

ANNUAL REPORT

2015–2016

Department of Health



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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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



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



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

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



MORNING AND AFTERNOON SHIFTS
1:4



NIGHT SHIFTS
1:7



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



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**



EMERGENCY
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

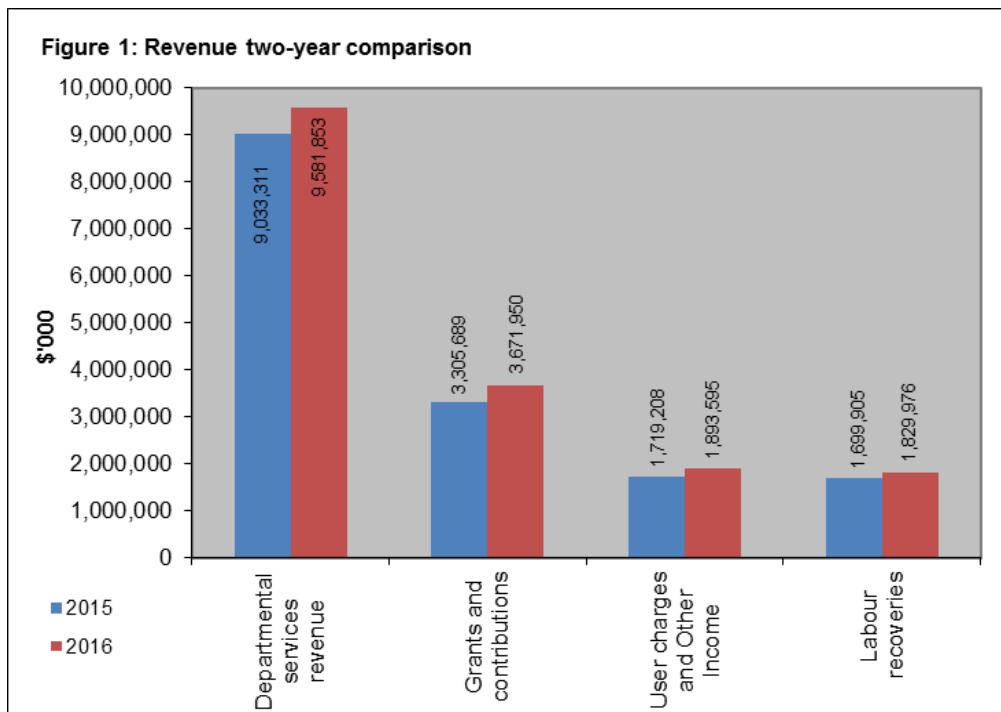
The Department of Health's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2015–16 was \$16.977 billion, an increase of \$1.219 billion (7.7%) from 2014–15. Revenue is sourced from four main areas:

- *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 HSSs—eight HSSs 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.



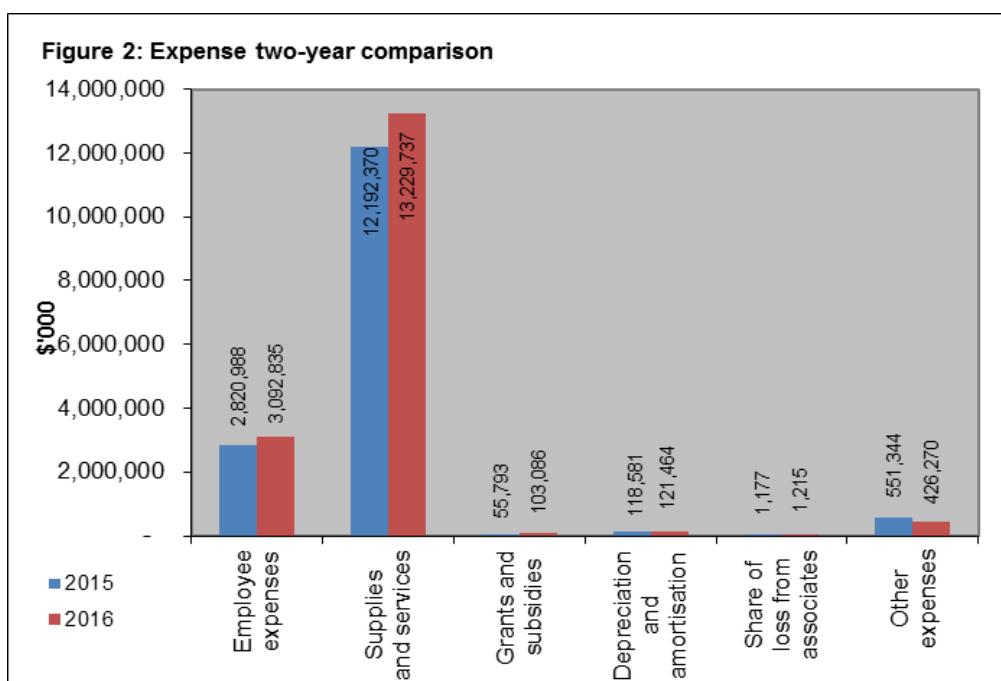
The major movement in revenue earned when compared to 2014–15 includes:

- *Departmental services revenue*—the majority of this funding increase of \$548.542 million is provided to HSSs 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 HSSs, 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:

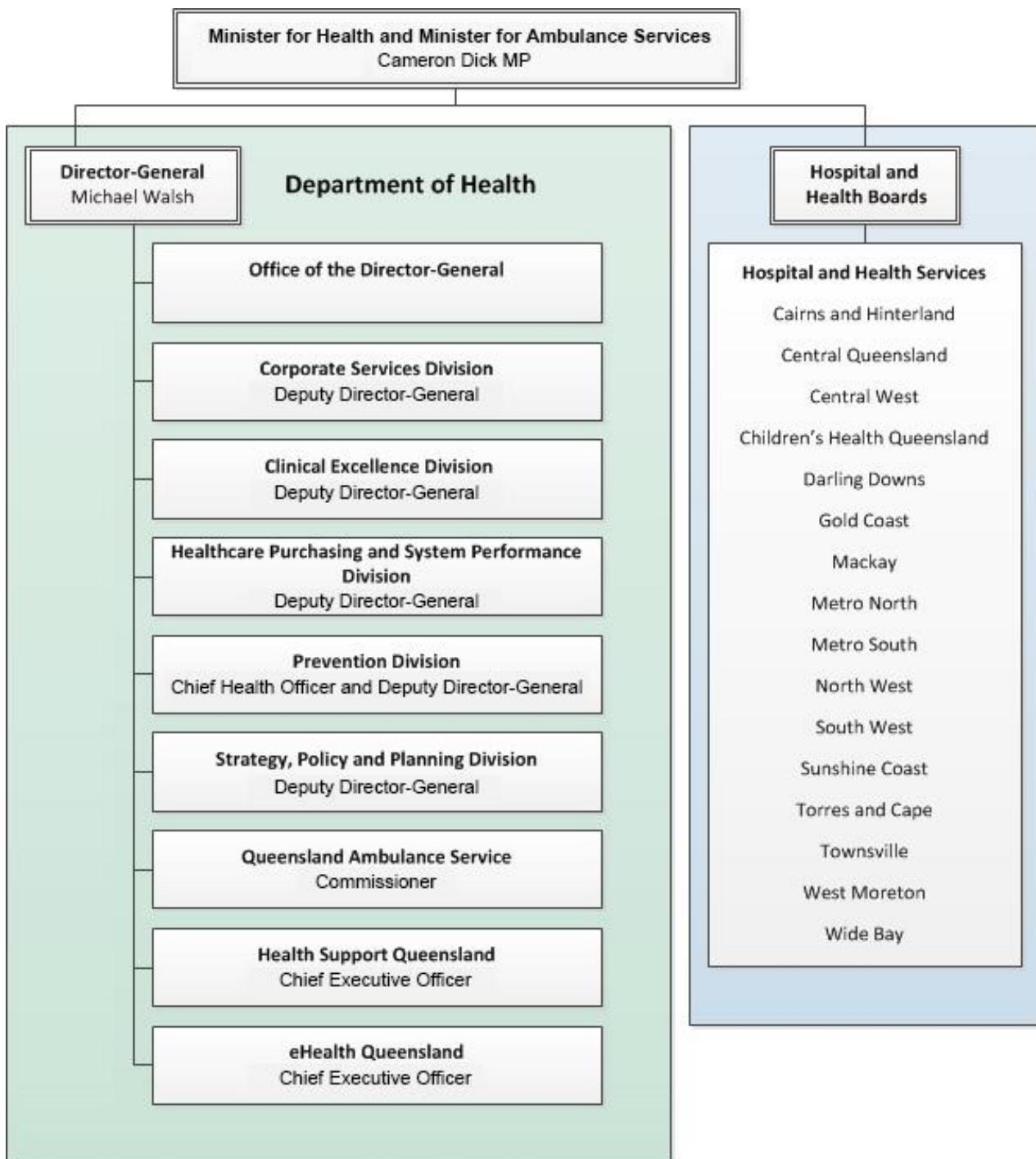
- providing strategic leadership and direction for the delivery of public health services across the state
- promoting the efficient and effective use of resources
- developing statewide health services, workforce and capital work plans
- delivering specialised health services
- providing support services 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 HSSs' 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 HSSs, other government agencies, commercial clients and the community.

HSQ services include:

- Pathology Queensland—a statewide network of 35 laboratories servicing all HSSs 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 HSSs.
- 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 Queen'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 HSSs, 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.