Children's Health Queensland Hospital and Health Service

ANNUAL REPORT

2017–2018

Queensland Government

Letter of compliance

18 September 2018

The Honorable Steven Miles MP
Minister for Health and Minister for Ambulance Services
Member for Murrumba
1 William Street
Brisbane QLD 4000

Dear Minister Miles,

I am pleased to present for presentation to the Parliament the Annual Report 2017-2018 and financial statements for Children's Health Queensland Hospital and Health Service.

I certify that this annual report complies with:

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

A checklist outlining the annual reporting requirements can be found in the Appendices of this annual report .

Yours sincerely
David Gow

Chair
Children's Health Queensland Hospital and Health Board

Acknowledgement

Children's Health Queensland pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders both past, present and future.

Feedback
Feedback is important for improving the value of our future reports. We welcome comments which can be made by contacting us at:
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Public availability statement
Copies of this publication can be obtained at www.childrens.health.qld.gov.au or contact the Children's Health Queensland Communications and Engagement Unit via CHQ_Comms@health.qld.gov.au

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Open data
Additional information on consultancies, overseas travel and Queensland Language Services Policy has been published on 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 understanding this report, you can contact us on 07 3068 3365 and we will arrange an interpreter to effectively communicate the report to you.

Photography

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About us

Agency role and functions

Children's Health Queensland Hospital and Health Service (hereafter referred to as Children's Health Queensland) is an independent, statutory body, governed by the Children's Health Queensland Hospital and Health Board, which is accountable to the local community and the Queensland Minister for Health and Minister for Ambulance Services.

Established on 1 July 2012 under the *Hospital and Health Boards Act 2011 (Qld)*, Children's Health Queensland is Queensland's only statewide specialist hospital and health service responsible for the provision of public paediatric health services.

Under the *Hospital and Health Boards Act 2011*, the Queensland Department of Health is responsible for the overall management of the public health system including statewide planning and monitoring the performance of hospital and health services.

A formal Service Agreement is in place between the Department of Health and Children's Health Queensland that identifies the healthcare, teaching, research and other services that Children's Health Queensland will provide, funding arrangements for those services, and targets and performance indicators to ensure outputs and outcomes are achieved. This service agreement is negotiated annually and available publicly at http://bit.ly/2blPVwf

Our vision

Leading life-changing care for children and young people – for a healthier tomorrow.

Our commitment

To offer the best: safe, expert, accessible child- and family-centred care for children and young people.

Our values

Respect: teamwork, listening, support *'We listen to others'*

Integrity: trust, honesty, accountability *'We do the right thing'*

Care: compassion, safety, excellence *'We look after each other'*

Imagination: creativity, innovation, research *'We dream big'*

Our services

Children's Health Queensland is dedicated to caring for children and young people from across Queensland and northern New South Wales.

We deliver responsive, integrated, high-quality, child- and family-centred care through a network of services and facilities, incorporating the:

- Lady Cilento Children's Hospital
- Child and Youth Community Health Service
- Child and Youth Mental Health Service
- statewide services and programs, including specialist outreach and telehealth services.

A recognised leader in paediatric healthcare, education and research, we deliver a full range of clinical services, tertiary and quaternary care and health promotion programs.

Our services are provided at the Lady Cilento Children's Hospital and from community sites in the Brisbane metropolitan area. We also partner with the 15 other hospital and health services in Queensland, as well as non-governments agencies, charities and other healthcare providers to ensure every child and young person, regardless of where they live, has access to the best-possible care, coordinated services and support.

Lady Cilento Children's Hospital

The Lady Cilento Children's Hospital (LCCH) in South Brisbane is the major specialist paediatric hospital for Queensland and northern New South Wales and is a centre for teaching and research. Categorised as a level six service under the *Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2, 2014*, the LCCH is responsible for providing general paediatric health services to children and young people in the greater Brisbane metropolitan area, as well as tertiary-level care for the state's sickest and most seriously injured children.

As part of our model of service delivery, we work in partnership with the network of lower-level service hospitals to coordinate, when safe and appropriate to do so, the provision of care as close to home as possible for a child and their family.

The LCCH also delivers statewide paediatric speciality services, covering areas including burns rehabilitation medicine, cardiology and cardiac surgery, cerebral palsy, cystic fibrosis, gastroenterology, oncology, neurology and haemophilia care.

As part of our commitment to sharing knowledge, Children's Health Queensland offers training in a broad range of clinical specialities and provides undergraduate, postgraduate and practitioner-level training in paediatrics. The LCCH also plays a significant role in medical research, undertaking research programs with affiliated universities including The University of Queensland and Queensland University of Technology.

www.childrens.health.qld.gov.au/lcch

Child and Youth Community Health Service

The Child and Youth Community Health Service (CYCHS) unites a variety of primary health community-based services and specialist statewide programs dedicated to helping children and their families lead healthier lives. Our multidisciplinary teams deliver a comprehensive range of health promotion, assessment, intervention and treatment services across the continuum of care.

While predominantly providing front-line healthcare from more than 50 community clinics across Greater Brisbane, our outreach and statewide services such as the Deadly Ears and Good Start programs, Healthy Hearing, Queensland Hearing Loss Family Support Service and the Ellen Barron Family Centre support communities across the state. In fact, we provide access to care for almost 500,00 children or 42 per cent of Queensland's children.

www.childrens.health.qld.gov.au/chq/our-services/community-health-services

Child and Youth Mental Health Service

The Child and Youth Mental Health Service (CYMHS) provides comprehensive, collaborative, client- and family-centred care for infants, children, young people and families in need of specialised mental health treatment.

We aim to improve the mental health and wellbeing of children and young people and their carer networks using a recovery-focused model. High priority is placed on collaborative care, consultation, consumer choices and partnering with families and stakeholders to achieve optimal outcomes.

We provide acute and tertiary-level hospital-based care at the Lady Cilento Children's Hospital, community-based care at six clinics across the greater Brisbane metropolitan area, and a range of specialist services (including telepsychiatry) across the state.

www.childrens.health.qld.gov.au/chq/our-services/mental-health-services

At a glance 2017-18

Lady Cilento Children's Hospital

40,423
inpatients/admissions

229,436
outpatient appointments

72,094
emergency presentations

13,769
elective surgeries

854
emergency retrievals

3,525
telehealth appointments

257
hospital-in-the-home patients

74,900
prescriptions dispensed

Child and Youth Community Health Service

53,221
child health well baby appointments

4,044
specialist (medical) child development appointment

33,268
primary school nurse health readiness program screenings

5,687
targeted hearing screening appointments

Child and Youth Mental Health Service

6,437
clients

84,258
occasions of service

795
calls to crisis hotline

2,498
eating disorder consultations

Message from the Chief Executive and Board Chair

The past year has been one of innovation and remarkable achievement at Children's Health Queensland and it is our privilege to look back on the efforts of our dedicated staff throughout the state, working hand in hand with families to deliver the best, safe and expert care to children and young people.

In 2017-18, we continued to execute our Strategic Plan of leading life-changing care by focusing on strategies around child- and family-centred care, partnerships, people and performance.

A significant focus of the organisation throughout the year was the successful implementation of the Electronic Scheduling Management System and ieMR Advanced project – the culmination of a 10-year plan to deliver a fully integrated electronic medical record (ieMR). These landmark initiatives improve clinical collaboration with partners across the state and enable clinicians and service providers to provide better care to our patients.

Our ongoing digital engagement strategy builds on these successes, enabling a health intelligence capacity that will significantly enhance the availability and timely access to critical information needed to support the provision of high-quality patient care across the state.

Children's Health Queensland delivered sustainable, high-value health services in 2017-18. We achieved our service agreement with the Department of Health on National Elective Surgery Targets (NEST) with 95 per cent of all categorised patients treated within clinically recommended times. National Emergency Access Target (NEAT) treatment or transfer within four hours reached 77 percent. Given the growing demand for services and the ieMR implementation, these are good results, achieved by a highly skilled workforce working together with a shared commitment to excellence.

This commitment to providing the best safe, expert and accessible healthcare services was outlined in the new Children's Health Queensland Excellence Framework, an organisation-wide commitment to contemporary best practice that helps ensure we meet the expectations of patients, families, staff and the community.

Research plays an important role in protecting and promoting the health and wellbeing of children, and in 2017-18 we continued our mission to lead paediatric research and innovation across Queensland and the world. Through the Centre for Children's Health Research, we work in partnership to deliver world-class evidence-based care, service improvement and innovation for children, young people and their families.

Every day we look for ways to improve services for the changing needs of children tomorrow. In support of our partnerships strategy, we engaged with government agencies and other partners to ensure an integrated approach to caring for children and young people, in particular those from vulnerable communities and families.

This Annual Report outlines our achievements, success and challenges on our journey to lead life-changing care for children and young people, for a healthier tomorrow.

Fionnagh Dougan
Chief Executive

David Gow
Board Chair

Children's Health Queensland Hospital and Health Service

Strategic priorities

Performance
We will deliver sustainable, high-value health services driven by continuous improvement, creativity and innovation.

Child- and family-centred care
We will place the child and family at the heart of all we do.

Partnerships
We will work collaboratively with partners to improve service coordination and integration, and optimise child and young person health outcomes across Children's Health Queensland and statewide.

People
Working, learning, growing – We will create an inspirational workplace where people want to work and learn, where contributions are valued and staff come to work with a purpose and leave with a sense of pride

Queensland Government objectives

The *Children's Health Queensland Strategic Plan 2016-2020* (see Appendices, page III) contributes to the Queensland Government's objectives for the community by delivering quality frontline services and building safe, caring and connected communities.

The Queensland Government's objectives for the community are:

- Creating jobs and a diverse community
- Delivering quality frontline services
- Protecting the environment
- Building safe, caring and connected communities.

Our Strategic Plan also supports the 10-year strategy for health in Queensland, *My health, Queensland's future: Advancing health 2026*. The vision is that by 2026 Queenslanders will be among the healthiest in the world. Five principles underpin this vision, direction and strategic agenda:

1. **Sustainability** – we will ensure available resources are used efficiently and effectively for current and future generations.
2. **Compassion** – we will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.
3. **Inclusion** – we will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.
4. **Excellence** – we will deliver appropriate, timely, high-quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
5. **Empowerment** – we recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

Strategic priorities and outcomes

Table 1: Strategic priorities and outcomes 2017-18

Strategic priority	Key projects/outcomes	Queensland Health principles
Performance Deliver high-value, health services driven by continuous improvement, creativity and innovation.	• Delivery of the $32million integrated electronic medical record (ieMR) at the Lady Cilento Children's Hospital (see page 35). • Developed and implemented the Children's Health Queensland Excellence Framework to facilitate contemporary best practice across the organisation and ensure we meet the expectations of patients, families, staff and the community. • Established a Health Intelligence Business Unit, a vital service enhancing Children's Health Queensland's ability to understand population health needs, provide support for improved service models and help drive sustainable health care delivery. (see page 17). • Completed service mapping and analysis of current and future demand for all clinical services (54) provided by Children's Health Queensland to guide future development and planning (see page 33).	Excellence Sustainability
Child- and family-centred care Place the child and family at the heart of everything we do.	• Achieved more than 70 per cent of criteria towards Planetree certification. Planetree is a non-profit organisation that partners with healthcare organisations worldwide to facilitate the delivery of high-quality family-centred care in healing environments (see page 32). • Progressed a range of initiatives supporting the delivery of integrated care for children and young people statewide, including the establishment of the Queensland hub of Project ECHO® (Extension for Community Healthcare Outcomes), a collaborative model of medical, clinical and care management that aims to improve access to specialty care for children living in rural and under-served communities (see page 33). • Establishment of the Lady Cilento Children's Hospital and Statewide Services Gender Clinic to support children and young people up to the age of 18 who are experiencing gender dysphoria to receive timely and appropriate assessment and treatment (see page 16). • Enhanced consumer involvement and representation in healthcare planning across the organisation (see page 31). • Implemented the Lady Cilento Children's Hospital Concessional Parking Policy, which provided 18,984 concessional parking tickets to families suffering financial hardship or patients attending the hospital three or more days per week. • Implemented the 'It's OK To Ask' hand hygiene awareness campaign for consumers and staff, which encourages all stakeholders to work together to reduce the risk of healthcare-associated infections (see page 37). • Launched new online resources on the Children's Health Queensland website including Mipla Binna (for Aboriginal and Torres Strait Islander families to learn about and plan for their child's hearing loss journey) (see page 22) and Birdies Tree (for families to help to children cope with extreme weather events and natural disasters). • Seven-day social work and welfare service launched at Lady Cilento Children's Hospital to enhance support available for patients and families. • Community-based Assertive Mobile Youth Outreach Service (AMYOS) teams expanded across Queensland to ensure young people experiencing severe, complex and persistent mental health problems get the help they need faster and as close to home as possible (see page 24). • Expansion of the Children's Advice and Transport Coordination Hub (CATCH) service to a 24-hour operation, facilitating the transport needs for children across Queensland requiring urgent medical care (see page 15).	Excellence Empowerment Inclusion Compassion

Strategic priority	Key projects/outcomes	Queensland Health principles
Partnerships Work collaboratively with partners to improve service coordination and integration.	• Secured a $4million Federal Government National Palliative Care Project grant to continue delivering Quality of Care Collaborative Australia for Paediatric Palliative Care (QuoCCA) in partnership with the children's hospitals across Australia (see page 40). • Launched the Growing Good Habits website in partnership with the Queensland Child and Youth Clinical Network and The University of Queensland, to help families, communities and health professionals tackle childhood obesity together (see page 42). • Launched the Navigate Your Health pilot service in partnership with the Department of Child Safety, Youth and Women, and the Brisbane Aboriginal and Torres Strait Islander Community Health Service to support young people in out-of-home care accessing routine health and developmental assessments (see page 20). • Establishment of an Aboriginal and Torres Strait Islander led governance structure to support and guide Children's Health Queensland's commitment to improving outcomes for Aboriginal and Torres Strait Islander children and their families (see page 33). • Establishment of the Children's Health Research Alliance, targeting research based on evidence and need (burden of disease, causes of death and hospitalisation) families (see page 27). • The Children's Health Queensland Arts In Health program worked with cultural partners to deliver a range of initiatives, performances and art therapies to enhance the wellbeing of patients, families and staff (see page 43). • Worked with the Department of Health in the development of the Statewide Child Health Plan. • Partnered with the Departments of State Development, Education, Child Safety, Youth and Women, Hospital and Health Services and Primary Health Networks to develop and pilot a population health approach to improving health outcomes for children and families (Our Children and Communities Matter).	Excellence Inclusion
People Create an inspirational workplace where people want to work and learn, where contributions are valued and staff come to work with a purpose and leave with a sense of pride.	• Achieved a participation rate of 62 per cent (the highest rate of all hospital and health services in Queensland) in the 2017 Working for Queensland Survey. Children's Health Queensland was also the highest scoring Queensland hospital and health service for all three strategic priorities set by the Queensland Public Commission: agency engagement, organisational leadership and innovation (see page 46). • Progressed a range of initiatives under the Children's Health Queensland Wellbeing and Resilience Program to ensure personal care and wellbeing, and that of colleagues, is prioritised (see page 48). • Recognised and celebrated the outstanding efforts and achievements of staff at the 2017 Children's Health Queensland Excellence Awards (see page 50). • Continued to support medical, nursing, allied health and corporate education, training and development activities to ensure Children's Health Queensland has a skilled, highly engaged workforce across all professions (see page 51).	Excellence Compassion

Operating environment

The pace of change over the past 10 years has led to significant reforms in health service delivery for children and young people in Queensland. Demand for healthcare continues to increase, and targets have been set for organisational and financial performance. A summary of the external factors that have impacted Children's Health Queensland in 2017-18 is detailed below.

Burden of disease

As the population of Queensland and therefore its children and young people continues to grow, demand for our services will increase. Health challenges for many Queensland children include obesity, respiratory diseases, mental health conditions, sexually transmittable diseases, infant mortality, dental health, premature and low birth weight, immunisation, physical harm and neglect, and childhood injuries.

Statistics from the Australian Early Development Census indicate that in 2015, 26 per cent of Queensland children were vulnerable in one or more of the five early childhood development domains – this is four per cent higher than the Australian rate.

Growth in demand

Demand for health services is also increasing due to increased complexity, survivorship and expectation of sub-specialist advice. The rates of children with chronic or comorbid diseases are on the rise. In particular, asthma, allergic rhinitis and type 1 diabetes are contributing to the increasing complexity of patients requiring medical treatment.

As existing treatments improve and new treatments are developed, the number of children and young people who require ongoing care or management has also increased. This is evidenced by the 28,081 non-elective occasions of service in 2017-18, a 4.8% increase on the previous year.

Workforce changes

During 2017-18 there were a number of significant changes to the Queensland Government's employment legislation and framework. The recent *Industrial Relations Act 2016* came into effect in 2017 with key changes including the introduction of the Queensland Employment Standards, paid domestic and family violence leave, enhanced parental leave entitlements and flexible working arrangements.

As part of the Queensland Government's commitment to employment security, the Temporary Employment Directive provides the legislative provision to maximise security of employment, and ensure efficient and effective service delivery through the appropriate use of temporary employees.

Financial challenges

Children's Health Queensland encountered activity based funding challenges during the 2017-18 financial year as a consequence of Commonwealth/State negotiations for public activity growth funding relating to prior year outcomes.

This financially challenging environment is likely to continue for the foreseeable future. Our organisation, like all hospital and health services in Queensland, continues to navigate and manage increasing competition for funding, to ensure hospital and health service expectations and funding are matched appropriately. Delivering services within a nationally efficient price in the face of increasing community expectations of the scope of publicly-funded services also remains an ongoing challenge.

Infrastructure

The sustained demand for health services requires an ongoing focus on Children's Health Queensland's buildings and facilities. Many community health buildings require ongoing works to keep pace with the demand for services and the advances of digital healthcare. This in turn requires increased funding to maintain and refresh the portfolio.

As a statewide healthcare provider, Children's Health Queensland has collaborated to drive new developments including the future $51 million Adolescent Extended Treatment Facility (AETF) on The Prince Charles Hospital campus at Chermside in collaboration with Metro North HHS.

In addition, Children's Health Queensland has worked with the Department of Education on the design and construction of the Yarrabilba Family, Children and Community Hub which is due to open in late 2018.

Cross-sector collaboration

One of the most significant developments in health in the past three decades has been the increasing recognition of the need to broaden the response to health to include a more holistic approach. Children's Health Queensland is taking an active approach to recognising and addressing the physical, psychological and social aspects of children and young people's health and the interplay between them and the economy, their cultural norms, environment, community, family and peers. This includes the implementation of the Navigate Your Health trial initiative, and leading data-sharing arrangements and cross-government business intelligence through the Our Children and Communities Matter initiative.

Strategic opportunities and risks

The below opportunities and risks reflect trends Children's Health Queensland has identified in the medium to long term. Our ability to leverage future opportunities and mitigate risks is vital to meeting our strategic objectives.

Opportunities

- Implementing innovative and contemporary systems, processes and models of care to enhance our ability to deliver safe and quality care across the State.
- Continuing to develop collaborative relationships with the Children's Hospital Foundation and academic partners to harness passion and progress improvements and innovation in healthcare and new discoveries through research.
- Leveraging digital technologies and platforms to facilitate engagement with staff, patients, their families and the community in design, development and delivery of contemporary care.
- Leveraging Children's Health Queensland's leadership capability to develop effective and collaborative partnerships with other agencies and healthcare providers across the state to improve access, experience and outcomes for children and their families.

Strategic risks

- **Innovation** – our ability to innovate and introduce new strategies may be limited by our available resources.
- **Health intelligence** – informed decision making may be impacted by the capacity of business and health intelligence systems.
- **Sustainability** – our capacity to meet increased demand for specialist paediatric services due to increasing population and incidence of chronic conditions may be impacted by changes to Commonwealth and State funding.
- **Health systems** – our ability to deliver safe, quality care for children and young people as close to home as possible may be impacted by system fragmentation.
- **Workforce** – our ability to respond to service model changes and growth in demand may be limited due to attraction and retention of staff with specialised knowledge and skills.

Looking ahead

Key programs continuing in 2018-19 and beyond include:

- Launch of the Children's Health Queensland *Children's Health and Wellbeing Services Plan 2018-2028*, a 10-year plan that identifies the key health service directions and strategies needed to efficiently and effectively align our services to the needs of our community.
- The Children's Health Queensland *Research Strategy 2018-2025* will be released to outline our research priorities and the roadmap for building research capability.
- Release of the Children's Health Queensland *Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023*, a five-year plan aimed at enhancing health outcomes for Aboriginal and Torres Strait Islander children and young people.
- Implementation of a partnership framework to enhance and consolidate our collaborative partnerships with other agencies and health care providers, assisting delivery of high-quality healthcare for children and young people across the state, as close to home as possible.
- Implementation of a new patient entertainment system at Lady Cilento Children's Hospital, which will improve the patient experience as well as facilitate increased engagement with patients and their families.
- The development of a Patient Online Portal will allow patients and their families to better navigate their healthcare by managing their specialist appointments and accessing health-related information in one place.
- Children's Health Queensland will lead and facilitate the launch of the Yarrabilba Family and Community Place, a health and wellbeing hub, in late 2018.
- Support the implementation and optimisation of a range of statewide initiatives such as SmartReferals, ieMR, SurgeryConnect, Child Digital Health Record and Clinical Intelligence and Business Intelligence capabilities.
- Further advance integrated care through the transition of Child Development Services (CDS) to a tertiary-level, multi-disciplinary service. The CDS will continue to promote integration of care across health, education, disability and social services for children.
- Children's Health Queensland will progress its work towards Planetree certification, demonstrating excellence in family-centred care. The organisation is on track to be the first certified paediatric health service in the world (see page 32).
- Children's Health Queensland Learning Management System to be implemented in 2019 to ensure workforce training is stored, completed and recorded in one secure location online.
- Children's Health Queensland will develop a Disability Plan by the end of 2018 that will complement our continued focus on growing an NDIS-ready workforce and cross sector partnerships to support better outcomes for children and young people with a disability and their families.
- Ongoing collaboration with the Department of Health, Department of Education and key consumer and carer stakeholders to deliver a new Adolescent Extended Treatment Facility at Chermside (see page 11).
- Children's Health Queensland will transition to the new version of the National Safety and Quality Healthcare Standards, which come into effect in 2019.
- Certification of the Children's Health Queensland Quality Management System, based on the principles outlined in ISO 9001: 2015 Quality Management Systems Requirements.

Performance

Lady Cilento Children's Hospital

Transfer advice available 24 hours

Our Queensland Children's Advice and Transfer Coordination Hub (CATCH) launched a 24-hour, seven-day-a-week model of care in 2017-18 to improve timely access to safe and appropriate care for Queensland children and young people. Based in the Lady Cilento Children's Hospital, CATCH ensures ensures regional, rural and remote clinicians – who often see patients present with uncommon paediatric healthcare needs – have access to the right information at the right time to make informed decisions about treatment options and whether or not a transfer is required. In 2017-18, the CATCH team facilitated 3,400 inter-hospital transfers of children in and out of the Lady Cilento Children's Hospital. The team also provided specialist paediatric advice and support, via telehealth and teleconference services, to clinicians more than 1,490 times.

Emergency retrievals increase by 13 per cent

Eight hundred and fifty-four children from across Queensland and northern New South Wales in need of emergency care were transported by the Children's Health Queensland Retrieval Service (CHQRS) in 2017-18, representing a 13 per cent growth increase on the previous 12 months. The number of requests for advice or clinical coordination resulting in retrievals by CHQRS also continued to increase, with 1,960 calls received in 2017-18 – up from 1,819 in 2016-17.

To support this growth in demand, the CHQRS has increased capacity and recruited a fellow, as well as eight new cinical nurses. A statewide neonatal and paediatric retrieval review also resulted in securing additional funds for CHQRS to implement a statewide clinical governance framework.

40,423
inpatients/admissions

229,436
outpatient appointments

72,094
emergency presentations

13,769
elective surgeries

Gender clinic and statewide service

Children's Health Queensland launched Queensland's first funded multidisciplinary specialist gender service at the Lady Cilento Children's Hospital in July 2017. The Lady Cilento Children's Hospital Gender Clinic and Statewide Service ensures children up to the age of 18 who are experiencing gender dysphoria are assessed and given the support they need sooner.

It brings together medical and mental health professionals to provide a tertiary level of assessment and treatment for children and young people who present to community services.

The team consists of:

- mental health professionals specialising in gender assessment and support, including child and adolescent psychiatrists, psychologists, clinical nurses, social workers and occupational therapists
- paediatric endocrinologists (specialists in hormones)
- Speech pathologists (with expertise in language, communication and voice).

Previously, the hospital offered a limited service from resources within the Child and Youth Mental Health Service and the Department of Endocrine, but the overwhelming demand resulted in a two-year waiting list in 2016 which did not meet international treatment guidelines or Queensland Health and Children's Health Queensland performance targets.

Research shows timely intervention with specialised assessment and treatment services is critical in averting negative health outcomes in this population and crucial in supporting gender diverse children to grow up with the same or better health, social and educational outcomes as same-aged peers.

Since December 2016, the Gender Clinic and Statewide Service has reduced specialist outpatient waiting times from 17 months to three months for adolescents.

www.childrens.health.qld.gov.au/department-service-gender-clinic/

Virtual appointments remove the need to travel for specialist advice

Demand for telehealth services has grown by 40 per cent since Children's Health Queensland launched its own in-house service at the Lady Cilento Children's Hospital two years ago. In 2017-18, a total of 3,525 virtual appointments were delivered by clinicians across 42 clinical specialties.

The TeleConnect service, which uses a live audio and video interactive link for consultations, is used by 42 clinical specialties within Children's Health Queensland to provide appropriate healthcare for children and young people, regardless of geographic location. It enables a child and their family to have an appointment with one of our health professionals or medical specialists, with their local GP, paediatrician or health professional present, without the time and expense of having to travel long distances. Telehealth services are available at all Queensland Health facilities, including hospitals and community health settings.

www.childrens.health.qld.gov.au/lcch/patients-families/telehealth/

Enhanced interpreter services

The introduction of in-house interpreters for Mandarin and Vietnamese families has seen a hospital-wide reduction in the number of families failing to attend outpatient appointments, cancellations of appointments and in the number of appointments that run overtime. Financially, this has saved an average $7,500/month previously spent on outsourcing interpreter services. The new interpreters have also assisted with the translation of key information resources for consumers into Mandarin or Vietnamese, including patient feedback forms, parking and travel options and child health fact sheets. Additionally, the team are now notified of any Mandarin and Vietnamese inpatients, and have commenced hospital ward rounds to determine if staff, patients or families require any additional assistance. In 2018-19, it is hoped to extend the service to Children's Health Queensland's community services to support the delivery of care to families, predominantly through telephone consultations.

854
emergency retrievals

3,525
telehealth appointments

257
hospital-in-the-home patients

74,900
prescriptions dispensed

Health information solutions deliver benefits

A range of health information, business intelligence and project management solutions were developed and deployed in 2018-19 to support key business operations and the management of clinical information. Key initiatives included the installation of digital signage around the hospital, the Children's Health Reporting Portals (CHIRPs) and the collaboration to develop a project management framework.

Twenty digital screens were installed in patient and staff lifts throughout Lady Cilento Children's Hospital, adding to the existing digital signage. The digital signs are an effective platform to communicate with visitors and staff and to provide health information.

CHIRPs is an organisational gateway for all reporting, data and analytics at Children's Health Queensland and is delivering easy-to-use reporting dashboards that cover surgery, emergency, pharmacy, anaesthetics, clinical and non-clinical areas. CHIRPs enables staff to access consistent, reliable and tailored reports that are updated every 30 minutes.

The collaboration between digital health, facilities, finance and iCare to develop a Children's Health Queensland project management and benefits framework has resulted in a proposed framework which accommodates the specific project methodologies within the organisation, providing a more transparent and informed approach to investment across the hospital and health service.

Study investigates using genetic markers to diagnose sepsis in children sooner

A landmark Queensland study at the Lady Cilento Children's Hospital will investigate whether genetics hold the key to faster diagnosis and treatment of sepsis, which claims the lives of approximately one million children globally every year.

The Rapid Acute Paediatric Infection Diagnosis in Sepsis (RAPIDS) study, launched on World Sepsis Day (13 September), aims to help clinicians better understand why and which children can suddenly become so unwell because of sepsis.

Sepsis (also known as blood poisoning) is among the leading causes of death in infants and children and was recently identified as a priority by the World Health Organisation.

Every year in Australia and New Zealand, about 500 children require life-support treatment because of sepsis leading to organ failure.

Sadly, about one in 10 of these children do not survive – representing an average of about one death per week.

The RAPIDS study by the Paediatric Critical Care Research Group at the Lady Cilento Children's Hospital and The University of Queensland (UQ) will investigate whether a novel blood test for genetic markers of sepsis can accurately identify the severity of the infection and reduce the time it takes to make a diagnosis.

The two-year study will be run in the emergency department and paediatric intensive care unit at the Lady Cilento Children's Hospital. Two other Queensland hospitals, a regional and a remote facility, will also take part.

LCCH performance statement

Table 2: LCCH performance statement 2017-18

Children's Health Queensland Hospital and Health Service	Notes*	Target/ est 2016-17	Est. actual 2018	Target/ est 2017-18
Service standards				
Effectiveness measures				
Percentage of patients attending emergency departments seen within recommended timeframes	1			
Category 1 (within 2 minutes)		100%	100%	100%
Category 2 (within 10 minutes)		80%	93%	80%
Category 3 (within 30 minutes)		75%	51%	75%
Category 4 (within 60 minutes)		70%	61%	70%
Category 5 (within 120 minutes)		70%	88%	70%
Percentage of emergency department attendances who depart within 4hrs of their arrival	2	›80%	77%	›80%
Percentage of elective surgery patients treated within clinically recommended times	3			
Category 1 (30 days)		›98%	100%	›98%
Category 2 (90 days)		›95%	95%	›95%
Category 3 (365 days)		›95%	99%	›95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/ 10,000 acute public hospital patient days	4	‹2	0.8	‹2
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	5	›65%	60.1%	›65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	6	‹12%	11.6%	‹12%
Percentage of specialist outpatients waiting within clinically recommended times:	7			
Category 1 (30 days)		98%	83%	98%
Category 2 (90 days)		95%	78%	95%
Category 3 (365 days)		95%	95%	95%
Percentage of specialist outpatients seen within clinically recommended times:	8			
Category 1 (30 days)		98%	93%	98%
Category 2 (90 days)		95%	75%	95%
Category 3 (365 days)		95%	83%	95%
Median wait time for treatment in emergency departments (minutes)	9	20	28	20
Median wait time for elective surgery (days)	10	25	64	25
Efficiency measure				
Average cost per weighted activity unit for Activity Based Funding facilities	11	$5,376	$5,431	$5,429
Other measure				
Number of elective surgery patients treated within clinically recommended times:	12			
Category 1 (30 days)		1,739	1,187	1,218
Category 2 (90 days)		3,577	3,389	3,477
Category 3 (365 days)		2,531	2,674	2,743
Number of Telehealth outpatient occasions of service events	13, 14	3,091	3,324	3,709
Total weighted activity units (WAUs):	15			
Acute Inpatient		57,716	61,384	62,852
Outpatients		11,899	13,163	13,688
Sub-acute		1,358	1,358	1,464
Emergency Department		8,045	8,558	8,697
Mental Health		3,398	3,599	3,626
Ambulatory mental health service contact duration (hours)	16	›65,767	57,318	›65,767

Notes

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the number of minutes that patients waited to be seen for ED treatment. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018. A year-to-date increase in ED demand of 10.7 per cent has impacted the seen within recommended timeframes performance. While the performance for the categories 2 and 5 are above targets, the increased volume of in patients in categories 3 and 4 has impacted on performance.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018. The measure reflects the performance of the 90 performance reporting facilities across the State.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Queensland has made significant progress in improving the rate of community mental health follow up over the past six years. Increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is impacting the rate of community follow up. Previous analysis has shown similar rates of follow up for Indigenous and non-Indigenous Queenslanders, but trends are impacted by smaller number of separations for Indigenous Queenslanders which can lead to greater volatility in the data. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 31 March 2018.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Although Queensland has made improvements in its overall rates of readmission over the past five years, it has not yet reached the nationally recommended target. Previous analysis has shown similar rates of follow up for Indigenous and non-Indigenous Queenslanders, but trends are impacted by smaller number of separations for Indigenous Queenslanders which can lead to more volatility in the data. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 28 February 2018.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Estimated actuals for 2017-18 are as at 1 May 2018. Increased demand has resulted in waiting list growth despite increased number of initial service events completed during 2017-18, with a 6.5 per cent increase in initial service events for the period 1 July 2017 to 30 April 2018 compared with the corresponding period in the previous year.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 30 April 2018. There is no national benchmark target for this measure. The increase in the median waiting time for 2017-18 is a result of a higher proportion of category 2 and 3 patients where clinically recommended timeframes are 90 and 365 days respectively, and this directly impacts median wait times. Children's Health Queensland HHS continues to ensure patients are treated within clinically recommended timeframes.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. See Box 1 (p. 14) for further details. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Estimated Actuals for 2017-18 are for the period 1 July 2017 to 28 February 2018. Cost per WAU and excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The 2018-19 Target Estimate is based on 2018-19 ABF funding per WAU and excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training.
12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2017-18 are based on the period 1 July 2017 to 30 April 2018 and are annualised to derive an estimate for the full financial year. In 2017 there were more than 56,000 laboratory confirmed cases of influenza statewide, the highest number of notifications since laboratory confirmed influenza became notifiable. This significantly impacted all HHSs and has contributed to the decreased volumes of treat in time elective surgery. Furthermore, a change in the classification of category 1 elective surgery patients to emergency surgery has resulted in a reduction in category 1 elective surgery patients treated within clinically recommended timeframes, with an increase in emergency surgery separations. Emergency surgery separations have increased statewide by 4 per cent in the first none months of 2017-18 compared to the corresponding period in 2016-17.
13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2017-18 are based on the period 1 July 2017 to 28 February 2018 and are annualised to derive an estimate for full financial year.
14. The telehealth counting unit has been updated to cover 'service events' rather than 'occasions of service'. Service events is considered to be a more informative measure. It is a narrower definition as it does not include occasions of service that do not involve the provision of clinical care.
15. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. See Box 1 (p. 14) for further details. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2017-18 are based on 2017-18 service agreements as updated in amendment window three in May 2018 to incorporate HHS activity forecasts. 2018-19 Target Estimates are based on the 2018-19 purchased activity. All activity is reported in the Q19 phase of the ABF model which underpins 2017-18 and 2018-19 service agreements. The service agreement category 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care'. 'Total WAUs – Prevention and Primary Care' is comprised of Breastscreen and Dental WAUs.
16. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. Estimated Actuals for 2017-18 are based on the period 1 July 2017 to 30 April 2018 and are annualised to derive an estimate for the full financial year. It is important to note that not all ambulatory mental health service contact hours are in-scope for this measure, with most review and some service co-ordination activities excluded. In addition, improvements in data quality have impacted on this measure, with recent data more accurately reflecting the way in which services are delivered. The 2018-19 Target Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality. Services may have a reduced 2018-19 Target Estimate in comparison to 2017-18 due to movement in reported available clinician hours.

Child and Youth Community Health Service

Services

Community-based services across the greater Brisbane metropolitan area include:

- Child Development
- Child Health
- School-based Youth Health Nurse Service

Statewide programs

- Centre for Children's Health and Wellbeing
- Deadly Ears (Indigenous ear health)
- Ellen Barron Family Centre
- Good Start (for Pacific Islander and Maori Communities)
- Healthy Hearing Program (newborn hearing screening)
- Queensland Hearing Loss Family Support Service
- Primary School Nurse Health Readiness Program

Our Child and Youth Community Health Service (CYCHS) provided more 188,000 occasions of service to Queensland children, young people and their families in 2017-18. A commitment to continuous service improvement, collaboration with new and existing healthcare partners, including our families, and embracing innovation has seen families benefit from greater and easier access across the continuum of care.

Helping youth in out of home care stay on track with their health

Children's Health Queensland partnered with the Department of Child Safety, Youth and Women, and the Brisbane Aboriginal and Torres Strait Islander Community Health Service to launch the Navigate Your Health pilot in January 2018.

The two-year pilot supports children and young people entering out-of-home care (OOHC) by providing them with routine access to health and developmental assessments, referral coordination and care coordination. Four new Health Navigator roles were appointed to work across Child Safety Service Centres, visit GP practices, hospitals, Aboriginal Medical Services and other community health centres in Brisbane.

The pilot has achieved significant changes in improving unmet health needs for almost 200 children and young people who entered OOHC due to abuse and neglect through preventative responses.

Of these children and young people:

- More than 50 per cent have had outstanding immunisations addressed;
- More than 60 per cent have had outstanding oral health checks completed;
- 100 per cent received preliminary health assessments which identified ongoing healthcare needs which will be coordinated
- 100 per cent are being assessed for mental health concerns

A full-service evaluation will inform the model's scalable investment for children and young people across Queensland and identify critical support factors for the model to succeed in regional, rural and remote communities.

6,974
child health early intervention appointments

4,044
specialist (medical) child development appointment

19,770
community allied health appointments

Faster hearing screening for newborns

Every child born in Queensland is now being tested with the latest and fastest hearing screening technology, thanks to a $1.1million investment by the Queensland Government.

All of Queensland's 64 birthing hospitals now offer free newborn hearing loss screening in as little as 12 seconds with the hand-held AccuScreen device, compared to the older technology which could take up to seven minutes.

Screening in such a short time means there is less impact on a newborn and their parents and the new device also processes data more accurately and quickly.

Children's Health Queensland's Healthy Hearing Program was the first newborn screening program in the country to introduce the AccuScreen technology in August 2016. Since that time, it has been progressively rolled out across the state.

In 2017-18 period, 59,082 newborns in Queensland were screened, with a hearing loss diagnosed in 147 of those children.

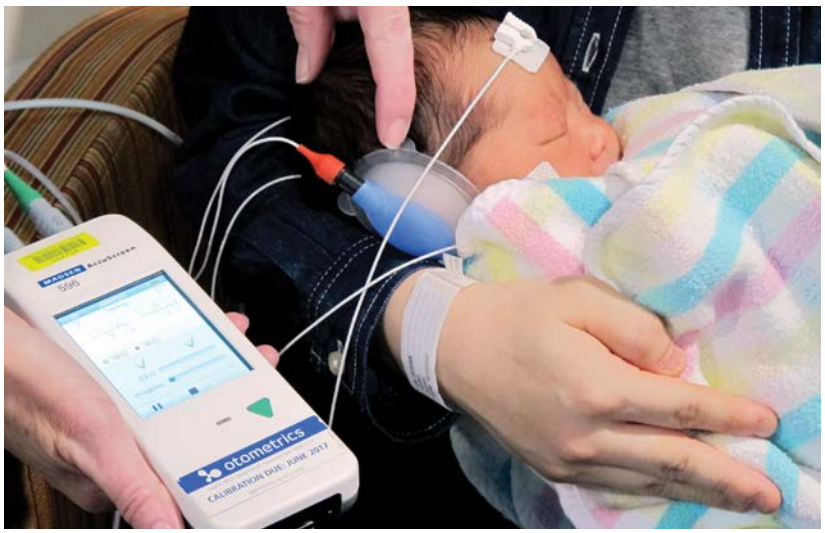
The Healthy Hearing program is an important first step in detecting the one in 1000 babies born with a bilateral moderate or greater degree of hearing loss.

The Healthy Hearing Program has offered free newborn hearing screening to all Queensland families since January 2007, and we currently have 850 nurse screeners providing this important service in public and private hospitals.

The program screens more than 99 per cent of all infants born in Queensland, up to 60,000 babies a year, to ensure children get the best possible start in life.

The hearing screening involves a trained screening nurse playing soft clicking sounds through special earphones that are placed on the baby while they are is quiet or asleep.

The results of the screen are known immediately and show either a 'pass' or 'refer' and are recorded in a baby's Personal Health Record. When an infant obtains a second 'refer' result, they require further testing by an audiologist.



"Children's Health Queensland's Healthy Hearing Program was the first newborn screening program in the country to introduce the AccuScreen technology"

53,221
child health well baby appointments

5,687
hearing assessments

5,989
school based youth health nurse service appointments

33,268
primary school nurse health readiness program screenings

Improving the hearing loss journey for Indigenous children

Aboriginal and Torres Strait Islander children diagnosed with permanent hearing loss now have greater support in accessing vital early intervention services, thanks to a new website launched by Children's Health Queensland in August 2017.

The Mipla Binna (Our Ears) website provides families with important, practical information on how to cope after a hearing-loss diagnosis, make informed choices about their child's early-intervention hearing services, and better cater to their child's individual, social and educational needs.

The website aims to reverse the higher disengagement rate of Indigenous families from services after a child was referred for diagnostic and early intervention care.

Indigenous infants referred after their newborn screening are three times more likely than non-Indigenous infants to have an unresolved diagnosis and/or to disengage from the early intervention pathways before 24 months of age.

Early diagnosis and access to early intervention is critical in making a difference to the health outcomes for children diagnosed with permanent hearing loss.

Mipla Binna was developed by our Queensland Hearing Loss Family Support Service and Child Development Program, in consultation with Aboriginal and Torres Strait Islander Elders.

Visit the website: www.childrens.health.qld.gov.au/chq/our-services/community-health-services/healthy-hearing-program/mipla-binna

In-home immunisations boosts vaccinations rates in Logan

Two hundred and fifteen Logan children with overdue vaccinations were immunised against vaccine-preventable diseases through a targeted program delivered by our Child Health Service.

The program, part of the Logan Community Health Action Plan, aimed to ensure that children from birth to five years in the Logan area who were overdue for vaccinations were up to date by June 2018. Seventy-two percent of children identified for inclusion in the program were brought up to date with their vaccinations, with 343 vaccines given in total.

Of all families contacted, 80 per cent accepted an in-home vaccination visit, with an 100 per cent uptake of vaccinations that were two months overdue.

This program supports the Queensland Government's commitment to achieving the target of 95 per cent of Queensland children aged one, two and five years old fully immunised for vaccine-preventable diseases in accordance with the National Immunisation Program Schedule.

Healthy Kids Clinic targets obesity

Our successful Good Start Program launched the Logan Multidisciplinary Paediatric Obesity Clinic (also known as the Healthy Kids Clinic) in 2018 to help tackle obesity and related diseases in Maori and Pacific Islander communities.

The clinic, another initiative delivered as part of Children's Health Queensland's contribution to the Logan Community Action Plan, was developed and designed in consultation with consumers and health professionals to ensure it met the needs of families and children in the community.

The first Healthy Kids Clinic began in March 2018 at the Access Gateway in Logan Central, and currently operates once a week. Fifty children and young people were seen at the clinic during its first three months.

215
overdue logan children received in-home vaccines

343
vaccines were administered by the logan in-home service

50
children seen at logan obesity clinic

1,630
visited the mipla binna website in 2017-18

TeleFIT rollout

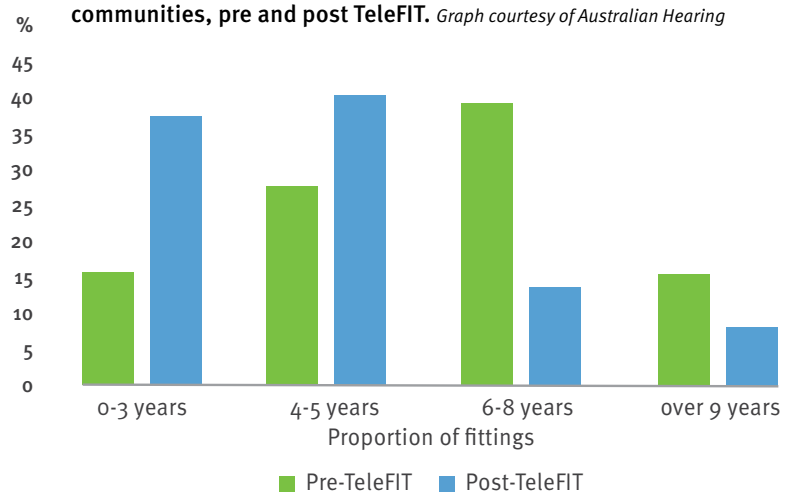
An innovative model of service delivery implemented by the Deadly Ears program is seeing Aboriginal and Torres Strait Islander children fitted with hearing aids faster and within their local community. TeleFIT, uses telehealth technology and multi-agency collaboration to overcome barriers to remote audiological service provision, improve co-ordination between diagnostic (Deadly Ears) and rehabilitative (Australian Hearing) audiological services and reduce the time it takes to fit a child's first hearing aid (if required). Under the TeleFit model, a child can progress from diagnostic audiology to rehabilitation audiology and if appropriate, a hearing aid fitting in the same day.

Results from the three communities – Mornington Island, Doomadgee, and Normanton – in which TeleFIT was piloted showed an improvement in timeliness between diagnosis of a hearing loss and hearing aid fitting, as well as an increase in the number of Aboriginal and Torres Strait Islander children aged 0-4 years fitted with bone-conduction hearing aids.

Since the completion of the TeleFit pilot in November 2017, the new model has become core business within the three pilot communities in Mornington Island, Doomadgee, and Normanton.

By 30 June 2018, it had also been rolled out to other Deadly Ears and Australia Hearing partner communities in Cherbourg, Mt Isa, and Palm Island. Additional Deadly Ears and Australian Hearing audiologists have been upskilled to sustain the expansion of the model, and help lower the peak age of first hearing aid fitting for Aboriginal and Torres Strait Islander children across Australia.

Graph 1: Age of first fitting for all aided children aged 0-12 years in pilot communities, pre and post TeleFIT. *Graph courtesy of Australian Hearing*



Child and Youth Mental Health Service

Services

In alignment with national and state clinical reform priorities for mental health, CYMHS provides acute and tertiary specialities including:

- Acute child and adolescent inpatient units at LCCH
- Acute Response Team (24 hours/ 7 days a week service)
- Adolescent Mobile Youth Outreach Teams (AMYOS)
- Consultation Liaison at LCCH
- Day programs (hospital based at LCCH and community based at Chermside)
- Early Intervention Specialist Programs (incl. Consumer and Carer Participation, Program and Partnerships)
- Eating Disorders Team (Greenslopes)
- Evolve Therapeutic Services (Enoggera and Mt Gravatt)
- Forensic Mental Health Services
- Gender Clinic and Statewide Service at LCCH
- Queensland Centre for Perinatal and Infant Mental Health
- Six community clinics in Brisbane (Inala, Strathpine, Yeronga, Nundah, Mt Gravatt and Keperra)
- Telepsychiatry (e-CYMHS)
- Youth Residential Programs

The Child and Youth Mental Health Service continued to grow and strengthen its workforce, services and reach in 2017-18. There was an ongoing focus on providing comprehensive, collaborative and client- and family-centred care for all children, young people and families in need of specialised, high-level mental health treatment.

Assertive Mobile Youth Outreach Service

Community-based AMYOS teams were expanded across Queensland in 2017-18 to ensure young people experiencing severe, complex and persistent mental health problems get the help they need faster and as close to home as possible. New AMYOS teams were established in Mackay, Browns Plains, and West Moreton, Sunshine Coast and Wide Bay regions, while two extra teams were added to service north and south Brisbane. Existing teams in Redcliffe/Caboolture and the Gold Coast have also been boosted with extra positions. The expansion was funded as part of Queensland Health's *Connecting Care to Recovery 2016-2021* plan for the state's mental health services. Queensland families are now supported by 16 teams based in 12 hospital and health services across the State.

Iterface with Youth Justice System

Youth justice reforms saw the implementation of new legislation in February 2018, the most significant change being that 17-year-olds are now included within the youth justice system in Queensland. This brought Queensland in line with all other Australian jurisdictions and conformed with the United Nations Convention on the Rights of the Child. As a result, Forensic CYMHS experienced an increased workload due to additional callover days at Children's Courts in Queensland. By the end of June 2018, the CYMHS Forensic Court Liaison Service had completed more than 800 mental health assessments of young people at court (100 of which were 17-year-olds transitioning under the new legislation). During the same period, the Court Liaison Service also completed 150 fitness for trial assessments, to assist courts in managing young people with potential mental health difficulties.

In 2017-18, Forensic CYMHS also established clinics for young people with mental health difficulties and drug and alcohol problems at Youth Justice Service Centres in locations south of Mackay. These clinics aim to provide assessment and intervention to young people and allow an alternative pathway to access services to improve mental health outcomes.

6,437
clients

84,258
occasions of service

6,866
new referrals

795
calls to CYMHS crisis hotline

Young people with lived experience provide peer support

Children's Health Queensland partnered with Health Consumers Queensland in 2017 to develop the Youth 2 Youth (Y2Y) Peer Worker Program within CYMHS to better support the recovery journey of children and young people accessing CYMHS. As part of this work, a former consumer was employed to co-design the program with the CYMHS clinical teams to ensure the voices of young people were heard throughout. We are also working with peer-operated community organisation, Brook RED to train young people with lived experience of mental health issues on how to undertake peer work. In 2018-19, Y2Y will be implemented within the Assertive Mobile Youth Outreach Service (AMYOS).

Generation Zero Suicide Initiative

Children's Health Queensland is taking a paediatric leadership role in the statewide Generation Zero Suicide Initiative which commenced in February 2018. Focused on suicide prevention in health services, this multi-site collaborative involves 11 hospital and health services across Queensland. Children's Health Queensland CYMHS is co-designing a zero suicide pathway with young people, families and clinicians, in consultation with CYMHS Youth Advisory Group, Beautiful Minds.

Suicide is the leading external cause of death in children and young people aged 14-17 years in Australia. The goal of the initiative is to implement a system-wide approach to ensure current and future generations of CYMHS consumers do not die from suicide.

> "Suicide is the leading external cause of death in children and young people aged 14-17 years. The goal of Generation Zero Suicide Initiative is to implement a system-wide approach to ensure current and future generations do not die from suicide"

Text messages support parents experiencing perinatal mental illness

In 2017-18, our Queensland Centre for Perinatal and Infant Mental Health, along with the University of Newcastle, and Townsville and Darling Downs perinatal mental health services, launched the SMS4Parents research project. This project tests the use of text messages for mental health promotion and prevention messages for mothers diagnosed with perinatal mental illness and their partners. SMS4Parents sent text messages to parents from 26 weeks of pregnancy until their babies were six months. The messaging service ran for a total of 10 months, with 67 parents from the Darling Downs and Townsville regions participating. Text messages were sent to encourage parents to look after their own and their partner's mental health, and to connect with their infant. The messages were timed according to stage of pregnancy and age of the infant. Feedback from participants indicated the messages were timely, relevant, supportive, informative and normalised the parenting experience. Evaluation feedback also indicated the messaging service would be helpful for all new parents.

Telepsychiatry service delivers better support for regional and rural families

Children's Health Queensland partnered with Metro North and Metro South Hospital and Health Services in 2017-18 to deliver better localised mental health care for children and families in regional and rural areas.

The e-PIMH (Perinatal and Infant Mental Health) telepsychiatry service connects perinatal and infant psychiatrists with regional, rural and remote service providers, including GPs, mental health, allied health and child health professionals. e-PIMH also aims to build local networks across different sectors to provide a wraparound service to support the mental health and emotional needs of expectant parents and families with children aged 0-4 years. e-PIMH telepsychiatry commenced service in the South West and Central West Hospital and Health Services in April 2018.

Since implementation, Central West Hospital and Health Service has had 11 occasions of service, with four occasions of contact into South West Hospital and Health Service. These occasions of contact included private, non-government and government services.

Enhancing perinatal and infant mental health care across Queensland

Seven hospital and health services in Queensland are now delivering the Queensland Centre for Perinatal and Infant Mental Health's (QCPIMH) successful Together In Mind program for perinatal mothers with a complex mental illness and their infant.

The six-week day program was first established in Brisbane in 2009 and has developed over the past decade through an ongoing collaborative partnership with the Child Health Service, and adult mental health services across the state.

The program is delivered by clinical staff from adult mental health services, child and youth mental health, and child health services, who have undertaken mandatory training with QCPIMH.

In 2017-18, the program was successfully implemented in Cairns and Hinterland, Townsville, Metro South, Metro North, Gold Coast, Sunshine Coast, and West Moreton Hospital and Health Services. Twenty programs were run in the past year and the data obtained has added to a research base.

Feedback from participating mothers and fathers, and clinicians delivering the program, continue to highlight the positive impact of the program, pointing to improved maternal mental health, parenting confidence and mother-infant attachment.

The expansion of the program has been funded through the Queensland Government's *Connecting Care to Recovery 2016-2021* plan for mental health, alcohol and other drug services. Together in Mind is a key component in developing the state's perinatal and infant mental health service continuum.

By 2021, QCPIMH will have rolled out the program to 13 hospital and health services in Queensland.

Research

Research plays a vital role in protecting and promoting the health and wellbeing of Queensland's children. In 2017-18, Children's Health Queensland continued its mission to deliver a statewide paediatric translational research strategy that drives evidence-based care, service improvement and innovation for children and young people.

Looking forward, this research will be guided by three key strategic themes:

- prevention and early detection of disease and injury
- better care
- health services and systems research.

We are proud to partner with leading universities and health organisations across 29 distinct research groups, all working towards innovative solutions in paediatric health care.

This research is activated through the Centre for Children's Health Research (CCHR) – a partnership between Children's Health Queensland, the University of Queensland (UQ) and Queensland University of Technology (QUT). The Translational Research Institute's paediatric clinical research facility is also located within CCHR.

Children's Health Queensland is committed to embedding research in everything it does to promote the health and wellbeing of children. While its presence and focus is here in Queensland, the impact of Children's Health Queensland's research will benefit children globally.

Appointments

Director of Clinical and Biomedical Research, Dr Andrew Moore and Director of Health Services Research, Dr Robyn Littlewood, were appointed in late 2017 and early 2018 respectively, with the aim of building research capacity and capability at Children's Health Queensland.

These roles work with academic, industry and philanthropic partners to develop a dynamic research culture that is informed by clinical needs of Queensland families, nurturing the next generation of multidisciplinary leaders to advance child health research excellence in Queensland.

Partnerships

With the ongoing support of various research and clinical partners, along with the Children's Hospital Foundation and its dedicated supporters including The University of Queensland and Queensland University of Technology, Children's Health Queensland research drove investment in healthcare by informing the commissioning of future services. Sustainability and value-based care with significant clinical outcomes for children and families was a key focus.

The Children's Health Research Alliance was formed in 2017 as a strategic collaboration between Children's Health Queensland and the Children's Hospital Foundation to pursue a program of research areas based on evidence and need, such as burden of disease, causes of death and hospitalisation.

The first major Alliance initiative is the virtual Centre for Child and Adolescent Brain Cancer Research, with a five-year, $5 million commitment from the Children's Hospital Foundation.

Grants

Children's Health Queensland researchers based at the CCHR secured more than $13 million in grants and fellowships for the 2017-18 period. In addition, Children's Health Queensland researchers are co-investigators on other successful National Health and Medical Research Council (NHMRC) grants, highlighting the collaborative nature of the work they are involved with.

Key grants included:

- Nasal Highflow for Paediatric Acute Hypoxic Respiratory Failure, NHMRC, $ 2,627,819, "HFNC-RCT (CII)" (APP1139903) – A Prof Andreas Schibler (Paediatric Critical Care Research Group).
- Nitric Oxide on Cardio Pulmonary Bypass in Congenital Heart Disease, NHMRC, $1,878,889.40 – A Prof Luregn Schlapbach (Paediatric Critical Care Research Group).
- Participate-CP: Optimising participation in physically active leisure for children with cerebral palsy: A randomised controlled trial Investigators", NHMRC (2018-2021), $1,014,872, Sakzewski L, Elliott C, Boyd RN, Ziviani J, Novak I, Trost S, Majnemer A.
- Advanced treatment of infectious diseases for critically ill children, through innovation in blood sampling, $295,445 – Prof Jason Roberts, Dr Tavey Dorofaeff.
- Rapid Acute Paediatric Infection Diagnosis in Suspected Sepsis, $100,000 – Dr Peter Schelling, A Prof Luregn Schlapbach.
- HABIT-ILE: A randomised trial of Hand Arm Bimanual Intensive Training Including Lower Extremity training for children with bilateral cerebral palsy (2018-2021), $1,100,902.90 – Dr Leanne Sakzewski

Awards

In 2017-18, Children's Health Queensland received recognition for the following research initiatives:

- Members of the Order of Australia (AM) in the Queen's Birthday Honours, 2018 – Prof Claire Wainwright
- Queensland Health Awards of Excellence 2017:
  - Highly commended in the category of Connecting Healthcare – Growing Good Habits
- Children's Health Queensland Excellence Awards 2017:
  - Individual Researcher of the Year – Dr Kristie Bell
  - Excellence in Research – Childhood Obesity Research Team (finalist)
  - Partnerships Award – 'Healthy Kids. Healthy Futures', Centre of Excellence for Paediatric Obesity
- ANZICS Award for the best paediatric paper, 2017 – Luregn J Schlapbach, PCCRG.
- Queensland Health Research Fellowship – A Prof Andreas Schibler (PCCRG).
- Children's Hospital Foundation, Mary McConnell Career Boost for Women – Dr Debbie Long (PCCRG).
- Leader of the Year 2017, Faculty of Medicine at the University of Queensland – Prof Roslyn Boyd
- Best Poster Award, Australasian Academy of Cerebral Palsy and Developmental Medicine 2017 – Dr Alex Pagnozzi
- Child Health Queensland Research Excellence Award – Queensland Paediatric Rehabilitation Team
- Promising Career Award, Australian Academy for Cerebral Palsy and Developmental Medicine conference – Dr Joanne George
- Australasian Academy for Cerebral Palsy and Developmental Medicine Mentorship Award, 2018 – Prof Roslyn Boyd.

Major publications

Children's Health Queensland researchers contributed to more than 60 journal articles, online publications, books and theses in 2017-18. Major publications included:

- Novak, I., Morgan, C., Adde, L., Blackman, J., Boyd, R.*, Brunstrom-Hernandez, J. et al. (2017) Early, accurate diagnosis and early intervention in cerebral palsy: Advances in diagnosis and treatment. JAMA Pediatrics, 171 (9): 897-907.
- Franklin D, Babl FE, Schlapbach LJ, Oakley E, Craig S, Neutze J, et al. A Randomized Trial of High-Flow Oxygen Therapy in Infants with Bronchiolitis. The New England Journal of Medicine. 2018;378(12):1121-31.
- Kawasaki T, Shime N, Straney L, Bellomo R, MacLaren G, Pilcher D, et al. Paediatric sequential organ failure assessment score (pSOFA): a plea for the world-wide collaboration for consensus. Intensive Care Medical Journal. 2018;44(6):995-7.
- Baque E, Sakzewski L, Trost SG, Boyd RN, Barber L. Validity of Accelerometry to Measure Physical Activity Intensity in Children with an Acquired Brain Injury. Paediatric Physical Therapy. 2017 Oct;29(4):322-329.
- Schlapbach LJ, MacLaren G, Festa M, Alexander J, Erickson S, Beca J, et al. Prediction of pediatric sepsis mortality within 1 h of intensive care admission. Intensive Care Med. 2017;43(8):1085-96.
- Mackay A, et al. Integrated molecular meta-analysis of 1000 paediatric high grade and diffuse intrinsic pontine glioma. Cancer Cell. 2017; 32:520-537.e5.
- Meyer C, et al. The MLL recombinome of acute leukemias in 2017. Leukemia. 2018; 32:273-284.
- Cavalli FMG, et al. Intertumoral Heterogeneity within Medulloblastoma Subgroups. Cancer Cell. 2017; 31(6):737-754.e6.

Research highlights

1. High Flow Nasal Cannula Therapy

Lady Cilento Children's Hospital paediatric intensivist and PCCRG Medical Leader, Associate Professor Andreas Schibler, found that nasal high-flow therapy halved the number of children requiring escalation of care for bronchiolitis. An article on the study, titled *A Randomized Trial of High-flow Therapy for Infants with Bronchiolitis* – has been published in the latest edition of the prestigious New England Journal of Medicine.

2. Squalene Synthase Deficiency

In 2018, Professor David Coman, Senior Medical Officer of Metabolic Medicine at Lady Cilento Children's Hospital, and Dr James Pitt from Murdoch Children's Research Institute, helped identify a new rare genetic disorder that reduces the production of cholesterol in children, causing physical deformities and developmental delays. Further research into how the genetic defect blocks cholesterol production could help develop new cholesterol lowering drugs, as well as treatments for existing diseases causing premature aging, such as Alzheimer's disease. The study has been published in the latest issue of the prestigious American Journal of Human Genetics.

3. Queensland Children's Tumour Bank

The Queensland Children's Tumour Bank, led by Children's Health Queensland Oncologist and UQ researcher Dr Andrew Moore, contributed to global collaborative research projects resulting in six publications in some of the world's leading journals, such as Cancer Cell and Leukemia. These studies have uncovered new insights into childhood cancer biology and paved the way for the development of novel treatment approaches.

Queensland study to revolutionise treatment of children with bronchiolitis

A landmark Queensland-led study into the emergency care and management of infants with bronchiolitis is set to change the way the disease is treated in hospitals internationally.

The Paediatric Acute Respiratory Intervention Study (PARIS) by the Paediatric Critical Care Research Group (PCCRG) based in the Lady Cilento Children's Hospital and the Paediatric Research in Emergency Department International Collaborative (PREDICT) found that nasal high-flow therapy halved the number of children requiring escalation of care for bronchiolitis.

It has also proven that this simple and easy to use respiratory therapy, previously reserved for intensive care units at children's hospitals, can be delivered safely in emergency departments and general paediatric wards at all hospitals including metropolitan and regional hospitals.

Bronchiolitis is a common chest infection in young children, caused by a viral infection of the lungs. The infection triggers inflammation and mucus to build up in the airways, causing a cough and making it more difficult to breathe and feed.

It is the most common reason worldwide for infants under 12 months of age to be admitted to hospital.

In Australia and New Zealand approximately 20 per cent of all non-elective intensive care admissions for children are due to bronchiolitis, accounting for more than AU$40 million in intensive care costs alone each year.

Nasal high-flow therapy works by delivering a higher volume of air and oxygen into the nasal passages than standard oxygen delivery methods. This results in more efficient delivery of oxygen to the airways and reduces the work of breathing for the infants affected.

The study found that nasal high-flow therapy reduced the need for escalation of care by half – from 23 per cent in standard oxygen delivery to 12 per cent for infants receiving nasal high-flow therapy.

It has also proven that nasal high-flow therapy can be delivered safely outside of paediatric intensive care settings, meaning emergency departments and general paediatric wards at adult hospitals of all sizes, in both metropolitan and regional hospitals, can safely and quickly provide this therapy for children in their local communities.

The three-year international study involved 1472 infants who presented at emergency departments in 17 participating hospitals in Australia and New Zealand.

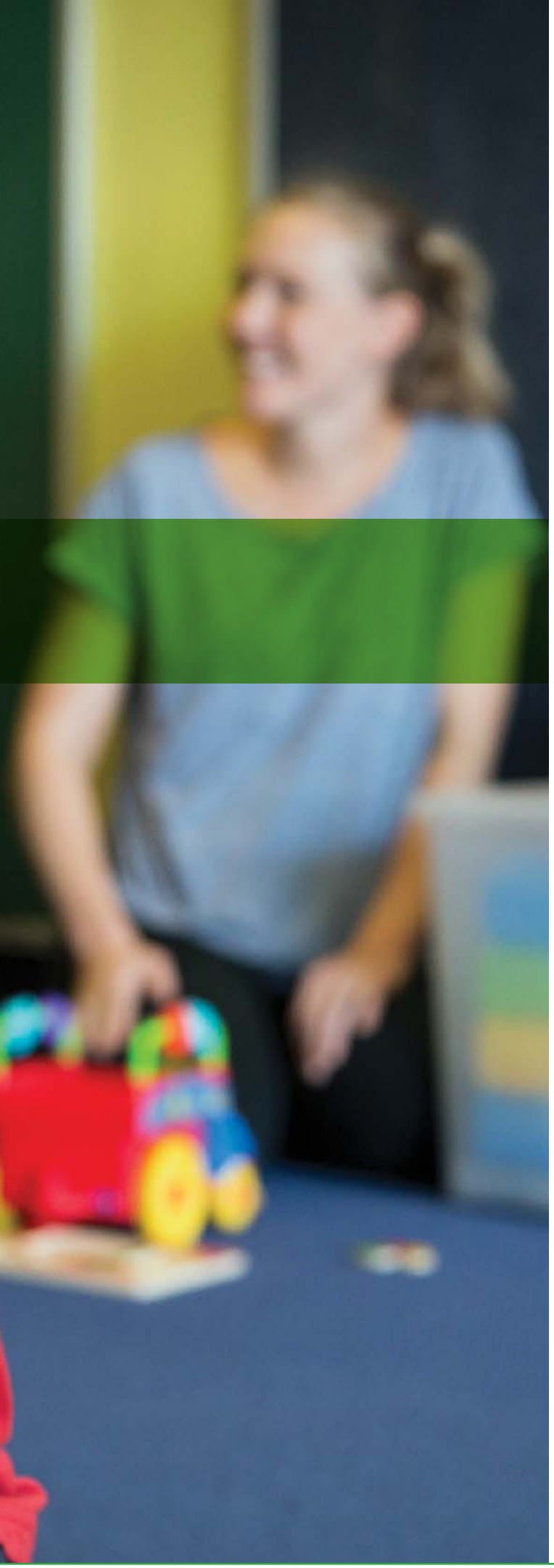
An article on the study, titled *A Randomized Trial of High-flow Therapy for Infants with Bronchiolitis* was published in the latest edition of the prestigious New England Journal of Medicine.

The PCCRG is a partnership between Children's Health Queensland Hospital and Health Service, Mater Research Institute and The University of Queensland.

The study was funded by the National Health and Medical Research Council, the Emergency Medicine Foundation, the Mater Foundation and local hospital Foundations.

More information on Children's Health Queensland's extensive research agenda and achievements can be found at https://www.childrens.health.qld.gov.au/research/

Child and family-centred care



Children's Health Queensland prides itself on placing the child and family at the heart of every step and every decision we make. We know that a child's family provides a unique perspective and insight for our clinicians and we welcome their involvement as a valued member of their child's healthcare team.

Consumer and community engagement

Actioning our *Consumer and Community Engagement Strategy 2016-20* remained a major focus in 2017-18 with working groups actively addressing the key priority areas of health literacy, digital engagement, voice of the child, diversity and inclusion, rights and responsibilites, and embedding family-centred care prinicples in staff education and training.

Key achievements included:

- development of a health information procedure for clinical and frontline staff
- establishment of a digital engagement consumer reference group to help inform the planning, development and testing of new and proposed digital platforms
- inclusion of a Children's Choice Award into the annual staff excellence awards
- expanding our consumer and community relationships to reflect the diversity of our community and develop an organisational framework that represents inclusion
- analysis of existing integrated education and training of family-centred care across all disciplines.

> "We would like to thank the nurses and physio team who came to our home so Dorothy could receive her treatment outside the hospital. All staff were lovely! Our little girl who no longer has a dreadful cough, but she misses the staff immensely."
> Ani, mother of Dorothy

Establishment of an Aboriginal and Torres Strait Islander-led governance structure

The Making Tracks Committee and Daru Mugaru working group were formally established in 2017-18 to oversee the development of the Children's Health Queensland *Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan* and support and guide our commitment to improving outcomes for Aboriginal and Torres Strait Islander children and their families.

The group governance structure supports and facilitates regular discussions about Aboriginal and Torres Strait Islander staff, consumer and community matters and enables sharing of health and cultural capability best practice, knowledge and ideas. It is a forum for development of staff leadership skills and provide professional and career development opportunities for Aboriginal and Torres Strait Islander staff.

Daru Magaru (meaning brighter tomorrow) includes representation from Aboriginal and Torres Strait Islander staff across Children's Health Queensland, as well as community Elders.

Welcome packs support Indigenous families

Aboriginal and Torres Strait Islander children and their families are now receiving a cultural welcome pack to make them feel welcome and more comfortable in the hospital environment.

Our Indigenous Hospital Liaison Officers, with the support of the Children's Hospital Foundation, created the packs to promote a cultural information and resources for children and families, as well as a deck of cards, essentials oils, mindfulness colouring pages and pencils. Ninety-five packs have been distributed to families since the packs were launched in February 2018.

The Planetree journey

To build on our commitment to providing high-quality, patient and family-centred care for every child and young person every time, Children's Health Queensland continued its journey towards Planetree certification. Planetree is a non-profit organisation that partners with healthcare providers internationally to help facilitate patient-centred care in healing environments.

In September 2017, Planetree representatives visited Children's Health Queensland for an initial site assessment over five days benchmarking our person- and family-centred care culture against the Planetree certification criteria. During their visit, the Planetree team conducted 40 focus groups with staff, patients and families at the Lady Cilento Children's Hospital and in seven community sites, observed staff at work across the organisation and gathered site-specific data.

After their visit, Planetree provided a performance snapshot of our strengths and opportunities to guide us on our journey to becoming a Planetree-certified hospital and health service.
In April 2018, we implemented Planetree criteria into monthly quality and improvement audit tools as part of our quality assurance process.

Planetree also recommended the establishment of a family-centred care committee to oversee and guide the planning and execution of Planetree components throughout Children's Health Queensland. This committee will be established in July 2018.

Over the next two years, Children's Health Queensland will continue to work with Planetree to implement system-wide initiatives relating to patient and family-centred care.

"I just wanted to say how incredibly thankful we are to each and every one of you for the amazing job you do. Our daughter Harper spent time in PICU in August as well as had a cleft lip repaired in November and both those experiences were enriched due to staff empathy, care and support. All of you go above and beyond, honestly I wish I recorded every name and could personally thank you all but I do hope this is sent around so that you can all hear my heart felt gratitude!" Zac and Melissa

Integrating care for better health outcomes

Integrated care plays a central role in realising our vision of leading life-changing care for children, young people and their families. In 2017-18, we continued to strengthen our integrated approach to service delivery in collaboration with our valued partners across the care continuum.

Project Echo

Since establishing the first paediatric hub in Australia of the collaborative medical education model Project ECHO® (Extension for Community Healthcare Outcomes) in 2017, Children's Health Queensland has continued to expand the range of training series available to GPs and other primary care clinicians. Learning is delivered via video-conferencing (or tele-ECHO clinics) with the aim of improving access to specialist care for children and families right across Queensland. This helps clinicians in rural and regional areas provide the right care at the right time in the right place by moving specialist knowledge to where it is needed, rather than moving patients.

Our Project ECHO® hub at the Lady Cilento Children's Hospital now offers courses in attention deficit hyperactivity disorder, childhood overweight and obesity, foot anomalies, Parent Evaluation of Developmental Status (PEDS), supporting refugee kids and persistent pain. By 30 June 2018, 103 GPs and other primary care clinicians had completed training.

Through our specialists delivering this training to clinicians across the state, we are helping provide a better experience of care for Queensland children and young people, and their families, including improved access and equity; reduced waiting times for children and young people as they navigate the system; and improvements in coordination of care.

www.childrens.health.qld.gov.au/chq/health-professionals/project-echo/

1st Asia Pacific Conference on Integrated Care

Children's Health Queensland partnered with Queensland Health's Clinical Excellence Division and the International Foundation for Integrated Care to co-host the first Asia Pacific Conference on Integrated Care in Brisbane in November 2017. More than 350 researchers, clinicians and healthcare managers from across the Asia Pacific region and the world came together to share the latest developments in care delivery, child and youth health, rural and remote health, mental health and engaging and empowering communities.

Over two days, delegates exchanged home-grown examples of clinical excellence generated around the themes of new models of care delivery, child and youth health, rural and remote health, mental health, and engaging and empowering communities.

Establishing pathways for better healthcare

Timely access to the best possible care regardless of where a child lives is central to delivering better health outcomes and journeys for Queensland children and young people. To support this, Children's Health Queensland is collaborating with Queensland Health's Clinical Excellence Division and general practitioners and paediatric subject matter experts across the state to develop evidence-based paediatric Health Pathways for 66 common clinical conditions. The pathways include point-of-care guidance for the assessment and management of medical conditions, as well as referral information.

Clinical Prioritisation Criteria (CPC) – essential information that helps ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency – are embedded in the pathways. CPC will be used by both referring practitioners when referring into the Queensland public hospital system and Queensland public specialist outpatient services when determining how quickly the patient should be seen (urgency category). All 66 pathways are expected to be completed by September 2018 and available on the HealthPathways online portal at https://clinicalexcellence.qld.gov.au/resources/clinical-prioritisation-criteria/healthpathways

Statewide GP access to HealthPathways is expected to reduce unwarranted variation in primary care management of paediatric conditions and deliver consistent care, improve quality of life; reduce avoidable or unnecessary hospitalisations; and deliver earlier intervention.

Our Digital Future

> "Last year, my son was admitted for day surgery. I would just like to pass on our thanks to the team who looked after him. Staff were very calming, answered all our questions and made a not-so-pleasant experience much more bearable. Considering our son has autism and some things are much harder for him than you might expect, that makes all the difference!"
> Jo, mother of Cameron

Children's Health Queensland continues to realise its commitment to implement innovative and responsive information technology that supports the delivery of high-quality, safe care where vital healthcare information is accessible in a timely manner.

Standardising, digitising and automating information and workflows is an ongoing priority for our organisation and central to our goal to provide life-changing care both now and into the future. It ensures we are equipped to work collaboratively with partners, share information and improve service delivery.

Supporting our partners in integrated care

The Integrated Care Digital Program (ICDP) continues to deliver health information sharing solutions that enable the seamless provision of healthcare services independent of organisational boundaries, through its partnerships with national and Queensland Health-wide digital initiatives.

For example, the Queensland Health-Mater Information Sharing Project where clinicians from both organisations can instantly access patient healthcare information via The Viewer and the Mater Doctor Portal resulted in a 12 per cent increase in successful patient matching.

Additionally, Surgery Connect, the statewide solution supporting the reduction of long surgical wait times for patients in Queensland Health facilities, has improved oversight of data and the patient journey, and account management with service providers. More than 3,600 patients have been successfully migrated to the new system which will improve integration of care between healthcare providers, enhance communication with patients, and enhance process efficiency.

> "My 15yr old daughter Ebony had spinal fusion surgery last Monday. I have to say, from outpatients, X-ray, pathology, pre op, surgery to recovery and finally 11a. We have nothing but praise for the lovely staff! You have all made our experience that much better. Thank you from the bottom of our hearts." Karen

Integrated Electronic Medical Record

In 2017-18, we continued to progress the implementation of the Integrated Electronic Medical Record (ieMR), with the rollout of the electronic scheduling management system (ESM) in October 2017, and the April 2018 go-live of ieMR Advanced at the Lady Cilento Children's Hospital.

The ESM provides a single view of a patient's appointments, medical history, clinical information and referrals. It is integral to creating a more consistent and streamlined experience for patients and families, helping to reduce appointment conflicts and better coordinate booking time across services. Additionally, it also avoids patients and families having to repeat their information to multiple clinicians.

ieMR Advanced introduced new modules and extra clinical functionality to support the new way patient information is managed across most areas of the hospital.

> "Documenting at the bedside means we can get real-time assessments and evaluations of the patient plus we are able to do more thorough social assessments when talking directly to patients and their families" Staff of Ward 9a

Though it is still early in our ieMR Advanced journey, we have already begun to see benefits to the patient and family experience, as well as safety and quality, service delivery, staff engagement and population health outcomes. To date, this includes:

- faster access to test results, scans and X-rays
- real-time monitoring of high-risk workflows
- significant increase in documentation of allergies – consistently over 95 per cent
- the ability to prescribe, supply and administer medication using an electronic record
- enhanced ability to monitor patients receiving anti-microbials
- streamlined processes for allied health patients
- easy identification of patients who are participating in a clinical study.

Importantly, ieMR Advanced also allows parents and carers the ability track their child's progress through surgery, via the electronic patient tracking boards.

Patient safety and quality

Transitioning to ISO 9001:2015

In keeping with our continued focus on improving and enhancing the experience of children and their families, Children's Health Queensland will seek certification against International Standard ISO 9001:2015, which requires the development of a Quality Management System (QMS). The benefit of transitioning to ISO 9001:2015 will be greater alignment between clinical and non-clinical systems and processes.

This year we have commenced the journey through the development of a QMS that aligns with our vision, values and strategic objectives.

In June 2018, we completed a Stage 1 readiness assessment which suggested that we have a well-developed QMS and are on track for certification in October 2018.

Consumer feedback

Families and consumers provide a unique perspective which is invaluable in ensuring our care is responsive to their needs and expectations. Their experience is a primary indicator of a quality and high-performing healthcare system and we have multiple mechanisms for patient experience feedback including a manually administered inpatient survey, formal compliments and complaints management processes, and individual service feedback.

While responding to individual complaints has remained a priority, we adopted a new approach this year that uses the sum of staff, patient and family experience feedback to inform and motivate continuous system-level improvements, rather than focusing on isolated individual experiences.

During 2017-18, Children's Health Queensland received approximately 800 compliments in the form of letters, emails, cards and telephone calls. We received 729 complaints, with many focused on access and waiting times. Activities to improve access to services included the introduction of eRefer, which is an electronic referral management system. Additional projects to streamline access to speciality services, such as ophthalmology, have also been implemented, as well as a project within the operating suite to ensure theatre time is used effectively.

Enhancing transport options

Children's Health Queensland is committed to ensuring access to parking at the hospital for patients and their families and in 2017-18 implemented a variety of strategies to help address issues around demand and accessibility. These included:

TransLink and Airtrain travelcard trial

Between April and June 2018, Children's Health Queensland in partnership with TransLink and Airtrain, trialled the offer of unlimited public transport at no cost for eligible families who make frequent trips to and from the Lady Cilento Children's Hospital. During the three-month trial period, 492 TransLink (train, bus and ferry) Go-Event passes and 95 Airtrain tickets were issued to patients and their families. Due to overwhelming success of the trial, we have engaged with the Children's Hospital Foundation to provide ongoing financial support for the program.

Concessional parking

To help families with the cost of parking in the hospital precinct, we implemented the Lady Cilento Children's Hospital Concessional Parking Policy in October 2017. Developed in collaboration with the Family Advisory Council, the Social Work and Welfare team and in alignment with the Statewide Patient and Carer Car Parking Concessions Standard, the policy offers discounted parking to families suffering financial hardship or patients who attend the hospital three or more days per week. During the 2017-18 period, an average of 1,582 concessional parking tickets per month were issued to families, which represents a 66 per cent increase on the average of 921 per month during 2016-17.

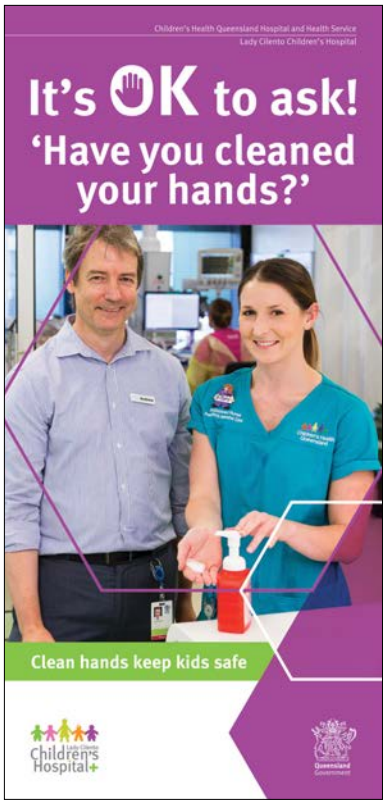
It's OK to ask

Children's Health Queensland continues to focus on promoting the importance of keeping patients safe from healthcare-acquired infections and complications because of poor hand hygiene.

As part of our ongoing commitment to meet the national hand hygiene target of 80 per cent compliance, in 2017-18 we adopted the international 'It's OK to Ask' approach, which urges everyone involved in a child's care team – staff, patients and families – to work together, speak up for safety and ask the question: Have you cleaned your hands?

Though not everyone feels comfortable asking or being asked if they have cleaned their hands, in the interests of safety, we want everyone in our hospital and community sites to feel confident, empowered and supported to ask the question - and to welcome the reminder. Patients and families have the right to ask if their care provider has clean hands and our staff have been trained to welcome the question.

Throughout the year, the It's OK to Ask message has been communicated to staff, patients, families and visitors via digital noticeboards, promotional banners, stickers, newsletter articles and social media.



"Have been so impressed with the nurses here in PICU. Dakota from PICU was having cuddles with our little man while doing obs at the same time. It is such a comfort to know we are leaving our son in good hands while we can't be here. Dakota was absolutely fantastic with Ethan... he is a credit to your team!" Tara

Partnerships

With increasing demand and finite resources, it is crucial for healthcare organisations to work in partnership to deliver health services. Children's Health Queensland is committed to working collaboratively with other organisations and healthcare providers to improve service coordination, integration and access, to optimise health outcomes and enhance the healthcare experience for children, young people and their families statewide.

Clinical partnerships and networks

Children's Health Queensland has established strong partnerships with other hospital and health services to enable seamless service delivery for children as they require increasingly complex care, often only delivered by Children's Health Queensland. In addition, we provide support to clinicians in other hospital and health services to increase their knowledge and skills in caring for children and young people. Children's Health Queensland has also become a trusted advisor for the Department of Health in the area of paediatric healthcare strategy and policy.

Children's Health Queensland has strong partnerships outside of Queensland Health, as evidenced by the strong attendance at the Children's Health Collaborative – a committee with representation from Queensland Health, Mater Health Services and Primary Health Networks in South East Queensland to look at opportunities to work in a more integrated fashion. In addition, we host the Statewide Child and Youth Clinical Network, which is focused on driving service improvements in healthcare and outcomes for children and young people. Membership of this group comprises a wide range of clinicians from Queensland Health, non-government organisations, research organisations, general practice and consumers.

Charitable and non-government partners

Children's Health Queensland partners with more than 40 non-government and charitable organisations to help us deliver the best possible healthcare experience for patients and their families, both in the Lady Cilento Children's Hospital and our community sites, and when they are back home.

Our partners make a vital contribution to the care we provide by funding new clinical equipment and resources, and offering patient and family support services, entertainment and experiences that enhance the healing environment.

Our services are supported by more than 700 volunteers, including from the Children's Hospital Foundation, as well as from Radio Lollipop, Starlight Children's Foundation, Ronald McDonald House and the Hospital Chaplaincy Service.

We have established the Community Collaborative as a forum for both Children's Health Queensland and our partner organisations to increase understanding of the services they provide and identify opportunities to collaborate further.

Enhancing paediatric palliative care across Australia

More than 1,890 health professionals across Australia have received dedicated palliative care training in 2017-18 under a pioneering education initiative led by Children's Health Queensland.

The Quality of Care Collaborative Australia for Paediatric Palliative Care (QuoCCA) project, delivered in partnership with children's hospitals across the country since 2014, aims to improve the quality of palliative care provided to children through research and educational initiatives. This ensures more children and families can receive the care and support they need as close to home as possible.

Since securing a new $4million Federal Government National Palliative Care Project grant in October 2017, QuoCCA has delivered a total of 50 scheduled education sessions and 39 'pop-up' sessions.

Over the next three years, QuoCCA will focus on supporting regional, rural and remote hospitals and clinics that care for children with palliative care needs. This will see nurse educators employed nationwide, an allied health education team established, and paediatric medical fellows employed to allow more paediatricians to receive training in children's palliative care.

Online resources will also be developed, including web-based learning packages to make the training even easier to access.

www.caresearch.com.au/quocca/tabid/4509/Default.aspx

Deadly Ears celebrates a decade of helping kids hear in Woorabinda

In 2017, Deadly Ears and the Woorabinda community celebrated a decade of working together to help local children to listen, learn and talk.

In that time, the Deadly Ears outreach team has:

- delivered 1,454 appointments through four to five outreach clinics a year
- conducted 745 hearing tests
- performed 112 ENT surgeries in Woorabinda Hospital (meaning children did not have to travel into Rockhampton for treatment).

The success of the Deadly Ears program in the region would not have been possible without a collaborative approach to Indigenous health and the support of the Woorabinda community, staff at Woorabinda Health service, and the Central Queensland Hospital and Health Service.

Collaborative approaches with Australian Hearing, Undoonoo Day Care and Woorabinda State School have also worked to help children with hearing loss improve their ability to listen, learn and talk.

The program's success in improving the ear health of children in Woorabinda reflects Children's Health Queensland's ongoing commitment to improving health outcomes for Aboriginal and Torres Strait Islander children.

The Deadly Ears program was established in 2008 to address the high rates of conductive hearing loss arising from middle-ear disease in Aboriginal and Torres Strait Islander children across Queensland.

If left untreated, the hearing loss associated with middle ear disease impacts on health, educational outcomes and contributes to long-term social disadvantage.

The Deadly Ears program currently delivers outreach clinical services and local capacity building in 11 locations across rural and remote Queensland.

www.childrens.health.qld.gov.au/chq/our-services/community-health-services/deadly-ears/

Helping Queensland kids grow up with good lifestyle habits

With more than one in four Queensland children overweight or obese, Children's Health Queensland has partnered with the Queensland Child and Youth Clinical Network, Queensland Health's Preventative Health Branch and the University of Queensland to deliver a new website aimed at tackling the rising rate of childhood obesity.

Growing Good Habits is an online hub for childhood obesity and nutrition – offering families and health professionals tips and advice on a range of lifestyle issues that play a part in maintaining a healthy weight.

The website contains information for families at all stages of their child's development from birth to adolescence with ideas for physical activity and practical ways to improve nutrition, child-friendly and tasty recipes, as well as the latest news and research on childhood obesity.

It also includes a section dedicated to supporting Queensland health professionals to identify and manage children at risk of being or are above a healthy weight to help them communicate with families and ensure they get the help they need.

As of 30 June 2018, the website had attracted 19,922 page views by 5,522 unique users.

Queensland has the highest rates of obesity in the country with around one in four children diagnosed as overweight or obese. Young adults are also nearly twice as likely to be obese as their parents, so we know that childhood obesity is a real problem in our community.

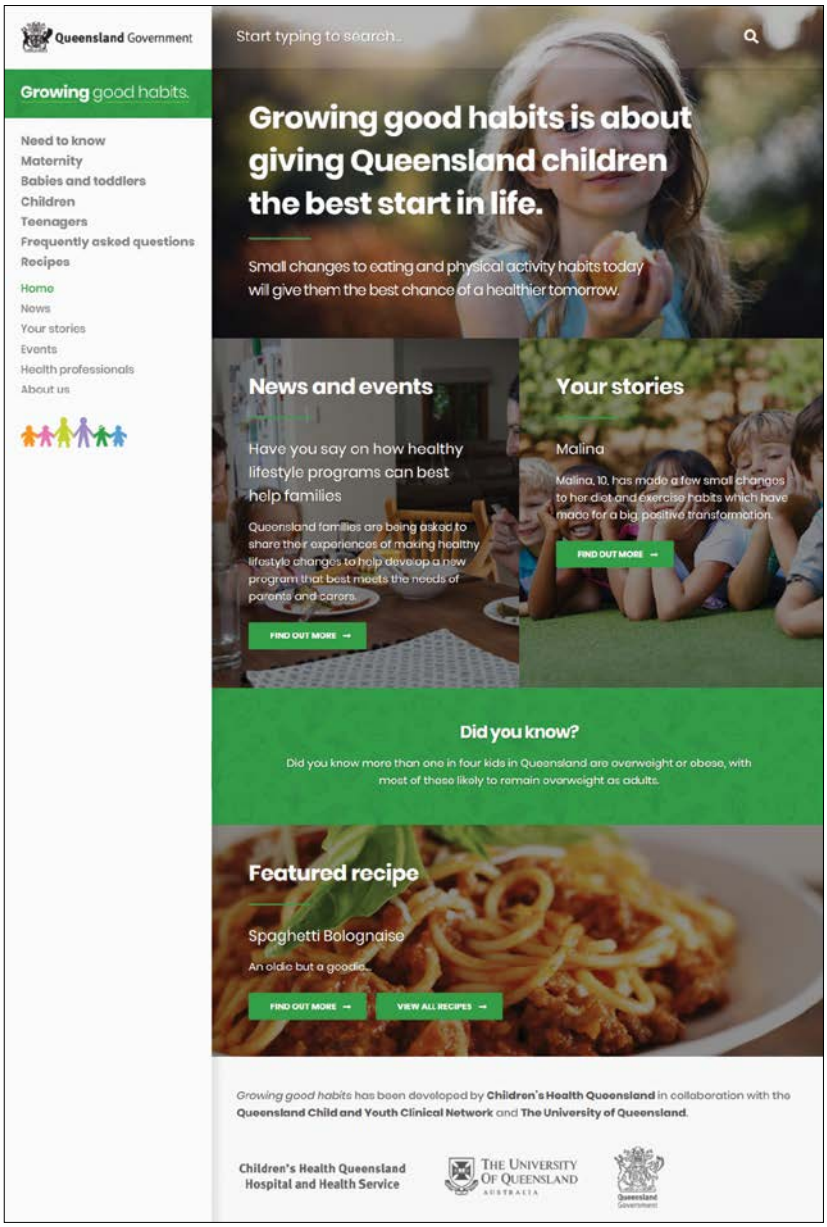
The Growing Good Habits approach is about making positive changes to children's eating and physical activity habits today to put them on track for a healthier tomorrow. Even small changes can make a difference towards a healthier lifestyle and give children the best possible start in life.

If left untreated, obesity can increase the risk of developing life-threatening conditions including type 2 diabetes, respiratory complications and cardiovascular complications.

In addition, psychosocial wellbeing, educational attainment and quality of life can be severely affected.

Only by tackling obesity and weight management from all angles can we hope to give every child the chance of the best start in life and help prevent a range of chronic conditions which are likely to develop later in life.

www.growinggoodhabits.health.qld.gov.au



Arts in Health

Our Arts In Health Program is a key component of Children's Health Queensland's child- and family-centred approach to healthcare delivery. The program engages with the community by developing arts and cultural activities to enhance health and wellbeing, partnering with internal and external stakeholders to deliver targeted programming, building awareness of Arts In Health practices among consumers and staff, and positioning Children's Health Queensland as a leader in Arts In Health program delivery.

The program develops high-level relationships within the arts sector to support regular music, theatre, dance and interactive creative experiences. This year 15 existing cultural partners were joined by the Queensland Writers Centre, which sponsored the establishment of a Creative Writing program, and Museums and Galleries Queensland for the development of a touring exhibition of prints and books by artists with disabilities.

Highlights of 2017-18 included:

- The Gifted Lives photography exhibition in support of Donate Life Week 2017 in August, featuring Lady Cilento Children's Hospital patients who have received or are waiting for an organ transplant.
- Hosting the Queensland Art Gallery/ Gallery of Modern Art Kids on Tour three-day workshop 'Me, Myselfie and I' in April 2018.

Prince Charles with *Off to the Games* painting by the Lady Cilento Children's Hospital School students

- Public performances by the Children's Health Queensland Community Choir including the 'Songs of Hope and Healing' concert at QPAC in March 2018, and the Premier's Cabinet Christmas Reception at GOMA in December 2017.
- Seminar program on recent developments in Arts and Health research with QUT Creative Industries
- Installation of distraction imagery designs new locations in the Lady Cilento Children's Hospital, including theatre induction bays, medical imaging, procedure rooms in the bone marrow transplant unit and the casting rooms in rehabilitation and physiotherapy outpatients.
- Sixty new acquisitions for the collection, including donation of an artwork by Indigenous artist John Murray through the generous support of philanthropists Dame Rose and Michael Horton.
- Launch of the Livewire Art Gallery, in partnership with the Starlight Children's Foundation on Level 6, showcasing the artwork of young patients in September 2017.
- Twilight Concert with the Queensland Conservatorium Symphony Orchestra and Choir in April 2018.
- Coordination with the Lady Cilento Children's Hospital School of a painting by students, 'Off to the Games', in celebration of the visit by Their Royal Highnesses the Prince of Wales and the Duchess of Cornwell in April 2018.
- Participation in the Out Of The Box Children's Art Festival in May 2018.

Donation of John Murray's *Girringun* by Dame Rosie and Michael Horton

Queensland Conservatorium Student Chamber Ensemble entertain a young patient

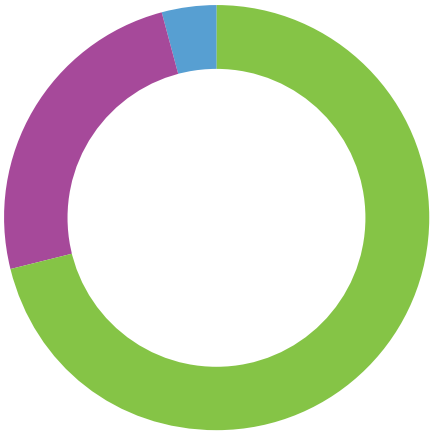
Matilda from the *Gifted Lives exhibition*

People

Our people

Children's Health Queensland recognises that our people are our greatest asset. Ongoing investment in our workforce is vital to ensure we can continue to deliver on our core business of providing high-quality care for patients and families. To enable this, our People and Culture unit designs and delivers people strategies and frameworks to build capacity, capability and culture that meets current and future organisational needs. The goal is to provide a professional, collaborative and supportive work environment that meets the needs and developmental expectations of current and prospective staff.

Chart 1: Children's Health Queensland employee breakdown



Total employees: 4,639 as at 30 June 2018

- Permanent (72%)
- Temporary (25%)
- Casual (4%)

Workforce profile

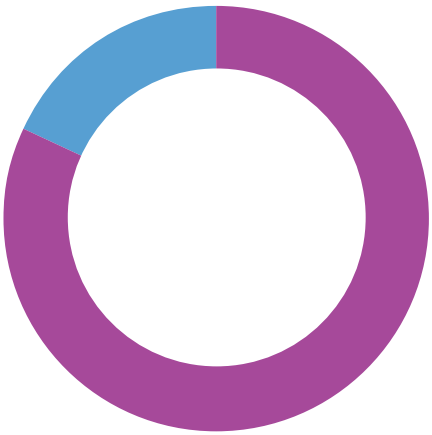
At 30 June 2018, 4,639 people were employed by Children's Health Queensland, equating to 3840.13 full-time equivalent (FTE) positions.

Our permanent employee retention rate* was 93 per cent at 30 June 2018, compared with 92 in 2016-17 and 83 per cent in 2015-16. For the same period, our permanent employee separation rate** was 6.6 per cent turnover compared to 7.7 per cent in 2016-17 and 17 per cent in 2015-16.

* Retention rate is calculated by the number of permanent staff employed at the start of the financial year (3,226) who remained employed at the end of the financial year (3,008).

** Separation rate is calculated by the number of permanent staff who left during the year (218) against the number of permanent staff at the end of the year (3,317).

Chart 2: Children's Health Queensland occupied FTE by gender



Total employees: 3,840.13 as at 30 June 2018

- Female 3,122.63 (81%)
- Male 717.5 (19%)

Workforce planning, attraction and retention

Children's Health Queensland is committed to ensuring its workforce is capable, committed and supported to ensure we provide the best possible healthcare services to Queensland children and their families.

In 2017-18, we continued to execute the strategies of the Children's Health Queensland *People Plan 2016-2020* guided by the organisation's Workforce Planning Framework, This framework sets the direction for the establishment of workforce planning, supported by best-practice workforce planning methodologies and tools.

The aim is to integrate workforce planning and workforce considerations into the standard strategic and operational business planning processes in the future. These processes will be driven by people leaders and supported by the People and Culture unit. The framework adopts a service based, interdisciplinary workforce planning methodology across Children's Health Queensland that focuses on forecasting the right workforce shape, size, skills, cost and location.

Working for Queensland 2017 Employee Opinion Survey

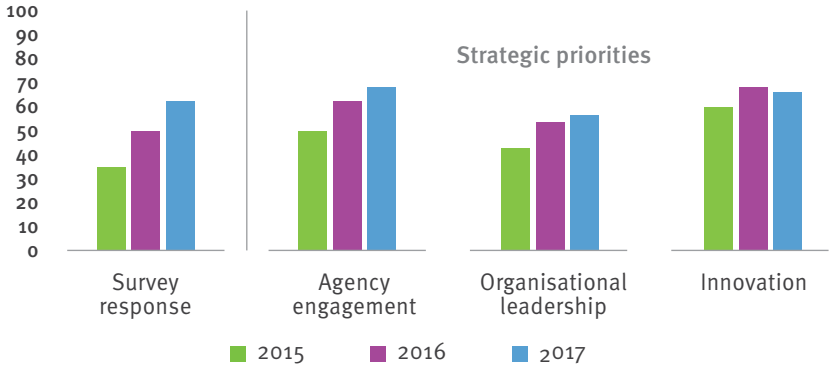
The annual Working for Queensland (WfQ) survey provides a valuable opportunity for staff to provide feedback to the business so we can better understand the experience of our staff and continue to collaboratively build a workforce culture that supports them as they deliver life-changing care for children and young people.

In 2017, Children's Health Queensland had an outstanding WfQ survey participation rate (62 per cent, 2,699 staff), achieving the highest across hospital and health services (HHSs). We were also the highest scoring Queensland HHS for all three strategic priorities set by the Queensland Public Commission: agency engagement, organisational leadership and innovation.

Worthy of note is that staff engagement increased 16 per cent over the past two years (2015-17) and feedback from the 2017 survey informed the development of 30 local action plans across the organisation, enabling Children's Health Queensland to continue to improve the way we deliver sustainable, high-value health services.

In addition to the local action plans, an organisation-wide action plan was endorsed by the Executive Leadership Team to address common themes of: workload and health, organisational fairness and bullying and harassment.

Table 2: Response percentages for Working for Queensland 2017



Industrial relations

Children's Health Queensland continues to operate within an industrial framework of consultative forums. The framework includes:

- Children's Health Queensland Union Consultative Forum
- Nursing Consultative Forum
- Health Practitioner Local Consultative Forum
- Corporate and Administration Services Local Consultative Forum.

Certified Agreements applicable to Children's Health Queensland employees were negotiated and endorsed by the Queensland Industrial Relations Commission. Nominal expiry dates on the applicable certified agreements are provided below:

- Queensland Public Health Sector Certified Agreement (No. 9) 2016 – nominal expiry date of 31 August 2019 (applicable to administrative, operational, professional and technical officers)
- Medical Officer (Queensland Health) Certified Agreement (No.4) 2015 (MOCA 4) – nominal expiry date of 30 June 2018 (applicable to medical officers). This is currently in negotiation.
- Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016 – nominal expiry date of 31 March 2018 (applicable to nurses and midwives). This is currently in negotiation.
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.2) 2016 – nominal expiry date of 16 October 2019 (applicable to health practitioners and dental officers).

Inclusion and diversity in the workplace

Children's Health Queensland is committed to providing a supportive and respectful work environment which values the diversity of staff and volunteers. In terms of diversity, the breakdown of staff employed as of 30 June 2018 was:

- 0.91 per cent from an Aboriginal or Torres Strait Islander background
- 9.37 per cent from a non-English speaking background
- 1.26 per cent of staff identified as having a disability.

Flexible working arrangements

Children's Health Queensland supports and implements Queensland Health's work-life balance policy by offering flexible working arrangements to help staff balance work and other responsibilities, including part-time work.

In 2017-18, 1,546 people (47 per cent of the Children's Health Queensland permanent workforce) were employed on a permanent part-time basis. Of the permanent part-time staff, 90 per cent were female. During 2017-18, 21 staff participated in purchased leave arrangements. The purchased leave allowance of one to six weeks contributes to work-life balance by enabling staff to purchase leave in addition to their standard recreational leave entitlements.

Early retirement, redundancy and retrenchment

No employees received a redundancy package in 2017-18.

Workplace health and safety

Our safety performance

Children's Health Queensland has a genuine commitment to ensuring the safety of our staff, volunteers, patients and their families. For our workforce the Children's Health Queensland *People Plan 2016-2020* guides work health and safety planning, decision-making and practices. At an operational level the Children's Health Queensland Work Health and Safety Management System provides the framework to ensure planned, organised and integrated processes are in place to provide a safe and healthy workplace.

Continuous improvement ensures we constantly identify high-risk health and safety issues and implement actions to keep people safe. This very important work is involves:

- Governance, consultative and capability development frameworks
- An integrated work health and safety hazard management and risk mitigation system
- Planned monitoring, review, performance evaluation and reporting
- Workplace injury rehabilitation and return to work programs.

Children's Health Queensland work health and safety key performance indicator results for 2017-18 included:

- Two minor non-conformances identified and subsequently managed when assessed against AS/NZS 4801:2001 Occupational health and safety management systems in May 2018.
- Zero regulatory notices or infringements from the Work Health and Safety Regulator.
- Workers compensation premium rate of 0.355, which is significantly lower than the industry premium rate of 0.998.

Wellbeing and Resilience Program

Working in a paediatric healthcare setting presents challenges unique to other environments, and supporting the wellbeing and resilience needs of our staff ensures they are equipped to face these challenges, overcome them and develop increased personal resilience and professional satisfaction.

In 2017, the Children's Health Queensland Wellbeing and Resilience Program was developed to bring to life our organisation value of Care, recognising that children and families benefit when we prioritise the care and wellbeing of ourselves and our colleagues. The program aims to develop staff and leader capabilities, provide access to a range of support and to educate staff on well-being, resilience and self-care.

Some of the program's initiatives within this program include:

1. The Employee Assistance Program, which offers counselling and support to staff, was relaunched in January as the CHeQing In Program and has increased and renewed staff confidence in the service.
2. Training and reflective forums to increase mental health literacy, normalise emotions, develop coping skills and initiate self-care plan have also been introduced.
3. The development of a guideline that supports managers and staff who are exposed to traumatic stress is in its final stages.

Domestic and family violence response

Children's Health Queensland remains committed to actively supporting staff and the community who may be affected by the issue of domestic and family violence by ensuring appropriate and adequate information and support services are available and can be easily accessed. Additionally, staff continue to demonstrate active support for initiatives, such as White Ribbon Day and the Darkness to Daylight run which are aimed at engaging the public, building awareness and raising funds.

The delivery of the clinical response to Domestic and Family Violence blended learning package for health professionals working in hospital, community, statewide and mental health is ongoing and Children's Health Queensland is currently collaborating with the Department of Health to develop enhanced resources to strengthen paediatric content.

With a four-year $26.3 million investment by the Queensland Government, the Brisbane Integrated High Risk Team, one of eight collaborations, commenced in March 2018. Working in partnership with Metro North and Metro South hospital and health services, this team aims to deliver an integrated response through multi-agency coordination and collaboration concerning significant high risk domestic violence cases.

Improved onboarding for new employees

In 2017-18, the People and Culture team successfully delivered the first phase of a new onboarding program designed to maximise engagement through a range of videos, workshopping practical scenarios, department specific sessions and a hospital tour. The development was underpinned by recognising that as a first step to ensuring staff are set up for success, they need to be meaningfully connected and orientated with the values and culture of the organisation. Pre-boarding and induction phases are under development.

Rewards and recognition

Celebrating excellence

In November 2017, we recognised the extraordinary achievements of staff at the inaugural Children's Health Queensland Excellence Awards. Previously known as the Celebrating Our People Awards which were based on our organisational values, these new awards further align to our values and strategic priorities.

Reflecting these changes, a number of new award categories were introduced including a 'Children's Choice' award, which invited children and young people to nominate an individual and team who has consistently provided exceptional child and family-centred care.

The winners of the 2017 Children's Health Queensland Excellence Awards were:

- Children's Choice Award – Individual: **Dr Geoff Withers and Dr David Bade**
- Children's Choice Award – Team: **Rheumatology Team**
- Child and Family-Centred Care Award: **Susan Weate**
- Living the Values – Leader: **Marissa Ehmer and Kellie Stockton**
- Living the Values – Team: **Emergency Department**
- Living the Values – Individual: **Natasha James**
- Partnerships Award: **'Healthy Kids Healthy Futures', Centre of Excellence for Paediatric Obesity**
- Performance and Innovation Award: **Daniel Moloney**
- Excellence in Research Award – Team: **Queensland Paediatric Rehabilitation Service**
- Researcher of the Year Award: **Dr Kristie Bell**
- Rising STAR Award: **Dr Mark Alcock**
- Volunteer of the Year Award: **Juliette Job (along with a special 'Four-legged Volunteer of the Year' award to Nanook Samuel)**
- Supporting Service Excellence Award: **Matthew Scott**.

Queen's Birthday Honours 2018

Professor Claire Wainwright, Paediatric Respiratory Physician at the Lady Cilento Children's Hospital, was appointed as a Member of The Order of Australia in the 2018 Queen's Birthday Honours List. Professor Wainwright was recognised for "significant service to medicine as a respiratory clinician, and for leadership into the study of cystic fibrosis". She is the lead specialist for cystic fibrosis services at the hospital and clinical lead for the statewide Paediatric Cystic Fibrosis service.

Children's Health Queensland Australia Day Achievement Awards

In January 2018, we formally acknowledged individuals and teams for outstanding achievements through the Children's Health Queensland Australia Day Achievement Awards. These awards are an opportunity to recognise colleagues who have made a real difference for children, young people and their families based on the Queensland public sector's values of customers first, ideas into action, unleash potential, be courageous, and empower people.

Award winners were:

- **Erica Humes**, Patient Experience Officer, Lady Cilento Children's Hospital
- **Dr Stephen Stathis**, Medical Director, Child and Youth Mental Health Service
- **Jason Jones**, Director Business Intelligence, Lady Cilento Children's Hospital
- **Kate Trenoweth**, MET Coordinator, Lady Cilento Children's Hospital
- **Mikaela Moore**, Consumer Support Officer, Child and Youth Mental Health Service
- **Bethany Hooke**, NDIS Program Manager, Statewide Services

2017 Queensland Health Awards for Excellence

The 2017 Queensland Health Awards for Excellence were awarded in December in recognition of initiatives, teams and individuals who have demonstrated a commitment to excellence when delivering or supporting the provision of health services to Queenslanders.

Children's Health Queensland were recipients in the following categories:

- Winner – Individual Award for Outstanding Achievement: **Dr Mark Alcock**, Paediatric Persistent Pain Management Service, Division of Critical Care
- Highly commended – Promoting Wellbeing category: **Oncology Staff Wellbeing Program**, Oncology Services Group
- Highly commended – Connecting Healthcare category: **Growing Good Habits**, Children's Health Queensland, Department of Health and Queensland Child and Youth Clinical Network

Education and training

Children's Health Queensland is the primary provider of paediatric training and education for healthcare professionals in Queensland. We are committed to delivering contemporary, collaborative and integrated programs which ensure the current and future workforce develop the skills and knowledge needed to deliver safe, effective, high-quality and family-centred care.

Performance and development

To ensure we deliver on our commitment to enhance work performance and career development opportunities for staff and continue to build a culture of performance, a new approach to Performance, Coaching and Development has been implemented. Under the new process, leaders and their team members engage in agile key performance indicator (KPI) setting and review, which enables regular feedback and coaching on performance and values-based behaviour. This ensures every employee and the organisation reach their full potential.

Medical

Children's Health Queensland works with The University of Queensland (UQ) Faculty of Medicine to provide clinical placements for final year medical students, with elective placements also offered to interstate and overseas students. During 2017-18, Children's Health Queensland hosted 244 UQ medical students on core clinical placements, and 118 elective placements.

Each year we offer interns the opportunity to complete a 10-week term in paediatrics at the Lady Cilento Children's Hospital to gain valuable experience in a range of medical or surgical specialties. Children's Health Queensland is an accredited provider of prevocational education for interns, with 50 junior doctors taking part in the program in 2017-18.

In 2017, we established Queensland's first Paediatric Clinical Examination Preparation Course in collaboration with the Queensland Basic Paediatric Training Network. Now in its second year, the course attracted 46 attendees from across Queensland and 54 from interstate and is now considered one of the premier preparation programs in Australia for the paediatric clinical exam.

In 2017-18 the number junior house officer positions within the resident medical workforce was increased to 10, with a specific medical rotation created for this cohort of doctors including a 10-12 week term at Mater Adult Health Services.

Registrar training in child protection was endorsed this year by the Royal Australasian College of Physicians, enabling Queensland-based paediatric registrars to meet their training requirements closer to home.

800+
leaders trained in performance coaching

73
coaching clinics delivered across the organisation

2300+
employee performance profiles created

165
staff completed crucial conversation training

Nursing

In February 2018, Children's Health Queensland, in partnership with the support of the Office of the Chief Nursing and Midwifery Officer, launched the Strength with Immersion Model Program (SWIM).

The program offers nurses working in paediatric settings in regional, rural and remote hospitals the opportunity to complete a four-week placement at the Lady Cilento Children's Hospital, tailored to meet their individual needs. LCCH-based staff were also able to complete a placement in a regional, rural and remote paediatric environment.

Since the launch of SWIM, 25 applications to participate were received from nurses across the state.

Children's Health Queensland's nursing graduate program continued to grow, with 80 graduate nurses transitioned to paediatric practice in 2017-18.

The program offers the opportunity to experience two practice settings and on completion, academic credit is available into post graduate paediatric studies at several Australian universities.

Table 4: Nursing graduates 2015-2018

2015-16 FY	58
2016-17 FY	62
2017-18 FY	80

> "I would like to say a big thank you to the Lady Cilento Children's Hospital for hosting a wonderful event and allowing me the chance to meet your amazing staff and speak with them about the vast and great opportunities available. Each one of your nursing team were great ambassadors and I could see their genuine passion in their roles at Children's Health Queensland. I look forward to nominating the Lady Cilento Children's Hospital as one of my preferences in the upcoming nursing graduate intake and hope to be part of the team soon." Student nurse

Children's Health Queensland continues to support the learning and development of both undergraduate and postgraduate nursing students with 64,291 hours of clinical placement completed at the Lady Cilento Children's Hospital and community in 2017-18.

Seventeen Children's Health Queensland nurses achieved post graduate qualifications this year through funding provided by the Office of the Chief Nursing and Midwifery Officer. This funding also supported nurses wishing to re-enter the workforce after an absence of five or more years.

In June 2018, 325 university students attended Children's Health Queensland's second annual Nursing Student Open Day taking the opportunity to engage with nursing staff and get a glimpse into the various clinical environments and opportunities available at the hospital.

244
medical student placements

1,347
simulation training sessions

3,499
nursing clinical assessments delivered

80
graduate nurses transitioned into paediatric practice

Other interprofessional education highlights

More than 100 health professionals attended the inaugural Allied Health Symposium in June which showcased achievements in the areas of research, models of care, innovation and education. Due to the symposium's success, it will now be held bi-annually.

Children's Health Queensland launched the Optimising Paediatric Training In eMergencies Using Simulation - Clinical Observation and Response to Emergencies (OPTIMUS CORE) eLearning and face-to face-programs, an inter-professional training course delivered across all 16 hospital and health services. In 2017-18, 610 participants completed the face-to-face program and 662 completed the e-learning program.

Children's Health Queensland's focus on safety involved regular education campaigns, including implementation of the 'It's OK to Ask' hand hygiene campaign.

The Communicating for Safety program was also launched to support staff to feel comfortable in speaking up for safety and escalating their concerns. The program is delivered by Children's Health Queensland safety ambassadors as part of corporate orientation, with 375 staff taking part in 2017-18.

Child Protection and Forensic Medical Service staff travelled to nine sites around Queensland to educate hospital and health services staff in the assessment and management of child protection cases from patient management in the Emergency department to the presentation of evidence in a medico-legal report.

The Statewide Child Protection Clinical Partnership established eight clinician working groups across Queensland to support collaborative and proactive child safety and protection practice.

The Queensland Paediatric Extracorporeal Life Support Service and Lady Cilento Children's Hospital Paediatric Intensive Care Unit held the inaugural Australian Paediatric ECMO Course.

Governance


TEACHQ

Organisational structure

as at 30 June 2018

The Board

The Children's Health Queensland Hospital and Health Services Board is appointed by the Governor in Council on the recommendation of the Minister for Health and Minister for Ambulance Services. The Board is responsible for the governance of Children's Health Queensland, in terms of the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012*.

The Board's responsibilities are to:

- oversee Children's Health Queensland, as necessary, including its control and accountability systems
- provide input into and final approval of executives' development of organisational strategy and performance objectives, including agreeing the terms of the Service Agreement with the Chief Executive (Director-General) of Queensland Health
- review, ratify and monitor systems of risk management and internal control and legal compliance
- monitor Health Service Chief Executive's and senior executives' performance (including appointment and termination decisions) and implementation of the Strategic Plan
- approve and monitor the progress of minor capital expenditure, capital management, and acquisitions and divestitures
- approve and monitor the annual budget and financial and other reporting.

Board meetings were held at Lady Cilento Children's Hospital and a number of Children's Health Queensland community sites on the following dates:

Table 5: Board meeting attendance 2017-18

2017	Apologies
6 Jul	Dr Leanne Johnston, Ross Willims and Cheryl Herbert
3 Aug	Dr David Wood
6 Sep	Jane Yacopetti
5 Oct	Dr David Wood
2 Nov	Paul Cooper
7 Dec	Leilani Pearce

2018	Apologies
No January meeting	
1 Feb	Nil
1 Mar	David Gow and Leanne Johnston
5 Apr	Nil
3 May	Jane Yacopetti and Ross Willims
6 Jun	David Wood and Leilani Pearce

Board appointments

David Gow was appointed Chair of the Children's Health Queensland Hospital and Health Board in May 2018 following the resignation of Rachel Hunter in February 2018. Jane Yacopetti served as Chair for an interim period.

Heather Watson was appointed to the Board in May 2018 and Ross Willims was reappointed for a further three years.

Paul Cooper, Cheryl Herbert, Dr Leanne Johnston, Georgie Somerset, Dr David Wood and Jane Yacopetti are continuing their terms as Board members.

Leilani Pearce resigned from the Board in June 2018.

Board Sub-committees

The following Sub-committees supported the Board in 2017-18:

Audit and Risk Sub-committee

Paul Cooper (Chair), Jane Yacopetti, Ross Willims, Dr Leanne Johnston and Cheryl Herbert.

The Audit and Risk Sub-Committee provides independent assurance and oversight to the Chief Executive and the Board on risk, internal control and compliance frameworks and external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, *Auditor-General Act 2009*, *Financial Accountability Regulation 2009* and *Financial and Performance Management Standard 2009*.

Health Service Executive Sub-committee

Dr David Gow (Chair), Paul Cooper, Dr David Wood, Jane Yacopetti, Ross Willims and Rachel Hunter (resigned February 2018).

The Health Service Executive Sub-committee supports the Board with its governance responsibilities and makes recommendations to the Board by overseeing select strategic issues, strategic planning and engagement strategies of the Hospital and Health Service. Additional responsibilities include supporting the Board with performance and remuneration arrangements for the Health Service Chief Executive and Executive Leadership Team and advising the Board on committee membership and representation.

Finance and Performance Sub-committee

Ross Willims (Chair), Dr Leanne Johnston, Georgie Somerset, Dr David Gow and Leilani Pearce.

The Finance and Performance Sub-committee supports the Board with its governance responsibilities and make recommendations to the Board by overseeing the financial position, performance and resource planning strategies of the Hospital and Health Service in accordance with the *Financial Accountability Act 2009*.

Quality and Safety Sub-committee

Dr David Wood (Chair), Georgie Somerset, Cheryl Herbert, Rachel Hunter (resigned February 2018) and Leilani Pearce.

The Quality and Safety Sub-committee supports the Board with governance responsibilities and makes recommendations to the Board by overseeing quality and safety, including compliance with state and national standards, provision of child- and family-centred care, patient and family feedback and complaints, service accreditation preparedness and periodic industry review outcomes and critical incidents of concern/interest to the Board.

The Board

David Gow Chair Commenced: 18/05/2013 | Current term: 11/05/2018 to 17/05/2020

David Gow brings more than 30 years' experience in law, banking and finance, having held senior leadership roles with a multinational bank in Australia and internationally. Since returning to Australia in 2008, Mr Gow has held a number of non-executive board roles in government and private sector companies, specialising in governance, financial management, and audit and risk management. He also gained extensive knowledge of research commercialisation during his time as a director of The University of Queensland Holdings.

Cheryl Herbert Commenced: 26/06/2015 | Current term: 18/05/2016 to 17/05/2019

Adjunct Professor Cheryl Herbert has more than 20 years' experience as a chief executive officer and leader within not-for-profit, and government health and regulatory organisations. A trained midwife and nurse, Ms Herbert is a fellow of the Australian College of Nursing and the Australian Institute of Company Directors, and board member of Lives Lived Well Pty Ltd and Wound Management Innovation CRC Pty Ltd. She was the founding CEO of the Health Quality and Complaints Commission.

Jane Yacopetti Commenced: 18/05/2013 | Current term: 18/05/2016 to 17/05/2019

Jane Yacopetti has extensive executive management experience in the health sector, including in her current role as Managing Director of Carramar Consulting. Ms Yacopetti has held a number of senior positions in health management including policy, strategic planning, health service administration and infrastructure planning. A former executive at the Royal Children's Hospital, Ms Yacopetti went on to be Deputy Chief Executive Officer of Mater Health Services from 1998-2000 and the Executive Director of the Queensland Children's Hospital Project from 2009-2011.

Paul Cooper Commenced: 29/06/2012 | Current term: 18/05/2016 to 17/05/2019

Paul Cooper has more than 25 years' experience as an accountant in private practice, and broad experience across a number of industries, with current and former board positions in manufacturing, accounting, education, health and industrial electronics. He is a previous director and chairman of the Finance Committee of CPA Australia and former Queensland President of CPA Australia. Mr Cooper is also a Director of the Export Council of Australia, Advanced Manufacturing Growth Centre Ltd and the Rinstrum Group.

Dr Leanne Johnston Commenced: 29/06/2012 | Current term: 18/05/2016 to 17/05/2019

Dr Leanne Johnston is a paediatric physiotherapist with 20 years' experience across clinical, research, management and education roles. She has worked for 11 years within the Mater Children's, Mater Mother's and Royal Children's hospitals. She has a Doctor of Philosophy and an extensive career in paediatric research, receiving several awards and grants and directing a multidisciplinary research program at the Cerebral Palsy League. Now at The University of Queensland, she leads the Paediatric Physiotherapy Program, the multidisciplinary Health Sciences Research Program and chairs the Children's Motor Control Research Collaboration.

Leilani Pearce Commenced: 18/05/2016 | Current term: 18/05/2017 to 30/06/2018 (resigned)

Leilani Pearce has extensive experience in Aboriginal and Torres Strait Islander health including policy development and service delivery reform. She is an executive advisor in Aboriginal and Torres Strait Islander strategy and has a keen interest in regional, rural and remote health. Ms Pearce has previously held senior appointments with a national focus on health reform in the Queensland Aboriginal and Islander Health Council, Department of Health and Ageing and Queensland Health. She is the current Chair of the Aboriginal Centre for the Performing Arts, and a board member of ACT for Kids.

Georgie Somerset Commenced: 23/08/2013 | Current term: 18/05/2017 to 17/05/2020

A company director, Georgie Somerset brings extensive experience in consumer and community advocacy for children, young people and families living in rural and regional areas, as well as strong Board and strategic governance experience. She is currently deputy chair of AgForce Queensland, a board member of the Australian Broadcasting Commission and the Royal Flying Doctor's Service (Qld Section), and chair of the Red Earth Community Foundation South Burnett. She is a Fellow of the Australian Rural Leadership Foundation, the Institute for Resilient Regions and the Australian Institute of Company Directors.

Ross Willims Commenced: 18/05/2014 | Current term: 18/05/2018 to 17/05/2021

Ross Willims has held a number of senior executive positions within both the public and private sector such as Vice President External Affairs BHP Billiton Metallurgical Coal, and Director General of the Queensland Department of Mines and Energy. He has also worked in a range of Commonwealth Government departments. On his retirement from BHP Billiton, Mr Willims was appointed Chairman of the Australian Coal Association and Australian Coal Association Low Emissions Technologies Limited. Mr Willims was awarded life membership of the Queensland Resources Council in 2011.

Dr David Wood Commenced: 29/06/2012 | Current term: 18/05/2017 to 17/05/2020

Dr David Wood has more than 20 years' experience in child protection in Queensland. He was Chair and Board Member of ACT for Kids (previously known as Abused Child Trust) for 25 years and until recently, Director of Paediatric Health Services at Mater Health Services.

Heather Watson Commenced: 18/05/2018 | Current term: 18/05/2018 to 17/05/2019

Heather Watson brings more than 30 years legal and governance experience with the last 10 years specifically across the charitable and nonprofit sector. She has been a partner in legal practices in both regional and metropolitan contexts. Her industry expertise covers aged care, health and community services, affordable housing and Indigenous communities. She has considerable experience in structuring and strategic advice to philanthropic entities.

Executive Leadership Team

Fionnagh Dougan Health Service Chief Executive

Fionnagh Dougan has a long and successful history in leading change in complex healthcare environments and a lifelong commitment to improving children's health. She has been the Chief Executive of Children's Health Queensland since January 2015. Prior to this, she had overarching responsibility for all hospital, clinical support and community services, including paediatric and mental health services, in her role as Director of Provider Services, Auckland District Health Board. She is also a former General Manager of Auckland's Starship Children's Hospital and Child Health Services where she implemented a service-wide healthcare excellence framework. She has postgraduate qualifications in health management, an honours degree in communication, and has held dual registration and experience as both a Mental Health and a General Nurse. Fionnagh has also been a Director on the Board of Children's Healthcare Australasia since November 2012.

Frank Tracey Executive Director, Clinical Services

Frank has more than 30 years' experience working in health systems, he has a clinical background in nursing and holds advanced qualifications in health , health systems management and organisational governance. His extensive experience in health commissioning and provision in clinical and community settings is complemented by strong managerial and leadership skills, and an applied interest in translational health research.

Dominic Tait Executive Director Clinical Services, Lady Cilento Children's Hospital

Dominic is a highly experienced healthcare manager and allied health professional who is passionate about providing quality outcomes for patients and families. Dominic has held the position of Executive Director for the Lady Cilento Children's Hospital since January 2017 and prior to this, was the hospital's Divisional Director of Clinical Support for three years. He also served in Operations Manager roles across multiple divisions such as Critical Care, Surgery and Clinical Support at the former Royal Children's Hospital between 2012 and 2014.

Alan Fletcher Chief Finance Officer

Alan has more than 25 years' financial leadership and management experience within the public health sector. He is a member of CPA Australia and has extensive knowledge and experience in key strategic financial and procurement functions, such as financial management and governance. These include the implementation and re-engineering of business processes and financial systems, operational performance management and reporting, procurement, contracts management and logistics, and clinical costing and business analysis.

Fiona Allsop Executive Director Nursing Services

Fiona is a registered nurse with a varied and diverse career, including nursing and operational management experience in both the UK and Australia in a wide range of clinical environments and roles. She has considerable experience in developing clinical governance systems, working with health services regulators and universities to develop new nursing roles and education pathways. Fiona is accredited by the Virginia Mason Institute to use Lean Leadership principles to design care pathways and improve the patient's experience of healthcare.

Dr Andrew Hallahan Executive Director Medical Services

Andrew has more than 20 years' experience in paediatric healthcare. As the former Medical Lead Patient Safety for Children's Health Queensland, he co-developed the Lady Cilento Children's Hospital Patient Safety Operating System, an interdisciplinary approach to 24/7 safe care. Andrew also established the Queensland Children's Critical Incident Panel, as a statewide resource to support expert review of children's patient safety events. He is currently the Paediatric Lead for Queensland Health's Clinical Excellence Division's Patient Safety and Quality Improvement Service.

Alastair Sharman Chief Digital Officer

Alastair is an information management and technology professional with more than two decades' experience across private and public sectors in Australia and internationally. This includes 12 years in the Australian Defence Force where he served in the peacekeeping force in Bougainville and with the United Nations in East Timor. He holds a Master of Science in Information Technology and a Bachelor of Arts with Honours, and is a graduate of the Royal Military College and the Australian Defence Force Academy.

Leigh Goldsmith Executive Director People and Culture

Leigh has more than 30 years' experience in strategic HR, organisational development; digital hospital, communications and engagement; consumer engagement; strategic and business planning; and change management. She has extensive experience in the Queensland Government and as a management consultant. Leigh takes pride in working in public health and the opportunity to contribute to the delivery of excellent patient experiences and patient outcomes.

Tania Hobson Executive Director Allied Health

Tania is a hospital executive and health care practitioner, with a strong clinical background and extensive experience as a strategic and operational manager and professional leader. Tania has a passion for health management, transformative organisational change, consumer and community engagement, and best practice models of care. She has qualifications in Speech Pathology and business and is currently enrolled in her PhD. Tania is also the lead executive for consumer engagement at Children's Health Queensland.

Lisa Benneworth Executive Director Legal, Governance and Risk

Lisa has held a range of leadership roles in the public and private sector both nationally and internationally, with more than 16 years' experience as a legal professional. She is highly regarded for her strategic approach and extensive knowledge of the challenges and risks relating to healthcare systems. Lisa's current portfolio responsibilities include leadership for the quality management system, integrated governance, legal services, risk management and regulatory compliance.

Joe Fitzgerald Senior Director, Communications and Engagement

Joe is an experienced communications and media professional, with more than 15 years' experience across private and public sectors. He is adept at developing and executing strategic political, social and educational campaigns and projects on a state and national level. This experience includes managing staff and complex stakeholders in the successful delivery of project goals across traditional and social media, advertising and marketing channels.

Risk management, compliance and audit

Risk management

Children's Health Queensland recognises that the proactive identification and effective management of our risks is essential for the successful delivery of our operational and strategic objectives and realisation of our vision. Our overarching enterprise risk management framework facilitates the use of a consistent approach and integration of risks and opportunities across the organisation and at all levels. The framework was updated to reflect the revised international standard (ISO 31000:2018). Oversight of the management of strategic and organisational risks was provided by the Board, Audit and Risk Committee and Executive through the provision of regular risk management reports

Opportunities to further integrate risk management and build risk consciousness across the organisation, identified in a 2017 external review, have continued to be progressed. In addition to the ongoing implementation of the risk management information system, an extensive review of our risk appetite statement was undertaken. The statement is now supplemented by risk attitude scenarios designed to inform and support risk-management decision making.

Accountability

Audit and Risk Sub-committee

The Audit and Risk Sub-committee met on four occasions in 2017-18. Remuneration for their duties is included in their Board remuneration, outlined in the remuneration disclosures section of the Financial Statements.

Activities in 2017-18 included:

- reviewing and approving the Children's Health Queensland *Financial Statements 2016-2017*
- noting the Queensland Audit Office's client service strategy, interim and final management letters, and review of the Executive's response to findings and recommendations
- oversighting the revision of the Risk appetite statement and development of risk attitude scenarios
- reviewing strategic and organisational risk reports noting management plans and status
- reviewing and endorsing the Strategic and Annual Internal Audit plans
- oversighting the performance of the internal audit function, including the delivery of the plan
- reviewing and noting internal audit reports, including recommendations and management response
- reviewing and noting compliance management status reports.

Internal scrutiny

Compliance management

Our compliance management framework is underpinned by AS/ISO 19600:2015. The use of consistent terms and incorporation of risk management into compliance processes has ensured an integrated approach to the identification, assessment, management and reporting of compliance related risks.

The ongoing systematic review of Children's Health Queensland's legislative and regulatory environment has been instrumental in enabling the development of a shared understanding of our compliance obligations. The Executive and Audit and Risk Sub-committee's oversight of the compliance function has been facilitated through the provision of regular progress reports.

Internal audit

Internal audit uses a systematic and disciplined process to assist the organisation achieve its objectives by evaluating and facilitating the continuous improvement of risk management, controls and governance processes. By the nature of its organisational independence, internal audit is able to provide objective assurance and advice to the Children's Health Queensland Executive Leadership

Team and Board (via the Audit and Risk Committee) regarding the efficiency and effectiveness of Children's Health Queensland's internal controls and the alignment of business and operational performance with the organisation's values and strategy.

Internal audit used a risk-based approach in the development of its annual plan and delivered a total of eight engagements which focused primarily on assessing and identifying opportunities to improve and operational governance. Internal audit played an active role in monitoring, advising and reporting on the implementation of internal audit recommendations. Quarterly reports to the Audit and Risk Committee include progress on the delivery of the annual plan, audit outcomes and implementation of recommendations.

External scrutiny

The following external reviews were conducted in 2017-18:

- The Queensland Audit Office reported on the 2016-17 results of financial audits.
- Health and Safety Management system (AS/NZ4801:2001)
- Surveyors from the Australian Council on Healthcare Standards conducted an accreditation survey visit.

Information systems and record keeping

Children's Health Queensland's Health Information Service is dedicated to continuous service improvement to ensure availability and timely access to critical information needed to support the provision of high-quality patient care across the organisation. The Health Information Services team currently manages 77,571 corporate records and 767,171 clinical records.

To maintain recordkeeping compliance, Children's Health Queensland is committed to meeting our responsibilities under the relevant Acts, application legislation, state government Information Standards and Queensland State Archives Standards and best practice methods outlined in applicable International Standards.

In November 2017, the implementation of eRefer, an electronic referral management system, transformed the Children's Health Queensland referral workflow and delivered service improvement by reducing the time it takes for a referral to be accessible in the Integrated Electronic Medical Record (ieMR). The Health Information Services team facilitated the electronic upload of 1200, on average, referrals into the ieMR, each week. By eliminating the process of scanning the paper referrals, the time it takes for a referral to be accessible in the ieMR has reduced from 48 hours to 24 hours, providing clinicians with timely clinical information to ensure patient care is not compromised.

The implementation of ieMR Advanced in April 2018 also resulted in service improvements for Health Information Services. The ieMR Advanced functionality has reduced the number of pages scanned from 286,383 pages per month to 162,211 pages per month.

Successful recruitment into the positions of Health Information Liaison and the Coding Optimisation function has resulted in the capability to support clinical areas with clinical documentation, clinician liaison and optimisation.

Recognising the international workforce shortage for Clinical Coders and Health Information Managers, further enhancement of the coding trainee program and recruitment to support the development of skilled clinical coding staff internally. Initiatives such as the implementation of Follow Me Desktop for the Clinical Coding team has enabled telecommuting.

Health Information Services is also integral in support and rollout of state-wide and national initiatives, such as the National Disability Insurance Scheme and My Health Record, by providing advice and information access.

Public Sector Ethics Act 1994

Children's Health Queensland is dedicated to upholding the values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service.

The Code of Conduct also reflects the amended ethics principles and values set out in the *Public Sector Ethics Act 1994 (Qld)*.

The Code of Conduct reflects the principles of integrity and impartiality, promoting the public good, and commitment to the system of government, accountability and transparency. Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle.

Children's Health Queensland identifies the Code of Conduct as one of eight mandatory training requirements for all employees. Biennial refresher training on the Code of Conduct is also a mandatory requirement. All new employees are automatically assigned to all mandatory Code of Conduct training courses through the Children's Health Queensland online learning management system, TEACHQ, for completion. The Code of Conduct is available to all staff within the learning program and through the Children's Health Queensland intranet site.

Code of Conduct training is also a mandatory training requirement for members of external service providers who are not Children's Health Queensland employees but deliver services to or for Children's Health Queensland patients, families and service areas. Members of external service providers include contractors, students, volunteers and other non-government organisations. Code of Conduct training for external service providers is accessed online through the Department of Health learning management system, iLearn.

Queensland Public Service Values

Children's Health Queensland's core values of Respect, Integrity, Care and Imagination (see page 3) work in parallel with the five Queensland Public Service values of Customers first, Ideas into action, Unleash potential, Be Courageous and Empower people.

Customers first

- Know your customers
- Deliver what matters
- Make decisions with empathy

Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries

Unleash potential

- Expect greatness
- Lead and set clear expectations
- Seek, provide and act on feedback

Be courageous

- Own your actions, successes and mistakes
- Take calculated risks
- Act with transparency

Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you

Information disclosure

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, Children's Health Queensland is required to publish a statement on the disclosure of confidential information in the public interest. During the 2017-18 period, two disclosures were authorised in relation to specified patient information. The patient information was disclosed to Members of the Children's Health Queensland Credentialing Committee for the purposes of reviewing Scope of Clinical Practice of a clinician and separately to the legal representative of that clinician as a response to the Scope of Clinical Practice review.

Financials

Chief Finance Officer's report

Summary

This financial summary provides an overview of Children's Health Queensland's financial results for 2017-18. A comprehensive set of financial statements covering the organisation's activities is provided in this report.

The organisation recorded an operating deficit of $10.166 million for the 2017-18 financial year. The 2017-18 operating deficit relates mainly to the utilisation of prior year accumulated surplus to partially fund the Integrated Electronic Medical Records (ieMR) project. The other significant contributor to the operating deficit was a revaluation decrement of Children's Health Queensland's buildings totalling $3.524 million. Table 6 summarises the key financial results of the organisation's operations for the past three financial years.

Table 6: Summary of financial results of Children's Health Queensland's operations 2015-16 to 2017-18

Financial performance	**2017-18 $'000**	**2016-17 $'000**	**2015-16 $'000**
Total income	762,994	722,314	689,756
Total expenses	773,160	704,857	658,935
Operating result	(10,166)	17,457	30,821

Financial position	**2017-18 $'000**	**2016-17 $'000**	**2015-16 $'000**
Current assets	77,881	74,500	65,103
Non-current assets	1,194,129	1,235,848	1,272,213
Total assets	**1,272,010**	**1,310,348**	**1,337,316**
Current liabilities	70,899	61,409	64,569
Total liabilities	**70,899**	**61,409**	**64,569**
Total equity	**1,201,111**	**1,248,939**	**1,272,747**

Ratios	**2017-18**	**2016-17**	**2015-16**
Current ratio (a)	1.10	1.21	1.01
Equity (b)	0.94	0.95	0.95

Notes: (a) Current assets divided by current liabilities
(b) Total equity divided by total assets

Financial performance

Income

Children's Health Queensland's income from all funding sources was $762.994 million, representing an increase of $40.680 million or six per cent from the previous year. This was primarily attributable to additional funding received through amendments to the Service Agreement between Children's Health Queensland and the Department of Health. This additional funding includes the effect of enterprise bargaining agreements and newly funded program initiatives, including additional funding of $9.800 million for the ieMR project. Children's Health Queensland has commenced to recognise services received below fair value provided by the Department of Health, of $6.078 million. (Refer to note B1.2 of the Financial Statements for additional information).

Expenses

Total expenses for 2017-18 increased by 10 per cent or $68.303 million to $773.160 million. This was primarily attributable to:

- Increased staffing and clinical service costs associated with strategic projects and new specific purpose program initiatives.
- Increase in wages as a result of Enterprise Bargaining Agreements.
- Enhanced information technology services including rollout of the ieMR project.
- A revaluation decrement relating to buildings.
- Recognition of services received below fair value provided by the Department of Health.

The majority of expenses incurred related to:

- Health service employee costs, which represented 66 per cent of total expenses.
- Supplies and services and other expenses, representing 28 per cent of total expenses.
- Depreciation and amortisation expenditure representing six per cent of total expenses.

How the money was spent

The majority of expenditure was incurred on acute hospital services which accounted for 62 per cent of the total expenditure. Community-based services accounted for 16 per cent of the total expenditure, while corporate and infrastructure services was 19 per cent. The remaining three per cent of expenditure related to strategic projects, non-operating research and trust activities.

Children's Health Queensland's major services and their relative share are shown in Chart 5.

Chart 3: Children's Health Queensland income by source 2017-18

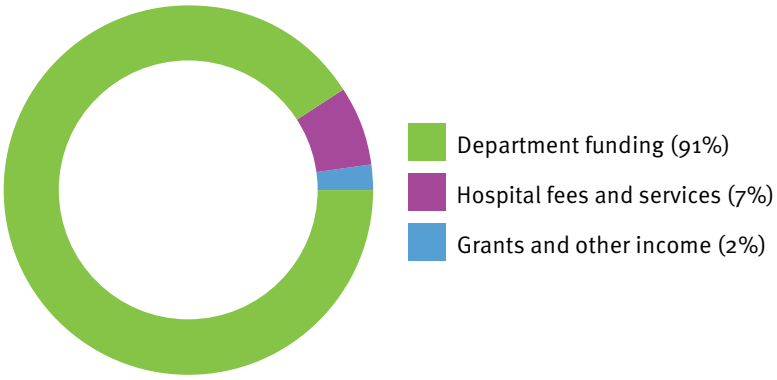


Chart 4: Children's Health Queensland expenses by category 2017-18

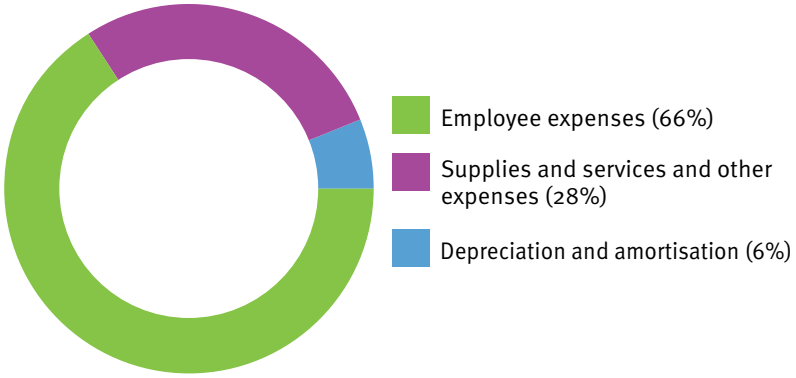
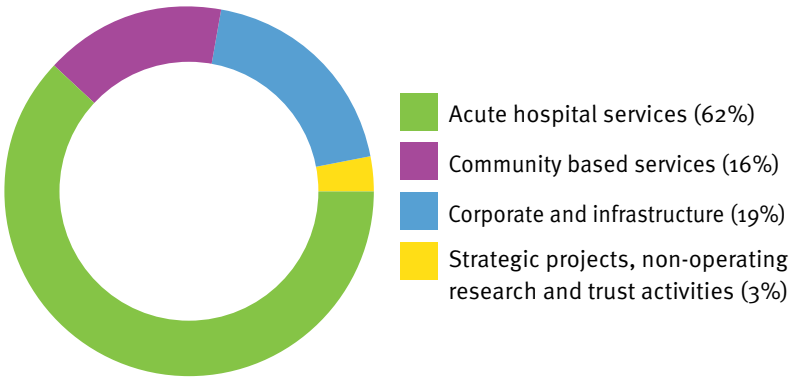


Chart 5: Children's Health Queensland expenses by service 2017-18



Financial position

Total assets

Total assets decreased by $38.338 million or 2.9 per cent during the year to $1.272 billion. Property, plant and equipment totalling $1.192 billion is the predominant asset class and mainly comprises the Lady Cilento Children's Hospital (LCCH) and associated infrastructure. The net reduction in total assets primarily reflects:

- Annual depreciation and amortisation amounting to $47.608 million.
- Net revaluation decrements relating to land and buildings assets of $0.288 million and $3.524 million respectively.
- Net annual increase of $9.210 million for property, plant and equipment.
- Net total current assets increase of $3.381 million mainly due to increase in cash and cash equivalents and reduction in receivables.

Total equity

Total equity is at $1.201 billion which is a decrease of $47.828 million from the prior year. This eduction mainly reflects a decrease in contributed equity and the 2017-18 operating deficit result.

Future outlook

Children's Health Queensland's 2018-19 key priorities and objectives align with and support the Queensland Government's objectives for the community to deliver quality front-line services including strengthening the public health system, and building safe caring and connected communities. The service agreement funding for 2018-19 will incorporate key clinical resources to deliver increasing activity for the LCCH. Total income, excluding non-cash adjustments, is estimated to increase to $757.193 million in 2018-19. On the basis of this funding, Children's Health Queensland is expected to achieve the following key service outcomes:

- Balanced financial position in 2018-19;
- Meet the Queensland Weighted Activity Unit (QWAU) activity target applied by the Department of Health, and increased delivery of public activity against the Commonwealth National Weighted Activity Unit (NWAU) target;
- Meet the average National Emergency Access Target (NEAT) of at least 80 per cent; and
- Deliver elective surgery performance in line with the current targets of 98 per cent for Category 1 patients, 95 per cent for Category 2 patients, and 95 per cent for Category 3 patients. In addition, Children's Health Queensland will be targeting no elective surgery long waits by 30 June 2019.

Statement of financial performance

Table 7: Statement of financial performance 2017-18

These audited statements are compared to the budget initially allocated to Children's Health Queensland in the 2017-18 Queensland Government state budget papers. The Children's Health Queensland Service Agreement is amended throughout the year for changes in additional funding from the Queensland Department of Health. Children's Health Queensland's results against budget can be referenced to Section E of the Financial Statements.

	2017-18 Actual $'000	2017-18 Budget $'000
Statement of comprehensive income		
User charges and fees	747,206	717,839
Grants and other contributions	8,645	1,633
Other revenue	7,141	709
Gains on disposal/re-measurement of assets	2	0
Total income from continuing operations	**762,994**	**720,181**
Employee expenses	509,657	489,521
Supplies and services	203,152	179,974
Grants	1,998	1,000
Depreciation and amortisation	47,608	46,309
Loss on disposal/revaluation of assets	3,756	226
Other expenses	6,989	3,151
Total expenses from continuing operations	**773,160**	**720,181**
Total operating result	**(10,166)**	**0**
Statement of financial position		
Total assets	1,272,010	1,268,934
Total liabilities	70,899	56,236
Net assets/ Total equity	**1,201,111**	**1,212,698**

Financial Statements 2017-2018

Contents

Statement of Comprehensive Income

For the year ended 30 June 2018

Operating result	Note	2018 $'000	2017 $'000
Income from continuing operations			
User charges and fees	B1.1	747,206	712,417
Grants and other contributions	B1.2	8,645	1,472
Other revenue		7,141	3,483
Total revenue		**762,992**	**717,372**
Gains on disposal/revaluation of assets	B1.3	2	4,942
Total income from continuing operations		**762,994**	**722,314**
Expenses from continuing operations			
Employee expenses	B2.1	509,657	471,891
Supplies and services	B2.2	203,152	178,392
Grants		1,998	1,366
Depreciation and amortisation	C3/C4	47,608	46,973
Losses on disposal/revaluation of assets	B2.3	3,756	128
Other expenses	B2.4	6,989	6,107
Total expenses from continuing operations		**773,160**	**704,857**
Total operating result		**(10,166)**	**17,457**
Other comprehensive income			
Items that will not be reclassified to operating result:			
– Increase/(decrease) in asset revaluation surplus	C7.2	(288)	535
Total other comprehensive income		**(288)**	**535**
Total comprehensive income		**(10,454)**	**17,992**

The accompanying notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2018

	Note	2018 $'000	2017 $'000
Current assets			
Cash and cash equivalents	C1	50,827	37,053
Receivables	C2	19,890	30,780
Inventories		5,551	5,031
Prepayments		1,613	1,636
Total current assets		**77,881**	**74,500**
Non-current assets			
Property, plant and equipment	C3	1,191,999	1,233,816
Intangible assets	C4	2,130	2,032
Total non-current assets		**1,194,129**	**1,235,848**
Total assets		**1,272,010**	**1,310,348**
Current liabilities			
Payables	C5	44,351	32,271
Employee benefits	C6	20,575	19,505
Unearned revenue		5,973	9,633
Total current liabilities		**70,899**	**61,409**
Total liabilities		**70,899**	**61,409**
Net assets		**1,201,111**	**1,248,939**
Equity			
Contributed equity	C7.1	1,176,886	1,214,260
Accumulated surplus		12,900	23,066
Asset revaluation surplus	C7.2	11,325	11,613
Total equity		**1,201,111**	**1,248,939**

The accompanying notes form part of these financial statements.

Statement of Changes in Equity
As at 30 June 2018

	Note	Accumulated Surplus $'000	Asset Revaluation Surplus (Note C7.2) $'000	Contributed Equity (Note C7.1) $'000	TOTAL $'000
Balance as at 1 July 2017		23,066	11,613	1,214,260	1,248,939
Operating result for the year		(10,166)	–	–	(10,166)
Other comprehensive income:					
– Decrease in asset revaluation surplus		–	(288)	–	(288)
Total comprehensive income for the year		(10,166)	(288)	–	(10,454)
Transactions with owners as owners:					
– Equity injections for capital funding		–	–	9,213	9,213
– Equity withdrawals for non-cash depreciation and amortisation funding		–	–	(47,608)	(47,608)
– Asset transfers	C3.1	–	–	1,021	1,021
Net transactions with owners as owners		–	–	(37,374)	(37,374)
Balance as at 30 June 2018		**12,900**	**11,325**	**1,176,886**	**1,201,111**
Balance as at 1 July 2016		5,609	11,078	1,256,060	1,272,747
Operating result for the year		17,457	–	–	17,457
Other comprehensive income:					
– Increase in asset revaluation surplus		–	535	–	535
Total comprehensive income for the year		17,457	535	–	17,992
Transactions with owners as owners:					
– Equity injections for capital funding		–	–	7,500	7,500
– Equity withdrawals for non-cash depreciation and amortisation funding		–	–	(46,973)	(46,973)
– Asset transfers	C3.1/C4	–	–	(2,327)	(2,327)
Net transactions with owners as owners		–	–	(41,800)	(41,800)
Balance as at 30 June 2017		**23,066**	**11,613**	**1,214,260**	**1,248,939**

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2018

	Note	2018 $'000	2017 $'000
Cash flows from operating activities			
Inflows:			
User charges and fees		706,863	674,921
Grants and other contributions		2,505	1,370
Interest receipts		190	166
GST collected from customers		995	745
GST claimed from ATO		10,912	10,593
Other		7,473	4,300
Outflows:			
Employee expenses		(508,587)	(468,310)
Supplies and services		(185,724)	(191,448)
Grants		(1,998)	(1,366)
GST paid to suppliers		(11,152)	(9,893)
GST remitted to ATO		(860)	(775)
Other		(7,191)	(6,473)
Net cash provided by operating activities		**13,426**	**13,830**
Cash flows from investing activities			
Inflows:			
Sales of property, plant and equipment		83	128
Outflows:			
Payments for property, plant and equipment		(8,428)	(4,504)
Payments for intangibles		(520)	(2,923)
Net cash used in investing activities		**(8,865)**	**(7,299)**
Cash flows from financing activities			
Inflows:			
Equity injections		9,213	7,500
Net cash provided by financing activities		**9,213**	**7,500**
Net increase in cash and cash equivalents		**13,774**	**14,031**
Cash and cash equivalents at beginning of the year		37,053	23,022
Cash and cash equivalents at end of the year	**C1**	**50,827**	**37,053**

The accompanying notes form part of these financial statements.

Notes to the Statement of Cash Flows

For the year ended 30 June 2018

Reconciliation of operating result to net cash from operating activities	2018 $'000	2017 $'000
Operating result for the year	(10,166)	17,457
Non-cash items included in operating result:		
Depreciation and amortisation expense	47,608	46,973
Depreciation and amortisation funding	(47,608)	(46,973)
Net building revaluation decrement/(increment)	3,524	(4,925)
Increase in trade receivable impairment losses	352	112
Inventory written off	126	96
Bad debts written off	190	80
Donations of plant and equipment	(63)	(102)
Recognition of plant and equipment	11	38
De-recognition of plant and equipment	(29)	(223)
Gains on disposal of property, plant and equipment	(2)	(17)
Losses on disposal of property, plant and equipment	232	128
Changes in assets and liabilities:		
(Increase)/decrease in receivables	10,348	5,412
(Increase)/decrease in inventories	(646)	(638)
(Increase)/decrease in prepayments	23	(303)
Increase/(decrease) in payables	12,080	(12,182)
Increase/(decrease) in unearned revenue	(3,660)	5,317
Increase/(decrease) in employee benefits	1,070	3,580
Net cash provided by operating activities	**13,426**	**13,830**

Notes to the Financial Statements

For the year ended 30 June 2018

Section A: Basis of financial statements preparation

A1 General information

Children's Health Queensland Hospital and Health Service (Children's Health Queensland) is a not-for-profit statutory body established on 1 July 2012 under the *Hospital and Health Board Act 2011*. Children's Health Queensland is controlled by the State of Queensland which is the ultimate parent.

The principal address of Children's Health Queensland is:
Lady Cilento Children's Hospital
Level 7, 501 Stanley Street
South Brisbane, QLD, 4101

For information in relation to Children's Health Queensland's financial statements, email CHQ_Comms@health.qld.gov.au or visit the website at: https://www.childrens.health.qld.gov.au

A2 Objectives and principal activities

A description of the nature, objectives and principal activities of Children's Health Queensland is included in the Annual Report.

A3 Statement of compliance

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009*, relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. The financial statements are general purpose financial statements and have been prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2017 and other authoritative pronouncements.

A4 Presentation details

Rounding and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest $1,000 or where the amount is less than $500, to zero unless the disclosure of the full amount is specifically required. Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

Current/non-current classification

Assets and liabilities are classified as either current or non-current in the Statement of Financial Position and associated notes.

Assets are classified as current where their carrying amount is expected to be realised within 12 months after the reporting date.

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

A5 Authorisation of financial statements for issue

The financial statements are authorised for issue by the Hospital and Health Board Chair and the Health Service Chief Executive at the date of signing the Management Certificate.

A6 Basis of measurement

Historical cost

The historical cost convention is used as the measurement basis except where stated. Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amount of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

Fair value

The fair value convention is used as the measurement basis for property, plant and equipment and cash and cash equivalents. The fair value measurement is further explained in Note D1.

Net realisable value

Children's Health Queensland's inventories are measured using the lower of cost or net realisable value measurement. Net realisable value represents the amount of cash or cash equivalents that could currently be obtained by selling an asset in an orderly disposal.

A7 The reporting entity

The financial statements include the value of all income, expenses, assets, liabilities and equity of Children's Health Queensland.

Notes to the Financial Statements

For the year ended 30 June 2018

Section B: Notes about our financial performance

B1 Revenue

B1.1 User charges and fees

	2018 $'000	2017 $'000
Hospital fees	22,589	23,141
Sale of goods and services	22,611	19,050
Contracted health services:		
– State	525,594	513,457
– Commonwealth	175,847	156,423
Rental revenue	565	346
Total	**747,206**	**712,417**

User charges and fees are recognised as revenue when the revenue has been earned and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for related goods and services and/or the recognition of accrued revenue.

Contracted health services

Contracted health services predominantly comprise funding from the Department of Health for specific public health services purchased by the Department of Health from Children's Health Queensland in accordance with a service agreement. The funding from the Department of Health is received fortnightly in advance. The Department of Health receives its revenue for funding from the Queensland and Commonwealth Governments. State funding includes a non-cash appropriation for depreciation and amortisation and amounted to $47.608 million (2017: $46.973 million). The service agreement is reviewed periodically and updated for changes in activities and prices of services. At the end of the year, a financial adjustment may be required where the level of services provided is above or below the agreed level.

B1.2 Grants and other contributions

	2018 $'000	2017 $'000
Grants	2,456	1,338
Donations	111	134
Services below fair value	6,078	–
Total	**8,645**	**1,472**

Services received below fair value

Children's Health Queensland has entered into a number of arrangements with the Department of Health where services are provided for no consideration. These include payroll services, accounts payable services and finance transactional services for which the fair value is reliably estimated and recognised as a revenue contribution and an equivalent expense (Note B2.2). While these services have been provided in the past, they have not been reliably measured by the Department of Health and have not been recognised. The fair value of additional services provided such as taxation services, supply services and information system support services are unable to be reliably estimated and not recognised.

B1.3 Gains on disposal/revaluation of assets

	2018 $'000	2017 $'000
Gains on disposal of property, plant and equipment	2	17
Net building revaluation increment	–	4,925
Total	**2**	**4,942**

Net revaluation increment

The net revaluation increment is recognised as revenue to the extent that it reverses a net revaluation decrement of the same class of assets previously recognised in the Statement of Comprehensive Income.

B2 Expenses

B2.1 Employee expenses

	2018 $'000	2017 $'000
Wages and salaries	407,631	375,832
Board member fees	487	516
Employer superannuation contributions	42,562	39,906
Annual leave levy	46,900	44,389
Long service leave levy	8,666	8,019
Other employee related expenses	3,411	3,229
Total	**509,657**	**471,891**
Number of employees	3,840	3,693

The number of employees (rounded to the nearest whole number) represents full-time or part-time staff, measured on a full-time equivalent basis reflecting Minimum Obligatory Human Resource Information (MOHRI) as at 30 June 2018. Members of the Board are not included in this total.

Key management personnel and remuneration disclosures are detailed in Note G1.

Notes to the Financial Statements

For the year ended 30 June 2018

B2.2 Supplies and services

	Note	2018 $'000	2017 $'000
Clinical supplies and services		63,358	58,901
Consultants and contractors		25,624	21,858
Pharmaceuticals		35,651	32,310
Catering and domestic supplies		18,126	18,492
Communications		3,572	2,744
Repairs and maintenance		17,925	16,358
Computer services		12,500	9,684
Building utilities		7,837	7,106
Operating lease rentals		4,506	3,981
Patient travel		870	563
Other travel		1,864	1,839
Office supplies		2,040	1,546
Minor works and equipment		1,575	1,260
Services received below fair value	B1.2	6,078	-
Other		1,626	1,750
Total		**203,152**	**178,392**

Operating lease rentals

Operating lease payments, being representative of benefits derived from the leased assets, are recognised as an expense in the period in which they are incurred.

B2.3 Losses on disposal/revaluation of assets

	2018 $'000	2017 $'000
Losses on disposal of property, plant and equipment	232	128
Net building revaluation decrement	3,524	–
Total	**3,756**	**128**

Net revaluation decrement

The net revaluation decrement is recognised in the Statement of Comprehensive Income to the extent it exceeds the balance, if any, in the asset revaluation surplus relating to that asset class.

B2.4 Other expenses

	Note	2018 $'000	2017 $'000
External audit fees		162	165
Other audit fees		178	127
Inventory written off		126	96
Bad debts written off		190	80
Transfer to allowance for impairment of receivables	C2	478	203
Legal costs		616	343
Insurance		5,191	4,997
Special payments		5	22
Other		43	74
Total		**6,989**	**6,107**

External audit fees

Total audit fees paid or payable to the Queensland Audit Office (QAO) relating to the 2017-18 financial year are $168,000 (2017: $170,200). There were no non-audit services provided by the QAO during the period.

Special payments

Special payments relate to ex-gratia expenditure that is not contractually or legally obligated to be made to other parties. In compliance with the *Financial and Performance Management Standard 2009*, Children's Health Queensland maintains a register setting out details of all special payments greater than $5,000. There were no ex-gratia payments exceeding $5,000 during the year (2017: Nil).

Insurance premiums

Property and general losses above a $10,000 threshold are insured through the Queensland Government Insurance Fund (QGIF) under the Department of Health's insurance policy. 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 assessed basis. Children's Health Queensland also maintains separate Directors and Officers liability insurance.

Notes to the Financial Statements

For the year ended 30 June 2018

Section C: Notes about our financial position

C1 Cash and cash equivalents

	2018 $'000	2017 $'000
Imprest accounts	11	11
Cash at bank and on hand	44,379	30,639
Cash on deposit	6,437	6,403
Total	**50,827**	**37,053**

Cash assets include all cash on hand and in banks, cheques receipted but not banked at the reporting date and at call deposits.

Children's Health Queensland's bank accounts are grouped within the Whole-of-Government set-off arrangement with Queensland Treasury Corporation. As a result, Children's Health Queensland does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility.

Cash on deposit relates to General Trust fund monies which are not grouped within the Whole-of-Government set-off arrangement and are able to be invested and earn interest. Cash on deposit with the Queensland Treasury Corporation earned interest at an annual effective rate of 2.41 per cent (2017: 2.49 per cent).

C2 Receivables

	2018 $'000	2017 $'000
Trade debtors	11,947	14,089
Less: allowance for impairment loss	(854)	(502)
	11,093	13,587
Other debtors	204	123
	11,297	13,710
GST receivable	1,271	1,030
GST payable	(229)	(95)
	1,042	935
Contracted health services receivable	1,695	12,185
Accrued other revenue	5,856	3,950
Total	**19,890**	**30,780**

Receivables

Trade debtors are recognised at the agreed purchase or contract price due at the time of sale or service delivery. Other debtors arise from transactions outside the usual operating activities of Children's Health Queensland and are recognised at their assessed values. No interest is charged and no security is obtained.

Settlement of these amounts is required within 30 days from invoice date. The collectability of receivables is assessed on a monthly basis. All known bad debts are written off as at 30 June 2018.

Notes to the Financial Statements
For the year ended 30 June 2018

C2 Receivables (continued)

Ageing trade receivables position

Ageing of past due but not impaired as well as impaired trade receivables are disclosed in the following table:

	Neither past due nor impaired	Past due but not impaired	Impaired	Gross	Allowance for impairment	Net
2018	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Trade debtors						
Not yet due	6,913	–	52	**6,965**	(52)	**6,913**
Less than 30 days	–	1,894	8	**1,902**	(6)	**1,896**
30–60 days	–	1,140	89	**1,229**	(25)	**1,204**
61–90 days	–	303	90	**393**	(25)	**368**
More than 90 days	–	620	838	**1,458**	(746)	**712**
Total	**6,913**	**3,957**	**1,077**	**11,947**	**(854)**	**11,093**
2017						
Trade debtors						
Not yet due	7,290	–	–	**7,290**	–	**7,290**
Less than 30 days	–	2,096	88	**2,184**	(3)	**2,181**
30–60 days	–	1,264	119	**1,383**	(8)	**1,375**
61–90 days	–	378	52	**430**	(42)	**388**
More than 90 days	–	2,228	574	**2,802**	(449)	**2,353**
Total	**7,290**	**5,966**	**833**	**14,089**	**(502)**	**13,587**

Movement in allowance for impairment of trade receivables

	2018 $'000	2017 $'000
Opening balance	502	390
Amounts written off during the year	(126)	(91)
Increase in allowance recognised in operating result	478	203
Closing balance	**854**	**502**

Impairment of receivables

The allowance for impairment reflects the occurrence of loss events. Children's Health Queensland assesses whether there is objective evidence that receivables are impaired or uncollectible on a monthly basis. Objective evidence includes financial difficulties of the debtor, the class of debtor or delinquency in payments. An amount is impaired and provided for when there is sufficient evidence that it will not be collected. After an appropriate range of debt recovery actions are undertaken, if the amount becomes uncollectible, then it is written off.

Notes to the Financial Statements

For the year ended 30 June 2018

C3 Property, plant and equipment

	2018 $'000	2017 $'000
Land at fair value	77,848	78,136
	77,848	78,136
Buildings at fair value	1,294,741	1,239,969
Less: accumulated depreciation	(223,964)	(130,580)
	1,070,777	1,109,389
Plant and equipment at cost	76,295	75,255
Less: accumulated depreciation	(35,345)	(29,456)
	40,950	45,799
Capital works in progress at cost	2,424	492
Total	**1,191,999**	**1,233,816**

C3.1 Property, plant and equipment reconciliation

	Land (Level 2) $'000	Buildings (Level 2) $'000	Buildings (Level 3) $'000	Plant and equipment $'000	Work in progress $'000	Total $'000
Balance at 1 July 2017	78,136	387	1,109,002	45,799	492	1,233,816
Acquisitions	–	–	–	4,396	4,032	8,428
Donations	–	–	–	63	–	63
Transfers (to)/from DoH/other HHSs	–	–	1,442	(421)	–	1,021
Disposals	–	–	–	(313)	–	(313)
Net revaluation decrements	(288)	(46)	(3,478)	–	–	(3,812)
Recognition of assets	–	–	–	11	–	11
Transfers between asset classes	–	–	1,750	350	(2,100)	–
Depreciation for the year	–	(13)	(38,267)	(8,935)	–	(47,215)
Balance at 30 June 2018	**77,848**	**328**	**1,070,449**	**40,950**	**2,424**	**1,191,999**
Balance at 1 July 2016	77,601	400	1,141,683	49,334	1,449	1,270,467
Acquisitions	–	–	12	3,982	510	4,504
Donations	–	–	–	102	–	102
Transfers from DoH/other HHSs	–	–	–	97	–	97
Disposals	–	–	–	(239)	–	(239)
Net revaluation increments	535	–	4,925	–	–	5,460
Recognition of assets	–	–	–	223	–	223
De-recognition of assets	–	–	–	–	(38)	(38)
Transfers between asset classes	–	–	314	1,115	(1,429)	–
Depreciation for the year	–	(13)	(37,932)	(8,815)	–	(46,760)
Balance at 30 June 2017	**78,136**	**387**	**1,109,002**	**45,799**	**492**	**1,233,816**

Notes to the Financial Statements
For the year ended 30 June 2018

C3.2 Property, plant and equipment accounting policies

(a) Recognition thresholds

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

Land	$1
Buildings	$10,000
Plant and equipment	$5,000

Items with a lesser value are expensed in the year of acquisition.

Children's Health Queensland has an annual maintenance program for its plant and equipment and infrastructure assets. Expenditure is only capitalised if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores original service potential (arising from ordinary wear and tear) is expensed.

Land improvements undertaken by Children's Health Queensland are included within the buildings asset class.

(b) Acquisition

Property, plant and equipment are initially recorded at consideration plus any other costs incidental to the acquisition, including all other costs directly incurred in bringing the asset ready for use. Separately identified components of assets are measured on the same basis as the assets to which they relate.

Where assets are acquired for no consideration from another Queensland Government entity, the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

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

(c) Subsequent measurement

Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits, in excess of the originally assessed performance of the asset, will flow to the entity in future years. Costs that do not meet the criteria for capitalisation are expensed as incurred.

Land and buildings are subsequently measured at fair value in accordance with AASB 116 Property, Plant and Equipment, AASB 13 Fair Value Measurement and Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and impairment losses where applicable.

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

(d) Depreciation

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

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset over the estimated useful life. This is consistent with the even consumption of service potential of these assets over their useful life.

Assets under construction (works in progress) are not depreciated until they reach service delivery capacity and are ready for use. For each class of depreciable assets, the estimated useful lives of the assets are as follows:

Buildings	23 to 79 years
Plant and equipment	3 to 31 years

Separately identifiable components of assets are depreciated according to the useful lives of each component.

The depreciable amount of improvements to or on leasehold buildings is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease. The unexpired period of leases includes any option period where exercise of the option is probable.

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

Key estimate: Management estimates the useful lives of property, plant and equipment based on expected period of time over which economic benefits from use of the asset will be derived. Management reviews useful life assumptions on an annual basis having given consideration to variables including historical and forecast usage rates, technological advancements and changes in legal and economic conditions.

(e) Impairment

Property, plant and equipment with the exception of buildings revalued under the current replacement cost methodology, are assessed for indicators of impairment on an annual basis. In accordance with AASB 13 Fair value measurement, the recoverable cost of buildings revalued under replacement cost methodology are deemed to be materially the same as their fair values.

Notes to the Financial Statements
For the year ended 30 June 2018

C3.2 Property, plant and equipment accounting policies (continued)

If an indicator of impairment exists, Children's Health Queensland 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.

For assets measured at cost, an impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Impairment indicators were assessed in 2017-18 with no asset requiring an adjustment for impairment.

C3.3 Property, plant and equipment valuation

The fair value of land and buildings are assessed on an annual basis by independent professional valuers. Comprehensive revaluations are undertaken at least once every five years. However, if a particular asset class experiences significant and volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

Where assets have not been specifically appraised in the reporting period, previous valuations are materially kept up-to-date via the application of relevant indices. Children's Health Queensland can also exercise its discretion in determining whether only those material assets within the class (rather than all assets in that class) are revalued. The valuers supply the indices used for the various types of assets. Such indices are either publicly available, or are derived from market information available to the valuer. The valuers provide assurance of their robustness, validity and appropriateness for application to the relevant assets. Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by the valuer, and analysing the trend of changes in values over time.

Through this process, which is undertaken annually, Management assesses and confirms the relevance and suitability of indices provided by the valuer based on the Children's Health Queensland's own particular circumstances.

Revaluation increments are credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. In that case it is recognised as income. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

(a) Land

Land is valued by the market approach, using the direct comparison method. Under this valuation technique, the assets are compared to recent comparable sales as the available market evidence. The valuation of land is determined by analysing the comparable sales and reflecting the shape, size, topography, location, zoning, any restrictions such as easements and volumetric titles and other relevant factors specific to the asset being valued. From the sales analysed, the valuer considers all characteristics of the land and may apply an appropriate rate per square metre to the subject asset.

All land was revalued by an independent professional valuer, State Valuation Services, using desktop and indexed valuation methods with an effective date of 30 June 2018. Management has assessed the valuations as appropriate.

Restriction: Children's Health Queensland controls land subject to a legal restriction, being the land Footprint for the Lady Cilento Children's Hospital (LCCH) with a fair value of $52 million as at 30 June 2018. This land is subject to a Memorandum of Understanding and a Call Option to Buy Hospital between the State of Queensland (the State) represented by the Department of Health and Mater Misercordiae Limited (Mater), which provides for the granting of an option to the Mater to acquire the Footprint for consideration of $1. The Mater may exercise the option by notice in writing within 30 days after the earlier of the 60th anniversary of the opening of the LCCH (29 November 2074), or the date when the State ceases to use LCCH as a tertiary paediatric hospital. The State may, on or before the 60th anniversary of the opening of the hospital, exercise an option to extend the term to a date not less than 90 years from the opening date. However, the Mater may then elect for the State to demolish the buildings on the Footprint (at the cost of the State) prior to transferring the land to the Mater. The asset has been recognised under the land asset class at fair value.

b) Buildings

Health service buildings

Reflecting the specialised nature of health service buildings for which there is not an active market, fair value is determined using current replacement cost.

Key judgement and estimate: the methodology applied by the valuer is a financial simulation in lieu of a market based measurement as these assets are rarely bought and sold on the open market.

Notes to the Financial Statements
For the year ended 30 June 2018

C3.3 Property, plant and equipment valuation (continued)

A replacement cost is estimated by creating a cost plan (cost estimate) of the asset through the measurement of key quantities such as:

- Gross floor area/building footprint
- Number of lifts and staircases
- Number of floors
- Height of the building
- Girth of the building
- Location

The model developed by the valuer creates an elemental cost plan using these quantities. It can apply to multiple building types and relies on the valuer's experience with construction costs.

The cost model is updated each year and tests are done to compare the model outputs on actual recent projects to ensure it produces a true representation of the cost of replacement. The costs are at Brisbane prices and published location indices are used to adjust the pricing to suit local market conditions. Live project costs from across the State are also assessed to inform current market changes that may influence the published factors.

The key assumption on the replacement cost is that the estimate is based on replacing the current function of the building with a building of the same form (size and shape). This assumption has a significant impact if an asset's function changes. The cost to bring to current standards is the estimated cost of refurbishing the asset to bring it to current standards.

Adjustment to the replacement cost is then made to reflect the gross value of the building. The valuer in conjunction with Management have identified items of functional and economic obsolescence. These items have been costed and used to adjust the replacement cost to produce the gross value which reflects the replacement cost less any utility not present in the asset.

The gross value is then adjusted for physical obsolescence using a straight line adjustment using the asset capitalisation date (depreciation start date) and the estimated remaining useful life of each of the building elements. The Valuer and Management agree on the estimated remaining useful life of each building element.

Estimates of remaining life are based on the assumption that the asset remains in its current function and will be maintained. No allowance has been provided for significant refurbishment works in the estimate of remaining life as any refurbishment should extend the life of the asset.

Children's Health Queensland has adopted the gross method of reporting comprehensively revalued assets. This method restates separately the gross amount and related accumulated depreciation of the assets comprising the class of revalued assets. Accumulated depreciation is restated in accordance with the independent advice of the valuers. The proportionate method has been applied to those assets that have been revalued by way of indexation.

All buildings were revalued by an independent professional valuer, AECOM, using comprehensive and indexed valuation methods with an effective date of 30 June 2018. Management has assessed the valuations as appropriate.

Commercial office building

Children's Health Queensland has a commercial office building that is valued under the income valuation approach. Such valuation technique capitalises the adjusted market net income to determine the fair value of the asset using readily available market data. The fair value measurement reflects current market expectations about these future amounts.

Children's Health Queensland has adopted the net method of reporting this asset. This method eliminates accumulated depreciation and accumulated impairment losses against the gross amount of the asset prior to restating for the revaluation.

This building was revalued by an independent professional valuer, State Valuation Services, with an effective date of 30 June 2018 and Management has assessed the valuations as appropriate.

(c) Plant and equipment

Plant and equipment is measured at cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amount for plant and equipment at cost should not materially differ from their fair value.

Notes to the Financial Statements

For the year ended 30 June 2018

C4 Intangible assets

	2018 $'000	2017 $'000
Developed software at cost	2,522	2,014
Less: accumulated amortisation	(1,279)	(956)
	1,243	1,058
Purchased software at cost	469	–
Less: accumulated amortisation	(70)	–
	399	–
Software work in progress at cost	488	974
Total intangible assets	**2,130**	**2,032**

Intangibles reconciliation

	Developed software $'000	Purchased software $'000	Software work in progress $'000	Total $'000
Balance at 1 July 2017	1,058	–	974	2,032
Acquisitions	–	–	520	520
De-recognition of assets			(29)	(29)
Transfer between asset classes	508	469	(977)	–
Amortisation for the year	(323)	(70)	–	(393)
Balance at 30 June 2018	**1,243**	**399**	**488**	**2,130**
Balance at 1 July 2016	827	–	919	1,746
Acquisitions	34	–	2,889	2,923
Transfer to DoH	-	–	(2,424)	(2,424)
Transfer between asset classes	410	–	(410)	–
Amortisation for the year	(213)	–	–	(213)
Balance at 30 June 2017	**1,058**	**–**	**974**	**2,032**

An intangible asset is recognised only if its historical cost is equal to or greater than $100,000. Items with a lesser cost are expensed. As there is no active market for any of the intangibles held by Children's Health Queensland, the assets are recognised and carried at cost less accumulated amortisation.

Software is amortised on a straight-line basis over the period in which the related benefits are expected to be realised. The useful life and amortisation method is reviewed and adjusted if appropriate, at each year end. The current estimated useful life for Children's Health Queensland's software systems is 5 to 9 years.

Intangibles are assessed for indicators of impairment on an annual basis with no asset requiring an adjustment for impairment in 2017-18.

Notes to the Financial Statements

For the year ended 30 June 2018

C5 Payables

	2018 $'000	2017 $'000
Trade creditors	7,005	4,489
Accrued expenses	37,346	27,782
Total	**44,351**	**32,271**

Payables are recognised for amounts to be paid in the future for goods and services received. Payables are measured at the agreed purchase or contract price, gross of applicable trade and other discounts. The amounts owing are unsecured and generally settled on 30 day terms.

C6 Employee benefits

	2018 $'000	2017 $'000
Accrued salary, wages and related costs	17,611	16,635
Other	2,964	2,870
Total	**20,575**	**19,505**

Accrued salary, wages and related costs

Salaries, wages and related costs due but unpaid at reporting date are recognised in the Statement of Financial Position at current salary rates. Unpaid entitlements are expected to be paid within 12 months and as such any liabilities are recognised at their undiscounted values.

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

Annual leave and long service leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme, levies are payable by Children's Health Queensland to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. No provisions for long service leave or annual leave are recognised in Children's Health Queensland's financial statements as the provisions for these schemes are reported on a Whole-of-Government basis pursuant to AASB 1049 Whole-of-Government and General Government Sector Financial Reporting. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears.

Superannuation

Employer superannuation contributions relating to employees and Board members are expensed in the period in which they are paid or payable. Children's Health Queensland's obligation is limited to its contributions to the respective superannuation funds.

Other employee benefits

The liability for employee benefits includes provisions for purchased leave, professional development entitlements and accrued rostered day off entitlements.

C7 Equity

C7.1 Contributed equity

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland State Public Sector entities 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.

Children's Health Queensland receives funding from the Department of Health to cover depreciation and amortisation costs. However, as depreciation and amortisation are non-cash expenditure items, the Minister of Health has approved a withdrawal of equity by the State for the same amount, resulting in non-cash revenue and non-cash equity withdrawal.

C7.2 Asset revaluation surplus by asset class

	Land (Level 2) $'000	Total $'000
Balance at 1 July 2017	11,613	11,613
Revaluation decrements for the year	(288)	(288)
Balance at 30 June 2018	**11,325**	**11,325**
Balance at 1 July 2016	11,078	11,078
Revaluation increments for the year	535	535
Balance at 30 June 2017	**11,613**	**11,613**

Notes to the Financial Statements

For the year ended 30 June 2018

Section D: Notes about our risks and other accounting uncertainties

D1 Fair value measurement

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

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

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used by Children's Health Queensland include, but are not limited to, 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.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefit by 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 Children's Health Queensland for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

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

None of Children's Health Queensland's valuations of assets or liabilities are eligible for categorisation into level 1 of the fair value hierarchy and there were no transfer of assets between fair value hierarchy levels during the period. More specific fair value information about the entity's property, plant and equipment and intangibles is outlined further in Notes C3 and C4.

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any allowance for impairment, which given the short term nature of these assets, is assumed to represent fair value.

D2 Financial risk disclosures

(a) Financial instruments categories

Children's Health Queensland has the following categories of financial assets and financial liabilities as reflected in the Statement of Financial Position – Cash and cash equivalents (Note C1), Receivables (Note C2) and Payables (Note C5). No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

(b) Financial risk management

Children's Health Queensland is exposed to a variety of financial risks – credit risk, liquidity risk and market risk. Financial risk is managed in accordance with Queensland Government and agency policies. Children's Health Queensland's policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of the agency.

Risk exposure	Measurement method
Credit risk	Ageing analysis
Liquidity risk	Sensitivity analysis, monitoring of cash flows by management of accrual accounts
Market risk	Interest rate sensitivity analysis

(c) Credit risk exposure

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at reporting date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment.

Credit risk, excluding receivables, is considered minimal given all Children's Health Queensland cash on deposits are held by the State through Queensland Treasury Corporation.

No collateral is held as security and no credit enhancements relate to financial assets held by Children's Health Queensland.

No financial assets have had their terms renegotiated to prevent them from being past due or impaired and are stated at the carrying amounts as indicated.

Notes to the Financial Statements
For the year ended 30 June 2018

D2 Financial risk disclosures (continued)

(d) Liquidity risk

Liquidity risk is the risk that Children's Health Queensland will not have the resources required at a particular time to meet its obligations to settle its financial liabilities. Children's Health Queensland is exposed to liquidity risk through its trading in the normal course of business. It aims to reduce the exposure to liquidity risk by ensuring sufficient funds are available to meet employee and supplier obligations at all times. Children's Health Queensland has an approved debt facility of $3 million under Whole-of-Government banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2018 and is available for use in the next reporting period.

The liquidity risk of financial liabilities held by Children's Health Queensland is limited to the payables category as reflected in the Statement of Financial Position. All payables are less than 1 year in term.

(e) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises interest rate risk. Children's Health Queensland has interest rate exposure on the cash on deposits with Queensland Treasury Corporation. Children's Health Queensland does not undertake any hedging in relation to interest rate risk. Changes in interest rates have a minimal effect on the operating result of Children's Health Queensland.

D3 Commitments

	2018 $'000	2017 $'000
(a) Non-cancellable operating lease commitments – payables		
Operating lease commitments are payable as follows:		
Not later than 1 year	2,671	2,819
Later than 1 year and not later than 5 years	5,707	7,959
Later than 5 years	369	545
Total	**8,747**	**11,323**
(b) Capital expenditure commitments		
Capital expenditure commitments are payable as follows:		
Not later than 1 year	637	392
Total	**637**	**392**
(c) Other expenditure commitments		
Other expenditure commitments are payable as follows:		
Not later than 1 year	27,144	28,627
Later than 1 year and not later than 5 years	8,683	27,788
Total	**35,827**	**56,415**
(d) Non-cancellable operating lease commitments – receivables		
Future minimum rental income under non-cancellable operating leases are as follows:		
Not later than 1 year	294	268
Later than 1 year and not later than 5 years	1,261	1,183
Later than 5 years	484	463
Total	**2,039**	**1,914**

Notes to the Financial Statements
For the year ended 30 June 2018

D4 Contingencies

Litigation in progress

As at 30 June 2018 there were no cases filed with the courts (2017: no cases filed).

Health litigation is underwritten by QGIF and Children's Health Queensland's liability in this area is limited to an excess per insurance event.

All Children's Health Queensland indemnified claims are managed by QGIF. As at 30 June 2018, there were 21 claims being managed by QGIF, some of which may never be litigated or result in claim payments. The maximum exposure to Children's Health Queensland under this policy is up to $20,000 for each insurable event.

D5 Events occurring after the reporting date

No matters or circumstances have arisen since 30 June 2018 that have significantly affected, or may significantly affect Children's Health Queensland's operations, the results of those operations, or the state of affairs in future years.

D6 Future impact of accounting standards not yet effective

At the date of authorisation of the financial statements, Children's Health Queensland has assessed that the only new or amended Australian Accounting Standards, issued but with future commencement dates that will have a potential impact, are set out below. All other Australian Accounting Standards and Interpretations with future commencement dates are assessed as either not applicable or have no material impact on Children's Health Queensland's activities.

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

These Standards will first apply to Children's Health Queensland's 2018-19 financial statements with a 1 July 2018 date of transition. The main impacts of these standards are that they change the requirements for the classification, measurement, impairment and disclosures associated with financial assets. AASB 9 also introduced different criteria for whether financial assets can be measured at amortised cost or fair value.

Children's Health Queensland has reviewed the impact of AASB 9. The following summarises the impact as at 1 July 2018:

- There will be no change to the classification of financial instruments.
- There will be no change to measurement of cash and cash equivalents and payables.
- Receivables measurement will be impacted by new impairement requirements. This will result in an allowance for impairment being applied to all receivables rather than only on those receivables that are credit impaired. Children's Health Queensland will be adopting the simplified approach under AASB 9 and measure lifetime expected credit losses on all trade receivables and contract assets using a provision matrix approach as a practical expedient to measure the impairment.
- Aside from a one-off disclosure in the 2018-19 financial statements to explain the impact of adopting AASB 9, ongoing disclosure impact is expected to relate to credit risk of financial assets subject to impairment.
- There is no material impact at transition date.

Children's Health Queensland will not restate comparative figures for financial instruments in line with the directive from Queensland Treasury. Revised amounts will form the opening balance of receivables on the date AASB 9 is adopted.

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

These Standards will first apply to Children's Health Queensland's 2019-20 financial statements and contains detailed requirements for the accounting of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of goods and services, such that some revenue may need to be deferred to a later reporting period to the extent Children's Health Queensland has received cash but has not met its associated obligations.

Children's Health Queensland has commenced analysing the new revenue recognition requirements under these standards and is yet to form a conclusion about expected impacts. Potential future impacts identifiable at the date of this report are as follows:

- Under the new standards, grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, if the associated performance obligations are enforceable and sufficiently specific.
- Disclosures in the financial statements relating to volunteer services, whether recognised or not, will be required to assist users to understand the contribution that volunteer services provide and any dependence Children's Health Queensland may have on these services in achieving its objectives.

Notes to the Financial Statements
For the year ended 30 June 2018

D6 Future impact of accounting standards not yet effective (continued)

AASB 16 Leases

This Standard will first apply to Children's Health Queensland's 2019-20 financial statements. Once effective, the standard supersedes AASB 117 Leases, AASB Interpretation 4 Determining whether an Arrangement contains a Lease, AASB Interpretation 115 Operating Leases – Incentives and AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease.

Impact for Lessees

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

In effect, the majority of operating leases (as defined by the current AASB 117) will be reported on the Statement of Financial Position under AASB 16.

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

The right-of-use asset will give rise to a depreciation expense.

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

Impact for Lessors

Lessor accounting under AASB 16 remains largely unchanged from AASB 117. Lease receipts from operating leases are recognised as income.

Impact for Children's Health Queensland

Children's Health Queensland has commenced analysing the requirements under this standard and is yet to form a conclusion about expected impacts. At the date of this report, the main impact is expected to be an increase in assets and liabilities in line with current lease commitments.

Children's Health Queensland will not restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application in line with the directive from Queensland Treasury.

Notes to the Financial Statements

For the year ended 30 June 2018

Section E: Notes about our performance compared to budget

This section discloses Children's Health Queensland's original budgeted figures for 2017-18 compared to actual results, with explanations of major variances, in respect of the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

E1 Budget to actual comparison – Statement of Comprehensive Income

	Variance Notes	Original budget 2018 $'000	Actual 2018 $'000	Variance $'000
Income from continuing operations				
User charges and fees		717,839	747,206	29,367
Grants and other contributions		1,633	8,645	7,012
Other revenue		709	7,141	6,432
Total revenue		**720,181**	**762,992**	**42,811**
Gains on disposal/revaluation of assets		–	2	2
Total income from continuing operations		**720,181**	**762,994**	**42,813**
Expenses from continuing operations				
Employee expenses		489,521	509,657	20,136
Supplies and services	(a)	179,974	203,152	23,178
Grants		1,000	1,998	998
Depreciation and amortisation		46,309	47,608	1,299
Loss on disposal/revaluation of assets		226	3,756	3,530
Other expenses		3,151	6,989	3,838
Total expenses from continuing operations		**720,181**	**773,160**	**52,979**
Total operating result		**–**	**(10,166)**	**(10,166)**
Other comprehensive income				
Items that will not be reclassified to operating result:				
– Decrease in asset revaluation surplus		–	(288)	(288)
Total other comprehensive income		**–**	**(288)**	**(288)**
Total comprehensive income		**–**	**(10,454)**	**(10,454)**

Notes to the Financial Statements

For the year ended 30 June 2018

E2 Budget to actual comparison – Statement of Financial Position

	Variance Notes	Original budget 2018 $'000	Actual 2018 $'000	Variance $'000
Current assets				
Cash and cash equivalents	(b)	32,148	50,827	18,679
Receivables	(c)	22,466	19,890	(2,576)
Inventories		4,872	5,551	679
Prepayments		1,645	1,613	(32)
Total current assets		**61,131**	**77,881**	**16,750**
Non-current assets				
Property, plant and equipment		1,205,048	1,191,999	(13,049)
Intangible assets		2,755	2,130	(625)
Total non-current assets		**1,207,803**	**1,194,129**	**(13,674)**
Total assets		**1,268,934**	**1,272,010**	**3,076**
Current liabilities				
Payables	(d)	31,174	44,351	13,177
Employee benefits		19,697	20,575	878
Unearned revenue	(e)	5,365	5,973	608
Total current liabilities		**56,236**	**70,899**	**14,663**
Total liabilities		**56,236**	**70,899**	**14,663**
Net assets/Total equity		**1,212,698**	**1,201,111**	**(11,587)**

Notes to the Financial Statements

For the year ended 30 June 2018

E3 Budget to actual comparison – Statement of Cash Flows

	Variance Notes	Original budget 2018	Actual 2018	Variance
		$'000	$'000	$'000
Cash flows from operating activities				
Inflows:				
User charges and fees		718,255	706,863	(11,392)
Grants and other contributions		1,679	2,505	826
Interest receipts		188	190	2
GST collected from customers		–	995	995
GST claimed from ATO		–	10,912	10,912
Other		5,396	7,473	2,077
Outflows:				
Employee expenses		(489,123)	(508,587)	(19,464)
Supplies and services		(186,938)	(185,724)	1,214
Grants		(1,000)	(1,998)	(998)
GST paid to suppliers		–	(11,152)	(11,152)
GST remitted to ATO		–	(860)	(860)
Other		(3,151)	(7,191)	(4,040)
Net cash provided by operating activities		**45,306**	**13,426**	**(31,880)**
Cash flows from investing activities				
Inflows:				
Sales of property, plant and equipment		–	83	83
Outflows:				
Payments for property, plant and equipment	(f)	(4,827)	(8,428)	(3,601)
Payments for intangibles	(g)	-	(520)	(520)
Net cash used in investing activities		**(4,827)**	**(8,865)**	**(4,038)**
Cash flows from financing activities				
Inflows:				
Equity injections	(h)	4,827	9,213	4,386
Outflows:				
Equity withdrawals	(i)	(46,309)	–	46,309
Net cash provided by/(used in) financing activities		**(41,482)**	**9,213**	**50,695**
Net increase/(decrease) in cash and cash equivalents		**(1,003)**	**13,774**	**14,777**
Cash and cash equivalents at beginning of the year		33,151	37,053	3,902
Cash and cash equivalents at end of the year		**32,148**	**50,827**	**18,679**

Notes to the Financial Statements
For the year ended 30 June 2018

E4 Budget to actual comparison – explanation of major variances

a) An increase in supplies and services predominantly relates to strategic ICT project costs resulting in an increase in contracted services ($11.436 million). In addition, there was an increase in computer services ($5.198 million) reflecting increased levy charges and minor computer equipment costs relating to strategic ICT projects. An increase in pharmaceutical costs ($1.232 million) was also recorded due to newly approved high cost drugs. Furthermore, various services received below fair value from the Department of Health ($6.078 million) have been reliably estimated and recognised for the 2017-18 financial year.

b) An increase in cash and cash equivalents mainly reflects a higher than anticipated opening balance for the financial year ($3.902 million) combined with a lower receivables balance ($2.576 million) and a higher payables balance ($13.177 million).

c) A decrease in receivables is mainly due to lower than expected funding receivable from the Department of Health.

d) An increase in payables mainly relates to a delay in payment to a major service provider ($15.016 million) offset by lower than expected outstanding payments for other service vendors.

e) An increase in unearned service revenue relates to unspent specific purpose program funding committed to be utilised in the 2018-19 financial year.

f) An increase in payments for property, plant and equipment mainly relates to higher than anticipated capital projects expenditure ($3.614 million).

g) An increase in payments for intangible assets relates to higher than anticipated expenditure for ICT software projects ($0.520 million).

h) An increase in equity injections relates to higher than anticipated funding towards capital expenditure for facility projects ($2.391 million) and strategic ICT projects ($1.995 million).

i) Funding for depreciation was budgeted as a cash item. It was subsequently accounted for as a non-cash equity withdrawal.

Notes to the Financial Statements

For the year ended 30 June 2018

Section F: What we look after on behalf of third parties

F1 Restricted assets

Children's Health Queensland holds a number of General Trust accounts which meet the definition of restricted assets. These accounts ensure that the associated income is only utilised for the purposes specified by the issuing body.

Children's Health Queensland receives cash contributions from benefactors in the form of gifts, donations and bequests for stipulated purposes. Contributions are also received from private practice clinicians and from external entities to provide for education, study and research in clinical areas.

	2018 $'000	2017 $'000
Opening balance	6,749	6,597
Income	2,324	1,050
Expenditure	(1,346)	(898)
Closing balance	**7,727**	**6,749**

F2 Third party monies

	2018 $'000	2017 $'000
(a) Grant of private practice accounts		
Revenue and expense:		
Revenue		
Billings	6,347	6,083
Total revenue	**6,347**	**6,083**
Expense		
Payments to medical practitioners	3,382	3,224
Payments to Children's Health Queensland for recoverable costs	2,886	2,727
Payments to medical practitioners' trust	79	132
Total expenditure	**6,347**	**6,083**
Assets and liabilities:		
Current assets		
Cash at bank	1,322	1,374
Total assets	**1,322**	**1,374**
Current liabilities		
Payables to medical practitioners	242	203
Payables to Children's Health Queensland for recoverable costs	1,001	1,081
Payables to medical practitioners' trust	79	90
Total liabilities	**1,322**	**1,374**
(b) Patient trust accounts		
Opening balance	6	5
Cash receipts	3	4
Cash payments	(2)	(3)
Closing balance	**7**	**6**

Children's Health Queensland acts as a billing agency for medical practitioners who use Children's Health Queensland facilities for the purpose of seeing patients under the Grant of Private Practice agreement (GOPP). Under this agreement, Children's Health Queensland deducts a service fee (where applicable) from private patient fees received to cover the use of the facilities and administrative support provided to the medical practitioner.

In addition, Children's Health Queensland acts in a custodian role in relation to patient trust accounts. As such, these transactions and balances are not recognised in the financial statements, but are disclosed for information purposes. The Queensland Audit Office undertakes a review of such accounts as part of the audit of the Children's Health Queensland financial statements.

Notes to the Financial Statements

For the year ended 30 June 2018

Section G: Other information

G1 Key management personnel and remuneration expenses

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Children's Health Queensland during 2017-18.

(a) Minister for Health and Minister for Ambulance Service

The Minister for Health and Minister for Ambulance Service is identified as part of Children's Health Queensland's key management personnel, consistent with AASB 124 Related Party Disclosures.

(b) Board

Position and name	Responsibilities, appointment authority and memberships	Date of initial appointment	Date of resignation or cessation
Board Chair (Former) Ms Rachel Hunter	Perform duties of Chair as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Health Service Executive Committee | Member – Quality and Safety Committee	30/10/15	23/02/18
Board Chair (Interim) Ms Jane Yacopetti	Perform duties of Chair as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Health Service Executive Committee | Member – Audit and Risk Committee	24/02/18	18/03/18
Board Chair Mr David Gow	Perform duties of Chair as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Acting Chair from 19/03/18 to 10/05/18. Chair – Health Service Executive Committee | Member – Finance and Performance Committee	11/05/18 (Appointed as Board member 18/05/13)	
Deputy Chair (Former) Mr David Gow	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Chair – Health Service Executive Committee | Member – Finance and Performance Committee	18/05/13	10/05/18
Board Member Mr Paul Cooper	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Chair – Audit and Risk Committee | Member – Health Service Executive Committee	29/06/12	
Board Member - Ms Cheryl Herbert	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Quality and Safety Committee | Member – Audit and Risk Committee	26/06/15	
Board Member Dr Leanne Johnston	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Finance and Performance Committee | Member – Audit and Risk Committee	29/06/12	
Board Member Ms Leilani Pearce	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Finance and Performance Committee | Member – Quality and Safety Committee	18/05/16	30/06/18
Board Member Ms Georgina Somerset	Perform duties of Board Member as prescribed in the Hospital and Health Boards Act 2011. Governor-in-Council Appointment. Member – Finance and Performance Committee | Member – Quality and Safety Committee	23/08/13	
Board Member Ms Heather Watson	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment.	18/05/18	
Board Member Mr Ross Willims	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Chair – Finance and Performance Committee Member – Audit and Risk Committee | Member – Health Service Executive Committee	18/05/14	
Board Member Dr David Wood	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Chair – Quality and Safety Committee | Member – Health Service Executive Committee	29/06/12	
Board Member Ms Jane Yacopetti	Perform duties of Board Member as prescribed in the *Hospital and Health Boards Act 2011*. Governor-in-Council Appointment. Member – Health Service Executive Committee | Member – Audit and Risk Committee	18/05/13	

Notes to the Financial Statements

For the year ended 30 June 2018

(c) Executive management

Health Service Chief Executive

Responsibilities
The single point of accountability for ensuring patient safety through the effective executive leadership and management of Children's Health Queensland, as well as associated support functions. Accountable for ensuring that Children's Health Queensland achieves a balance between efficient service delivery and high quality health outcomes.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Fionnagh Dougan	Current	Individual contract. *Hospital and Health Boards Act 2011*	15/01/15	-

Executive Director, People and Culture

Responsibilities
Develop and implement workforce strategies relating to people and culture so that Children's Health Queensland has the necessary skills, capabilities and enabling human resource, organisational development, work health and safety, cultural capability and industrial relations frameworks to meet current and future health service needs.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Leigh-Anne Goldsmith	Current	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	08/05/18	-
Michael Aust	Former (Acting)	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	10/11/17	20/05/18
Deidre Roos-Korf	Former	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	23/05/16	09 /11/17

Chief Finance Officer

Responsibilities
Provide strategic advice, leadership and management oversight of the Financial and Corporate Services functions for Children's Health Queensland. Work in conjunction with the executive team to ensure that financial stewardship and governance arrangements are in place to meet financial performance targets and imperatives.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Alan Fletcher	Current	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	03/07/17	-
	Former (Acting)	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	29/03/16	02/07/17

Executive Director, Medical Services

Responsibilities
Provide medical executive leadership, strategic focus, managerial direction, authoritative and expert advice on professional and policy issues, leading development of a generative culture that draws the best talent and enhances the attraction and retention of high quality child and family focused medical specialists. To lead paediatric patient safety and quality improvement for Children's Health Queensland and by agreement with the Department of Health Clinical Excellence Division across the State.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Andrew Hallahan	Current	Senior Medical Officer (Level 27 – MMOI2). *Medical Officer (Queensland Health) Certified Agreement (No.4) 2015 (MOCA 4)*	22/05/16	-

Notes to the Financial Statements
For the year ended 30 June 2018

(c) Executive management (continued)

Executive Director, Nursing Services

Responsibilities
Provide nursing executive leadership, strategic focus, managerial direction, authoritative and expert advice on a wide range of professional and policy issues. Shape and lead strategic thinking and strategy development of an integrated nursing service delivery model within Children's Health Queensland.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Fiona Allsop	Current	Nurse Grade 12. *Queensland Health Nurses and Midwives Award – State 2015 (Grade 12)*	09/04/18	-
Juliana Buys	Former (Acting)	Nurse Grade 12. *Queensland Health Nurses and Midwives Award – State 2015 (Grade 12)*	12/09/16	03/04/18

Executive Director, Allied Health

Responsibilities
Provide allied health executive leadership, strategic focus, authoritative and expert advice on a wide range of professional and policy issues to the Health Service Chief Executive, members of the Executive Team and other relevant stakeholders. Achieve policy and operational alignment with National, State and Children's Health Queensland strategic directions, policies and professional standards for the effective and safe delivery of contemporary allied health services.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Tania Hobson	Current	Health Practitioners (HP8-2). *Queensland Health Certified Agreement (No.2) 2011*	27/01/16	-

Chief Digital Officer

Responsibilities
Lead and manage information and communication technology (ICT) and information management (IM) strategic planning for Children's Health Queensland which is aligned to the health service strategic plan. Providing contemporary information and digital services and deliver complex strategic projects that support the delivery of high quality, safe care which places the child and family at the heart of everything Children's Health Queensland does.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Alastair Sharman	Current	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	27/01/15	-

Executive Director, Clinical Services

Responsibilities
Provide strategic leadership and ultimate accountability for the effective and efficient delivery of all clinical and non-clinical services and resources at the Lady Cilento Children's Hospital including surgery, medicine, critical care and clinical support services.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Dominic Tait	Current	Health Executive Service (HES 3). *Hospital and Health Boards Act 2011*	15/10/17	-
	Former (Acting)	Health Executive Service (HES 3). *Hospital and Health Boards Act 2011*	31/01/17	14/10/17

Notes to the Financial Statements
For the year ended 30 June 2018

(c) Executive management (continued)

Executive Director, Clinical Services (Community, Mental Health and Statewide Services)

Responsibilities

Provide executive leadership to contribute to the development and implementation of the vision, strategic direction and goals and achievement of objectives and agreed outcomes for Children's Health Queensland. Accountable and responsible for strategic focus, professional leadership and governance for child and youth community, mental health and statewide services.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Francis Tracey	Current	Health Executive Service (HES 3). *Hospital and Health Boards Act 2011*	04/10/17	-
	Former	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	27/01/16	03/10/17

Executive Director, Legal, Governance and Risk

Responsibilities

Provide strategic advice, leadership and management oversight of legal, governance and risk management frameworks for Children's Health Queensland to support the delivery of safe, integrated and life-changing care to children, young people and their families.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Lisa Benneworth	Current	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	21/05/18	-

Senior Director, Communication and Engagement

Responsibilities

Responsible for ensuring the proactive and strategic management of Children's Health Queensland's communications and media activity, and stakeholder engagement program. Responsible for the development and management of the Children's Health Queensland brand, ensuring alignment with expectations articulated in legislation and by the Board. Manage media engagement proactively and issues in a response-ready and professional manner.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Joseph Fitzgerald	Current (Acting)	District Senior Officer (DSO1). *Hospital and Health Boards Act 2011*	18/09/17	-
Colleen Clur	Former	District Senior Officer (DSO1). *Hospital and Health Boards Act 2011*	1/09/15	10/09/17

Director of Research (position ceased)

Responsibilities

Provide strategic advice, leadership and management oversight of research activity and development for Children's Health Queensland. To work in conjunction with the executive team and research partners of Children's Health Queensland to ensure that activity, governance and evaluation arrangements for research are in place and meet strategy and performance targets for Children's Health Queensland.

Name	Incumbent status	Contract classification and appointment authority	Date of initial appointment	Date of resignation or cessation
Stephen Greene	Former	Health Executive Service (HES 2). *Hospital and Health Boards Act 2011*	20/02/17	18/08/17

Notes to the Financial Statements
For the year ended 30 June 2018

(d) Remuneration expenses

Minister for Health and Minister for Ambulance Service

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. Children's Health Queensland does not bear any cost of remuneration of the Minister. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements which are published as part of Queensland Treasury's Report on State Finances.

Board

The remuneration of members of the Board is approved by Governor-in-Council as part of the terms of appointment. Each member is entitled to receive a fee, with the exception of appointed public service employees unless otherwise approved by the Government. Members may also be eligible for superannuation payments.

Executive Management

In accordance with section 67 of the *Hospital and Health Boards Act 2011*, the Director-General of the Department of Health determines the remuneration for Children's Health Queensland key executive management employees. The remuneration and other terms of employment are specified in employment contracts or in the relevant Enterprise Agreements and Awards.

Remuneration expenses for key executive management personnel comprise the following components:

- Short-term employee expenses which include:
  - Monetary expenses: salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position.
  - Non-monetary benefits: other benefits provided to the employee including performance benefits recognised as an expense during the year with fringe benefits tax where applicable.
- Long-term employee expenses include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

Employment contracts for key management personel do not provide for any performance payments. However, Children's Health Queensland had an approved arrangement with the Health Service Chief Executive which ceased in December 2017. The arrangement funded one personal flight per month to New Zealand conditional on the achievement of key performance indicators. In 2017-18, this entitlement amounted to $3,047 (2017: $4,640).

Notes to the Financial Statements

For the year ended 30 June 2018

(i) Board– remuneration expenses

Position and name	Year	Short-term employee expenses		Long-term employee expenses	Post-employment expenses	Termination benefits	Total expenses
		Monetary expenses $'000	Non-monetary benefits $'000	$'000	$'000	$'000	$'000
Board Chair (Former) Ms Rachel Hunter	2018	53	–	–	5	–	58
	2017	82	–	–	7	–	89
Board Chair (Interim) Ms Jane Yacopetti	2018	5	–	–	–	–	5
Board Chair Mr David Gow	2018	18	–	–	1	–	19
Deputy Chair (Former) Mr David Gow	2018	32	–	–	3	–	35
	2017	50	–	–	5	–	55
Board Member Mr Paul Cooper	2018	46	–	–	4	–	50
	2017	50	–	–	5	–	55
Board Member Ms Cheryl Herbert	2018	46	–	–	4	–	50
	2017	47	–	–	4	–	51
Board Member Dr Leanne Johnston	2018	46	–	–	4	–	50
	2017	48	–	–	5	–	53
Board Member Ms Leilani Pearce	2018	46	–	–	4	–	50
	2017	43	–	–	4	–	47
Board Member Ms Georgina Somerset	2018	51	–	–	4	–	55
	2017	54	–	–	5	–	59
Board Member Ms Heather Watson	2018	5	–	–	–	–	5
Board Member Mr Ross Willims	2018	50	–	–	6	–	56
	2017	47	–	–	4	–	51
Board Member Dr David Wood	2018	47	–	–	4	–	51
	2017	49	–	–	5	–	54
Board Member Ms Jane Yacopetti	2018	42	–	–	5	–	47
	2017	46	–	–	4	–	50
Total remuneration: Board	**2018**	**487**	**–**	**–**	**44**	**–**	**531**
	2017	**516**	**–**	**–**	**48**	**–**	**564**

Notes to the Financial Statements

For the year ended 30 June 2018

(ii) Executive Management– remuneration expenses

Position	Incumbent status	Year	Short-term employee expenses		Long-term employee expenses	Post-employment expenses	Termination benefits	Total expenses
			Monetary expenses $'000	Non-monetary benefits $'000	$'000	$'000	$'000	$'000
Health Service Chief Executive	Current	2018	388	17	7	39	–	451
	Current	2017	336	21	7	34	–	398
Executive Director, People and Culture	Current	2018	33	–	1	3	–	37
	Former Acting	2018	110	16	2	9	–	137
	Former	2018	72	–	1	6	–	79
	Former	2017	199	1	4	20	–	224
Chief Finance Officer	Current	2018	195	17	4	18	–	234
	Former Acting	2017	198	16	4	21	–	239
Executive Director, Medical Services	Current	2018	403	18	8	31	–	460
	Current	2017	419	13	8	31	–	471
Executive Director, Nursing Services	Current	2018	53	–	1	6	–	60
	Former Acting	2018	181	–	3	18	–	202
	Former Acting	2017	199	–	3	17	–	219
	Former	2017	47	20	1	5	–	73
Executive Director, Allied Health	Current	2018	161	11	3	18	–	193
	Current	2017	166	1	3	19	–	189
Chief Digital Officer	Current	2018	197	17	4	19	–	237
	Current	2017	184	18	4	18	–	224
Executive Director, Clinical Services	Current	2018	158	17	3	16	–	194
	Former Acting	2018	61	–	1	6	–	68
	Former Acting	2017	102	18	2	12	–	134
	Former	2017	117	15	2	12	–	146
Executive Director, Clinical Services (Community, Mental Health and Statewide Services)	Current	2018	237	12	5	26	–	280
	Current	2017	214	6	4	21	–	245
Executive Director, Legal, Governance and Risk	Current	2018	23	–	–	3	–	26
Senior Director, Communication and Engagement	Current Acting	2018	121	6	2	14	–	143
	Former	2018	30	17	1	4	–	52
	Former	2017	150	10	3	17	–	180
Director of Research	Former	2018	32	–	–	3	–	35
	Former	2017	93		2	10	–	105
	Former Acting	2017	121	18	2	11	–	152
Total remuneration: Executives		**2018**	**2,455**	**148**	**46**	**239**	**–**	**2,888**
		2017	**2,545**	**157**	**46**	**248**	**–**	**2,999**

Notes to the Financial Statements
For the year ended 30 June 2018

G2 Related party transactions

(a) Transactions with Queensland Government controlled entities

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

Material transactions between Children's Health Queensland and Queensland Government controlled entities are as follows:

Department of Health

Children's Health Queensland receives funding from the Department of Health for specific public health services in accordance with a service agreement (refer Note B1.1).

Children's Health Queensland also incurs expenditure for supplies and services provided by the Department of Health. The majority of expenditure relates to pathology testing, pharmaceutical drugs, clinical supplies, patient transport, telecommunication and information technology services.

Related transactions for the year are as follows:

	2018 $'000	2017 $'000
Revenue received	702,327	661,708
Expenditure incurred	62,426	44,271
Receivables	2,824	12,185
Payables	8,045	4,887

In addition, the Department of Health provides some corporate services support to Children's Health Queensland for no consideration which are not able to be reliably estimated and not recognised (refer Note B1.2).

Children's Hospital Foundation

The Children's Hospital Foundation (Foundation) raises funds for research, equipment and services for Children's Health Queensland. Mr Ross Willims (nominee of the Chair of the Children's Health Queensland Board) and Ms Fionnagh Dougan (Health Service Chief Executive) were the nominated members on the Foundation Board at reporting date. Membership of the Board is in line with the Foundation's Constitution and the governance terms of such arrangement.

(b) Transactions with other related parties

The terms and conditions of other transactions with members of the Board, key executive management, and their related entities were no more favourable than those available or which might reasonably be expected to be available, in similar transactions with non key management personnel related entities on an arm's length basis.

G3 New and revised accounting standards

(a) Changes in accounting policy

Children's Health Queensland did not voluntarily change any of its accounting policies during 2017-18.

(b) Accounting standards applied for the first time in 2017-18

No new Australian Accounting Standards have been adopted for the 2017-18 year.

G4 Taxation

Children's Health Queensland 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 accounted for by Children's Health Queensland.

Both Children's Health Queensland and the Department of Health satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (the GST Act) and were able, with other Hospital and Health services, to form a "group" for GST purposes under Division 149 of the GST Act. This means that any transactions between the members of the "group" do not attract GST.

Management Certificate

For the year ended 30 June 2018

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 43 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 financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Children's Health Queensland Hospital and Health Service for the financial year ended 30 June 2018 and of the financial position of Children's Health Queensland Hospital and Health Service at the end of that year; and

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

Mr David Gow
Chair
Children's Health Queensland
Hospital and Health Board
27/08/2018

Ms Fionnagh Dougan
Health Service Chief Executive
Children's Health Queensland
Hospital and Health Service
27/08/2018

Queensland Audit Office
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INDEPENDENT AUDITOR'S REPORT

To the Board of **Children's Health Queensland** Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of **Children's Health Queensland** Hospital and Health Service.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2018, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Key audit matters

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

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Specialised buildings valuation ($1,070.8 million)

Refer to Note C3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
Buildings were material to **Children's** Health Queensland Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. **Children's** Health Queensland Hospital and Health Service performed a comprehensive revaluation of its buildings this year The current replacement cost method comprises: • Gross replacement cost, less • Accumulated depreciation. **Children's Health Queensland** Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs; and • developing a unit rate for each of these components, including: o estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre). o identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.	My procedures included, but were not limited to: • **Assessing the adequacy of management's review of** the valuation process. • Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices. • Assessing the competence, capabilities and objectivity of the experts used to develop the models. • Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices. • For unit rates associated with buildings that were comprehensively revalued this year: o On a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: ▪ modern substitute (including locality factors and oncosts) ▪ adjustment for excess quality or obsolescence. • Evaluating useful life estimates for reasonableness by: o Revi**ewing management's an**nual assessment of useful lives; o At an aggregate level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets; o Testing that no asset still in use has reached or exceeded its useful life; o Enquiring of management about their plans for assets that are nearing the end of their useful life; and o Reviewing assets with an inconsistent relationship between condition and remaining useful life. • Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence.

Responsibilities of the Board for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

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

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

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2018:

a) I received all the information and explanations I required.

b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

29 August 2018

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

Appendices

Strategic Plan 2016-2020

Our vision	Leading life-changing care for children and young people – for a healthier tomorrow.	
Our commitment	To offer the best: safe, expert, accessible child and family-centred care for children and young people.	
Our values	**Respect:** teamwork, listening, support *'We listen to others'*	**Integrity:** trust, honesty, accountability *'We do the right thing'*
Our strategies	**Child and family-centred care** We will place the child and family at the heart of all we do	**Partnerships** We will work collaboratively with partners to improve service coordination and integration, and optimise child and young person health outcomes across CHQ and statewide
Our objectives	• Ensure services are delivered in child and family friendly and supportive environments • Facilitate an integrated system of specialised care for children, through models that support continuity of care and care close to home, and respond to local needs and service capability • Deliver and realise the benefits of the CHQ safety and reliability program • Develop and implement a consumer engagement strategy that targets improved health literacy and involves the voice of families in the planning, delivery, evaluation and improvement of our services • Continuously undertake comprehensive health service planning and reviews to support future services, and influence statewide policy and plans for child and youth health services • Implement an engagement and communication strategy that promotes awareness, engagement and community confidence in CHQ services • Work closely with the Children's Hospital Foundation and charity partners to improve the experience of patients and families • Deliver a digital strategy which enables every young person's family/carer to engage electronically with CHQ to improve care outcomes and consumer experience	• Lead the development of a best practice framework to partner with health sector providers locally and statewide to inform state and national policy and enhance child and youth health services and outcomes • Partner with adult services to develop a framework which ensures continuity of care into adulthood, recognising the importance of transition in psychosocial development of youth • Harness Children's Health Collaborative and Statewide Child and Youth networks to pursue opportunities to lead, influence and advocate on child and youth health policy ata state and national level • Strengthen emphasis on improving Aboriginal and Torres Strait Islander child and family access and outcomes, including working with ACCHOs and community leaders to eliminate barriers to access, promote shared leadership, grow the Aboriginal and Torres Strait Islander workforce, and build cultural competence • Go-Live on Digital Hospital project to deliver seamless care with partner Hospital and Health Services (statewide) • Work with public and primary health agencies to promote the wellbeing of children by encouraging further development of protection, promotion, prevention and early intervention services • Work with partners in other sectors (e.g., education, housing) to address the determinants of child and youth health outcomes
Our measures of success	• External accreditation for patient-centred care achieved • Zero preventable serious safety events (SSEs) • Hand hygiene compliance ›80% • Increased number of telehealth non-admitted occasions of service • Increased number of consumer representatives on CHQ committees and working groups	• Service level agreements with HHSs in place: Baseline 15/16 commenced. 16/17 completed • Transition to adult services framework implemented and evaluated: Baseline 15/16 commenced. 16/17 completed
Our foundations	Patient Safety and Quality Strategy • Digital Transformation, Information, Communication and Technology • Integrated Risk Management F	
QLD Governemnt objectives	Children's Health Queensland's strategic plan contributes to the Queensland Government's objectives for the community by delive	

Care: compassion, safety, excellence *'We look after each other'*	**Imagination:** creativity, innovation, research *'We dream big'*
People – working, learning, growing We will create an inspirational workplace where people want to work and learn, where contributions are valued and staff come to work with a purpose and leave with a sense of pride	**Performance** We will deliver sustainable, high-value health services driven by continuous improvement, creativity and innovation
• Develop and implement a framework that drives CHQ to become a values-based organisation with values at the core of all decisions and actions • Recognised as THE area to work in the health sector – where staff love coming to work and the experience of people matters • Develop interdisciplinary models to maximise opportunities for innovative practice and professional development across CHQ • Implement a progressive CHQ People Plan focused on workforce wellbeing, leadership, culture and capability • Partner with national and international paediatric exemplars to share knowledge and ensure Queensland children receive contemporary high-value care • Work with other providers of child health services to build workforce capability, through provision of training and CPD • Optimising the organisational culture to facilitate high levels of employee engagement and enablement, while enabling performance • Through a business partnering model, ensuring excellent people processes, practices and systems that enable line leaders to manage people-related matters in a timely and effective way	• Develop and implement an Excellence Framework which defines aspiration, measures current performance and drives game-changing improvement • Develop and implement an evidence-based evaluation framework for health service innovation to assess and prioritise redesign and improvement investments • Partner with the Children's Hospital Foundation and other academic and educational partners to grow an internationally recognised child and young person health research program • Develop strategy to improve the capture, promotion and recognition of research and improvement activities across CHQ • Deliver business intelligence and data analytics capabilities which enable CHQ to efficiently achieve service agreement targets, identify areas for performance improvement and support research outcomes
• Improved Working for Queensland Survey Results: - Agency engagement ›60% - Organisational leadership ›60% - Values leadership ›60% • Safety assurance indicators and targets achieved or exceeded	• Achievement of service agreement KPIs including: - Full year forecast operating position: balanced - Emergency length of stay: % of emergency stays within 4hrs ›80% - Average cost per Weighted Activity Unit (WAU) - Theatre utilisation % - Zero specialist outpatients long waits • Excellence Framework implemented: Baseline 16/17 commenced. 17/18 completed • Evidence-based evaluation framework for health service innovation developed and implemented
ramework • Excellence Framework • People Plan • iCARE - Innovation, change and redesign excellence • Work Health and Safety and Wellbeing Strategy	
ring quality front-line services and building safe, caring and connected communities.	

Glossary of terms

Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography
Activity based funding (ABF)	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • creating an explicit relationship between funds allocated and services provided • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • strengthening management's focus on outputs, outcomes and quality encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives
Acute	Having a short and relatively severe course
Acute care	Care in which the clinical intent or treatment goal is to: • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function • perform diagnostic or therapeutic procedures
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 as an overnight-stay patient or a same-day patient
Allied health staff	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, leisure therapy, medical imaging, music therapy, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology and social work
Benchmarking	Involves collecting performance information to undertake comparisons of performance with similar organisations
Best practice	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable positive outcomes
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care
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
Emergency department waiting time	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions
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 boards	The hospital and health boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation, charged with authority under the Hospital and Health Boards Act 2011
Hospital and health service	A hospital and health service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services. The first HHSs commenced on 1 July 2012. Queensland's 17 HHSs will replace existing health service districts
Hospital-in-the-home	Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation
Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine
Incidence	Number of new cases of a condition occurring within a given population over a certain period of time
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient

Medicare Locals	Established by the Commonwealth to coordinate primary healthcare services across all providers in a geographic area. Medicare Locals work closely with HHSs to identify and address local health needs. They are selected and funded by the Commonwealth and are being rolled out progressively from 1 July 2011
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners
Non-admitted patient	A patient who does not undergo a hospital's formal admission process
Non-admitted patient services	An examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility
Outpatient	An individual who accesses non-admitted health service at a hospital or health facility
Outpatient service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital
Overnight-stay patient	A patient who is admitted to, and separated from, the hospital on different dates (not same-day patients)
Patient flow	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator
Population health	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
Private hospital	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice
Public patient	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients
Registered nurse	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees or councils
Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources
Telehealth	Delivery of health-related services and information via telecommunication, 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 (stored) data 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
Triage category	Urgency of a patient's need for medical and nursing care

Glossary of acronyms

AASB	Australian Accounting Standard Board
ABF	Activity based funding
ACCHO	Aboriginal community controlled health organisations
ACHS	The Australian Council on Healthcare Standards
ACT	Abused Child Trust
ADHD	Attention Deficit Hyperactivity Disorder
AETF	Adolescent Extended Treatment Facility
AMYOS	Assertive Mobile Youth Outreach Service
APIC1	1st Asiac Pacific Conference on Integrated Care
ARRs	Annual report requirements for Queensland
AS/NZS	Australian/New Zealand Standard
ATO	Australian Taxation Office
BYDC	Brisbane Youth Detention Centre
CARU	Clinical and Redesign Unit
CATCH	Children's Advice and Transport Coordination Hub
CCHR	Center for Children's Health Research
CDS	Child Development Service
CE	Chief Executive
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CFTU	Child and Family Therapy Unit
CHFQ	Children's Health Foundation Queensland
CHIRPs	Children's Health Reporting Portals
CHQ	Children's Health Queensland
CHQRS	Children's Health Queensland Retrieval Service
COO	Chief Operating Officer
CPA	Certified public accountant
CPC	
CYCHS	Child and Youth Community Health Service
CYMHS	Child and Youth Mental Health Service
DEM	Department of Emergency Medicine
DoH	Department of Health
DSO	District senior officer
EBD	Evidence based-design
ECHO	Extension for Community Health Outcomes
ELT	Executive leadership team
EMT	Executive Management Team
ENT	Ear, nose and throat
EPiQ	Education for practice in Queensland
EQuIP	Evaluation and quality improvement program
FAA	Financial Accountability Act 2009
FAC	Family Advisory Council
FBT	**Fringe Benefits Tax**
FPMS	Financial and Performance Management **Standard 2009**
FTE	Full-time equivalent
GOPP	Grant of Privite Practice
GP	General practioner
GST	Goods and Services Tax
HES	Health executive service
HHB	Hospital and health board
HHS	Hospital and health service
HR	Human resources
ICT	Information and Communication Technology
ieMR	Integrated electronic medical record
IFIC	International Foundation for Integrated Care
IHPA	Independent Hospital Pricing Authority
IM	Information management
IRMF	Integrated risk management framework
ISO	International Organisation for Standardisation
KPIs	Key performance indicators
LCCH	Lady Cilento Children's Hospital
MCH	Mater Children's Hospital
MHATODS	Mental health alcohol, tobacco and **other drugs**
MOCA	Medical officer certified agreement
MOHRI	Minimum obligatory human resource indicators
MPI	Maori and Pacific Islander
NDIS	National Disability Insurance Scheme
NEAT	National emergency access targets
NEST	National elective surgery target
NGO	Non-governmental organisation
NHMRC	National Health and Medical Research Council
NHS	The United Kingdom's National Health Service
NM	Nurse Manager
NPA	National Partnership Agreement
NWAU	National weighted activity unit
OOHC	Out of home care

Table and charts index

ORS	Operating room suite
OSR	Own source revenue
OSM	Office of Strategy Management
PARIS	Paediatric Acute Respiratory Intervention Study
PBS	Pharmaceutical Benefits Scheme
PFSU	Patient flow and staffing unit
PICMH	Perinatal and Infant Mental Health
PCCRG	Paediatric Critical Care Research Group
PREDICT	Paediatric Research in Emergency Department International Collaborative
QAO	Queensland Audit Office
QCH	Queensland Children's Hospital
QCMRI	Queensland Children's Medical Research **Institute**
QCPIMH	Queensland Centre for Perinatal and Infant Mental Health
QGIF	Queensland Government Insurance Fund
QH	Queensland Health
QMS	Quality management system
QPID	Queensland Paediatric Infectious Diseases
QuICR	Queensland Institute of Clinical Redesign
QuoCCA	Quality of Care Collaborative Australia for Paediatric Palliative Care
QUT	Queensland University of Techology
QWAU	Queensland weighted activity unit
RACP	Royal Australasian College of Physicians
RAPIDS	Rapid Acute Paediatric Infection Diagnosis in Sepsis
RCH	Royal Children's Hospital
SLIPAH	The simulated learning initiative in **paediatrics for allied health professionals**
SSEs	Serious safety events
TPCH	The Prince Charles Hospital
TPOT	The productive operating theatre
UQ	University of Queensland
WAU	Weighted activity unit
WFQ	Working for Queensland
Y2Y	Youth 2 Youth

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 7	Imprint page
Accessibility	Table of contents	ARRs—section 9.1	P 1
	Glossary of terms	ARRs—section 9.1	P V (Appendices
	Public availability	ARRs—section 9.2	Imprint page
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs—section 9.3	Imprint page
	Copyright notice	Copyright Act 1968 ARRs—section 9.4	Imprint page
	Information licensing	*Queensland Government Enterprise Architecture: Information licensing* ARRs—section 9.5	Imprint page
General information	Introductory information	ARRs—section 10.1	P 3 (About us)
	Agency role and main functions	ARRs—section 10.2	P 3 (Our services) P 67 (CFO's statement)
	Operating environment	ARRs—section 10.3	P 6 (Message from the CE and Board Chair) P 10 (Operating environment) P 13 (Looking ahead) P 56 (Organisational changes) P 67 (CFO's statement)
Non-financial performance	Government objectives for the community	ARRs—section 11.1	P 7 (Strategic priorities)
	Other whole-of-government plans/ specific initiatives	ARRs—section 11.2	P 7 (Strategic priorities)
	Agency objectives and performance indicators	ARRs—section 11.3	P 7-9 (Strategic priorities and outcomes) P 14-29 (Performance)
	Agency service areas and service standards	ARRs—section 11.4	P 14-29 (Performance) P 30-37 (Child- and family-centred care) P 67-69 (CFO's statement)
Financial performance	Summary of financial performance	ARRs—section 12.1	P 67-69 (CFO's statement)
Governance — management and structure	Organisational structure	ARRs—section 13.1	P 56 (Organisational chart) P 57 (The Board)
	Executive management	ARRs—section 13.2	P 60 (Executive Leadership Team)
	Public Sector Ethics Act 1994	*Public Sector Ethics Act 1994* ARRs—section 13.4	P 64 (*Public Sector Ethics Act 1994*)
	Queensland Public Service Values	ARRS—section 13.5	P 65 (Governance)
Governance — risk management and accountability	Risk management	ARRs—section 14.1	P 62 (Risk management, compliance and audit)
	Audit committee	ARRs—section 14.2	P 62 (Risk management, compliance and audit)
	Internal audit	ARRs—section 14.3	P 62 (Risk management, compliance and audit)
	External scrutiny	ARRs—section 14.4	P 62 (Risk management, compliance and audit)
	Information systems and recordkeeping	ARRs—section 14.5	P 64
Governance — human resources	Workforce planning and performance	ARRs—section 15.1	P 44-53 (People)
	Early retirement, redundancy and retrenchment	Directive No.11/12 Early Retirement, Redundancy and Retrenchment Directive No.16/16 Early Retirement, Redundancy and Retrenchment (from 20 May 2016) ARRs—section 15.2	P 47 (People)
Open Data	Statement advising publication of information	ARRS-section 16	Imprint page
	Consultancies	ARRS-section 33.1	Additional information on consultancies, overseas travel and the Queensland Language Services Policy has been published on the Queensland Government Open Data website: www.qld.gov.au/data
	Overseas travel	ARRS-section 33.2	
	Queensland Language Services Policy	ARRS-section 33.3	
Financial statements	Certification of financial statements	FAA—section 62 FPMS—sections 42, 43 and 50 ARRs—section 17.1	P 70-105 (Financial statements)
	Independent Auditor's Report	FAA—section 62 FPMS—section 50 ARRs—section 17.2	

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

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