Participant Follow Up Function
PHN	Public Health Network
PII	Professional indemnity insurance
PNG	Papua New Guinea
POST	Patient off-stretcher time
PPM	Privately practicing midwives
PSM	Public Service Medal
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QCAT	Queensland Civil and Administrative Tribunal
QIMR	Queensland Institute of Medical Research
QIS2	Quantitative impact study 2
QPS	Queensland Police Service
QRiS	Quality Rating and Improvement System
RAAF	Royal Australian Air Force
SDCC	State Disaster Coordination Centre
SDS	Service Delivery Statement
SHEMC	State Health Emergency Management Committee
SHECC	State Health Emergency Coordination Centre
SRAM-ED	Suicide Risk Assessment and Management in Emergency Departments
TARDIS	Tuberculosis And Related Disease Information System
TEMSU	Telehealth Emergency Management Support Unit
THC	Tetrahydrocannabinol
VIVAS	Vaccination Information Verification Administration System
WorkMAPP	Workforce Mapping Analysis Planning Projections
YES	Your Experience of Service

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• **A letter of compliance from the accountable officer or statutory body to the relevant Minister/s**	ARRs – section 8	iv
Accessibility	• **Table of contents** • **Glossary**	ARRs – section 10.1	iii 103
	• **Public availability**	ARRs – section 10.2	Inside front cover
	• **Interpreter service statement**	*Queensland Government Language Services Policy* ARRs – section 10.3	Inside front cover
	• **Copyright notice**	*Copyright Act 1968* ARRs – section 10.4	Inside front cover
	• **Information Licensing**	*QGEA – Information Licensing* ARRs – section 10.5	Inside front cover
General information	• **Introductory Information**	ARRs – section 11.1	1–5
	• **Agency role and main functions**	ARRs – section 11.2	9
	• **Operating environment**	ARRs – section 11.3	12-24
Non-financial performance	• **Government's objectives for the community**	ARRs – section 12.1	24
	• **Other whole-of-government plans / specific initiatives**	ARRs – section 12.2	100
	• **Agency objectives and performance indicators**	ARRs – section 12.3	26-68
	• **Agency service areas and service standards**	ARRs – section 12.4	69
Financial performance	• **Summary of financial performance**	ARRs – section 13.1	6-8
Governance – management and structure	• **Organisational structure**	ARRs – section 14.1	11
	• **Executive management**	ARRs – section 14.2	19–23
	• **Government bodies (statutory bodies and other entities)**	ARRs – section 14.3	78-81
	• ***Public Sector Ethics Act 1994***	*Public Sector Ethics Act 1994* ARRs – section 14.4	83
	• **Queensland public service values**	ARRs – section 14.5	83-84

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• **Risk management**	ARRs – section 15.1	84
	• **Audit committee**	ARRs – section 15.2	85
	• **Internal audit**	ARRs – section 15.3	86
	• **External scrutiny**	ARRs – section 15.4	87
	• **Information systems and recordkeeping**	ARRs – section 15.5	87
Governance – human resources	• **Workforce planning and performance**	ARRs – section 16.1	89
	• **Early retirement, redundancy and retrenchment**	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment*	93
Open Data	• **Consultancies**	ARRs – section 17 ARRs – section	Inside front cover
	• **Overseas travel**	ARRs – section 17 ARRs – section	Inside front cover
	• **Queensland Language Services Policy**	ARRs – section 17 ARRs – section	Inside front cover
Financial statements	• **Certification of financial statements**	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section	With financial statements
	• **Independent Auditor's Report**	FAA – section 62 FPMS – section 50 ARRs – section	With financial statements

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

Department of Health

Financial Statements - 30 June 2016

Department of Health
Contents
30 June 2016

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General Information

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

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

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

147-163 Charlotte Street

Brisbane

Queensland 4000

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

Department of Health
Statement of profit or loss and other comprehensive income
For the period ended 30 June 2016

	Note	2016 $'000	2015 $'000
Revenue			
Departmental services revenue	3	**9,581,853**	9,033,311
User charges	4	**1,826,783**	1,684,476
Labour recoveries	5	**1,829,976**	1,699,905
Grants and other contributions	6	**3,671,950**	3,305,689
Other revenue	7	**65,685**	33,067
Gain on disposals		**1,127**	1,665
Total revenue		**16,977,374**	15,758,113
Expenses			
Employee expenses	8	**(3,092,835)**	(2,820,988)
Supplies and services	10	**(1,581,402)**	(1,411,501)
Health services	11	**(11,648,335)**	(10,780,869)
Grants and subsidies	12	**(103,086)**	(55,793)
Depreciation and amortisation	19, 20	**(121,464)**	(118,581)
Impairment losses		**(638)**	(4,697)
Share of loss from associates	29	**(1,215)**	(1,177)
Other expenses	13	**(425,632)**	(546,647)
Total expenses		**(16,974,607)**	(15,740,253)
Surplus for the year		**2,767**	17,860
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss			
Increase/(decrease) in asset revaluation surplus		**31,412**	(9,439)
Other comprehensive income for the year		**31,412**	(9,439)
Total comprehensive income for the year		**34,179**	8,421

The accompanying notes form part of these statements.

Department of Health
Statement of financial position
As at 30 June 2016

	Note	2016 $'000	2015 $'000
Assets			
Current assets			
Cash and cash equivalents	14	**407,623**	215,353
Loans and receivables	15	**861,357**	992,516
Inventories	16	**60,844**	54,752
Assets held for sale	17	**32,000**	-
Prepayments	18	**33,824**	178,911
Total current assets		**1,395,648**	1,441,532
Non-current assets			
Loans and receivables	15	**104,406**	111,518
Interests in associates	29	**79,695**	80,910
Property, plant and equipment	19	**1,751,528**	1,386,125
Intangibles	20	**233,572**	224,136
Other assets		**4,041**	4,307
Total non-current assets		**2,173,242**	1,806,996
Total assets		**3,568,890**	3,248,528
Liabilities			
Current liabilities			
Payables	21	**801,731**	956,954
Accrued employee benefits	22	**489,982**	429,522
Unearned revenue		**15,787**	72
Total current liabilities		**1,307,500**	1,386,548
Non-current liabilities			
Unearned revenue		**5,385**	2,722
Other liabilities		**-**	-
Total non-current liabilities		**5,385**	2,722
Total liabilities		**1,312,885**	1,389,270
Net assets		**2,256,005**	1,859,258
Equity			
Contributed equity		**357,100**	-
Asset revaluation surplus	23	**104,094**	77,858
Retained surpluses		**1,794,811**	1,781,400
Total equity		**2,256,005**	1,859,258

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the period ended 30 June 2016

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
Balance at 1 July 2014	-	87,297	3,004,276	3,091,573
Surplus for the year	-	-	17,860	17,860
Other comprehensive income for the year	-	(9,439)	-	(9,439)
Total comprehensive income for the year	-	(9,439)	17,860	8,421
Transactions with owners in their capacity as owners:				
Equity injections	809,118	-	-	809,118
Equity withdrawals	(409,819)	-	-	(409,819)
HHS equity injections	277,919	-	-	277,919
Reclassification between equity classes	1,244,731	-	(1,244,731)	-
Net assets transferred	(1,921,949)	-	-	(1,921,949)
Other equity adjustments	-	-	3,995	3,995
Balance at 30 June 2015	-	77,858	1,781,400	1,859,258

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

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

*HHSs are independent statutory bodies and equity injections should not be taken to indicate control or ownership by the Department. HHS equity injections represents funding of a capital nature transferred via equity.

The accompanying notes form part of these statements.

Department of Health
Statement of cash flows
For the period ended 30 June 2016

	Note	2016 $'000	2015 $'000
Cash flows from operating activities			
Inflows			
Departmental services receipts		**9,318,683**	8,839,980
Labour recoveries		**1,814,500**	1,751,726
User charges		**1,557,220**	1,574,768
Grants and other contributions		**3,625,269**	3,107,883
GST collected from customers		**21,923**	18,821
GST input tax credits		**208,971**	167,618
Other revenue		**59,996**	33,086
Outflows			
Health services		**(11,101,074)**	(10,181,626)
Employee expenses		**(3,011,281)**	(2,851,719)
Supplies and services		**(1,281,801)**	(1,345,995)
Grants and subsidies		**(68,024)**	(55,934)
GST paid to suppliers		**(195,070)**	(148,233)
GST remitted		**(21,593)**	(40,898)
Other expenses		**(27,556)**	(16,024)
Net cash from/(used by) operating activities	24	**900,163**	853,453
Cash flows from investing activities			
Inflows			
Loans and advances redeemed		**142,274**	133,965
Proceeds from sale of property, plant and equipment		**1,127**	16,369
Outflows			
Payments for property, plant and equipment		**(649,080)**	(796,462)
Payments for intangibles		**(44,201)**	(38,213)
Loans and advances made		**-**	(87)
Net cash from/(used by) investing activities		**(549,881)**	(684,428)
Cash flows from financing activities			
Inflows			
Equity injections		**592,597**	807,056
Outflows			
Equity withdrawals		**(750,609)**	(622,934)
Net cash from/(used by) financing activities		**(158,012)**	184,122
Net increase/(decrease) in cash held		**192,270**	353,147
Cash and cash equivalents at the beginning of the financial year		**215,353**	(137,794)
Cash and cash equivalents at the end of the financial year	14	**407,623**	215,353

The accompanying notes form part of these statements.

Department of Health
Statement of profit or loss and other comprehensive income by major departmental services
For the period ended 30 June 2016

	Acute Inpatient Care		Emergency Care		Integrated Mental Health Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Intra-Departmental Service Eliminations		Total Major Departmental Services	
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Revenue																		
Departmental services revenue	**4,336,332**	4,129,828	**900,344**	864,913	**907,359**	893,898	**1,171,839**	1,067,051	**396,912**	385,642	**1,357,214**	1,220,827	**511,853**	471,152	**-**	-	**9,581,853**	9,033,311
User charges	**854,778**	789,184	**177,476**	165,280	**178,859**	170,818	**230,993**	203,907	**78,239**	73,694	**267,535**	233,293	**120,621**	117,864	**(81,718)**	(69,564)	**1,826,783**	1,684,476
Labour recoveries	**874,905**	819,923	**181,655**	171,717	**183,070**	177,472	**236,432**	211,849	**80,082**	76,564	**273,832**	242,380	**-**	-	**-**	-	**1,829,976**	1,699,905
Grants and other contributions	**1,727,353**	1,578,182	**358,647**	330,520	**361,442**	341,596	**466,796**	407,765	**158,108**	147,370	**584,359**	495,787	**15,245**	4,469	**-**	-	**3,671,950**	3,305,689
Other revenue	**30,981**	15,250	**6,433**	3,194	**6,483**	3,301	**8,372**	3,940	**2,836**	1,424	**9,697**	4,507	**883**	1,451	**-**	-	**65,685**	33,067
Gain on disposals	**46**	428	**10**	90	**10**	93	**13**	111	**4**	40	**15**	126	**1,029**	777	**-**	-	**1,127**	1,665
Total Revenue	**7,824,395**	7,332,795	**1,624,565**	1,535,714	**1,637,223**	1,587,178	**2,114,445**	1,894,623	**716,181**	684,734	**2,492,652**	2,196,920	**649,631**	595,713	**(81,718)**	(69,564)	**16,977,374**	15,758,113
Expenses																		
Employee expenses	**1,298,072**	1,184,731	**274,465**	252,734	**239,534**	226,321	**316,549**	279,456	**101,892**	95,855	**397,078**	344,584	**465,245**	437,307	**-**	-	**3,092,835**	2,820,988
Supplies and services	**725,144**	648,964	**154,046**	139,534	**131,073**	119,782	**171,830**	146,764	**54,448**	49,006	**224,261**	193,248	**132,771**	114,220	**(12,171)**	(17)	**1,581,402**	1,411,501
Health services	**5,540,189**	5,177,360	**1,140,288**	1,074,402	**1,219,567**	1,181,238	**1,566,457**	1,394,867	**541,350**	515,148	**1,710,031**	1,507,401	**-**	-	**(69,547)**	(69,547)	**11,648,335**	10,780,869
Grants and subsidies	**32,225**	12,530	**7,194**	2,841	**5,812**	1,750	**5,218**	1,986	**1,225**	476	**46,100**	30,454	**5,312**	5,756	**-**	-	**103,086**	55,793
Depreciation and amortisation	**44,421**	44,930	**9,918**	10,187	**6,205**	6,276	**7,194**	7,122	**1,689**	1,708	**15,366**	15,540	**36,671**	32,818	**-**	-	**121,464**	118,581
Impairment losses	**124**	2,126	**28**	482	**17**	297	**20**	337	**5**	81	**43**	736	**401**	638	**-**	-	**638**	4,697
Share of loss from associates	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**1,215**	1,177	**-**	-	**-**	-	**1,215**	1,177
Other expenses	**204,965**	268,044	**42,932**	56,767	**39,355**	52,788	**52,782**	65,613	**17,471**	23,010	**61,329**	76,265	**6,798**	4,160	**-**		**425,632**	546,647
Total expenses	**7,845,140**	7,338,685	**1,628,871**	1,536,947	**1,641,563**	1,588,452	**2,120,050**	1,896,145	**718,080**	685,284	**2,455,423**	2,169,405	**647,198**	594,899	**(81,718)**	(69,564)	**16,974,607**	15,740,253
(Deficit)/Surplus for the year	**(20,745)**	(5,890)	**(4,306)**	(1,233)	**(4,340)**	(1,274)	**(5,605)**	(1,522)	**(1,899)**	(550)	**37,229**	27,515	**2,433**	814	**-**	-	**2,767**	17,860
Items that will not be reclassified subsequently to profit or loss																		
Increase/(decrease) in asset revaluation surplus	**12,491**	(9,808)	**2,789**	(310)	**1,745**	(253)	**2,023**	(274)	**475**	(89)	**4,321**	(798)	**7,568**	2,093	**-**	-	**31,412**	(9,439)
Other comprehensive income	**12,491**	(9,808)	**2,789**	(310)	**1,745**	(253)	**2,023**	(274)	**475**	(89)	**4,321**	(798)	**7,568**	2,093	**-**	-	**31,412**	(9,439)
Total comprehensive income	**(8,254)**	(15,698)	**(1,517)**	(1,543)	**(2,595)**	(1,527)	**(3,582)**	(1,796)	**(1,424)**	(639)	**41,550**	26,717	**10,001**	2,907	**-**	-	**34,179**	8,421

Department of Health
Statement of assets and liabilities by major departmental services
As at 30 June 2016

	Acute Inpatient Care		Emergency Care		Integrated Mental Health Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Queensland Ambulance Service		Intra-Departmental Service Eliminations		Total Major Departmental Services	
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Current assets																		
Cash and cash equivalents	**175,147**	82,562	**36,365**	17,291	**36,649**	17,871	**47,331**	21,332	**16,031**	7,710	**54,819**	24,406	**41,281**	44,181	**-**	-	**407,623**	215,353
Loans and receivables	**402,215**	468,638	**83,511**	98,147	**84,162**	101,436	**108,693**	121,085	**36,815**	43,761	**125,888**	138,537	**32,580**	21,574	**(12,507)**	(662)	**861,357**	992,516
Inventories	**28,381**	25,617	**5,893**	5,365	**5,939**	5,545	**7,670**	6,619	**2,598**	2,392	**8,881**	7,572	**1,482**	1,642	**-**	-	**60,844**	54,752
Classified as held for sale	**15,299**	-	**3,177**	-	**3,201**	-	**4,134**	-	**1,400**	-	**4,789**	-	**-**	-	**-**	-	**32,000**	-
Other assets	**15,460**	84,454	**3,210**	17,687	**3,235**	18,280	**4,178**	21,821	**1,415**	7,886	**4,838**	24,966	**1,488**	3,817	**-**	-	**33,824**	178,911
Total current assets	**636,502**	661,271	**132,156**	138,490	**133,186**	143,132	**172,006**	170,857	**58,259**	61,749	**199,215**	195,481	**76,831**	71,214	**(12,507)**	(662)	**1,395,648**	1,441,532
Non-current assets																		
Loans and receivables	**49,916**	53,789	**10,364**	11,265	**10,445**	11,643	**13,489**	13,898	**4,569**	5,023	**15,623**	15,900	**-**	-	**-**	-	**104,406**	111,518
Investment in associates	**38,102**	39,026	**7,911**	8,173	**7,973**	8,447	**10,297**	10,083	**3,488**	3,644	**11,924**	11,537	**-**	-	**-**	-	**79,695**	80,910
Property, plant and equipment	**629,062**	464,177	**130,611**	97,213	**131,629**	100,471	**169,996**	119,932	**57,579**	43,345	**196,888**	137,216	**435,763**	423,771	**-**	-	**1,751,528**	1,386,125
Intangibles	**110,907**	107,802	**23,027**	22,577	**23,207**	23,334	**29,971**	27,854	**10,152**	10,067	**34,712**	31,867	**1,596**	635	**-**	-	**233,572**	224,136
Prepayments	**1,932**	2,077	**401**	435	**404**	450	**522**	537	**177**	194	**605**	614	**-**	-	**-**	-	**4,041**	4,307
Total non-current assets	**829,919**	666,871	**172,314**	139,663	**173,658**	144,345	**224,275**	172,304	**75,965**	62,273	**259,752**	197,134	**437,359**	424,406	**-**	-	**2,173,242**	1,806,996
Total assets	**1,466,421**	1,328,142	**304,470**	278,153	**306,844**	287,477	**396,281**	343,161	**134,224**	124,022	**458,967**	392,615	**514,190**	495,620	**(12,507)**	(662)	**3,568,890**	3,248,528
Current liabilities																		
Payables	**372,503**	444,742	**77,342**	93,143	**77,945**	96,264	**100,664**	114,911	**34,096**	41,530	**116,588**	131,471	**35,100**	35,555	**(12,507)**	(662)	**801,731**	956,954
Accrued employees benefits	**223,990**	199,163	**46,507**	41,711	**46,869**	43,109	**60,531**	51,459	**20,502**	18,598	**70,106**	58,875	**21,477**	16,607	**-**	-	**489,982**	429,522
Unearned revenue	**7,548**	19	**1,567**	4	**1,579**	4	**2,040**	5	**691**	2	**2,362**	6	**-**	32	**-**	-	**15,787**	72
Total current liabilities	**604,041**	643,924	**125,416**	134,858	**126,393**	139,377	**163,235**	166,375	**55,289**	60,130	**189,056**	190,352	**56,577**	52,194	**(12,507)**	(662)	**1,307,500**	1,386,548
Non-current liabilities																		
Unearned revenue	**2,575**	1,313	**535**	275	**539**	284	**696**	339	**236**	123	**804**	388	**-**	-	**-**	-	**5,385**	2,722
Total non-current liabilities	**2,575**	1,313	**535**	275	**539**	284	**696**	339	**236**	123	**804**	388	**-**	-	**-**	-	**5,385**	2,722
Total liabilities	**606,616**	645,237	**125,951**	135,133	**126,932**	139,661	**163,931**	166,714	**55,525**	60,253	**189,860**	190,740	**56,577**	52,194	**(12,507)**	(662)	**1,312,885**	1,389,270
Net assets	**859,805**	682,905	**178,519**	143,020	**179,912**	147,816	**232,350**	176,447	**78,699**	63,769	**269,107**	201,875	**457,613**	443,426	**-**	-	**2,256,005**	1,859,258

Major services

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

There were seven major health services delivered by the Queensland Health system. These reflect the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2015-2018* and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

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

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

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

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

Integrated Mental Health Service and Alcohol, Tobacco and Other Drug Services
Aims to promote the mental health of the community, prevent the development of mental health problems and address the harms arising from the use of alcohol and other drugs, and to provide timely access to safe, high quality assessment and treatment services. Integrated Mental Health Services span the health continuum through the provision of mental health promotion and prevention activities, community-based services, acute inpatient services and extended treatment services. Alcohol, Tobacco and Other Drug Services (ATODS) provide prevention, treatment and harm reduction responses in community based services.

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

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

Note 1. Significant accounting policies

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

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

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

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

Note 1. Significant accounting policies (continued)

New accounting standards and interpretations

The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury. The early adoption of AASB 2015-2 and AASB 2015-7 has been approved by Queensland Treasury during the 2015-16 financial year.

Standard/Interpretation	*Description*	*Effective date*	*Impact/anticipated impact for the Department*
AASB 2015-2 *Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101*	Permits changes to statement presentation and disclosures within the notes to the financial statements. Judgement can be used when deciding what information to disclose.	1 July 2016 with early adoption permitted Early adopted by the Department during 2015-16	The Department has changed the layout of the notes and given prominence to material disclosures in support of the reduced disclosure initiative.
AASB 2015-7 *Amendments to Australian Accounting Standards – Fair Value Disclosures of Not-for-profit Public Sector*	Amends AASB 13 *Fair Value Measurement* to provide relief from certain disclosures about fair values categorised as level 3 under the fair value hierarchy.	1 July 2016 with early adoption permitted Early adopted by the Department during 2015-16	The Department will no longer disclose the disaggregation of certain gains/losses on assets reflected in the operating result and descriptions of the sensitivity of the fair value measurement to changes in the unobservable inputs.
AASB 124 *Related Party Disclosures*	Requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities.	1 July 2016	The most significant implications for the Department will be disclosures to be made for transactions with key management personnel, the Minister for Health and Minister for Ambulance Services or close members of their families.
AASB 15 *Revenue from Contracts with Customers*	Depending on the specific contractual terms, revenue may be deferred to a later accounting period. Unperformed contractual obligations could lead to unearned revenue.	1 January 2018	The Department does not expect a significant impact on its present accounting practices.
AASB 9 *Financial Instruments* and *AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9*	Provides for changes to the classification, measurement, impairment and disclosures associated with financial assets. AASB 9 introduces different criteria for whether financial assets can be measured at amortised cost or fair value.	1 January 2018	The Department's financial assets are expected to be measured at fair value. Since the Department's current receivables are short-term in nature, the carrying amount is expected to be a reasonable approximation of fair value. Calculations for impairment losses are expected to be determined according to the amount of lifetime expected credit losses.
AASB 16 *Leases*	Introduces a new lease accounting model for lessees, whereby lessees will be required to recognise a right-of-use asset and a corresponding liability for higher value leases with a term exceeding 12 months.	1 January 2019	The Department as a lessee will be required to recognise a number of operating leases as assets alongside the associated liability rather than simply accounting for these as operating lease expenditure. This is expected to change the current accounting practice for a small number of property leases and some leased equipment.

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

Note 1. Significant Accounting Policies (continued)

Critical accounting judgement and key sources of estimation uncertainty

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

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

Loans and receivables (allowance for impairment)	Note 15
Property, plant and equipment	Note 19

Other presentation matters

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. Amounts have been rounded to the nearest thousand dollars.

Note 2. Activities and other events

Transfer of legal ownership of health service land and buildings to Hospital and Health Services

Since 1 July 2014, the legal title of health service land and buildings has been progressively transferring from the Department to HHSs. As HHSs already controlled these assets through Deed of Lease arrangements, there was no material impact to the accounts of the Department upon transfer. Buildings which are currently used by the Department and reside on HHS land are leased back to the Department by HHSs.

Legal title transfer was effected when both entities (the Department and the HHS) had mutual confidence that the respective HHS has the capacity and capability to be effective asset managers.

During 2014-15, the Townsville, Metro South, Metro North, Sunshine Coast, West Moreton, Darling Downs, Gold Coast, and Cairns and Hinterland HHSs became the legal owners of their land and buildings. Remaining HHSs (Central Queensland, Central West, North West, Torres and Cape, Mackay, Wide Bay, Childrens Health Qld and South West) became legal owners effective 1 July 2015.

Transfer of legal ownership of Queensland Ambulance Service land and buildings

The Queensland Ambulance Service (QAS) became part of the Department following a machinery-of-government change effected on 1 October 2013. A change in the legal title of all QAS properties from the former Department of Community Safety to the Department of Health has recently been undertaken.

Treatment of the former Gold Coast Hospital site

Following the completion of the new Gold Coast University Hospital in September 2013, the former Gold Coast Hospital (GCH) was decommissioned and the building and land were transferred from the Gold Coast HHS to the Department.

The buildings have been demolished and the land has been recognised as held for sale.

Events after the reporting period

Nurses and Midwifes Certified Agreement (EB 9) 2016

Pending a consultation and ballot process closing 31 July 2016 employees covered by Nurses and Midwives EB 9 may receive 2.5% annual wage increase over the life of the agreement.

No other matter or circumstance has arisen since 30 June 2016 that has significantly affected, or may significantly affect the Department's operations, the results of those operations, or the Department's state of affairs in future financial years.

Note 3. Departmental services revenue

	2016 $'000	**2015 $'000**
Budgeted appropriation revenue	**9,406,668**	8,971,194
Lapsed appropriation revenue for other services	**(87,985)**	(131,214)
Total appropriation receipts (cash)	**9,318,683**	8,839,980
Less: Opening balance appropriation revenue receivable	**(112,313)**	(110,796)
Add: Closing balance appropriation revenue receivable	**40,932**	112,313
Add: Opening balance appropriation revenue payable	**334,550**	191,814
Less: Closing balance appropriation revenue payable	**(261,252)**	(353,792)
Net appropriation revenue	**9,320,601**	8,679,519
Add: Deferred appropriation payable to Consolidated Fund (expense)	**261,252**	353,792
Appropriation revenue for services recognised in the Statement of profit or loss and other comprehensive income	**9,581,853**	9,033,311

Note 3. Departmental service revenue (continued)

	2016 $'000	2015 $'000
Reconciliation of payments from Consolidated Fund to equity adjustment		
Budgeted equity adjustment appropriation	**506,709**	924,342
Lapsed appropriation	**(374,236)**	(551,563)
Add: Appropriated equity injection receivable	**117,747**	65,727
Less: Opening balance appropriated equity injection receivable	**(65,727)**	(41,208)
Add: Opening balance appropriated equity withdrawal payable	**108,687**	110,681
Less: Appropriated equity withdrawal payable	**(40,932)**	(108,687)
Equity adjustment recognised in contributed equity*	**252,248**	399,292

*This is net of equity injections and equity withdrawals.

Significant accounting policies
Appropriations provided under the *Appropriation Act 2015* are recognised as revenue when received or as a receivable when approved by Queensland Treasury.

Unspent appropriation for the 2015-16 financial year amounted to $94.4M ($331.5M in 2014-15). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

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

Note 4. User charges

	2016 $'000	2015 $'000
Sale of goods and services	**1,505,986**	1,326,407
Hospital fees	**312,519**	350,094
Rental income	**8,278**	7,975
	1,826,783	1,684,476

Significant accounting policies
User charges and fees are recognised by the Department when controlled and earned, in accordance with AASB 118 *Revenue*. Hospital fees mainly consist of interstate patient revenue and Department of Veterans' Affairs revenue. The sale of goods and services includes drugs, medical supplies, linen, pathology and other services provided to HHSs.

Note 5. Labour recoveries

	2016 $'000	2015 $'000
Labour recoveries from non-prescribed Hospital and Health Services	**1,829,976**	1,699,905
	1,829,976	1,699,905

Significant accounting policies
The Department provides employees to non-prescribed HHSs to perform work under a service agreement. For non-prescribed employer HHSs, the employees remain employees of the Department and are effectively contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs.

Note 6. Grants and other contributions

	2016 $'000	2015 $'000
Australian Government - National Health Funding Pool	**3,605,038**	3,220,762
Capital contributions - Centre for Children's Health Research*	**-**	45,000
Australian Government - Donated inventory	**43,354**	24,863
Other grants	**12,113**	10,320
Donations non-current physical assets	**-**	2,394
Other	**11,445**	2,350
	3,671,950	3,305,689

Significant accounting policies
Grants, contributions, donations and gifts are recognised as revenue in the year in which the Department obtains control over them. Where grants received are reciprocal in nature, revenue is recognised as it is earned, according to the terms of the funding agreements. Donated assets are recognised at their fair value.

* The Department recognised $45.0M in 2014-15 relating to capital contributions received from third parties to fund the construction of the Centre for Children's Health Research (CCHR).

Note 7. Other revenue

	2016 $'000	2015 $'000
Recoveries and reimbursements	**25,307**	14,374
Interest	**6,224**	6,186
Grants returned	**15,893**	5,511
Licences and registration charges	**3,130**	3,591
Sale proceeds of non-capitalised assets	**1,302**	143
Other*	**13,829**	3,262
	65,685	33,067

*Includes $5.9M relating to the write-on of a research facility building asset subsequently transferred to Metro North HHS.

Note 8. Employee expenses

	2016 $'000	2015 $'000
Wages and salaries	**2,408,964**	2,232,014
Employer superannuation contributions	**258,768**	239,232
Annual leave levy	**323,002**	262,001
Long service leave levy	**57,085**	46,744
Redundancies	**3,654**	3,785
Workers' compensation premium	**10,529**	9,930
Professional development of nurses	**11,477**	10,630
Other employee related expenses	**19,356**	16,652
	3,092,835	2,820,988

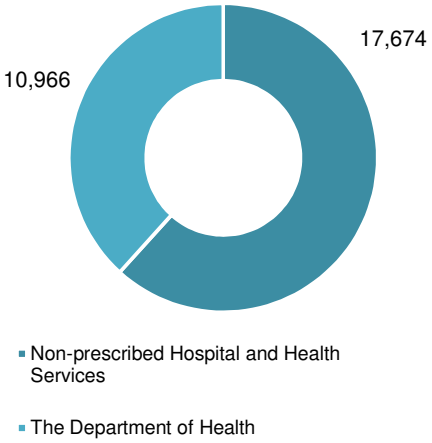
Significant accounting policies
Under the Queensland Government's Annual leave and Long service leave central schemes, levies are payable by the Department to cover the cost of employee leave (including leave loading and on-costs). These levies are expensed in the period in which they are paid or payable.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

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable and the Department's obligation is limited to its contribution to QSuper.

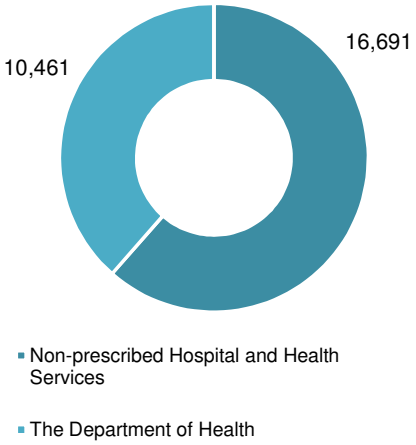
The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

Note 8. Employee expenses (continued)

2016 - Number of Employees



2015 - Number of Employees



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

Note 9. Key management personnel disclosures

Key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Department during 2014-15 and 2015-16.

Remuneration policy for the Department's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008* and the *Hospital and Health Boards Act 2011* and *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key executive management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance.

For the 2015-16 year, the remuneration of most key executive management personnel increased by 2.5 per cent in accordance with government policy. Remuneration packages for key executive management personnel comprise of the following:

Short-term employee benefits

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

+

Performance payments recognised as an expense during the year. (Not applicable for 2015-16)

+

Non-monetary benefits consisting of the provision of motor vehicles and fringe benefit taxes applicable to other benefits.

Long-term employee benefits

Long term employee benefits including long service leave accrued.

+

Post-employment benefits including superannuation benefits.

+

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

Note 9. Key management personnel disclosures (continued)

2016	Short-term benefits		Other employee benefits			
Position title Position holder	Monetary expenses $'000	Non-monetary expenses $'000	Long term expenses $'000	Post employment expenses $'000	Termination benefits $'000	Total $'000
Director-General, Queensland Health Responsible for the overall management of the public sector health system. In performing the role, the Director-General is responsible for Statewide planning, Managing statewide industrial relations, Managing major capital works, Monitoring Service performance and Issuing binding health service directives to Services. s96 Contract/CEO Band 2 *(Public Service Act 2008)* ***Current:*** Michael Walsh (6 July 2015 to current)	567	12	11	35	-	**625**
Deputy Director-General, Corporate Services Division Responsible for providing strategic leadership to the delivery of corporate and operational services; capital works delivery activities, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Also responsible for leading the Department's budget, financial reporting processes, human resource services, knowledge management, system-wide industrial relations activities, major capital infrastructure delivery projects and facilities management activities. s67 Contract/HES 4 Chief Executive *(Hospital and Health Boards Act 2011)* ***Current:*** Elizabeth Gregoric (Acting) (29 March 2016 to current) ***Former:*** Susan Middleditch (6 July 2015 - 1 January 2016)	67 184	- 4	1 4	5 20	- -	**73** **212**
Deputy Director-General, Clinical Excellence Division Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, research and professional clinical leadership activities of the Department. s67 Contract/HES 4 Chief Executive *(Hospital and Health Boards Act 2011)* ***Current:*** Dr John Wakefield (4 January 2016 to current) ***Former:*** Dr Michael Cleary (13 July 2015 to 31 December 2015)	262 209	2 3	5 4	19 22	- 380	**288** **618**
Deputy Director-General, Healthcare Purchasing and System Performance Division Responsible for providing strategic leadership to the functions relating to purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes that align with the Department's strategic objectives. s67 Contract/HES 4 Chief Executive *(Hospital and Health Boards Act 2011)* ***Current:*** Nicholas Steele (31 August 2015 to current)	250	5	5	25	-	**285**
Queensland Chief Health Officer and Deputy Director-General, Prevention Division Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Also responsible for leading the disaster coordination, emergency response and emergency preparedness activities for Queensland at a system-wide level, for overseeing retrieval and counter-disaster activities and maintaining the State's capacity to identify and respond to communicable diseases and other health threats. The position also has responsibility for leading health information campaigns to address issues relating to chronic disease and emergent health trends, in order to reduce the future impacts on the State's health system and to raise awareness about issues relating to personal responsibility for health outcomes. s67 Contract.HES 4 Chief Executive (*Hospital and Health Boards Act 2011*) ***Current***: Dr Jeannette Young (6 July 2015 to current)	501	8	9	51	-	**569**

Note 9. Key management personnel disclosures (continued)

2016 Position title Position holder	Short-term benefits		Other employee benefits			Total
	Monetary expenses $'000	Non-monetary expenses $'000	Long term expenses $'000	Post employment expenses $'000	Termination benefits $'000	$'000
Deputy Director-General, Strategy, Policy and Planning Division Responsible for providing strategic leadership and direction to the activities of Queensland's health system through establishing the high level policy agendas, overseeing system-wide planning processes and facilitating strategic reform initiatives required to drive better health outcomes for Queenslanders. s67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011*) ***Current***: Kathleen Forrester (2 November 2015 to current)	188	-	4	20	-	**212**
Commissioner, Queensland Ambulance Services Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. Governor in Council (*Ambulance Service Act 1991*) ***Current***: Russell Bowles (3 June 2011 to current)	306	-	-	35	-	**341**
Chief Executive, Health Support Queensland Responsible for managing the strategic functions relating to the Clinical and Statewide Service provided by Queensland Health including Pathology, Medication Services, Radiology, Forensic and Scientific Services, Biomedical Technology Services and Queensland Blood Management. s67 Contract/HES 4 Chief Executive/(*Hospital and Health Boards Act 2011*) ***Current:*** Gary Uhlmann (11 January 2016 to current) ***Former***: Kathleen Byrne (20 April 2015 to 10 January 2016)	151 177	- -	3 3	16 17	- 228	**170** **425**
Chief Technology Officer, eHealth Queensland Responsible for all aspects of developing, implementing and maintaining technology initiatives within the organisation, assuring high performance, consistency, reliability and scalability of all technology offerings. s67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011)* ***Former***: Colin McCririck (12 January 2015 to 6 December 2015)	153	2	3	16	-	**174**
Chief Executive, eHealth Queensland Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives within the State's public health system, assuring high performance, consistency, reliability and scalability of all technology offerings. s67 Contract/HES 4 Chief Executive/(*Hospital and Health Boards Act 2011*) ***Current:*** Colin McCririck (11 April 2016 to 8 Jul 2016) ***Former***: Catherine Ford (Acting) (4 January 2016 to 10 April 2016)	81 61	- -	2 1	9 6	- -	**92** **68**

^ Due to changes in the organisational structure of the Department there has been a change in the positions listed as key management personnel when compared to the prior year.

Note 9. Key management personnel disclosures (continued)

2015	Short-term benefits		Other employee benefits			
Position title Position holder	Monetary expenses $'000	Non-monetary expenses $'000	Long term expenses $'000	Post employment expenses $'000	Termination benefits $'000	Total $'000
Director-General, Queensland Health						
Responsible for the overall management of the department through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of all Queenslanders.						
S92 Contract/CEO Governor in Council (*Public Services Act 2008)*						
Dr Michael Cleary (Acting) (14 Feb 2015 to 5 Jul 2015)	145	2	3	16	-	**166**
Ian Maynard (23 Sep 2013 to 24 Mar 2015)*	504	12	10	-	244	**770**
Deputy Director-General, Health Service and Clinical Innovation						
Lead the development of policy, strategy and clinical workforce development to meet current and future health challenges.						
S67 Contract/HES 4 Chief Executive *(Hospital and Health Boards Act 2011*)						
Dr William Kingswell (Acting)(14 Feb 2015)**	171	2	3	11	-	**187**
Dr Michael Cleary (10 May 2010 to 13 Feb 2015)	278	17	5	31	-	**331**
Chief Human Resources Officer, System Support Services						
Responsible for providing strategic leadership in relation to all human resource matters across Queensland Health, including being the primary owner for the leadership and management of industrial issues.						
S67 Contract/HES 3 Chief Executive (*Hospital and Health Boards Act 2011)*						
David Waters (Acting) (1 Sep 2014)**	172	4	3	17	-	**196**
Chief Legal Counsel, System Support Services						
Manage the provision of quality and cost effective legal services across the Department so that the Department's and the Minister's legal interests are appropriately protected						
S67 Contract/HES 2 Chief Executive *(Hospital and Health Boards Act 2011)*						
Annette McMullan (21 Oct 2011)**	198	8	4	20	-	**230**
Chief Finance Officer, System Support Services						
Responsible for providing both strategic and operational leadership related to all financial management issues within the Department.						
S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011)*						
Malcolm Wilson (25 Nov 2013)**	281	7	5	29	-	**322**
Deputy Director-General, Health Commissioning Queensland						
Lead and manage the functions relating to accountability and governance across Queensland Health. Responsible for developing governance, strategic planning and performance management frameworks						
S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011*)						
Philip Davies (27 May 2013)**	339	7	7	36	-	**389**

** The former Director -General Ian Maynard's short term benefits include performance payments ('at risk' components) of $71,830.37 relating to the 2014-15 financial year and $80,208 relating to the 2013-14 financial year.*

*** This reflects the start date with the individual remaining within the position as at 30 June 2015.*

Note 9. Key management personnel disclosures (continued)

2015 Position title Position holder	Short-term benefits		Other employee benefits			Total
	Monetary expenses $'000	Non-monetary expenses $'000	Long term expenses $'000	Post employment expenses $'000	Termination benefits $'000	$'000
Queensland Chief Health Officer Lead and manage the development of strategic policy, regulation, legislative frameworks and programs for public health function, including mental health, population health and health service regulation as well as the provision of advice to the Minister and government relating to emergencies such as pandemics, epidemics, or major disasters. S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011*) Dr Jeannette Young (14 Nov 2005)**	483	19	9	49	-	**560**
Deputy Director-General, Office of the Director-General Responsible for providing strategic direction and authoritative advice to the Director-General and Department on a range of services, functions and programs to achieve improvements in performance, quality of outcomes and service delivery across the Department and the public health system. S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011*) William Brett (1 Jul 2014)**	325	7	6	31	-	**369**
Commissioner, Queensland Ambulance Services Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. HES 4 (equivalent) Governor in Council (*Ambulance Service Act 1991*) Russell Bowles ASM (3 Jun 2011)**	259	9	-	31	-	**299**
Chief Technology Officer, Health Services Information Agency Responsible for all aspects of developing implementing and maintaining technology initiatives within the organisation, assuring high performance, consistency, reliability and scalability of all technology offerings. S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011)* Colin McCririck (12 Jan 2015)**	161	3	3	17	-	**184**
Chief Health Information Officer, Office of the Chief Health Information Officer Responsible for providing strategic leadership in information management and the use of information and communication technology across the Queensland Health system. S122 Contract/HES 4 equivalent Chief Executive *(Public Service Act 2008)* Malcolm Thatcher (15 Sep 2014 – 30 Jun 2015)	319	7	6	26	-	**358**
Acting Chief Information Officer, Health Services and Information Agency Responsible for providing strategic leadership in information management and the use of information and communication technology across the Queensland Health system. Paul Carroll (26 Aug 2014 to 16 Jan 2015)	203	11	4	20	-	**238**
Chief Executive, Health Support Queensland Responsible for managing the strategic functions relating to the clinical and State-wide service provided by Queensland Health including pathology, medication services, radiology, forensic and scientific services, biomedical technology services and Queensland blood management S67 Contract/HES 4 Chief Executive (*Hospital and Health Boards Act 2011)* Susan Middleditch (28 April 2014)**	314	10	6	33	-	**363**
Chief Nursing and Midwifery Officer, Nursing and Midwifery Officer Queensland Responsible for the delivery of state-wide support and coordination functions to assist Hospital and Health Services with nursing and midwifery matters that have whole of system implications. S67 Contract/HES 3 Chief Executive (*Hospital and Health Boards Act 2011)* Dr Frances Hughes (5 Mar 2012)**	215	18	4	22	-	**259**

*** This reflects the start date with the individual remaining within the position as at 30 June 2015.*

Note 10. Supplies and services

	2016 $'000	2015 $'000
Drugs	**497,180**	353,780
Clinical supplies and services	**389,336**	371,720
Consultants and contractors	**162,953**	153,144
Expenses relating to capital works	**56,578**	125,716
Repairs and maintenance	**122,146**	118,594
Operating lease rentals	**59,678**	63,062
Computer services	**130,673**	72,495
Communications	**56,499**	49,687
Advertising	**13,789**	20,012
Catering and domestic supplies	**9,372**	16,322
Motor vehicles	**10,359**	11,279
Electricity and other energy	**9,825**	9,757
Other travel	**8,703**	8,348
Building services	**9,697**	7,344
Interstate transport levy	**4,334**	4,302
Water	**1,299**	1,317
Other	**38,981**	24,622
	1,581,402	1,411,501

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

Note 11. Health services

	2016 $'000	2015 $'000
Hospital and Health Services	**10,957,648**	9,959,331
Mater Hospitals	**379,496**	429,731
National Blood Authority	**49,364**	102,015
Aeromedical services	**62,011**	87,728
Mental health services	**79,279**	76,976
Community health services	**76,689**	76,950
Indigenous Health Services	**23,731**	26,592
Other health service providers	**20,117**	21,546
	11,648,335	10,780,869

Note 12. Grants and subsidies

	2016 $'000	2015 $'000
Medical research programs	**34,954**	26,118
Public hospital support services*	**57,274**	15,450
Mental, home, community and rural health services	**1,311**	60
Other	**9,547**	14,165
	103,086	55,793

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

Note 13. Other expenses

	2016 $'000	2015 $'000
Deferred appropriation payable to Consolidated Fund	**261,252**	353,792
Insurance	**116,042**	108,126
Losses from disposal/transfer of non-current assets	**12,515**	25,675
Impairment of capital work in progress	**188**	22,240
Impairment of software work in progress	**8,733**	21,258
Journals and subscriptions	**9,296**	7,631
Other legal costs	**14,075**	3,754
External audit fees*	**1,300**	1,358
Other audit fees	**257**	326
Losses - public monies	**1**	3
Special payments - ex-gratia payments**	**169**	314
Inventory written off	**598**	148
Other	**1,206**	2,022
	425,632	546,647

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

*Total Queensland Audit Office audit fees for the 2015-16 financial year are $1.3M ($1.4M in 2014-15). This balance is inclusive of a $0.6M engagement to provide assurance on controls at the Department in its capacity as a service organisation for HHSs.

**During 2015-16, there were two special payments exceeding $5,000. Of these, one related to legal settlements and one was a settlement in lieu of consultancy fees.

Note 14. Cash and cash equivalents

	2016 $'000	2015 $'000
Cash at bank and on hand	**375,432**	182,732
24 hour call deposits	**12,191**	12,621
Fixed rate deposit	**20,000**	20,000
	407,623	215,353

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

The Department's operational bank accounts are grouped within the whole-of-government set-off arrangement with the Queensland Treasury Corporation. The Department does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash overdraft facility as it is part of the whole-of-government banking arrangements. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.

The 24 hour call deposits relates to the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For the 2015-16 year, the weighted average interest rate on the 24 hour call deposit was 2.85 per cent (2.95 per cent in 2014-15).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During the 2015-16 year, the weighted average interest rate on this deposit was 2.28 per cent (2.73 per cent in 2014-15).

Note 15. Loans and receivables

	2016 $'000	2015 $'000
Current		
Trade receivables	**344,435**	405,207
Payroll receivables	**33,805**	35,069
	378,240	440,276
Less: Pay day loan fair value adjustment	**(2,059)**	(2,252)
Less: Allowance for impairment of receivables	**(1,011)**	(2,217)
	(3,070)	(4,469)
GST input tax credits receivables	**30,055**	43,831
GST payable	**(718)**	(263)
	29,337	43,568
Appropriation receivable	**158,679**	178,040
Annual leave reimbursements	**158,126**	177,050
Grants receivable	**114,843**	123,199
Long service leave reimbursements	**24,945**	27,115
Advances	**155**	7,645
Other	**102**	92
	861,357	992,516
Non-current		
Payroll receivables	**109,602**	125,173
Less: Pay day loan fair value adjustment	**(6,424)**	(8,236)
Less: Allowance for impairment of receivables	**(24,190)**	(29,627)
	78,988	87,310
Loans to other entities	**25,418**	24,208
	104,406	111,518

Significant accounting policies

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

Payroll receivables include amounts relating to salary overpayments and interim cash payments.

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

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

Payroll receivables

As at 30 June 2016, the Department recognised $66.2M ($74.9M in 2014-15) relating to salary overpayments and interim cash payments, of which $22.6M is classified as current and $43.6M is classified as non-current.

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

As at 30 June 2016, the Department held a pay date loan of $74.9M ($85.0M in 2014-15) to provide a transitional loan equal to two weeks' net pay (of which $10.9M is classified as current and $64.0M is classified as non-current).

As the loan was interest-free for employees, the Department recognised a loan discount expense of $17.7M in the year the loan was issued (2012-13) to account for the time value of money. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority is expected to be recovered over the next seven years.

Note 15. Loans and receivables (continued)

Impairment of financial assets

At the end of each reporting period, the Department assesses whether there is objective evidence that a financial asset, or group of financial assets, is impaired. Objective evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 60 days. The allowance for impairment reflects the Department's assessment of the credit risk associated with receivables balances and is determined based on consideration of objective evidence of impairment, past experience and management judgment.

An allowance for impairment of $24.2M ($29.6M in 2014-15) has been recognised in relation to payroll receivables. The due date of payroll receivables is the date the recipient terminates employment with the Department. The balance of payroll receivables past due, but not impaired, of $6.6M ($2.8M in 2014-15) represents balances owing from current and former employees which are considered likely to be recovered. In determining this balance, consideration was given to the value, quantity and age of the amounts receivable.

Ageing of past due but not impaired trade receivables

	2016 $'000	2015 $'000
Less than 30 days	**5,227**	15,643
30 to 60 days	**1,297**	551
61 to 90 days	**631**	1,197
More than 90 days	**19,424**	6,825
	26,579	24,215

Movement in the provision for impairment

	2016 $'000	2015 $'000
Opening balance	**31,844**	34,660
(Decrease) in impairment recognised on receivables	**(6,643)**	(2,816)
Closing balance	**25,201**	31,844

Ageing of impaired trade receivables

	2016 $'000	2015 $'000
Not overdue	**2,988**	3,683
30 to 60 days	**-**	2
61 to 90 days	**-**	8
More than 90 days	**22,213**	28,151
	25,201	31,844

Note 16. Inventories

	2016 $'000	2015 $'000
Medical supplies and drugs	**55,004**	50,725
Catering and domestic	**2,562**	1,271
Less: Allowance for obsolescence	**(293)**	(313)
	57,273	51,683
Engineering	**2,384**	1,933
Other	**1,187**	1,136
	60,844	54,752

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

Note 17. Assets held for sale

	2016 $'000	2015 $'000
Land	32,000	-
	32,000	-

Significant accounting policies
Sale of the land at the former Southport Hospital site has been agreed at a sale price of $32.0M. Upon recognition as held for sale, based on management decision and high probability of sale within the next twelve months, the land has been valued according to AASB 5 at fair value.

The site was demolished by the Department of State Development in October 2015 and the cost relating to that ($17.6M) has been recognised by the Department within the Statement of Profit or Loss and Other Comprehensive Income.

Note 18. Prepayments

	2016 $'000	2015 $'000
Insurance premium prepayment*	-	112,991
Other prepayments	33,824	65,920
	33,824	178,911

*The QGIF premium for the proceeding twelve months is no-longer paid prior to 30 June.

Note 19. Property, plant and equipment

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

* Level 2 buildings valuations resulted in net valuation increment of $0.2M on carrying amount of $0.5M.

Note 19. Property, Plant and Equipment (continued)

2015	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	163,251	748,977	682,540	641,861	2,236,629
Less: Accumulated depreciation	-	(408,390)	(442,114)	-	(850,504)
Carrying amount at end of period	163,251	340,587	240,426	641,861	1,386,125
Categorisation of fair value hierarchy	*Level 2*	*Level 3*			
Movement					
Carrying amount at start of period	242,090	373,248	256,932	1,837,675	2,709,945
Additions	-	707	64,082	671,276	736,065
Donations received	-	2,384	10	-	2,394
Disposals	(2,567)	(1,151)	(3,679)	-	(7,397)
Donations made	(796)	(22,647)	(19)	-	(23,462)
Revaluation increments/(decrements)	(9,539)	100	-	-	(9,439)
Transfers to HHSs	(23,990)	33,954	(26,170)	(1,783,191)	(1,799,397)
Transfers to DHPW	(42,318)	(79,283)	-	-	(121,601)
Transfers between classes	371	48,884	27,476	(76,731)	-
Write-off capital works in progress	-	-	-	(7,168)	(7,168)
Other	-	-	(75)	-	(75)
Depreciation expense	-	(15,609)	(78,131)	-	(93,740)
Carrying amount at end of period	163,251	340,587	240,426	641,861	1,386,125

Significant accounting policies

Property, plant and equipment are initially recorded at purchase price plus any other costs directly incurred in bringing the asset to the condition ready for use. Items or components that form an integral part of an asset are recognised as a single asset. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

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

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

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

Depreciation is calculated on a straight-line basis (in accordance with AASB 116). The residual value is assumed to be zero. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments of the remaining useful life of individual assets. Land is not depreciated. Assets under construction (work in progress) are not depreciated until they are ready for use.
The Department's buildings have useful lives ranging from 8 to 72 years; for plant and equipment the useful life is between 1 and 50 years:

Computer, furniture & fittings	1 to 27 years	Medical equipment	8 to 38 years
Office equipment	10 to 20 years	Engineering and Other equipment	10 to 50 years
Vehicles	5 to 21 years		

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Significant land and buildings are specifically revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years.

Fair value measurement takes into account a market participant's ability to generate economic benefit from using the asset in its highest and best use, or by selling it to another market participant that would use the asset in its highest and best use.

All assets and liabilities of the Department 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:

Note 19. Property, Plant and Equipment (continued)

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

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 (that is, an exit price). Fair value is determined using observable and unobservable inputs.

Observable inputs are publicly available data relevant to the characteristics of the assets/liabilities being valued, such as published sales data for land and residential dwellings.

Unobservable inputs are data, assumptions and judgements not available publicly, but relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of the specialised nature of health service buildings, including historical and current construction contracts (and/or estimates of such costs), 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.

Reflecting the specialised nature of health service buildings, fair value is determined using depreciated replacement cost methodology. Depreciated replacement cost represents how much it would cost to replace the 'service potential' remaining in an existing asset. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and condition of the existing asset. The cost of a replacement asset is determined by reference to a modern equivalent asset, built to current standards and with modern materials.

In assessing the condition of a building the following ratings are applied by the valuers:

Category	***Condition***	***Description***
1	*Very good condition*	*Only normal maintenance required*
2	*Minor defects only*	*Minor maintenance required*
3	*Maintenance required to bring to acceptable level of service*	*Significant maintenance required (up to 50 per cent of capital replacement cost)*
4	*Requires renewal*	*Complete renewal of internal fitout and services (up to 70 per cent of capital replacement cost)*
5	*Asset unserviceable*	*Complete asset replacement required*

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

Where a revaluation increment is recognised in relation to assets transferred to HHSs which is material in the context of the asset class, the portion of the Asset revaluation surplus relating to the increment is reclassified to Retained surpluses.

Revaluation increments increase the asset revaluation surplus of the asset class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. Revaluation decrements are recognised as expenses where they exceed the balance of the revaluation surplus relating to that asset class. On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Land

The Department recognises land valued at $0.04M ($0.7M in 2014-15) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account the location of department's land, its size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land. The extent of the adjustments made varies in significance for each parcel of land. The revaluation program resulted in a $8.8M increment ($9.5M decrement in 2014-15) to the carrying amount of land. For land not subject to comprehensive valuations indices between 0.448 to 1.495 were applied. The Gold Coast land held for sale resulted in a revaluation increment of $11.8M.

Buildings

The Department recognises five heritage buildings held at gross value of $3.3M (five buildings at gross value of $2.7M in 2014-15).

An independent revaluation of 1% of the gross value of the building portfolio was performed during 2015-16. For buildings not subject to independent revaluations during 2015-16, an index of between 1 and 1.015 was applied. Indices are based on inflation across the industry and take into account regional variances due to specific market conditions. The buildings valuations for 2015-16 resulted in a net increment to the building portfolio of $5.6M ($0.1M increment in 2014-15).

Note 19. Property, Plant and Equipment (continued)

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Upon completion of these infrastructure projects, these assets are transferred to the respective HHS for use and depreciation. Current works in progress balances are attributable across the portfolio of capital works and include the Sunshine Coast University Hospital (SCUH).

Note 20. Intangibles

2016	Software purchased $'000	Software generated $'000	Software work in progress $'000	Total $'000
Gross	162,463	415,892	14,791	593,146
Less: Accumulated amortisation	(118,605)	(240,969)	-	(359,574)
Carrying amount at end of period	**43,858**	**174,923**	**14,791**	**233,572**
Movement				
Carrying amount at start of period	45,677	45,974	132,485	224,136
Additions	2,382	123	41,697	44,201
Disposals	1	(1,246)	(8,329)	(9,575)
Transfers to/from property, plant & equipment	2,428	-	-	2,428
Transfers between classes	1,607	149,455	(151,062)	-
Amortisation expense	(8,237)	(19,382)	-	(27,619)
Carrying amount at end of period	**43,858**	**174,923**	**14,791**	**233,572**

2015	Software purchased $'000	Software generated $'000	Software work in progress $'000	Total $'000
Gross	157,582	272,031	132,485	562,098
Less: Accumulated depreciation	(111,905)	(226,057)	-	(337,962)
Carrying amount at end of period	45,677	45,974	132,485	224,136
Movement				
Carrying amount at start of period	53,738	56,257	121,988	231,983
Additions	425	295	35,283	36,003
Transfers to HHSs	-	(617)	-	(617)
Transfer between classes	283	6,118	(6,401)	-
Write-off of software work in progress	-	-	(18,385)	(18,385)
Amortisation expense	(8,769)	(16,078)	-	(24,848)
Carrying amount at end of period	45,677	45,974	132,485	224,136

Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than $100,000. Intangible assets are recorded at cost, which is purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software cost includes all direct costs associated with development of that software. All other costs are expensed as incurred.

Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis. The useful life for the Department's software ranges from 4 to 27 years.

Note 20. Intangibles (continued)

The Department controls both registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 21. Payables

	2016 $'000	2015 $'000
Trade payables	**304,014**	296,798
Appropriations payable	**302,184**	462,480
Hospital and Health Service payables	**177,106**	186,862
Other payables	**18,427**	10,814
	801,731	956,954

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

Note 22. Accrued employee benefits

	2016 $'000	2015 $'000
Salaries and wages accrued	**103,246**	73,813
Annual leave levy payable	**252,214**	195,182
Long service leave levy payable	**50,096**	39,979
Other employee entitlements payable	**84,426**	120,548
	489,982	429,522

Significant accounting policies
Wages and salaries due but unpaid at reporting date are recognised in the Statement of financial position at current salary rates. As the Department expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted values.

Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

Note 23. Asset revaluation surplus

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

2015	Land $'000	Buildings $'000	Total $'000
Carrying amount at start of period	53,989	33,308	87,297
Asset revaluation increment/(decrement)	(9,539)	100	(9,439)
Carrying amount at end of period	44,450	33,408	77,858

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

	2016 $'000	2015 $'000
Surplus for the year	**2,767**	17,860
Adjustments for:		
Depreciation and amortisation	**121,464**	118,581
Write off of non-current assets	**20,782**	47,727
Net (gain)/loss on disposal of non-current assets	**(1,127)**	24,010
Share of loss - associates	**1,215**	1,177
Impairment losses	**638**	-
Grants and subsidies	**35,062**	-
Donated non-cash assets	**48,878**	(29,606)
Non cash depreciation funding expense	**522,030**	485,820
Other non-cash items	**13,960**	(3,296)
Changes in assets and liabilities:		
(Increase)/Decrease in loans and receivables	**58,661**	54,356
(Increase)/Decrease in inventories	**(60,890)**	26,683
(Increase)/Decrease in prepayments	**145,353**	(51,610)
Increase/(Decrease) in payables and other liabilities	**(87,468)**	294,810
Increase/(Decrease) in accrued employee benefits	**60,460**	(115,577)
Increase/(Decrease) in unearned revenue	**18,378**	(17,482)
Net cash from operating activities	**900,163**	853,453

Note 25. Financial instruments

Significant accounting policies

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

Financial instruments are classified and measured as follows:

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

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

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

Liquidity risk - this risk is minimal, as the Department has an approved debit facility of $520.0M up to 30 June 2016 and $420.0M from 1 July 2016 under whole-of-government banking arrangements to manage any cash shortfalls.

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

Credit risk - the credit risk relating to deposits is minimal as all department deposits are held by the state through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer note 15).

Note 26. Contingencies

Guarantees

As at 30 June 2016, the Department held guarantees of $106.0M ($105.0M in 2014-15) from third parties in connection with capital projects. These amounts have not been recognised as assets in the financial statements.

Litigation in progress

At 30 June 2016, the Department had five litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited to $20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

Note 26. Contingencies (continued)

Major capital projects

In the course of constructing the Sunshine Coast University Hospital (SCUH), the Department entered into agreements which may give rise to possible obligations which are contingent on the occurrence or non-occurrence of uncertain future events (for example, government approvals and staff movements).

The Department has agreed to certain compensation events with the car park operators at SCUH (for example, failure to achieve forecast car park revenues, operational bed numbers or staff numbers) which may give rise to possible obligations. The occurrence of these future events is uncertain.

Contingent liability

The Department receives Commonwealth funding via the Pharmaceutical Benefits Scheme. The Department may be required to make a repayment of funding in relation to activity undertaken in the 2015-16 financial year. This cannot be measured with sufficient reliability and is contingent on a decision being made by the Commonwealth Government.

Note 27. Commitments to expenditure

Social public private partnership arrangements

Significant accounting policies
The Department currently has one social public private partnership arrangement. The share of construction costs contributed by the Department are currently recognised as a works in progress asset. The construction costs borne by the other entities will be recognised as a leased asset with a corresponding finance lease liability when the asset is ready for use. The finance lease liability will be unwound over the service concession period as payments to the other entities are made.

On 17 July 2012, the Department entered into contractual arrangements with Exemplar Health Partnership (Exemplar Health), a consortium comprising Lend Lease (building), Spotless (facilities manager), Capella Capital and Siemens (financiers) to design, construct, commission, maintain and partially finance the SCUH under a Public Private Partnership (PPP) arrangement. Construction of the SCUH is scheduled for completion in April 2017.

The SCUH PPP includes a limited scope of operational support services that are closely linked to the hospital building and its systems, such as security, pest control and car parking services but does not include the provision of any clinical services.

The Department will lease back the SCUH from Exemplar Health and make lease payments as well as payments for the maintenance, refurbishment and other services to be provided by Exemplar Health over the term of the agreement. This agreement will transfer in full to the Sunshine Coast HHS during the 2016-17 financial year.

The land is controlled by the Sunshine Coast HHS and Exemplar Health has been granted a licence that gives the consortium the right to enter and operate on the site. The SCUH indicative operating and capital cash outflows are outlined within the first table only below.

	2016 $'000	2015 $'000
Cash outflows expected to be paid:		
within 1 year	**62,773**	331,686
1 year to 5 years	**304,729**	282,612
5 years to 10 years	**420,219**	410,408
more than 10 years	**1,694,710**	1,784,382
	2,482,431	2,809,088

	2016 $'000	2015 $'000
Capital commitments		
Committed at reporting date but not recognised as liabilities, payable:		
within 1 year	**76,453**	88,527
1 year to 5 years	**2,830**	14,686
more than 5 years	**-**	-
	79,283	103,213
Lease commitments - operating		
Committed at reporting date but not recognised as liabilities, payable:		
within 1 year	**40,877**	38,330
1 year to 5 years	**69,661**	84,374
more than 5 years	**45,797**	53,951
	156,335	176,655

Note 28. Restricted assets

The Department receives cash contributions primarily from private practice clinicians, Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are ring-fenced for stipulated purposes.

	2016 $'000	2015 $'000
General trust	**13,481**	13,702
Clinical drug trials	**4**	4
	13,485	13,706

Note 29. Interests in associates

Significant accounting policies

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

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

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

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

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

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

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

	2016 $'000	2015 $'000
Summarised statement of financial position		
Current assets	**69,242**	64,007
Non-current assets	**279,186**	290,928
Total assets	**348,428**	354,935
Current liabilities	**7,081**	7,549
Non-current liabilities	**22,561**	23,740
Total liabilities	**29,642**	31,289
Net assets	**318,786**	323,646
The Department's share of net assets	**79,695**	80,910

Note 29. Interests in associates (continued)

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

Revenue	**26,686**	22,227
Expenses	**(31,544)**	(26,934)
Surplus/(deficit)	**(4,858)**	(4,707)
Other comprehensive income	**-**	-
Total comprehensive income	**(4,858)**	(4,707)
The Department's share of total comprehensive income	**(1,215)**	(1,177)

Note 30. Administered transactions and balances

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

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

Administered transactions and balances are comprised primarily of the movement of funds to the Office of the Health Ombudsman and the Mental Health Commission as well as transactions relating to the redevelopment of the Mater public hospital.

	2016 $'000	**2015 $'000**
Administered revenues		
Administered item appropriation	**33,508**	33,874
Taxes, fees and fines	**30**	33
Other revenue	**320**	-
Total administered revenues	**33,858**	33,906
Administered expenses		
Grants	**29,566**	29,222
Borrowing costs	**3,942**	4,651
Other expenses	**350**	33
Total administered expenses	**33,858**	33,906
Administered assets		
Current		
Cash	**2**	47
Receivables	**12,189**	11,433
Non-current		
Receivables	**41,626**	53,815
Total administered assets	**53,817**	65,295
Administered liabilities		
Current		
Payables	**2**	47
Other financial liabilities	**12,189**	11,433
Non-current		-
Borrowings	**41,626**	53,815
Total administered liabilities	**53,817**	65,295

Note 30. Administered transactions and balances (continued)

A capital contribution was provided to Mater Health Services in relation to the Mater public hospital redevelopment completed in June 2008. This was underpinned by a Queensland Treasury Corporation (QTC) loan for which the Department receives Queensland Treasury funding to allow repayments to be made to QTC on a periodical basis.

The interest rate on the QTC borrowings is fixed at 6.46 per cent. The repayment term is ten years. The market value of the debt as notified by QTC as at 30 June 2016 was $57.6M (2014-15: $70.8M). This represents the value of the debt if the Department repaid the debt in full on 30 June 2016.

The Department derives no financial benefit from the transactions. The financial risk associated with the public component of the project has been underwritten by the Queensland Government.

Note 31. Reconciliation of payments from Consolidated Fund to administered revenue

	2016 $'000	2015 $'000
Budgeted appropriation	**33,508**	33,874
Transfers from (to)/from other headings	**-**	-
Administered revenue recognised in Note 30	**33,508**	33,874

Note 32. Budget vs actual comparison

Statement of Comprehensive Income

	Variance Notes	Original Budget 2016 $'000	Actual 2016 $'000	Variance $'000	Variance % of budget
Revenue					
Departmental services revenue		9,406,668	**9,581,853**	175,185	2%
User charges	1	1,521,352	**1,826,783**	305,431	20%
Labour recoveries		1,791,861	**1,829,976**	38,115	2%
Grants and other contributions	2	3,261,255	**3,671,950**	410,695	13%
Other revenue		14,501	**65,685**	51,184	353%
Gain on disposals		-	**1,127**	1,127	100%
Total revenue		15,995,637	**16,977,374**	981,737	
Expenses					
Employee expenses	3	(2,941,076)	**(3,092,835)**	(151,759)	5%
Supplies and services	4	(2,057,481)	**(1,581,402)**	476,079	-23%
Health services	4	(10,548,444)	**(11,648,335)**	(1,099,891)	10%
Grants and subsidies	5	(125,141)	**(103,086)**	22,055	-18%
Depreciation and amortisation	6	(183,237)	**(121,464)**	61,773	-34%
Impairment losses		(1,478)	**(638)**	840	-57%
Share of loss from associates		-	**(1,215)**	(1,215)	100%
Other expenses	7	(137,296)	**(425,632)**	(288,336)	210%
Total expenses		(15,994,153)	**(16,974,607)**	(980,454)	
Surplus for the year		1,484	**2,767**	1,283	
Other comprehensive income					
Items that will not be reclassified subsequently to profit or loss					
Increase/(decrease) in asset revaluation surplus		-	**31,412**	31,412	
Other comprehensive income for the year		-	**31,412**	31,412	
Total comprehensive income for the year		1,484	**34,179**	32,695	

Note 32. Budget vs actual comparison (continued)

Statement of financial position

	Variance Notes	Original Budget 2016 $'000	Actual 2016 $'000	Variance $'000	Variance % of budget
Assets					
Current assets					
Cash and cash equivalents	8	(303,151)	**407,623**	710,774	234%
Loans and receivables	9	651,302	**861,357**	210,055	32%
Inventories		56,202	**60,844**	4,642	8%
Assets held for sale		21,804	**32,000**	10,196	47%
Prepayments	10	142,399	**33,824**	(108,575)	-76%
Total current assets		568,556	**1,395,648**	827,092	
Non-current assets					
Loans and receivables	11	372,831	**104,406**	(268,425)	-72%
Investment in associates		82,087	**79,695**	(2,392)	-3%
Property, plant and equipment		1,648,629	**1,751,528**	102,899	6%
Intangibles		247,641	**233,572**	(14,069)	-6%
Other assets		-	**4,041**	4,041	N/A
Total non-current assets		2,351,188	**2,173,242**	(177,946)	
Total assets		2,919,744	**3,568,890**	649,146	
Liabilities					
Current liabilities					
Payables	12	327,294	**801,731**	474,437	145%
Accrued employees benefits	13	253,580	**489,982**	236,402	93%
Unearned revenue		9,159	**15,787**	6,628	72%
Total current liabilities		590,033	**1,307,500**	717,467	
Non-current liabilities					
Unearned revenue		19,963	**5,385**	(14,578)	-73%
Other liabilities	14	247,283	**-**	(247,283)	-100%
Total non-current liabilities		267,246	**5,385**	(261,861)	
Total liabilities		857,279	**1,312,885**	455,606	
Net assets		2,062,465	**2,256,005**	193,540	
Total equity		2,062,465	**2,256,005**	193,540	

Note 32. Budget vs actual comparison (continued)

Cash Flow Statement

	Variance Notes	Original Budget 2016 $'000	Actual 2016 $'000	Variance $'000	Variance % of budget
Cash flows from operating activities					
Inflows					
Departmental services receipts		9,406,668	**9,318,683**	(87,985)	-1%
Labour recoveries		1,791,861	**1,814,500**	22,639	1%
User charges		1,643,223	**1,557,220**	(86,003)	-5%
Grants and other contributions	2	3,261,255	**3,625,269**	364,014	11%
GST collected from customers		13,737	**21,923**	8,186	60%
GST input tax credits	15	153,264	**208,971**	55,707	36%
Other revenue		8,023	**59,996**	51,973	648%
Outflows					
Health services	4	(10,478,288)	**(11,101,074)**	(622,786)	6%
Employee expenses		(2,936,592)	**(3,011,281)**	(74,689)	3%
Supplies and services	4	(2,117,638)	**(1,281,801)**	835,837	-39%
Grants and subsidies	5	(125,141)	**(68,024)**	57,117	-46%
GST paid to suppliers	15	(143,394)	**(195,070)**	(51,676)	36%
GST remitted		(13,737)	**(21,593)**	(7,856)	57%
Other expenses	7	(127,822)	**(27,556)**	100,266	-78%
Net cash from/(used by) operating activities		335,419	**900,163**	564,744	
Cash flows from investing activities					
Inflows					
Loans and advances redeemed	16	-	**142,274**	142,274	N/A
Proceeds from sale of property, plant and equipment		1,500	**1,127**	(373)	-25%
Outflows					
Payments for property, plant and equipment	17	(1,068,345)	**(649,080)**	419,265	-39%
Payments for intangibles		(38,083)	**(44,201)**	(6,118)	16%
Loans and advances made		(309)	**-**	309	-100%
Net cash from/(used by) investing activities		(1,105,237)	**(549,881)**	555,356	
Cash flows from financing activities					
Inflows					
Equity injections	18	1,567,635	**592,597**	(975,038)	-62%
Outflows					
Equity withdrawals		(680,621)	**(750,609)**	(69,988)	10%
Net cash from/(used by) financing activities		887,014	**(158,012)**	(1,045,026)	
Net increase/(decrease) in cash held		117,196	**192,270**	75,074	
Cash and cash equivalents at the beginning of the financial year		(440,347)	**215,353**	655,700	-149%
Cash and cash equivalents at the end of the financial year		(323,151)	**407,623**	730,774	

Note 32. Budget vs actual comparison (continued)

Administered Items

	Variance Notes	Original Budget 2016 $'000	Actual 2016 $'000	Variance $'000	Variance % of budget
Administered revenues					
Administered item appropriation		33,544	**33,508**	(36)	0%
Taxes, fees and fines		4	**30**	26	650%
Other revenue		-	**320**	320	100%
Total administered revenues		33,548	**33,858**	310	
Administered expenses					
Grants		29,606	**29,566**	(40)	0%
Borrowing costs		3,942	**3,942**	-	0%
Other expenses		-	**350**	350	100%
Total administered expenses		33,548	**33,858**	310	
Administered assets					
Current					
Cash		4	**2**	(2)	-50%
Receivables		12,190	**12,189**	(1)	0%
Non-current					
Receivables		41,626	**41,626**	-	0%
Total administered assets		53,820	**53,817**	(3)	
Administered liabilities					
Current					
Payables		5	**2**	(3)	-60%
Other financial liabilities		12,189	**12,189**	-	0%
Non-current					
Borrowings		41,626	**41,626**	-	0%
Total administered liabilities		53,820	**53,817**	(3)	

Explanations of Major Variances

1. The $305.4M (20%) variance is mainly due to recognising revenue for medical supplies centrally procured by the Department and sold to HHSs ($213.0M). This was not budgeted for. A matching expenditure is recognised in supplies and services. The variance is also attributable to the increased sale of new drugs to HHSs ($138.3M).

2. The $410.7M (13%) variance is mainly due to increased funding from the Commonwealth for health service delivery ($234.5M). The Budget was based on estimated 2015-16 activity levels at the time the budget was prepared. During the year the Department delivered a higher level of activities, based on which the Commonwealth increased the actual cash funding. The variance is also attributable to Commonwealth funding accrued by the Department at the end of the financial year to account for the 2015-16 health services activities yet to receive funding for ($114.8M).

3. The variance of $151.8M (5%) is mainly due to higher actual staffing level than assumed in Budget ($110.1M). It is also attributable to an additional Annual Leave levy payable to Queensland Treasury ($41.7M).

4. The $476.1M (23%) variance in supplies and services is mainly due to the recognition of cost of goods sold for medical supplies to HHSs ($213.0M, refer explanation 1), an increase in drug expenditure due to the purchase of new high-cost drugs ($191.1M), higher computer service expense associated with the statewide Windows 7 upgrade and increased IT purchases in HHSs ($83.5M) as well as the expensing of prior year capitalised consultancy expenditure ($22.4M). The $1,099.9M (10%) variance in health services is mainly due to funding being re-directed from supply and services to purchase health services from HHSs ($859.9M) and external service providers ($183.9M) as a result of higher activity levels than budgeted.

Note 32. Budget vs actual comparison (continued)

5. The $22.1M (18%) variance is mainly due to the Budget assuming additional grant expenditure but this was in fact service procurement expenditure disclosed in Health Services ($57.0M). The variance is offset by grant expense to CHQ HHS for the decrease in the value of the Herston site ($35.1M).

6. The $61.8M (34%) variance is due to a higher budgeted asset base for Property, Plant and Equipment relating to lower level of capital acquisitions. Budgeted depreciation reflects the asset base of the Department at the time the Budget was prepared.

7. The $288.3M (210%) variance is mainly due to the recognition of deferred appropriation expense ($261.3M) which was not budgeted for. It is also attributable to write-offs in software Work-in-Progress (WIP) following an impairment review ($8.7M), Sunshine Coast University Hospital (SCUH) project legal fees ($6.9M), higher Queensland Government Insurance Fund (QGIF) premiums than budgeted ($6.9M) and expensing of an advance payment for aborted capital purchase ($6.0M).

8. The $710.8M (234%) variance is mainly attributable to appropriation payable to Queensland Treasury recognised in Actuals whereas the Budget assumed a cash repayment prior to 30 June 2016 ($294.9M). It is also due to lower budgeted payables resulting in higher cash payments within the Budget ($305.2M) and higher budgeted receivables resulting in less cash receipts within the Budget ($71.1M).

9. The $210.1M (32%) variance is predominantly due to the recognition of appropriation receivable from Queensland Treasury ($269.5M). The Budget assumed a reduction of $110.8M whereas the Actual is an increase of $158.7M. The variance is also attributed to the accrual of Commonwealth Activity Based Funding funding revenue in the current financial year ($114.8M, refer Note 6). This is offset by lower Trade Debtors in Actuals mainly as a result of cash settlement for invoices issued to HHSs to recoup spending by the Department on behalf of HHSs.

10. The variance of $108.6M (76%) results from payment of the Queensland Government Insurance Fund (QGIF) premium now being due post 30 June. The Budget assumed a payment in June for the 2016-17 premiums and the resulting prepayment.

11. The variance of $268.4M (72%) mainly relates to the finance lease for Translational Research Institute (TRI) which has been transferred from the Department to Metro South HHS ($247.3M). As a result, the associated finance lease assets and liabilities are no longer recognised by the Department in Actuals but Budget assumed otherwise.

12. The $474.4M (145%) variance is predominantly due to the recognition of appropriation payable to Treasury for surplus funding and activities deferred into future years ($413.0M). The Budget assumed a decrease of $110.8M whereas the Actual had an increase of $294.9M.

13. The $236.4M (93%) variance is mainly due to higher Actuals for Annual Leave Levy Payable ($187.9M) and Long Service Leave Levy Payable ($39.5M). The Budget was based on April 2015 Actuals when the Annual Leave and Long Service Leave Central Schemes for the March Quarter had settled in cash and the balance of levy payables significantly reduced. However, the Actuals balance at 30 June 2016 includes the quarterly levy payables to be paid in July thus much higher than the Budget.

14. The $247.3M (100%) variance is due to the inclusion in the budget of the Translational Research Institute (TRI) which has been transferred from the Department to Metro South HHS. Consequently, related finance lease assets and liabilities are no longer recognised by the department in Actuals (refer Note 13).

15. The variance of $55.7M (36%) in GST input tax credits is due to increased supplier expenditure subject to GST than expected. This also explains the variance of $51.7M (36%) for GST paid to suppliers.

16. The variance of $142.3M is due to the recoupment invoice arrangement where the Department receives cash from HHSs for the spending on behalf of them. This was not budgeted for.

17. The $419.3M (39%) variance is mainly due to a lower level of capital acquisition activities in Actuals than assumed in Budget. The variance is mainly due to budgeted capital expenditure not meeting the criteria for capitalisation and therefore recognised as operational cost ($124.9M) and delays to ICT projects ($67.5M), Sunshine Coast University Hospital project ($37.7M), Townsville Hospital Expansion project ($12.5M) and other capital programs ($87.2M) as well as lower plant and equipment purchased ($86.7M).

18. The variance of $975.0M (62%) is mainly due to the fact that Budget assumed depreciation funding as cash expenditure whereas it is non-cash in Actuals ($522.0M). It is also attributable to the capital expenditure deferrals mentioned in Note 20.

Department of Health
For the period ended 30 June 2016

Management Certificate

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

a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2016 and of the financial position of the Department at the end of that year; and

c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Michael Walsh – Director General
Department of Health

Date 30 / 8 / 16

Malcolm Wilson – Chief Finance Officer
Department of Health

Date 30 / 8 / 16

INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the Financial Report

I have audited the accompanying financial report of the Department of Health, which comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2016, statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows and statement of profit or loss and other comprehensive income by major departmental services for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certificates given by the Director-General and the Chief Finance Officer.

The Accountable Officer's Responsibility for the Financial Report

The Accountable Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Accountable Officer's responsibility also includes such internal control as the Accountable Officer determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards,* which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Accountable Officer, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

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

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

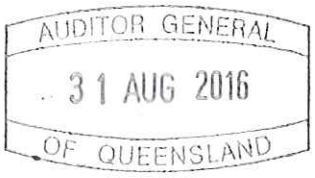
  (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

  (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Department of Health for the financial year 1 July 2015 to 30 June 2016 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

A M GREAVES FCA FCPA
Auditor-General of Queensland



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